

Workplace Wellness Survey Results

The Workplace Wellness group surveyed staff in December 2008, to get some baseline data about our workforce, and how they want to improve their health and wellbeing.

There was about a 30% response rate (not bad, but we could do better!). 80% of respondents were female, and 20% male – fairly representative of our staff mix. 45% of respondents classified as 'Clinical', 30% as 'admin or technical', and 25% as 'other'.

The Workplace Wellness team feels that the survey has highlighted areas of interest and provided information about how "well" the respondents feel. We will do our best to use this information to make some positive changes in our DHB environment. Thank you to all those who took the time to complete a survey.

Health status: 72 people (46%) rated themselves as having better than average health, 56 (36%) thought they had average health and 28 (18%) thought their health was below average.

Physical Fitness: 112 (72%) thought their fitness level was average or better whereas 44 admitted that they didn't feel as fit as they thought they should.

Mental fitness: 64 people thought they had better than average

mental health, 64 thought they were average and 28 felt they were below average.

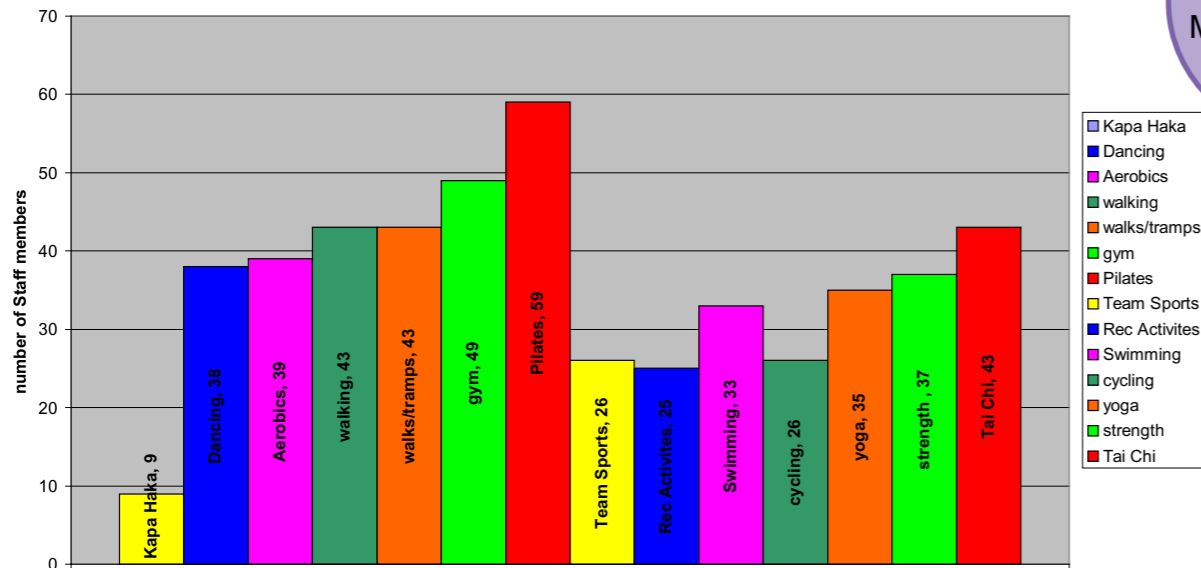
Activities: Respondents were given a large list of activities and asked which of these they would like to participate in if they were offered at a convenient time and at reasonable cost. Here's what the answer looked like – there was good support for most activities, with workplace Pilates the most popular choice.

The topics that people would like more information about in order of popularity were fitness programmes, relaxation, nutrition, women's health and weight management.

The most popular time for participating in programs provided by the DHB were the hours immediately after work and in the middle of the week although some said work and family didn't leave them with any spare hours at all.

If you didn't complete a survey and don't feel that the findings reported here are representative of all staff, we would say to you please complete a survey next time we do one.

Which of the following activities would you like to participate in provided the DHB offer them at a convenient time and reasonable cost?



The winners of the spot prizes are Mary Norman and Helen Martin.

Flu Shots Curb Influenza-Like Illness *By David Douglas*

NEW YORK (Reuters Health) Feb 23 - Influenza-like illness is common in older workers, but influenza vaccination appears to halve the risk of such infections, researchers report in the February 1st issue of Clinical Infectious Diseases.

"Influenza-like illness represents a huge burden to employees and to their employers," lead investigator Dr. Kristin L. Nichol told Reuters Health. "Because many influenza-like illnesses that occur during the influenza season are, indeed, caused by influenza, influenza vaccination results in substantial benefits to the employee -- fewer illnesses, fewer days of misery -- and to the employer -- fewer days of work loss and fewer days of working while ill."

At the University of Minnesota, Minneapolis (Dr. Nichol's institution), 497 employees aged 50 to 64 years were among those surveyed during the 2006-2007 flu season about vaccination status, occurrences of illness, associated symptoms, impact on work, and health care use.

Results showed that 404 (81%) received an influenza vaccination and that 85 (17.1%) suffered an influenza-like illness. In the unvaccinated, the illness was responsible for 45% of days of illness during the flu season, 39% of all illness-related work days lost and 49% of days of working while ill.

"With vaccination, we demonstrated a substantial reduction in the risk of influenza-like illness of approximately 45% and reductions of (at least) 60% in the numbers of days of illness, days of work lost, days of working while ill, and days in bed because of influenza-like illness," Dr. Nichol and her co-authors write.

"For those workers who don't receive paid sick leave, avoiding absenteeism is also an important economic issue for them as well as for the employer," Dr. Nichol pointed out.

The "bottom line," she concluded, is that "vaccination can be a huge win-win for employees and employers alike."



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Roll up your sleeve to protect yourself and your patients

After looking at the research, Wairarapa DHB is strongly encouraging you to sign up for this year's flu vaccine. Last year only 39% of DHB staff took up the opportunity to receive a free vaccination, and frontline clinical staff - a critical group - were decidedly under-represented. This was a small improvement on the previous year, but still a very poor response that puts our patients at risk. We need to do much better this year.

Annual influenza immunisation is strongly recommended for all healthcare workers to protect those patients at greater risk of developing complications following Influenza illness. Studies demonstrate that annual influenza vaccine for healthcare workers significantly reduces illness and death among the patients they care for. In addition, research also indicates that the biggest influence on a person's decision to be immunised is a recommendation by their health professional.

Renowned NZ virologist Dr Lance Jennings has stated that; "Annual immunisation of healthcare workers is the most efficient way to minimise their (patients') exposure to a potentially lethal virus. There is research that clearly shows that with the increasing compliance of frontline clinical staff to having the vaccine hospital nosocomial influenza infection rates diminish." (NZMJ 5 May 2006)

This year's influenza vaccine offers protection against a Brisbane H3N2-like strain, a Brisbane H1N1-like strain and a B strain. (See back page for recent USA article).



"Clinical staff have the greatest contact with vulnerable patients."

Director of Nursing, Helen Pocknall, rolls up her sleeve to show her willingness to protect herself, her family and the staff and patients who come into contact with.

"Our patients deserve to be protected from us as vectors of this disease," says Director of nursing, Helen Pocknall. "Clinical staff have the greatest contact with vulnerable patients, and can also spread influenza to each other, making it doubly hard to manage both patient care and rosters. I'll be putting my arm on the line - I've signed up to roll up!"

Here's what to do

We need fairly accurate numbers

so we can order enough vaccine for the 'vaccination station' clinics at Wairarapa Hospital. If you have not already filled in a form, please contact Lizzie Daniell by phone (x 5618) or mobile 027 687 5249. Or you can email her at lizzie.daniell@wairarapa.dhb.org.nz to register your intention.

Clinic dates:

The 'fixed' clinics will be in HR on Friday 24 April and Wednesday 29 April, 7.30 - 4pm.

We are working on providing some 'mobile clinics' around the hospital, to make it as easy as possible for you to get protected.

So roll up - and roll up your sleeve! Everyone getting vaccinated will receive a voucher for a free specialty tea or coffee from The Cafe.

Intervention that works

Routine screening of all women over 16 for family violence is now underway within some areas of Wairarapa Hospital. The programme will be officially launched on April 8th.

Staff are attending training workshops held each fortnight to learn how to screen, assess and refer. Workshops are designed to give staff the knowledge, skills and attitudes to identify and address child abuse and partner abuse and to introduce them to the community services where patients will be referred.

Mary Prichard, national FVI trainer was impressed with the workshops. "I was constantly struck by the way in which the WDHB has clearly built very strong collaborative relationships with colleagues from within the DHB and with external agency representatives which was reflected in the fact that your trainers were always well prepared with the material they were to deliver. Staff are well motivated to become proactive in identifying, assessing and referring abuse concerns. You have put into place outstanding systems which were easily and simply conveyed to staff members through training."

The Family Violence Intervention programme has been tried and tested in Hawkes Bay, Waikato and Auckland DHBs where all women over 16 are asked routine screening questions designed to protect and support women who may need help. Sue Willoughby, CNM at CAMHS, has worked in Hawkes Bay DHB where the FVI programme has been in place for five years. "Screening of women over 16 took place in every area of the hospital," she says, "and later it was extended to include any clients of concern. It was initially a challenge because it's a question not all staff feel comfortable about asking. However it was placed alongside other health questions and it gave patients the opportunity to disclose the level of abuse they were experiencing and the chance to seek help, sometimes for the first time. Following simple processes to identify and refer people in need can change or even save lives."

From April 8th all women who present to hospital will be given a leaflet about domestic violence to read and complete. If anyone indicates she does not feel safe from emotional, sexual or physical violence she will be referred to an appropriate health professional for action. On the back of the leaflet is a list of contact numbers of DHB social workers and community agencies for women to ring if they are being abused or know someone whom they think may be suffering abuse.

Fred Wheeler, Unit Manager, says, "It has taken us 18 months to get to this point and it has only been achieved through the hard work of all those groups and individuals who committed to work with the FVI team in partnership. That will remain the key to us progressing this work over the coming months and years but together we will make a difference."

Launch of Family Violence screening

Dr Russell Wills, guest speaker at the launch of the Wairarapa FVI programme and paediatrician at Hawkes Bay DHB, regularly sees the effects of violence in families. "Working as a community paediatrician I see one or two new children every week who have been scarred by witnessing violence to others in the home or have experienced actual abuse themselves."

Russell is a keen advocate for early intervention. "Act early enough and you can see good gains. If you're not asking you might be wasting time on other interventions that won't work. And also missing a chance to turn a potentially damaged child's life around." The object is to identify families as early as possible.

Russell will give a short presentation about his work to the FVI launch at 10.30 on Tuesday April 7th. Other speakers include Margie Michael, CFYS Practice Leader, and Miranda Ritchie, National Manager VIP Programme.

You are all invited to the Launch. Put the date in your calendar and come and hear from great speakers with a wealth of experience in dealing with at-risk families.

Tuesday 7th April 2009 at 10.30 DHB Board Room

An invitation from Destination Wairarapa

Destination Wairarapa
Be my Guest!
Explore Wairarapa's visitor attractions FREE of charge
Discover great places to take friends and family when they visit
Sunday 29 March 2009
10am - 4pm
Enter the Trust House prize draw on the day
Visit these great Wairarapa attractions on the hour to hear more about what there is to enjoy.

EKETAHUNA/MT BRUCE: Middleton Model Railway, Mt Bruce Pioneer Museum, Pukaha Mt Bruce
MASTERTON: Highwayman Motel, Pohutukawa Playhouse, Shear Discovery Museum, The Vintage Aviator, Copthorne Resort Solway Park
CARTERTON: Paau World, Carterton Community and Railway Museum, Carterton Historical Society, Daysh House and Gardens, Gasoline Heaven, Stonehenge
AOTEAROA: Gladstone Vineyard, Assisi Gardens
GREYTOWN: Cobblestones Museum, Puzzlewood
MARTINBOROUGH: Martinborough Colonial Museum, McLeods Quad Adventures, Mission
Martinborough, Paretai Alpacas
FEATHERSTON: Fell Locomotive Museum, Mainly Military Museum, Kahutara Canoes and Taxidermy, Ken Burgess's Memorabilia

Suicide prevention



20 people attended the first full day workshop this week. Attendees here represent Wairarapa Addiction Services, Focus and Family Works Featherston.

Barry Taylor, DHB Suicide Prevention Coordinator is running 12 full day suicide prevention workshops and lunchtime seminars for community agencies, schools and DHB staff. The aim is to increase the skills and capacity of agencies to be able to identify suicide and to respond appropriately to people who are suicidal and their families.

Workshops topics include:

- Suicide risk assessment (being repeated due to demand)
- Grief issues for those bereaved by suicide
- Suicide postvention/bereavement
- Supporting the suicidal person
- Supporting children & siblings bereaved by suicide
- Depression
- Psychosis
- Personality disorder
- Mental health promotion
- Suicide and self harming in young people.

Barry is available for staff development presentations, on-site workshops, community presentations, meetings as well as working with agencies to review or develop policies and procedures around suicide prevention and intervention.

Contact him on Extn. 5853 or email barry.taylor@wairarapa.dhb.org.nz

Waste Busters

Several new ideas have come in from staff - well done. A sharp-eyed medical typist wrote in wondering about scrap metal. Facilities Manager Peter Clayton replied "This is a way to save some money, although we do not receive much these days for scrap steel. We have a metal waste recycling bin, which when full is sent back to Wairarapa Scrap metal, and we do not pay for the hire of the bin. We have also increased to two our recycling cardboard cages. One of these is also fairly discretely located close to the above bin."

Other suggestions included:

- receiving feedback of outcomes from 'Reportable Events Forms' electronically rather than paper based;
- introduction of a 'Worm Farm' for re-cycling waste (Food Waste). Evidently worms like to eat a huge range of matter, and they produce 'worm juice' which is very high in nutrients and can be used as a liquid fertiliser on office plants and in the garden. They also provide compost. Anyone interested in establishing a worm farm can talk to John Channon.

One action already implemented is cutting back on catering for meetings in the DHB building. Only all-day meetings in the can have a lunch trolley ordered (including Board sub-committee meetings), and shorter meetings are advised to make their own tea and coffee, rather than have a trolley ordered.

Cultural Competence

Is Cultural Competence the appropriate terminology for this project? This is a question I have been asking myself because of some of the feedback I have received during my time introducing myself and my role as the Cultural Competency Coordinator over the past two months.

The word 'Competence' seems to put people on the back foot, or into the frame of mind that they will be culturally assessed, and that there may be consequences.

This is a misconception, and I would like to say that this is not the case, and certainly not our intention.

The Cultural Competency Framework (Te Ara Whata Totika) that local Iwi and key stakeholders have developed is a tool to action - a best practice model that will help us to improve the health and well being of us all here in the Wairarapa.

It is a brainwave that deserves support. The work has been well compiled and will soon be available to staff. Perhaps it is time to relook at the actions that are required to implement the Cultural Competency and to revisit its title?

Without being detrimental or disrespectful to those who pioneered the idea in the first place, the answer might actually be quite simple. One woman at a meeting where we discussed the concept said she now understood what we were trying to achieve by implementing a Maori Framework, however she felt that the word Competence was perhaps not the right word to use. It was suggested that 'Cultural Confidence' might better describe our intentions. People there were pleasantly taken by it and felt it would appeal to other staff members as well.

This has since left me with the thinking that perhaps they could be right? What do you think? If you have any queries or want to feed back to this article please call me on ext 4432. Watch this space..... Thank you, John Tibble