

# It's time to roll up our sleeves



Chief Medical Advisor, Alan Shirley, is joining the line-up encouraging all staff to protect themselves, their patients and colleagues this winter by having their free influenza flu shot.

Let's hope that Wairarapa does not experience an influenza season like the latest one in Britain. Infection rates have been the highest in eight years but this doesn't have to happen here, according to Dr Lance Jennings, National Influenza Strategy Group virologist. "One of the best ways for health-care workers to protect themselves, their families and patients from a potentially deadly seasonal influenza is immunisation," he says.

Vaccinations are available to all DHB staff on Friday 24 April and Wednesday 29 April in the Human Resources Building. Remember you will have to wait for 20 minutes afterwards. There will be fresh muffins supplied by our Sanofi Aventis flu vaccine rep and her company is also donating three \$100 medical book vouchers for a lucky draw.

In addition there will be mobile vaccination clinics in the hospital to vaccinate those who find it difficult to leave the wards. You will be advised of the place and date. When you go for your flu vaccine please wear appropriate clothing to allow easy access to your upper arm.

This year everyone who is vaccinated will receive a voucher for a free espresso coffee or specialty tea from *The Cafe* to be used before the end of May. Please don't all turn up at the same time because a good espresso takes time and care to produce. We don't want to put too much pressure on the Cafe staff - you will have until 26 May to use your voucher.

**Flu Vaccination clinic dates: Friday 24 & Wednesday 29 April**  
**Free muffins, free speciality coffee or tea voucher, be in to win \$100 book vouchers!!!**



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## Family Violence Intervention Launched



From left to right: Brad Martin, Russell Wills, John Tibble, Gaye Rowberry, Margie Micheals (CYFS), Miranda Richie (MoH), Fred Wheeler.

You don't have to be a big place to do a good job, according to Hawkes Bay Paediatrician Russell Wills, who addressed an audience of over 50 guests and staff at the launch of the Family Violence Intervention screening programme for Wairarapa DHB on Tuesday.

"You've done an amazing job here," said Russell. "You are to be particularly commended on 3 critical factors - the level of support from senior management, your degree of community collaboration and the total commitment of everyone involved to make this work."

Miranda Richie, formerly an ED nurse in Hawkes Bay and now National Manager for the FVI programme agreed. "Your inter-agency approach is vital to the success of this," she said.

Vicki Hookham, Clinical Nurse Manager of Acute Services, is sure that family violence intervention screening will work. "I feel really positive about this programme and the training has prepared us all to routinely screen all women over 16 for family violence as part of the admission and assessment process. I am determined to push it and make it work," she says. "The thing we really need to focus on is to ask the question in a caring and supportive way. We are not here to judge or to accuse but rather to empower people to seek help if necessary and to ensure the children are safe. We will give patients a brochure to take away with all the local support agencies listed. It's up to them after that to take the next step to seek help but we will encourage them to do so."

"During working hours the Social Work team and the Maori Health Unit are on site at the hospital to give support. After hours they are referred to community agencies including

Police and Women's Refuge who offer a 24 hour service.

So far clinical staff from Maternity, ED, CAMHS, and the Paediatric Department have been through the DHB's training programme for family violence intervention. By the end of the year most staff will have attended one of the workshop days held fortnightly.

Vicki says there is still a little nervousness about asking all women aged over 16 questions about family violence. "They understand what the programme is designed to achieve but there are different personal comfort levels at the moment. With practice it will become easier and everyone is willing to give it a go. Our main challenge in ED is to maintain confidentiality because the cubicles are not the most private. We have to change our practice to make sure patients are on their own and out of earshot of family, friends and other patients when we take them through the questions on the admission sheet."

FVI Coordinators Brad Martin and Gaye Rowberry will continue to run the fortnightly training workshops. They will be reviewing progress regularly, guiding staff through the process and working through any problems.

## Going, going, gone! Weightwatchers@work is working! By Jill Stringer



Jill with a favourite skirt from last summer

Last year, I caught sight of a fat lady reflected in a shop window. She was wearing the same lime green sunhat as me. She looked as startled as I did to see the same hat. Then I realised it was me.

That was my wake-up moment. What I saw did not reflect the me I felt like inside. I've usually dressed carefully to make the most of good points, disguising my weight which had crept up year by year until I was wearing mostly size 18. Around then, there was an ad in InSite for expressions of interest in a 13 week employer subsidised Weightwatchers@work programme. The timing couldn't have been better - I was in like a rat up a drainpipe!

I love food. I wouldn't have got to the size I was if I didn't. I like to prepare food, I like to cook it, and most of all, I like to eat it. I thought I know all about it, but I was wrong. By learning new ways of preparing, cooking, eating, talking and thinking about food, I've now lost around 12 kg, and have 3.2 more to get to my goal weight.

The first 2 weeks I found quite hard - the weight loss was there, but changing habits of a lifetime is not easy. It got easier when I realised that the whole process is like a reliable recipe - follow it and you get a good result, put in a few extra ingredients and you won't!

About 4 weeks into the programme I found I had an invasive melanoma on my leg. This was not the life-change I was looking for! Staying on

programme over the next few months gave me something else very positive to focus on, instead of obsessing about my questionable mortality. In my worst moments, I wondered if the weightloss was a product of the disease, but I was really disgustingly healthy and prior to my surgery, was able to run 2km for the first since I was a kid. Surgery slowed my up for about 8 weeks - I can think of nicer ways than surgical removal to lose weight! At least I avoided a skin graft, as thanks to the weight-loss I had enough 'spare flesh' (to quote the surgeon!) to pull together over the excision without the need for a graft. I really am one of the lucky ones - my nodes came back clear, so I'm just monitoring for the rest of my (back to normal) lifespan.

Last week, I finally fitted into my first pair of size 12 jeans for 20 years. I've discovered the joys of recycled clothing - replacing my whole winter wardrobe at once is beyond me and I'm loving 'op-shopping' instead upsizing to fit into my 'big' clothes. In fact, I gave most of them away when we did a 'clothes swap' as our 'class' progressively moved down a size or two! We'll do the same at the end of this 13 weeks. This last 3 or 4 kg is the hardest to lose. It's tempting to stop now - but I know me. I'll 'just' have a few more nibbles to 'keep warm' and 'just' find a reason to justify sneaking up to a size 14 because it still looks OK - and then the 16 gets a bit more comfortable.....

Don't want to go there again. 'Size 12 for winter 09' was my goal, so I'll keep going until I can give away the last 14 in the wardrobe. I have no desire to be a 10 - just a fit, fantastic 50 on my next birthday, facing the future with energy to burn, and able to be the me that got buried under the weight of putting everyone else's needs first. And I still love food - but now I know how to enjoy maintaining a balance.

Thanks, Wairarapa DHB, for helping me stay healthy - that really is 'walking the talk'!

## Cultural Competence & the Patient Journey

Cultural competency has an important role to play in optimising the patient journey.

The Patient Journey represents the steps or process that a patient goes through as they receive health care. It encompasses the entire patient experience and all of the factors that impact on that experience, including a patient's culture.

In essence, culture describes the ways members of a group understand each other and communicate that understanding. This is reflected by the many ethnic groups within our population, and also in other groupings that patients may identify with, such as disability culture, gay culture or a particular religious group.

Patients' cultures affect the ways they understand health and illness, how they understand and access health care services, and how they respond to health care interventions.

To optimise the patient journey we need skills to better understand members of other cultures in order to improve the quality of health care services and to achieve the best possible health outcomes for all our patients.

# A reality check – are we the best we can be?

By Joy Cooper, Acting Chief Executive

We know that the health sector is facing an increasingly constrained budget and this is likely to continue due to the global financial situation. 2009/10 is shaping up to be a hard year, and we expect 2010/11 may be even more difficult. In recent months Wairarapa DHB's financial position has worsened and we are now in deficit. Government has made it clear DHBs must reduce and eliminate their deficits. We cannot continue to spend above our income. The Ministry of Health has advised that maintaining access to services, and investing in new high-value areas will require greater efficiency, savings and re-prioritisation across the health system.

It is time for us to be proactive and adapt to the new economic environment. We need to identify and lead the changes that will be best for Wairarapa - to enable us to provide services that meet the needs of Wairarapa people as effectively and efficiently as possible and are affordable and clinically sustainable.

We must:

- Continue to improve the health of Wairarapa people and reduce inequalities
- Continue to improve the patient experience (including quality, access and timeliness)
- And reduce, or at least control, the growth in the cost of care to bring our expenditure into line with our funding

To eliminate our deficit we will need to make some significant reductions in our expenditure and change the way we do some things. We need to examine everything we do and make sure we are giving priority to those things that provide the most value to our patients and that we are delivering them in the best ways possible.

## Asking questions

For every aspect of our activities, across the whole of our organisation, we need to ask: Are we doing the right thing? How well do we do it? How efficiently do we do it?

These are important questions. The answers to these questions will determine what we do, and the changes we will make over the next few years. We need to make sure we give these matters the most careful consideration and ensure that our decisions are well co-ordinated.

To help us find the answers to these questions we are embarking on two important projects: a new Clinical Services Plan for Wairarapa; and a review of our corporate functions. The review of corporate functions has commenced and the development of the new clinical service plan will begin in early May. The Corporate functions review will examine the DHB's core non-clinical functions, and the Clinical Services Plan will focus on our provision of clinical services.

## Review of Corporate Functions

Our internal auditors, PricewaterhouseCoopers, will look at how we provide the DHB's corporate functions of Finance, Information Services, Human Resources, CEO office, Facilities and Logistics, Quality and Risk, Planning and Funding, and Communications.

This is a high level exercise. The review will bring together data and information on our strategies, structure, and costs for providing these functions. How we deliver and resource our corporate functions will be benchmarked against global best practice data and against other DHBs who have been through a similar exercise.

The review will identify opportunities to improve the service provided and improve structures, processes and technology. It will also identify areas where we may be able to deliver some services more efficiently.

While it is largely a high level, desktop exercise using benchmarking resources, the review will involve a number of face-to-face interviews with staff.

This is not a performance review or a cost or staff cutting exercise but rather a way to identify where we can improve and organise ourselves better.

## Clinical Services Plan

Wairarapa DHB developed a Clinical Services Plan in 2002, to provide the framework for detailed service planning for the new hospital. In addition to the much tighter funding environment several other things have changed in the years since 2002 which impact on the way we work, who we work with and the environment in which we operate. We need to review and renew our Clinical Services Plan (CSP), using the latest available information.

In producing the new CSP our objective will be to identify the clinical services and models of care that will provide the best possible mix and range of services to meet the needs of our population that will be clinically sustainable, and affordable over the next 5-10 years. The CSP will focus mainly on those services the DHB is responsible for delivering through its hospital and community health services. The new plan will reflect our position in a more financially constrained world, and our need to work more effectively with our partners and neighbouring DHBs.

This exercise will need strong clinical involvement. A steering committee will be formed to drive the plan, and there will be plenty of opportunities for input by all staff.

Work will begin in early May and we expect the plan to be completed by the end of July.

Please do not hesitate to contact Joy Cooper or your manager with any questions.

## Ambulance donation



Paramedics David Long and Sylvia Morgan with the new scoop stretcher

# Introducing our new CEO, Tracey Adamson

Our new chief executive Tracey Adamson will be welcomed to Wairarapa DHB at a powhiri on Tuesday 14 April at 9.00am. All staff are welcome to attend. Wairarapa DHB chairman, Bob Francis, said Tracey had been selected from an impressive group of applicants. "Tracey will bring an extensive health leadership and management background to Wairarapa. This includes excellent knowledge of the New Zealand health system and valuable experience gained in the Australia and United Kingdom public health systems."

Tracey started her career with seven years with Housing New Zealand and was relief manager for eight neighbourhood unit offices. Her career in health started in 1995 at Hawkes Bay DHB, where she worked her way through a range of positions including Business Manager of Medical and Surgical Services. Using her impressive analytical and technical skills Tracey developed and implemented a best practice performance measurement system based around the balanced scorecard principles which included reporting to all levels of the organisation.

While in Hawkes Bay, Tracey successfully negotiated an after hours urgent medical contract to augment local GP services, as a result of the closure of Napier Hospital Emergency Department. The contract negotiation process involved the development of a combined roster of 35 GPs, rotation of ED nurses to triage out of hours and the development of a funding mechanism based on triage category.

Tracey comes to Wairarapa from her position as director of population health, planning and performance at Northern Sydney Central Coast Area Health Service, covering a population of more than one million. Before this, she held senior management positions at Oxford Radcliffe NHS Hospitals Trust, one of the largest acute teaching hospital trusts in the United Kingdom.

In Sydney, Tracey led the development of a 10-year area-wide Strategic Clinical Services Plan for north Sydney. This included the development of an acute services plan that cov-

ered 32 broad specialty groups and involved reconfiguring services across seven acute facilities. The plan was developed in partnership with 21 senior clinicians and in consultation with the local community, the Minister for Health, local MPs, local government, staff and clinicians. She also chaired a cross sector working party for the development of a palliative care services plan.

In Oxfordshire Tracey developed two business cases for the expansion of neonate services, gynaecology and oncology services in conjunction with service commissioners, clinical networks, directorate clinicians and management.

"We believe Tracey will bring some important new dimensions to the organisation as we look to meet the challenges of the next few years," said Mr Francis. "We are confident that we have chosen a person who will be innovative in taking the Wairarapa DHB forward, particularly in light of the tough economic times and increasing demands on health services."

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providing professional services. Colin was recognized publicly for his community work receiving a Citizen's Award from the Carterton District Council and in 2001 the Paul Harris Fellowship Award from Rotary International. "We didn't fully realize the extent of his contribution to his community until the funeral," his son, Warwick Dean, said. "As a professional accountant he always felt you should repay those who support you and he tried to give back something to the community."

Like father like son, Warwick Dean also worked for St John, first as a cadet and later a volunteer ambulance officer for 20 years.

Because of the interest and commitment of father and son to the Order of St John, the Dean family, in memory of Colin, decided to donate \$700 which assisted in the purchase of the scoop. "We are very grateful to the Dean family for their donation," says Mrs Lodge-Schnellenberg. "Patients are our priority and we want to ensure their needs are well catered for. We can't always afford everything we need from our funding allocation and so all donations are gratefully received."

Wairarapa Ambulance Services have a new lightweight scoop stretcher designed to pick people up from accident sites or homes and put them into the ambulance with a minimum of discomfort and movement. It replaces an older, heavier piece of equipment which has served its time. Manager of Wairarapa Ambulance Services, Debi Lodge-Schnellenberg, says that all front-line ambulances have the most up-to-date equipment we can manage but as the population gets older the service gets busier and the equipment needs more regular replacement.

The new scoop was purchased with money donated by the Dean family following the death of Colin Dean, a tireless worker in the community and stalwart of the Carterton Branch of the Order of St John. An accountant by profession, he fundraised and audited their accounts for more than 40 years. He received a commendation from the Priory of St John for his efforts in the 1990s when he ran a telethon to raise funds for a new ambulance in Carterton.

Colin lived up to his Rotarian motto "Service above self" and helped many local organizations with raising funds and