

## Quality appointment



Cate Tyrer, Wairarapa DHB's new Quality and Risk Manager, has a passion for quality improvement especially where it affects the care of the patient. "I love analysing data, seeing trends and identifying areas where we can make improvements. It's very much about changing systems and processes to support staff and patients."

Originally from Yorkshire Cate came to New Zealand 10 years ago with her husband and two sons to work as Clinical Manager for Community Mental Health in the Bay of Plenty. With a diverse background in both Mental Health and General Nursing she worked on the accreditation process at both BoP and Lakes DHB.

Cate comes to us now from having spent the last four years working in Taranaki DHB Quality and Risk Department where she held a variety of roles including Quality Improvements and Effectiveness Coordinator, Coordinator of Reportable Events and project manager for the Quality Improvements Committee with a focus on healthcare incidents and of course accreditation and certification again. Wairarapa is her fourth DHB and after a week here Cate says, "There seems to be community ownership and staff buy-in to improving quality processes and pride in what has already been achieved."

She is looking forward to working in a smaller DHB and finding a lifestyle block to house her Wiltshire sheep, two corgis, geese, miniature horses and cows.



## Relay for Life



Fruit Loop, aka Marie McKay from the DHB offices team

It's all go for Relay for Life this weekend when more than 1500 people will walk in relays around the oval at Queen Elizabeth Park from 4pm Saturday to 10am the next morning. It's a huge community party and massive fundraiser to provide the crucial free support services for Wairarapa cancer victims and their families. Relay for Life brings the whole town together in a united effort. The DHB will have four teams: The Tutti Fruities from Public Health, Fruit Loops from the DHB Offices, the Health Devils from Theatre and the Prostate Pals from Outpatients.

The Fruit Loops are promoting the healthy lifestyle message by dressing up in fruity costumes and giving out fruit to people along the track. It's all part of the fun and helps support an excellent cause.

So come on down to the Park on Saturday night and cheer us on or join in a lap or two. Look out for the DHB and PHO tents beside the oval and the other three tents under the trees. The event kicks off at 4pm on Saturday with the Survivors' lap led by the Masterton pipe band. There will be non-stop entertainment in the park as well as an art and wine auction from 7pm on Saturday night. At 8.30pm memorial candles will be lit around the oval in a candlelight ceremony.



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## The price of success

Wairarapa DHB has much to be proud of – we are providing more services than ever before, and on national efficiency measures, we consistently score very highly. So the projected deficit of around \$2 million for the end of the financial year is not through squandering our resources!

There are three main causes of our rising costs – workforce issues, clinical supplies, and outsourced services.

It has taken several months of hard work to 'drill down' and get the level of detail around the issues, so we don't go making knee-jerk responses or putting band-aid solutions in place.

Detail around the workforce issues shows that there has only been a small amount of 'FTE creep' – where actual number of staff are above those budgeted for. The real problems are more that we under budgeted for the rising cost of employment - many of the terms and conditions agreed in the last round of wage settlements are only now starting to 'bite', (eg: call-back, overtime, extra week of leave) and they are costing more than estimated. Another issue for us as a small DHB is that the requirements for registration for senior medical staff from the Colleges has changed, involving greater expense in supervision and practice in a larger DHB before they can come to us. In bigger DHBs, this supervision can be arranged on-site.

The second major case of the deficit is the increasing cost of clinical supplies – anything we import has risen significantly in price. Coupled with the fact we are providing more services thus using more supplies, means this is a big issue for us.

Lastly there are the outsourced services. This includes things like air transfers – at around \$4,500 a trip. We budget for an average of 4 or 5 a month, but in 5 months last year, we did around 15 a month. There has also been a significant increase in the number of people seeking patient travel and accommodation benefits. The cost of 'Inter-District Flows' (IDF's) – where we pay for services given to Wairarapa residents treated in another DHB, has also been greater than expected. About 20% of our income goes on this cost. Finally, the additional cost of

using locums remains a national problem – one we are pleased to be reducing with the appointment of permanent staff!

These are the big-ticket items. As individuals, there is a limited amount you can do to help us 'balance the books' for these. Various teams in the DHB are working hard to manage each of these issues. Now read on.....

## Waste-busters!

Do you have a pet scheme to reduce waste, our carbon footprint, or unnecessary duplication in our DHB? Are we as waste conscious as we could be here? (We are certainly waist-conscious, with more than 40 staff enrolled in the weightwatchers @ work programme!)

In most organisations the best ideas come from the 'shop floor', not the managers. It's the manager's role to direct resources to make the good ideas happen. Because of, and in spite of our projected deficit of \$2 million, the time is right to look more closely at how we use our resources – paper, disposables, processes, our time – and find new ways of saving time and cost. We are NOT looking at slashing things, and recognise that sometimes you have to spend a little money to save money. The 'yellow bag' initiative last year was excellent – well done Nigel, Susie and Lynette. So let's keep the ball rolling.

Over the next few weeks, we'll be out and about talking to staff about waste – particularly of time or resources, and what ideas there are around to change this. Think **'reduce, re-use, recycle'**.

### Today's tips:

- Turn up to meetings on time. Start meetings on time. Finish early if you can! The collective waste waiting for latecomers is multiplied by the number of people at the meeting.
- Re-use paper. Have a drawer in your printer / photocopier for recycled paper. Take some home for your kids or grand-kids to draw on (check for anything confidential on the reverse!) – save on disposal costs.

Email your suggestions large and small to [jill.stringer@wairarapa.dhb.org.nz](mailto:jill.stringer@wairarapa.dhb.org.nz).

## Good news for Maternity

Three new midwives have recently joined Wairarapa Hospital's Maternity Unit bolstering their numbers to 15. Clinical Nurse Manager Donna Purvis says, "We have worked hard to recruit and retain our midwives and we're now in a fairly good position. An almost full complement means we can arrange annual leave more easily and midwives have more chance to fulfil compulsory education requirements in order to maintain their practising certificates. Recruitment however is a perennial problem because there is an international shortage of midwives as well as an increasing birth rate in Wairarapa."

Wairarapa Hospital offers a comprehensive maternity service provided by team of experts from ante natal care through to visits to homes after the baby is born. There are two Obstetric and Gynaecological consultants who work closely with the midwives should women need specialist obstetric care. There is always a consultant on call and available to help in any emergency situation that may arise. "This is an excellent service," says Ms Purvis, and we get wonderful feedback from women we support. We provide ante natal and post natal support as well as birthing care. At present we offer two full day ante natal clinics every week at the hospital but we would like to offer a five day service to better meet the needs of women in the region."

## New Midwives



From left: Eileen Bowell, Marie Beams and Lisa Wood with three week old Tai Broughton

Marie Beams has joined the team of midwives at Wairarapa Hospital having just returned from two and a half years overseas. "I love midwifery," she says. "Babies are so precious and it's a privilege to share in such a joyous occasion. There is quite a lot of adrenalin flowing at times

and there is always the unexpected. Nothing is ever the same –it's always changing. And you get to be part of the extended family for a short time and that is always rewarding."

Marie has worked in many hospitals from Kaitaia to Greymouth. She completed her hospital-based midwifery training in 1970 in Christchurch and more recently spent six years in Blenheim as a core midwife and then a caseload midwife out in the community. She enjoys her new role as Senior Midwife at Wairarapa Hospital. "Here you get to do everything: you're in the community doing post natal care and you also help with deliveries in hospital. It's a good balance." Marie is impressed with our maternity unit. "It's exceptionally friendly and welcoming and the Ward is very organised."

Eileen Bowell is a Senior Midwife doing a three month locum at Wairarapa. Over the last year she has been doing locum work in New Plymouth, Blenheim and Morrinsville. Originally from Belfast she says she gets to see more of the country this way and works in various roles from core midwife to providing holiday cover for independent midwives. Eileen was a teacher for 15 years in a previous life before re-training as a midwife in Wales. Like Marie she enjoys the satisfaction of the job. "It's challenging and there

is lots of variety. You meet all sorts of people and they always appreciate what you do for them. It's rewarding when the babies come out nicely and the mothers are happy."

Staffing-wise things are looking up in Maternity. A new grad, Lisa Wood who worked here as a student has taken on a part-time role and it is hoped that two midwives from the UK will join the team in April.

## Nurse Practising Certificates

Each year the DHB reimburses nurses for the annual cost of their practising certificates. This year the format has changed and nurses now receive two documents to confirm their registration. HR needs to sight both the acknowledgement of money paid as well as the Practising Certificate before they can reimburse you. Otherwise there may be delays in repayments. So in order to prevent double handling please provide both documents when you send through a claim to HR.

## Welcome



Dr Jackie Milo, Paediatrician, joins Drs John Hess and Hok Mao providing paediatric consultancy services at Wairarapa Hospital. Jackie comes from Grenada in the Caribbean where she completed

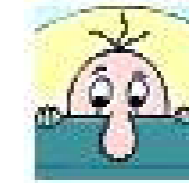
her medical training at St George's University School of Medicine. That was followed by three years of intensive paediatric training at SUNY, Upstate Medical University in Syracuse, New York. During that time she gained experience through a rotation system in neonatology, acute and emergency paediatrics, intensive care, outpatients paediatrics and developmental paediatrics.

"I was especially interested in paediatric emergency medicine," she says. "It's very hands-on and there are a lot of procedures involved. Things change so fast and it's exciting and busy. You've got to jump right in and take charge. It is rewarding too to see a patient turn around and get better. Magic."

This is Jackie's first job as consultant paediatrician - she completed her American Board of Paediatrics exams last October and came across the world to a small hospital far from the madding crowd of New York. "After three years I had had my fill of the city and the traffic. Masterton has a small town feel which reminds me of the Caribbean. Here the hours are great and I see a lot of general paediatrics which is fascinating and always changing. I love children and want to make a difference to their lives. I see a whole range of things here, all of which require thought and careful consideration and the process from diagnosis to treatment is very satisfying."



## No more paper time sheets



Gone are paper time sheets for Unit Managers, Corporate Services staff and SMT. Over the last eight weeks they have recorded their time and attendance sheets electronically on a daily basis using the electronic employee kiosk (Mi Mana) programme which sits on their computer desktops. Project leader, Carol Mooney, says the trial has run smoothly and everyone has picked it up really quickly. "It's been a steep learning curve and I'm thrilled with the way everyone has accepted the change. The new system is much more efficient because we no longer have an influx of 800 timesheets to check at the end of each fortnight. Instead managers check and approve the electronic timesheets on a regular basis."

The new system is now being evaluated and the HR team is identifying the next key group to use it. There are many advantages – we save paper, time and costs. Mi Mana is an on-line management tool allowing data and records to be checked against budgets and in time other employment records will be included such as leave applications.

Paper pay slips are already a thing of the past and gradually everyone on the DHB payroll will be introduced to electronic time and attendance sheets. It gives you better access to information regarding your employment and enhances our Human Resources Information System (HRIS), which will assist in providing managers with a quality Human Resources Management service.

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## Family Violence staff training

After months of planning, training in family violence intervention for District Health Board staff and Wairarapa agencies which deal with family violence is underway.

Last week, staff from Paediatrics, Maternity, the High Dependency Unit and the Emergency Department participated in the first training day – run by their colleagues, who have been trained to be trainers through the Ministry of Health. "It's been a very practical and very real day," says Kathy Lee from HDU. Jenny, from Maternity, agrees. "It clarifies what we will be doing – puts a pattern in place so we have a consistent approach," she said. Paediatric nurse Sharon feels strongly that the training is timely. "Ultimately, we're doing this because we want to stop child deaths and abuse," she said.

Screening of all women over 16 for family violence starts in April.