

New National Health Targets

Earlier this year Health Minister Tony Ryall announced a slimmed down set of six health targets that all 21 district health boards will be expected to meet. Three of the targets are hospital-focused; the others are preventive.

Each of the 2009/10 Health Targets reflects a priority health area for the government and aims to focus efforts to improve the health sectors performance, and ensure our health system is contributing to maintaining and improving health outcomes in these important areas. The new targets are shorter emergency department stays, better access to elective surgery, shorter waits for cancer treatment, increased immunization, better help for smokers to quit and better diabetes and cardiovascular services.

The Government wants more public awareness of the targets and how DHBs are performing against them and soon our performance will be published in table form in local newspapers all over the country. We will be ranked against all other DHBs in each target area. The Ministry

believes that public accountability through clearly promoting the targets through the media will make them real for the community.

These Health Targets are a set of national performance measures specifically designed to improve the performance of health services. They provide a focus for action. For example, the new list of targets includes boosting elective surgery by an average of 4000 patient discharges a year. The ED target aims to have 95 per cent of patients admitted, discharged or transferred within six hours. The Ministry will report quarterly and publish comparative results in an effort to engage the public and let them know how their own DHB is performing.

How are we performing?

We have just received our first quarterly report on our performance against these new targets.

Health Target	Goal	Our performance in first quarter	Comments
Shorter stays in Emergency Departments	95% of patients will be admitted, discharged, or transferred from ED within six hours.	Achieved: 98.3%	
Improved access to elective surgery	The volume of elective surgery will be increased by an average 4,000 discharges per year (compared with the previous average increase of 1400 per year).	Achieved: 104%	On track/over delivering against elective targets for the first quarter.
Shorter waits for cancer treatment	100% needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.	96% for radiation treatment. Target met for chemotherapy treatment waiting times.	Very small patient numbers give us this result. (3 patients waited longer than 6 weeks for radiation treatment.)
Increased immunisation	85% of two year olds will be fully immunised by July 2010; 90% by July 2011; and 95% by July 2012.	Achieved: 90% Maori 89% All children	We are one of the top performing DHBs in the country.
Better help for smokers to quit	80% of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012.	Achieved: 86% (one month only)	Although target met there is still a lot of work to do to increase screening rates.
Better diabetes and cardiovascular services: Three target indicators: • Risk assessment • Diabetes checks • Diabetes management	(a) 73% Maori and 77% all ethnicities will have had their cardio-vascular risk assessed in the last five years. (b) 80% Maori and 78% all ethnicities with diabetes will attend free annual checks. (c) 72% Maori and 75% all ethnicities of people with diabetes will have satisfactory or better diabetes management.	Partially achieved: 70.2% Maori 77.19% All ethnicities Partially achieved: 73% Maori 75% All ethnicities Partially achieved: 63% Maori 75% All ethnicities	Improving trend. Primary Care services play a big part in achieving these results. This target requires a DHB wide response.



National recognition



Jan Ward, Preadmission Nurse in Outpatients, has gained recognition for the second year in a row at the Perioperative Nurses College of NZ Nurses Organisation's annual conference. She won the Stryker Award (\$1000) for the best article of the year published in the Dissector, the professional quarterly journal of the Perioperative Nurses College. Stryker supplies orthopaedic prostheses and equipment and is one of the world's largest medical device companies. Jan's article, "Hypertension & management of cardiac risk in the perioperative patient undergoing non-cardiac surgery", was based on an assignment written for her Post-Graduate Diploma in Nursing from Massey University which she completed in 2007.

The article used examples of evidence-based practice, international studies and current medical research to explore how pre-operative assessment tools for patients who have hypertension and cardiac disease can identify those at increased risk during surgery.

Cardiovascular disease is the leading cause of death in New Zealand, accounting for 40% of all deaths and part of Jan's job in the pre-assessment clinic is to identify and assess the patients who are at increased risk of perioperative cardiac events. Her pre-assessment provides an opportunity to identify patients with undiagnosed or poorly controlled hypertension and cardiovascular disease and to work alongside these people to reduce and manage risk.

"I was delighted and honoured to receive this award," Jan says. "It's recognition of advanced nursing knowledge which involves a commitment to study and salutes academic achievement."

This is not the first time Jan has gained accolades for her work. Last year she won \$500 for the best presentation at the same conference. This was also published as an article in the Dissector. Her presentation was about the development

of our nurse-led pre-admission clinic which she set up in the new hospital in 2006. She does the pre-assessments for general surgery, gynaecology, urology, ENT and ophthalmology patients. Jan is passionate about her work and keen to find ways of working closer with those working in primary care to improve processes and outcomes for patients.

Introducing



Dr Petr Tobias, our new anaesthetist, was born in Prague in the Czech Republic, but grew up in Ulm, a German town between Stuttgart and Munich (Einstein's birthplace). When he was a medical student at Ulm University and in need of extra funds he helped the local anaesthetist on his rounds of GP surgeries where small surgical procedures were performed. It sparked his interest in anaesthesia and he

went on to specialize, practising first in a small hospital in Ulm and then in a larger neuro-surgery department in a large hospital in Ludwigsburg.

"Anaesthesia is a very interesting science - a mixture of physiology and working with equipment. It is very interesting how you improve problems with a few watery solutions," Petr says. "The surgeon is responsible for your leg but I am responsible for your life."

The next move was to Swindon, in the UK, where he worked for four years. "But I grew tired of the pace and the large population and we heard New Zealand was a good place to work and to bring up children." Petr and his wife, who is a GP now working at Chapel Street Medical Centre, and their two children aged 7 and 12 arrived in August "after rigorous checks by the Medical Council and Immigration NZ". Keen to explore and discover, they are enjoying the outdoors and keen on kayaking, cycling and walking.

Petr is impressed with Wairarapa Hospital. "Compared with the UK it is very modern and the equipment fantastic and new." His appointment brings the number of anaesthetists to four, making it easier to cover rosters and leave.

Prize handover

The winners of the International Infection Control week competition run in the Cafe where competitors were tasked with matching photographs of hands to the role of the owner of the hands, were presented with their prizes on Friday. In a clean sweep by the Occupational Therapy Department, Annette Tan McKay took out first prize and Gail Morrison second. A very appropriate win to the department considering the amount of work done using hands by OT staff. The ladies each received a jar of hand cream, sweets and a movie voucher.



Handing over the prizes is Lizzie Daniell (Infection Control), to winner Annette Tan McKay and Runner-Up Gail Morrison.

Change of date

There has been a change of date for the next CEO staff briefing. Tracey Adamson will tell you more about our progress and how these initiatives are making a difference at the next staff presentation on 26 November.

Put this in your diaries now.

INVITATION TO ALL STAFF

**CEO briefing on 'Good to Great'
26 November 2009, Room A, HR
12 noon or 12.30pm or 3.00pm**

**You can come to any one
of the three half hour sessions.**

Come along to one of three staff presentations. Have we have done so far, what we have achieved and vision for the future.

The Clinical Services Action Plan – what now?

The Clinical Services Action Plan identified a large number of actions required to achieve the triple aim: to increase the health of the population and provide better experiences for patients, whilst controlling and managing costs. It includes a range of recommendations for clinical services and is the result of extensive consultation with clinical staff. All of the actions were developed bottom up from suggestions during consultation and from the Steering Group.

As one of four work streams under the "Good to Great" programme, the Clinical Services Action Plan is being implemented with an SLT sponsor responsible for overall oversight of each action. Most actions in the plan will be implemented as 'business as usual' and incorporated into overall service improvement. Some actions, such as "implement advanced care planning", will become stand-alone projects and will be managed according to DHB policy with a working group, an SLT sponsor and clear terms of reference.

Not all actions will be progressed at once. The CSAP provided an indicative time frame for implementation with some actions being targeted for early action (2009/2010) and others being mid-term (2010/2011) or longer term goals. A number of actions relate to work already underway, such as the implementing the cultural competency framework, Te Arawhata Totika.

Clinicians from across all services in Wairarapa have helped create this plan and are now committed to implementing actions set out in it. The Joint Clinical Forum chaired by GP Tony Becker will play an important role in the implementation of the plan by supporting, advising, and monitoring progress. The Forum is scheduled to meet again in early December then every two months from next year.

Moved in



Kim Murphy Receptionist, Rebecca Fox Senior Health Protection Officer and Helene Dore FOCUS Manager, stand behind the controls of the new reception desk in the FOCUS and Public Health offices. Large, light and warm, the new central space is home to a collection of health resources - brochures, posters and videos, all available to schools, health agencies and the public.

Hearing voices



Concentration Workshop participants work on one of the problem solving exercises with distracting voices being played through the headphones.

"Take your hands out of your pocket....swine... take your hands....swine.....I came for you.....I came for you....we chose you...you have the way." These are the sort of constant jarring and distressing messages that people with schizophrenia or other mental illness regularly hear. The often critical and menacing internal voices and intrusive noises can be in their heads throughout the day - voices which are very real, which influence actions and cause anxiety and depression.

It's a daily battle for those struggling with these voices. Supporting Families Wairarapa recognizes this and through their 'Like Minds, Like Mine' community workshops they are helping people understand what it is like for those experiencing mental illness. A range of people have already attended these three-hour interactive "Hearing Voices" workshops – family members, mental health professionals, nurses, journalists – people interested in addressing and reducing the stigma and discrimination associated with mental illness.

The workshop begins with 'Like Minds, Like Mine' presenters sharing their personal stories about their journey with mental illness and their road to recovery. They talk about what it is like to hear distressing voices, have suicidal thoughts, lose motivation and feel depressed in a world where the light is always fading. There is hopelessness, low confidence and self esteem and a loss of dignity. One presenter told how he felt like "a spectator in

life, in a shrinking world". He escaped from his small Wairarapa town when he went on his OE for eight years where he discovered another hell. "I loved being anonymous and free but I fell into a drinking and drug habit and spun out of control." By the time he returned he was alcohol dependent and depressed. Now he is studying for a national certificate in mental health support and wants to help people of like minds.

Another presenter admitted laughing and crying at the things she watched on television, not realizing that the TV was switched off. She described her psychotic episodes accompanied by menacing voices, paranoia and delusion. Standing in the carpark, wondering why she was there. An intelligent and articulate woman, she talked about her schizophrenia and deep depression and how her family and friends helped her and coaxed her along the difficult journey from self doubt to recovery.

These presenters shared a vision of a world without stigma or shame. After hearing these powerful stories workshop participants learnt first hand what it might be like to be faced with the challenges of studying, working or living with constant voices in their heads. Wearing headphones playing discordant music and disturbing messages in their ears, participants had to carry out a variety of tasks – answering general knowledge questions, problem solving, having a conversation, remembering items in a shop, doing errands – all the time with noises in their ears.

It reinforced the message that recovery from mental illness is enhanced when people are accepted, understood, believed in and given the same rights and respect that other members of the community enjoy. At the participant debrief they said "It was tiring, hard to concentrate and remember." It was an exercise in understanding and experiencing how difficult everyday life must be living under this cloud of confusion and menace.

Many of our staff working in mental health have attended these community-based workshops and there are more planned. If you are interested contact 'Like Minds, Like Mine' Co-ordinator, Corrinne Oliver 06-377-3081 ext 710, 027 294 9027 or corrinne@sfwai.org.nz



The NZ Blood Service will be in Masterton next week.

Masterton Town Hall, Perry Street
Wednesday, 18th November 12.30 pm to 6.30 pm
Thursday, 19th November 8 am to 1 pm

To make an appointment please call **0800 GIVE BLOOD** or you can book on-line: www.nzblood.co.nz

You could become a new blood donor if you're aged between 16 years and 60, have good health and weigh at least 50kgs. Collecting each donation of blood takes approximately 10 minutes. The entire process, from when you sign in, to the time that you leave, usually takes 45-60 minutes.

Just one donation can help save the lives of up to three people.



Get into Shape for Summer

Improve your fitness in as little as 4 mins. Go 4 A Walk at lunchtime or after work. Choose a route from a new Walking Map we have developed according to how much time and energy you have. Mix and match your walks for variety – take a friend – start a group.

Maps available soon from hospital foyer or Public Health.