

## New Board member appointed



Board member Viv Napier, kuia Hineari Babbington and koroua Jim Rimene welcomed new Board member Mavis Mullins (MBA, MNZM) at the latest Board meeting. Mavis's tribal affiliations are with Rangitane on her father's side and Ahihaunui a Paparangi on her mother's side. Mavis is currently the Chair of Te Huarahi Tika Trust, previously known as the Maori Spectrum Trust. She has a long history in representing Maori aspirations and Maori communities, particularly in the wool industry and was made a Member of the New Zealand Order of Merit for services to the wool industry. She was appointed to the Landcorp Board in April 2003. With her husband, Mrs Mullins established Paewai Mullins Shearing & Paewai Mullins Systems Limited, the first ISO accredited shearing organisation. Based in Dannevirke she chairs Aohanga Incorporation, which owns a large farm with 1200 shareholders east of Pongaroa. She currently chairs Poutama Trust, which provides business development services to Maori. Mrs Mullins is a former member of the Massey University Council. Completing her MBA in the early 1990s saw her focus on quality management systems in the rural sector. She's also a director of the Atihau Whanganui Incorporation on the Whanganui River, which is where her mother hails from.

## Small town, big sounds

Social Club Event - Saturday 27th February 2010,  
1 - 8.30pm

Tui Brewery is opening for an epic day of music and entertainment from some of NZ's finest performers, Evermore, Supergroove, The Beat Girls, Cassius, Deaf Lemon and Skaper.

Stretch out on the green in the summer rays, surrounded by good mates, family, Tui Brewery Girls, sweet beats and a thousand other Tui lovers. Mix this all together and you get an epic day not to be missed for 2010!

"Small Town, Big Sounds" is a fully licensed event. Strictly no BYO.

Cost: \$65 social club members (non members \$80)  
This cost includes: Transit bus to and from event, entrance ticket and one free beer on arrival.

Money to Gillian in Quality or Julia in Mental Health. Tickets are limited.



## Stop press - 7 more seats available

**A Day on the Green with the B-52's and the Proclaimers**

Alana Estate Martinborough  
Bus and entrance ticket

Small bus sold out - bigger bus secured!  
Saturday 12th December 2009

Cost: \$107 social club members (non members \$127)  
Money to Gail in Pharmacy or Michelle in HR. Strictly no BYO alcohol. Bring your picnic rugs and deck chairs'.

## Social Club Christmas Quiz and Dinner

6.30 pm. Thursday, 17th December

Cost: \$20 Social club members  
\$30 non-social club members.

Venue: Upstairs at the Horseshoe

Includes Xmas dinner (two course buffet) and the (not all Christmas) Quiz

Bookings with payment to Michelle (Human Resources) by 4th December

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## Palliative care nurses join forces

Kahukura, Wairarapa's palliative care service, has further enhanced their team with the addition of ten nurses specialising in palliative care.

These nurses all come from the ranks of the Community Nursing Service and have stepped up their practice by undertaking specialist training in care of the people with life-limiting illness. As of last week, they are operating out of Kahukura House in Lincoln road, providing 24 hour cover for the whole district as part of the wider palliative care team. When not rostered to Kahukura, they will remain part of the team based at Wairarapa Hospital providing generalist community nursing services.

"We are already reaping the benefits of having all the nurses on site together," says Clinical Nurse Specialist and Educator Anne Savage. "We now meet together every morning as we plan each day. The most important thing is the way it enhances continuity of care for clients and families. Then there are the other benefits of better teamwork, easier training and mentoring, and all those opportunistic things that happen when you work together. For example, when Dr Crozier drops in in the early morning, nurses can get instant answers to questions that may not have otherwise had a reply until the end of the day. And we are learning from and supporting each other on a daily basis."

The team now consists of Clinical Nurse specialists Anne Savage (also the CN Educator) and Carol Hinton, Palliative Care nurse Mary Norman, and three of the new Palliative Care Nurse team on any one day.

Anne has just returned from several weeks leave in Australia, where she confessed she took a 'bus-mans holiday' by taking the opportunity to visit several small community hospices while her husband was off fishing. "It's really inter-



The Kahukura Palliative Care Nurses form left to right: Anne Savage, Clinical Nurse Specialist and Educator, three of the new team of Palliative Care Nurses Rosie Langdon, Bryn Tate and Mary Norman, and Clinical Nurse Specialist Carol Hinton.

esting to see how other communities find the right balance of services," she said. "For some time there has been an increased trend internationally towards community based end-of-life services, as people's expectations change and families are better supported to manage the care of both the client and themselves. Some of the small 4-bed hospices I visited are responding to this by just opening during the day for symptom control, and empowering and supporting families to stay together over nights and weekends."

The Kahukura team are bubbling with ideas for the future development and enhancement of services and are excited to be part of the whole-team approach. Since its beginnings, the team have now cared for more than 175 clients and their families, and have up to 55 clients on their care list in a typical month.

**CEO briefing - 'Good to Great'**  
**Thursday 26 November 2009,**  
**Room A, HR - all staff welcome**  
**12 noon or 12.30pm or 3.00pm**

How have we have done so far?

What we have achieved?

Health targets/values/CSAP/question time.....

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



Come and join the inaugural 'workplace walk' on Friday 4 December, meeting at the front door of the hospital at 12.30, to launch the new 'Walking Map'. If you are short on time, just do the 4 minute 'hospital loop' or stay with the group as we do the 25 minute 'Lake Walk'. Slip, Slop, Slap and Hat! Spot prizes.

## HardCat training next week....

From the 3rd of December, Wairarapa DHB will be one step closer to reducing our paper waste as we "Go Live" with an Electronic Internal Requisition System (Hard Cat). Not only will it help reduce paper waste, but it will also tighten up on the 'purchase approval' process, an area identified as having weak compliance with our 'delegations' policy. Improvements in this area are part of the 'Good to Great' initiative and will also help control costs. The only purchasing method that is changing with this project is internal requisitioning via the stores. External purchase orders, stationery orders through OfficeMax, and the hospital imprest system are all staying the same at this stage.



Nick McGruddy (above) and Alex Marsh have been putting in long hours working with the HardCat supplier to ensure the new system will be ready to launch on 3 December. Every department has been scheduled one or two 15 minute training sessions over the two days of Tuesday the 1st and Wednesday the 2nd of December. Managers have been asked to send up to 2 staff members from every area, who will go back to their work areas and train those who don't attend a session. The training sessions will be one-on-one, with user manuals distributed to staff members at the time. You can check out your training times on the intranet. *Please make sure you are there 5 minutes before your allocated time, as the training schedule is very tight with no allowance for time over-runs.*

The table below shows how the requisitioning system will work from the requisition being raised through to delivery of the item/s.

Requisition process
1. Originator raises e-requisition in HardCat
2. Approver (who has delegated financial authority) reviews list of e-requisitions, refers back to originator if changes are required, refers up if request exceeds their delegated authority, or approves request. Auto-email sent to stores on approval.
3. Stores reviews list of approved requisitions, picks items, attaches packing slip and dispatches to originator, checks off delivery in HardCat,
4. Originator checks off delivery in HardCat

## Wairarapa DHB excels

Wairarapa DHB, the second smallest DHB in the country, has had outstanding success in achieving the new health targets set in July by the Minister of Health, Tony Ryall in an attempt to improve health boards' accountability. The six National Health Targets compare New Zealand's 21 health boards across six categories. (See next page)

Wairarapa DHB ranks top in New Zealand for helping smokers to quit; second for better diabetes and cardiovascular services; second for achieving shorter stays in emergency departments; fourth for increasing immunization rates and fifth for improving access to elective surgery. The DHB also scored 100% for shorter waits for cancer treatment radiotherapy.

"These exceptional results are a celebration of the way our staff and other health providers have worked together to continually improve their performance and provide excellent service and care to patients," says chief executive Tracey Adamson.

"Success has not been achieved by the Wairarapa DHB alone and we acknowledge the role of the Wairarapa Community PHO, primary health providers and the many other community organisations and government agencies in making a difference to health in this region. I'd also like to pay tribute to our community, which remains keenly interested in and supportive of improving health and health services in the Wairarapa."

## How to slice our pie

Allocating money, for hospital equipment in particular, is never easy. There are many different and sometimes conflicting requests for a limited hospital dollar.

To address this the Senior Leadership Team (SLT) have established the Capital Asset Management Group (CAMG). The CAMG comprises representatives from the senior medical consulting staff, Clinical Nurse Managers and allied health along with operational managers, a representative from the Wairarapa Community Health Trust and the finance team. The CAMG is currently chaired by the Chief Financial Officer.

The group's task is to prioritise the allocated capital budget for clinical and other equipment (IT is separately determined by the Information Systems Action Committee; a health and safety allocation is the responsibility of the Quality and Risk Manager, and facilities/building issues are the responsibility of the Facilities Manager).

The amounts allocated for the current financial year are as follows:

- Clinical & other equipment = \$450,000 (this is the responsibility of CAMG)
- Health & safety = \$50,000
- Information Systems & Technology = \$1,000,000
- Facilities/buildings = \$250,000

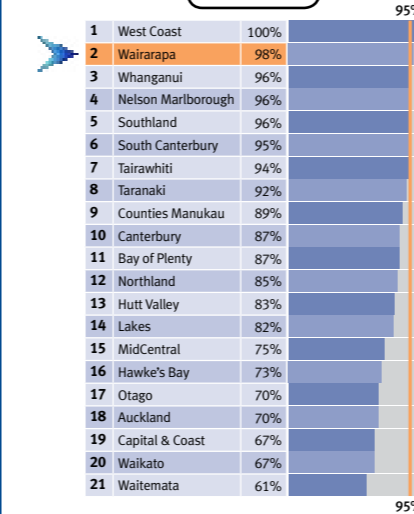
The CAMG has looked at a very long list of requests containing more than 200 items and have set the initial priorities. They have given the go-ahead to the top four capital equipment needs and a more detailed priority list is currently being compiled. These include the purchase of:

- Air mattresses within the hospital
- Syringe drivers
- An oximeter
- Two ultrasound machines – one for use by urologists, O&Gs and in Outpatients; the other for use in theatre.

## Your District Health Board

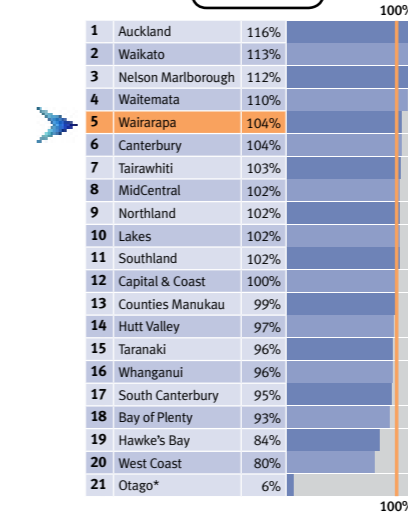
2009/10 | [www.moh.govt.nz/healthtargets](http://www.moh.govt.nz/healthtargets)

Results like this only happen with dedicated teamwork. Well done everyone!



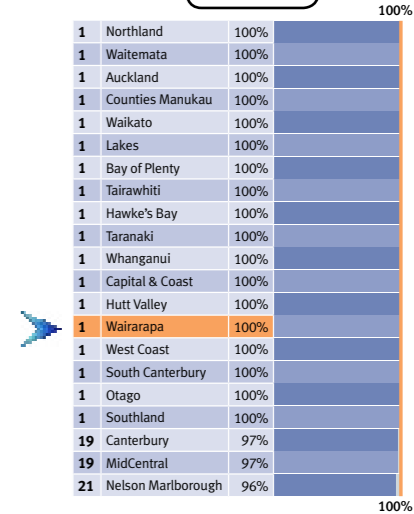
Shorter stays in Emergency Departments

The target is that 95 percent of patients will be admitted, discharged or transferred from an Emergency Department within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again. It is expected that many DHBs will take up to two years to achieve this target with good sustainable improvements.



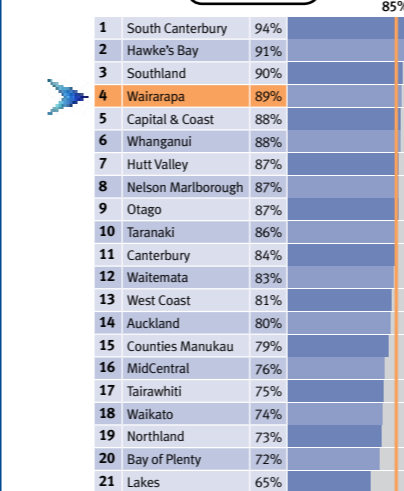
Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4000 discharges per year.  
\* Otago DHB's delivery is under-reported due to a change in Patient Management System leading to problems submitting data to national collections.



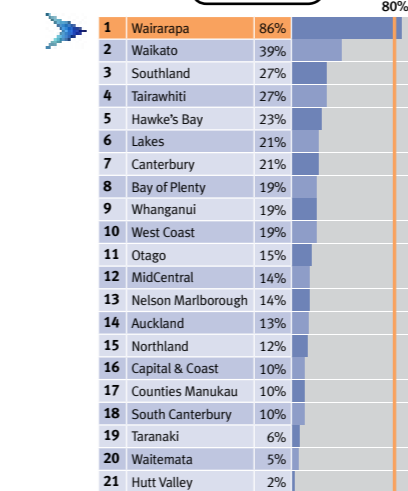
Shorter waits for cancer treatment radiotherapy

The target is everyone needing radiation treatment will have this within six weeks of their first specialist assessment by the end of July 2010 and within four weeks by December 2010. Six regional oncology centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.



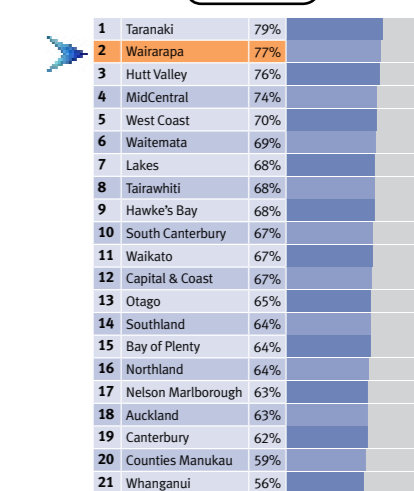
Increased immunisation

The target is that 85 percent of two-year olds\* will be fully immunised by July 2010; 90 percent by July 2011; and 95 percent by July 2012.  
\* This result includes children who turned two years old in quarter one and who were fully immunised before they turned two years old.



Better help for smokers to quit

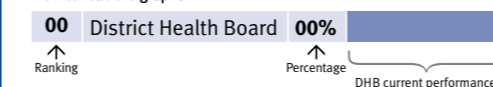
The target is that 80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. The graph represents only data coded in September. Improved data capture is expected next quarter.



Better diabetes and cardiovascular services

This graph represents the average progress made by a DHB towards three target indicators: (a) an increased percent of the eligible adult population will have had their cardiovascular disease risk assessed in the last five years; (b) an increased percent of people with diabetes will attend free annual checks; (c) an increased percent of people with diabetes will have satisfactory or better diabetes management.

How to read the graphs



This information should be read in conjunction with the details on the website [www.moh.govt.nz/healthtargets](http://www.moh.govt.nz/healthtargets)