

Don't let the flu get you

Protect yourself and your patients from seasonal flu and pandemic influenza in one shot

This year you can protect yourself from pandemic influenza (swine flu) and seasonal influenza in one vaccine. Protect your co-workers, patients and yourself from influenza.

You are at risk

Influenza doesn't care how fit, active or healthy you are: everyone is at risk of catching it. It is not just a bad cold. Healthcare workers are at risk of catching influenza from patients. Patients are at risk of catching influenza from healthcare workers. Influenza carries the risk of severe illness, for high-risk patients contracting influenza can be severe and life threatening. Influenza spreads easily from person to person through coughing or sneezing. It can also be spread from contaminated surfaces and from hand to face contact.

How effective is the vaccine?

The effectiveness of vaccinating against the influenza virus is well established. It stimulates the immune system to make antibodies that protect against circulating influenza viruses.

Will natural immunity protect me?

Immunity develops after you have been exposed to a virus strain. However the strain of influenza circulating may change each year.

Will you have a reaction to the vaccine?

The influenza vaccine is generally well tolerated, however some people have side effects following immunisation. The immunisation will not give you influenza because the vaccine contains no live viruses. Many other viruses are also present throughout the year, so the results of coincidentally catching a different respiratory infection or other 'flu-like' virus may wrongly be blamed on the influenza vaccination.

Mark this on your calendar

This year the seasonal influenza vaccine will contain the pandemic (swine flu) strain and will be available at no cost to Wairarapa DHB staff at two clinics in Room A, HR Block on Wednesday 10th of March and Friday 19th March 2010.

Remember to wear appropriate clothing to allow easy access to the upper arm on vaccination day.

You need to wait for 20 mins afterwards to ensure there are no problems before you return to work.

We need numbers so we can order enough vaccine. Soon you'll get a notice with tear-off slip. Please complete and return to Liz LeLievre, Infection Control.



Flu Vaccination clinic dates:
Wednesday 10 March
& Friday 19 March

Room A HR

Pandemic vaccine for frontline health care staff

There is another vaccine available to frontline health care staff to protect you from pandemic influenza. It contains H1N1 swine flu strain only, and does not offer protection from other flu strains. Because it does not contain egg products (which seasonal influenza does), it is suitable for people with allergies to egg products.

If staff working in high risk areas wish to have this vaccine (and don't have allergies to the components of the seasonal vaccine) they will require seasonal vaccine in addition to protect against the other two flu strains.

This vaccine (Celvapan) requires two doses three weeks apart.

The pandemic vaccine comes in a multi-dose vial with 10 doses per vial which need to be used within 3 hours so set appointment times will need to be made. If you would like this vaccine please contact Lizzie Daniell to make an appointment.

Contact:
Lizzie Daniell
Extn 5818
027 687 5249
Lizzie.daniell@wairarapa.dhb.org.nz

i n Site

news - information - trends - events - people

24 February 2010 Issue 172

Releasing Time to Care

On March 5th, Wairarapa DHB will be the next to launch the 'Releasing Time to Care' programme in Wairarapa Hospital. This programme has the backing of the senior leadership team and all are encouraged to attend the launch day and participate. Everyone's ideas will have merit and be of value – it is all about our working environment.

Releasing Time to Care: The Productive Ward© is a program developed by the National Health Service Institute for Innovation and Improvement, that the New Zealand Ministry of Health has introduced to New Zealand District Health Boards. It is a patient-centred approach to improving the quality of care on acute care nursing units by freeing up nurses and therapists' time for more direct patient care. A key feature is giving frontline staff the opportunity to design safer and more reliable care processes which can target specific risk areas and reduce lengths of stay.

Waikato was one of the first DHB's to join the programme and it has made a noticeable difference. The project manager from Waikato said nurses are getting back at least 10 per cent of their time to spend on patient care, with feedback from staff including 'calmer wards and fewer patient complaints', 'increased patient safety', and 'increased morale.' It was also noted that traditional barriers had been broken down between frontline staff and managers, and between disciplines.

"There is a temptation to look hospital-wide for sources of improvement," she said. "And that is valid, but difficult to achieve and difficult to sustain. Much can be done by ward staff to improve their own environment without having to wait for improvements in other departments."

North shore DHB has also had positive results. "The programme helps nurses to streamline the set-up and activities on their ward so that tasks take less time and nurses can spend the time saved on direct patient care," says Marion Dixon, North Shore Hospital's unit manager for Medicine.

Marion says this leads to greater reliability, safety and efficiency of patient care, and an improved, less stressful working environment for staff.

North Shore Ward 11 charge nurse manager Debbie Hogan says that over the coming months, practical modules will help her nurses apply simple, effective techniques proven to save time and money.

"The staff on my ward are very positive about it. We can work smarter rather than harder and it enables us to provide greater quality care with less stress and without any additional resources," Debbie says.

Marion Dixon says the concepts aren't necessarily 'rocket science' and that some have been tried before. "But they often lacked sustainability. Now we have a well-developed

package to help us make permanent change and overcome some of the old barriers such as lack of time, resources and staff."

Watch out for notices about Launch Day March 5th

HPV campaign lifts off



Back left to right: Helen Martin, Judi Harding, Tina Tyacke, Lee-Anne Tai, Nicola Diedrichs, Sarah Gaskin, Jenni Martin

Front left to right: Therese McGillicuddy, Tessa-Jane Dennes, Danica Goldsmith

Wairarapa Public Health nurses are gearing up to start offering free HPV immunisation to girls in Wairarapa schools again this year. "We've run immunisation clinics for many years now, and we really enjoy working with the girls and the schools," says Clinical Team Leader Tessa-Jane Dennes. "We sometimes find the parents are more nervous than the girls, and it's great to be able to work with both and finish with a smile on everyone's face, because we passionately believe in the benefits of what we do."

In 2009, 95 percent of eligible schools across New Zealand chose to participate in the programme. Wairarapa girls who missed out on the immunisation last year will have another opportunity to be immunised at school in 2010.

"On-going clinical studies show that after five years, protection against the HPV virus remains high and suggest that protection will last much longer – possibly for life. As cervical cancer develops over many years, it will be a while before we see the impact of the programme on cervical cancer rates. But lower rates of HPV infection and abnormal cervical changes will be apparent much sooner. We also expect to see cases of genital warts reduce significantly, as has been the case in Australia."

Introducing Kieran McCann, GM Clinical Services

Kieran McCann, new General Manager Clinical Services, is upbeat about opportunities at Wairarapa DHB.

“Wairarapa is a great example of a region delivering the sort of health care the government is striving for. The foundation work is done. There is great community involvement and excellent primary/secondary interaction within the health sector. The community is well informed, we deliver health services with passion and patients get a really good deal here. Wairarapa is small enough to be successful and large enough to be meaningful.” Kieran believes the opportunity to shape health services within one’s own community carries a lot of impetus and responsibility.

He has lived in Greytown for three years with his partner and four year old daughter and knows Wairarapa is also a fantastic place to bring up children. He looks forward to the change from getting on the train each day to Wellington where for the last 18 months he has worked for the Ministry of Health as Manager of Elective Services. There he oversaw the administration of \$198 million of additional electives funding, monitored electives activity and policy and as the Health Target champion provided ministerial advice.

Before that he worked for Capital & Coast helping to develop the clinical design for the new hospital. He ran



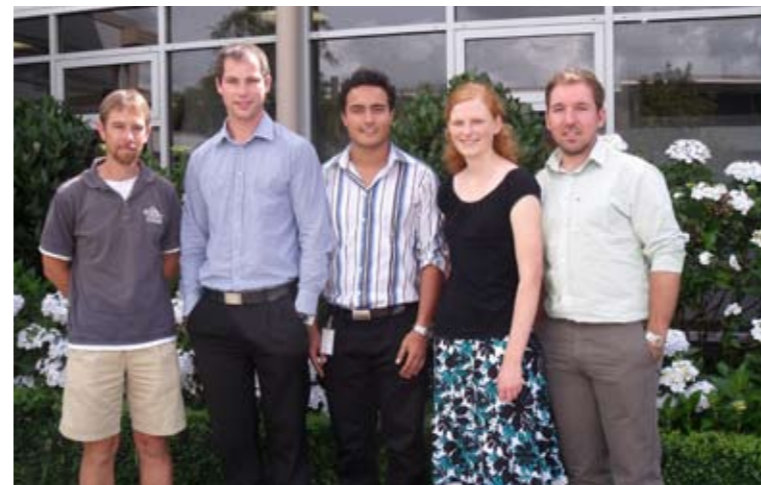
the change programme planning work flows, processes and occupation plans. He left for the job in the Ministry just before migration into the new hospital.

Kieran is from Co.Tyrone in Northern Ireland. “I know a thing or two about conflict resolution,” he quips. He trained as a nurse in Guys Hospital London, in 1989, leaving there 10 years later to come to New Zealand for a six month holiday but loved it so much he stayed. At Auckland Hospital he was Charge Nurse Manager in charge of the hepatobiliary and upper GI surgery unit and later as a Unit Manager managed multiple specialities including trauma, vascular, transplants,

orthopaedics and urology. Further down the track he managed surgical services at Starship Hospital. In Auckland he met a girl from Taihape who was keen to move away from the city, so they settled in Greytown and Kieran then commuted to CapCoast. He was Division Manager of internal medicine and cancer services managing the operations of all medical specialities for inpatients and outpatients across a range of services. Later he moved to Manager of Service Redesign when planning for the new Wellington Hospital was underway.

So Kieran has had a huge range of clinical and leadership and management experience. He also has a creative bent. When he first left Ireland for London he was enrolled in a fine arts degree but changed direction, as chance would have it, after meeting some persuasive nurses at a student party. He still dabbles in drawing and painting, with a love for portraiture.

Rural immersion programme



GP David Heard with students David Grant, James Alesana-Slater, Wendy Lowe and Chris Badenhorst

Wairarapa will benefit from an Otago University scheme to get more doctors in rural areas. Four fifth year medical students have arrived in Wairarapa as part of the university’s rural immersion programme which puts trainee doctors in rural areas for a year. They will work in medical practices and the hospital during their community and medical immersion. It will give them an opportunity to learn under the guidance of experienced GPs and hospital medical staff. There will be two students in the hospital and two with GPs at any one time.

Carterton GP, David Heard, coordinator of the programme will oversee the students. He says that last year students on the inaugural programme had a fantastic year’s learning in the Wairarapa. “They did very well academically. One improved her class place by 100 places. All four improved their grades from 3rd year and one gained distinction -she was in the top 5 or so in their Dunedin class of 250 students.”

This year there are 20 students placed in six rural immersion programmes nationwide and Wairarapa was the most popular choice. Chris Badenhorst, James Alesana-Slater, David Grant and Wendy Lowe will be doing three-four week rotations in the hospital and in GP practices, starting with Carterton Medical, Masterton Medical, and orthopaedic and obstetric units of the Hospital.

The students say they are looking forward to a different style of learning which is more hands-on and getting to know patients and staff on a more personal level. “We will see more patients than in a big hospital and there will be more doing rather than just watching.” They will benefit from hands on experience, the mentorship of experienced medical staff and video and audio conferencing plus web-based discussion boards.

Success for Ajay



Ajay Sud, our Surgical Registrar, is riding a wave. He has just had his first paper, co-written with Prof SweeTan from Hutt Hospital, published in the Journal of Plastics Reconstructive and Aesthetics Surgery and he has been offered a place as plastics registrar at Hutt Hospital.

His paper, entitled ‘Pyogenic granuloma-treatment

by shave-excision and/or pulsed-dye laser’ was about a new technique of treating skin conditions, especially unsightly red lumps on the face or hand. Traditionally they were cut out but this breakthrough technique advocates shaving them off and applying laser treatment to the base, which produces almost no scar on cosmetically sensitive areas. Ajay worked with Prof SweeTan to review data collected over 11 years at Hutt Hospital (from 1996 to 2007) and compared the effectiveness of traditional methods with this new technique. He examined the treatments for fifty-one lesions in 49 patients and presented the results of the Unit’s evolving treatment strategy for pyogenic granuloma.

Ajay has worked with Professor Swee Tan before at the Wellington Regional Plastic, Maxillofacial & Burns Unit of Hutt Hospital. As a medical student he did an elective for three months there where he operated and did research with the renowned doctor. He saw some interesting cases which fuelled his passion for plastics. “I saw a lot of reconstructive work following major burns and trauma. I remember our team working on a farmer who was found in his shed after a horse had trampled on his face. We took a bone graft from his hip and worked on his face for six hours. Plastics are really challenging – there are a set of rules but many different approaches and so it is also creative. You are never doing the same thing all the time and I look forward to a really exciting fulfilling career.”

New Zealand trains only three to five plastic surgeons a year and winning a place on the plastic surgery programme is very competitive. Hutt Hospital’s Plastic and Burns Unit is the recognized centre of excellence in New Zealand. Ajay says his application was strengthened because he had his paper published in an international journal and he has presented work at the College of Surgeons’ Conferences in Wellington and Hong Kong. He has certainly worked hard to get to this point in his career. He first did a science degree, followed by a masters before he completed five years at medical school. Since then he has spent two years as a house surgeon in Dunedin and Wellington before coming to Wairarapa for a six months stint as surgical registrar. Now he embarks on another 5-6 years of intense training before he becomes a fully fledged consultant. What a journey. We wish him well and celebrate his success.

ACC: Good information depends on all of us

Did you know that the DHB receives revenue from the Accident Compensation Corporation through the funding envelope and by us directly invoicing ACC?

When a person incurs a personal injury as a result of an accident they are entitled to cover and support through the ACC scheme. The cost of the initial ‘acute’ phase of the treatment is paid to the DHB by the Crown through the funding envelope. The MoH then recovers the costs from ACC.

ACC call the ‘acute’ phase Public Health Acute Services (PHAS). The following comes under the definition of PHAS:

- Acute admissions
- ED presentation and the subsequent ED services within 7 days
- Outpatient services within 6 weeks after the day of treatment or ED presentation
- Outpatient services within 7 days of referral from GP.

“We cannot submit invoices to ACC for the services we provide within the PHAS definition because we already receive funding for that,” says Maureen Breukers. “You might think it is complicated working out which services we can invoice, however our clever analysts make invoicing easier by applying the 7 day and 6 week rules to the data they extract from our systems.”

The important thing when you are dealing with ACC patients/clients is to identify and capture the required information accurately and in a timely way. Internal and external audits have highlighted that we don’t do this very well. “Getting the right ACC number is really important,” says Ellen Bromley, ACC Administrator. “If the information is

wrong the invoice amount will be declined by ACC.”

By capturing the right information you are ensuring our patients receive the services and support they are entitled to and the DHB receives payment from ACC for the services we have provided. Each year we invoice ACC for approximately \$2.5M of services we have provided. How much are we missing out on? We are introducing ACC Champions across the DHB. The champions will be advocates for ACC data quality and with training will become ACC gurus for their service. They will be able to provide support and advice in conjunction with Ngarita Brookes, Ellen Bromley and Donna Coombes from the DHB ACC Office.

Maureen Breukers, Project Manager

Accurate, timely capture of ACC patient information is important – do it once and do it right.

Thanks a bunch



One of the really enjoyable parts of my job is reviewing the feedback we get from our community through the Quality office. From time to time, I write to staff who are named as a result of that feedback.

Most recently, this has been to Dr William Perry, whose care was described by a patient as ‘impeccable’ and his manner ‘exemplary’.

Also mentioned recently were Carol and Marie from maternity services, where a mother described them as ‘wonderful and understanding of my specific needs and requests, giving us a very positive childbirth experience.’

These comments are just the tip of the iceberg of the positive way in which the DHBs services are generally viewed, and I will be using InSite to pass more of these on.

Thanks to you all for your service, which generates such glowing feedback.

Tracey Adamson, CEO