

Supplies for Samoa

When Graeme Saunders visited Samoa last year, he met with Sister Rita from the Little Sisters of the Poor and showed her pictures of some of the surplus equipment from the old Masterton Hospital. The same day, she wrote to Don Searanke, a Masterton South Rotarian, to say how much the Order would appreciate the old beds, IV poles, hoists and other equipment.

Following on from a successful joint venture with Auckland Rotary clubs to send books to Honiara and equipment to Fiji last year, Graeme took up the challenge, and last week rounded up some of his Rotary mates to load up a shipping container that had been delivered outside the old Maternity Unit.

It was a hot and tricky job - 33 beds to be partially dismantled and upended, 2 hoists, 7 toilet frames, 4 wheelchair commodes, 1 walker, 3 toilet risers, 8 drip stands, 22 mattresses and 3 old sphygmometers later, the blokes really felt like they'd earned their lunch!

The Rotary Club is providing the voluntary labour, and paying the cost of shipping the equipment to Samoa. "It's important to make sure we're only sending stuff that is wanted and needed," said Don. "It's no good sending equipment that won't be used. The Little Sisters of the Poor run a nursing home with 50 residents, and depend on public charity. You can check them out on www.littlesistersofthepoor.org"



Masterton South Rotary Club provide the brains and the brawn....
Left to right Don Searanke, Robert Kyle, David Bulman, David Howden, Rod Sutherland, Michael Blundell

Medicines Reconciliation Project steps up



The Medicines Reconciliation Programme has stepped up a notch, with Pharmacy Technician Sue Woods taking on an extra 4 hours a week to support the programme. Up until now, Pharmacist Gail Edwards has been managing the programme, and she's delighted to be orientating Sue to her new responsibilities.

The MedRec programme – known as 'Double Check' in our DHB, is part of a national initiative to improve safety in hospitals, by giving feedback to prescribers.

"I first got interested when I heard about the programme at a conference several years ago," says Sue. "When this opportunity arose I put my hand up as a way of increasing my skills and following my interests."

Sue will be ready to 'fly solo' from the beginning of April. "My role will be to interview 3-4 patients a day, which can take between 10 and 30 minutes for each interview," says Sue. "The rest of my time is spent gathering information from paper sources, and from pill bottles. I'm 'double checking' with patients about all their medicines because sometimes they may be very ill and admitted in the middle of the night and they may not have given the admitting doctor all the right information, or may have been confused about their current medications."

"The interviews are always done from the patient's perspective," says Gail. "We are interested in what they are doing with their medications, and how that relates to their medication charts. Sometimes patients don't think to mention complimentary medicines they may be taking which may be quite significant, they may have given the wrong name or dose of a current medication to the doctor, or they may have forgotten a medicine, or forgotten it's been recently stopped."

Both Sue and Gail commented on how important it was for patients to bring their medications with them when they are admitted – it makes the 'Double-Check' process much easier. "We've been really pleased with the way medical staff have received the programme," says Gail. "Some RMOs are completely new to it, while others have come from DHBs already using the programme. About half of the DHBs are now on board – Wairarapa was one of the first to get it off the ground. The senior medical staff are also following up on it, especially the physicians. Ultimately the feedback is designed not just to improve outcomes for individual patients, but for all patients through assisting doctors with the history taking part of admissions."



Third tier review proposal out for consultation

One of the first tasks of the new senior leadership team at Wairarapa District Health Board has been to review the positions that report to them (Tier Three positions). A proposal is now complete and will go out to all staff, union representatives and Board members for consultation and comment this week.

"The revised structure is a proposal at this stage and will be confirmed only after the two week period of consultation is complete," says Tracey Adamson, CEO. "There are three key principles driving the review: the need to improve the quality and safety of services to patients through the streamlining of services across the DHB, reducing corporate support /management overheads and increased involvement of clinicians in decision making roles. It is vital we create a structure and culture that will ensure we develop as a strong and financially viable organisation in partnership with our clinicians. The principles of the review are consistent with the Government's imperative which seeks on-going savings in administration in order to free up resources to improve frontline services."

"The third tier review proposes a reduction of 9.5 full time equivalent position (FTEs); 5.5 of these are already vacant. An additional 0.6 FTE is proposed within Senior Medical staff positions. It is proposed that Allied Health staff have more involvement in developing services through the creation of a 0.5 FTE clinical manager/director. \$300k would be saved from a proposed reduction in management positions, with \$160k being invested back into clinical positions," says Ms Adamson.

Bob Francis, DHB Chairman, says the new structure is part of an on-going focus on value for money and future proofing services. "Like all other District Health Boards, we are facing new local and national challenges. We are forecasting a deficit this year and our financial situation has given urgency to address these issues. This assumes substantial efficiencies will be achieved. The cost of service delivery is outstripping the funding we receive. This review and restructure will support the initiatives already in place under the 'Good to Great' programme which aims to improve the patient experience and the health of our population whilst managing and controlling costs."

You have until 7 April to respond with comments to the appropriate SLT member about this review. The full proposal is posted in six parts on the intranet in the *Good to Great* section. Look for *Third Tier Review*. In it you will find all the background to the review including the guiding principles for service delivery, workforce and organisational capacity and capability. They are summarised here.

Principles: Service Delivery

1. Delivery of patient centric health services that supports the patient journey across services
2. Improved capacity and capability to deliver a safe service within a risk management framework that identifies risks and puts management strategies in place to mitigate risks where possible
3. Improvement in the overall health of the population
4. Increased recognition of the DHB's obligations under the Treaty of Waitangi and its responsibilities to reduce inequalities
5. Enabling improvements in clinical service delivery through strong business processes that are supported by appropriate, patient centric information technology

Workforce

1. Strengthening clinical leadership and clinical governance
2. Increased recognition of the professional and performance development requirements of medical, nursing and allied health staff as the largest staff groupings and those providing direct clinical care. This includes the development of a sustainable clinical workforce
3. Development of a 'critical mass' of staff with like skills and competencies to reduce professional isolation, improve retention and enhance in-house career development options and succession planning

Organisational capacity and capability

1. Strengthening of clinical and provider relationships internally and externally
2. Improvement in financial management and accountability for the delivery of results
3. Development of organisational capacity and capability to continually improve services and implement the improvements
4. Development of organisational strategic planning – an integrated business planning framework for the organisation is required
5. An increased focus on organisational development is required: organisational culture, teamwork, values and behaviour

Protected



Jenny Clarke offers her arm to vaccinator Lizzie Daniell.

The DHB team of vaccinators have been busy over the last week vaccinating more than 200 staff with a dose protecting people from swine flu and seasonal influenza in one shot. This year's vaccine offers protection against three different strains of seasonal influenza as well as H1N1.

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. It 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.

If you haven't already done so please protect your co-workers, patients and yourself from influenza. There will be a mop-up this Friday, 26 March for those who haven't been able to attend the other clinics. There will be one more clinic in the morning in Paeds Clinic 3 from 9am until 1pm. Call in and get your free vaccination. You'll have to stay for 20 minutes following the vaccination for observation.

Next clinic: Friday 9am-1pm in Paeds Clinic 3



Earth Hour on Saturday

Staff are invited to 'turn out the lights' (where safe and practical!) this Saturday from 8.30pm-9.30pm to join in the global 'Earth Hour' event.

Earth Hour kicked off in Sydney in 2007, and last year hundreds of millions, including 1.5 million New Zealanders, turned off their lights for one hour to demonstrate support for determined international action on climate change.

In New Zealand, organisations as diverse as the PSA, World Wildlife Fund, Tertiary Education Union and Hikurangi who are jointly trying to encourage at least 60% of state sector organisations in NZ to participate.

Wairarapa DHB is proud to participate. More information is available at www.wwf.org.nz/earth_hour/

Learn Te Reo

The Māori Health Unit will be offering basic Te Reo Māori (language) and tikanga (values & beliefs) classes in six one hour sessions. The classes will cover tikanga, local history, Wairarapa protocol and waiata. They will also help staff with pronunciation of names of Māori service users and local place names.

The Māori Health team want to know how many are interested and what time suits you best. Please complete the questionnaire that was sent to you last week and send it back to Janeen Cross as soon as you can.

Would you like computer training?

Do you know your way around your desktop? Can you open and organise files, use applications and move around your computer with confidence? The DHB is supporting an exciting initiative to provide IT training to staff who need to learn more about email, word, excel and the internet. But first we need to know more about your level of skill in order to design a really good computer training programme that meets your needs.

We have developed an IT Skill Assessment tool that will help identify your IT knowledge level. The assessment will let us know if you need to attend some training and learn a few more skills or in fact if you are already IT competent.

It is important that all employees of the DHB complete the assessment so we can provide the training to those who need it.

The Assessment can be found at <http://healthnet/ITTraining>.

If you are not confident about using the online assessment please contact Gretchen Dean in Human Resources extn 5206.

The opportunity for IT training is focused on ensuring all our staff are confident about using the technology they have available to them. Each role within the WDHB needs to have a minimum level of IT competence to undertake their role effectively. So please complete the assessment tool by 31 March.

Thanks a bunch



Two recent letters contained glowing comments about hospital services. One from a woman who broke her arm: "I consider your hospital to be excellent - clean, bright, happy. All the staff were exceptional - helpful, efficient and highly trained. My surgeon was marvellous and two doctors from my hometown commented on what a great job he did. I am healing really well, ahead of time and I put this down to the treatment I received from your hospital. You can be really proud of your service and people."

The other was from a client of Maternity Services, who said that 'Beryl in Maternity was an excellent help, in particular.'

Thank you all for your excellent service.

Tracey Adamson, CEO

'Releasing Time to Care' launched



Releasing time to care is now a reality at Wairarapa DHB after the successful launch of the project on the 5th of March. Clinical Nurse Managers Vicki Hookham and Susan Reeves worked wonders on their rosters managing to get over 50% of their staff to the training.

Eighty-five nurses, members of the senior leadership team including CEO Tracey Adamson and GM Clinical Services Kieran McCann, representatives of the medical team, Allied Health, laboratory services, Imaging, Pharmacy, orderlies and cleaning services attended for either an hour or four hours.

The interactive sessions were run

by Brian Dolan, who has been coordinating a similar project at Canterbury DHB. Staff learned about the principles of lean thinking, change management and discovered what kind of change agent they were - how you market toothpaste can say a lot about you!

The crux of the programme is to save the precious time of those delivering direct care to the patients. As health professionals, we spend a lot of time looking for equipment, notes, and waiting for different components of care which slow up our service delivery. The end result may mean patients spending unnecessary time in hospital.

Brian was introduced by Helen Pocknall and Tracey Adamson, who focused on giving the nurses and those working in the departments permission to make the changes necessary to improve their use of time.

Key messages from the sessions were that as an individual you can make a change, that this is a marathon not a sprint, and that it needs to be run smoothly and with planning.

So where to from here?

Those keen to be involved will be approached over the next 12 months to help facilitate the first three models, *Well Organised Department*, *Put it Back Jack* and *Know How Well We Are Doing*.

Txt trial to launch soon

Giving feedback on Wairarapa DHB services is about to become even easier, with the trial of a new texting system in three areas - the Emergency Department, Child and Adolescent Mental Health Services and Outpatients.

The system is managed by Christchurch-based Textsys, whose research shows that around 60% of people will not give feedback using current ways because 'it's not worth the trouble of filling out a form', they don't want to create a fuss by confronting a staff member, or they don't know how or can't locate a point of contact.

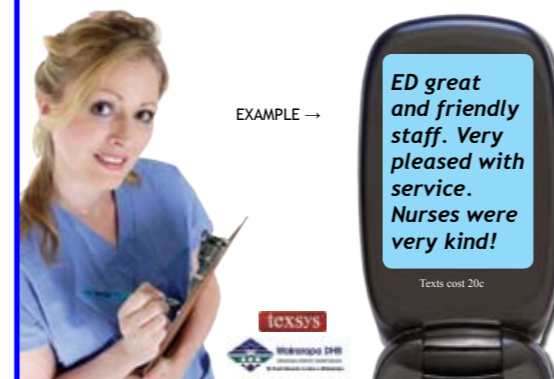
Texting allows the patients and families to raise a concern immediately and vent some of their feelings on the spot, rather than the issue escalate into a formal complaint which demands staff time and resources. It also allows patients and their families to give feedback about positive experiences and staff members. Monthly or quarterly reporting identifies feedback trends and benchmarks departmental performance, highlighting what areas require increased resources. All feedback is processed and categorised into over 50 DHB specific categories for benchmarking and ease of interpretation. These categories have been developed through collaboration with DHBs nationwide.

Txt us your feedback

We want to hear from you

- Txt the word 'ED'
- Leave a space
- Add your feedback
- Send it to 4882

*\$20 petrol voucher prize randomly drawn per month



Security check

There have been a number of DHB vehicles left unlocked over the last few weeks as well as offices left unlocked. Please be careful to lock when you leave and make sure your vehicle is secure.

Infection Control and Quality shift



From left: Cate Tyrer, GM Quality, Safety and Risk; Lizzie Daniell, Occupational Health and Infection Control nurse; John Channon, Emergency Management Coordinator; Gillian Malton, Quality Assistant and Julie Roots, CNS Infection Control/Health & Safety Coordinator. Absent: Liz LeLievre, Infection Control assistant

Infection Control and the Quality Department have a new home. You'll find them on the ground floor of the DHB Offices, to the left alongside the IT office.

New role confirmed

Cate Tyrer has stepped up to join the Senior Leadership team as Director of Quality, Safety and Risk. She has the overall responsibility for health and safety, occupational health, infection control, emergency management, privacy, complaints, quality improvements, risk management and audit and accreditation.

Cate says she is very excited that the profile of the Quality team and roles will become more visible in the organisation. "It's about listening to staff and patients and striving constantly to improve our processes and better ourselves."

"We are looking forward to the launch of 'Quality Leaders', a project that assigns clinical and quality personnel in each of the clinical areas to work alongside the Quality team one day a fortnight.

Medical practices merge

Masterton Medical and Chapel Street Family Doctors merge at the end of March 2010.

Chapel Street Family Doctors will close and most patients and staff will transfer to Masterton Medical. Some patients will transfer elsewhere, to Whaiora or other practices in the region.

Please ensure all future correspondence and health information is directed to Masterton Medical.

Below is a list of GPs who will be working from Masterton Medical, including existing GPs, those transferring from Chapel Street Family Doctors as well as our Registrar and Locum.

Dr Ximena Tobias is transferring to Carterton Medical Centre.

Please update your records accordingly, including the EDI address for the Chapel Street GPs which should read mastern .

In order to accommodate the data base merge we will be closing the books and databases of both practices on Monday 29th March at 5pm. The data base merger takes two days and we should be live again on Thursday morning 1st April.

Please do not send any electronic data during this period.

I will be happy to provide any further information or answer any questions you may have regarding this merger.

Jeff Ryan
General Manager
Masterton Medical
ddi: 06 370 0555
mob: 0274 393 400

GP Name	
1	Middleton, Rita
2	Ryan, Hilary
3	Prior, Simon
4	Crozier, Nick
5	Mills, Matt
6	Baily Gibson, Tim
7	McGrath, Richard
8	Becker, Cath
9	Becker, Tony
10	Maunsell, Robert
11	Harris, Charlotte
12	Burgess, Emily
13	Morrison, Pete
Ex Chapel St Family Doctors	
1	Ashraq, Sarmad
2	Falkner, Liz
3	Quaghebeur, Ann
Locum	Bergh, Juliet
Registrar	Huang, John

Men's symposium a great success



More than 100 men from around New Zealand gathered at the Copthorne last week to examine the issues around men's well-being.

The conference, organised by Suicide Prevention Coordinator Barry Taylor, was opened with a karakia from Mike Kawana, and an address from the Hon. Peter Dunne.



Mr Dunne gave a forthright address, clearly laying out the statistics around men's lack of wellbeing, and encapsulating it in a nutshell with 'we need mates. Good mates.' He invited participants to examine how men can step up in their irreplaceable roles as fathers, and how our society can better deal with angry men - many of whom have good reason to be angry through abuse, despair and broken relationships- especially relationships with their children.

Guest speakers at the conference from the Netherlands, Australia and NZ reflected on the over-representation of men with serious issues around mental health, drugs and alcohol, violence, depression, suicide and crime. They all complemented each other and shared their insights about the need to be consistent in presenting positive messages about men's well-being.

Several small group workshops harnessed the collective wisdom of the whole group.

For organizer, Barry Taylor there were three highlights. "One of the key outcomes was to motivate local men to become involved in addressing issues and they agreed to meet again after the conference to debrief and look at how they can be involved in ongoing work. Another thing I was pleased about was the presence of young men from Taratahi Training Farm and Rathkeale College. They enjoyed interacting and discussing issues with a range of men. The guys from Taratahi were really impressed by keynote speaker Vic Tamati and they approached him to speak to students and staff about his journey of becoming violence free. Another highlight was the BBQ at the Men's Shed where Men's Shed regulars showed conference participants around with such pride and obvious pleasure about their achievements there."

The theme of the conference, Men's wellbeing = men being well, provided a wholistic approach to the way we deal with issues affecting men and how we promote well being.

Sensational stories, great speakers and the potential to change attitudes and make change.

Men's wellbeing = men being well



All men are part of the solution
 Whakarerekehia



Tairawhiti Men
 Against Violence