

A movable feast



Boxed up: Nigel Broom, Barry Taylor and Jen Bergantino from Planning & Funding are heading south.

Planning & Funding are on the move from the top floor to the first floor of the DHB Offices. The whole building has been upturned in the last week as different teams relocate. A sea of wheely bins, boxes and trolleys have been whizzing by to aid the shift which is designed to put people with common roles together. It will also enable more effective use of PA and admin support for general managers who were previously spread around the building.

The new configuration is:

TOP FLOOR:

Most of the Senior Leadership Team + GP Liaison are now in offices at the top of the stairs to the left.

To the right is CEO, Tracey Adamson and her EA, Maori Director and Communications.

FIRST FLOOR:

The Finance team and GM Eric Sinclair are together with business analysts to the left of the stairs.

To the right are the Planning & Funding team with General Manager Simon Everitt.

GROUND FLOOR:

To the left of the main entrance in the old reception area you'll find Infection Control and Quality and Risk.

IT Services are beyond those offices in their usual place.

Sub regional relations

Three DHBs in the Wellington region have formed a new sub regional group (the Sub-Regional Clinical Leadership Group) to discuss how we might work more closely together with the aim of providing better and more sustainable services for our communities.

Wairarapa, Hutt Valley and Capital & Coast DHBs recognise there are significant benefits to each of their communities through more collaborative clinical discussion and action. Senior clinicians and the three CEOs are now meeting each month to discuss the issues and possibilities for implementing initiatives designed to improve clinical services. The role of the group is to identify and explore opportunities for service integration to enable the most effective and efficient delivery of health services for the three DHB communities.

The Chairs of the three Boards have signed a Statement of Commitment to progress these initiatives and they are determined to make them happen. Over the next 1-2 years a clinically-led programme of work will focus on making improvements in health services across all three DHB areas.

This commitment to support improvements in sustainability, quality and accessibility across the whole Wellington region is consistent with wider regional and national goals. The work of this group will run alongside other current projects addressing vulnerable services in the central region. It also meets ministerial expectations of DHB collaboration.

The CEOs are committed to support this clinician-led endeavour and will provide the resources to make projects happen. They have also agreed on four key priority areas to focus on. These are Mental health, Paediatrics, ENT, Care of the Elderly. It was agreed that multi-disciplinary teams from across the three DHBs will soon start work on developing the proposals to advance these priorities.

The challenge for clinicians who are developing the scope and models of care for each of these projects is to create the best service possible for patients within resource constraints. The success of the Sub-Regional Clinical Leadership Group will depend on the three DHBs working together to make the best use of resources locally and regionally to provide streamlined, co-ordinated care. The aim is to improving patient services through regional collaboration, clinical leadership and service redesign.

Bra chain - Girl Guides need your help!



Congratulations, ladies – you've risen to the challenge to clear out your 'bra wardrobe' beautifully, and you've already filled up the bra-box at front reception once.

Don't stop now – your contributions will help New Zealand Girl Guides break the world record for a 'bra chain' – currently held by Australia – as part of their drive to support Breast Cancer education and research. And your old bras won't go to waste – anything reusable will be sent overseas to aid agencies and only the really ragged ones will be thrown out – but

we still need them all to help break the record.

So keep up the spring cleaning and post your old, outdated, uncomfortable or wrong-size bras into the collection box. If it's full again, just hand them in to the ladies on front reception for the Guides to collect.

The collection box will stay at reception until the end of the month, even if the display is not up on the Board (which is needed for other purposes).

Thanks!



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For many staff, working shifts is a fact of life in our round-the-clock hospital and community services. And we're not alone - around the world, millions of people turn their 'body clocks' upside down as they cope with working night shifts, or try to adjust to changes time zones when they travel.

Over recent years, there has been a significant amount of research into the effects of shiftwork, and how to minimise these, or use them to your best advantage.

Wairarapa DHB is about to spice up your winter, with a 10 week programme for staff looking at managing shiftwork. For those of you who have been coping for years - here's your chance to share some of your survival tips, and maybe learn something new too.

Starting in the week of 28 June - just after the shortest day,

the programme will take us right through to the first day of spring. Each week, look out in the Hospital Cafe for the latest information on a range of topics - just the right

place, as diet is a really important factor in adjusting to shift-work. We'll be presenting summaries of this each fortnight in InSite, and there will be links through the intranet to all the information, surveys, quizzes or useful websites.

The first week will look at sleep patterns - including a survey tool to help you understand your own, and information about managing fatigue. Week two will focus on managing your blood sugar levels.

Anyone with stories or tips about managing shiftwork can email these to jill.stringer@wairarapa.dhb.org.nz - we'll include them where appropriate according to the theme each week.

National Stroke Services Audit 'useful'

A recently released national audit looked at the provision of stroke services in hospitals in the first seven days after stroke. Findings were compared with an audit of Australian hospital stroke services.

"We were glad to participate in this audit, and welcome the findings," says Anna Reed, Clinical Nurse Specialist in Older Persons Health. Stroke Foundation Chief Executive Mark Vivian says the audit provides a benchmark against which future developments and improvements can be compared.

"With most strokes, the sooner you get to hospital and begin to be treated, the better your outcome."

The audit found that 67 percent of DHBs offered time-critical intravenous treatment that breaks down blood clots if commenced within four and a half hours of stroke onset. Over 80 percent of New Zealanders live within a DHB area that offers this treatment. However, only 3 percent of stroke patients were actually receiving this time critical treatment, the same percentage as in Australia.

"TPA (thrombolysis) is available in the Wairarapa, and 2 patients have been successfully thrombolysed in the past 12 months," said Dr Tim Mathews. "This number could be higher, but many patients don't report their symptoms to the hospital within the allocated time for thrombolytic therapy. There is a 3 hour window of opportunity from the onset of symptoms to thrombolysis, and the patient also needs to meet all the medical criteria for this treatment."

Dr Matthews & Dr Smith have been collaborating with Hawkes Bay DHB & are working regionally to have a defined policy on

Thrombolysis. Wairarapa Hospital already has a policy, but there are benefits in having regionally consistent management protocols. Mr Vivian from the Stroke Foundation says a positive highlighted by the audit was our assessment of transient ischaemic attacks (TIAs) or mini-strokes, with just over 80 percent of DHBs using a recognised assessment tool with TIA patients, compared with just under 40 percent of Australian hospitals.

"The DHB and PHO are working together to actively and aggressively manage stroke risk by monitoring & medical management of hypertension, cholesterol, Atrial Fibrillation and other risk factors," says Dr Matthews. "There is a determined focus on diagnosis of TIA's (mini Strokes) by the GP's, who utilise the ABCD2 tool recommended in the audit. Any patient identified as being at high risk is fast-tracked for CT and Carotid scanning."

"Stroke management is evolving rapidly, which is good news for our aging population," says Clinical Nurse Specialist Anna Reed. "In recent times, we have started a Stroke Multidisciplinary Interest group which review stroke case-studies and reflects/acts on improving practice. On the national front, the Clinical Nurse Leader from ED and I are part of a very proactive Stroke Clinical Nurse Specialist group who are working with the Ministry of Health to promote & provide best practice Stroke Guidelines nationally. We are sharing assessment tools, policies and care-planning tools to promote a national pathway for stroke management."

It is hoped to repeat the audit next year.

Capped

It was a very proud moment for mental health support workers Frances O'Donnell and Sandra Reiri as they graduated alongside 35 others from Wananga o Aotearoa with their degrees in Social Work – Biculturalism in Practice. It is the only bicultural social work degree in NZ and is ANZSW accredited.



"This was my third attempt at the qualification," says Frances. "The first time I was bringing up my granddaughter, the second time it proved just too hard to juggle my work and study. This time, though, I did the four year course in 3 years, with the

awesome support of the four other Wairarapa students. I was able to cross-credit the Mental Health Certificate I gained in the Waikato, so that sped things up a bit too."

Frances works part time in the DHB's Mental Health Crisis Respite service. "It was still a struggle to balance work and study, especially around the residential 'noho marae', as I often have to work weekends," she said. "But our Wairarapa group was known as 'Whaka Ore Ore' and we all supported each other, though we had some amazing discussions because we had very different points of view."

The inspiration to start again with her study came from the Masterton and Dannevirke branch of Child, Youth and Family services, as Frances provides whanau support and emergency care of children for them. "They just wrapped themselves around me and encouraged me to keep going," she said.

"The mightiest thing is that I've got a 19 year old granddaughter who is competing with me for qualifications now," laughs Frances. "She's going into teaching. My next step is going to be a Masters – or my grand-daughter will pass me by!"

Frances sees her new qualification being of real use in the future. "It exceeds my current role, but I love this work," she says. "I can see, though, that the whole Whanau Ora movement is in the right direction – more people in the community where they are needed supporting whanau. My particular passion is for maternal mental health and elderly health. The needs are there – we just have to find a way to provide the right services at the right time."

Sandra Reiri says she is "a small piece in the jigsaw puzzle of mental health." For five years she been a support worker at Adult Mental Health Services and before that she was Residential Manager of Supporting Families. Like Frances, Sandra fast tracked her studies, going straight into the third year of the degree because she gained cross credits from previous management and Maori mental health papers. "It was a very hard year and a busy one. We did 8 papers and 13 assignments and I had to stay disciplined and focused. It's not easy when you're also working fulltime but I have been in shearing sheds all my life and I know what hard work is."



Her three children and nine mokopuna were very happy and proud of her on graduation day when she wore a special korowai made by her aunt. Now Sandra is in the process of being

registered as a Social Worker through ANZSW which may take a year to complete.

Meanwhile she works with Maori, helping them through crises, using tikanga and knowledge of wairua to restore their mana and become well again.

"This course reinforced the fact that cultural values have a place in mainstream services and there is a specific place for cultural input. Enhancing Maori is not about taking the thunder away from mainstream services – it's about being both a caretaker and a caregiver. When Maori come into Mental Health Services I usually know who they are because I am local and I know their whanau. I become their eyes and ears and assist the case managers, social workers, psychiatric nurses, OTs, and psychologists wherever I can. I work in crisis respite when needed and I try to make the clients comfortable physically, spiritually and emotionally. I keep tabs on appointments, making sure they have their blood tests, check on medications and look after whanau in the widest sense. I thoroughly enjoy this work - it's not just a job. I live it."

A great achievement for both of them and our congratulations.

Thanks a bunch



From a letter to the Editor, TA. following a visit to ED.

"Quite frankly, impressed is not the right term. Since that night and with each return visit I have been simply amazed by the level of efficiency with which they operate. Their friendly, helpful manner was reassuring while the level of professionalism was impeccable. Now I understand that at times they would be busier than when I have been there. However they left me confident that even at such times the people of Wairarapa will still be cared for far better than in other areas of the country. To the team there: Congratulations and keep up the good work."

Great stuff, ED

Tracey Adamson, CEO

Texting feedback

Giving feedback on Wairarapa DHB services has become even easier. A month ago we trialled a new texting system in four areas - the Emergency Department, Child and Adolescent Mental Health Services, Outpatients and Selina Sutherland - and there has been a really good response, especially in ED.

Quality and Risk Manager, Cate Tyrer, says responses so far have all been complimentary. "This complements our present paper-based system, giving diversity. We are pitching it at the younger voice, trying to capture their responses. There are posters in each of the trial areas promoting the feedback tool and offering an incentive of a \$20 petrol voucher each month. It is aimed at people who are very au fait with texting but may not be bothered to fill out feedback forms. It allows the patients to respond immediately and give feedback about their experiences in the hospital."

Presently it costs 20cents per call but soon there will be free texting. The text goes to a live website called Texys, and it generates an automatic thankyou to the sender. Quality and Risk staff can access comments made through Texys and they have the ability to make contact with the sender and reply if necessary.

This system has been successfully trialled in Whanganui, Northland, Canterbury and Taranaki so far.

Here are some of the responses received from ED in the last week:

"Came up with my son,we got seen strait away,very efficient,many thanx 2 nurses Fiona,Pam,and Dr Auchincloss.WAY COOL WAIRARAPA ED!THANX!"

"Very quick thru xrays doctor saw me as soon as possible all nurses doctors had a good happy work place where every1 smiled & said hello"

"xray guy from india was really friendly and funny and made our boy relax ...dr auchincros is very informative and kind"

'GOING HOME'

Sunday 20 June 9.50pm on Maori TV

The documentary 'Going Home', produced and directed by Dr Sinead Donnelly, Palliative Medicine Consultant with the Wellington Hospital Palliative Care Service, will be broadcast on Maori TV Sunday 20 June at 9.50pm.

This documentary aims to show potential family carers what it might be like to care for someone dying at home, the support they would receive professionally and the richness, poignancy and intimacy of the experience.

The documentary describes the experience of caring for someone dying at home from a variety of social backgrounds - parents caring for an 18 month old child, nurses providing care for a young adult with severe disability, a sister describes the care given to her adult brother at home in the Wairarapa, two daughters describe their mother, a well known Maori weaver and her death at home in Lower Hutt.

Intranet Redesign

The new intranet is almost complete. *Provoke Solutions*, a web design company, is creating a new site which will be much more user friendly, easy to search for information, quick to navigate and simple to follow. It is based on what staff told us last year in a survey about your use of the present intranet and your needs.

Content

The new home page will be simple and easy to follow. Content will be divided into five main areas:

About the DHB eg. our organisation, its values, mission and vision, staff, the Board, SLT, the campus.

Staff information: eg. staff directory, Social Club, surveys, training calendar, organisational calendar.

News and events: eg. , CEO news, DHB news, alerts, health news, emergency news, Insite articles

Resources: eg. library, clinical sites, policies and procedures, forms, links

Work Spaces: eg. DHB projects - reports, workflows, team sites, reviews.

Sharepoint

The new intranet will use a platform called Sharepoint which contains features like version control, document libraries, archiving and records management. The DHB business team already use Sharepoint for Fingertips, a business analysis and reporting programme. For most of us Sharepoint will be new but if you are an intranet user you really don't need to know how it works behind the scenes. However if you are a content writer you will get training in how to use the programme and guidelines for formatting and layout.

Training

As the new intranet nears completion a training programme will be offered to users, content writers and approvers. In addition, a simple training guide will be produced to provide you with information about the basic features and functionality and this will be incorporated into the new intranet as an on-line tool. Users will receive basic training around navigation and new features.

Count down

Next week

Provoke will be on site to test the new site and to spend time with IT and the project group to demonstrate the functions and answer any questions. It will then be left with us for a week to test it and find anything that doesn't work.

July

From the 1 July it will be in production mode. We will have the framework ready for us to add content into the five main categories. We are not going to transfer old files from the present intranet – we are starting from scratch with up-to-date documents, links, forms, policies and clinical information.

Training begins. We are planning training sessions for the project team, IT, intranet users, content writers, content approvers and new staff.

We'll need a lively name for the new intranet. We will ask you for ideas closer to the time.

August

Go Live.

We will keep you informed about progress. If you have any comments or questions please discuss them with anyone on the intranet project team: Jan McLaren, Deb Butterfield, Gary Ireland, John Kirkup, Mary Anne Cowgill, Rose Broughton, Robyn Brady or Cate Tyrer.