

## A joint effort

Kahukura, Wairarapa's palliative care service, has joined the Hospice Wairarapa Community Trust in their new premises at 59 Renall St, Masterton. More than 50 people were at the welcome ceremony last week to celebrate the move and the combining of the two services. This move will greatly enhance our common goal to deliver the best possible palliative care services to the people of the Wairarapa.

*Te Kowhai* will house Kahukura's palliative community and specialist nurses who care for people who are terminally ill and their families in their homes. The Te Omanga specialist doctors will continue to provide weekly clinics for patients either at *Te Kowhai* or in the patient's own home. It will also be the base for the Hospice volunteers offering support services such as equipment, biographies and practical support for patients and families in their homes, plus non-residential patient/family support programmes.

*Te Kowhai* is a lovely old home which will be a really comfortable and friendly place for volunteers, patients, families and whanau as well as clinical staff.



Photo courtesy of Wairarapa Times Age

Lloyd Wilson, Chairman Hospice Wairarapa Community Trust and Tracey Adamson, Wairarapa DHB's CEO, welcome a new era for palliative care in Wairarapa.

## Toasty or toast?

Sometimes there's nothing nicer than a piece of hot toast, as a snack, or something to sustain a patient who's been fasting, but is now able to eat - and it's the middle of the night.

Unfortunately, some of the toasters around the organisation are in areas that are not designated kitchen areas, or are placed right under a smoke alarm.

Guess what happens when you burn the toast?

Mildly amusing as this seems, it's no joke for the fire brigade, which is obliged to send three appliances to any alarm at the hospital - even if it is just burnt toast. That's three lots of crew, including volunteers, who've turned out, three lots of fuel to get here, and it's happened on three occasions in the last year.

That's a lot of wasted money for the brigade, and the DHB.

In the interests of minimising the risk of further 'false alarms', the DHB is replacing most toasters with cafe-style sandwich makers. You can still toast bread, but because of the type of element used, the risk of burning and subsequent smoke is much lower.

The cost of replacement is a fraction of the cost of one false alarm, which ultimately frees up money for what we are really here for - patient care.

**Walk Wairarapa**  
27<sup>th</sup> September - 21<sup>st</sup> November 2010

**Walk Wairarapa 2010**  
27<sup>th</sup> September - 21<sup>st</sup> November  
"Spring into Summer with Walk Wairarapa"

It's the perfect time and the perfect programme to get fit for summer.

How to join:

1. Get a team of 5 together
2. Nominate a team leader and choose a team name
3. Fill out a registration form
4. Get Walking!

Contact:  
Sarah Gaskin  
Wairarapa Public Health  
Ph: (06) 945 9813  
sarah.gaskin@wairarapa.dhb.org.nz

## Stroke Week fundraiser

The table was set with fine china and silver tea service ready for Rehab's fundraiser morning tea.

Last week, the Rehab Unit put on a fund-raising morning tea for the Stroke Foundation, raising \$125 from a gold coin donation and having a lot of fun in the process!

Thanks to everyone for coming along, and special thanks to Margaret, Eileen, Bea and Val (volunteers) who helped out and did all the dishes.



## The past, the present and the potential future

The pace of change is accelerating. 20 years ago a gigabyte of computer memory cost \$5000. Today it's more like \$15. 20 years ago laposcopy was in its infancy. Now minimally invasive and robotic techniques have revolutionized surgery. Ultrasound was invented 30 years ago and now we have state-of-the art MRI machines. It's hard to imagine how future developments will transform our thinking and practice.

So what will our future look like? How will clinical care be assessed and provided? This was the topic of an evening workshop this week where clinicians, managers and Board members got together to discuss the provision of future health care for Wairarapa and the central region.

### The hard questions

Dr Ken Clarke, Chair of the Central Regional Leadership Committee and Midcentral's Chief Medical Officer, led the discussion by posing some challenging questions about the future of our health system and our place in the world. There are six DHBs (Capital & Coast, Hutt Valley, Wairarapa, Midcentral, Hawkes Bay and Whanganui) in the Central Region with around 850,000 people in total. He said health systems need close to a million people to run the full range of medical services and we need to face the fact each DHB can't be all things to all people. He suggested that we need to break down present silos and face the future by working more collaboratively to meet the needs of our patients. In his view the issues we need to address are access, quality, affordability and outcomes. Are we being honest about the quality of our services? Are we delivering the best service with the best outcomes? Do we have the workforce to deliver the best results in all pockets of our region? How fit are we for the future and delivering the type of health care that our people want and demand?

He pointed out that the Central Region DHBs have 20% of the national population and yet we carry 70% of the health debt.

We need to discuss and debate these things every opportunity we have. Do we need to do more regional planning or have more community-based services where primary and secondary care is integrated? How do we care for our neighbours and how do our neighbours care for us? Do we have the infrastructure, especially transport systems and IT, to support collaborative efforts? What can make our regional services better?

Strong leadership and decision-making is part of the answer. But are we prepared to ask the hard questions? Do our current models match best practice? Do we have too many DHBs? Do we really want integration of primary and secondary care? Are we big enough to provide our current range of tertiary services? How many consultants work in clinical isolation? Are we happy to accept that 40% of our medical workforce are non-New Zealand graduates?

### The pressure is on

The whole health system is facing change. The Minister of Health has given us plenty of messages that the health system is not financially sustainable in its present state. He wants us to identify actions we must take to ensure our services are clinically and financially sustainable. We need to make changes to the way we work both locally and nationally. There is the expectation that DHBs will have more of a regional focus. Some have large debts, especially Capital & Coast after their rebuild. Each DHB is responsible for owning and managing its debt and we need to make changes fast.

### The Wairarapa situation

Tracey Adamson, Kieran McCann, Alan Shirley and Helen Pocknall continued the discussion by examining our local situation and the clinical challenges we face. They highlighted the drivers for change.

Tracey delivered a strong message that we need to be part of the change to ensure the best for Wairarapa people. "If we don't get involved and design our own future, our future will be designed for us."

She wants us all to debate these issues with colleagues, in professional forums and in the community.

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## CEO Staff Briefing

- The Year In Review
  - Good To Great Programme
  - Tihei Wairarapa (delivery of primary care)
  - Sub-Regional collaboration
- Question time.....

**Monday 20 September 2010**

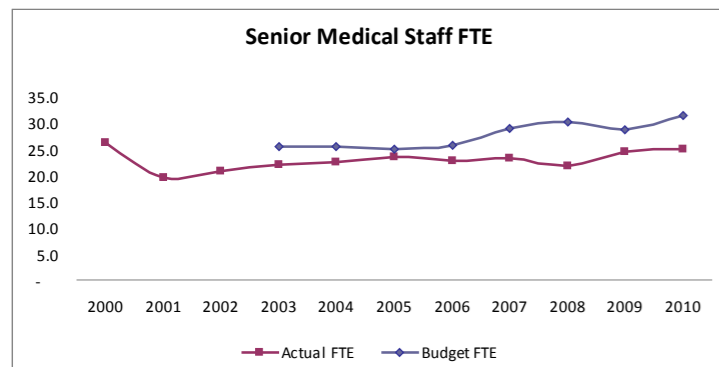
**Room A, HR - all staff welcome**

**Come to any one of the three half hour sessions  
12.00 - 12.30, 12.30 - 1.00 or 3.00.-3.30**

## The past, the present and the future. Contd..

### Some local issues

1. **Locums** are filling the increasing gap between budgeted FTEs for senior medical staff and the actual FTEs.

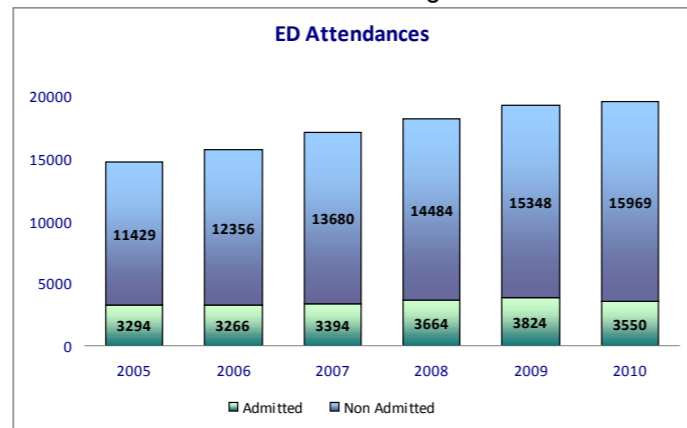


2. Locally elective surgery is dipping and procedures are becoming more complex. More acute and elective patients are receiving medical care going outside the district which is difficult to manage financially.

3. We know that **quality care** is the result of access, appropriateness, continuity, effectiveness, efficiency, responsiveness and safety. But how do we measure this? Is each parameter equally important? What defines quality?

4. **Clinical services** are changing and we need to carefully examine the quality and provision of health care in Wairarapa. Factors to consider include clinical complexity, expectation, technology and the clinical workforce. There is also the question of how much we can afford - does clinical performance equal clinical quality divided by clinical cost? Does funding drive behaviour and if so we must ensure that appropriate clinical behaviour is appropriately funded.

5. Our ED attendances are increasing



6. Where does the **community** sit with all this? What is our future?

### Your feedback

**Please toss these ideas and thoughts around. Our future will be framed by choices in an increasingly uncertain world. To navigate successfully into the future we need to think differently because it is a place none of us has been. What does our future look like? What needs to change? What is your role in this?**

**This conversation will be picked up in your respective service meetings but if you would like to make specific comment on any of these issues please email Tracy O'Neale, Executive Assistant to the CEO: [Tracy.O'Neale@wairarapa.dhb.org.nz](mailto:Tracy.O'Neale@wairarapa.dhb.org.nz)**

## Wellington Medical Students enjoy training day



Wellington 4th and 5th year medical students had a brilliant training day at Wairarapa Hospital recently, discovering the joys of working in a small and friendly provincial hospital. 70 students wanted to come but there was a limit of 40. Jenny Burt and Kathy Lee took them on a hospital tour and then they split into groups of 10 for one hour workshops rotating through four workshops during the day.

Workshops included IV Canulation run by Alison Bond of Becton, Dickinson; Resuscitation - Kathy Lee; Suturing - Mr Alan Shirley, Mr Bob Sahakian, Mr Steve Martyak; Venipuncture - Jane Kendell, Collection Services Manager for the Palmerston North/Wairarapa area, assisted by Dave Kendall,

Laboratory Support Manager at Medlab Central.

Comments from the students throughout the day were extremely positive. They felt the whole day was very worthwhile and as the groups were small, they had the opportunity to ask questions and to have their own techniques critiqued. Hopefully some will return as RMOs.

One of the organisers, Leanne Jacobs, was thrilled that so many staff members volunteered their own time to come in to work on a Saturday to talk to the trainees and provide the four workshops. Thanks to all those who were involved and helped make the day such a huge success."

## Health & Safety Award of the Year



The Paediatric Ward has initiated a simple, space-saving Health and Safety/ Infection Control way of ensuring disposable gowns are always at hand when required to as part of Personal Protective Equipment.

They purchased wall mountable plastic holders for disposable gowns, which were mounted under disposable gloves at the entrance to each room. This has resulted in clinical staff not having to find and set up tables for PPE, which is time consuming for already busy staff. Now there is no need for a PPE trolley by the doorway and there are no problems taking up space in the corridors by the doors to rooms.

What a great idea! Well done Paeds Team. They win a \$30 morning tea voucher for their efforts.

**Suzy Rogers, Infection Control/Occupational Health Nurse**

**It's off the floor**

*From left: Tess Geard, Team Leader Paeds, Kerry Rogers and Suzy Rogers*

## Crossing boundaries



*Russell Simpson, Director of Allied Health, and Chris King from the Hutt with Frankie Spite, OT Team Leader at Wairarapa DHB*

There's a lot of talk about regional collaboration, and this week we've seen some in action.

Director of Allied Health Russell Simpson (who has a joint appointment between Hutt and Wairarapa DHBs) encouraged the Occupational Therapy service leaders in the two DHBs to get together, and explore ways of working together that could be of mutual benefit.

Chris King is the Professional Leader of Occupational Therapy in the Hutt, and she says the visit to the Wairarapa on Thursday was really beneficial.

"Frankie (Spite) and I have talked on the phone, but there's nothing like a dedicated face-to-face for really nutting out some issues," she said. "We started by comparing our structures, our challenges and our aspirations. Now we're moving on to how we can achieve better consistency in employment practices and service planning. Next we'll talk about

services that people have to travel for, like Hand Therapy, and explore if that could be managed differently."

Frankie is also delighted at the mutual peer review opportunities.

"There are real opportunities for sharing educational and development experiences. It would also be of real benefit for staff from both DHBs to cross the hill and observe how each other works. Here in the Wairarapa we have to be 'specialist generalists' - that means having an in-depth knowledge over a wide field. In the Hutt they have the luxury of size, enabling staff to concentrate in greater depth over a smaller range of proficiencies. There's merit in both approaches, and we're finding we have a lot to share."

Frankie and Chris are looking at arranging more regular contact, and where possible using technology to join in on learning and development opportunities.

## Thanks a bunch



It was not the nicest preparation for my "virtual" colonoscopy. I am grateful though that we have such a good facility like Wairarapa Hospital. Also Chris, the technician, rates very highly. Please bottle him and distribute him throughout this hospital.

*Well done, Chris.*

**Tracey Adamson, CEO**