

News, views and information from Waitemata District Health Board

Healthlines

ISSUE 212 • August – October 2015

**THE DREAM
TO WORK
FROM HOME**

**HAPPY 1ST
BIRTHDAY**
WELL FOUNDATION

**PROFESSIONAL
DEVELOPMENT FUND
OPENS DOORS
FOR STAFF**

**END OF LIFE
CARE**
AND THE NEED FOR
COMMUNICATION



From the chief executive

Growth in acute staff for the West and North Shore

There's no denying that our DHB population is only going to get bigger, hence the rollout of our Waitemata 2025 programme which focuses on the people, services and facilities we need for the future.

Two developments I would like to mention include the increase in medical teams and the new discharge lounge opened at North Shore Hospital.

A key need we have is for staff to help deliver new services so it was a pleasure to be able to announce up to nine new medical teams for both North Shore Hospital and Waitakere Hospital are on the way.

Introducing these new teams will equip us to treat people within a faster timeframe, improving clinical outcomes and the experience of those using our services.

It will ensure senior clinical input and timely review of patients which will in turn have a positive flow-on effect for our medical wards.

It will also reduce the size of the patient workload on the existing medical teams.

In the West, this means that by the end of this year we are set to almost double the number of medical teams at Waitakere Hospital, building on our programme of investment in services and facilities for Waitakere.

We will have eight new medical specialists supported by a significantly expanded pool of junior doctors taking the general medical staff from six to eleven teams equipping us to treat significantly more Waitakere residents closer to their own homes.

This is all key to helping us provide high quality, accessible medical treatment for Waitakere residents at their local hospital and recognises projected future population growth putting the right people to provide the best care in the right place at the right time.

We know that people in our communities prefer, where possible, to be treated closer to their homes, families and loved ones, and we are pleased to provide more opportunity for this to happen.



“better, best, brilliant”

Dr Dale Bramley

Making these changes happen by the end of 2015 means new staff will be well embedded before the new Waitakere Hospital Emergency Department opens in late 2016.

The investment in new medical staff follows a significant programme of development in West Auckland over recent years, with the construction a new emergency department currently underway, the recently completed amenities upgrade of the maternity unit, expanded mental health and addictions service staff within the ED, and the addition of an onsite outpatient pharmacy in the hospital foyer. Growth is set to continue with an extensive refurbishment of the family rooms in hospital wards on the way, along with 80 new on-site public carparks due for completion in early 2016 and Phase Two of our investment in West Auckland Maternity Services.

There is ongoing construction going on at North Shore Hospital too including the newly opened purpose-built patient discharge lounge on the ground floor.

Equipped with 24 chairs for patients and visitors and three beds, the new lounge has been custom designed to comfortably accommodate patients with a variety of needs in the immediate time before they leave the hospital. The lounge provides a spacious, modern, clinically-supervised environment with an improved layout for patients, families and staff.

Take care,
Dale



Dear Dale,

I have attended the staff gym since its opening, using the facility up to five times a week. I have seen significant gains in my personal health and believe that these gains have an influence on how I perform my role within the organisation. I have enjoyed seeing others use the facility and their own individual exercise discipline.

I am concerned however that all of the treadmills are unable to be used and although there is some indication that they will be replaced this process seems slow in coming to fruition. I have observed a significant decline in attendance since the treadmills have come out of service. Is a stair climbing campaign all we can expect?

Because you are a regular user of the gym, you will have probably noticed that these treadmills have now been upgraded. We know that keeping the equipment maintained to a good level is imperative to the functionality of the gym but because we run the gym free of charge to staff, careful budgeting is necessary when buying new equipment. We do have the gym committee that keeps an eye on this process and does its best to keep staff happy and continuing to be active.

If you have a question for Dr Dale Bramley, please email deardale@waitematadhb.govt.nz.

Working from home a possibility with new pilot

“everyone matters”

The mornings aren't so hard for Sara Harley these days.

She still has work but instead of rushing out the door, sitting in traffic for 20 minutes and spending another 10 finding a park, she just has to walk down the hallway of her Mairangi Bay home.

Sara's home office looks out onto the deck which then looks out above the neighbouring houses and over to the sea. The sun streams in and her dog is soaking it up as he sets up camp at the foot of her desk.

“He probably loves this arrangement more than I do,” she says.

Sara has been with Waitemata DHB for 15 years. While she is a trained nurse, she now works as a clinical transcriptionist, responsible for transcribing notes vocally recorded by doctors onto paper for a patient's official medical records.

“It can be a very difficult job because you must be able to focus on that particular doctor's voice. They may not speak very clearly, they may speak very quickly or English may be a second language,” she says.

“And it is critical you get it right because you don't want to get any information mixed up. There is a lot of medical terminology that we must know.”

Sara was one of two transcriptionists at Waitemata DHB to first participate in the Working from Home pilot scheme run by the Health Information Group to help us explore the benefits for both the staff and organisation of giving people the option to work from home. She's now one of seven staff with an end aim of 16 teleworkers, carrying out the pilot.

“One of the best things is that I can start work at 7am but stay in my dressing gown for a while, take a coffee break later in the morning and then I can get dressed for the day,” Sara says.

“You still work hard, don't get me wrong but it is just a nice way to start your day and you definitely get dressed as if you are at the office because it helps to get you into that mood.”

Health Informatics Consultant, Vanessa McGill, says the pilot is a start to the DHB looking outside the box for job solutions around the cost of office space with a growing workforce and staff retention.

“Teleworking is proving to have a growing

importance as an alternative working option which can bring benefits to both the employer and employee,” she says.

There are strict guidelines, however.

“Within our Transcription Service the approach we have taken is to promote teleworking as a staff privilege and not a given right,” she says.

“This is because research indicates that Teleworking is not suitable for everyone. The selection criteria has been set very high and successful applicants need to have the suitable personal characteristics and circumstances such as home technology to participate.

The main conditions include:

- Home situation needs to be OH&S compliant
- Staff will need to have suitable computer skills
- Familiarity with their work and their organisational culture. E.g a successful teleworker can't be too new in the job
- Effective teleworkers need to have the ability to cope with interruptions and distractions. E.g Often friends, neighbors and family members do not realize that a teleworker is working, or think that because they work from home they are always available.
- Teleworkers have a tendency of working long hours so they need to be careful that they do not slip into “workaholism.”
- Teleworkers should give careful consideration to the balance or integration of their work and personal lives to avoid burnout.

- Teleworkers should not try to mix child-care or elder-care responsibilities with teleworking.

- Families support is also very important. A family's attitude may sometimes be detrimental to a telework arrangement. Teleworkers must have the support and understanding of those around them.

Teleworkers have targets to meet throughout their day and they are closely monitored by a manager ensuring staff are on task.

Sara says the system seems to be working well for her however, working four days a week from home means she does sometimes miss the company of colleagues.

“That would perhaps be one thing I would look into changing to balance out. Being in the office isn't always what we want but company and people to bounce energy off is something that I miss,” she says.

“I guess that's what a pilot is for though, working all of those issues out. It has been a wonderful opportunity though, especially when I'm able to take a scheduled coffee break out on my deck in the sunshine.”

It is recognised that Teleworkers may feel a sense of isolation, through the loss of regular face to face contact with their colleagues. Manager of our Transcription Services, Jane Wright, says it is a requirement for each Transcriptionist working from home to travel into the office once a month for a team meeting and they're always invited to any morning teas and special occasions.

“We hope to get this balance right for all our staff over the duration of our pilot,” she says.



Sara Harley is enjoying having the option of working from home.

From the chairman

Workplace Safety – This Really Matters

Dr Lester Levy

“everyone matters”



Dr Lester Levy

With the recent passing of the Health and Safety at Work Bill into legislation, I want to acknowledge the excellent work that contributes to increased confidence in our health and safety systems across the DHB and confirm that health and safety continues to be a top priority for the Board – we need to sustainably focus on improving our systems, process and culture around health and safety at Waitemata DHB.

Last year the board approved a health and safety governance charter for Waitemata DHB which is: To have a safe environment for our people, patients and visitors, contractors, where our health and safety obligations, risk and harm is understood, regularly discussed, assessed, and addressed.

There are now many pieces of work underway that aim to increase your safety at work as well as that of our patients, their visitors and family/whānau and any contractors on site.

Over the last 12 months work has focussed around the following activities:

- Security review and environmental scan
- Trial of needless systems
- Hazardous substances assessment and approval handler training
- Review of health and safety systems through Ernst and Young
- Trial of personal and department based duress alarms
- Review of Health and Safety systems resourcing
- Review of training in the management of aggressive and/or confused patients
- Review of hazards as part of the introduction of the online hazard management register
- Review of risk registers with the new Risk Manager
- Review of contract management process and systems
- Safety culture surveys

We have more reviews to follow, including a ‘deep dive’ audit on community worker safety and contractor management, the former of which is current being scoped.

Our Chief Executive Dale Bramley has recently joined the Business Leaders’ Health and Safety forum which is a

New Zealand wide Chief Executive led, multi industry forum that aims to support effective leadership on health and safety. We are the only DHB member, but hopefully not for too much longer.

We have had some good successes in our health and safety work to date:

- Our work and the associated training of approved hazardous substances handlers has enabled us to gain an Enviro-Mark accreditation at Gold level. This is something not many other organisations have attained and our work has been instrumental in the management of all of our 400+ chemicals being purchased, used and disposed of in the DHB.
- We have also maintained the highest level of achievement for the nine years we have been in the ACC partnership programme which is an employer co-ordinated staff injury management programme, supporting our staff when they have workplace injuries and saving the DHB many millions of dollars over that time.

As well as physical health and safety risks, future planning is also strongly focussed on the organisational culture, security and wellbeing of staff and includes the current development of a healthy workplaces strategy.

The strategy will use the World Health Organisation’s healthy workplaces framework as a basis of determining staff engagement with, attitudes and behaviours about health and safety, workplace environment, design, and psychosocial factors and workforce diversity.

There is little doubt the new health and safety legislation will bring additional challenges for us to work through but they are important to ensure we get right so we can aspire to zero harm at Waitemata DHB.

We all want everyone who works in our organisation, who visits our sites or who is a contractor on our sites to go home safely and unharmed.

I would like to thank the many staff involved in all our health and safety work as well as those involved in specific health and safety activities.



Who’s the boss? ... a light-hearted look at what makes our senior managers tick

Dr Peter van de Weijer: Head of Division Child & Women and Family Services

Describe the most memorable gift you’ve ever received. You might be surprised: boarding school. In the early 1960’s I spend five precious teenage years at a - boys only - Roman Catholic Boarding school. I cannot say that I was overjoyed at that time. A strict repetitive daily protocol, starting with mass early in the morning and followed by endless imposed hours of attending class and study, before going to sleep in a dormitory. I missed family life as visits were only allowed in between terms of 12 weeks. But, in hindsight, my education turned out to be the key to success, and the life skills I gathered there and then have greatly enhanced my ability to deal with life, relationships, career and most off all , with myself, and.... I am not bad at picking locks either.

In a film being made about your life, what genre would it be and who would play you? An emotionally-charged, inspiring road movie, shot in New Zealand with sound tracks composed by the American country singer Brad Paisley. I have taken every opportunity in life to expand my horizon further, through travels, parenthood and by pursuing a clinical and academic career at the same time. In the fast paced, digital world we live in the movie would be about finding and experiencing the truly authentic. I would be humbled if Cliff Curtis would do me the favour.

What do you cook when you want to impress a guest? I get around in the kitchen. My favorite dish is boeuf bourguignon, the cornerstone of French

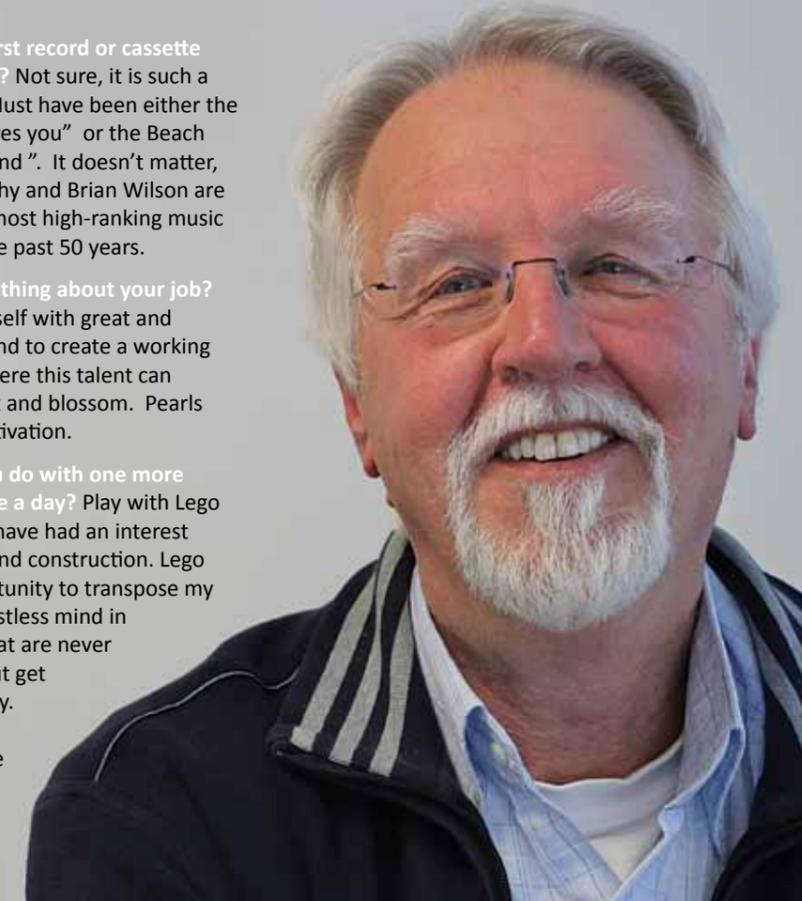
cuisine, a beef stew cooked in Burgundy wine, with braised baby onions and mushrooms. Jasmine rice, green beans, fresh salad and french baguette as side dishes and a bottle of (very) good Burgundy or Pinot noir. But my level of enjoyment at that dinner is much more determined by the company I share my dish with.

What was the first record or cassette you ever owned? Not sure, it is such a long time ago. Must have been either the Beatles “She loves you” or the Beach Boys “ I get around ”. It doesn’t matter, Lennon/ McCarthy and Brian Wilson are still among the most high-ranking music composers of the past 50 years.

What’s the best thing about your job? Surrounding myself with great and aspiring talent and to create a working environment where this talent can further grow out and blossom. Pearls need careful cultivation.

What would you do with one more hour of free time a day? Play with Lego blocks. I always have had an interest in architecture and construction. Lego offers the opportunity to transpose my creativity and restless mind in constructions that are never pre-specified, but get shape on the way. The end result is always a surprise and then I start all over again.

What’s your best personal characteristic? My determination to get a job or task done. I am at my best when I have to tackle problems that others have classified as impossible, not do-able or unrealistic. Quite a few achievements and highlights in my life fit in the category “determination and resilience”.



A nod to the past as we leap forward

In order to celebrate our future, we must acknowledge our past, says CEO Dr Dale Bramley.

And hence the establishment of development of a permanent photographic exhibition to be unveiled near the reception areas of both North Shore Hospital by the end of the year. The exhibition will consist of photos from as far back as the 1950s showing the progression of the hospital site through to today. “We may be a young DHB with relatively young hospitals but it is incredible to see how far we come and how much we have grown,” Dr Bramley says.

“What this exhibition shows our staff, patients and their families, is that we are constantly moving forward and building on to our facilities to provide the best healthcare services we can for our people.” The exhibition at North Shore Hospital will be positioned in the hallway area leading from reception to the discharge lounge.

Waitakere Hospital will also have an exhibition unveiled in the reception area once the new ED expansion is completed.

Thank you to the staff who contributed photographs.



Historic photos from official archives and personal collections have been flowing in.

DHB fundraising body thrives in year one

“everyone matters”



1



2



3

Major year 1 achievements

- Almost \$400,000 for the new chapel at North Shore Hospital
- \$125,000 for Ultrasound Procedural Training Unit mannequins
- \$70,000 for portable echocardiogram scanner for SCBU
- Almost \$70,000 for C-Mac intubation devices for both Waitakere and North Shore hospital emergency departments
- \$52,000 for new Ultrasound machine for Renal Ward at North Shore Hospital

After months of careful planning, Waitemata DHB's new fundraising body was officially launched in July last year. Twelve months on and the Well Foundation is proud to announce over \$700,000 has already been raised from the North Shore, west Auckland and Rodney communities to support our DHB.

Andrew Young (CEO), Carol Painter (Fundraising Manager), Angela Vircavs (Fundraising Administrator) and Laura Stenberg (Communications and Marketing Manager) make up the Well Foundation staff and behind them is an outstanding board comprising of industry leaders in the worlds of health, business, technology, media, sport and community development.

Waitemata DHB Chief Executive, Dr Dale Bramley, says extra funding from the Well Foundation is already making a difference to the care and services the DHB is able to deliver to its population of almost 580,000 people.

“With our population expected to increase by over 100,000 people in the next 10 years, the extra funding the Well Foundation brings in from generous organisations and individuals in the community is very important to our future,” says Dr Bramley. “I look forward to seeing the foundation grow with us in years to come, helping the DHB to advance healthcare at our hospitals and in our communities.”

Fundraising for new initiatives that cannot be afforded through the annual Government funding the DHB is allocated for its core services is the foundation's focus says Board Chair, Justine Munro.

“There is constant need for things like new equipment, staff training and research that will help improve health outcomes, lift the quality of patient and whānau experience and assist the DHB to deliver world class health care,” says Munro. “But due to huge pressure and demand on the DHB's core funding, sometimes these things cannot be afforded. This is where the Well Foundation comes in, to make as many improvements as possible happen now.”

In its inaugural year \$125,000 has been raised for an Ultrasound Procedural Training Unit for clinical staff, almost \$400,000 has

gone towards a new purpose-built hospital chapel and strong relationships have been forged with local rotary and service clubs to fundraise for a variety of high priority projects.

Funding was also completed for a \$70,000 portable echocardiogram scanner for the Special Care Baby Units (SCBU) at North Shore and Waitakere hospitals, a piece of equipment that will see a major reduction in the number of babies that are transferred out of our district to Auckland Hospital when a heart problem is detected.

Additionally, the DHB's two emergency departments at North Shore and Waitakere hospitals will also soon benefit from a new intubation system to help stabilise critically-ill patients who arrive at hospital with chronic breathing difficulties or obstructions.

It's not all about the big stuff though, with many lower cost items now being made available at Waitemata DHB through the foundation. A defibrillator for the DHB's cardiology service and a special breathing vest for young patients with severe lung complications are just some of the new items that help Waitemata DHB to deliver better care for patients.

With a successful year under their belt, having taken on the fundraising work of the former North Shore Hospital Foundation and the West Auckland Health Services Foundation, the new team has no plans to slow down with ambitions to raise over \$1 million in year two.

“We're encouraged by the support from donors we've had so far and looking forward to inspiring more community and corporate goodwill from here,” says Young. “There is strong interest from the community in supporting their local health service and we're privileged to provide a vehicle to harness this support.”

Attention in year two will be focused initially on securing \$198,000 to buy a new mobile health clinic vehicle for Waitemata DHB which will cover a wide area in Waitemata including West Auckland suburbs, right out to Helensville and Kaukapakapa.

The clinic will focus on communities most in need of basic medical care due to low socio-economic circumstances and a lack of transport or access to existing health services. Early help from the mobile clinic will relieve suffering, especially for hundreds of children each year, and avoid medical complications and costly ongoing treatment.

1. Well Foundation CEO Andrew Young, Audrey Chan of the Cantonese Opera Society and Chinese Consul General Niu QingBao.
2. Well Foundation's fundraising manager Carol Painter with the team at Z Lakeside following the 2015 Good in the Hood presentation.
3. Well Foundation team Andrew Young, Angela Vircavs, Carol Painter and Laura Stenberg at the Warkworth Rotary wine auction.



“everyone matters”

We're so fortunate to have the generous support of the City Cake Company and the Spencer on Byron Hotel. Both businesses generously supply us with the sumptuous celebratory cake and the reward which includes either a complimentary dinner for two or a relaxing night at the 4.5 star hotel.



Name: Lorraine Neave

Occupation: Awhina research and innovation team manager



AUGUST

Lorraine is the manager of the Awhina Research and Innovation team.

This team is responsible for mentoring and guidance of all research, both clinical and non-clinical carried out in the Waitemata DHB.

Her team is also responsible for the very successful annual Health Excellence Awards.

Research is an important part of all public hospitals and much of the good work done in Waitemata DHB has been facilitated by Lorraine and her team.

Nominated by Awhina Director, John Cullen.

Health Hero, Lorraine Neave and CEO, Dr Dale Bramley

Name: Ann Smith

Occupation: Dental therapist



OCTOBER

This remarkable lady graduated in 1960 in Auckland and has been working, tirelessly for ARDS for 55 years. Not only is she an excellent therapist, she is a role model who always leads by example. She has endured many changes over the years and has always conquered every one. She is an inspiration to all new graduates and colleagues and never fails to amaze me with her conduct, example and passion for her work. I think she deserves to be mentioned for her service to ARDS and for all the children she has worked with who are now parents and grandparents themselves.

Nominated by Dental Therapist Assistant, Sonja Bester.

Health Hero, Ann Smith (centre) celebrates with her daughter Wendy Into and CEO, Dr Dale Bramley

Who: Joan Duignan

Occupation: Web content editor



SEPTEMBER

Waitemata DHB's new website launched in July, after a 12 month project to design and build a new site that has the patient/visitor at its heart.

The resulting website is fresh, modern, easy to navigate, user-friendly and patient-centric. The new responsive website design is part of our drive to enhance our online presence and make it easier for our patients and visitors to get the information they need in the format they need it. The new website design has taken elements of the best DHB websites in NZ and has been taken further, including the latest features to ensure our new website will stand the test of time. Responsive design is the benchmark for today's websites and I believe that the Waitemata DHB site is one of, if not, the best in the NZ health sector.

Joan managed this project pretty much single-handedly since instigating it in early 2014. After becoming increasingly concerned with the limitations and associated risks of the old site, Joan drafted a case for a new website, obtained approval, then began researching best practice for website design. Joan included our internal patient experience, consumer engagement, quality and disability advisory teams as well as our external health literacy and consumer advocacy groups in her research, design and testing processes, ensuring the site was designed with our whole community in mind.

Nominated by Senior Communications Advisor Dominique Crikemans.

Health Hero, Joan Duignan and CEO, Dr Dale Bramley

Nominate your team of Health Heroes

We've introduced a new Health Hero team award.

Health Hero teams will be recognised throughout the year alongside our individual Health Heroes.

All our Health Heroes – individuals and teams – will be celebrated with the CEO and recognised in Healthlines. In addition, we'll publish all nominations that meet the criteria.

The awards will be published in March, May, July, September and November, recognising one Health Hero team and two individual Health Heroes.

Health Heroes demonstrate our values, bringing them to life every day. To nominate your Health Hero individual or team, check the criteria on StaffNet, complete the form and email to healthheroes@waitemataadhb.govt.nz

“better, best, brilliant”



Surgical legend looks ahead to retirement



On November 12, Professor Pat Alley will retire from his current role as Director of Clinical Training at North Shore Hospital bringing to an end 31 years with the hospital and Waitemata DHB.

Sitting in his office on the eighth floor of the tower block at North Shore Hospital, Professor Pat Alley credits his mother with instilling in him the curiosity which led him down the path toward medicine.

“In 1948 when I was five years old I got polio and spent most of my time with my mother since I couldn’t go to school,” he says.

“She was a great student of the natural world and implanted in me this desire to know more which I’ve tried to pass onto my students over the years.

“To do well in healthcare means it has to be fun and to make it fun you need that curious, inquiring mind. If a patient has a heart attack, you ask why he had a heart attack. Why was he overweight? Why did he eat too much? Why could this man only buy unhealthy food? It is with this inquiring mind, you go from a simple discussion of chest pain to a deeper look into society, and such questions we need to keep asking.”

Professor Pat Alley has been one of the more prominent figures within Waitemata DHB from a founding member of the Department of General Surgery to training the next generation of physicians.

When asked of highlights and challenges during his career, the 73-year-old brings up two words when answering – growth and perception.

“My personal highlight is that there has always been growth - new ideas and new things are always happening. It might be the construction of new facilities or advancements in surgery like laparoscopy (keyhole surgery),” he says.

“I have been fortunate to be part of a growing organisation which not only holds the intellectual capability but the space to cater for it.

“I’m also proud of how there has been a real stable core of staff throughout the years as the organisation has grown around the Waitemata. I was thinking of the number of charge nurses we’ve had in the surgery department during my time here and it would be no more than ten. To me, this signals a good culture within Waitemata that staff want to remain with the organisation for most, if not all, of their career.

...continued

“So in all honesty I don’t feel a sense of sadness that I am leaving because I know this growth will carry on which will be fun to watch from the side lines.”

The biggest challenge was battling the perception of what hospitals were trying to do for the community, especially in the early days.

It is hard to think that an area with a population of 575,000 in 2015 would be criticised for developing a hospital but that was what confronted North Shore Hospital when the doors were opening on April 2, 1984.

“In the wider Auckland region there was a lot of feeling about the establishment of this place and generally speaking it wasn’t a popular build,” he says.

“It was perceived by many as a political hospital and brain child of local MPs George Gair and Frank Gill. That coupled with old school parochialism made for some adverse comment. Hamish Hart and I constantly attended meetings to allay fears that we were secretly planning to take over the world”.

He recalls walking past the old emergency department in March 1984 and coming across a barbeque party.

“I was checking on some gear as we were migrating over to the new hospital building and there was this group standing around a barbeque all wearing black armbands. When I asked what they were doing they said it was a wake for the “old hospital” because things on the North Shore would never be the same with the new hospital.”

Professor Alley also says the focus on academic achievement for today’s medical students can create challenges when it comes to the humanistic elements of care such as communicating with others.

“I do have a real problem with the modern notion of work/life balance which implies to society that when your work stops, your life starts. It is not like that in reality and your work and life are inextricably entwined,” he says.

“It is all in there together so the rules which govern your world with whānau and friends are pretty much the same rules when it comes to your patients and colleagues.

“You do need things in your life which are non-medical based of course - mine range

from reading, gardening and teaching within and outside of the DHB. But I treat my family with the same attitude as I would with a patient and I feel this has been one of the secrets to my success.”

When Professor Alley steps away from his current role it will not be a case of slowing down - just merely a chance to work in other areas of interest.

“But I guess it does mean I’ll have a little more time to garden, read and maybe a bit more time to get a little better at golf,” he says.

His work in Māori health advocacy, and building a closer relationship with Waitemata DHB as chairperson of the North Shore hospice, are among the many projects he’ll continue to do.

He is proud of his work in advocating Māori health, particularly in the 1980s when various groups within Māoridom sought guidance from the medical world.

Professor Alley, fluent in Te Reo Māori, says while Māori are still over-represented in the statistics for coronary artery disease, diabetes and obesity, it is slowly improving and more Māori entering healthcare will only help to improve those numbers. He chairs a group representing the Royal Australasian College of Surgeons which will define policy for surgical care in Māori.

“It is a great joy to see Māori surgeons doing well and having at least 15 surgical trainees right now who identify as Māori is very pleasing. It is essential to get more Māori on the other side of the desk and to be more reflective of the Māori population of 12 percent.”

He has also recently joined the Howard League for Penal Reform to become a reading tutor to prisoners.

“The League has good data to show a connection between the inability to read and recidivism. So if you can help a person to read they can apply for jobs, apply for a driver’s licence and build their confidence to re-enter society.

“I’ve always looked after people as a GP, as a surgeon and as a teacher. It is just what Alleys do. I’ve always been proud of that.”



Farewell to a champion of Waitemata DHB

We bid farewell to one of the legends of Waitemata DHB, Pat Booth, a long standing and popular member of the Board who retired in July at the age of 85.

“So much of my life has been rolled up with this board and the people in it. I want to thank you for the friendship, the partnership, the loyalty. It has been amazing,” he says.

After 11 years on the Board, Pat was known as a stickler for the use of good English and accessible communication for the public and patients.

He told the group of friends, family and colleagues at a special farewell event held for him at Waitemata DHB, that he was very proud of what he and the Board had accomplished during his time.

“This role has allowed me a great insight into the problems that exist in healthcare and the steps needed to be taken to fix them.

“Thank you for being the people you have been and thank you for putting up with me. I’ve enjoyed it. We have helped and in our own

way, we have contributed to the lives of a lot of people in a very positive way,” he says.

He also had some encouraging words for Board chairman, Dr Lester Levy.

“I have admired the tremendous chairmanship shown by Lester over the years. This might seem strange but I never remember a no-vote on any issue before because there was always an ability to meet each other’s wishes and views.

“Under your management, this board has expanded itself further to be more than about just fixing broken arms. We are not only the largest DHB in the country but the best led, able to cope with whatever problems come our way.”

Pat was given a set of books from the DHB as a parting gift, one of which was the Nelson Mandela story, *A Long Walk to Freedom*.



“everyone matters”

New health and safety requirements critical to patient and staff safety

Claire Ashcroft knows health and safety isn’t too fascinating for most people but it’s a topic she holds dear.

And due to new training requirements in relation to the safety of chemicals, she’s wanting more staff to get serious about health and safety too.

“I believe we’ve always been careful but these new requirements will just help us ensure things are being done correctly and safely to protect our patients and our staff who handle these harsh chemicals every day,” she says.

“We have identified that we hold something like 400 different types of chemicals, solvents and preservatives on site and while some of those are in our high risk areas, some are not.

“Many of these would just be found in our cleaning cupboards,” she says.

Claire says the new health and safety legislation means Waitemata DHB will now need to train approved handlers who can make sure the chemicals are handled with care and caution.

The Occupational Health and Safety team has already made an impressive start on getting Waitemata DHB up to speed with 44 staff having been trained as approved handlers already but with the growth of our hospitals comes the need to keep building on this, she says.

“Now that we have key people trained up, they



Safety first: Claire Ashcroft from the Occupational Health and Safety team checks through theatre chemicals with Bronwyn Menzies.

become a resource or a support who will share the information and advice onto their colleagues.”

Education around safe handling will help prevent spills, chemicals getting into people’s eyes, damaged or burnt skin, chemicals getting misplaced or stolen.

“Things like bleach can be really nasty, especially for cleaners who use the stuff all the time. Gases used throughout the hospitals can be dangerous and so too

is petrol which we have on site with our maintenance staff.

“If we don’t comply, we’re breaking the law. Because as an organisation, we are one of the largest holders of chemicals, it’s critical that we do this well.”

If you would like to become an approved handler or would like some more information, please contact claire.ashcroft@waitematahd.govt.nz or speak to your supervisor.

Clinical improvement around collecting blood cultures

Since late 2013, clinical nurse educator Rupert Murch has led a small group of dedicated health care professionals in addressing poor practice in the collection of blood cultures.

In the first six months of 2013, the contamination rate stood at 2.6%, which at that time was still acceptable by international standards.

“We knew anecdotally there was poor clinical practice across the organisation and there was no policy based on best practice to guide clinicians,” he says.

“With the most common isolate being Coagulase negative staph accounting for 27% of all positive blood cultures, those suspicions about clinical practice were confirmed. We knew that this had a significant impact on establishing the correct treatment regimens for our patients and ultimately could lead to an increase length of stay.”

The team was also able to estimate the cost of contaminated samples to the organisation to be \$14,100 (Jan – July 2013). Since then, the team went on to:

- Introduce a policy based around Best Practice Guidelines

- Provide formal teaching surrounding the change of technique
- Develop resource lists for managers to equip their clinical areas appropriately

- And build an eLearning module to educate staff in Best Practice.

The result of their effort to date was re-assessed in the last six months of 2014. They demonstrated:

- A significant change in clinical practice to adhere to Best Practice guidelines
- A drop in Contamination Rate from 2.6% to 1.8%!
- Coagulase negative staph has become the fourth most common isolate in positive cultures
- A reduction in single sets of cultures being sent.

From a cost perspective, to process two sets of blood cultures in June 2013 would cost \$62.83. In February 2015, by following best practice guidelines, the cost has dropped to \$44.49.

Based on an average of 4000 Blood Cultures per six months (and the assumption that the new guidelines are being followed), the organisation would potentially save \$73,360.

The eLearning module was launched on December 5, 2014 and in the first two months, 109 Waitemata DHB staff had completed blood culture training.

“Perrin Rowland was instrumental in its development and we believe this will play a huge part in changing practice over the coming months,” Rupert says.

“There is still much to do and we will be continuing to champion our work across the organisation as best we can.”

The real gain however is for the patients, Rupert points out.

“Having blood taken is generally unpleasant but they can now be reassured that when blood cultures are clinically indicated, they are taken correctly. This then ensures that this important diagnostic test truly reflects what it is supposed to and that the correct treatment plan can then be correctly initiated.”



“better, best, brilliant”

Rupert Murch with his hardworking team from left, Annette Bisset, Tracy Penfold and Leanne Farrow.

Professional Development Fund celebrates a year of success

We all know the importance of professional development but getting funding and time to take up valuable opportunities isn't always possible, especially for staff like child nurse educator, Sarah Timmis.

"Getting staff away to do training days can be a costly task so it's something we don't do nearly as much as we'd like," she says.

"We know the importance of continuing and updating education and we know how valuable it is."

Sarah was thrilled when just over a year ago, Waitemata DHB launched its centralised Professional Development Fund (PDF) giving more staff the opportunity to enhance their skills and our standard of care.

Sarah is one of 261 employees to have received a grant from the PDF in the past year, receiving \$500 funding from a total staff allocation of \$400,000 in the first year.

As a child nurse educator, Sarah looks after about 40 nurses on Waitakere Hospital's paediatric ward, 15 nurses working in the

home care sector and about 50 working at the Wilson Centre in Devonport.

There was an opportunity to attend a three day course at Starship Hospital on child resuscitation but finding the funding to attend was tough.

"This was going to be facilitated by a team from a children's hospital in Boston and there is no way we could afford to go to them in the US," she says.

"This was a real opportunity to upskill our staff and it would have been a real shame if we couldn't attend."

Sarah applied for the PDF and while she says it was a rigorous process, getting the funding and attending that course has been invaluable for their service.

"There were a lot of forms but it really makes you commit to the cause and really understand your reasons for applying," she says.

Most of the nurses are now trained thanks to Sarah being able to attend the training.

"It's been really great planning for our nurses. I couldn't have done that type of training without that course so it has just been invaluable."

"With training like this, we can make sure we can do our absolute best. And all that cost the DHB was \$500.

"It's such a small amount of money considering how much our DHB benefits and I am so thankful this fund allowed us to do that."

Another staff member who values the availability of the fund is Nanette Aratema who was granted PDF funding to attend a trip at the end of 2014 as part of paper she was studying with Te Herenga Waka which is funded through Northtech.

Nanette has worked within Waitemata DHB

for 13 years, starting as a contractor with Spotless.

Nowadays, she works in Radiology at North Shore Hospital where she handles the booking and scheduling.

While she loves her role, she is hoping to one day move into a role that involves more direct contact with the community.

It is her passion for working in the community that helped spur on her decision to take on extra study, learning Māori and Tikanga through the Northland Polytechnic.

"I've been studying Te Reo Māori and tikanga, specialising in the Nga Puhi dialect which is where my partner is from. I'm from Tuhoe," she says.

"For me, going back and studying this was not so much about the reo but the tikanga that I learn and practice. It's about manaakitanga (care) and support for those that need support.

"And it all ties in with the work I do every

day because I need to show manaakitanga with our patients, their families and my colleagues too."

"My dream role would be one working with elderly, helping them to avoid isolation and accessing the right healthcare avenues.

She says being able to complete her certificate and carry on to work toward a degree has given her more confidence and self-assurance in her everyday work.

General manager for the medicine and health of older people, Debbie Eastwood, sits on the PDF committee, a sub-committee of the Waitemata DHB Education and Learning Governance Committee.

She says it has been encouraging to see

staff backing themselves and their passion.

"This is about supporting innovation at Waitemata so that we can be better, best, brilliant and really live up to that value," she says.

"It has been quite inspiring to see the vision and the drive people have to better themselves and their work within the healthcare system."

By the end of the first year the PDF committee had approved 261 applications totalling \$400,000. Staff from all professional groups have applied for funding to do tertiary study, attend a conference or an external course.

Applications for the PDF are open and you can access the forms by looking under P on StaffNet. Staff who have been employed by Waitemata DHB for at least 12 months are eligible excluding doctors and members of the senior management team.

Bottom left: Child nurse educator, Sarah Timmis.

Bottom right: Administrator for Radiology, Nanette Aratema.



Even when it comes to the end of your life, a caring hand is still near

Tania Chalton, Clinical Nurse Specialist for palliative care.

“with compassion”

The Palliative Care team provides specialist palliative care advice and support to help optimise care for palliative patients who are referred to the service. Patients can have malignant or non-malignant illnesses. The team see patients both at North Shore Hospital and Waitakere Hospital.

The Hospital Specialist Palliative Care Team currently consists of:

- Two part time Palliative Care Specialists; DR Cathy Miller and Dr Colleen Van de Vyver
- Four part time Clinical Nurse Specialist; Tania Chalton, Sandra Notley, Gaylene Kolodzinski and Wendy Matthew
- Rotating registrar

Tania Chalton's morning starts like most mornings throughout the DHB, a team meeting sharing information about each patient under her care that day.

But as a Clinical Nurse Specialist for palliative care, coming under her care isn't always an easy pill to swallow for some patients.

And it can be an even tougher outcome for a patient's families.

“It's interesting because I often find that patients know inside how they're feeling and they know it's not all going well,” she says.

“Many times it's the families that are not accepting the prognosis so that can take a bit of time to work through.”

While palliative care is about caring for patients coming to the end of life, Tania says one of the biggest misconceptions is that if you're referred to her team, there is no coming back.

“This is about making people comfortable in the last stages and managing symptoms but their actual last days might still be months away,” she says.

“It's not unheard of that we've had patients who have survived and gone on to live a good, long life which is fantastic.

“We're not the grim reapers people think we are,” she says with a warm laugh that many of her colleagues and patients would know her for.

Tania and fellow palliative care CNS's, Sandra Notley, Gaylene Kolodzinski and Wendy Matthew are based in a small office on level 10 of the tower block at North Shore Hospital with one of the best views in the house overlooking Auckland City.

They split their time between North Shore and Waitakere Hospitals working through any ward they are needed in which may be the Emergency Department or any of the assessment, treatment or rehabilitation wards.

Tania and Sandra will receive referrals throughout the day and aim to see the patients within 24 hours during which time they speak to the referrer and assess the patient's notes.

"We expect the medical teams to have had the conversation with the patient about their prognosis and informed the patient and family that we will visit, we feel giving them just a little bit of time to let that sink in, helps them come to terms with what we're going to talk to them about," Tania says.

"We also hope this time gives them the opportunity to be ready with any questions they may have. Questions are great things but you can appreciate that people are still a bit numb and upset to think clearly."

Topics the palliative care team may cover include what the patient might like to happen from here on in, how they would like their symptoms managed, whether they would be comfortable going into a private hospital setting, a hospice or home with family.

"We can't force people to do what they don't want to do but what we do have to do is make sure that wherever they go, they are safe and will be getting the best care for them," Tania says.

While the palliative care team hope the medical ward staff have had that opening conversation with their patient, they understand that it can be hard.

"You've got to be sympathetic but you can't go crying along with the patient," Sandra says.

Tania agrees.

"We would talk about death and dying and what happens when someone is dying. We have talked about it millions of times but it doesn't mean we wouldn't do it in an empathetic way.

"This will be the first time this person has experienced this and you have to remember that this is a family's mother, father, brother, sister.

You must treat everyone with respect, regardless of who they are," Tania says.

"You have to think how would you like to be communicated with? How would you like to be cared for?"

"When situations are emotionally fraught, often the best thing to do is just to listen. We give them the time to just take in the outcome. This doesn't change anything but at least they feel better for having been listened to," Sandra says.

Being able to discuss death with patients with confidence doesn't come naturally but rather experience in effective communication.

"I would say a very high percentage of issues that happen in a hospital comes down to a lack of communication or misinterpreted communication," Tania says.

"People in this situation are vulnerable and scared. The best thing we can do is listen, inform and keep those lines of communication open."

The pair say years of experience has taught to be able to read a patient well and take cues from their behaviour.

"You can only teach communication to a certain point. It's something you can only learn by experience. You have just got to practice it no matter how scary it might seem for some," Sandra says.

"As long as you do so with compassion and professionalism, you'll be ok."

They say the internet has played a major role in opening doors for conversations about death and dying. Tania says patients using the internet to find about their condition are often informed more to ask the right questions.

The medical team might give the diagnosis and some people will say no, they don't want a palliative care team to step in and that's fine, the team says. Some patients will decline treatment and go along the more alternative route using alternative therapy or medicine. Tania says the team's job is to support people in whatever decision they make.

"The information they're finding on the internet may not be completely right but at least it gets them talking and asking questions. That's what you want.

While you feel for every one of the patients who use the service, Tania says it's the non-typical cases that stay with you.

"Especially when they're so young. That can be really hard," she says.

The palliative care team also spends some of their time maintaining strong relationships with the four hospices in the Waitemata district including Takapuna, Te Atatu Peninsula, Hibiscus Coast and Warkworth where they will often refer patients once they have left hospital.

While hospices are well supported by donations from the community, Waitemata DHB is a major funder of the four in the DHB area.

Tania says all palliative care nurses at Waitemata DHB have worked in a hospice environment which contributes heavily to their own professional development and they often invite new hospice nurses starting work in the Waitemata area to work alongside them for a day in the hospital.

"We believe it is a really invaluable experience to see how we work within the hospital environment. They need to know the process, they need to see how things work in here so they really understand where patients are coming from," Tania says.

Education is a large part of the palliative care team's role. Educating staff about implementing end of life care and symptom management has become a point of importance for Tania who underwent creating the End of Life project around improving care, bereavement care and after death care.

They also teach teaching at the Auckland University of Technology, Massey University and the University of Auckland.

The team makes sure the information is all available on StaffNet (Palliative care and end of life care CeDSS) too for staff to access when they need to empowering them to do the best they can with their palliative and end of life care patients.

"We're a consult team so we'll go in, read the notes and make a recommendation to the medical teams and then the teams can take the suggestions or not," she says.

"It's really giving the teams advice. Having this information available for them means they can see where we're coming from and they can make an informed decision for their patient."

The Palliative Care team helps patients find the right hospice.

They have three monthly formal catch ups with the four local hospices which

helps them ensure continuity of care and keeps them aware of any changes going on throughout the hospice system.

"We're discharging people to their area so we have to make sure we're doing everything right by the patient," Tania says.

District nurses also play an integral part in a patient's palliative care journey as the eyes and ears when patients are discharged to their homes.

While patients are discharged to the care of hospices, there is not always a space for them to stay at the facility.

Instead, they head home and have regular visits to the hospice or are cared for by district nurses and referred to hospice for particular services.

Tania says hospices couldn't do the work they do without the assistance of district nurses.

"I know it's cliché but I don't feel personally that we're doing anything miraculous but we're doing a job that anyone should be able to do," Tania says.

"Everyone should be able to communicate with people. It's not rocket science but I do like the fact that we have made a difference, and a positive difference making someone's end of life care a comfortable experience."

Bottom left: Tania Chalton discusses a case with colleague Sandra Notley.

Bottom right: Tania says it's important for her team to have strong relationships with ward staff throughout the hospitals.



Waitemata DHB celebrates achievements in Asian Health Services

Asian people make up about one fifth of the Waitemata region's population including Chinese, Korean, Indian, Filipino and Japanese communities.

Waitemata DHB has been providing a range of Asian health services to its Asian population since 2000.

Asian Health Services launched Waitemata DHB's inaugural Asian Health Week on Monday 17 August, celebrating a decade of providing innovative culturally appropriate and quality services to Asian clients and families.

It was also an opportunity to launch three key initiatives:

- Our Asian Health Week Seminar on The Health of Asian Populations in New Zealand which showcased the latest research and information on the health status of Asian populations in New Zealand.
- The national roll-out of Asian Health Services' eCALDTM courses and resources and the new eCALDTM website at www.eCALD.com. eCALDTM courses and resources are funded by the Ministry of Health via the Northern Regional Alliance (NRA) Ltd.
- The Asian Health in Aotearoa 2012-2013: trends since 2006-2007 study conducted by Professor Robert Scragg. This report was commissioned by the Northern Regional Alliance Ltd and is the third report completed by Professor Scragg on Asian health trends using the NZ Health Survey data beginning in 2002.

Waitemata DHB primary, secondary and NGO workforces attended the event, as well as Asian health partners and stakeholders across the Auckland region.

Sue Lim, Asian Health Services operations manager says Waitemata DHB is a leader in the promotion of Asian health in the Auckland region and nationally.

"We provide many innovative services for the Asian population including Asian health and mental health services and developed a range of Culturally and Linguistically Diverse (CALD) cultural competency training programmes for the New Zealand health workforce," she says.

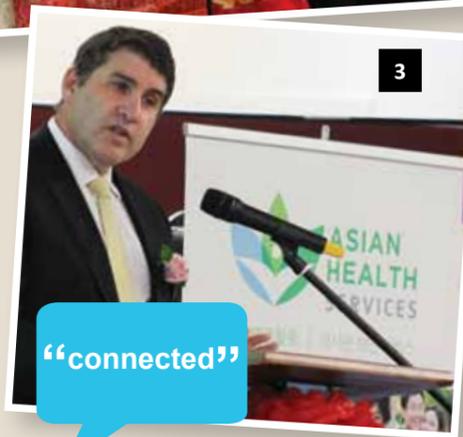
She says those who attended the seminar gained increased awareness and understanding of the health status of NZ's Asian populations.

"This included models of best practice in the areas of improving the patient journey; health promotion, mental health, child and family health, disability, the health of older people; information about health disparities in Asian populations; migrant health rights in New Zealand; migration trends and the implications for the future health workforce," she says.

"As well as the challenges faced by the overseas trained and migrant health workforce, workforce development initiatives and improving culturally competent care and how to access CALD cultural competency tools and training; as well as how to access Asian health services."

Sue says eCALD is the first of its kind in NZ in terms of cultural competency training for working with culturally diverse populations. She says beginning in April 2010, the roll out of CALD courses and resources has been a big success, with 13,000 health practitioners having completed a CALD training course.

The feedback on the training has been outstanding and has led to DHBs around the country requesting access to the courses. This unique website, cultural competency training programme and online resource have now been redeveloped for the national health workforce in NZ.



"connected"

1. Jung Mi Sung showed us a traditional Korean fan dance.
2. The Cantonese Opera Society performed too.
3. Chair of Waitemata DHB, Dr Lester Levy, was the official guest speaker to pen the event
4. Various special guests including Waitemata DHB CEO, Dr Dale Bramley (third from right) officially opened the event by cutting the ribbon.



Team profile – clinical engineering

What does the team's role involve?

The Clinical Engineering department was created about 18 months ago to provide an in-house one stop clinical engineering service throughout Waitemata DHB.

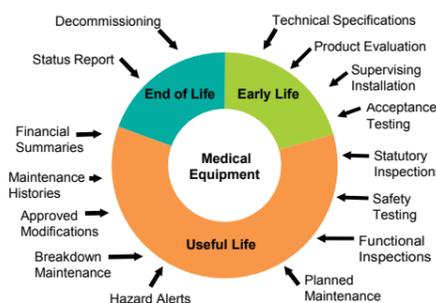
It is a source of professional technical advice on clinical equipment management and technology assessment and provides comprehensive maintenance services on a wide range of clinical and laboratory equipment.

The focus is on providing a cost effective, quality service which supports the core services achieve and maintain the operational and strategic goals of the organisation.

The aim is to minimise the costs and risks associated with owning and operating clinical technology throughout its life whilst maintaining it to a level of performance and safety so it is fit for the purpose for which it was bought.

The workload is split into the various components of the Equipment Life Cycle.

SUPPORTING MEDICAL EQUIPMENT TECHNOLOGY OVER ITS LIFETIME



Why would staff choose to work in this field?

It is a specialist field with approx. 250 technicians employed in New Zealand.

Aspects of the work include:

- Advice and consultation with medical staff about their equipment requirements
- Approved modification of equipment such as tracheostomy tubes, for specific treatments
- Installation and testing of medical equipment
- Maintenance and repair
- Quality assurance
- Electrical safety
- Hazard Management
- Staff training, technical advice and assistance

There are not many jobs linking engineering, direct medical outcomes and technology in such a direct and hands on environment. The role has to encompass practical skills in mechanics, engineering, electronics and testing equipment with a basic understanding of physiology and medical terms.

What does the team love about this field?

One of the satisfactions of the job is being part of and interfacing with a multi-disciplinary workforce in the healthcare environment.

Although no two days are the same and a significant part of the job is routine planned work, problematic situations requiring immediate response and resolution can occur very quickly.

As far as job satisfaction is concerned, I think the biggest buzz is knowing that we can make a difference.

Being called to a Patient bedside and supporting the clinical staff by providing a technical solution, in a timely and cost effective manner is well worth coming to work for.

What are the challenging parts of your role?

It is a challenging role with many diverse models of equipment providing diagnostic and/or therapeutic functions from basic non-invasive BP measurements through to cardiac monitoring and respiratory ventilation equipment.

Although keeping up with the technology and it's clinical applications is paramount, one of the most basic challenges of the job is sometimes as simple as finding the equipment for routine testing, as mobile medical equipment migrates through the organisation.

Clinical engineers require knowledge of the clinical impact of the technology they maintain.

We have to be aware of how and when the equipment is used, the electrical environment (Cardiac or Body Protected) in which it is used and the possible medical outcomes associated with the correct and incorrect operation of the device.



“everyone matters”

Hospitals need more nurses like Alex

Alex Derrett in North Shore Hospital's ED is in one word – FANTASTIC.

Alex was a lovely, warm face to see as I arrived in ED. She wrote superb notes for the doctor to review. I can honestly say that in all my 13 years of being in and around this hospital, she has been the best nurse yet. If there was a nurse of the year award, then Alex's name should be on it. An absolutely superb, superstar of a nurse.

She was super busy but was totally cool, calm and collected. She took everything in her stride and I felt just as important as anyone else. Hospitals need more nurses like her.

Cathie

Ward 8 going over and above

I would like to take this opportunity to express my heartfelt gratitude to you for the help my father, Mr Li, got from Ward 8. During his time at North Shore Hospital, he was in Ward 8 and everyone was so nice to him.

When he needed a hand, nurses always came quickly to help. If he had some questions, nurses would give him accurate answers. The nurses would ask the doctors questions for him if the questions were out of the nurse's responsibilities. We expect good service but we got extra wonderful service from Ward 8. Because of the nice people here, we felt really happy even though we were in hospital.

**Really appreciative
Merry Li, Glenfield**

Shuttle service offer wonderful service

Staff shuttle service is absolutely wonderful. Thank you to the two lovely gentlemen on the afternoon shift between 12.10 and 1.10pm. I thank them so much for a wonderful service. I always recommend this service as I caught the wrong one and they still helped me.

**Thank you
Karen**