

# Bay of Plenty Residents Rush in for Influenza Vaccination

More than 19,000 Bay of Plenty residents (19,480) have received the inFLUenza vaccine in the first five weeks of the four-month inFLUenza campaign. That's more than half the number of total vaccinations carried out in 2005 (31,860).

Vaccination is FREE for people aged 65 and over and people of any age with long-term health conditions such as heart disease, a stroke or diabetes.

"It costs approximately \$25 for anyone else to get it," says Bay of Plenty and Lakes Medical Officer of Health Dr Phil Shoemack. "But it would cost a lot more to have three weeks off work or not being able to look after your kids because you are bed ridden."

InFLUenza is much more serious than the common cold. It will almost always confine you to bed and can carry the risk of significant ill-health, hospitalisation or even death.

"You should get vaccinated as soon as possible because it takes up to two weeks to develop immunity. Ideally you should be vaccinated well before the main inFLUenza activity which usually runs from May to September," he says.



Medical Officer of Health Phil Shoemack gives Bay of Plenty District Health Board Chief Executive Phil Cammish a flu shot.

## Waiting Lists - Our Say

*There has been national media interest in hospital waiting lists in recent times. Bay of Plenty District Health Board Chair, Mary Hackett, shares her view.*



Bay of Plenty District Health Board has been working hard over the past 12 months to ensure that patient's referred by their GPs for elective services are seen within six months.

Over the past year the health board has been dedicated to reducing numbers on waiting lists through a number of initiatives, including additional orthopaedics resources, outsourcing some ophthalmology to private clinics, and utilising Whakatane Hospital to treat both Whakatane and Tauranga patients

In order to come into line with requirements, over the past year a number of people across several sub-specialities have been returned to the care of their GPs. Unfortunately these people do not meet the clinical access thresholds for treatment, and the health board is unable to accept their referral.

After 30 June Bay of Plenty District Health Board will only be accepting

referrals that can be given certainty of a First Specialist Assessment or treatment within the Ministry guidelines to ensure honesty and fairness to patients. This will mean that people who meet the surgical thresholds will be seen or treated within six months, giving certainty to the members of our community who need the treatment the most.

Once given a confirmed treatment date, patients are not returned to their GP unless exceptional circumstances exist.

Elective services are just one part of the inpatient services the health board provides to the community.

Approximately one quarter of all inpatient services within the health board is elective surgery - another quarter is acute surgical, with the remaining half being urgent medical care. Overall, Bay of Plenty District Health Board is performing to Ministry of Health targets for inpatient services including acute medical and

surgical admissions as well as elective surgery.

As well as working hard to meet the Ministry of Health's Elective Service Performance Indicators, the health board is also achieving a number of other positive initiatives such as planning for the future via Tauranga Hospital's redevelopment - Project LEO, realigning the management of the provider arm of the health board to enhance clinician input and governance, and achieving an overall increase in general and elective surgery over the past year, within increasingly limited resources.

The management of elective services to ensure that everyone referred is seen within six months, as well as the extremely positive initiatives mentioned above, put the Bay of Plenty District Health Board in good stead to continue to provide our communities with good access to quality health services for many years to come.

## Visit our website

**Check out the Bay of Plenty District Health Board on line...**

[www.bopdhb.govt.nz](http://www.bopdhb.govt.nz)

The website has a wide range of information about the activities of the health board and its statutory committees, including minutes of meetings, the District Annual Plan, the Annual Report, and a variety of publications including Learning Quarterly and 'The Argus'.

There's also news and views about the health board's public provider arm, Pacific Health, which operates hospitals at Whakatane and Tauranga, Mental Health Services and Community Health and Disability Services (CHADS).

## Health Board Planning Improvements to Structure

Bay of Plenty District Health Board is planning to refocus its provider arm, Pacific Health's structure, to improve service delivery to the community and enhance clinical governance within the organisation.

The proposed new structure, which has its principles based on service delivery across the whole Bay of Plenty geography rather than aligned to a hospital site, would see Pacific Health move from a facility model to a service model, with 'cluster' managers responsible for the delivery of services across both Tauranga and Whakatane Hospitals.

Chief Operating Officer, Graham Dyer, explains that the service model will assist with better delivery and more equitable access to health care across the district by focusing on the service, rather than the facility or area in which the service is delivered.

Mr Dyer says that to ensure that clinical staff have the ability to influence the operations and directions of the organisation the change would see clinical directors report directly to the medical director, and clinical nurse leaders to the provider director of nursing.

"Enhanced clinical governance will also be of benefit to both the organisation and the community, because it ensures that those working at the coal face are in touch with the health needs of the community and will have a stronger say on organisational direction," says Mr Dyer.

This includes ensuring that appropriate clinical policies and protocols are in place and actioned effectively, and that service delivery is meeting the needs of the community.

Bay of Plenty District Health Board staff are currently being consulted with prior to the changes being completed by 30 June.

### Changes in brief:

- + Geographic alignment moving to a clinical services focus
- + Development of eight 'clusters' - Mental Health; Surgical; Medical; Women, Child and Family; Clinical Support; Maori Health; Non-Clinical Support, Community Health and Disability Services.
- + Doctors reporting through to the Medical Director, and Nurses reporting to the Provider Director of Nursing to enhance clinical decision-making.
- + Reinforcing clinical governance principles through new clinician-led committees.

## Addiction Assessment Court Pilot Launched in Tauranga

An addiction assessment in court pilot has been launched in Tauranga earlier this year in a bid to assist the judiciary in their decision-making and refer offenders to appropriate addiction treatment and or rehabilitation services.

Clinical Co-ordinator of Tauranga Hospital's Community Alcohol and Drug Service (CADS), Hester Hattingh, says that the addiction assessment in Court pilot is already proving valuable in ensuring people who need addiction treatment are pointed in the right direction for help.

"At-risk people are getting the help and assistance they require faster than before the assessors were implemented," says Ms Hattingh.

"In many cases the clients we see in Court may never have sought alcohol and/or drug treatment on their own. Often that results in continuing problems such as further legal issues or relationship or work issues. By taking the service to the Court we provide easier access."

Ms Hattingh adds that the clients the addiction assessors are meeting through the Court have all been very pleased to have a chance to talk to someone about their alcohol and/or drug issues.

The role of an alcohol and drugs assessor in Tauranga District Court is to provide screening assessments of offenders to assist the judiciary in their decision making process and to carry out assessments that can inform the judiciary as to whether referrals to a specialist addiction treatment service are necessary. This can contribute to a speedier sentence process with the most appropriate conditions.

Clients are assessed and recommended for further assessment or are given advice about services available in the community, or, if appropriate, given information/education about safe use of alcohol and/or drugs. The brief assessment outcome is then provided to the Court.

The pilot runs until the end of May 2007, when the service will be reviewed and considered for permanent placement in courts throughout New Zealand.

## Successful Heart Initiatives to Keep Ticking Along...

The successful nurse-led heart failure clinics and rehabilitation programme at Tauranga Hospital are to keep ticking along having demonstrated significant achievements.

Cardiac Clinical Nurse Specialist, Wendy Bryson, has been leading two initiatives to improve the quality and length of life of people with heart problems, and keep them well and out of hospital.

The first initiative, a nurse-led clinic, provides a service for people with heart failure to ensure optimal treatment of their condition through increasing doses of specific medications and providing ongoing education.

Readmission rates are sitting at just 9% for people attending clinic due in part to easy and timely access to specialised treatment and knowledge. This is compared to the general readmission rate for heart failure patients of 40%.

Ms Bryson explains that optimal treatment involves sequentially elevating doses of special drugs that help slow the heart rate, lower blood pressure and help the heart muscle to pump more efficiently. Initially, this requires visits to a GP or the nurse-led clinic every two or three weeks, until the optimal medication dosage is achieved for each patient. For most patients this requires around four visits.

"Patients referred to the nurse-led clinic are under the care of the Tauranga Hospital Cardiologists, with their plan of care then being managed by the cardiac specialist nurse, who also provides a link with other patients with heart conditions, and can answer questions and provide specialised support to patients. The clinic provides a cost effective, timely option for patients to achieve and understand the most effective treatment for their heart failure. This together with access to specialist support, are contributing factors to the ongoing success of the clinics," says Ms Bryson.

It is important GPs are fully informed

when patients attend the clinics to ensure they are aware of changes in medications and patient progress.

"Once optimal heart failure treatment is achieved, patients are discharged from clinic back to their GPs care, with the understanding that should heart failure symptoms deteriorate, patients can be referred back to clinic," says Ms Bryson.

The second initiative is a heart failure rehabilitation programme, piloted late last year with nine people diagnosed with heart failure, referred to the programme by Tauranga Hospital's Cardiologist.

The eight-week programme focuses on education about the condition, including monitoring of their condition and adhering to treatment and regular exercising.

Sessions include a discussion about what heart failure is, healthy eating, including the need to limit fluid and salt intake, education about what the medications are and why they are so important, and how to live with heart failure.

"The pilot group of nine people found the education, meeting other people with the same problem and encouragement to exercise a huge boost to their understanding and acceptance of their condition. Most recorded significant improvements in quality of life at the end of the programme," says Ms Bryson.

Preassessment includes a six-minute walk test, a quality of life questionnaire, blood pressure and weight monitoring and issuing pedometers! Participants recorded their daily pedometer readings in an exercise diary, with most achieving considerable improvements in activity levels.

The group had a median age of 56, was a balance of Maori and non-Maori, and included several people with severe heart failure and other conditions such as diabetes.

For further information about these initiatives please contact Wendy Bryson on 07 579 8523.



### WHAT IS HEART FAILURE?

Heart failure is a chronic condition that occurs when the heart muscle is weakened and has difficulty pumping blood around the body. It requires ongoing medication and lifestyle management for life, or in extreme cases a heart transplant. This is different to a heart attack, which is caused by a blocked artery, which damages the heart muscle.

## New CT Scanner for Hospital

*Funding has been approved for a new \$835,000 CT scanner for Whakatane Hospital*

Purchase is being facilitated by the Energy Bay Energy Trust through a combination of a lease to the Bay of Plenty District Health Board and grant funding. The new scanner will be purchased by Development Enterprises Limited (DEL) partly with a loan from the Trust, and partly with a \$200,000 grant to the hospital. The scanner will be finance-leased to the hospital under a seven-year agreement, which includes the payment of interest.

A half a million dollar building refurbishment project will be undertaken to house the larger scanner prior to its anticipated arrival towards the end of this year.

Whakatane Hospital Radiologist, Dr Matthew Preston, explains that the hospital's existing scanner is nearly eight years old, and there have been major technical advances in that time.

"The main difference is that the new machine can do 16 slices at a time - as opposed to one. This means that the machine scans faster, and that the images are clearer and show more detail. As one would expect, there have been significant software advances," says Dr Preston.

"New techniques for scanning have developed in the last few years, and these are better suited to the detail and speed of the new machine."

Dr Preston says that the greatest advances will be seen in scanning patients after trauma, reducing the time it takes to scan the head, neck chest and abdomen from 45 minutes to approximately 5 -10 minutes, making the procedure much safer for unstable patients.

Other benefits include:

- + The ability to undertake some angiograms to show arteries and veins rather than patients travelling to Tauranga to undergo a catheter study with a tube in the artery.
- + Unobtrusive colon examinations as opposed to patients having a barium enema or colonoscopy.

Dr Preston says that overall, the machine will offer more detailed images that will provide earlier and more accurate diagnoses in some cases, and will prevent some patients from travelling to Tauranga or Auckland to be scanned.

## Mockup Leaves No Room For Error

A mockup of a two-bedded room is being built at Tauranga Hospital, providing a replica of what rooms will look like in the new buildings.

Project LEO staff will use the three-dimensional layout to ensure all functional requirements have been met in the room design. The north wing ward block and podium buildings will host more than 70 single, double and four bedded rooms, each with accompanying ensuites. Both buildings are under construction and are due for completion in 2007. The same room layouts will be replicated when work begins on the refurbishment of the west wing building.

The mockup room is being constructed in a building on 20th Ave which was previously used to store maintenance and building equipment. Project LEO internal change manager Suzanne Proudfoot says the mockup room will be scrutinised by user groups and hospital staff. Their suggestions will be collated and analysed. Decisions will then be made on what design changes - if any - need to be made.

User groups have provided all the input on functionality to project architects, who have translated their ideas into design. The mockup will give user groups an opportunity to assess space and proportion in the room.

Suzanne says the first task for user groups is to examine the functionality of the medical service panel, which includes oxygen, suction, data, power, the nurse call

system and the emergency call system. They will also examine the functionality of fittings in the rooms, such as cupboards, shelving and mirrors. The height and placement of these items will also be assessed.

Staff will also look at access in and out of the room, the distance between the beds and space in the room generally. Both new single and four bedded rooms will be considerably larger than existing rooms. There are no two-bedded rooms in the current hospital.

Suzanne says other items on the check list include the functionality of patient reading lights. The mockup room will also give staff an opportunity to ensure that ceiling nightlights in four-bedded rooms do not negatively impact on other patients. Ensuites will also be scrutinised. User groups will look at the height and location of rails in the bathrooms and fixtures such as shower heads and taps. They will also inspect wheelchair accessibility, along with the placement of vanity units, toilets and mirrors.

Suzanne says Project LEO is not anticipating major changes to its room design.

"We are testing a fairly rigorous design so we are expecting very few changes," she says. "But because a large number of rooms are being built, we need to ensure we have ironed out any non functional aspects of the design which are difficult to ascertain from the architect's drawings."

## Art Request...

Tauranga Hospital's art adviser says people donating art to the new hospital should send photos, rather than dropping paintings off at the front entry.

Lynne Brown says the hospital is unable to store donated art and can give no guarantees that bequeathed pieces will be hung in the new hospital.

"Although we would love to be able to hang all donated art, it will need to fit the overall concept we are developing for art in the hospital," she says. "That means it may need to be sold to raise funds."

Lynne is cataloguing the hospital's existing art collection and wants to include photos of any donated paintings in this inventory. She is also calling on artists who may be interested in becoming involved in the art project - through sponsorship, by donating art, or offering art for sale - to send her a portfolio of photos of their work and a biography.

She says it is important that a plan for displaying artworks in the new buildings is developed now, before the new buildings open.

"Concepts need to be developed, including themes for different areas of the hospital. Although the hanging of art is years down the track, planning is being done now while design is still taking place. This way we can ensure the appropriate

pieces of art are displayed in the appropriate places."

Lynne's vision for the hospital is quality art adorning every wall of the new and refurbished buildings.

She wants to see a wide range of art displayed in the hospital, ranging from paintings and sculptures through to digitally produced photographs, children's paintings and Maori art and carvings. While her focus will be local art, she is receptive to displaying art from throughout the country.

"The placement of art in and around the buildings increases the wellbeing of patients, provides pleasant surroundings for the public and creates an uplifting working environment for hospital staff," Lynne says. "I'd like to see as much original art as possible, along with good quality reproductions, such as a gleece (a high quality reproduction of an original work, which is produced using ink which won't fade, then printed onto canvas)."

The committee will also look at restoring and displaying early hospital pictures. Displaying old surgical instruments is another option. The construction of the hospital allows the creation of new areas for displaying art, Lynne says.

"There will be changes in the aesthetics



Art adviser Lynne Brown

and ambience of foyers, walkways, waiting rooms and courtyards. The placement of art in these areas will help meld together a modern, functional medical facility with a pleasant environment for those who stay in, work in, or visit."

Lynne was owner and gallery director of Harrison's Gallery in Tauranga for nine years and is well known by the Bay of Plenty's artists, art buyers and business community.

For more information phone Lynne Brown on 07 578 3490.

## SERVICE PROFILE - Kupenga Hao Ite Ora Support Net

Bay of Plenty District Health Board's Needs Assessment and Coordination (NASC) service Manager Don Sorrenson highlights the role Support Net plays in the provision of support services for the disabled and elderly.



Jimmy Aoake and Raewyn Winata participate in Support Net Regional Day activities in order to better understand client needs.

Well, the name says it all really - Support Net.

"We're here to support disabled people who need help with day to day activities to ensure they have the best quality of life that they can achieve," says Support Net Manager Don Sorrenson.

Mr Sorrenson is referring to the Bay of Plenty's Needs Assessment and Coordination (NASC) service for people with disabilities or difficulties carrying out daily activities due to age.

Support Net has a client base of approximately 10,000 throughout the Bay of Plenty region. The service assesses and puts together packages of care that can range from an hour's home help for an older person who remains in their own home, or to support families with a severely disabled child.

Mr Sorrenson says his favourite part of the job, since commencing in the role in September last year, is the fact that Support Net is providing a service that people really want, and need.

What's more, it's a free service, and anyone can be referred to Support Net for help. Self-referrals, family referrals and doctor's referrals are most common for people to be assessed for eligibility for free assistance to get on with living life to the fullest.

Fifty staff in four offices - Whakatane, Tauranga, Rotorua and Taupo - come from a variety of backgrounds including nurses, social workers and teachers to form part of the unique Support Net team.

At present no specific training is needed for needs assessments, however the Ministry of Health is currently working on training programmes to ensure national consistency for assessments.

There are about 20 NASCs throughout the country - only some are fortunate enough as Support Net to be part of a health board - others are private, or run by trusts.

Mr Sorrenson views NASCs as part of an integrated service within the health system, and is pleased that Support Net is part of the health board.

### Who are we?

We are a Needs Assessment and Service Coordination (NASC) service. We work to help people who are older, or who have a disability to live the best life possible.

### Where to we start?

You or someone you know contacts us if you think we can help. We check to see if you are able to receive Disability Support Services, then we arrange for one of our staff (Needs Assessor) to meet with you.

You can have a choice of assessor if you wish. You can have an assessor who is Maori. Please let us know if you would like to speak Maori during your assessment

The Needs Assessor will talk with you about:

- + What you want to do
- + What you need to help yourself
- + What you can do
- + What you need help with.

The free needs assessment takes one or two hours. A friend or family member can be with you if you want.

### What happens next?

We use your information only to arrange services for you. Your needs assessment is then passed to a Service Coordinator. A plan is made with you to meet your important needs and goals. You will receive a letter that tells you about your plan, and the Disability Support Services you will get.

### Where are we?

Community Health and Disability Services  
Whakatane Hospital  
Stewart Street, Whakatane  
Phone: 07 306 0986

510 Cameron Road, Tauranga  
Phone: 07 571 0093  
Call free 0800 262 477

Level 2, Hauora House  
1142 Haupapa Street, Rotorua  
Phone: 07 349 4213

Call free 0800 262 477

# Toi Te Ora TASTER

THE LATEST FROM THE PUBLIC HEALTH UNIT

## Shellfish Warning Remains in Place in Papamoa

A health warning, issued early last month to stop people gathering shellfish in the Pukehina Beach area, due to high levels of Paralytic shellfish poison caused by PSP toxin, is still in place. People are advised not to collect or eat shellfish and not to eat kina or the gut of paua, crayfish and crabs taken from the area, until further notice. Anyone suffering illness after eating

shellfish should contact their doctor. Toi Te Ora Public Health is continuing to monitor the situation and will issue another health warning if the affected area changes.

Information about health warnings will be posted on [www.nzfsa.govt.nz](http://www.nzfsa.govt.nz).

## It's Crunch Time!

Lunchboxes for children at ten primary schools in the Bay of Plenty have just got healthier Fruit in Schools has hit the Bay of Plenty where kids at selected schools receive a fresh, export quality piece of fruit

every day of the school week, for free, for up to three years. The first pieces of fruit were delivered on Monday 8 May.

"One day pupils might get apples or bananas, and mandarins or pears the next, it's all prepared and ready to eat - a great way to expose children to the wide range of fruit available and get their taste buds wanting more!" says Eastern Bay Fruit in Schools coordinator Herewini Hape, from Toi Te Ora - Public Health. "It's about encouraging children to eat more fruit and giving them a jump start to healthy eating."

This is a community newsletter published by the Bay of Plenty District Health Board.

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