



December 2010

Dave Robinson, Robert Carston, Logan Toomer and Pete Minto performing in true YMCA fashion at the Revue



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Checkup

Bay of Plenty District Health Board staff news



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Overview



This edition of Checkup is the last for 2010 and further demonstrates the breadth and diversity of the work that we do every day.

I did enjoy the inaugural Bay of Plenty Clinical School Medical Research Awards. We were treated to six presentations which were of a really high standard and thought provoking. Dr Libby Tompsett's presentation on conscious sedation in the ED was declared the winner by the judges.

This year the Social Club brought back the Hospital Revue after a four year absence. It was a great night with over 400 staff and Board members enjoying the twists, turns and parodies of well known songs. The GO-TEAM's version of It's All Go Around Here was a worthy winner. I thought the opening number, The Boys Are Back also known as YMCA by the Village People, and in this instance performed by the boys from Purchasing, Stores and Property Services, set the scene for the evening.

The Social Club need to be congratulated for their tenacity in bringing back this part of our hospital tradition and I know that they will welcome more acts in future shows.

Another staff orientated event over the past 12 weeks has been the Biggest Loser competition run by our gym S.W.E.A.T. This competition had record numbers of staff entered with 49 teams taking part. Congratulations to the winners and the participants for your dedication in getting healthier and fitter.

Christmas is now only a matter of days away, and I need to tell you how much I enjoy heading this organisation. It is an organisation which prides itself on putting the patient first and this is demonstrated in the pride I know you take in your work and is reflected in the letters and thanks we receive. The year has been challenging but we have had a lot of successes.

I thank you all for your efforts and wish you and your families a relaxing and happy Christmas.



PROTECTING PRIVACY

The Health Information Privacy Code gives us the responsibility to protect the privacy of patients when they are receiving health care, either in our hospitals or in the community.

Recently, the hospital received some reports of privacy breaches, which have included patient information being discussed in a way that a third party was able to identify the patient, patient information being given to family members without the patient or caregiver consent and caregiver information being given to a third party when there was Child Youth and Family Services involvement.

Quality coordinator, Cheryl Shearer says that unless you have the patient's permission, it's safest not to give out any information.

"Patient information should be accessed only if there is a work related need to know or the patient's permission has been given, and the permission must be documented in some manner. Patients and caregivers should be encouraged to appoint a family member to act as liaison with clinical staff to ask the family's questions."

Cheryl adds that "no patient information, including contact details of caregivers and family members, should be passed to any third party. If you are in doubt about what to do, there are Quality & Patient Safety team members at both Tauranga and Whakatane Hospitals you can discuss your issues with.

"We all have a responsibility to act professionally within the bounds of the hospital environment, within our communities and within cyberspace social media tools (such as twitter and Facebook). In order to assist medical practitioners navigate this new communications tool, a guideline has been developed called the 'Social Media and the Medical Profession.'

Cheryl explained that within the guideline are real examples of how 'inappropriate online behaviour can potentially damage personal integrity, doctor-patient and doctor-colleague relationships, and future employment opportunities.'

"Here is an example, from the guideline, of how patient confidentiality can inadvertently be breached in an online environment.

You are working in a rural hospital and make a comment on a social networking site about an adverse outcome for one of your patients. You are careful not to name the patient or hospital. However, you had mentioned the name of the hospital you are working at in a post the previous week. A cousin of the patient searches the internet for the hospital's phone number.

The search results the patient's cousin gets include your posting mentioning the hospital and the subsequent posting regarding the adverse outcome involving the patient."

If you would like clarification around the health Information Privacy Code, please contact Cheryl Shearer, Quality and Risk (4890), or for a copy of the Social Media and the Medical Profession Guide or advice on security settings for social media sites please contact Kimberley Bray, Communications (8411).

2010

Medical Research

AWARDS



Bay of Plenty
CLINICAL SCHOOL

by Sarah Strong,
education manager,
Clinical School

The inaugural Bay of Plenty Clinical School Medical Research Awards was held 8 November 2010 at the Education Centre. The evening was attended by many doctors and members of the executive team who were treated to a high standard of presentations from the finalists.

The finalists were:

Dr Tom Fontaine, senior house officer, presenting on paediatric triage performance audit at Tauranga Hospital which used a five-point scale to describe both the perceived urgency of treatment and the maximum time a patient can safely wait for medical intervention. The results are being used to improve patient safety and to assist the Emergency Department to manage the caseload.

Dr Jim Duthie, urology registrar, robot-assisted laparoscopic prostatectomy (RALP) in New Zealand: the first 100 cases. The results from this study supported RALP as a safe, effective, and well tolerated procedure for management of carcinoma of the prostate. This was the first robot in New Zealand for this procedure; the first surgery was performed at Grace Hospital, by Dr Peter Gilling. The full article is published in the New Zealand Medical Journal.

Dr Andre Poon, senior house officer, analysing child presentations of accidental poisonings. The preliminary study found one child under the age of 10 was admitted to the Emergency Department every 10 days. Of these patients, 90 per cent were under the age of four, with liquid paracetamol being the most common suspected cause of poisoning. The study will include data from Starship Hospital, Waitakere Hospital, Middlemore Hospital and South Island hospitals that will be compared against data from other countries, and is due to be published as a paper.

According to Andre, one of the most commonly utilised and effective strategies for preventing accidental poisoning are legislation and standards regarding the packaging of medicines.

Dr John Malcolm, paediatrician, Hana Harawira, kaiwhakahaere and Lyn Hartley, health promotion coordinator, Whakatane - Manawa Ora, school echos for undiagnosed rheumatic heart disease (RHD). Eastern Bay of Plenty has some of the highest rates of child rheumatic fever in Aotearoa New Zealand. In a joint research project between Te Kaokao o Takapau and Te Ao Hou PHO a Manawa Ora healthy hearts echo screening survey was conducted mainly targeting children from communities within the Tuhoe iwi boundary.

Parents and pupils of Ruatoki, Waimana, Taneatua, Waiohau, and Ruatahuna schools were offered an echo heart check as part of

local, Starship and Whakatane paediatric research to find if there are further unsuspected rheumatic heart disease cases.

The study resulted in new probable and possible cases of children RHD being picked up as well as a number of congenital findings, these can all now be treated and/or monitored.

Dr Libby Tompsett, registrar, conscious sedation in the Emergency Department (ED): how safe is our practice? Procedural sedation is common practice in the Emergency Department, as well as other hospital departments including Paediatric, Radiology and Endoscopy. Managed well, it is a safe and necessary practice, avoiding admission and theatre attendance. Managed incorrectly it can lead to serious consequences such as airway compromise.

The audit examined how safe the current ED practice was based on six areas; patient assessment, consent, monitoring, environment, staff presence and discharge criteria. The resulting recommendations from the audit have the potential to improve patient safety in ED and throughout the hospital.

Dr Bruno de Carvalho, registrar, open rotor cuff repair in patients over the age of 70 years. Although selected as a finalist, Bruno was unable to present the study which was a retrospective review of one surgeon's patients who have undergone an open rotator cuff repair. The outcome assessment included history of work and recreational activities, review of medical records, clinical examination, the simple shoulder test (SST) and the constant shoulder score (CSS).

Patients in the study reflected a high satisfaction rate of 92.7 per cent as well as excellent pain relief and a high level of function when related to their daily activities, independence and recreation or work.

Dr Libby Tompsett was declared the winner by the judges, for her study on conscious sedation, and the Manawa Ora project on rheumatic heart disease was placed second.

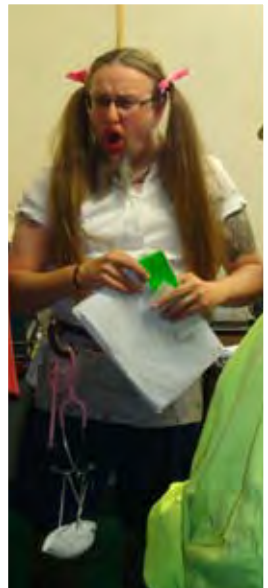


Dr Libby Tompsett, presenting 'conscious sedation'.

THE YEAR IN



THERE WERE DOCTORS, NURSES, COWBOYS, SAILORS, A SEVERE ED 6-HOUR BREACH, A PLASTIC LADY NAMED LILO AND SOME VERY UNUSUAL NOISES FROM THE CEO IN NOVEMBER – BUT ALL IN GOOD FUN AND AS A RESULT OF ACTS PUT TOGETHER FOR THIS YEAR'S HOSPITAL REVUE, 'A TIME TO LAUGH.'



The revue was brought together by the Social Club and held in the Clinical School Education Centre, and seemed to bring out quite another side to participants in the acts.

On the judges table, and rivalling the American Idol judges for looks, wealth and wit, were Sarah Strong, Brian Kelly and Mary Hackett, the BOPDHB chair. The fantastic MC for the evening, Neil Graham, kept things moving along and got the crowd warmed up.

Of the eight exceptional acts, there were three that really stood out for the judges, 'Its all go around here' by the GO-TEAM, 'The Boys are Back' by the Property Services, Purchasing and Stores Department and 'How to enjoy a colonoscopy' by the Medical Day Stay Unit.

Sheree Campbell, from the Social Club, says that the event was a fun-filled evening.

"Acts were polished and full of humour. The event was run by a dedicated committee that began organising several weeks prior to the actual night and carried on into the wee hours of the morning and over the weekend to get everything cleaned up afterwards" she said "there were a lot of sponsors that contributed as well, and we really thank them for their support."

REVIEW?

Allied Health Summit: Leadership and Practice Innovation in Action

by Barbara Swan (social worker)



Barbara Swan (social worker) and Gill Ebbing (occupational therapist) were invited to present at this year's Allied Health Summit held at Wellington Hospital on 24th and 25th November. The summit is a showcase for leadership and practice innovations. Speakers gathered from across New Zealand and a variety of health care settings. During the conference we had an opportunity to discuss and debate good practice and celebrate the difference, diversity and innovation prevalent in the Allied Health Sector.

Gill and I presented "Health in Ageing Community Response team." We are part of this relatively new service which started in April 2009 following transition and expansion from Health in Ageing speciality nurse based in ED. The Community Response team (CRT) integrates Allied Health and Medical staff. We respond in a timely manner to community and ED referrals, by completing the Inter RAI Home Care Assessment, and further inter professional assessments and interventions. Our clients are usually over 65 yrs, with complex co-morbidities and require multi disciplinary input.

Following our presentation we were invited to answer questions and were pleased to have stimulated discussion and interest. The audience were particularly interested in our experience of the Inter RAI assessment tool, opportunities for the model to be incorporated into primary care and how we liaised and interfaced with our DHB colleagues and other agencies.

During the summit we attended a variety of presentations from leaders in practice. These included social workers from Christchurch presenting a model for emergency response to major incidents, Auckland's allied health assistants project, physiotherapy practice in primary care and Capital and Coast's equipment pool improvements. The contributors were enthusiastic, determined and motivated to make positive changes. At the close of the summit a number of recommendations for change were forwarded to Brenda Wraight at Health Workforce New Zealand.

For further information about the summit held this year, presentations and recommendations refer to the allied health section of the DHB website- www.dhbnz.org.nz/

Community Response team:

Anne Hishon (RN and team lead), Yvonne Culligan (ED response nurse), Gill Ebbing (occupational therapist), Sue Grant (physiotherapist), Frith Bartlett (rehab assistant), Barbara Swan (social worker).

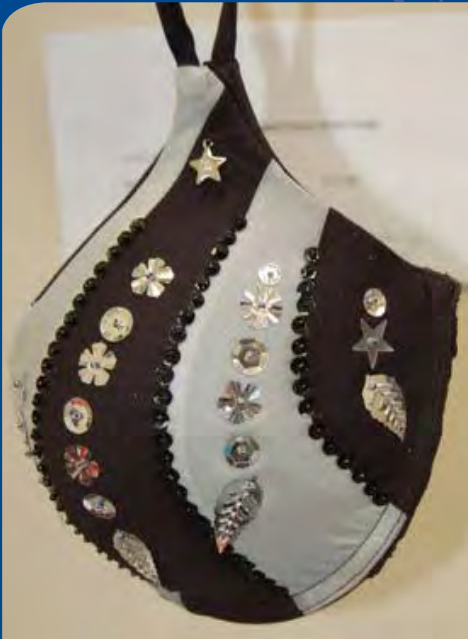


Sponsors included:

- Credit Union (1st \$1000, 2nd \$300 and 3rd \$200)
- Greg Oliver and his team at Medirest for the catering
- Fletchers for the purpose built stage
- Haden for supplying the chiller
- Hillsdene Wines for discounted beverages
- Tauranga Musical Theatre for the lighting.



Te Koru gets creative



There is an annual event that has been occurring for the last four years, and is growing in momentum - it's Whakatane's Te Koru recyclable art competition.

The competition was started, originally, to highlight recycling in a really light hearted way and to get people thinking about how they can reuse a huge variety of different materials. All entries into the competition must use 80 per cent recyclable or found materials. The competition is open to the Te Koru department which includes Physiotherapy, Rehab Therapy, Rehab Community Therapy and Child development services.

Linda Watson, RN with Rehab Therapy says that it has proven to be a great way to break up winter and that the team, patients and public really enjoy it.

"Russell Ingram-Seal is our artist judge and says that he really enjoys the creativity of the entries and that the standard improves annually" she says "we have a viewers' choice award and members of the public also give positive feedback."

The year's categories included wearable art, 3D art, the viewer's choice award and special awards for creativity, colour, humour and use of recyclable material.

Linda says that there are a lot of winners, but some special mention should go to Julie Mallen (3D scene), Joanne Morley (hat knitted out of video tape), Linda Watson (beaded evening bag made out of a bra), Roberta Monohan (shell and driftwood mobile), Eidlith McGillivay ('junk mail Jackie') and Pip Percival ('which of you odd socks has the remote').

Relationships Key to Success



Kerrie Freeman accepts a gift at the conclusion of the pilot.

The sustainable work systems pilot finished this month, marking the end of a public health first in New Zealand and the establishment of a unique working relationship between the BOPDHB and the PSA.

Sustainable Work Systems is a programme that was bought to the Bay of Plenty District Health Board by the PSA. The programme was built on the 'Democracy at Work' strategy, which uses the concept of staff working with management to identify and eliminate wasteful business processes and improve quality.

The BOPDHB was a 'pilot' site for the project, capitalising on the strong relationship that the DHB and the PSA have, to look at new ways of working and streamlining processes. Sustainable Work Systems works with the experts, those who actually do the work, to identify where there are areas for improvement.

Allen Blackwell, from the PSA, says that key to the pilot has been the strong commitment that the PSA and DHB have to working together. "None of this would have come about unless there was some sort of partnership between the DHB and the PSA. The partnership that we have, allowed us to run the pilot here - I can see that in other DHBs where there isn't the relationship that we have (with the PSA) they will find this process more difficult."

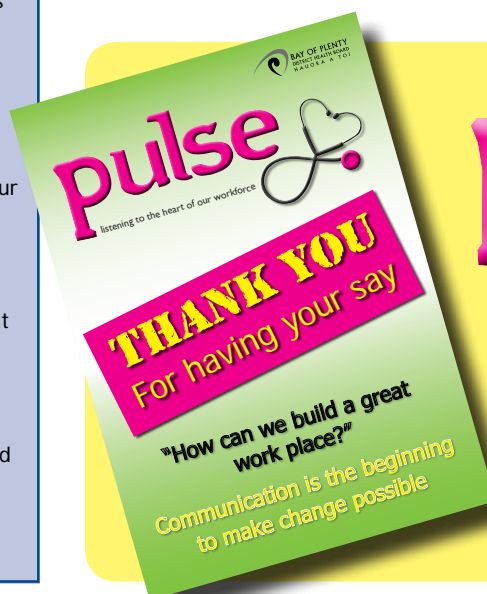
The pilot programme, which is the first of its kind within the New Zealand public health sector, focussed on hospital schedulers, identifying time and efficiency savings that could be made to current processes.

Kerrie Freeman, service improvement leader for the BOPDHB, says that in a nut shell the project is about "cutting out the waste and using that time for value add activities and continuous improvement." She added that that PSA had been great through the whole process and that she had never felt a separation between the two organisations, but rather that they were working towards the same goal.

The pilot consisted of two work teams across the Tauranga and Whakatane campus, who were trained in the use of Toyota's 'lean processes' and used these to identify opportunities for improvement within the scheduling of hospital services such as surgery and outpatients appointments.

Rosalie Webster, from 'Skills 4 Work', said that within the pilot she had not only seen improvements to processes but "huge growth and change in the people that have been involved" she commented further that other DHBs had been very interested in the pilot and how it had been going.

The pilot programme will now become 'business as usual' as the BOPDHB commits to a continuous improvement environment.



Thanks to all of our valued staff for taking the time to provide us with your feedback, keep an eye out for the summary of results before Christmas!

Staff recognition!



Ray Vital works in the Radiology Department where the team describe him as "one of the most pleasant, helpful workers in our team."

The team at Radiology say that:

"Ray's job requires him to mix with many people including, staff and patients, throughout his busy day. He is required to receive orders and direction from many different people in many areas. Ray can often receive negative comments from unwell patients and sometimes, even staff can respond negatively when under pressure. Ray takes no offence to any of this, and continues to treat everyone he comes in contact with, with the same happy and helpful attitude. Ray is always early to work and eager to start. He performs tasks out of the kindness of his heart, he always goes that extra mile for everyone, and he has this great 'can do' attitude. No matter what his day brings, Ray always has a smile on his face, a kind word and a funny story. His happy and playful personality makes him very popular and we all appreciate his efforts."

No 'spare' pins for Teresa



Teresa Littleton, administration support for the Medical Information team, has bowled over colleagues with the 'bling' she has been sporting since November.

Teresa is a member of the New Zealand Deaf Ten-pin Bowling Team, who recently returned from Argentina where they competed in the International Friendship Bowling Tournament. The team brought home 29 medals in total with Teresa scooping first place in both the triples and the team event, second place in the doubles and fourth place in the individual event.

Teresa credits the hospital bowling competition, started by Sheree Campbell and the social club, with assisting her in a speedy recovery from a knee operation and getting bowling fit for Argentina.

"I was able to get back into it slowly, it was good practise for me to get back into the bowling after having a long break." She adds that "it was certainly fun bowling against the boys from Property Services" and sends a cheeky reminder that the hospital bowling trophy still sits in Medical Records.

"I do want to thank those who supported me by buying raffle tickets to help me fund raise. Hopefully I will carry on entering more competitions in the future."

Infection Control, "there are some good trends occurring, but excellent hand hygiene needs to be a way of life for staff and something that doesn't even need to be thought about anymore, just a great habit."

This is the third round of auditing since the programme began, with the next round to begin in March. The same eight wards will be audited, with further spot checks to be undertaken at random within other areas of the hospital.

The World Health Organisation and Hand Hygiene New Zealand recommend the following five 'moments' for hand hygiene as critical to the prevention and control of infections:

1. Before patient contact
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After patient contact
5. After contact with patient surroundings



Hands up for hand hygiene

The hand hygiene project group have just finished another round of audits, with some pleasing results.

Good hand-hygiene practise is the most effective means of reducing the transmission of nosocomial pathogens, or hospital-acquired infections, as well as being a very simple way of ensuring we are supporting a safe patient environment as well as staff protecting themselves from infection.

The latest audit results taken from six wards in Tauranga and two wards in Whakatane, as representative of the higher risk areas, have shown that both hospitals are making steady progress.

"We are definitely improving when it comes to hand hygiene, but there is still a way to go" says Robyn Boyne, clinical nurse specialist,

Biggest Loser Best Success Story



by Richard Brown, registered social worker

On 17 March 2009, my entire world fell apart due to the sudden loss of my twelve year old son in tragic circumstances. Up until this point I was very active around the DHB both in my role as a social worker, PSA Convener for the DHB and was studying to gain a Masters Degree in Social Work through Massey University.

One of my Masters' papers was titled "Spirituality in Social work;" this title is not to examine the role of religion in peoples' lives but to explore their meanings to life or what motivates them. Religion may be a factor for some in terms of a faith that enables them to be resilient, for others it can be relationships or interests, something that gives them a purpose to live.

After my son's untimely death it seemed that there was little for my wife and I to live for. I sought to return to work as I realised an inner need to carry on, but merely living from day to day. I sought support from various quarters, Occupational Health staff and my GP to mention a few.

Continuing to work until recently was a daily chore not an enjoyable pastime, my mind wandering often and feeling very low. As a result, not only was I struggling to turn up to work on a daily basis, I was putting on weight and had forgotten how to exercise. My GP gave good advice on how to exercise to improve my physical and mental wellbeing; however, taking action on good advice is often difficult.

The 12 week challenge through SWEAT came along at a time when I had to attend the inquest into my son's death. It took time but the physical exercise started to have a good effect on raising my energy level and mood as well as reducing my size!

The term "Mind, Body, Spirit" took on a refreshed meaning for myself. Physical exercise alongside other supports including medication and counseling has enabled me to pick up the reins of my professional role and to find enjoyment in coming to work. I find myself being able to look forward once again.

I would like to offer thanks to my colleagues, managers, Occupational Health and Marcus at SWEAT for their support. The past will never be forgotten but there is a future once again.

Under the Spotlight

Brian Pointon

portfolio manager, Planning & Funding



The Checkup team got a phone call from the general manager Planning and Funding who said "Brian came into a meeting today and showed us the most incredible video..." we were definitely intrigued. Turns out Brian, who Helen describes as "sports mad, with a strong sense of social justice," had been skydiving for his 60th Birthday. We thought we would find out a bit more about the man in planning and funding who jumps out of planes.

How long have you been in the Bay of Plenty?

I went to varsity when I left school and didn't return to the BOP until 1995 - nine years in Whakatane and now six years in Tauranga.

Where did you train?

I originally trained in geology at Victoria University and worked for Mobil Oil NZ Ltd for six years as a production chemist and manager. Then fell into health in 1979 with a job at the old Department of Health Head Office in Wellington. So 31 years in public and community health. I like to say that I have worked in five decades (the 70s, 80s, 90s, 00s and now 10s - it makes me out to be more experienced than I am)! During that time I have done extra-mural study - a post grad diploma in health administration and a post graduate diploma in public health.

What does your role involve?

I work in the planning and funding part of the DHB, primarily in public health. That involves determining the public health needs of the BOP population, identifying service gaps, working collaboratively with other agencies, and then funding and purchasing public health services to meet those needs. I have strong personal values around social justice, and a lot of my work is in addressing health inequities experienced by Maori, Pacific, children and young people, women, migrants and other groups.

Who do you work most closely with?

My main relationships are with my colleagues in Planning and Funding and the Maori Health Planning and Funding team, and my old unit Toi Te Ora Public Health. I also work with my colleagues across Midland, with the Ministry of Health policy makers and funders, and with PHOs, Maori and NGO providers. My external relationships are as diverse as working with

district councils, Sport BOP, BOP Rugby Union, the Pacific Islands Community (Tauranga) Trust, the Tauranga Regional Multicultural Council, the Welcome Bay Community Centre and other government agencies such as Housing Corporation, and MSD. I represent public health interests on the Bay of Plenty Regional Transport Committee so that involves working within an entirely different sector to achieve public health goals.

What might other staff not know about you?

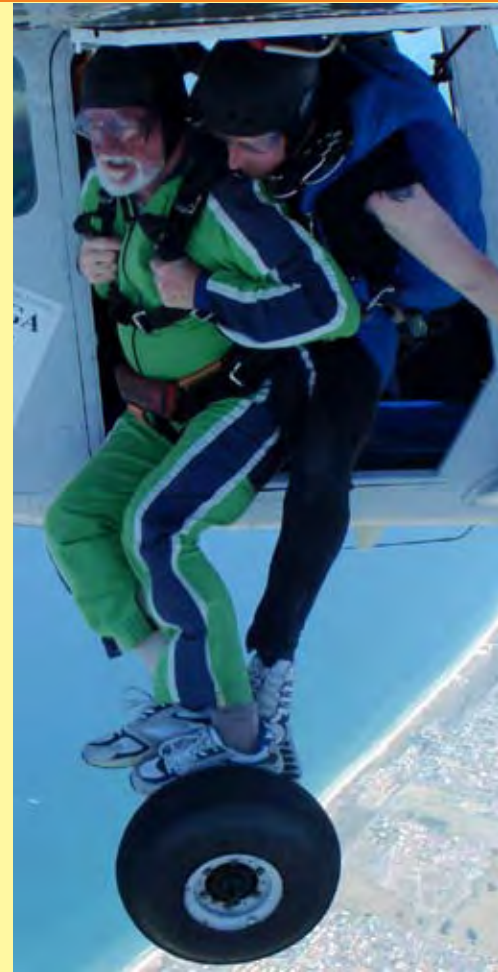
My tenuous claim to "fame" is a distant link to Princess Diana. One of my earlier roles in the Department of Health was as secretary of the Children's Health Camps Board when the new health camp at Rotorua was being opened as the Princess of Wales Children's Health Camp. Diana was in New Zealand at the time on her first visit (remember baby William and the buzzy bee), but was not doing public engagements herself so didn't attend the opening. A message from her though was read at the opening, and I got to write the message on her behalf which she signed. It is framed and I presume still hangs on the wall in the foyer at the camp.

What is the best part of the job?

The diversity of the job is the best part (and occasionally the worst part). I get involved with tobacco control, rheumatic fever, immunisation, Pacific health, injury prevention, physical activity and nutrition (HEHA), family violence, influenza, workforce development, emergency management, and migrant health amongst others. So you develop great networks. But if all those areas are "going off" at the same time it can get hectic.

What are you passionate about (on the job and off)?

Like most people working in health I am passionate about my own discipline of public health. I can see how health starts with



where people live, work, learn and play and our wider social, economic, physical and cultural environments, and can become frustrated when the concept of health rapidly narrows down to delivery of personal health services through the medical model. That is of course very important, but health is much wider than that. Off the job, I am a keen follower of all sports, and even though I have also worked in minimising the harm from gambling, I enjoy betting on the horses.

What inspired you to go skydiving?

I had my 60th birthday in November, and while it is a little early perhaps to be looking at my bucket list, I wanted to break the mould a little and get out of my comfort zone. I'm a pretty staid sort of guy usually and while I would never do a bungy jump and hate extreme roller coasters, I thought I could handle jumping out of a plane at over 10,000 feet.

Would you do it again?

Not straight away. I might consider it again though for my 65th.

Contribute to Checkup

Checkup is the newsletter for Bay of Plenty District Health Board staff and is distributed monthly. We welcome articles that would be of interest to staff across all services and locations. If you would like to contribute articles to Checkup, or want to suggest a story, contact communications advisor Kimberley Bray on 07 579 8411 or email kimberley.bray@bopdhb.govt.nz

Please send stories as word documents and photographs attached as high resolution jpeg files.