

TE WHETU MARAMA

# NOVA

THE OFFICIAL STAFF NEWSLETTER FOR THE AUCKLAND DISTRICT HEALTH BOARD

## All Hands to the Pump October is Hand Hygiene Month!



### Inside

- Technology successes for ADHB
- Medical trial looks for participants

## Comment from the chief executive

October is going to be a busy month for ADHB.

After much hard work and preparation we have the official launch of the Hand Hygiene project on 21 October. The New Zealand Hand Hygiene project is one of three national infection prevention and control projects that ADHB is leading.



It is vital that our organisation sets an example and shows the way in New Zealand by introducing this vital programme. Good hand hygiene is simply too important to the health and safety of patients, healthcare workers and their families for it not to be a priority.

The very detailed implementation process means all inpatient areas cannot be inducted into the programme immediately and are scheduled into a roll out plan which runs through to around August 2010. I ask you to give the project your full support when it is introduced into your ward or department.

I hope you find it interesting to see how new technical developments are supporting not only ADHB and our staff but the health sector as a whole. In NOVA this month we feature a number of successful initiatives which use technology to enable us all to work more efficiently (page 4).

The ability to work more effectively and improve our patients' journey is an important approach ADHB is very focused on. A number of projects are underway, exploring quality improvement which will result in a better experience for our patients and also improved staff satisfaction. The approach is not about increasing workload but to get us all thinking about what we do and finding the best way to do it, with the intention of eliminating waste, eliminating frustrating blockages to the system, saving time and ensuring the patient has the best experience possible.

Familiarise yourself with the projects and methodology being used. I think you will be amazed at the outcomes.

Finally, I apologise for the impact on you and your patients relating to the provision of Community Laboratory services. The transition to our new provider has not gone well. We have heard your concerns about Labtests' service and have taken immediate and comprehensive action to improve quality and safety standards. We will continue to work on this with urgency until the service is at a level of quality you and your patients expect and can rely on.

*Garry*

Garry Smith  
Chief Executive

## Hilda Fa'asalele appointed as new GM Pacific Health

Strong healthy families living in safe and supported communities is one of the key personal goals driving ADHB's new General Manager of Pacific Health, Hilda Fa'asalele.

Now two months into her role after being promoted from Pacific Health Manager (provider arm), Hilda says she intends to utilise approaches that bring together the efforts of multiple sectors toward lifting the health and wellbeing of Pacific people and communities.

"Working together so that we do not duplicate existing projects or work makes a lot of sense to me," explains Hilda. "There is huge potential to learn from previous work and to take the best of that learning so that we see outcomes from the actions being implemented."

Hilda, who has an extensive senior management, leadership, health education and nursing background, says she has always had a strong interest in Pacific Health, particularly with a view to address health inequalities.

"The health of individuals and communities is influenced by the social, cultural, economic and environmental contexts in which people live their lives, so it seems reasonable that we look at these areas to improve long term health status," says Hilda.

"We can achieve this by addressing risks factors and developing effective interventions for those most at risk of poor health outcomes."

Hilda says her key projects for the Pacific Health Team includes implementing Pacific Best Practice guidelines to support staff in their work with Pacific peoples as well as an action plan to prioritise work and ADHB's overall focus. Healthy Village Action Zones (HVAZ) also continues to be a strong priority.



Te whetu - Marama

# NOVA

Values Recognition

## AWARD

Respect  
Integrity  
Innovation  
Effectiveness

"Kia u ki te tika me te pono"

The NOVA Awards were introduced in 2005 as one way to recognise employees and teams whose own values align with the four ADHB adopted values: Integrity; Respect; Innovation; and Effectiveness.

The NOVA Award works by nomination – anyone can submit a story about an individual or team who has demonstrated our values 'above and beyond' that expected in the workplace. Nominations are then reviewed by a committee, and worthy nominations are put forward to receive an award at one of the six monthly State of the Nation addresses.

By encouraging stories to be told, ADHB hopes to uncover the stars that glow within our midst. NOVA is the name given to a star when it is born, and its Maori translation Te Whetu Marama means 'Bright Star'.

For more information on the Nova Awards, or to make a nomination, visit the Nova Awards page under CEO News on the intranet.

# Hand hygiene project shifts into top gear

While improving hand hygiene practices has been on the radar for most of 2009, the project slips into top gear in October with a formal launch and call by ADHB hand hygiene champions for an employee-wide commitment.

Set down for Wednesday 21 October, the launch will involve a public pledge by ADHB Hand Hygiene (HH) management and ward champions to improve HH practices. ADHB employees are invited to this event which will also unveil a fun, creative HH Wi5 game and an eNova (the weekly staff email) competition which runs for five weeks and involves answering a simple question in order to be entered into a draw to win one of several great prizes. There will also be other fun activities which will be announced closer to the time.

Clinical microbiologist and hand hygiene champion Sally Roberts endorses the need for health professionals to commit to improved practices and take action.

"While we are still working our way through the HH implementation process, the time for talk has passed and the time for pledging to improve our practices has arrived," says Sally. "Even the smallest of improvements will make a difference – so make a commitment now to make your area healthcare-acquired infection (HAI) free."

Cardiovascular Intensive Care Unit HH champion Dawson Ward adds his voice, inviting his colleagues to 'shape up' on the HH front.

"As leaders in healthcare we have an obligation and duty to take a leadership role in improving HH practices. There is simply no excuse not to take every precaution to stop the spread of infection - it's not hard and we have the HH product. So spread the word and don't tolerate poor HH practices," he said.



## All Hands to the Pump! Some activities

- Launch – 12.30pm, Wednesday October 21, ACH Atrium
- HH Promotion, Thursday October 22, Building 4 Reception, GCC
- ENova & Intranet '5 Moments for Hand Hygiene' Competition
- Watch out for other activities on posters, intranet and eNova!

## Patient flow improvements underway – have your voice!

A number of workstreams have been steadily moving towards improving the service that we deliver to our acute patients. This work is in response to the report from the Working Group for Achieving Quality in Emergency Departments to the Minister of Health in December 2008 in which Tim Parke, Clinical Director of Adult Emergency was a key member. "It's great to see that we have a co-ordinated set of activities underway responding to the recommendations. But what's even more important is that we will deliver significant improvements for our patients."

Each workstream has a team of front-line experts working hard to ensure they deliver a set of co-ordinated solutions. This is a hospital-wide initiative that will involve all parts of the hospital even though the main measure is the percentage of patients admitted, discharged or transferred from an Emergency Department within six hours. Workstreams range from primary

care right through to the ward discharge process in ACH and Starship. The focus is on removing delays for the patient throughout the hospital with the goal to ensure that each patient is in hospital for no longer than they need to be, in the Emergency Department or as an inpatient.

"We want to change the acute patient journey for the better. Our patients don't want to be in hospital any longer than they need to be," says team member Joyce Forsyth. "It's not only about the patient. We want to remove the frustrations for staff that comes from patient delays"

Everyone has a role to play and the workstream teams want your input. Access the health-wise submissions on the Intranet homepage and let us know your thoughts, ideas and frustrations and how you think we might be able to improve.

# Textmail instant success



(Back row L to R) David Kapa, Lavinia Mitchell, Sattar Hasan & Diane Millanta. (Front row L to R) Corina Malopito, Alida Smith & Shailaja Methuku.

The introduction of text messaging software at ADHB outpatient clinics to confirm or reschedule appointment times has significantly reduced the number of people who don't show up and improved overall efficiency.

With more than 755,000 appointments in the 2008-09 financial year, ADHB outpatient clinics have streamlined the way they communicate with patients thanks to textmail technology.

As a result, up to 1000 text reminders are sent to patients daily - a job previously left to solution schedulers who would make several hundred patient reminder calls per day. Patients who have not provided a mobile number are still phoned directly.

Do-Not-Attend (DNA) is an issue in the health sector resulting

in increased waiting times and operational costs for all patients; but Team Leader of Clinic Scheduling & Surgical Bookings, Corina Malopito, says the technology has provided an instant and positive impact to ADHB's effectiveness.

"Textmail provides instant results from many thousands of our patients," says Corina. Within seconds of sending a text message, a Patient Liaison Administrator can receive replies of confirmation or requests to reschedule.

"This not only greatly improves our efficiency, but improves our overall service to patients."

Following the successful ADHB trial and rollout, textmail was also due to be introduced through Auckland Regional Public Health clinics last month (September).

## Electronic referrals in the pipeline

One of a number of collaborative Auckland regional District Health Board (DHB) projects, eReferrals is on track to facilitate patients' referrals from primary care to hospital for treatment and, at the same time, reduce the incidence of errors.

The first phase of the eReferrals project involves the identification of a set of common data requirements and development of electronic elective services referral forms. These forms will guide the patient's journey from primary care to the referrals offices at hospitals in the region. While these forms will initially be printed, phase two will see all referrals managed completely electronically.

Auckland District Health Board IMTS eReferrals project manager Wendy Dykes says the project is critical to reducing risks and improving patient care.

"Quality information systems will lessen the risk of patients falling through a gap due to paper referrals being lost. Tailor-made forms containing datasets for each speciality will also help to ensure critical information required to make effective triage is available," says Wendy.

eReferrals long-term vision is for a system where there are also electronic referral forms for different speciality services and electronic data exchange between primary and secondary care providers. Electronic triaging, processing of referrals and decision support is also part of the project plan.

## iBleep Milestone

The introduction of the interactive call system, iBleep, reached a milestone recently with 100,000 after-hour calls made.

The technology, which took the place of pagers, allows nurses to provide after-hours doctors with patient observation data as well as the urgency of assistance required. Nurses know instantly when doctors have read their message, eliminating the need for multiple calls.

iBleep was first introduced as a pilot across six wards in February last year and was such a hit that it has since been rolled out organisation-wide.

# Wards 27A and 27B

## Tell us about your ward.

Wards 27A and 27B are a Paediatric Haematology Oncology Starship service which specialises in the treatment and care of children and young people with cancer and haematological conditions, such as haemophilia and sickle cell.

The wards provide a regional service drawing patients from as far south as Palmerston North through to the tip of the North Island. Each year around 150 patients nationwide require paediatric haematology oncology treatment and the majority of these (approximately 110) will be treated in Starship.

There is an inpatient service (ward and Bone Marrow Transplant Unit (BMTU)) and an outpatient service made up of day stay services and clinics.

## What makes the service special?

The kids, the parents and of course the staff! People often think of oncology specialties as depressing and they definitely think children's oncology must be really sad. But we know how resilient these kids can be and how much they want to have fun and to do all the normal every day things that children do.

## How important are specialists in the care of your children?

Care of children is complex and relies on input from a number of specialties including surgery, infectious diseases, endocrinology, neurology, radiology, pathology, gastroenterology, cardiology and respiratory services. Palliative care, pain management and radiotherapy also play a big part in the care and treatment of our children.

However, our core team is comprised of consultant oncologists and haematologists, nursing, research and administrative staff. Allied health professionals, such as physiotherapists, social workers, occupational therapists, play specialists and school teachers also play a big part in the care provided.



(Left to right) Sophie Henesy and Charge nurse Natalie James with Dequan Harrison, his mother Wai Harrison and T Hoeta.

## Have there been any new developments in your ward?

Thanks to the generous support of the Starship Foundation, the children's Haematology Oncology service received a fantastic makeover designed to better meet the needs of our young patients and their parents.

A key objective of the redesign was to encourage play and a stronger sense of connection between the children and young people. This has been achieved through new play areas, an adolescent lounge, single bed patient rooms with fold-down beds for parents, and a new parent bathroom and kitchen.

Another great 'make over' feature is the new treatment rooms which will improve the management of often painful and repetitive treatment procedures.

## From the professional partners

### Medication safety – it is everyone's business!

There are many things we can do to ensure that the right drug gets to the right patient in the right manner and at the right time: accurate and legible prescribing, checking of patient identification and of drug doses, route of administration and timing. But despite our best intentions we still see prescribing that is not of a suitable standard and drug administration errors. The system needs to change to support busy clinical professionals.

Whilst electronic prescribing might be considered the ultimate aim there are simpler measures that we can and are introducing to improve medication safety. We have already implemented the 5Rs with campaigns in children's and adult wards, we have compiled a list of 10 rules of safe prescribing which should be posted in each ward drug room and we provide medication safety teaching to PGY1 RMOs. We have also focused on medicine reconciliation (MR) and now have two MR pharmacists working in APU. These pharmacists specifically target medical patients over the age of 65, taking 8 or more medications

prior to admission. If judged successful this project will be expanded to consider patients admitted under other services.

The National Quality Improvement Committee has endorsed a number of national work programs one of which is medication safety and the committee has considered a number of strategies including a national drug chart, medicines reconciliation and e-prescribing. At ADHB in addition to expanding our work in medicines reconciliation we have agreed to support the development of and trial the national drug chart. Our review of the first draft of the chart confirmed just how difficult it will be gaining consensus amongst 21 DHBs but with consultation, testing, revision and repeat testing we will get there – we ask of your patience as we enter these phases of the programme. In the meantime we ask all of you to make medication safety your business.



Deputy Chief Medical Officer, Margaret Wilsher.



# NOVA HEALTHY LIFESTYLE DIRECTORY

## October Events

### ■ International Day of the Older Person

Thursday October 1

### ■ Late Night Art Parnell

Come along every second Thursday of the month to "Late Night Art, Parnell" - an art tour before dinner encompassing a handful of Parnell's most prominent and inspired galleries.

Free

Thursday 8 October

Upper Parnell Road, Parnell

### ■ Pink Ribbon Day

Friday 9 October

### ■ Mental Health Awareness Week

5 - 11 October

### ■ Polish Cuisine

Come and enjoy Polish cuisine at an affordable price, and other products. Enjoy a relaxing day at our community hall.

Free

12 - 5pm Sunday 11 October

The Auckland Polish Association,

1 McDonald Street, Sandringham

### ■ Plunket Society Appeal Week

12 - 18 October

### ■ Bandanna Week (Canteen)

16 - 23 October

### ■ Open Day at Blockhouse Bay Community Centre

Come along and get a taste of aerobics, Scrabble, belly dance, yoga, cake decorating, jazz dance, drama and martial arts for kids etc.

Free

1 - 5pm Sunday 18 October

Blockhouse Bay Community Centre,

524 Blockhouse Bay Road

### ■ Foundation of the Blind Appeal Week

27 October - 2 November

## Mental Health

October is when the Mental Health Foundation celebrates Mental Health Awareness Week. They are currently promoting five ways you can support your own wellbeing and that of the world around you, including family, friends, colleagues and the wider community.

■ **CONNECT** Develop your relationships with friends, family, colleagues and neighbours as these connections support you and enrich your life.

■ **BE ACTIVE** Physical activity helps you to feel good so find something that you enjoy and suits your ability. (Visit the Health Matters website for ideas on how to get active at: <http://adhbintranet/wellness/>)

■ **TAKE NOTICE** Be aware of the world around you and see the beauty in everyday and unusual things - reflecting on them helps you appreciate what matters to you.

■ **LEARN** Try something new or rediscover an old interest, or take on a new responsibility or challenge - learning makes you more confident and can be fun. (Call Community Education & Evening Classes to find out what is available in your locality and area of interest: 09 579 3247.)

■ **GIVE** Do something for a friend or stranger and see yourself and your happiness as linked to the wider community. (You might also want to give something back by becoming a volunteer. Contact 0800 865 268 for your nearest volunteer centre.)

## Thinking about fish and herbs...

This recipe combines dill and salmon - one of those great flavour combinations.

Now that the warmer weather has arrived it is a good time for planting herbs so try growing a dill plant. Dill is also a great flavour in salads.

On a nutrition note, canned salmon is an economical form of fish and a good source of omega 3 fatty acids providing heart health benefits.

### Salmon and Dill Macaroni

2 1/2 cups macaroni

1 Tbsp olive oil

2 cloves of garlic, crushed

375ml can light evaporated milk

210g can pink salmon

2 cups baby spinach, chopped

4 spring onions, finely chopped

2 tablespoons chopped fresh dill



Cook macaroni until tender to bite and drain.

Add oil and garlic to a large frying pan and cook over medium heat for 1 minute. Pour over evaporated milk and bring to a simmer over a low heat.

Add macaroni and flaked salmon to the milk and stir for 1 minute until hot. Remove from heat.

Stir in spinach, spring onions and dill, until spinach just wilts. Divide between four serving bowls and serve immediately.

*(Recipe from the Healthy Food Guide)*

# Patients with mouth and throat cancer in clinical trial

More than 50 cancer patients in New Zealand and Australia have volunteered to take part in a clinical trial being run from Auckland City Hospital's (ACH) Radiation Oncology Department.

The trial uses humidification during radiotherapy for mouth and throat cancers to keep internal areas affected by radiation moist.

Dr Andrew Macann, Clinical Director of Radiation Oncology says the trial aims to recruit 210 patients.

"Patients receiving radiotherapy for these kinds of cancer often experience quite discomforting side effects, such as mouth ulcers and a build-up of mucous," says Dr Macann.

"From the patient's point of view, this is about the toughest form of treatment we do in oncology as the ulcers can be present for several weeks.

"It's hoped the trial will show humidification will lessen some of the symptoms associated with ulcers and help them heal sooner. We're also hoping it may help reduce the chronic effects some patients experience after radiotherapy such as swallowing problems."

Dr Macann says the principle behind using humidification is that moisturising wounds helps them to heal faster.

Patients on the trial receive a humidifier from Fisher and

Paykel Healthcare to use for approximately three months during and immediately after radiotherapy.

Aucklander Tony Edmonds, who volunteered to take part in the trial, says he was able to get through the first six of his seven weeks of treatment without pain killers. He slept through every night with the humidifier delivering moisture to his throat and sometimes used it during the day.

Dr Macann says humidification therapy has been under development at ACH for several years with the current trial having now expanded to Christchurch Hospital as well as seven radiation oncology centres in Australia.

The trial is funded through a NZ Foundation for Research Science and Technology grant and is being run in conjunction with the Trans Tasman Radiation Oncology Group (TROG).

The trial was presented at a TROG conference in Brisbane focusing on quality of life issues.

"It's a randomised study meaning that half the patients receive humidification compared with a control group who receive what is considered the best available current standard of care for mouth ulcers," said Dr Macann.

"There is a lot of effort in cancer research now to not just focus on the actual treatment, but help patients achieve a decent quality of life after treatment," he said.

## ORBIT WELCOME TO THE TRAVEL REMEDY

### Waitomo

World famous for its Black Water Rafting, cave eco-tours and fabulous landscapes Waitomo is an adventure paradise easily reached from Auckland.

The Waitomo glowworm, *Arachnocampa luminosa*, is unique to New Zealand. Thousands of these tiny creatures radiate their unmistakable luminescent light as expert guides provide informative commentary on the caves' historical and geological significance.

Waitomo also offers eco-tourism and caving adventures associated with its famous limestone caves. For the adventurous there's cave abseiling or rappelling, Black Water Rafting and caving adventures.

If you crave a change of pace, immerse yourself in the rich

history of Waitomo at the local museum or explore some of the many free Department of Conservation walking tracks that take in the natural flora and fauna around Ruakuri Scenic Reserve, Marakopa Falls and the Waitomo Walkway.

Having so many scenic and recreational opportunities within such close proximity to one another ensures that Waitomo never fails to surprise and delight.



### Monthly Competition

The prize for this month will be one night's accommodation at the **James Cook Hotel Grand Chancellor in Wellington.**

Located in the heart of the city, experience Wellington's iconic hotel. With two restaurants and bars the dining choice is exceptional, especially the well renowned Whitby's Restaurant and its international buffet dining. 24 hour room service, concierge and reception, covered valet parking, Bodyhaven Spa Style Boutique and close proximity to Wellington's attractions, the James Cook Hotel Grand Chancellor will meet your every need and more.

### Question:

**What was the iBleep milestone reached recently?**

To enter, simply answer this month's question and send your entry to [novan@adhb.govt.nz](mailto:novan@adhb.govt.nz), subject line 'monthly competition', or mail to the Communications department, Level 1, Building 10, Greenlane Clinical Centre. Entries must be received by 31 October 2009. *One entry per person.*

### Grand Prize

Air New Zealand will provide two economy class tickets to the Pacific Islands – Samoa, Tonga, Fiji or Rarotonga for the Grand Prize for *Nova* for 2009. There may be peak periods when seats are not available i.e. Christmas. To be in the draw, each month simply collect the letters (supplied at the bottom of this column) and at the end of the year correctly solve the simple anagram. Then send your answer to the address supplied in the November edition.

### October Grand Prize letter: I

Conditions of entry: Tickets are not exchangeable for cash; tickets will not attract air points; tickets are not upgradeable; winner must be an employee of ADHB (show employee number) at the time of the prize draw. Valid until 30 June 2010. Travel is not permitted 20 Dec 2009 – 15 January 2010.



# Nova Awards reveal bright stars in our midst

*Integrity, Respect, Innovation and Effectiveness*

## Clinical Transcription Team (GCC)

Nominated for effectiveness, the clinical transcription team (73 employees) managed unprecedented volumes of dictation in December 2008, overcoming a major backlog and recovering a potentially damaging situation.



Left to right: Vicki Carr, Freda Fernandes, Freny Adenwalla, Lynda Blackwood, Margaret Curnow, Claire Cutforth, Connie Fredericks (front in black), Penny Bell (behind Connie), Josie Schoonderwoerd.

## Physiotherapy Outpatient Team (GCC)

Patient compliments about the quality of the Physiotherapy Outpatient Team's service, as well as their dedication and commitment to their work are the reason for the Nova Award. Patients speak of team members going the extra mile and how their excellent treatment played a big part in their recovery.

Front row: Karen Smith, Lois Martin, Angela Carseldine, Murray Hames, Kirsty Johnston Cox, Annette Jackson Potter.

Back row: Jamie Exton, Shelly McLeod, Jan Curtis, Stefan Mutavdzic and Nerka Hafanbegovic.



## Radiology Department (ACH)

The Radiology Department's Nova Award is for the development of an excellent, comprehensive and easy to understand booklet to support ADHB emergency management procedures. The result of a review of current health and safety provisions, the booklet was regarded as effective and innovative.

From left to right back row Maggie Malifa, Clivena Ngatai (Charge Nurse), Louise Beazley, Keri Fenton, Meg Seow, Abdu Hassan, Jan Parasio, Cindy Valesquez, Jakob Janse, Jemina Martin, Jacquie Appleby.



## Joanna Hicks Team Leader Kari Centre (GCC)

Team Leader at the Kari Centre, Joanna Hicks has been recognised as an outstanding leader who exemplifies the values of respect, integrity and effectiveness. Among her

many star qualities, colleagues spoke of Joanna's reassuring team presence, dedication and commitment to her work, and ability to deliver staff feedback in non-judgemental and constructive manner.



## Workshops drive commitment to care

In line with the ADHB's commitment to improve inpatient care and safety, around 300 clinical staff recently took part in professional development training sessions aimed at managing and learning from adverse events.

The first short course *When and Why* was attended by more than 230 clinicians spread across three sessions. The course covered human error, systems approach and open disclosure.

The second course *How to lead and complete* was held over two and a half days specifically focusing on Root Cause Analysis (RCA) investigation. Attended by 70 clinicians, the training was for those who would be in a position to lead an RCA within the ADHB.

Project coordinator Diana Austin says the two training sessions

were offered to staff as part of the National Incident Management project.

"The National Incident Management project aims to establish a consistent approach to managing adverse events across New Zealand. Through the centralised collection of events, lessons learned can be shared within the health sector, reducing the risk of future events," says Diana.

"We are pleased with numbers that attended, an example of the commitment ADHB staff have towards making our organisation a safer place for consumers to receive health care."

Project sponsor of the highly successful professional development courses was Chief Medical Officer of Health, Dr David Sage.

Contacting  
**NOVA**

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