Our financial crisis calls for urgent action

ADHB chief executive Garry Smith told the Board this month that our financial crisis was deepening in the provider arm of the organisation, principally as a result of a blow out in employee and direct treatment costs. The organisation was taking urgent action to reverse the serious trend of reduced productivity.

“Our current financial position is dire. In February it cost us more to do less work, and if we allow this to continue we are heading for a greater loss than we expected,” a concerned CEO, Garry Smith told the Board earlier this month.

The organisation had a predicted loss for the 03/04 year of $48.7 million which is bad enough, but to exceed that figure is unacceptable. We must act now to stop this decline and to avoid the cost burden being carried into the next year,” he warned.

He added that the budgeting process also presented a “worrying picture” for the coming financial year.

“Our key focus is to get our cost structure to where it needs to be by July 2004 so that a $27 million deficit planned for the 04/05 year would be achieved as part of the path to break even in 06/07,” he said.

In a presentation to the Board, general manager Auckland City Hospital, Dr Nigel Murray outlined the key issues contributing to the financial crisis and the actions being taken to address them.

He said increasing staff costs and direct treatment costs at Auckland City Hospital and Greenlane Clinical Centre were major contributing factors.

“One of our key themes is occupancy – we are operating much higher than our planned average 85% occupancy. People are staying longer than necessary in the hospital. Faster throughput is the number one priority for Auckland City Hospital at the moment,” said Dr Murray.

He said that an Action Group under the leadership of Auckland City Hospital operations manager Ngaire Buchanan has been formed to improve our performance in the areas that will maximize our hospital’s capacity. The first action was to audit discharge processes at a service by service level. Any delays to discharge were being monitored on a daily basis and reported to the general manager of Adult Services.

“Any patient who lives outside the ADHB population area and arrives in our Emergency Department in acute need is treated but we will return them to their district hospital as soon as they are well enough,” he said.

Ward staff were also being encouraged to make greater use of the transition lounge. He said he had instructed clinical staff that whenever they see a patient in a ward who they think should be discharged they should take the initiative and raise it with their manager.

He explained that when patients stayed too long in the hospital they required more nursing and ADHB’s nursing bureau costs were “blowing out”. There was already a $5.5 million overspend on nursing to the end of February.

“It is difficult to recruit more qualified and experienced permanent nursing staff, so we end up with a poor skill mix which creates a need for more nurses to do the work,” he explained.

Dr Murray said a team had been sent to Christchurch Hospital to see if there were ways to reduce nursing costs and maintain peak efficiency, as Canterbury DHB appeared to have a good track record in this area.

He said the hospital had to focus on “only doing what we’ve paid to do”, a concept he said had strong clinical support.

“We need to ensure we’re treating the right patients in the right hospital,” he said.

Other initiatives include better use of the Day Surgery admission process and the consolidation of high dependency units to increase efficiency.

Dr Murray stressed the need to control direct treatment costs and to strictly monitor the ordering process.

“It will put more pressure on managers to carefully authorise spending – but this is a good discipline,” he said.

The remedial actions were heartily endorsed by the Board chairman, Wayne Brown.

“*This is great. Any business that is in financial strife should make it hard to spend money and make it easy to earn more revenue. “We are accepting our problems, we are addressing our problems, and we are not flannelling over our problems,“ he commented.

Tip Top donation for Starship scholarships

Tip Top Ice Cream threw an Easter party for Starship children and made a founding donation of $50,000 to the Starship Foundation’s Paediatric Training Endowment Fund for talented young doctors.

Chief executive of the Starship Foundation Andrew Young says the Foundation is grateful to Tip Top for assisting in this way, and welcomes donations from other New Zealand companies.

He says, “As this fund grows, we will be able to offer scholarships which encourage our best medical talent into areas of critical need. The cost of training is often a barrier for medical graduates. The scholarships we can offer from the Paediatric Training Endowment Fund are essential for filling workforce gaps through training both locally and overseas. In short, we want our very brightest medical stars equipped with the skills to help New Zealand’s children.”

Tip Top Ice Cream managing director Ray O’Connor (pictured left) hands Starship Foundation chief executive Andrew Young the founding $50,000 donation for the Starship Foundation Scholarship Fund. The scholarships will help keep the best medical talent here to look after New Zealand children. The $50,000 was raised by Tip Top from its ‘one dollar’ factory tours. Called Licky Lane, Tip Top’s factory tour room has ice cream trees, giant ice cream chairs, and a candy-striped floor. Not surprisingly, it attracts 14,000 visitors a year.

Wayne Brown says any business that is in financial strife should make it hard to spend money and easy to earn more revenue.

CEO Garry Smith says our current financial position is dire.

Benjamin Jackson of Whakatane was one of many children at Starship delighted by the visit of giant ice cream novelty figures at an Easter party hosted by Tip Top Ice Cream. The occasion was a special treat for these children whose Easter was spent in hospital.
Equipment recycled to needy islands

Rosemary Key reports that the Building Programme's equipment and exit team organised a distribution of surplus clinical equipment and office items to the Niue Island and Tongan - Vava'u Island communities.

Auckland City Hospital, as well as ADHB staff, had first opportunity to choose anything from the surplus stock that they might require for their future or current situations. On the Saturday before Easter, the Niue Island group collected items to go to their hospital relief project. (Niue's only hospital, at Alofi, was destroyed in a cyclone in January.)

"The items we have provided have been cleared by services that owned them", says Rosemary Key, project manager for ultrasound migration, Equipment Team Support, "and they are not wanted any longer. Items have been checked by ADHB's clinical engineering team where necessary, although they are generally non-clinical items other than bed side lockers, over-bed tables and the odd unwanted older dressing trolley and cabinets."

Both Niue and Tonga had their own people involved with the selection of the items. They took it on themselves to manage the removal of the items from ADHB loading docks to their own storage or containers.

A Tongan group collects a container load of surplus clinical and office equipment from the Greenlane site for the island of Vava'u.
Governor-General tours new hospital

The Governor-General, Dame Silvia Cartwright and His Excellency Mr Peter Cartwright spent several hours looking behind the scenes at Auckland City Hospital in March, getting an insight into new systems and new facilities. Dame Silvia had requested a low-key visit, so the official party was small. Some highlights of the tour were the observation of a clinical procedure at the Cath Lab, meeting families and children in the paediatric cardiac ward; a look at both Adult and Children’s Emergency Departments; meeting patients in Older People’s Health wards and admiring the view from the ninth floor.

Intrepid nurses leap from helicopter

Jumping into the big wet from on high is all part of the job for the child retrieval nurses of Starship’s Paediatric Intensive Care Unit. Actually, it’s all part of their survival training, as staff nurse Fiona Murray explains.

Each year, approximately 270-315 children are taken by the transport team to the Paediatric Intensive Care unit (PICU) on level 2 of Starship Children’s Health. Aero medical retrievals make up 60 percent of this work. From within this unit, a group of nurses are trained for the retrieval of children, 0-14 years, from around New Zealand and the South Pacific, who require intensive care.

Once a year, these nurses undergo a day of survival training. The day includes time at the airport covering emergency procedures, as well as the use and location of safety equipment on board the individual fixed wing aircraft. Then it’s on to a much more challenging (and fun) aspect of training: safety and survival when transporting via helicopter.

After spending time with the crew of the Westpac rescue helicopter on safety in and around the helicopter, it’s on with the life jackets, into the air and out over the Waitemata harbour for the wet training. Here our fearless nurses are required to jump around five metres from the hovering helicopter into the harbour fully clothed.

The most important point is remembering to inflate the life jacket when you hit the water and not before. Oh, and don’t look down when you jump - unless you’re interested in tumbling in head first instead of feet first.

The next hour is spent pulling colleagues and the odd burly crewman into the life raft, learning how to conserve heat in the water and generally how to survive should the unthinkable happen. This is a day that adds a little light heartedness and humour to what can be a stressful part of a very rewarding job.
Let’s start by educating ourselves

That’s the Smokefree challenge for nursing and midwifery

Executive director of nursing and midwifery Taima Campbell was Auckland DHB's representative at the Smokefree Hospitals workshop in Wellington.

I was talking to a good friend, who said to me that the first puff on a cigarette, after two years of being smokefree, felt like the returning of an old friend – it was reliable and gave her what she needed, when she needed it.

It's hard to compete with that... but that is our challenge. In particular that is our challenge for nursing and midwifery.

The ADHB Smokefree Policy became effective on October 1 last year at the same time that we migrated most our inpatient services to the new Auckland City Hospital. Prior to this, and still today, we get a lot of comments about the policy and what we're trying to achieve. These are just a few ...

• "It's too hard to do and to enforce."
• "It's my right to smoke."
• "Will this mean that patients in wheelchairs or with IVs will have to go off-site? Is this safe?"
• "There will be more 'codes'!"
• "Cigarettes pay for the health system."
• "What if patients demand to smoke and need a watch or a nurse to go with them. What do we do?"
• "I see charge nurses and staff nurses visibly smoking in uniform on a daily basis... what are we going to do about this?"

Many of my colleagues have expressed concerns about how bad it looks on Park Road and how much litter there is from all the butts since the policy was introduced.

What I see is a public health issue being made transparent and promoting questions and debate. I also see people who are observing our Smokefree policy and smoking off-site. And I also see that we still have a way to go.

Taking a stand

In an ideal world nurses and midwives would be role models and leaders promoting Smokefree lifestyles.

It is difficult to be credible if nurses and midwives do not try to role model what we want others to achieve. Nurses smoking publicly out the front of Auckland City Hospital does not support a professional image of nursing and does not send a message to the public that we take smoking seriously.

I would like to see nurses and midwives take a collective position professionally and with patients or clients and reduce the ambiguity or anxiety of being indecisive. We need to take a stand.

Taking a stand creates a supportive environment for nurses and midwives to put knowledge into practice. Because, for education to be effective, nurses and midwives need to know "That's what we all do around here"... and that this is part of our professional responsibility.

Nurses and midwives need to have a better understanding of the nature of addiction and recovery. Many of us have stories of friends, family or patients who have had all the education in the world, understood the health risks of smoking, have seen the "black lung" on TV ads, have seen our children start smoking and have seen people die. Giving up smoking is not easy.

Nurses and midwives are in a position to provide counsel, support, encouragement and information to people to quit.

Ask the questions

The Smokefree Hospitals Workshop reports that, when it comes to addressing smoking in hospital settings, the first system from which all others flow is what’s known as the “Smokefree ID” system - asking people if they smoke. And if they want to quit.

Executive director of nursing and midwifery Taima Campbell says that nurses and midwives need to ask the questions: Do you smoke? Do you want to quit?

Asking questions is something that nurses and midwives are good at. Assessing smoking status is not always part of a nursing or health assessment. We need to make sure that it is.

Assessing smoking status needs to be part of day to day practice along with checking a blood pressure or asking about the medications someone is taking. It is also an opportunity to find out what might motivate someone to quit, what barriers they see to quitting, what myths and legends they have heard and above all to encourage them that it is never too late to quit.

We need to teach nurses what questions to ask, how to ask them, how to document the information and what to advise if someone says, “I’ve been thinking about it.”

If you do ask the questions you

• reveal the problem
• perpetuate inequality
• block access to improved health
• block access to support of change
• provide sub-standard care
• don’t base your practice on evidence
• waste health resources
• disempower people by deciding for them
• are part of the solution

If you don’t ask the questions you

• hide the problem
• perpetuate inequality
• block access to improved health
• block access to support of change
• provide sub-standard care
• don’t base your practice on evidence
• waste health resources
• disempower people by deciding for them
• are part of the problem

However, success should not be measured in terms of cessation rates. It means understanding that it will take time, there will be times of relapse, and that neither you nor the people you care for have failed.

Education should also include knowing the recovery symptoms – both physiological and psychological. This is to help people recognise their body’s response, what to expect, and to develop an appropriate plan of management.

Nurses and midwives need to know what works and where to find it.

Increasingly there is a professional drive toward using evidence to support nursing practice and policy development. Education for nurses and midwives should draw on the significant body of research available and on what interventions work and what don’t.

While it may not be feasible for all nurses and midwives to know what the latest nicotine replacement interventions are, they do need to know who does.

“Remember, smokers aren’t the problem. Tobacco is the problem”.

Dr Paparangi Reid, Public Health Medicine specialist and Maori Health researcher.
Celebrity smokefree role models

Sportsmen David "Tuaman" Tua and Inga "the winger" Tuigamala put the muscle of their names behind public health, reports Margareth Broodkoorn, associate director of nursing and midwifery, Maori.

The Auckland Regional Public Health Service's business development manager Amiria Reriti facilitated the official launching of five very special resources and the first ARPHS strategic plan. The Sun Smart poster series, the Smokefree poster series, and the Refugee Health Centre website were all blessed in a ceremony that marked just how very special these resources are. These taonga are a credit to the hard work that ARPHS has done in order to address health needs in our community.

David Tua and Inga Tuigamala are on ARPHS's celebrity role model register. ADHB staff posed for photographs with them in front of Ashui Kore (Quit Smoking) "Kia kaha" cards. I have already used them to send to friends and whanau who have given up smoking or who have commenced the hard journey towards being free from nicotine addiction. The response has been fantastic from whanau who have received the support mechanism of kia kaha (be strong) affirmations.

Ministry surveys primary and community nurses

The Ministry of Health plans to hold workshops aimed at developing nurses’ roles in primary health care teams. The workshops will draw on recently released data from the Ministry’s primary health care and community nursing workforce survey. The Ministry of Health sent a survey in 2001 to nurses throughout the country who described themselves as working in primary health care and community settings. In February of this year ADHB received a breakdown of the data on the primary health care nursing workforce in ADHB’s district.

How many?

In ADHB’s district, 4,244 primary health care and community nurses completed the survey. The majority of nurses who answered the survey were employed by Auckland DHB. A quarter of the respondents worked for a GP.

Who are they?

Most of ADHB’s primary health care and community nurses are aged 45-49 years and most of them are New Zealand Europeans. Very few are men. ADHB’s primary health care and community nursing workforce is 91.5 percent women.

Length and place of service

Most of the nurses from the ADHB area have been working between five and nine years in primary health care or community nursing.

New initiatives on the way for PHOs

As the first stage of ADHB's Primary Health Organisation development strategy is completed, PHO development manager Utulei Antipas reports on progress.

Where are we now?

Since April 2003, ADHB has promoted the establishment and development of Primary Health Organisations (PHOs) in line with the Primary Health Care Strategy released by the Ministry of Health in 2002. There has been a lot of effort in a number of key strategic and operational areas by PHOs and ADHB alike. ADHB is now responsible for six active PHOs with a total enrolled population of 364,023. Work will continue with our PHOs to enhance our current position and to further develop the PHO environment from which further health gains may be sought.

Waitehe goes live

On April 1 the Tikapa Moana PHO Trust, based on Waitehe Island went live as a PHO. Tikapa Moana, is made up of two founding members, Piritahi Hauora Trust and the Waitehe Health Trust. With a population resident on Waitehe Island of approximately 8,000 people, this PHO completes the first stage of ADHBs PHO development strategy.

New initiatives

A number of new initiatives are to be rolled out across the country within the next few months which PHOs are expected to implement on behalf of district health boards. April 1 saw two significant initiatives also become part of PHOs’ future development - the reduced pharmaceutical co-payments initiative, and the preparatory phase of Care Plus for people enrolled in PHOs. From July 1, 2004 further initiatives to come on board to the PHO development are the referred services management model for PHOs, increased funding for the over 65 age group and primary mental health care initiatives.

What’s ahead of us?

ADHB will focus on further developing its own vision for Primary Health Care. This will mean taking stock of our developments and achievements to date and defining our key areas of focus for the next two to three years with our PHOs and moreover, with our primary care sector.
Tighter controls on spending on the way

In response to our serious financial position additional controls on purchase requisition approvals are being introduced.

These controls are targeted around ensuring approved supply contracts are used wherever possible. Under the new measures decisions not to purchase against ADHB contracts will be elevated for senior clinical and managerial sign-off.

“Shared Service purchasing staff will continue their high level of customer service, but are under instruction to return any incomplete, or unauthorised requisitions, so please be understanding with them,” says Paul Green, general manager Materials Management.

Says Paul, “A lot of effort from many stakeholders goes into establishing ADHB supply contracts. The results are arrangements which meet the broad range of needs while leveraging the combined ADHB volume to secure a strong commercial position.”

Significant and tangible savings have been achieved through ADHB supply contracts, but a combined objective is standardisation which can yield quality as well as efficiency benefits.

“At the end of the day these benefits are only realised when we purchase against those ADHB contracts,” he says.

Encouraged to use ADHB supply contracts? Great! But how do you find out who our contracted supplier is for a given product? If it is a product specific to your specialty you should already know, either through involvement in the evaluation or selection process or through the implementation.

For commodities, or widely used services this may be a little less clear, but help is at hand. The Materials Management page on the ADHB intranet lists all supply contracts by product category with a contact person responsible for each. In addition, all Level 3 (service) managers now have electronic access to contract details.

More information on ADHB supply contracts will be provided in future editions of NOVA.

New clinical director for National Women’s Health

Dr Michael Humphrey has been appointed clinical director of Obstetrics and Gynaecology and full time obstetrician and gynaecologist at National Women’s, reports National Women’s clinical leader Dr David Knight.

Dr Humphrey has come from Perth where he was clinical director of Obstetrics and Gynaecology at King Edward Memorial Hospital. Before that he was Professor of Obstetrics and Gynaecology at James Cook University in Cairns. He has had multiple roles with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. He is now the deputy chairman of the examinations committee, with specific responsibility for the MRANZCOG oral examination since 1991. In 2001 he was appointed the editor of The Australian and New Zealand Journal of Obstetrics and Gynaecology. He brings the editorial office for this journal with him to Auckland.

Dr Humphrey has a long list of original publications. He was awarded a Ph.D at the University of Queensland in 2001 for a thesis on factors which contribute to appropriate pregnancy care for Aboriginal women in Far North Queensland. He is very supportive of midwifery care and when in Cairns was involved in the development of an effective collaborative team-midwifery model of care for all public patients giving birth at the hospital.

At National Women’s Health, half of Dr Humphrey’s time will be clinical, during which he will be working in obstetrics in his interest areas of maternal-fetal medicine and dealing with fetal anomalies.

Dr Humphrey and his wife are keen sailors. This is another obvious attraction of Auckland for them.

It’s time to think about DHB elections

If you are passionate about your community, have an interest in health, and want to stand as a candidate in the district health board elections in October, you need to think about your campaign now.

The Auckland District Health Board is responsible for allocating funding for health and disability services in the Central Auckland district. It has 11 Board members, seven of whom will be elected on Election Day, October 9, 2004.

The district health board elections are run in conjunction with the local government elections. The elections will be held under the single transferable voting (STV) electoral system. District health boards develop local solutions for local issues, taking into account factors such as geography, diversity of communities, the environment, and the health and social well-being of their communities. They have to represent the views of their community, and at the same time, balance many different needs.

Many people are passionate about health issues and there is constant debate on how health funding should be spent. The elections are an opportunity for those people who believe they can make a positive contribution to these debates to step forward.

Nominations for candidates for the Auckland District Health Board open on July 23, 2004. ADHB staff may stand for election to the Board. However, ADHB resources may not be used for campaigning purposes. Full details of the election protocols for ADHB may be found on the ADHB intranet.

For further information on standing as a candidate call 0508 910 2004, visit www.mgh.govt.nz or www.mgh.govt.nz/dhbelections, or contact the Board Administrator of the Auckland District Health Board.

Research from National Women’s will help infertile couples

Prize-winning research conducted by Dr Neil Johnson at National Women’s has proven the effectiveness of a simple treatment for some women unable to have babies. Dr Johnson recently presented his research to the British Fertility Society.

The treatment costs less than one-fifth the amount of in-vitro fertilisation (IVF).

The study undertaken at National Women’s Health involved flushing a dye, called lipiodol through the womb and fallopian tubes. Women treated with the liquid had a significantly higher chance of becoming pregnant than the comparison group who did not receive the treatment.

By six months after the treatment, 38 per cent of the 73 women who received it had become pregnant, compared with 16 per cent of the untreated women. All the 358 couples in the study had unexplained infertility, including 62 women who had mild endometriosis. The lipiodol-related pregnancy rate was higher in the women with endometriosis.

The National Women’s Health and Auckland University researchers told the College of Obstetricians and Gynaecologists conference held in Auckland late last year that lipiodol flushing can now be considered as a possible first-line treatment for unexplained infertility.

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Asbestos delays the move of National Women’s Health Services

“It is very frustrating to almost come to the end of the Building Programme’s construction phases and then to hit a major service migration delay. This unexpected asbestos find has caused delays that we simply can’t recover from,” says Carson Group’s project manager, Dave Wilkie.

Dave is lamenting a three-month delay before many of National Women’s Health services can be located into their new facilities at Auckland City Hospital. Instead of moving June 21, they will now begin their move in October, 2004. Asbestos is the culprit and it takes time to remove it.

Asbestos was a common building material for many decades in New Zealand, used in roofing, fireproofing and insulation. It wasn’t until the 1980s that its health risks were identified. Auckland Hospital had a series of asbestos removals in the 1980s and 1990s, but there is still residues of it in the ceilings at all levels.

“We did expect pockets of brown asbestos to be located, and our programme with the building contractor, Mainzeal Construction, did allow for its removal, however what we have found is fibres deposited on ceiling tiles and the only safe way to deal with this is to remove and dispose of every tile,” says Dave. The good news is that there has been a regular programme of testing for airborne asbestos since January this year. Every test has been negative and this includes the most recent testing. This means there is no threat to people working in the building.

“The best long term solution is to replace all contaminated ceiling tiles and the grids they sit on and thoroughly clean the area,” says Building Programme project director Allan Johns.

Needless to say, the unscheduled asbestos removal and ceiling replacements will have significant cost implications in addition to the time delay.

“There is no other safe way around the problem. We have to isolate the floors and clean them out thoroughly,” concluded Dave.

The unscheduled asbestos removal programme has impacted on the many women who were booked in to have their babies at the new facility from June 21. They have all been contacted and advised of the delay.

Staff who would like further information or who believe they may have been exposed to asbestos should contact our Occupational Health and Safety Service on extension 3861 who will also assist in completing the appropriate staff incident/accident form (CC 395).

Revamp for allocation of transit care and orderlies

Transit Services manager Lee Fogarty reports on the 24 Hour Centre’s intention to adopt a new framework for delivering its transit care and orderly services.

The date for this to happen is not yet confirmed, but you will be advised when this is the case.

The Transit Service at Auckland City Hospital now comprises two separate teams dedicated to specific tasks.

A patient transit team consisting of transit nurses and transit orderlies is now assigned all jobs related to patient transit. This team is responsible for carrying out all of ADHB’s transfers of patients. The team has its work dispatched via the transit co-ordinator. This is a new role which has been incorporated into the 24 Hour Centre framework.

A second team carries out all other non-patient related work. This team consists only of orderlies and has its work dispatched via a 24 Hour Centre dispatcher.

There is of course a third group consisting of orderlies who have been assigned to a particular service such as the Emergency Department. These orderlies take their direction from the service they have been assigned to.

We hope that this new way of allocating work will increase the efficiency of the 24 Hour Centre service. Specifically, we anticipate better co-ordination of jobs especially those related to patient transport. The 24 Hour Centre also anticipates general improvements in the quality of service delivered.

There is no change in the way jobs are requested. Simply continue to dial extension 24000 and give your request details.

Service standards

Service standards will relate to how urgent your job is:

• Critical jobs should have staff dispatched within 5 minutes of the logged call
• Urgent jobs should have staff dispatched within 15 minutes of the logged call
• Standard jobs are always subject to the availability of staff but for standard patient transports, you should expect staff to be dispatched to you within 30 minutes of logging the call
• Booked jobs with an appointment time should have staff dispatched 20 minutes prior to the appointment time

If you have questions or want more information on the new framework or the 24 Hour Centre service please view the 24 Hour Centre website or contact any of the following:

Ngaire Buchanan - 24 Hour Centre operations manager - ext 24075
Lee Fogarty - Transit Services manager - ext 24584
Jan Lewandowski - Change Programme - ext 26025

ACC makes health and safety audit

We have recently successfully completed our ACC Partnership Programme Audit by Price Waterhouse Coopers, reports Robyn Whitehead, manager, Occupational Health and Safety.

The areas within Starship Children’s Health, Auckland City Hospital and Greenlane Clinical Centre were audited as well as holding focus groups and case studies. ACC has confirmed that we achieved secondary level within this programme.

Auditors particularly noted the excellent Health and Safety notice board at the call centre and the communication areas within the Children’s Emergency Department. Competency-based learning was excellent at all sites, however the Pharmacy and Critical Care areas were judged to be exceptional.

Theatres’ development of blood and body fluids packs was also praised.

The Employee Participation Programme (EPP) was regarded as a positive move and there was considerable enthusiasm for the role of elected nominated representatives. A recommendation asked that the elected representatives be involved in the annual review of Health and Safety and any review of policy and procedures.

There was a special note about the self-care Haemodialysis Unit. Its customised emergency procedures were recognised as excellent.

Many thanks for all the hard work that the people involved put into achieving this excellent outcome.
Change programme changes its format

The chief executive announced in his March 8 letter that the change programme will not continue in its current form. Trish Langridge considers what this means to our organisation and to the people working on the change programme.

In March CEO Garry Smith said, “… goals and targets remain unchanged but the change processes will now be devolved into the operational units with all projects tracked to a central project co-ordination function.”

The change programme was set up in early 2002 to achieve specific goals for the organisation over a two to three year timeframe. It was established as part of an overall ADHB project to rebuild both facilities and processes and systems. ADHB obtained government funding of $447 million to carry out the project and committed to finding a $40 million saving in operating costs as part of the agreement. The key task of the change programme to date has been to assist the organisation in finding more effective and cost efficient ways of doing things and thereby achieving the $40 million saving required.

Over the past two years, the various change project teams have worked as part of an overall change programme under the leadership of the change programme’s general manager, Trish Langridge. Each project has had both a clinical and a business sponsor, usually a clinical leader and a general manager. These sponsors have taken a key role in the project’s direction. Project team members have been largely sourced from within ADHB and significant consultation has taken place throughout the organisation in the development of the new processes.

However, some of the processes developed have been more successful than others. While the organisation is committed to the programme of change that is currently under way, individual areas have sometimes been less enthusiastic about the way changes have actually affected them.

The “new look” looks like this

Garry Smith has now asked the organisation to improve its ownership of the change initiatives. In response to this, the change programme has restructured itself to better meet this goal.

Trish Langridge, previously change programme general manager, now in the new role of general manager quality, safety and performance improvement has this to say:

Key characteristics of the “new look” change programme are:

- the ADHB executive team owns the overall change programme
- the operational general managers own the projects
- a small programme office supports the projects
- Trish Langridge owns the programme office
- the programme office employs project leaders and team members
- project staff are seconded to services for duration of project
- project leaders report to project owners, that is, general managers

Some project teams will remain physically located in the programme office but others will relocate to be nearer to their “business owner”. Project leaders will report to the general managers in their new capacity as project owners and thus take their direction more from the organisation than from the change programme office.

Benefits for change programme and for ADHB

The new situation will have many benefits for both the change programme teams and for the organisation itself.

Trish Langridge says, “Change programme teams have introduced a lot of change into the organisation over the past few years. We know how difficult this has been and once again we would like to thank the many people who have helped and supported us along the way. The organisational objectives behind the change programme have not yet all been achieved. For change to be effective those involved in change need to own and take responsibility for changes. We hope that our new way of managing change projects will facilitate this.”

A core programme office will still support the change projects to varying degrees depending on the project stage. In the early stage of each project, when the opportunities for improvement are being assessed, the programme office will lead the project in partnership with the operational area. For the second stage, when the details of the changes are being worked through, the operational area will take the lead with the programme office providing quality assurance and challenge. In the third stage, when the project has been implemented, the programme office role will be one of monitoring the results of the changes.

An overall programme view will be maintained to ensure that integration points are managed, duplication is avoided and that the organisation benefits from any synergy between the projects.

The change programme teams are preparing for the new way of working. They look forward to having closer relationships with the operational areas their projects affect and see this as a benefit for ADHB and for themselves.”

The diagram (below) outlines the new shared leadership approach to change projects within ADHB.

“As the project owner for the surgical service, I look forward to the project team being integrated into the clinical specialty service team. By working closely with the operating rooms and anaesthesia team and with the Adult, Children’s and Women’s HBOs, we can ensure that the objectives of the project and the practicalities of implementation are well understood, both by the project team and the operational staff at all levels, who will be responsible for implementation”, says general manager clinical specialty services Fiona Ritsma.

Over the past two years, the various change project teams have worked as part of an overall change programme under the leadership of the change programme’s general managers, Trish Langridge. Each project has had both a clinical and a business sponsor, usually a clinical leader and a general manager. These sponsors have taken a key role in the project’s direction. Project team members have been largely sourced from within ADHB and significant consultation has taken place throughout the organisation in the development of the new processes.

However, some of the processes developed have been more successful than others. While the organisation is committed to the programme of change that is currently under way, individual areas have sometimes been less enthusiastic about the way changes have actually affected them.

The “new look” looks like this

Garry Smith has now asked the organisation to improve its ownership of the change initiatives. In response to this, the change programme has restructured itself to better meet this goal.

Trish Langridge, previously change programme general manager, now in the new role of general manager quality, safety and performance improvement has this to say:

Key characteristics of the “new look” change programme are:

- the ADHB executive team owns the overall change programme
- the operational general managers own the projects
- a small programme office supports the projects
- Trish Langridge owns the programme office
- the programme office employs project leaders and team members
- project staff are seconded to services for duration of project
- project leaders report to project owners, that is, general managers

Some project teams will remain physically located in the programme office but others will relocate to be nearer to their “business owner”. Project leaders will report to the general managers in their new capacity as project owners and thus take their direction more from the organisation than from the change programme office.

Benefits for change programme and for ADHB

The new situation will have many benefits for both the change programme teams and for the organisation itself.

Trish Langridge says, “Change programme teams have introduced a lot of change into the organisation over the past few years. We know how difficult this has been and once again we would like to thank the many people who have helped and supported us along the way. The organisational objectives behind the change programme have not yet all been achieved. For change to be effective those involved in change need to own and take responsibility for changes. We hope that our new way of managing change projects will facilitate this.”

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A reminder about current change projects

FINISHING UP:
Roles and Responsibilities – KPI nursing database, high dependency care.
24 Hour Centre – Transit Services, Greenlane Clinical Centre site.
Outpatient and Administration Services – clinic model of care, management structure, operating principles.

STARTING:
Surgical Phase 2 – theatre utilisation, day surgery, ophthalmology move to Greenlane Clinical Centre.
Research – review of administration and financial management of research projects.
Community Integration – interface between inpatient processes and community based services.
Performance Improvement – review of ADHB external and internal reporting.

New Look Change Projects
Service GMs & Programme Office Share Leadership

Shared Ownership
Service & Programme Office

Service Owns Project
PO Supports

Service Owns Project
PO Monitors

Project Initiation
As-Is Assessment
Conceptual Design

Detailed Design
Build & Pilot
Implement

Post Implementation

Notes:

- Project teams prepared for working in new way
- Project teams work closely with operational areas (e.g. operating rooms and anaesthesia team)
- Project teams report to project owners, that is, general managers

- Project teams have new direction from the organisation
- Project teams have new benefits for both the change programme teams and for the organisation itself.

- Project teams have new ownership for change projects within ADHB
- Project teams have new benefits for both the change programme teams and for the organisation itself.

- Project teams have new direction from the organisation
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- Project teams have new ownership for change projects within ADHB
- Project teams have new benefits for both the change programme teams and for the organisation itself.

- Project teams have new direction from the organisation
- Project teams have new benefits for both the change programme teams and for the organisation itself.
UK health leaders seek lessons from ADHB

Auckland City Hospital has become a major attraction for overseas health care professionals interested in the latest in hospital design, systems, major whole-system change, and techniques to enable the merging of large hospitals.

The latest visit was from a group belonging to the International Health Leaders forum, a study group that our chief medical officer Dr David Sage also belongs to, along with other New Zealand health sector executives from the Treasury, ACC and district health boards.

The UK contingent of six came from hospital and primary care trusts in the UK National Health System. They spent ten days in New Zealand studying examples of primary and secondary care integration, hospitals and primary health organisations and the ACC.

Dr Sage will be part of a reciprocal study visit to the UK in September where, in addition to looking at primary and secondary integration efforts in the NHS, the New Zealand contingent will be looking at methods and approaches for prioritising resources for different patient groups and methods for coping with fluctuations in acute demand.

Because the NHS is interested in creating “foundation hospitals”, the visitors were keen to compare Ascot Hospital with Auckland City Hospital and our methods of obtaining revenue and deciding which patients to admit. During their visit to Auckland City Hospital they later said they were very appreciative of the frank discussions they were able to have with chief executive Garry Smith and other senior hospital managers and clinicians.

Successes and failures leading up to the opening of the new Auckland City Hospital and difficulties encountered in the months following Opening Day provided them with lessons to be learned and mistakes to be avoided.

Auckland City Hospital staff presented some of the flexi design features of the new architecture and Jim Richardson, a clinical nurse specialist from vascular surgery, described his rather unusual role at the nursing/medical interface. Sterile supply services was a focus of observation and generated discussion of the pitfalls we have encountered. The visitors were also interested in the way we had handled inappropriate retention of body parts and tissues and our revision of clinical and pathology practices, which are also current issues in the NHS.

David Sage commented that the success of the visit had depended on detailed planning with the UK group regarding the sorts of things they wanted to see and had produced a packed programme tailored closely to their needs.

Auckland DHB - the “transformation” experts

Representatives from Southland District Health Board flew north in March to get an overview of the ADHB experience of constructing new buildings and moving people on a huge scale.

The Southland people met with members of Auckland DHB’s senior management team to hear about change management, transition, fit-out, migration and post-occupancy. ADHB Communications general manager Brenda Saunders gave a presentation describing the internal and external communications activities leading to the first patients moving in to Auckland City Hospital and Greenlane Clinical Centre.

Brenda explained that Auckland DHB moved hundreds of patients, thousands of staff, 40,000 pieces of equipment and 40,000 pieces of furniture and fittings. The Southland crew were impressed to hear that no other health organisation in the world had ever attempted a move on this scale.

They also heard that Auckland City Hospital is New Zealand’s largest public building with 3,500 rooms, 13 kilometres of curtaining, 2,900 doors and 50,000 light fittings.

“A international comparison of health systems and the sort of close collaboration that study groups such as this can produce are extremely valuable,” says David Sage.

Discussion with chief executives and chief medical officers of other similar sized institutions reveals that although we have similar problems we also have different ones and the way we approach solving them can be quite different as well.

Dr Sage says, “So far I have found this exchange extremely useful and I am looking forward to observing some NHS practices first hand and reporting back about them.”

Pioneering neurosurgeon retires

Consultant neurosurgeon Graeme Macdonald (pictured right) has retired from ADHB’s Department of Neuroservices after almost 40 years of service. In the early 1960s, Mr Macdonald undertook general training in Auckland and neurosurgical training in Birmingham, England, under Professor Brodie Hughes.

He was appointed a consultant neurosurgeon at Auckland Hospital in 1964. He was a pioneer in Auckland of the microsurgical treatment of cerebral aneurysms surgery, and the stereotactic treatment of movement disorders. This special interest paved the way, in the 1970s, for Auckland Hospital’s Neurosurgical Unit to expand into the modern era of microsurgery.

Graeme Macdonald has been actively involved in the teaching of registrars and promoted subspecialisation within the unit. He plans to spend time now promoting his other interests - older books, children and grand-children, gardening and fox terriers.

“Auckland DHB shared its knowledge about the biggest hospital move in Australasia with a group from Southland DHB.”
In Touch

Janet Haley

What are the essential qualities for your job?
Good communications skills along with a great sense of humour. Calm under pressure. Flexible and adaptable. Team player.

Favourite thing about your job?
Working with a diverse range of people. It’s an autonomous role which allows you to make the job your own.

Least favourite thing about your job?
Having to wake up early to beat the traffic!

What is your very first job?
Registered nurse.

What advice would you give someone who wanted to do your job?
Keep an open mind. Learn how important it is to be a team player and recognise and acknowledge the different ways people work and communicate.

What makes you laugh?
Silly comments made innocently.

What is the best advice you have been given in life?
Learn to let go of the things you can’t control. Describe yourself in five words. Loving, kind, fun, spontaneous, loyal

Favourite movie?
“Bridget Jones’ Diary” starring Renee Zellweger and Hugh Grant

Tracey Monehan

What are the essential qualities for your job?
A sense of humour, the ability to multitask, work hard, think outside of the square and learn quickly. You need passion, tenacity and commitment, the ability to keep your perspective and to view and operate your service as part of a whole rather than an isolated unit.

What is one of the funniest moments at work?
In this role you never really fully know what’s going to happen tomorrow and what you are going to learn and achieve – that’s one of the things that has kept me here for the past six years. Certainly I enjoy talking with women directly about the National Cervical Screening Programme. You never know what they are going to say, what they are going to challenge you to do and conversely what you are going to end up learning from them. There is a great deal of satisfaction gained from being able to help and to contribute.

Who do you admire and why?
My parents. My mother went to university from being able to help and to contribute. There is a great deal of satisfaction gained from helping and supporting people. They are going to say, what they are going to do and how they are going to learn and achieve.

What advice would you give someone who wanted your job?
RUN away, run like the wind!! (Just kidding.) Keep your perspective, take time to see the whole picture and not just the issue of the day. Support your staff – they’re the key to the success of the service. Never be afraid to ask questions and to admit that you don’t know, keep an open mind and keep learning. Don’t forget to smile.

Do you have any pets?
Bell, my nine-year-old ex-SPCA cat that should have been called Koala as she sleeps as much as a koala bear. The recent addition of a tropical fish tank which has so black widow tetras (only one of which I can distinguish – it’s called Nemo as it has a “fin disability”), three platters (Blue, Lips and Spott), two bristle nose catfish (Wobby after the wobbegong shark and Hoover who is constantly eating), four leopard catfish, yet to be named, and four blue gouramis. For some reason most of the people I work with seem to develop the urgent need to do something when I start to talk about my fish. I don’t understand why ...

What was your very first job?
My first post-university job was working for the Health Research Council as a project coordinator. My role was to try and co-ordinate the grant rounds for health research in New Zealand. It was my first exposure to the health sector and very different from penguin genetics! (I have a degree in penguin biology)

What makes you laugh?
Black humour – the drier the joke the better. I’m a big fan of comedies such as Monty Python, MASH and Fawlty Towers as well as any comedy that reminds us not to take ourselves too seriously.

In stressful situations how do you cope?
Like most people, I could improve on how I manage stress. I certainly use a lot of humour as a coping mechanism. Otherwise coffee, classical music, coffee, aromatherapy, coffee, chocolate, coffee, humour, coffee ...

What is your favourite holiday destination?
I don’t have a particular favourite. It depends on my mood. I love being on the water or in the countryside. If I could go anywhere I would go to Antarctica. It’s always been a dream to get down there and see the penguins in their natural environment.

Favourite food?
Marshmallows – but only the white ones.

ADHB midwife awarded First Class Master’s degree

Caroline Bree (pictured) is a midwife in high risk medical at National Women’s Health. She has graduated with a Master of Health Science with First Class Honours from the Auckland University of Technology after delivering a thesis titled “Lesbian Mothers: Queer Families”. Caroline interviewed lesbian couples about their experience of planning pregnancy, birth and breastfeeding. She found that, while the women were usually very satisfied with their lead maternity carers, most experienced some homophobic reactions from healthcare professionals. Another very significant finding was the strength of support given by the extended family, including the mother’s partner, the child’s father and his partner, family and close friends.
Medical History Society celebrates fortieth anniversary

The Auckland Medical Society's 2004 programme celebrates the founding of the Society 40 years ago by distinguished Auckland physician and psychiatrist Dr Laurie Gluckman.

The Medical History Society meets each month in the Ernest and Marion Davis Library situated behind Auckland City Hospital. It promotes an interest in medical history through entertaining lectures, discussions and exhibitions.

Meetings begin at 5.30 PM, when a selection of treasures from the archives and rare books are displayed in the upstairs reading room at the library. At 6 PM drinks are offered in the dining room, followed by dinner at 6.30 PM and a presentation at 7.30 PM. Meetings usually finish by 9.30 PM. Dinner is optional. Those who wish to attend the presentation only, may do so.

Next meeting May 6: Founder's Lecture Evening
On May 6 Stuart Brown will offer a 20-minute vignette of "Art and the Nazis", followed by the Founder's Lecture to be delivered by Peter Herdson. Its title is "Touching on Deaths". This alludes to the founder of the Auckland Medical History Society Dr Laurie Gluckman. Shortly before his death in 1999 Dr Gluckman completed his book "Touching on Deaths", a medical history of early Auckland based on the first 384 inquests.

In the Preface to her husband's book, Ann Gluckman writes, "Laurie was passionate about medical history. He always hoped that he would be able to enthuse younger medical people, even in their frenetically busy lives, about this subject."

How to join
For further information and to join the Medical History Society, please contact the executive secretary, Mrs Eileen Bambury, tel: 307-4949 ext 6000, email: EileenB@adhb.govt.nz.

Free parking is available from 5 PM in the medical school car park. Annual subscription costs are $24 per person, $35 per couple and $5 for students.

Frankly my dear, I don’t give a damn

No one knows if that’s what famous actress Vivien Leigh said to ageing multi-millionaire Sir Ernest Davis when he drove her over to be impressed by the new building behind Auckland Hospital that he had just donated - and then asked her to marry him. She turned him down. But she left her signature in the visitors’ book.

The Ernest and Marion Davis library was donated to the Auckland Hospital Board in 1961 by Auckland benefactor Sir Ernest Davis. It has a unique claim to fame.

The very first signature in the visitors’ book at the library belongs to actress Vivien Leigh, a two-time Oscar winner, who played Scarlett O’Hara in “Gone With The Wind” and was later married to Sir Laurence Olivier.

Besotted with Vivien Leigh’s beauty and charm, Sir Ernest Davis escorted her around New Zealand when she toured here in 1961 by Auckland benefactor Sir Ernest Davis. It has a unique claim to fame.

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Grants to help patients travelling overseas

Assistance to enable disabled adults and children to receive medical treatment overseas (but not the cost of the treatment itself) is available through the Ted and Mollie Carr bequest.

The bequest is administered by ADHB through Social Work Services. A copy of the eligibility and disbursement guidelines is available from Janice Mueller, director of the Executive Editor: Brenda Saunders.

NOVA

Executive Editor: Brenda Saunders

Editor: Debra Daley

Editorial Assistant: Rachael Louise Parkin

NOVA is the official newsletter of the Auckland District Health Board. It is published by the Auckland District Health Board Communications Department, Building 13, Level 8, Gate A, Greenlane Clinical Centre. The month of publication, i.e. May 1 for the June issue. Please send copy in Microsoft Word and photographs as a jpg file.

Contacting NOVA

If you want to contribute a story please contact our Editor, Debra Daley on 849 6703 or via email ddaley@ihug.co.nz. Each month one letter to the editor will win a $30 Borders voucher – so get writing ... Send Letters to the Editor to bsaunders@adhb.govt.nz

neurology / neuurosurgery ward beds and a video monitoring unit.

May 14, 2004-5600

To celebrate Australasian Neuroscience Nurses Day we are having an open day on Ward 81, 83 and in the neurosurgery theatre at the Auckland City Hospital. Come and see how the largest neuro unit in Australasia runs, with specialist neurosurgical and neurotrauma, stroke and epilepsy video monitoring units. We will have tours of the wards, high dependency unit and theatre. Join in our celebration! Food and humour supplied ...

May 14, 2004-5600

Neuro Services Open Day

Neuro Services seeks staff nurses

Wards 81 and 83, Auckland City Hospital

An exciting opportunity exists within Neuro Services for experienced registered nurses who want to be a part of a multidisciplinary, professional team committed to delivering quality care. We provide high dependency care for neurological, neurotrauma and acute stroke patients. Within our departments there are looking for an opportunity to extend your skills, develop professionally and work in a supportive team environment then call us today. Alternatively if you have adult experience and are keen to move into paediatrics, talk to us to see if one of our exciting opportunities helps you choose your career direction.

Enquiries: Recruitment and HR Administration Centre
Tel: 09-638 0356 or email: recruit@adhb.govt.nz
Req Number: 002368

Paediatric nursing opportunities

Starship Children’s Health

Starship Children’s Health provides a wide range of complex medical, surgical and mental health services for children throughout New Zealand and the South Pacific. Right now, we have exciting opportunities in the following areas:

- Orthopaedics
- General Surgery
- General Paediatrics
- Neurosciences
- Medical Specialties
- Emergency Department
- Paediatric Intensive Care Unit (PICU)
- Day Stay Unit

If you are an experienced paediatric nurse looking for an opportunity to extend your skills, develop professionally and work in a supportive team environment then call us today. Alternatively if you have adult experience and are keen to move into paediatrics, talk to us to see if one of our exciting opportunities helps you choose your career direction.

Enquiries: Recruitment and HR Administration Centre
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Neurology / neurosurgery ward beds and a video monitoring unit.

Auckland District Health Board appreciates that nurses are one of its most valuable assets. We can offer you full orientation and further education.

Closing date: May 17, 2004

Req Number: 002368

Closing date: May 17, 2004

Spend 10 nights cruising in enchanted Tahiti on P & O’s Tahitian Princess. Fantastic deal includes:

- Auckland to Papeete return airfares with Air Tahiti Nui
- Return transfers airport to cruise terminal
- 10 nights cruise aboard the 5 star Tahitian Princess
- All onboard meals and entertainment
- Government taxes, port charges and fees for the cruise

CRUISE TAHITI

Fly/cruise packages from NZ$2735 per person (based on twin share)

Spend 10 nights cruising in enchanted Tahiti on P & O’s Tahitian Princess. Fantastic deal includes:

- Auckland to Papeete return airfares with Air Tahiti Nui
- Return transfers airport to cruise terminal
- 10 nights cruise aboard the 5 star Tahitian Princess
- All onboard meals and entertainment
- Government taxes, port charges and fees for the cruise

Shooting Star Club

If you are sick of pounding the streets or scanning through the papers for the latest travel and holiday deals, then why not join our Shooting Star Travel Club. It’s FREE and we bring you all the latest deals every week in our email newsletter, direct to your in box, join the growing list of thousands of happy Shooting Star Club members. Check out www.travelonline.co.nz for details.

To view our full range of holiday packages and travel services, visit www.travelonline.co.nz

Travel Online

Or call Travel Online 09 920 6000

Competition Question

What is the name of National Women’s Health’s new clinical director?

Send your answers to the Communications Department, Level 8, Building 13, Greenlane Clinical Centre by 5pm March 15 to go into the draw to win a BITI polo and cap or peak.

The winner of the April competition: Iris Smith - Ward 64 (Nurse AIDE, ACH)

Crossword Answers

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