Matariki, the Maori New Year is coming up on June 27, and all ADHB staff are invited to celebrate this kaupapa whakahihira (special event).

Matariki will be celebrated at ADHB with a walk up Maungakiekie (One Tree Hill) for a 6.30am dawn ceremony and view of the sunrise followed by parakahu (breakfast) at the the Tamaki Makaurau Room, Level 3 Comwall Complex, GCC. Please RSVP to Mason Ngawhika of ARPHS, who proposed the initiative.

Matariki is the Maori name for the group of stars also known as the Pleiades star cluster or The Seven Sisters. ‘Matariki’ can be translated two ways – Mata Riki (Tiny Eyes) and Mata Ariki (Eyes of God). Either way, the eyes are thought to watch over the land and its people.

Traditionally, Matariki was thought to determine the coming season’s harvest. If the stars in the cluster are clear and bright, it is thought that the year ahead will be warm and productive. If they appear hazy and shimmering, a cold winter is in store and preparations must be carried out.

Matariki was also seen as an ideal time to learn about whenua (the land) and to remember whakapapa (ancestry).

Today Matariki means celebrating the unique place in which we live and giving respect to the land we live on, says Kris MacDonald, general manager Maori health. “Matariki is a time to prepare, to share ideas, to remember the past and to celebrate the future,” he says.

In 2001, the Maori Language Commission Te Taura Whiri i te Reo Maori began to reclaim Matariki, or Aotearoa Pacific New Year, as an important focus for Maori language regeneration in partnership with Te Papa Tongarewa and the Ministry of Education.

For more information on Matariki, visit www.matariki.net.nz

Winter plan for cool running

A plan to manage the heat in Auckland City Hospital during the busy winter season has kicked off, incorporating inpatient bed plans, an AED strategy plan and a communications campaign.

The ADHB Winter Plan aims to reduce the effects of the seasonal winter pattern, characterised by increased patient volumes, higher patient acuity and employee illness.

The 24 Hour Centre produces seasonal bed plans for summer and winter that determines the best overall resource level based on historical occupancy patterns, the focus of which has so far been on inpatient areas.

As a performance improvement initiative, the ADHB Emergency Department published an additional Strategy Plan for this winter that focuses on the workplace from the perspective of the ‘front door’.

The surgical review, as it gets underway, will address the relationship of electives with acute volumes and examine capacity planning in more detail.

A communications campaign using print and radio advertising will tackle two key issues for winter planning. One set of ads will encourage free seasonal influenza vaccinations for over 65s, and another will promote ‘keeping your ED free for emergencies’ this winter.

Why is winter different?

There are several factors that put the heat on ACH during winter:

Front door

- High volumes of acute patients straining emergency department and APU resources
- Acute patients requiring admission waiting longer in ED or APU for an inpatient bed to become available

Wards

- Full wards and patients of higher acuity
- Slower discharging processes and longer length of stays
- More nurses off sick putting overtime pressure on existing staff.

Garry Smith, CEO; Ngaire Buchanan, manager operations; Jo Mack, manager ED and APU; and clinical directors Tim Parke (AED) and John Henley (APU) have three key messages for all nursing and clinical staff this winter:

1. Look after your own health
2. Actively discharge plan
3. Maximise use of the Transition Lounge

International Nurse’s Day at ADHB on May 12 formally recognised the hard work and dedication of the 3000 plus nurses at ADHB, says associate director of nursing for Maori health Margareth Broodkoorn.

“The day was about acknowledging and celebrating the achievements of our nurses.”

International Nurse’s Day was celebrated with a variety of events such as nursing grand rounds, guest speakers, recognition ceremonies, and nursing and career leaders also delivered food parcels to afternoon and night staff in the evening.

A special thanks goes to Sanchia Vos, immunology nurse specialist who suggested that nurses wear previously issued uniforms. During the day nursing uniforms including caps and nurses hats were worn around the organisation.

The day’s events were attended by senior nursing staff, and Board member John Retimana relayed the Board’s appreciation of all the hard work nurses do at ADHB.

ADHB Chairman Wayne Brown attended the nursing grand rounds on the Thursday.

Executive director of nursing Taima Campbell spoke at the recognition ceremonies at ACH and GLCC about ‘safe staffing’, the theme of International Nurses Day 2006.

International Nurse’s Day was also celebrated nationally by New Zealand’s 38,000 nurses. The ‘safe staffing’ theme was picked up in 2005 by the District Health Boards and the New Zealand Nurses’ Organisation, who together established a joint committee to examine safe staffing and healthy workplace issues and identify options for improvement.
District annual plan on track for goal

The 2006/07 District Annual Plan (DAP) is well on track, following on from the extensive analytical work that went into this current financial year’s (2005/06) plan and into the Strategic Plan.

The plan for the 2006/07 year has now been approved by the Community and Public Health Advisory Committee (CPHAC) and was submitted to the Ministry of Health in time to meet the 12 May deadline.

“The DAP is an evolutionary document that builds on our commitment to our three priority goals, and incorporates a sense of leadership for improved health outcomes,” says Denis Jury, chief planning and funding officer. “It’s not just a budget. It’s had input from around 40 different groups and individuals across the organisation.”

Under the goal of ‘lifting the health of people in Auckland city’, the DAP incorporates ‘Our Health 2020’, a strategy aiming for better outcomes in the priority areas of diabetes, cardiovascular disease, cancer, child health, older people’s health and mental health.

The DAP also aims to reduce inequalities in health status, particularly amongst Maori and Pacific peoples, and to increase the independence of disabled people, older people, and others with high support needs.

As in previous plans, the DAP also includes the delivery of key health care, increasing PHO and primary health care activity. It takes a whole system approach to healthcare, aiming to improve the integration of primary, secondary and tertiary services, and develop a framework for measuring population health outcomes.

Under the performance improvement goal, ADHB is looking to improve the quality of services while working more efficiently and effectively, and will also work to develop the health workforce. Implementing the results of the service reviews will be a large part of work under this goal for the 2006/07 year and beyond.

The DAP also has ADHB meeting budget targets for the treatment of people living across Auckland city, while containing expenses relating to the treatment of people from other districts within the provider area, under the goal of ‘Living within our means’.

“The DAP is about planning for what’s best for Auckland city, and taking a whole systems approach to healthcare that sees considerably more collaboration especially between secondary and primary care,” says Denis.

The current financial year plan, the 2005/06 District Annual Plan, is available on the ADHB website (about ADHB/reports). For more information contact Julie Helean, manager, planning and service development, ext 4590, or DOI 638 0396.

Barry de Geest

Part of the restructuring of health was Older Person’s Services being handed over to DHBs. In the Auckland District Health Board area we inherited a high number of rest homes for the population. People have varying views on why this is. The most consistent one seems to be that there are a high number of services for older people in central Auckland and also it is more central for families to visit.

Just in the last week or so we have had the article that came out with the photographs of older people in their ‘glory’ and the controversy that this has caused.

I look at our society and start to worry about why we seem to be segregating members of our community. When I was growing up we had an older woman living next door, one across the road and the older couple that lived up the road. It was great. After school we would play in the street and often talk to the older people who would share their experiences of life and assist us with our learning, as even in those days, our parents were working or busy. For some reason we seem to want to change this and institutionalise older people into rest homes. It saddens me that my son only sees older people as living in rest homes or ‘villages’ where they all live together and the fences and gates are unwelcoming which means that we do not go in unless we have a family member in these places, so the wisdom of older people is lost to the younger generation.

Congratulations, what a great system. Anything that keeps people in the community so that my son and future generations will learn from older people is good. Keep up the good work A+Links.

The views expressed here are the member’s own, and do not necessarily represent the opinion of the Board as a whole.
Midwives crucial to New Zealand's future health

A sunrise march across Auckland’s Domain on May 5 signified an important day for mothers, mothers-to-be and their primary maternity specialists: midwives. International Midwives Day is celebrated annually by midwives in the Auckland region with a walk from Auckland Hospital to Birthcare – a primary care maternity unit in the heart of Auckland. The day is filled with celebrations, with an award ceremony recognising those who have gone beyond the call of duty to support women and midwives.

This year, National Women’s Health has sponsored the attendance of four midwives at the 9th Biennial National Conference of Midwives in Christchurch during October. With 57,000 births in New Zealand each year, acknowledging the work of midwives in New Zealand is crucial. ADHB Midwifery Leader Ann Yates believes that midwives play a key part in “the guidance and assistance of women in their health and their babies’ health. They support the mother throughout their entire pregnancy, birth, and up to six weeks of post-natal care.

However, despite the demand for midwives, up to 180 midwives leave the industry each year. Ms Yates says there needs to be more recognition and promotion around midwifery to attract young women to become midwives.

“The birth of a child is a life event for a woman and her family, not a medical or surgical event,” Ms Yates says. “Midwives promote home based care as the best place to be for a healthy mother and baby with involvement of a medical team if complications arise.”

A major concern for midwives over the past 30 years has been gradual decline of mothers’ breastfeeding their babies through the inappropriate introduction of milk formula. Breastfeeding exclusively in the first six months of life has been shown to decrease the incidence of adult diseases such as diabetes, obesity and asthma.

Initiatives involving midwives in New Zealand include Smokechange, to motivate mothers to be smokefree before their babies are born and in the home, and also a nationwide project to identify, monitor and address domestic violence.

With support from medical colleagues and increased promotion, Ms Yates believes that midwives’ future in New Zealand is promising. “Our newly trained midwives are the future of our maternity services — they are the nurturers, the caregivers, and bring mothers and their babies the support they need in a vital and joyful time in family life.”

Social workers test out problem-solving workshop

Auckland City Hospital’s Adult Social Work Team was the first group within ADHB to test the Department of Labour’s Partnership Resource Centre Joint Problem-solving Workshop on 27 March. Chief executive Garry Smith said that the workshop would “assist employers and unions to build new positive workplace relationships” in his opening of the event.

Grant Duffy, partnership practice manager at the Partnership Resource Centre, developed the one and two day off-the-shelf training package.

“The joint problem-solving model can help employers and unions build new employment relationships based on mutual gain,” he said. “Partnership recognises that it is in the interest of both employers and union members for their workplace to excel in what it does and as a place of work.”

The topics covered included building a joint problem solving approach, establishing ground rules, communicating for results, dealing with history, consensus decision-making, and the joint problem solving steps.

Grant Duffy says that “while the training focuses on the employer/union relationship, the principles, processes and skills can be applied in any situation where two or more parties have a problem to solve.”

The feedback from the workshop will be used to revise the training package and will benefit many other union/employer groups throughout New Zealand.

Healthpoint to improve communication with GPs and patients

ADHB is launching an innovative new information portal that enables communication from hospital services to referrers and the general public, www.healthpoint.co.nz will allow patients who have been referred to a clinical service to access information on that service. It will also provide information on referral expectations, procedures, diagnosis and diseases, charges, and waiting times. Healthpoint will also describe ‘what to expect’ and ‘how to prepare’.

As well as communicating with patients, Healthpoint will also provide referral information for medical professionals. Services can provide information to clarify expectations and processes around referral to their service. Information available will include referral guidelines and processes, waiting times, key contacts and diagnosis hints. This section of the website is password protected and is only available to GPs once they have registered on the site.

Healthpoint has been successfully rolled out by Counties Manukau DHB, and is to be implemented within ADHB in the next six months.

It is hoped that Healthpoint will assist in achieving a reduction in the number of unnecessary referrals, and result in an improved ability to inform and upskill GPs on the management of certain conditions and preparation of patients for outpatient visits.

Healthpoint has a team of dedicated medical writers and an existing database of information on conditions and procedures. This means that each service within ADHB will have a website developed for them with base information. Healthpoint has an easy way for services to amend and add to the information, ensuring content is accurate and current.

Phase one has started, with the objective to launch the following services on 26 June: Mental Health, Cardiology, ORL, General Surgery, Neurosurgery, Gastroenterology, Respiratory, Orthopaedics, Paediatrics Orthopaedics, General Medicine, and Urology.

Pandemic plan done but work only just beginning

The ADHB’s draft pandemic plan has now been peer reviewed and some key plan elements were tested by the Incident Management Team during a tabletop exercise on 16 May. While a copy of the plan has been forwarded to the Ministry of Health for comment, it is a strategic document and the more detailed work is only just beginning, says David Allen, emergency management coordinator.

“The work is now with each business unit to ‘fine-tune’ their respective service continuity plans in line with the overall ADHB plan,” he says. “It still needs to be implemented in different areas throughout the organisation.”

The ADHB pandemic plan is based on recommendations from the NZ Influenza Pandemic Action Plan and the World Health Organisation and links into the regional planning for the Northern region.

A key point to the plan is that the response involves the whole Auckland health sector rather than just the hospital, says David. “Our levels of readiness will affect preparation of all parts of the ADHB organisation to support an effective response.”

Meanwhile, national planning is well underway with Dr Shigeru Omi of the World Health Organisation saying that New Zealand is among the ‘best prepared’ countries in the world.

It’s not too late to get a flu vaccination

Evidence suggests your immune system will be better protected against pandemic avian influenza if you get a seasonal flu vaccination. While this won’t protect you against bird flu, it will give your immune system a ‘shake up’, making it stronger, which may assist in fighting off a potential pandemic virus.

Similarly, the WHO organisation recommends that all healthcare workers who may come into contact with a patient who has bird flu should have a seasonal flu vaccination. This lessens the possibility of a simultaneous infection and the re-assortment of the human and avian viral genes to create a human pandemic influenza strain.

And that’s not the only reason you should get vaccinated – the latest New Zealand Medical Journal features an article by virologist Lance Jennings strongly advocating that health workers get vaccinated as a duty of care to patients, even going as far to suggest that perhaps it should be compulsory. Jennings says in the article that it is “more than a personal protection issue, it is an issue of social responsibility.”

So do the right thing by yourself, your family and your patients and arrange to get a FREE flu vaccination now by contacting OH&S on 3861.
Talking in your first language at work and the dean goes Smokefree

Two completely unrelated topics linked only by the fact that the "health-wise ideas" assessment panel sent us two recent suggestions for evaluation. The first is a suggestion that nurses should stop talking in the wards in the presence of patients should be encouraged to speak English when conversing with another. Okay. Our staff speak over 40 languages, English is not our first language, which is not English. And cultural diversity is good and enriches our workforce immensely. We realised that behind the suggestion was the perceived discomfort patients might feel that they were being "talked about". When we have a conversation in front of others we mean for them to hear it – our talk is not relevant to the others who can hear which is why we don’t mind doing it. A listener doesn’t think they are eavesdropping, its what we all do all the time in public places. To these social niceties a further dimension is added when the conversation is in a language foreign to the bystander. Depending on the context, and for some patients some of the time undoubtedly true, this would be thought of as impolite. So let’s take the spirit of the suggestion to heart – next time two of you are working over the topic of a patient conversing in your first language, which is not English, tell the patient what you are talking about and make sure you are not causing offence.

Next, the submit button pushed us a suggestion that we cater for staff smokers by re-establishing the smoking kiosk! It came the same week as Dean lain Martin announced that the Medical School campus would go smokefree as soon as the signage was delivered. Our reaction to this suggestion was negative to the idea itself – the organizing committee smoking inappropriately anywhere on a health campus, and the medical school has confirmed its alignment with that view. We did have a positive reaction to the implication in the suggestion that ADHB should support smokers which was that instead of providing physical facilities for staff to smoke in, the organisation should be providing staff smokers with better support to quit. We will work on that. In the meantime lets clear the air..........

There are a large number of excellent educational initiatives being undertaken within nursing at ADHB. This is a regular NOVA feature to showcase nursing educational initiatives, in order to promote nursing education and to receive feedback from the people involved.

Preceptor training

In 2005 a group of nurse educators were concerned that the existing preceptor study day did not fulfil the preceptorship needs of ADHB. Based on work in progress by the New Zealand Nurse Educator Group the 8 hour study day was converted into a 10 hour programme to further meet the staffing retention needs of ADHB.

In the meantime, the Nurse Entry to Practice programme (NETP) was launched nationwide in late 2005, which has specific preceptor requirements and the preceptor program works to assist preceptors meet these requirements. Preceptoring is seen as a vital part of the socialisation and retention of new staff and the programme aims to provide new and existing preceptors with the skills to be effective preceptors. The programme consists of an 8 hour study day and a 2 hour pre-reading workbook to give PDRP credits of 10 hours. A preceptor community of practice will be set up to give preceptors a forum for ongoing support and education.

The preceptor group welcomes attendance of both nurses and nurses who report back the findings to their ward and sign-off of events), and 1400 managers/staff responsible for follow-up

The project team wish to sincerely extend their thanks to all staff who have submitted the implementation of this database.

Staff are successfully using this system to report events since the go-live date of 1 March 2006. Over 200 licensed users (RC Managers/staff responsible for follow-up and sign-off of events), and 1400 webusers (front-line staff reporting events) have been trained to date. Ongoing training will be offered by Information Services.

Falls and events involving medications continue to be the most commonly reported types of events.

The objective for reporting events is to learn from incidents when they happen and put in place improvement strategies to prevent recurrence. ADHB fosters an open and fair culture whereby staff should report confortable reporting events without fear of recrimination. Acceptability of our own actions remains.

More serious reported events underwent formal investigation known as root cause analysis – a process that drills down to the root(s) of a problem in order to determine weaknesses, which are more often than not gaps in systems when that identified can be closed to create safe working environments enabling the effective delivery of quality care. Training sessions in the reporting feature of the database for managers will be made available and information regarding this will be disseminated later in the month.

For further information about the database, including training sessions for Risk Reporting and Report Producing, please visit the Quality and Safety Intranet site under ‘Reportable Events’. 

Nursing education at ADHB

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A new regular column to feedback on your suggestions for improvement

Feedback on the programme so far...

Staff have responded enthusiastically to the new suggestion scheme with over 40 ideas submitted at last count. Easy access via the submit button on the ADHB intranet homepage is a feature but staff also seem to be attracted to the reachability and responsiveness as a feature that we promote as a feature of health wise ideas.

So what ideas have come in so far and have any been implemented?

Well as you might have expected choosing the “health-wise” name for our suggestion scheme prompted many suggestion on the theme of healthy living. Many of these suggestions related to our food services, and manager Penny King is evaluating these ones received in the first round. Another theme was waste disposal - recycling paper versus plastic and so on. And managers in Materials Management are looking at this group. Patients having difficulty finding exit signs in the new ACH building prompted a suggestion that signage could be improved. A suggestion that the shower hoses are too low in the new bathrooms is also being evaluated. We are allowing 6-8 weeks for this process of sifting out the good ideas that are implementable, cost effective and improve the way we do things.

There have been a minority of useless “suggestions” which amount to a gripe with no solutions offered. However the majority have some merit and one good one that has been directed to the Executive Team for evaluation is how about some “gymnasium space”. The Healthwise Ideas submission form comes in like this:

- Problem
- Symptoms
- Causes
- Suggestion

Along the same theme we have grouped the following suggestion as most likely partly implementable via the gym idea.

For example, this suggestion for a “Roving Relaxer”:

A professional “life/work” balancer that roves the wards with a toolkit of techniques that can be utilised in the various “staff” rooms for the short breaks that nursing staff only tend to take eg ten minute relaxation tapes; short massages; specific stretching; breathing exercises etc. Perhaps some 30 minute Pilates/Tai Chi/relaxation sessions in a more centralised location might also improve/reduce staff illness. My suggestion is specifically for nursing/medical staff who only take erratic breaks but have the highest need for relaxation over the winter period.

For the first round of good suggestions we hope to report some implementations in this column in the next NOVA. As the scheme grows we will be able to send for evaluation your suggestions for system and quality improvement, and at that stage report the successful suggestions. Meanwhile we can have a pause on food service suggestions and extend the thinking to organisational improvement in its widest sense – that is the concept behind the “health-wise” programme naming, ultimately all improvements in the way we work in the DHB should translate into health gains, even if quite indirectly through schemes that save money.

The incident reporting system live throughout ADHB

The incident reporting system project team, from left: Yvonne Kaeppeli, Sandra Gregory,่องkcep, Lindsay Mclean, Anne-Marie Williamson, Christine Halen.

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The ADHB Child Health Improvement Plan (CHIP) is about to give a boost to the health of children in Auckland city. The plan takes a whole system and whole approach to health services, containing innovative projects from across the sector to lift the health of the children across Auckland city. CHIP has been approved by the Board and will soon be available on the ADHB website. CHIP is part of “Lifting the Health of Aucklanders – Our Health 2020”, a strategy which identifies several key areas to lift the health status of our population. Child health was identified along with cardiovascular disease, diabetes, the health of older people and mental health as areas to focus on.

CHIP is the first of the four plans to be launched under ‘Our Health 2020’, and will guide child health activities at ADHB from 2006 - 2011. Plans are underway to ensure that the CHIP plan is not just about a plan stuck on someone’s bookshelf, says planning and funding manager Carol Stott. However, she says the plan has already started moving within ADHB. “CHIP has been one year in development with stakeholders, and projects are happening anyway. People have been thinking about child health in a more coordinated way,” says Carol. An initial project will be to establish an ongoing intersectoral forum to advise on issues and trends in child health and oversee the implementation of the CHIP plan.

An important focus of the plan is to coordinate different groups across child health and other sectors to improve health outcomes for children. “CHIP looks at how we can better align services across the health spectrum from primary care to secondary/tertiary care and including other sectors involved in children’s lives,” says Carol. CHIP identifies several health priorities for children in Auckland city, including respiratory disease, which is to be addressed with a housing insulation project called ‘Snug Homes in Auckland’, supported by the Energy Efficiency and Conservation Authority (EECA); Starship Foundation, ProCare PHO and Auckland City Council.

The other health priorities for children are injuries, hearing, immunisation, nutrition and obesity, skin rashes and oral health.

Another interesting project in CHIP involves research being undertaken by the University of Auckland, which aims to find out what children think about health and examine their conceptions of what makes them healthy. Ways of incorporating the perspective of children in ongoing planning for child health will be explored.

The CHIP was co-sponsored by chief planning and funding manager Denis Jury and general manager Starship children’s health and National Women’s Kay Hyman.

For more information on the Child Health Improvement Plan, contact Carol Stott, planning and funding manager for child health, on ext 4341 or look on the ADHB intranet or website.

Change for the better at Buchanan Rehabilitation Centre

The merit of the ancient eastern practice ‘pranic healing’ was discussed by ADHB mental health professionals at a gathering on Tuesday 2 May at the St Lukes Community Mental Health Centre.

The Cross-Cultural Interest Group was set up by consultant psychiatrist Dr Sai Wong to facilitate learning about different cultural techniques to address experiences of mental illness.

Pranic healing is described as an art and science, involving the manual cleansing or ‘sweeping’ of the 11 major chakras (energy centres) in the body, removing stagnant energy or blockages and replacing with fresh energy. The word ‘pranic’ comes from the Sanskrit word ‘prana’ which means life force energy.

It is not a religion or cult, and practitioners do not attempt to convert or change a client’s religious or belief system. Pranic healing is not intended to take the place of mainstream or conventional medicine, but rather complement any other treatment prescribed by a medical professional.

Pranic healing has received considerable medical support and evidence in the United States, where it came to public attention after being implemented with some success by American urologist Dr Eriq Robbins, a clinician at Kaiser Hospital in Southern California.

Many people are convinced of the efficacy of pranic healing. Suresh Gobindial, who practises pranic healing with a client who lives at Panmure, shared her experiences at ADHB.

Clinical Worker at Manaaki House in Christchurch, Sneh Prasad, a Trans-Cultural Worker at BRC and responds to their long standing request for a more restorative component through four days and two days off.

Recent changes to nursing practice at Buchanan Rehabilitation Centre (BRC) have improved the working environment and raised the profile of nursing, says Clinical Nurse Specialist Bob Tummey.

As a result of patient feedback and the nursing shift roster, the introduction of ‘One Clinic’, and an effort to engage all clients in the process of self-administration of their medication through a revision of the identified stages, this will enhance clients’ independence and promote a more user-focused responsibility to health.

An afternoon tea on Friday 5 May marked these positive changes and acknowledged the valuable work of nursing at BRC to reach this goal.

‘These are exciting times at BRC,’ says Bob. ‘Many changes and developments are taking place to ensure that clients are afforded best care and nursing staff are demonstrating best practice.’

The nurses shift roster at BRC has been re-organised for a trial period of six months into a ‘four and two’ roster utilised throughout mental health. This acknowledges the unique contribution of nursing staff at BRC and responds to their long standing request for a more restorative component through four days and two days off.

‘One Clinic’ has been launched to meet the needs of clients at BRC. It aims to ensure administration of medication is efficient, professional and dedicated across the service. BRC has also introduced more specific clinic opening and closing times, thereby freeing further time for nurses to engage in individual client work or participation in the group programme.

This allows nurses more opportunity to engage in other rewarding aspects of the mental health nursing role, says Bob. Such activities might include therapeutic outings, clinical decision-making, leadership, education and so on.

Bob Tummey says that these positive changes have already resulted in increased interest from the nursing workforce.

Artwork gift to brighten up walls at Starship

Stillwater Associates Ltd representing Herman Miller for Healthcare has gifted two pieces of artwork to Starship Children’s Health.

Herman Miller for Healthcare produces movable modular furniture that has been used at Auckland City Hospital and many hospitals internationally.

Every year Herman Miller in the US hosts a picnic for employees and their families. Each year an artist is commissioned to design a limited edition poster for the event. There are 16 posters from the series to date. The two presented to Starship were a ‘Clock’ and a ‘Carousel’ by artist Kathy Stanton (1991; 1993).

Starship general manager Kay Hyman gratefully accepted the posters on behalf of the children’s hospital.
**Heartbeat Challenge**

**About the Heartbeat Challenge at ADHB**

The Heartbeat Challenge is a Wellness Programme led by the Occupational Health and Safety service at ADHB. It aims to raise awareness about personal health management and provide an improved working environment, in a diverse organisation where employees face a variety of pressures.

The idea behind it is that a healthier workforce is a happier workforce with added benefits for ADHB such as improved performance and productivity, reduced absenteeism and an increase in staff retention.

Other initiatives within the Wellness Programmes include Round the Bays, smoking cessation for staff, and annual flu vaccination campaigns.

**Cervical screening programme scores Heartbeat Award**

The National Cervical Screening Programme at Auckland Regional Public Health has received a Heartbeat Challenge Award after implementing a variety of innovative healthy workplace initiatives.

The Heartbeat Challenge is a workplace health programme available in the Auckland region delivered by the Auckland Regional Public Health Service.

The Cervical Screening Programme team received the award for implementing at least five initiatives within each of the three key areas: nutrition, physical activity, and work-life balance incorporating Smokefree.

For example, the team hosted Mental Health Foundation ‘Working Well’ seminars that included team-building exercises, participated in the Push Play Workplace Activity Challenge, and came second in the “FeetBeat” eight-week walking programme. They also encourage one another to walk home, and record the distance walked each day with stickers on a display.

The team also started a Heartbeat Challenge Noticeboard with a recipe swap and newsletter, and hosted shared meals with a healthy theme. Some of the staff members lost weight and were awarded with weight loss certificates under the programme.

So far the Cervical Screening Programme is the only group within ADHB to have received the award.

The Heartbeat Award is renewed every two years providing the entrant has continued to make healthy workplace changes.

**Get your workmates together and take up the Heartbeat Challenge**

**What is it?**

The Heartbeat Challenge is a programme developed by the Heart Foundation and delivered by the Auckland Regional Public Health Service in order to develop workplace environments that support health.

**What do I have to do?**

The heart beat challenge has three main elements:

- **Healthy eating** provides opportunities for healthy food choices at work
- **Physical activity** encourages physical activity
- **Smoke free/Worklife balance** encourages smoke-free/stress-free environment

Your team is asked to develop initiatives to improve these three elements within your work environment with the aid of the Heartbeat Challenge Resource Booklet. To get a Heartbeat Challenge Award you must implement at least five initiatives within each of the three areas (fifteen in total).

**Why should I bother?**

By providing healthy options and encouraging a healthy work environment you and your work colleagues can take advantage of the following benefits:

- Improved health and well-being
- Improved work place relations
- More supportive work environment
- Increase in fitness and energy levels
- Help prevent cardiovascular disease
- Help control weight.

**Sport and recreation students help ADHB get moving**

AUT Bachelor of Sport and Recreation students Noel Edmunds and Doyle Larsson are aiming to get ADHB employees more active and eating a healthier diet by assisting Occupational Health and Safety with the Heartbeat Challenge.

Majoring in Nutrition, Activity and Health, both Noel and Doyle have a strong interest in delivering HR wellness programmes to the workplace.

“Healthy employees mean increased productivity, reduced absence and a more positive work environment,” says Noel. “Work is a great place to make some small changes that can lead to a big difference in health and attitude,” he says.

Noel already has experience in health and nutrition and motivation, having previously qualified as a personal trainer. In his third year of the degree, Noel’s co-op at ADHB makes up a core paper of the academic programme, and he is about to embark on a research topic examining adherence to an intervention programme.

Noel will work with ADHB staff members who want to make changes to achieve a more healthy lifestyle. If you’re interested in being involved, contact Noel by emailing hbcoop@adhb.govt.nz.

Eventually Noel hopes his career will involve a full-time role implementing healthy workforce programmes in large organisations like ADHB, who have a commitment to the health and wellbeing of staff.

Meanwhile Doyle has been helping out with Round the Bays and the Heartbeat Challenge, gaining some valuable experience, and plans to complete his co-op with ADHB next year.

**Volunteers create cat collage**

A group of volunteers at ADHB have seized upon the work-life balance aspect of the Heartbeat Challenge and created a framed collage of pictures of their cats. This was a great team building exercise that offered an innovative way for individual team members to get to know each other better.

Sue Harvey, volunteer coordinator at ADHB says the team was right into the project, even including a picture of a stuffed toy cat for a team member who could not have a living pet.

**Ideas for the Heartbeat Challenge**

These are some of the initiatives different groups within ADHB are doing for the Heartbeat Challenge. Why not start up some activities in your area?

**Nutrition**

- Fruit at meetings instead of cake
- Recipe sharing
- Weight Watchers

**Physical Activity**

- Volleyball
- Walks up One Tree Hill
- Yoga classes
- Pilates

**Work-Life Balance**

- Hula-hoop competitions
- Massages
- Smoking cessation programmes
- Corridor hop-scotch

**Slogan competition**

Can you come up with a catchy slogan for the Heartbeat Challenge at ADHB? Round the Bays had ‘working together for health’ – now we need one for the Heartbeat Challenge. It must be:

- Short
- Catchy
- Related to healthy workplaces.

For inspiration check out the Heartbeat Challenge site on the intranet.

Send your ideas to novan@adhb.govt.nz by 15 June and be in to win a night at any Choice Hotels (Comfort, Quality or Clarion brands) Australasia property in Australia or New Zealand.
Family friendly initiatives at the ADHB

Winning a weekend for two at Rotorua’s five-star hotel Millennium was the best surprise ADHB nurse Helen McLlwraith could wish for on her 25th wedding anniversary. The prize was a lucky draw for those who participated in ADHB’s recent survey to a sample of New Zealand Nurses Association (NZNO) and Public Service Association (PSA) staff on family friendly initiatives.

The survey is part of a three stage process funded by the Department of Labour. Those involved in the collaborative undertaking are the ADHB, Counties Manukau District Health Board, Waitemata District Health Board, PSA, and NZNO.

Over the last nine months, the project has involved an international literature review of current policies and practices and a survey of employees’ opinions and experiences of family friendly initiatives within the different DHBs.

Current family friendly policies at the ADHB include staff having access to creches which are on-site at both the Grafton and Greenlane hospitals, and breastfeeding rooms at Grafton. The staff also benefit from flexible hours, access to ATMs, and an on-site post shop and dairy.

HR manager, organisational development and acting learning & development manager Rosemary Pearson is proud of the existing policies, but believes that the ADHB can do more.

“Our family friendly policies are a great way to recruit and retain our staff, but to keep our staff we need to keep listening to their needs and where possible meet these.”

With a fantastic response rate of union members from the NZNO and PSA, 3000 answered questions which addressed who their family/whanau are, what strategies are most useful to meet family responsibilities, and what different issues make or hinder their work-life balance.

“The ADHB is a great place to work, and we endeavour to create a flexible, family environment which appreciates the various pressures our staff can sometimes face.”

Neuroscience nurses network at forum

Neuroscience nurses from around New Zealand came together to network and share experiences at the CEC on 31 March.

The ACH branch of the Australasian Neuroscience Nurses Association (ANNA) hosted the third National Forum, which featured a variety of presentations with a strong nursing focus.

Denise Le Lievre, ANNA ACH Branch Chairperson, said a highlight of the day was a presentation by keynote speaker Professor Richard Faull, Professor of Anatomy at the University of Auckland. Professor Faull was the first to discover neuron disease and neuromuscular disease.

There are only a small number of neuroscience nurses in New Zealand. Denise says the aim of the National Forum is to keep this specialised group of nurses abreast of developments in neuroscience and provide a networking opportunity so that attendees can share knowledge.

“Professor Faull delivered an inspirational talk,” says Denise. “Recent research and development in the Human Brain left us excited about future developments for the care of people diagnosed with neurodegenerative illnesses.”

Other presentations on the day featured topics such as epilepsy, Parkinson’s, motor neuron disease and neuromuscular disease.

Cardiac coordinator off to UK on scholarship

Despite a lack of funding, the Cardiac Inherited Diseases Group has been successful in setting up a clinical molecular genetic screening programme for Long QT syndrome for NZ and Australian families. Long QT Syndrome is a disease of the cardiac ion channels. Alterations in the genes that encode for these ion channels can cause fatal heart rhythm disturbances, and screening costs approximately $2,500 per family.

During Jackie’s time in Cardiology, she has been interested in cardiac rhythm disturbances and specialised in this over the last ten years of her career, working with electrophysiologists and cardiac devices like pacemakers and implantable defibrillators.

Her current role involves assisting families through the entire process from identification of the problem, through to diagnosis and treatment. “It is a process where you become very involved with families. I’m humbled by what people go through and how they remain so positive”, she says.

Jackie is thrilled to have been selected for the prestigious scholarship – “it is a fabulous scheme, I want to make the most of the opportunity and bring back knowledge that can make a difference to cardiac inherited disease care in New Zealand.”

Physiotherapists busy in new gym facilities

The Adult Therapy (surgical team) is making good use of its gym on level seven of the support building since migration located it in easy reach of inpatients.

Group and individual patient rehabilitation is provided for a range of acute inpatients. Pictured are orthopaedic patients on bed rest and those from orthopaedic and surgical wards in the early stages of post operative recovery. An outpatient gym is based at GCC.
Demolitions mark final stage in migration programme

ADHB is coming to the end of the migration programme with the last stage being the demolition of several buildings at the GCC and ACH sites.

First to go at Greenlane were Building 9 (formerly situated to the left of the entrance), Building 26 (formerly the old blood bank) and Building 27 (the old Te Kanga Atawhai).

Next in line for bulldozing are Building 8 (Mental Health Administration) and Building 5 (currently housing Lotofate and the Careers Centre).

Following demolition the footprints of those buildings will become staff parking areas.

At Grafton the demolition contract has been awarded for the Wallace Block, which is coming down to make way for a carpark building.

Building 9 and Building 13 along the domain will also be demolished, along with Building 18, the Dornhill flats and the Old Society Hall.

Note: APN Print

Contacting NOVA

Editor: Jessamy Malcolm
Design: Diane Stephenson, ADHB Photography & Graphic Design Department
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NOVA is the official newspaper of the Auckland District Health Board. It is published by the Communications Department, located in Building 10, Level 1, Greenlane Clinical Centre. Phone 09 367 0000  www.adhb.govt.nz

Wardens meet to plan for fire

A building fire warden’s forum (for non-patient occupied buildings) was organised by the Emergency Mgmt Service (EMS) on 10 March 2006 to give all wardens an opportunity to meet each other and discuss relevant issues. This is in line with the new process emphasising closer relations between the building fire wardens, the Fire Service, EMS, and the Fire Technicians group.

The forum raised a number of issues and put forward ideas for improving the evacuation drill process, which will be followed up by EMS. The meetings will be held in future to improve processes or to resolve potential issues or conflicts.

EMS would like to thank the building wardens for their input and contributions. The minutes from this meeting and future meetings will be circulated to all building wardens.

Weight Watchers at ACH

Weight Watchers is currently running meetings in the Auckland Hospital, located at meeting room 111.088, Level 11, Support Building, Park Road Grafton, on Tuesdays at 12.00pm and 1.00pm.

The meetings are held in a one hour timeframe at meeting room 111.088, Level 11, Support Building, Park Road Grafton, on Tuesdays at 12.00pm and 1.00pm.

This is a great opportunity to change the way you THINK, EAT and MOVE with our Weight Watchers new programme. The meetings are held in a one hour timeframe which accommodates a lunch break, and are conveniently located on site.

Early childhood teacher positions

Kids’ Domain Early Learning Centre - your onsite Childcare Centre in Grafton for children of ADHB staff - has two teaching positions coming up. If you know anyone who is qualified with a Diploma or Degree in Early Childhood Education or is currently in training and might be looking for a good permanent teaching position suggest that they contact: Julienne Exton on 3074949 Ext 25100 or email akpreschool@adhb.govt.nz

NOTICEBOARD

ORBIT WELCOME TO THE TRAVEL REMEDY

Karene Richardson (Orbit Finance Manager) and her friend Julie relive their visit to Malaysia.

Although known for its bargains, Malaysia, as we discovered is more than a shopping destination.

Langkawi, an island close to the Thai border in northwest Malaysia, has great white sandy beaches, fantastic cheap food, and good duty free shopping. It’s not built up, and is mostly natural and laid back. Langkawi offers great seafood and huge prawns; we had a fantastic dinner at the Bon Ton Restaurant situated in a restored traditional Malay resort. Also look out for the many cats that they care for as organizers of the Langkawi Animal Shelter.

We stayed at a Spanish style hotel, Casa del Mar, on Pantai Cenang beach. The service was very professional and friendly. For example, whilst reclining beside the pool one receives complimentary chilled hand towels, fresh watermelon, and iced water, very refreshing in the heat. As the hotel only consisted of 29 rooms it was easy to get to know other guests, whilst enjoying a “Ginger Tom” cocktail at the poolside bar. Casa del Mar also offers full spa facilities and their traditional Malay massage was fantastic and very relaxing.

There’s plenty to do on the island, and it’s worth hiring a car to go to Kuah town for shopping, and drive to the north of the island, avoiding monkeys on the road! There is a cable car ride in the Oriental village and worth a nerve-wracking trip to the top for a magnificent view.

Our next stop was Penang; we stayed at the popular beach of Batu Ferringhi. With the night markets right outside our hotel door this was great for shopping and increasing the girth of our suitcases.

Georgetown is good for a day of sightseeing, easy to walk around but beware that there are very few toilet facilities.

We were amazed at the many different cultural sights in such a small area - ranging from Chinese, Thai, and Buddhist temples, an Indian-Muslim mosque, and for seeing early 1800 British architecture.

And then more shopping, in Kuala Lumpur! Like Penang we were amazed at the many contrasts within the city. As Kuala Lumpur was incredible at the many malls. Our favourite would have to be the KLCC mall in the Petronas Twin Towers. This mall has everything from designer boutiques on the ground floor, through to bargain shops on higher levels.

The Times Square shopping centre, the largest mall in Asia, has an indoor theme park with a full size roller coaster half a mile long. This is definitely worth a visit, but do take the monorail to save your weary feet!

What surprised us about KL was the fantastic nightlife – although you did need to know where you were going. We liked the Luna Bar situated on the roof of the Pacific Regency hotel apartments, a stones throw from the KL tower. Here you can sip your cocktail and admire your freshly purchased shoes while sitting by the pool.

The Village bar is part of the Feast Village in the basement of the Starhill Gallery on the corner of East West Road. The original bar is in the Starhill Gallery in the main shopping mall called ‘The Cube’ – the hippest place to be.

The Luna Bar is quite expensive, so we got a drink at ‘The Cube’, and the next night we had dinner at ‘Old Society’, which was pretty cool. Malaysia has a lot to offer, and there is something for all tastes.

Monthly Competition

Choice Hotels Australasia™ is a part of Choice Hotels International®, one of the world’s largest hotel franchisors, representing more than 5,000 hotels and nine brands in 40 countries. With more than 330 hotels, inns, suites, resorts and apartments across Australia, New Zealand and the Asia Pacific region, Choice Hotels® represents the Comfort™, Quality™ and Clarion® brands. Comfort...everywhere you need us. Quality…the name you can trust. Clarion...first class, full-service.

This month, be in the draw to win one night’s accommodation in any Choice Hotels Australasia property in Australia or New Zealand.

All you need to do to enter is come up with a catchy slogan for the Heartbeat Challenge at ADHB. See page 6 for more details.

Send your entries to novan@adhb.govt.nz by 15 June.

Contacting NOVA

Editor: Jessamy Malcolm
Design: Diane Stephenson, ADHB Photography & Graphic Design Department
Print & Distribution: APN Print

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If your department has something to share please contact the editor either by phone, extension 4950 or by email jessm@adhb.govt.nz. Copy needs to be received a month prior to publication. Please send text in MSWord and photos as a high-quality jpeg.

June Grand Prize Letter: 1

Grand Prize

Orbit Holidays along with Air New Zealand will supply a GRAND PRIZE at the end of the year correctly solve the simple anagram. Then send your entries to novan@adhb.govt.nz by 15 January 2007.