

TE WHETU MARAMA

NOVA

THE OFFICIAL STAFF NEWSLETTER FOR
AUCKLAND DISTRICT HEALTH BOARD



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 - We put the spotlight on Decision Support
 - Meet our new interim Chief Executives



Margaret Wilsher



Ngaire Buchanan

Welcome to our first column as interim Chief Executives for ADHB. Last month we said farewell to Garry and wished him well in his future at the Selwyn Foundation. It was a reflection of his high standing in the organisation that so many different groups held farewell functions for him – we gave him a fitting send off!

Sadly this month two other valued members of our Executive Team – Janice Mueller and Taima Campbell leave ADHB for pastures new. Janice joined us in October 2002 and was the first Director of Allied Health appointed in New Zealand. She has established an identity for Allied Health and determinedly promoted this throughout the country. Taima was appointed Executive Director of Nursing in 2002 and has demonstrated a commitment to the provision of nursing excellence as well as being a champion for Maori and Pacific workforce development.

Both have played a significant and valuable part of the senior executive team. We wish both Janice and Taima all the best and thank them for their dedication and commitment to ADHB.

Recruitment is underway for their successors.

Back to business, the last few weeks have been a challenge as the senior team and finance colleagues have been working hard to land a breakeven budget for 2011/12. Thanks to all the teams who have been working hard to help with this. Going through that process strengthens our resolve that we must continue to look at ways of working differently as we spend more money on clinical care than we receive in revenue – simply put, our technology grows faster than our income.

We are already making some great gains in this respect through programmes such as Concord, Valuing our Patients' Time and Service Excellence.

These programmes are not only making sure our health dollars are spent in the most effective way but are also improving patient safety and patient experience. However, the challenges will only continue to grow in this time of economic austerity and we appeal to clinicians to help us get the 'best bang for our buck'.

As we prepare our annual plan for 2012/13 we are mindful of the expectations of us, from the Minister to the public. Although such expectations can seem onerous at the outset, we have demonstrated our ability to meet those challenges and deliver a better result for patients and families.

One such example of this is the work that has taken place under the banner of 'Valuing Our Patients' Time. Back in 2008 the average wait time for patients in ED reached a high of eight hours, now it stands at around four hours. This means we are providing not only a much better experience for our patients but also a safer one. There is emerging data linking this to a reduced mortality rate just as was demonstrated in Western Australia.

We have achieved this by taking a whole hospital approach, so thank you to everyone who has been involved in contributing to these improvements and other improvement projects which are making sure we can keep on providing quality healthcare into the future.

Finally, it was great to see all the colour and activities during Pasefika Week in our hospitals in March. If you didn't get to see first hand you can look at the photos on pages six and seven. Thank you to the Pasefika team and their colleagues for bringing the week alive.

Enjoy reading this month's edition of Nova

Margaret Wilsher Ngaire Buchanan
Interim Chief Executive

Acknowledgements

Mata Forbes

Maori Health Advisor Mata Forbes retired last month after more than 40 years at ADHB.

Mata started at ADHB on 6 October, 1969.

She was involved with the nursing care of the very first kidney transplant patient and worked in the general medical, surgical and neuroservices departments at Auckland Hospital and Princess Mary Children's Hospital. The Department of Critical Care Medicine (DCCM) became her home of speciality clinical practice for well over 30 years.

Mata then transferred to Maori Health Services at Auckland Hospital where she had already been a pioneer, initiating the Te Whanau Atawhai service through the DCCM and acute Adult Services.

Mata is a life member of the National Council of Maori Nurses and an affiliated member of the New Zealand Nursing Organisation.

Te Warihi 'Wally' Reihana

14 January 1962 – 12 February 2012

Wally Reihana worked at Rehab Plus as a service assistant and rehab assistant since 1997. Wally died suddenly leaving a huge gap in our team.

Wally had great presence and mana within our service and will never be forgotten.

Wally had a way of being with people that allowed him to work with many different patients, from the angry and lost patient to the very frail and weak needing gentle handling and support.

Wally also had many unofficial roles within our service from body guard, Tikanga advisor, musician, to short order cook.

'Where's Wally?' We miss him greatly. Arohanui to Wally's wife Toni, his children Grant, Harriet and William and his wider whanau from the team at Rehab Plus.

Ben 10's friends land at Starship

Starship patient Riley Coster, with his mum Tracy, met Ben 10's friend Four Arms in a visit to Radio Lollipop. Four Arms and Ben 10's cousin Gwen visited Starship to meet patients and appear on a Radio Lollipop show, before heading off on a tour of New Zealand.



Photo: Fairfax Media

Pre-briefing proving valuable in operating rooms

Level 4 (ORL) operating theatres have introduced daily brief and debrief sessions and it's making a big difference.

"The brief is a valuable exercise to improve communication and teamwork. It ensures everyone is on the same page. This improves efficiency and helps the team perform. The post operative debrief helps us to discuss and analyse performance and give feedback as part of our normal day."

It ensures everyone is on the same page.
– David Vokes

These are words of surgeon David Vokes who has been delighted with the results coming from the Productive Operating Room programme.

A number of ORL surgeons are now running a five minute start up brief at the start of their surgical lists followed by a debrief

at the end of the day. The brief gives the whole team a clear picture of the cases they'll be doing and the challenges they will need to respond to. The debrief provides a forum to reflect on what went well and what didn't, to identify improvements. The whole process supports the cycle of continuous improvement and has had great support from the team.

ORL Charge Nurse, Kim Morgan has led the project as part of the Productive Operating Room programme.

"Getting the team communicating well and working together in the calm environment before the surgical list begins gives me more confidence that the team will communicate and work well together in a more stressful situation," she said.

For more information, click on [Healthcare Excellence page on the intranet front page.](#)

NEWS IN BRIEF

Quit smoking today

The Quit Now Display on level 5 ACH occurs every second and fourth Thursday of the month, every month. There is an exception in May when World Smokefree Day is on the fifth Thursday of the month. It is staffed by Smokefree personnel plus volunteer helpers from nursing or allied health. Come along for free advice on how to quit smoking.

Nova survey

Thanks to all who have taken the time to give us feedback about Nova. We are currently compiling those results. Some of that feedback and the winner of the \$100 voucher will be announced in next month's edition.

Carpark shops attract popular businesses

Columbus Coffee, St Pierre's sushi and ASB bank have leased space in the new Park Rd retail space, beneath car park A.

"Shops are planned to be opened around mid-year. We are now looking for a service-oriented tenant for the last remaining shop," Development Manager Reg Prasad said.

The 480sq m open-plan top floor will also be advertised for lease.

ADHB achieves increases in second-quarter targets

The second-quarter Health Target figures released last month showed that the hard work we have put into shortening emergency department stays are showing results. We are now consistently meeting our targets in three areas including elective surgery waiting times and cancer treatment.

Some of the highlights of the second-quarter Health Targets were:

Shorter stays in



Emergency Departments

95% of patients admitted, discharged or transferred from the Emergency Department within six hours.

Better help for



Smokers to quit

Another 3% increase in the numbers of smokers provided with help to quit, to 84%.

Improved access to



Elective Surgery

Another 22% annual increase in elective surgery discharges to 5,929.

Shorter waits for



Cancer Treatment Radiotherapy

Continued achievement in the cancer treatment target, which has been consistently met since December 2010.

Increased



Immunisation

92% of our toddler population immunised as at 31 December 2011, up from 91% in the last quarter, and working towards a new target to immunise 95% of eight-month-olds by the end of 2014.

Better



Diabetes and Cardiovascular Services

A combined outcome for diabetes and cardiovascular services of 72% and working towards a new target for more diabetes and cardiovascular checks.

Shorter stays in ED saves lives

Following the introduction of the six hour goal, the average length of stay in our Adult Emergency Department has dramatically reduced from a high of almost eight hours in 2008 to around four hours in February this year. This has led to an average saving of 489 hours of ED nursing time each day, allowing us to absorb most of the increase in patient numbers.

A recent Canadian study found that patients are more likely to die when discharged from a crowded overstressed ED. Another study showed the introduction of the four hour goal led to a reversal of overcrowding in the EDs of three Western Australia tertiary hospitals this coincided with a significant fall in the overall mortality rate.

If the above two studies are applicable to Auckland, we will also have improved the chances of survival after discharge from our ED by between 6.5% and 12.7%, and the chances of survival after admission from the ED by 13%.

Great motivation to make sure we keep striving to meet our six hour goal!



Are we wasting time and resources?

Share your idea with CONCORD.

"I've got a great idea to improve quality healthcare"



"This process is so time consuming I'm sure there is a better way..."

"This is so wasteful, there is a better way we can do this"



Ideas big and small - we would like to hear them all!

Talk to one of the Concord Steering Group or complete the online form.
Go to: concord.adhb.govt.nz to find out more.

Some of your achievements with CONCORD

- **Virtual clinics ...**
Saved patients time
- **Bloods project ...**
Increased patient safety
Saved \$2.9M
- **Lab tests ...**
Saved clinicians time
Saved \$318k



Major push on reducing inpatient falls

A new patient safety campaign aims to reduce the number of falls by hospital inpatients, numbering more than three-a-day at ADHB last year.

The focus on falls reduction is part of the *First, Do No Harm* (FDNH) campaign - a regional strategy to prevent harm to patients from adverse clinical events and other care.

The campaign will see the northern DHBs learning from each other's experiences and sharing information to ensure the best possible care for patients.

New ADHB figures show each fall by an Auckland City Hospital inpatient resulting in a fracture adds an average of 27 days to their length of stay – an uncomfortable and significant delay in returning to normal living, often resulting in loss of mobility, independence and confidence.

There were 1298 reported falls at ADHB in 2010-11 and each of the 21 cases resulting in a fracture was calculated to add just over \$26,000 to the cost of care.

ADHB recorded 34 inpatients suffering major falls with harm in 2010-11, up from nine the previous year. The increase is attributed to better recording of falls due to the focus on prevention. The first step in prevention is to get good measurement.

Each fall is now given a score and – if resulting in significant harm - case-reviewed by nurse advisers and the ADHB Falls and Pressure Injuries Steering Group to ensure effective risk reduction strategies are in place.

The FDNH focus on falls reduction is not exclusive to the hospital environment – it also focuses on falls in other settings, such as age-related residential care.

Associate Professor Andrew Jull, ADHB Nurse Adviser, Quality, said the regional approach was already delivering benefits, with agreed definitions on falls categories enabling standardised approaches to falls reduction.

"We are also looking at the costs and number of falls with major harm across the spectrum of care," he said.

"Work has already been done to estimate the rates of injury in the age-related residential care sector within the Auckland DHB area and we are looking at ways to collaborate to improve patient safety and learn from each other's experiences.

"This exercise is about recognising what contributes to falls both inside and outside the hospital and working together across the region so that our patients all benefit."

FDNH is also targeting patient pressure injuries and central line associated bacteraemia (CLAB). The Auckland, Waitemata, Counties Manukau and Northland DHBs are committed to the campaign under the Northern Region Health Plan.



FIRST safer care together
DO NO HARM

www.firstdonoharm.org.nz

FIRST, DO NO HARM WEBSITE GOES LIVE

The website for the *First, Do No Harm* patient safety campaign is now live – www.firstdonoharm.org.nz

Visit the site to see how Auckland and the other Northern Region DHBs will be working with primary care and age-related residential care to reduce preventable injuries to our patients.

Take the opportunity to sign-up for the *First, Do No Harm* e-newsletter while you're there.

By enrolling as a member of the site, you can also participate in secure discussion forums with your colleagues across the region.

Keep checking the site for regular updates and campaign information.



ADHB Allied Health Team Leader Anna McRae works with patient Enid Cory, 92, recovering from a broken hip suffered in a fall at home.

Culture & Care **CONNECTING**
Health  **Literacy**

ADHB PASEFIKA FESTIVAL WEEK 2012

Understanding and communicating with our Pacific Communities

A week of Pacific flavour energises staff and visitors

In its third year, this year's Pasefika Week again brightened up the halls of Auckland City Hospital, Starship and Greenlane Clinical Centre.

A noticeable difference were the many comments from staff that echoed words of welcome – "Great to have you back, it's fun, it's so needed and we should do it more often."

Pasefika Week is a strategic vehicle by which the Pacific team here at ADHB, under the helm of the General Manager Hilda Fa'asalele, can openly introduce key issues that impact on the way Pacific people access, engage and experience our health system.

Health literacy was the theme for 2012, a hot topic on the Ministry of Health's agenda and a theme emerging in many health conferences on the rise this year.

The week's programme was truly innovative. There were the usual community performances, hot hula ADHB-style, and many in-house services such as Lotofale Pacific Mental Health Service, interpreting, Pacific quit smoking display as well as outside provider displays.

The icing on the cake was the island-style farewell to Garry Smith, who left ADHB last month. A warm intimate afternoon attended by Pacific staff across the organisation gave opportunity for staff to salute Garry. Many thanked him for his warmth, endless smile and ability to relate to the people in a way that made everyone feel valued.

MARCH 5-9 AUCKLAND CITY HOSPITAL, GREENLANE CLINICAL CENTRE AND STARSHIP

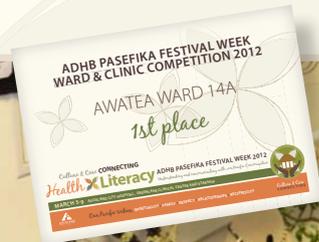
Our Pacific Values SPIRITUALITY • FAMILY • RESPECT • RELATIONSHIPS • RECIPROCITY



The Pacific team send Garry Smith off with a traditional dance.



The Pacific Health team:
Nari Guthrie,
Mereana Worth,
Siai Sausau,
Hilda Fa'asalele,
Sene Fuimaono,
Tuliana Guthrie and
Joseph Tuitavake
Manu.



Former Chief Executive Garry Smith does an island dance with the General Manager of Pacific Health, Hilda Fa'asalele, at the Pacific Health farewell.



Sandra Kailahi, a Pacific journalist and producer, came into Starship to read to patients.



Naneth Torio and Nancy Lewanavanua, staff nurses on the Awatea ward, get into Pasefika spirit.



Students from Auckland Boys' Grammar perform at the level 5 atrium at Auckland City Hospital.



Songs by students from Auckland Boys' Grammar drew a crowd at Auckland City Hospital.



Culture & Care
CONNECTING

Getting to know our interim Chief Executives

As we move into a new chapter for Auckland District Health Board with the departure of Garry Smith, we thought we would get to know our interim Chief Executives a little better.



Margaret Wilsher

Tell us about your career history

I graduated from Otago Medical School and spent my first House Officer year in Tauranga. I undertook vocational training as a respiratory physician in Auckland, predominantly at Greenlane Hospital, and then spent three years doing research and clinical study at the Royal Brompton Hospital in London. I returned to work as a Respiratory Specialist at Greenlane Hospital. I rather fell into leadership roles by taking on Head of Department and then one thing led to another...

What has been a career highlight for you?

There have been many career highlights for me across clinical, research and leadership roles. In respect of the latter, the Northern Region Health Plan is a definite success, mostly for bringing together clinicians across the region, hospital and community to agree on improving patient outcomes and patient safety.

What are you most passionate about?

It is fantastic to see clinicians assuming leadership roles across all levels of ADHB and in the community. It is also great to know that those voices are being heard at national level and that clinicians are increasingly engaged through agencies such as the National Health Board, National Health Committee, Health Quality and Safety Commission, HWNZ and NHITB. Regionally we have succeeded in getting the Chief Medical Officers to the same table as the Chairs and Chief Executives in the governance of regional activities.

What are you most looking forward to for ADHB?

In this year's District Annual Plan we have a new section entitled "Patient and Family Experience", which includes several workstreams that will help ensure we put patients and families first. The most difficult part of my job is fronting up to patients and families when things go wrong and dealing with complaints about communication. Hopefully we can make those interactions less frequent by getting our communication right the first time round.



Ngaire Buchanan

Tell us about your career history

I started work in health as a registered nurse having gone through the hospital training. After completing my first couple of years in critical care, I have had a number of roles including Charge Nurse in an adult general medical and endocrinology ward, Nurse Consultant with learning development and radiology and nurse leader in Starship. After completing business studies, I moved into a Service Manager role at Starship and from there was asked to work with the change programme followed by support to the Chief Operating Officer. This is when I became involved in the Regional Service Planning work in preparation for the completion of Auckland City Hospital. At this point I was ready to get back to the operational services and came into the operations role.

What has been a career highlight for you?

There have been many highlights for me over the years. The people I have met and who are still in this organisation and still have the same passion for what they are providing with the same energy for our patients is just one. The diversity of health has given me a wide range of knowledge and experiences, which I draw upon every day.

What are you most passionate about?

People who give their utmost for other people's benefit no matter what role or tasks they have within Auckland District Health Board, that's what keeps me going.

What are you most looking forward to for ADHB this year?

As patient demand increases at a greater rate than funding we will be required to look at very different ways of providing excellent quality care. Although many of us will not see a way forward at times, it is often under these conditions that the greatest changes can occur.



ADHB staff help keep kids sneeze safe

ADHB's Child and Youth Health team is introducing SneezeSafe to our schools as part of a nationwide campaign that educates primary and intermediate school students on how to keep themselves safe from respiratory illnesses.

ADHB's Health Promoting Schools Coordinator, Natalie Desmond, tells us more.

Who from ADHB is involved in this initiative?

ADHB's Child and Youth Health Team. This includes public health nurses supported by Health Promoting Schools facilitators, Maori and Pacific community health workers and social workers. Public health nurse Sharlene Diallo has championed the project for our team.

Where do our staff work?

Our team visit all of the 166 schools across Auckland, kura kaupapas and alternative education centres in ADHB at the start of each year to discuss their health priorities and set up a shared plan of action. About a third of our lowest decile schools asked for support with hygiene education last year.

What do you do in those schools?

Public health nurses will introduce the programme via an education session, then support the teachers as they deliver it to the children. We hope the health messages will then go home to the parents.

You're targeting low-decile schools, what is the reason for that?

Most of the referrals to our team come from low-decile schools and we see high rates of respiratory diseases in these areas. Infections like influenza spread fast through school communities. In winter, we know many of our families share a room to reduce the heating bills but it means the virus can easily pass to vulnerable family members. Given the choice, we'd always prefer to prevent rather than treat illness. We also know that in winter, schools can really struggle with absenteeism from colds and flu and when children aren't at school they miss out on learning.

Why is it important to have an initiative like this?

The lessons are a really fun way for young children to learn about how infectious diseases spread. They learn about what they can do to help protect themselves and their whanau.

Have our public health nurses been involved in an initiative like this before?

Our public health nurses routinely work with teachers and school communities to deliver evidence-based health messages.

What has the response been like from school students and teachers?

So far the teachers and students have been delighted with the simple and fun lesson plans. We see children squeal with delight when the water spray bottle shoots out illustrating how far a sneeze can travel.

Photo above: Annemarie Dobson, public health nurse, Jason Biggs, leader of the Kleenex SneezeSafe programme and Natalie Desmond, Health Promoting Schools coordinator are helping keep kids safe from the flu.



X-Factor 2012 planning is underway!

X-Factor organisers are planning a couple of fun nights not to be missed on 11th and 12th June 2012 in the Clinical Education Centre.

Kick off is at 5.30pm with the usual scrumptious fare. The show then starts at 6.30pm and finishes at 8.30pm. As usual, just \$5 for the cheapest and best show in town!

The format of the show is different, as always, from previous years being a "Trivia of Nations" quiz contest combined with entertainment from staff showcasing their talent

A registration form is available on the intranet at the following link: <http://adhbintranet.adhb.govt.nz/newsitems/xfactor.htm> to enter yourself or a team for the trivia contest. Don't delay – tables are limited and it is first-come-first-served.

As usual, the show is only open to ADHB and hA staff, this includes contractors. If you have any questions, please call Rosser on ext 3009.

An all-consuming obsession for patient-centric services

Welcome to our joint interim Chief Executives – Dr Margaret Wilsher (Chief Medical Officer) and Ngaire Buchanan (General Manager, Operations and Clinical Support Services) who will act as Chief Executive from 31 March, 2012 until a new appointee to the role is confirmed. The search for the new CE is now well underway.

Advertisements for the position have appeared nationally and internationally, with the headlines:

- Opportunity to lead through innovation and collaboration
- Opportunity to lift performance beyond expectation

These headlines are important signals to the organisation at large as to where the Board and myself see the emphasis. We are at a juncture in the organisation where our context – financial constraint; dramatic changes in demographics (particularly the ratio of those aged 65+ to those aged 15-64); and advancing technology – demand a new type of leadership with an emphasis on innovation and collaboration as critical priorities. Doing things differently and working together in new ways are going to be the essential ingredients in meeting our increasingly complex challenges.

We want our new Chief Executive to have an all-consuming obsession for patient-centric services, as we all should, and also to be inspirational, strategic and – critically – a restless innovator. We expect the new Chief Executive to be constantly searching for new ways of doing things.

The attributes we are seeking in the new Chief Executive are:

- An engaging and authentic leadership style to inspire the organisation to achieve beyond expectations.
- A deep commitment to achieving excellent clinical and commercial outcomes based on quality service delivery and

outstanding and empathetic patient care.

- A level of innovation and creative thinking that will lead to new and more effective models of care.
- Sophisticated capacity to develop and promote clinical leadership and engagement.
- The ability to develop an organisational culture based on collaboration, trust and transparency.
- An interest and commitment to not only the hospital sector but also the primary care sector.
- A unique blend of health sector experience and business acumen.
- A commitment to ensuring the implementation of positive change-management initiatives.
- The capacity to ensure enhanced service delivery without incurring financial deficits.
- The ability to work effectively with other District Health Boards in the Northern Region, particular with Waitemata District Health Board as our key bilateral collaboration.



Dr Lester Levy, Board Chair

It will be interesting to see who is 'up for the challenge' as our new Chief Executive. I will ensure that I keep you informed of progress in this regard. Meanwhile, I will work closely with Margaret and Ngaire as we step up momentum across a number of key issues. Please provide them with all the support you can – we are all in this together!

Advanced Care Planning training gets rave reviews

A new series of courses to improve discussions about end-of-life care are proving popular with health professionals.

Advanced Care Planning (ACP) is a process of discussions about future health care between patients, their family or whanau and the health professionals caring for them.

The discussions are aimed at helping people understand the care options available to them as they approach the end of their lives, and help inform decision making when patients can no longer speak for themselves.

The training has been developed to increase health professionals' understanding of ACP, offer practical support and provide an opportunity to practice conversations.

The first of the courses have proved a huge success and received rave reviews from participants. The next 15 courses are already booked up but more are being planned for 2012/13 and will be advertised in E-nova.

For more information, contact Leigh Manson
leighma@adhb.govt.nz



WHAT PEOPLE HAVE SAID ABOUT THE ACP COURSE:

"I would recommend this course to all health professionals. It helped me to learn how to have difficult conversations in a very respectful and thoughtful way."

"I cannot rave enough about the course - I was a bit ambivalent about it initially but I came away with so many tools to help my communication."

"I feel so much more confident now in terms of helping patients with this process. Role playing was an amazing way of getting to grips with the issues around introducing patients to ACP."

"The learning was really practical and something I have reflected on every day in my practice - I have a new found confidence in my daily conversations with patient and colleagues."

Spotlight on... Decision Support

How many staff members do you have in your team?

Fifteen in total. We have eight clinical analysts and their manager, one costing manager, three reporting and waitlist analysts, our team support and a decision support manager.

What does your department do?

Our team is dedicated to analysing patient data and turning it into useful information. Clinical analysts support service managers to make decisions based on hard evidence, rather than intuitions. Hundreds of patient lists go to doctors to support audits and research. We also manage the costing system, so we can add the cost and revenue dimension to patient activity. And we update the contract volume performance, key performance indicators and elective performance every month.

Each analyst is aligned with a portfolio manager, assisting them with answers to their ad hoc questions, as well as making sure their costs and volume are correctly reported to the Ministry of Health.

What is the best part about working in your department?

We are never bored because of the variety of the work. We get involved in all aspects of the organisation, such as funding, costing, departments and patient population. There is a lot to learn and everyday is fresh. Through our roles we get exposed to and have to present data at both a very fine detailed level, as well as in higher level overviews. This gives us a unique view of the organisation.

Sometimes we are working like a detective to find out the root cause and decide on the best way to present it to the clients. Supporting people in making important decisions makes this a very rewarding job.

Describe a typical day in your department.

There is no typical day, which is great! We start the morning by turning on our computers and opening Outlook, but from there it's different every day. We spend a lot of time pulling information from the data warehouse and costing system, analysing it, liaising with other team members and attending meetings with our clients, so we are working with different clients, looking at different sets of data, working on different areas and, most importantly, learning new things each day!

What's the one thing you're most proud of?

We can stand up at national level now and say that ADHB's data is excellent and can be trusted. Ten years ago it was a different story; ADHB was seen as the big black hole in the National Dataset. Now, we are seen as a district health board with some of the best quality data.

Which team member has been in your team the longest?

Our longest standing team member is undoubtedly Yuka Shimmoto who is our technical analyst for contract volume reporting. She has been with us for an amazing 10 years and 4 months.

What do you as a team do for fun?

We go out a fair bit. We often take walks around Cornwall Park during our lunch break and we have great Christmas parties on the beach with a BBQ, secret Santa and games. Recently Julie, our manager, invited us to her house for a team away day.

If you would like to feature your department in Nova, please contact adhbcommunications@adhb.govt.nz



Pictured from the Decision Support team are: Julie Harris, Yuka Shimmoto, Jean Wignall, Steffi Richter, Kamakshi Murthy, Patrick Horan, Kathryn Reeves, Andrew Scott, Leo Tang, Marissa Gordon, Purna Vishwanath and Sumwai Wong.

Treasured antique microscopes generously donated

It was a fascination with the lens and what could be done with them that led Associate Professor John Richards to collect microscopes during his professional career.

Now, part of this impressive collection sits pride of place in the display cabinets in the Davis Room in the Clinical Education Centre, thanks to John's generous spirit in gifting these to the A+Trust.

Dr Richards said he was delighted to donate the microscopes to the A+Trust because he couldn't think of a more worthy recipient, and he knew if they were on display they would give 'others a lot of pleasure too'.

The collection includes microscopes developed through the 1700s, 1800s and early 1900s including the Culpepper produced in 1770, and the Darwin or Martin compound microscope, developed in 1840.

While Dr Richards modestly claims he is no expert on microscopy it was his passion in medical history that led him to commence his microscope collection.

As well as the microscopes, Dr Richards donated several books on microscopy.

He was a former GP in Mission Bay and a part time consultant in Geriatrics to Auckland City Hospital for almost 10 years. He is an author of many books and has held posts with the Royal NZ College of GPs, and has been appointed a Distinguished Fellow by the College.

The microscope collection can be viewed in the Davis Room in the Clinical Education Centre, Level 5, Auckland City Hospital.



Dr Richard Frith (left) speaks with Assoc. Professor John Richards at a function to acknowledge his generous donation.

Dates for the diary

JAN
FEB
MAR
APR
MAY
JUN

April

- 2 World Autism Day
- 7 World Health Day
- 7-9 Easter
- 16-20 Poppy Week
- 25 ANZAC Day
- 14 World Parkinson's Day
- 22-28 Riding for the Disabled Awareness Week
- 30-6 Salvation Army Red Shield Week
NZ Sign Language Week

ORBIT WELCOME TO THE TRAVEL REMEDY

Monthly Competition



One night's accommodation in a one bedroom apartment at **The Quadrant Hotel, Auckland**
Expiry date: 30 September 2012. Conditions Apply.

The Quadrant Hotel is redefining the urban hotel experience. Cool and contemporary, The Quadrant Hotel is located in the CBD, just a short walk from the High Street fashion district, the glamour of the Auckland Viaduct and New Zealand's premier live entertainment venue -Vector Arena.

Big night or hard day ahead? Start at the Quad Kitchen with our Quick Start buffet, or if you prefer – take a look at our a la carte menu. In a hurry? We can deliver your breakfast, or if coffee and a muffin is more your thing, you can just grab and go at the Quad Bar. We like to keep it simple in the morning! Head into the Quad Bar from late afternoon – and stay till the wee hours. Cheeky cocktails and tasty morsels – the Quad Bar has everything you need to unwind and relax in style.

Question:

How many schools has the Child and Youth Health Team visited as part of SneezeSafe?

To enter, simply answer this month's question and send your entry to novan@adhb.govt.nz, subject line 'monthly competition', or mail to the Communications Department, Level 1, Building 10, Greenlane Clinical Centre. Entries must be received by 30 April 2012. *One entry per person.*

