

TE WHETU MARAMA

NOVA

THE
OFFICIAL
MAGAZINE FOR
AUCKLAND DHB
AUGUST/
SEPTEMBER 2014

Inside this issue:

- Revolution in the wards: releasing time to care
- Pacific community health: Our action plan

Hello Molly
Celebrating
Motutapu Ward

CEO Column



Staying connected

Ailsa Claire
Chief Executive

In Nova we highlight things we're proud of. In this edition, we have stories about great initiatives that really show what it means to stand in our patients' shoes.

The new Northern Region Haematology and Bone Marrow facility is about to open. It is a powerful example of co-design involving conversations, workshops and panels and questionnaires from patients, family and staff. The result is a radically different unit where the environment is part of the promotion of health.

The layout of the new facility, colour and way it will be used all reflect this co-design process. In addition there are stunning views, more single rooms and through the generosity of the public features that make it a health promoting environment. I am talking here about a dedicated whanau room with kitchen; a wellness room and a place where young people can hang out and support their friends when they are ill. My thanks go to the A+ Trust who really got behind a fundraising campaign and through donations from some very generous people and organisations, has raised more than \$1 million.

Another thing to celebrate is a quiet revolution in our wards. It's called the Releasing Time to Care programme and as the name promises, it allows our nurses to spend more time with patients. But don't take my word for how good it is. This is what a senior nurse from Canterbury DHB said when she visited: "A ward is usually quite a frantic place, but these wards were so calm and so organised. The staff were so engaged and they were smiling! They really felt like they had time to make a difference for individual patients."

And to conclude our theme of putting the patient first, read the story about our new Pacific Health Action Plan, launched jointly with Waitemata DHB. It recognises that most health care takes place at home and will re-focus our efforts on making a real difference in people's health in their own neighbourhoods, workplaces and churches.

None of these projects would be possible without the work of great teams and it has been a privilege to see people collaborating across a wide mix of disciplines from clinical and quality improvement to project managers and designers. All of them have shared in the goal of making a positive difference in healthcare.

On the cover: former Haematology and Bone Marrow Transplant Ward patient Molly Rowlandson, the face of the fundraising campaign for the new facility.



Patients' applause

Here are some of the things people are saying about our team here at Auckland DHB:

The team [Ward 31] have been absolutely superb looking after me. They explained about the operation in a way we could understand. They were reassuring and made me feel comfortable. They showed real concern, almost the same as I would expect from a family member. There was such a happy buzz on the ward.

Brian

I felt I had to contact you to let you know how wonderful the nurses were in Ward 72 when I was briefly admitted last week. They were unfailingly friendly and yet professional, and always had time for a smile. I even enjoyed the food!

We hear so many stories of poor food and nurses too busy to answer call buttons and the like in the media, but my experience was the opposite.

Well done the staff in ward 72.

Roger

I can't fault the staff at this place [Auckland City Hospital Emergency Department] they do an amazing job in an often very stressful environment.

Marena

TOP TWEETS



@Geni ICT - Plenty of eager listeners in the room and on webcast for Health Leaders Seminar at Auckland Hospital today pic.twitter.com/9LSjGvTsZp



@CommunityInfoNZ - @Akld_DHB its an interesting plan, looks like a pathway to wellbeing for all other cultures, not just pasifika (re: Pacific Health Action Plan)



@TheHeindog - The man! RT "@Akld_DHB Start the morning with a little tune... Catch him Wednesday eves @ Auckland Hosp. <https://vimeo.com/97982528>



@pennyhagen - Great to be part of @Akld_DHB @ dhwlab Discovery Week. Thanks so much to all who participated <http://dhwlab.com/2014/06/09/discovery-week-public-spaces/> #codesign #health



@NoEyeDare - @Akld_DHB just updated my personal details which was a very simple easy process! Not often I say that as a blind person!

Follow @Akld_DHB for news, patient information and more.

FIRST TIME ENTRY TAKES OUT PRIZE

Charge nurse by day, budding photographer by night. Katie Quinney, a charge nurse on ward 31 at Auckland City Hospital took second place in the recent 24-hour Nikon Auckland Photo Day competition. Katie says taking photos has been a hobby and a way for her to share experiences with friends and family overseas. After her partner bought her a new camera and started teaching her some tricks, she became hooked. This is Katie's first entry in a photo competition.

She likens photography to her work at the hospital in the way that the more she learns, the more interesting it becomes.



Rugby People, by Katie Quinney - a decisive moment capturing a lone English supporter amidst a chaotic scene of varying reactions, made more intriguing by the reversed emphasis away from the game."

news in brief



Coping with the winter workload

Managing capacity in our hospitals can sometimes be a challenge. In recent months we have seen record numbers of patients in our hospitals. During these times the commitment of our team and the escalation plans, we now have in place, have meant we have been able to continue to provide high-quality, safe care for our patients. The escalation plans ensure hospital capacity is visible and help us respond when near full. Children and Adult services each have their own plan. Find our escalation plans on the intranet under 'valuing our patients' time'.

Laboratory transition on track

Dr Margaret Wilsher, Auckland DHB's Chief Medical Officer is Chair of the committee overseeing the transition of community-referred laboratory services. She says the Transition Oversight Committee is delighted with the progress to date.

"There is a high degree of commitment to planning each step of the transition carefully and to engaging with referrers to ensure their requirements and concerns are well understood."

The final stage of the transition is for histology services and is planned for completion by October 2014. At that time histology services provided by DML and Labtests will come under the management of Auckland DHB, addressing concerns about histology services fragmented across the region.

Caughey award for dermatologist

The Auckland Medical Research Foundation (AMRF) has awarded a travel bursary to Dr Cho Yui Bob Chan of Auckland DHB's Department of Dermatology. He will travel to St John's Institute of Dermatology, London to conduct a multicentre observational prospective study for the identification of prognostic factors in patients with mycosis fungoides/Sézary syndrome. The awards are named for businessman Sir Harcourt Caughey, an All Black from 1932-37, who was also well known for serving on the Auckland Hospital Board as member for 25 years and chairman for 15.

Did you know?

- 1** The number of days before the election on September 20 by which you can enrol to vote
- 5** The number of categories in this year's Healthcare Excellence Awards
- 98** The number of cents in every dollar donated to the A+ Trust that goes to support Auckland DHB initiatives
- 900** The number of passengers the shuttle service carries between Auckland and Greenlane every day
- 857** The number of days since a patient has suffered a major fall in the Women's Health Directorate
- 1.2** million meals served to Auckland DHB patients every year

New Motutapu Ward offers world class care

After much anticipation, the new Northern Region Haematology and Bone Marrow Transplant Unit, now officially called Motutapu Ward, was officially opened on Wednesday, 6th August.

Dr Richard Doocey, Clinical Director Haematology, Regional Cancer and Blood Services says, "The new regional facility is going to be a huge boost to the chemotherapy and bone marrow transplant services we provide. This ward will provide world class care for those with Leukaemia and other blood cancers. The haematology

team can't wait to start working in the new ward."

Motutapu Ward has been co-designed with patients and families and includes features which improve the quality of care and wellbeing of patients.

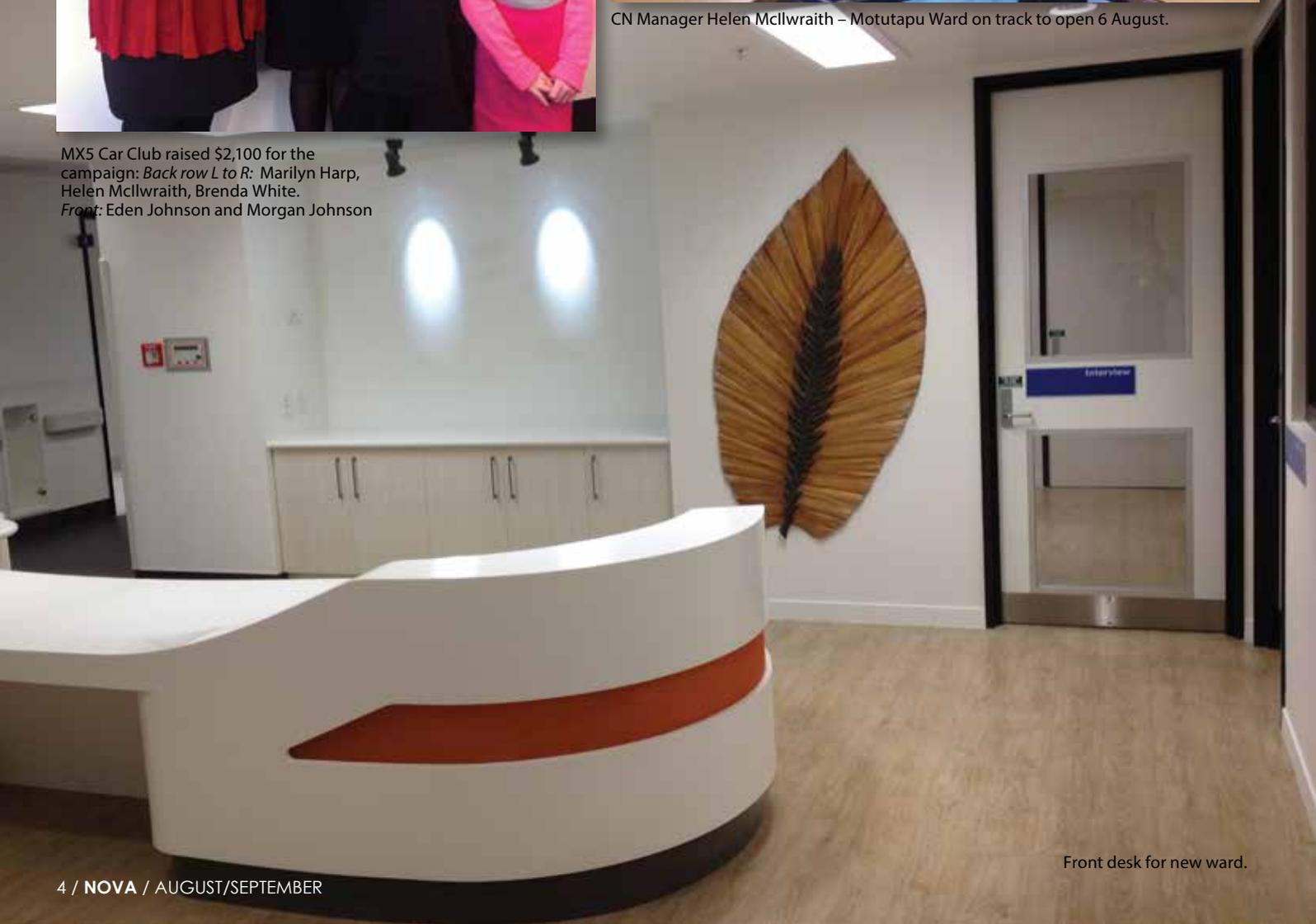
The A+ Trust have raised over \$1M for the ward. You can still donate online at www.aplustrust.org.nz or call 09 307 4949, ext 23439. Future donations will benefit the Haematology and Bone Marrow Transplant Services.



MX5 Car Club raised \$2,100 for the campaign: *Back row L to R: Marilyn Harp, Helen McIlwraith, Brenda White. Front: Eden Johnson and Morgan Johnson*



CN Manager Helen McIlwraith – Motutapu Ward on track to open 6 August.



Front desk for new ward.

12 outcomes from co-design

Better for patients

- 1 Private patient interview room for delivering and discussing sensitive medical information
- 2 The new ward has splendid views to the Waitemata to the northeast and towards One Tree Hill on the other side of the ward. The windows have been enlarged to make the most of the views
- 3 Dialysis capability on the ward. Many patients experience kidney failure as a complication of treatment. Rather than visit the Intensive Care Unit, patients will now have dedicated dialysis machines in the ward
- 4 Reduced risk of infection by increasing number of single rooms with ensuite. Pull down beds mean caregivers can stay the night without fuss
- 5 Each patient will have their own TV and wifi access
- 6 Family kitchen area to prepare favourite dishes
- 7 Young people hangout area with desk, X-Box and mini kitchen
- 8 Positive pressure throughout
- 9 Two negative pressure rooms ensure patients with respiratory infections have their own room with no risk of cross infection

Better design for staff

- 10 Better room layout to reduce set up time
- 11 Bed pan flush in each room
- 12 Dedicated staff room and bathroom



Motutapu nurses' station.



Concept image of the Motutapu Ward.

Room with a view: the expansive views from the new ward.



The quiet revolution

A world renowned programme to improve ward processes so that nurses can spend more time on direct patient care has had dramatic results at Auckland DHB.

The Releasing Time to Care (RTC) programme was developed for Britain's NHS and empowers staff to identify and implement improvements in key areas.

An accelerated RTC programme piloted in the Respiratory ward (72) has resulted in a fourfold increase in the time nurses spend on direct patient care.

Here, we take a closer look at the RTC programme which is being rolled out in more than 25 wards across the Auckland DHB.



Releasing Time to Care is made up of 12 modules.

RTC earns praise from patients

Nurses in the Respiratory ward now spend nearly three-quarters of their time on direct patient care after streamlining processes through the RTC programme.

As part of the programme, key staff members undertook a series of modules designed to make ward processes such as patient care, medicine rounds, ward rounds and discharges more efficient.

Staff came back to the ward with an action plan to deliver these improvements. Among other things, the RTC programme has seen the development of:

- patient bedside handovers, including "patient status at a glance" bed boards (pictured)
- greater involvement by all staff in ward rounds
- new stickers to encourage patients to keep meal tables clear (pictured)
- better equipment storage and access
- greater use of manual observation methods for appropriate patients

Service Improvement Manager, Abbi Harwood-Tobin, who has overseen the roll-out of the programme at Auckland DHB, says the wards involved have adopted a philosophy of continuous improvement.

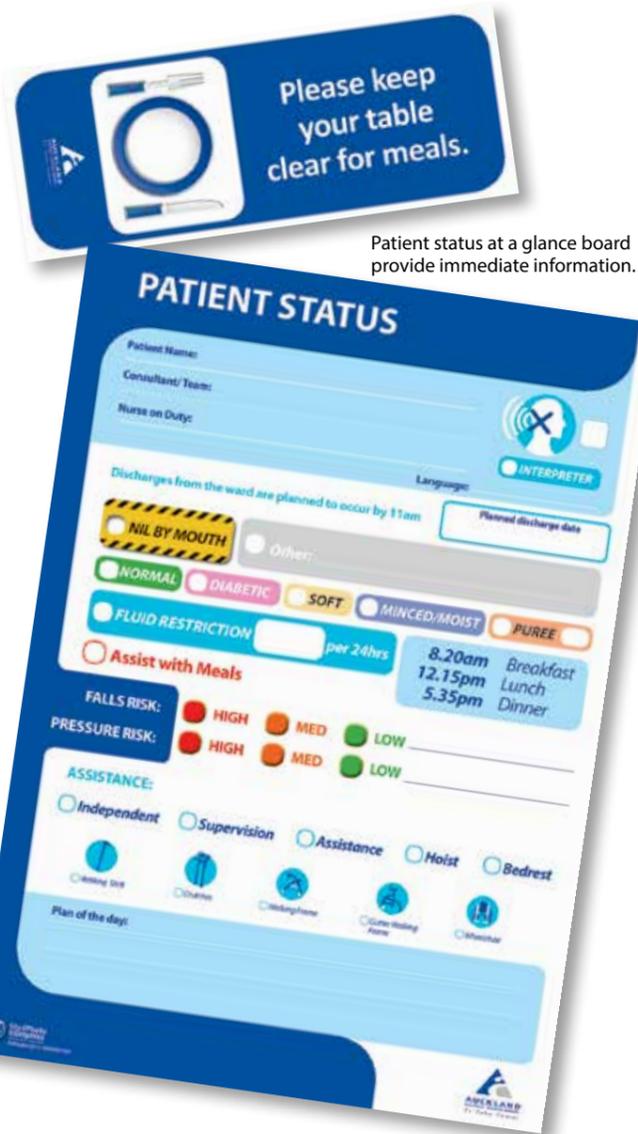
"We have seen charge nurses and nurse educators motivating, challenging, supporting and encouraging their teams to deliver significant improvements in quality of care and patient experience and we're seeing amazing results," she says.

In Ward 72, direct patient care time has jumped from a mere 16 per cent to 73 per cent, while in another pilot ward, Cardiology (Ward 31), direct care time has leapt from 30 per cent to 77 per cent.

Patients in these wards have noticed the difference too. Patient satisfaction statistics for these two wards are closing in on 100 per cent. They currently sit at 96 and 93 per cent respectively.

Auckland DHB chairman, Lester Levy, who toured several wards recently, is impressed with the results of the RTC programme.

Lester Levy: "I know that the most important determinate of culture is how well people get on with their immediate manager and I am very impressed by the charge nurses I have met. The further point is that people can be engaged when they know their task, whether mundane or not, is meaningful and is part of something quite significant."



Patient status at a glance board provide immediate information.



The team at Ward 31 celebrate being the first ward to complete all the modules in the Releasing Time to Care initiative.

Nurses embrace improvements

The Releasing Time to Care (RTC) programme has resulted in improved staff morale and higher levels of staff engagement.

On Ward 72, 88 per cent of staff now recommend it as a place to work, compared with 66 per cent in 2010. While on Ward 31, nurses say the programme has transformed their professional lives.

Staff nurse, Arlene Fuentes, says: "I embrace the principle of 'I live to serve' and the Releasing Time to Care programme has given me the opportunity to make this principle a reality. Through this programme our service to our patients has improved; our ward is cleaner and better organised; and we make sure that our patients receive the highest standard of care."

"Best of all, is that the teamwork and camaraderie between the ward staff is so strong. I'm so thankful that our potential, talents, skills and ideas have been recognised and appreciated through this programme," she says.

Staff nurse, Gael Riley, says Ward 31 has completed all the modules in the RTC programme, but it doesn't end there.

"We're determined not to let the positive habits slide. The nurses have come up with "Sharpen Up" – a quick five minute catch-up at the end of each shift to ensure they don't let standards slide and to stay sharp. We're committed to keeping up the good work!"

Visitors leave impressed

A visiting team from the Canterbury DHB was "blown away" by the success of the RTC programme on the Cardiology, Respiratory and Neurosurgery wards.

Canterbury DHB Nurse Co-ordinator for Workforce Development Projects, Roxanne McKerras, describes the visit as inspirational and says the wards they visited were noticeably different to old-school hospital wards.

"A ward is usually quite a frantic place, but these wards were so calm and so organised. The staff were so engaged and they were smiling! They really felt like they had time to make a difference for individual patients," she says.

Ms McKerras says a highlight for her was the bedside handover in which key staff discuss exactly what will happen for a patient that day at his or her bedside.

"It was great to see the patient's voice prioritised. Patients loved the bedside handover because they felt more involved and they actually knew what was happening for them on that particular day. In my opinion, this approach can literally save lives."

Auckland DHB chair Lester Levy discussed Releasing Time to Care with charge nurse Ward 31 Katie Quinney.



Patient-centred care in practice



Dr Lester Levy, Board Chair

You will have noticed that one of the prevailing themes I cover in my column is patient-centred care.

In July, I had the privilege (as part of my on-going programme of frontline engagement) of visiting three of the wards (wards 31, 71 and 74) at Auckland City Hospital who have implemented the Releasing Time to Care Programme, which truly embodies patient-centred care (as well as productivity).

Sustainable improvement does not come from doing one or two things 100 per cent better, but from doing a whole range of things five to ten percent better. Releasing Time to Care does just that by focusing on improving ward processes and environments to free up more time for nurses to spend directly with patients, with the overall aim being to improve the quality and safety of care for patients.

One of the things that struck me most was that many of the improvements the wards have made seem really simple, for example, putting the top 10 most used items in patient rooms. This relatively small act has increased direct care time with patients in neurosurgery by ten per cent. The patient voice is

also a critical part of this programme. Following feedback from patients on the respiratory ward that they felt overwhelmed at doctors round, a question sheet was introduced for patients to use during the ward rounds. It seems to have had the desired results, with patients now saying they feel less anxious and satisfaction levels have increased.

One of the things that struck me the most though, was how enthusiastic and engaged the ward teams are. I know that one of the most important determinants of culture is how well people get on with their immediate manager and I was more than very impressed by the charge nurses that I met on the visit to the wards - the charge nurses I met are simply exceptional leaders. The Releasing Time to Care Programme is also driven by the nursing teams themselves, as they examine what frustrates their aspiration to deliver great patient-centred care and put solutions in place to make the required improvements.

Although, some of the teams have celebrated the completion of the Releasing Time to Care Modules, Releasing Time to Care is not something that is ever really finished - the real key to change is to focus on consistency in improvement which becomes part of the culture.

At Auckland DHB we are only part way through the journey of Releasing Time to Care. There are many wards still only getting going, but from what I have seen first-hand and also heard I would really like to encourage ward teams to embrace this programme and to always be driven by the need to do the very best for our patients. My sincere thank you to all those involved in the Releasing Time to Care Programme - what you are doing is truly making our patients' experience a much better one.

Just in time not just in case

Congratulations to Leigh Anderson, Sophia Simupande and Yvonne Lau for winning the inaugural Mölnlycke Health Care ACORN (Australian Operating Room Nurses) Award for their "Just in Time" initiative that was run in the cardiac operating theatres throughout 2013.

"Just in Time" was a Green Belt project led by project manager Leigh Anderson and facilitated by Karen Lovelock, cardiac charge nurse; Sophia Simupande, nurse educator; and Yvonne Lau, staff nurse. The goal was to reduce the number of sterile items opened and not used during surgical cases. The bottom line was to open disposable sterile items "just in time" once they were confirmed as needed, rather than opening them early or "just in case".

The interprofessional cardiac team worked together to refine each surgeon's preference list and run sessions and campaigns to raise awareness of the value of items that were being discarded after being opened and not used. This led to a savings of \$185,000 per annum, while maintaining patient care at the extremely high level provided in our operating theatre suites. A secondary outcome was enhanced communication within the perioperative interprofessional team.

From left to right: Leigh Anderson, Sophia Simupande and Yvonne Lau.



Welcome to our recent starters

THANKS FOR JOINING US!

Reenu Arora, Nicole Somerville, Thida Ching, Thomas Bye, Kate Romeril, Leanne Gayle Joss, Marcelle Duff, Louise Park, Casey Smith, Ly Ngov, Lora Pencheva, Elyot Murchie, Jessica May, Jonathan Mark Chen, Jacqueline Judith Crooks, Jennifer Elaine Greenwell, Michael Hugh Ng, Shady Osman, Nicola Payne, Waheedah Athallah, William Kent, Fiona Louise Croft, Michael Kang, Alexander King, Sibi Peter, Norah Nganu, Ahrin Anna Morrow, William Lin, Jaime O'loughlin, Judith Holden, Kanchana Manickam, Janarthanan Sathananthan, Teong-Ewe Lau, Prakash Jagannath, Rahul Gandhi, Holly Britton, Joshua Agnew, Angie Ng, Karina Mckearney (Nee Voitov), Paras Garg, Enya Ho, Sriharan Selvaratnam, Tom Wang, Nicholas Young, Thomas Sapsford, Benson Chen, Heramb Satoskar, Gabrielle Holden, Jae Hong, Daryna Kulakovska, Carla Osborne Lindsay, Anthony El-Kheir, Deborah Webster, Alexandra Erin Myfanwy Ord, Hayley Nicole Pritchard, Dawa Dawa, Yeri Ahn, Ashleigh Vennard, Gizelle Anne Suguitan, Anna-Louise Jones, Maria Corazon Miller, Nivia Venero Bardell, Cynthia Benny, Valerie Ozorio, William Cunningham, Kerryanne Johnson, Prathima Kondapalli Chowdary, Eric Swanton, Ritwik Kejriwal, Priyanka Lilic, Michael Yang, Michael Leong, Sun Young Kim, Kit-Chung Wong, Derisha Naicker, Adam Perley, Pravin Potdar, Michael Stubbs, Venu Bhamidipaty, Yi Wei Goh, Lira Lecias, Christina Rowan, Febe Minogue, Ranen Reddy, Russell Smith, Rosalie Fergusson, Lin Ssu-An, Michael Lee, Ashley Grace Eastwood, Sykes Adrian Jonathan, Megan Griffiths, John Burnett, Chuan Kong Koh, Sulakchan Anandabaskaran, Natasha Bansal, Holman Hao Gao, Kate Lana Richardson, Jennifer Helen Taylor, Zoe Suttor, Mark Stringer, Hugh Charles De Lautour, Jeong Yoon Park, Bryony Kapo, Daniel Lemanu, Viktor Skradski, Mohammed Abdulhamza, Farhanna Che Moin, Keerthi Kumar, Daniel McConnell, Maree Park, Vivien Teh, Jonathan Viney, Yvonne Johansen, Joseph Chih-Jung Chen, Heather Cobbett, Joey Hui Yeoh Phuah Kian, Ilamaran Kumarasamy, James Richard Pole, Abdul Shah Samad, Robert Starke, David Weintraub, Eunice Emeline Reid, Wayne Bai, Jun Suh, Philippa Margaret Brown, Nainoor Thakore, Toloo Barton, Kimberley Lendrum, Lisa Clark, Iliia Ivanovski, Dhamidhu Eratne, Jasminka Milosevic, Salil Pandit, Raymond Tai, Barbra Rijnbende, Mohammed Zaniel Azim, Brendon Ah Chan, Jerusha Padayachee, Amihan Yusingco, Katherine Elizabeth Fricker, Jashneel Agraval, Joseph Earles, Alexandra Macleod-Smith, Mamtaben Patel, Amitesh Nand Sharma, Victoria Rose Spode Prangnell, Mark Ballinger, Kevin Smith, Alex Lampen Smith, Betsy Mathew, Tzu-Chieh Yu, Nameer Wadea, Vinod Khanijow, Nicole Vogts, Melodie Brooke Ruddock, Jayshree Shivji South, Ramesh Pandey, Kate Hudig, Andrea Thomas, Timothy Peter Hill, Darran Lowes, Jung Ji Kim, Andrew Stephen Keith Woodhead, Mark Macdonald, Mark Taylor, Rhys Dwyer, Temitayo Fabunmi, Mohammad Firdaus Mohd Hafetz, Ian Costello, Jayanjali Jeyarajah, Sarah Jack, Tony Chen, Seoung Yeun Han, Chee Foong Chong, Russell Barker, Judith Jane Catherwood, Sally Isobel Widger, Jennifer Donald, Pauline Mcgrath, Jonathan Douglas Minton, Sarah Lavell, Isabel Botello Moyano, Daniel Cochrane, Samuel Fowler, Jin Gao, Phoebe Koh, Thomas Kuperus, Richard Monthly, Minh Ly, Mark Antonio, Jessica Swafford, Gary Edwin Reynolds, Claudine Hutchings, Asad Qamar, Alanna Gray, Milica Sale, Karen Smith, Milavi Lopez, Monita Rosebeen Singh, Lorenzo Nusipepa Kaisara, Denise Laura Anderson, Kylie Yanina Garus, Adrian Paul Nicholls, Eleni Eliadou, Simon Fu, Agnieszka Kleszcz, Rachel Lee, Lai Yi Lo, Bilkis Mahbub, Joanne O'riordan, Richard Tee, Jamie Ann Welch, Katie Beale, Stacey Davis, Alison Cobbe, Arita Nathan, Celine Wills, Roxanne Elisabeth Edmonds, Stephanie Jane Allan, Nadine Taupo, Viknesh Kamalanathan, Geogry Peter Kini, Jonathon Uilavai, Benjamin Kaitapere, Harry Williams, Jeffrey Taulutoa, Radhika, Raksha Devi, Naufahu Anitoni, Norman Vaili, Rua Taraia, Vitaliano Vitaliano, Stephanie Magee, Brenda Lawrey, Nicola Judith Bull, Sainmili Paterson, Kshama Rajiv, Angela Margaret Lakau, Charlotte Sophie West, Fushi Tai, Ulufale Yom Kippur Titimanu, Joy Barbara Hodgson, Linda Lilly, Huma Amer, Margaret Legge, Fran Sawtell, James Jonathan Kriechbaum, Rob Wallace, Allan John Taylor, Deidre Mary Rich, Joanna Gay Hicks, Patrick Long, Lucia Steadman, Azita Babaie, Garth John Turbott, Calum Anderson, Sruti Akoju

Our local heroes

Congratulations to our June and July local heroes – Sene Fuimaono and Adam Drake.

Sene, who works in Tautai Fakataha Navigation Service was nominated for the personal sacrifices she makes to serve Pacific patients and their families in the hospital. She was nominated by a colleague who said, "Sene shows respect and compassion for the patients and families she meets every day. She responds to Pacific families who are suffering pain and loss. She is generous with her caring and love. She looks for no reward, and when we acknowledge her work or offer a word of praise, Sene beams a smile and her eyes brim with tears. Sene is a hero in our eyes."

Adam is a Clinical Nurse Specialist. The team who nominated him said, "Adam always makes himself available to all the staff at ward 42. He is a role model on the ward and listens to our concerns. He always lends us a helping hand and is willing to work on the floor every time the ward is crazy busy. Adam, you are such a good Clinical Nurse Specialist we salute you."

Please keep your stories about our local heroes coming in.

To nominate go to: www.adhb.govt.nz/localheroes

Adam Drake receiving his local hero award from Chief Executive Ailsa Claire.



June local hero Sene Fuimaono

Congratulations to everyone nominated as June and July local heroes:

Abby Gould	Murray Hames
Adam Drake	Noel Arcilla
Bruce Judson	Peter Waddell
Harsimran Singh	Ralph Correa
Helen McCabe	Rita Cutajar
James Pemberton	Sarah Mayer
Kate McCallum	Dr Stephen Child
Kieran Davis	Telesia Maka
Dr Lucille Wilkinson	Thomas Min
Marie Hodgson	Tipu Amir
Mel Snyman	Zoey Stevens
Mohammad Alshadiefat	

local heroes is kindly supported by A+ Trust

Joint plan to lift the health of Pacific communities

The Pacific Health Action Plan 2013 – 2016 is the first joint plan for the Pacific populations of the Auckland and Waitemata DHBs. Our vision for 2016 is for Pacific families to live longer and healthier lives. We will do this together – making things better for people who are sick and for those who are struggling or are isolated. Working together: that's the Pacific way.

Most healthcare takes place at home. Most of the hands-on caring work is done by women but many women also work outside the home. Pacific men need to be supported to be more involved in the daily care of their family. Grandparents provide childcare when both parents work but this can become a burden for elderly grandparents. Young people need to have a "voice" in the family but may feel that there is no opportunity for them to be heard.

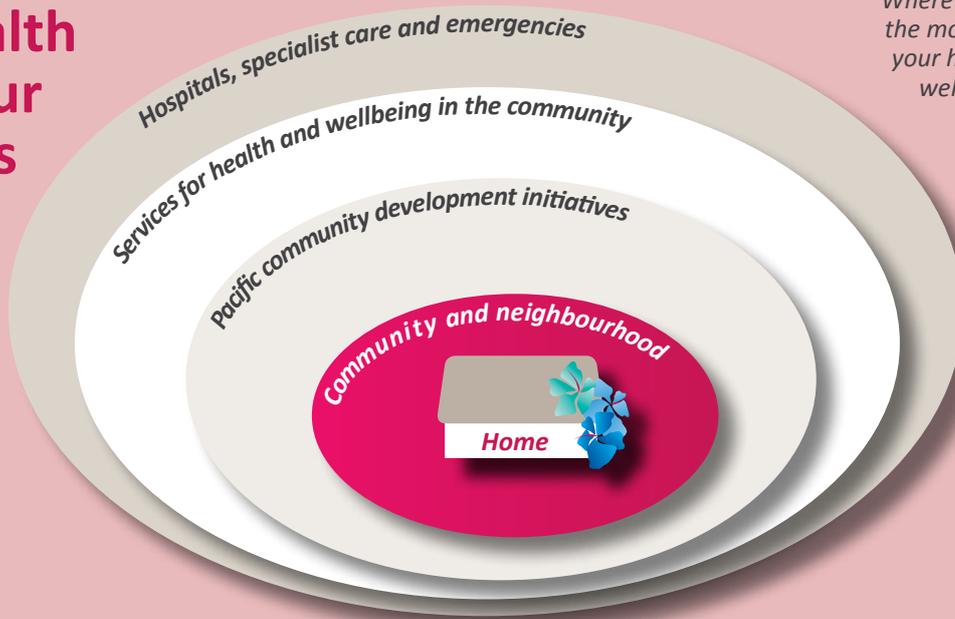
Families on low income can face chronic stress because their basic needs are beyond their resources. Unresolved and increasing stress may be acted out in different forms of violence and against the most vulnerable members of the family.

We want to support families to be healthy and well. The various Pacific communities in Auckland are tightly connected. Social connection is one of the main protectors against disease and problems.

To find out more about the Pacific Health Action Plan visit the Auckland DHB website – About Us – Publications. You can find the plan under "P".

Our health is in our hands.

Our health is in our hands



Where do you get the most help for your health and wellbeing?

Dr Dale Bramley (CEO WDHB), Lita Foliaki (Pacific Health Gains Manager Auckland DHB/WDHB), Ailsa Claire (CEO Auckland DHB), Pulotu Bruce Levi (GM Pacific Auckland DHB/WDHB) at the Pacific Health Action Plan community launch event.



Athlae Lyon Research Fellowship inaugural award

ATHLAE LYON
STARSHIP RESEARCH TRUST

Dr Naveen Pillarisetti, a paediatric respiratory physician at Starship Children's Hospital has been selected for the inaugural Athlae Lyon Research Fellowship.

During the fellowship, Dr Pillarisetti will study non-cystic fibrosis bronchiectasis, an irreversible lung disease caused by severe or recurrent pneumonia that often occurs in early childhood. While the disease has decreased in developed countries, it remains a common diagnosis in New Zealand, especially in Māori and Pacific Island children.

Dr Pillarisetti hopes to generate unique information that should allow progress towards further studies and interventions.

Dr John Beca, Director of Child Health at Starship says, "Starship greatly appreciates the generosity of the Athlae Lyon Starship Research Trust in establishing this vital award. It is hoped that the research undertaken will have a demonstrable impact on clinical practice and patient outcomes."

The Athlae Lyon Starship Research Trust was set up by the Lyon family in memory of Athlae, who passed suddenly in 2010. Its goal is to support research projects for children's health issues in conjunction with Starship Children's Hospital and Starship Foundation. Athlae Lyon was a passionate Starship supporter and a long-serving member on the Starship Foundation Board.

Neurologist leverages university hospital partnership

Dr Peter Bergin, Auckland City Hospital neurologist, is leveraging hospital and university resources; national, trust and foundation research funding; as well as the collaborative potential of the web.

He's doing it to break new ground with his EpiNet project. As principal investigator, he and dozens worldwide are addressing a core problem bedevilling research in epilepsy: the condition is very diverse and often of unknown cause. Drug companies tend to focus on more common forms and it is very difficult to organise the required number of study sites to get an adequate sample size of people with a particular condition by conventional means.

Dr Bergin has over the past six years developed an electronic, web-based platform for conducting clinical trials in epilepsy. Any specialist in epilepsy, appropriately qualified, is able to enrol an eligible patient in an EpiNet trial from anywhere in the world. This has the potential to speed international research in epilepsy.

The Health Research Council has recognised Peter's work with the award of a five-year Clinical Practitioner Fellowship. He is one of only four people in New Zealand to have received one of these grants.

The EpiNet study group is currently planning a series of trials in new-onset epilepsy. Patients who have not previously been treated with an antiepileptic drug will be randomised to receive either levetiracetam, sodium valproate, carbamazepine or lamotrigine, depending on the seizure type and suitability of valproate. These studies are being funded by the Neurological Foundation of New Zealand. See <http://www.epinet.co.nz> for more information.

Operation Starship

Starship's operating rooms (ORs) are currently undergoing an upgrade. The ribbon was cut on stage one - the new pre-op and family waiting areas - during the month of July.

The ORs were originally constructed when the hospital was built 22 years ago. They now see more than 9,000 cases per year, meaning the six existing OR's and supporting areas are frequently at capacity. By 2014 standards, children and their families sometimes have less than optimal privacy. From a family and patient experience perspective, the OR environment is tired and needs to be upgraded. This is chiefly to ensure that we can continue our commitment to providing a high standard of care to patients and families into the future.

The Auckland DHB and Starship Foundation are working together to fund the project, which has a total cost of approximately \$9 million. The Starship Foundation has pledged to raise \$3.1 million for particular areas and specific equipment. This pledge will enable some work to be brought forward earlier than would have been possible and enhance the experience of the care provided in the hospital. A huge thanks to generous Starship Foundation supporters including the wonderful Mercury Energy Star Supporters Club which funded \$500,000 towards stage one.

Left: Kaufusi family with Bryan Dobson, Head of Sales, Marketing and Service at Mercury Energy and Brad Clark Chief Executive at Starship Foundation.

Right: OR staff with Bryan Dobson from Mercury Energy.





Auckland District Health Board

health excellence Awards 2014

Have you improved the quality of healthcare services or enhanced the health and wellbeing of our population?

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Categories are:

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- ✕ Excellence in community health and wellbeing
- ✕ Excellence in process and systems improvement
- ✕ Excellence in research
- ✕ Excellence in the workplace

celebrating
excellence
and
innovation.



Applications close 19 September 2014

Open to anyone working in the Auckland DHB region delivering health services or supporting our population's health and wellbeing.



Nova is published by Auckland DHB Communication Department. If you have a story to share with the Auckland DHB Team please contact The Communication Department on ext 26556, email ADHBcommunications@adhb.govt.nz or write to us: Level 2, Building 16, Greenlane Clinical Centre.

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