

NOVA

THE OFFICIAL STAFF BULLETIN LETTER FOR THE AUCKLAND DISTRICT HEALTH BOARD



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- ED team meets World Cup challenge
- Scotland rugby team's Starship gift
- Cardiology nurses in Zambia mission

ALL BLACKS®

Comment from the chief executive



The curtain has fallen on the Rugby World Cup and now it's time to recognise the tremendous work of our staff who shouldered a significant extra workload during this very busy period.

The record will show that when the international spotlight was on New Zealand, Auckland District Health Board was up to the challenge of providing healthcare to our expanded population.

This achievement is down to the planning work performed by our key teams before the event and to the spirit of public service within our workforce.

I want to pay tribute to the commitment and hard work of our staff.

Many of you have gone above and beyond the call of regular duty to ensure ADHB's part in the coordinated World Cup support effort was a success.

For some, this meant volunteering for overtime to help fill vacant shifts. For others, it meant foregoing your own opportunity to attend a World Cup match and working instead.

Our Adult Emergency Department staff were very much at the 'front line' of meeting the added demand. The service provided was exemplary and it is a real credit to Dr Tim Parke and the team (see story on page four).

The logistics of hosting a visitor influx of around 90,000 during a major international sporting event are not to be underestimated.

I'm very proud of the way we managed this and my sincere thanks go to all those who pitched in and ensured the quality of our services were never compromised.

The services we provided during the World Cup were on a par with those of any major city around the world and helped enhance Auckland's global reputation as a great place to live.

I'd also like to recognise the findings of an independent review recently completed into our acute mental health inpatient service, Te Whetu Tawera (TWT).

The review found the service is operating to high clinical standards and that there have been significant improvements since the last review three or four years ago.

This is a vote of confidence in the work of our TWT staff and of the brave but necessary reforms that have been – and continue to be – implemented by our mental health leadership team.

Together, they are on a journey of continuous improvement that is delivering better outcomes for our patients. And that is what we are all here to do, after all.

I recognise that, despite the review findings, some staff have expressed ongoing concerns over workforce issues.

We are serious about working together to try and overcome these issues and have committed to a process of engagement aimed at doing just that.

Working together offers this process the best chance of succeeding.

And finally, Celebration Week is upon us once again from November 21-25.

This is a great opportunity to recognise the work your team does in striving for healthcare excellence.

Please get involved in celebrating the achievements in your own workplace over the last year – and I encourage you to take an active interest in the outcomes your ADHB colleagues are proud to look back on, too.

You don't have to work in a clinical setting to have something worth celebrating, so see the notice on page five of this edition of Nova for information on how to access the Celebration Week toolkit.

Our success is about our people, our people, our people. It's often the little things you do, as well as the big, that our patients and community notice and appreciate.


Garry Smith
CEO

Acknowledgements

Merle Hodgson

Merle Hodgson, from the Phlebotomy Department at Greenlane Clinical Centre, died suddenly on September 9.

Merle was known to many staff and patients at the Greenlane Clinical Centre where her blood taking skills were legendary.

On the home-front, Merle always put her family before herself and at work the patients were top priority. She had very high standards and there were many who benefited from her skills and knowledge over the 15 years she spent in the department.

Ralph Marcus Lawson (Toby) Whitlock: Toby died on October 5. An acknowledgement of his service to ADHB will be included in the December-January edition of Nova.

John Neutze

Professor John Neutz died on September 20. He was a leading heart specialist, medical researcher and teacher.

A meticulous approach to medical research, superb clinical skills and an untiring capacity for hard work placed him at the forefront of advances in the treatment of congenital heart defects in the 1960s and 70s.

John was a world expert in the care of children with rheumatic heart disease. He was chairman of the Department of Cardiology at the former Green Lane Hospital for 18 years, and received an honorary professorship from Auckland University in 1994. His contribution to cardiology was further recognised in 2000 when he was made an Officer of the New Zealand Order of Merit.

Kim Williams

Kim Williams passed away suddenly on October 5 at the age of 43.

Kim began her nursing career at Auckland Hospital in 1990 on Ward 5D and by 1999 her skill, expertise and leadership saw her appointed to a senior nursing role as Nurse Educator in General Medicine.

Kim is deeply missed by her friends and colleagues. She will always be remembered as a supportive leader, a dedicated mentor and teacher to many, as well as an expert practitioner.

Her commitment and contribution to the Auckland District Health Board, nursing, her colleagues and her patients was exemplary.



(L-R): Dr Cameron Grant (ADHB paediatrician), Sally Roberts (ADHB Clinical Head of Microbiology) and Dr Colin McArthur (Clinical Director, Department of Critical Care Medicine).

ADHB team in global flu fight coup

A group of senior ADHB clinicians are part of a New Zealand-based project team that has won an international contract to monitor and study influenza patterns to prevent the spread of the illness.

The US Government-funded project, known as SHIVERS (Southern Hemisphere Influenza Vaccine Effectiveness Research and Surveillance) will span five years and aims to benefit global public health and information strategies.

Three ADHB clinicians are co-principal investigators on the project – Dr Cameron Grant (Starship Hospital paediatrician and Associate Professor in Paediatrics, University of Auckland), Dr Sally Roberts (ADHB Clinical Head of Microbiology) and Dr Colin McArthur (Clinical Director, ADHB Department of Critical Care Medicine).

Respiratory disease specialists Dr Mark O'Carroll (ADHB) and Dr Craig Thornley (Auckland Regional Public Health Service) will also be involved in the study.

Much of the laboratory testing required for the study will be performed by ADHB's LabPLUS team.

Chief Medical Officer Dr Margaret Wilsher said being selected to carry out the study against international competition was a significant coup for New Zealand and a reflection of the expertise of the ADHB clinicians involved.

"This is a great success story for New Zealand and a very exciting research opportunity for ADHB to be participating in," Dr Wilsher said.

"It shows the high international regard for the skills of our clinicians and laboratory staff.

"This study will inform strategies for managing influenza globally in the years to come and we can be very proud of the leading roles our own staff will be playing in this critical field of research."

New Zealand was considered an excellent location to host the study because of the country's international reputation for population-based research, high-quality facilities and the scope of the study proposal.

A southern hemisphere study is considered critical to mapping out global flu strategies as our influenza season (June – September) often previews what lies ahead in the northern winter.

The study will examine how the influenza virus and other respiratory illnesses spread through populations. It will help identify strategies to better protect vulnerable patients and plan for flu epidemics, such as the 2009 'Swine Flu' outbreak.

It will involve establishing real-time surveillance systems at Auckland City Hospital and in the Auckland community.

The research funding announcement enables the Auckland-based team to start work on consulting with primary and secondary care networks across the region about how best to collaborate on the project.

News in Brief

Catherine reappointed on NZ Nursing Council

Catherine Byrne, Nurse Advisor at Starship Children's Health Services, has been reappointed to the New Zealand Nursing Council. This is a three-year term and continues Cath's initial appointment to Council in 2009. Cath was the deputy chairperson for Council in 2010. She has represented Council on the finance and audit committee and the health committee.

ADHB is a rugby winner

An Auckland District Health Board team won the Show Us Your Rugby video competition.

DHBs around New Zealand were asked to show the world their rugby through a short video to help promote the New Zealand health sector as a great place to work.

Jay Hohaia Kaitautoko (Maori Social Worker), Hayley Schischka (Kaiarahi – Maori Health Promoting Schools Facilitator), Sonny Wharekura (Health Promoting Schools Facilitator) and Michael Tanoai (Social Worker in Schools) made up the winning team.

You can view their video by going to:

<http://www.showusyourrugby.kiwihealthjobs.com/>

Kirsty happy with Beijing result

Cardio Respiratory Physiotherapist Kirsty Johnson Cox finished in 12th place, for her age group, at the recent Beijing Triathlon Champs.

She was one of four Kiwis representing NZ for her age group. There were 34 competitors in her group. She finished the triathlon in a time of 2 hours, 30 minutes and 3 seconds.

Greenlane's Home Dialysis Unit blessed



(Above) Kaumatua Patrick Taylor and George Taipari unveil the manea stone in the unit.

(Left) Those attending the blessing gather inside the unit following the ceremony.

An early morning Maori blessing on September 30 provided Greenlane's new Home Dialysis Unit with warmth and protection for generations to come before it was officially opened last month.

The unit will also be known as Rangimarie, meaning peace or tranquillity.

Staff from the Auckland District Kidney Society, Waitamata District Health Board, Counties Manukau District Health Board and our own renal staff attended the blessing.

The manea stone that sits at the entrance of the unit was also unveiled by kaumatua Patrick Taylor and George Taipari.

For the first time at Auckland District Health Board, the Peritoneal Dialysis Unit and the Home Haemodialysis Unit have combined, this aims to provide seamless care for all our home-based patients.

More information about the official opening will be included in next month's Nova.

Adult ED team meets World Cup challenge

While the rest of New Zealand is savouring the All Blacks' Rugby World Cup success, our Adult Emergency Department team is celebrating a different but not unrelated achievement.

They have just completed the busiest period on record for the department, treating 7419 patients between opening night on September 9 and the World Cup final – and its aftermath – on October 23.

"It has been a very busy time and the entire team has risen to the occasion. They have earned a pat on the back for their hard work," said Clinical Director Dr Tim Parke.

Alcohol was a factor in many of the additional presentations the Adult ED managed as celebration turned to injury for some.

Records tumbled from the start of the tournament, with up to 30 patients an hour presenting immediately following the opening ceremony. By the end of the first weekend, the Adult ED had treated 568 patients – beating the previous record for weekend workload.

Numbers were higher than normal but manageable throughout most of the tournament but spiked again on the final weekend as the All Blacks conquered France at Eden Park and Auckland went into party mode, with 594 attending over the holiday weekend, again smashing all previous records.

Adult Health Services Nurse Director Margaret Dotchin paid tribute to the ED team's preparation for the World Cup, saying: "The leadership and planning that has gone into supporting this event by people like Tim Parke, Jo Mack, Anne-Marie Pickering and Mark Gardener gave us the best possible chance of meeting this unique challenge and our people working on the ground during peak times have done a tremendous job to put this planning into effect. Well done."

Dr Parke said: "Our planning for the duration of the tournament provided a good platform to respond to the challenges thrown at us.



Nurse specialist, Matt Comeskey and registrar, Olwen Gilbert.

"The additional staff we had rostered-on almost perfectly matched the increased workload we saw coming through the door.

"The resourcing plan devised by (Emergency Medicine Specialist), Dr Mark Gardener, was unbelievably accurate considering how difficult it can be to predict demand for ED services during a major event like the World Cup.

"We also had a very good working relationship with St John Ambulance that saw them perform a triage role, ensuring only those people needing hospital treatment came to us from places like Eden Park and the party zone on the waterfront.

"Thanks to the support of the in-patient services, bed management and security, we have managed to maintain our 95 per cent acute flow six-hour target for the quarter, even exceeding it on the busiest nights.

"Our staff can be well-satisfied with a job well done. The success of the All Blacks on the pitch has been matched by the ability of Auckland City Hospital to provide an expert public service to a major international sporting event."

Scotland steps up for Starship

They may not have racked up enough points to stay in the Rugby World Cup, but the donation of a 50-inch flat-screen television from the Scottish rugby team scored top points from the long-stay patients who will benefit from it at Starship Children's Hospital.

Scottish player Ruaridh Jackson, team manger Dougie Potter and the team's doctor James Robson stopped into Starship to make the donation before leaving New Zealand.

This donation coincided with the \$85,000 the team donated to the Christchurch Earthquake Mayoral Relief Fund.

Nurse Director of Children's Health, Susan Aitkenhead, and Starship Foundation's CEO Brad Clark accepted the television on the hospital's behalf.

A few rugby fans, currently staying at Starship, were also able to meet the guys.

The donation appeared on the team's official website.

To view that article, go to:
<http://www.scotlandrugbyteam.org/content/view/2651/2/>

Parting Gift: From left: Starship Foundation CEO Brad Clark, team doctor James Robson, Ruaridh Jackson, Nurse Director of Children's Health Susan Aitkenhead, team manager Dougie Potter and media manager Graham Law.



**CELEBRATION
WEEK** 21-25 NOVEMBER 2011

Celebrating excellence, innovation and achievement at Auckland District Health Board



Quality Improvement

Patients at the centre of community mental health initiatives

Patients at the centre of community mental health initiatives

ADHB's Adult Community Mental Health Service team has been driving a range of quality improvements aimed at providing better care to service users.

Nurse Advisor Matt Fribbens said the changes are about working together with primary care providers to ensure clients receive the care they need in the community setting.

Four key initiatives are proving successful in allowing improved access to services and better outcomes for service users:

Funded GP visits

Patients with a length of stay in the community service of two years or greater have been given access to free appointments with their local GP practice.

The project has been developed with the ProCare Network Auckland PHO and has so far seen more than 200 service users receive treatment and support through their GP practice.

A funded planning session with the service user, GP, family or friend and mental health professional aims to develop an agreed facilitated discharge process or more intensively-focused sharing of care between secondary and primary care services.

Two years of funding are provided per service user to support six funded follow-up appointments per year at the GP practice to ensure monitoring and support with ongoing mental health needs.

"Our focus is, increasingly, to support the mental health service

user to have as much independence and autonomy in the management of their own health as possible, the main tenet of mental health recovery principles," Mr Fribbens said.

Entry Pathway

Mental health services have been focused for years on serving the needs of the three per cent of the population who suffer from severe and/or enduring mental health problems.

However, local population awareness and feedback from GPs led to an understanding there is a larger group of people who have not been able to get the help that they need because of this referral access barrier.

In response, a system has been developed enabling people to be referred to the Community Mental Health Service for earlier initial assessment, leading to more robust liaison with the GP practice, referral to other appropriate services and interventions.

Daily phone access for GPs

Since January, GPs have been able to contact their local community mental health centre on a daily basis for advice and guidance about the treatment of their patients with mental health needs.

GPs can now contact mental health centres in the knowledge that a psychiatrist in each centre is available for one hour a day to support them to provide contemporary treatment options.

This has had incredibly positive feedback from GPs across the ADHB area and is seen as a tangible and strong step forward in communication between primary and secondary care services.

SIGMHA (Special Interest Group Mental Health Auckland)

ADHB's Community Mental Health Service started SIGMHA in mid-2010, providing a bi-monthly education evening based on MH issues and contemporary practice development.

These sessions are now accredited for GP continuing professional education and are open to all health professionals within primary care and mental health services.

SIGMHA sessions have had excellent attendance since inception, covering topics such as eating disorders, early intervention approaches, supporting people with first episode mental health presentation, psychotropic medication updates and primary/secondary care liaison developments.



(Left to right) Matt Fribbens (Nurse Advisor, Community Mental Health Service), Lynne Edmonds (Manager, Adult Mental Health Service) and Dr Debbie Antcliff (Clinical Director, Community Mental Health Service).

Adult Emergency Department streamlines triage process to benefit patients

The Adult Emergency Department has nearly doubled the number of patients being assessed within five minutes of arrival.

The increase in patient numbers receiving immediate attention, from 43% to 97%, is the result of a Green Belt performance improvement project that ran from April to December 2010.

ADHB Project Manager Julie Harris says the registration process for patients has changed, which means that anyone coming into the emergency department now gets triaged first, and registered afterwards.

"For urgent cases, it has made a huge improvement as they are getting medical attention much faster. The ED can now register patients after they have moved to their clinical placement.

"There has been a huge amount of work, communication and process change by the team to achieve these results, which they've successfully maintained since the project finished. Everyone has been really focused on making it work.

"The Triage Project is a great example of the difference ADHB can make by training staff in performance improvement techniques such as Six Sigma."

The Adult Emergency Triage Project came third in the annual Continuous Improvement Project of the Year Awards, against entries from public and private sector organisations across New Zealand.

Quality Improvement

New Nurse Specialist role in Interventional Cardiology receives thumbs up

An evaluation of the nurse specialist role in ADHB's Interventional Cardiology department has found that same day discharges have increased, allowing the nurse specialists to drive improvements in patient care.

Nurse Specialists Steph Madenholt Titley and Suzanne Savage provide a case-managed approach to patients admitted under the Interventional Cardiology team.

"The change from house officers rotating every few months has resulted in much better continuity of care with the introduction of this new role and we have consistently received positive feedback from across the board," says Steph.

"We follow the patient from admission to discharge, monitoring

the patient throughout their hospital stay. We also supply comprehensive discharge information to their primary care providers, which paves the way for optimal patient care."

The nurse specialists have been driving the day-stay concept in Interventional Cardiology, which has been possible due to procedural improvements in Percutaneous Coronary Intervention (PCI).

"Most patients with coronary artery disease undergoing PCI can now be discharged the same day and that means we save an overnight bed and precious healthcare dollars. If given the choice, most patients prefer to stay in their own bed rather than hospital," says Sue.



Patient Joseph Hohepa Moke receives special attention from Nurse Specialists Steph Madenholt-Titley and Sue Savage in Cardiology.

Rapid improvement in patients reaching radiology on time

Auckland District Health Board has successfully increased the number of in-patients at Auckland Hospital reaching their radiology appointments on time, following a Rapid Improvement Event held in September.

ADHB Improvement Manager Tim Winstone said 70 per cent of patients that are transferred within the hospital go to or from radiology.

"Before the event, only 10 per cent of patients were arriving between 15 minutes early or on time for their radiology appointments. Now 35 per cent are arriving within that target timeframe and we plan to make further improvements to reach our ultimate goal of 95 per cent."

The Rapid Improvement Event involved 12 key staff from across the hospital over five days, with another 100 staff members engaged in the process during the week.

"A key part of the event was engaging different staff members

who play a part in the process," says Tim.

"As you can imagine, improving the timeliness of patients moving within the hospital involves numerous people including orderlies, transit nurses, ward nurses, radiology nurses, MRT's, clerical staff and many more. We walked through the process with everyone to identify the problems, analysed the causes, then came up with the appropriate solutions and implemented some of these in the space of a week."

A Rapid Improvement Event is a concept that was pioneered by Toyota to resolve a problem by dedicating three to five days to identify and implement a solution. It usually takes about four weeks of advance planning to understand the objective and the key people who need to be involved in the event.

Based on the success of the first two events that have been held, ADHB plans to run at least eight Rapid Improvement Events each year.

Living within our means – much more than just accounting!

One of the Auckland District Health Board's top 10 priorities is "living within our means"; which is characterised as "financial deficits are not acceptable"

Living within our means in the current context of a disrupted world economy and the additional economic impact of the Canterbury earthquakes is a reality. There is no doubt that we need to be very vigilant about resource utilisation in order to ensure that we prudently manage Auckland District Health Board's finances.

As District Health Boards, we can no longer operate financial deficits without sanction – the Auckland District Health Board has maintained a financial break even for the last four years and also achieved significant service improvements and progress of our key health targets.

I realise that "living within our means" can sound more like accounting than collaboration. But living within our means is not simply a budgeting, monitoring and accounting exercise – it is far more wide-reaching than that.

Sustainably living within our means requires heightened collaboration right across our organisation. In tough times, the ability to work together (across professions, disciplines, departments and sites) can make all the difference.

If collaboration is the answer, then why don't we simply collaborate more and solve all our problems? It would be great

if it were that simple. But a lot of very good research shows several factors can make collaboration difficult, such as:

- internal competition between colleagues and operating units
- a lack of a understanding of each other's "working world"
- some individuals believe they have higher status than others and will not reach out to collaborate with them
- a strong belief that we need to solve our own problems instead of asking for help or working with others
- people feeling they are too busy and don't have the time to help others
- people finding it hard to transfer knowledge and information when they don't know each other well

Recognise any of these? If we all recognise what is stopping us from collaborating as fully as we can, and try hard to overcome it, living within our means will be so much easier.



Dr Lester Levy, Board Chair

Dr Lester Levy, Board Chair

From the professional partners

Establishing the Northern Region Health of Older People Clinical Network



Janice Mueller

The Northern Region Health Plan is available at www.ndsa.co.nz for 2011/2012 and has three goals. Goal Two talks about "improving the quality of life and life expectancy" in four specific population areas. One of these areas is Health of Older People. A key enabler to achieve improved health outcomes and services for older adults will be through the establishment of a regional clinical network.

Since being appointed as the Clinical Lead for this network, I have regularly been asked what a clinical network is. As a region, we did some work on this during 2009/2010 and we have defined a clinical network as follows: "Clinical networks typically comprise groups of clinicians and other stakeholders who work across organisational boundaries and who are focused on the care of patients with particular health problems. Strong clinical leadership is necessary to support decision-making and to guide research and innovation across the relevant clusters of services." Clinical networks typically work best when a multi-organisational effort is needed to improve some or all of the following areas: patient outcomes, equity of access, utilisation of intellectual and

physical resources and clinical and workforce sustainability.

It's an exciting time to be working in this part of the sector. Health of Older People is now a Government and Board priority and we need to spend our money wisely, as well as improving health outcomes and sustainable service delivery for older adults. We know the way we currently care for our older adults does not always best meet their needs.

As a region, therefore, establishing a regional clinical network and engaging our clinical leaders and other key stakeholders across the region in joined-up conversations regarding how we can best fund, organise and deliver services for our older adults has got to be a good thing. The first meeting for our network occurs in mid-October and membership includes SMOs from all four DHBs, mental health services for older people, DHB and Aged Residential care nursing leaders, community pharmacy and other allied health disciplines, as well as Planning and Funding and service management input. With the support of a Program Manager based at NDSA, we are hoping to make good progress on the deliverables in the current plan and improve health outcomes and sustainable service delivery for our region's older adults.

Janice Mueller, Director Allied Health – Scientific & Technical

Our Award Winners



Taima Campbell receives notable honour

ADHB's Executive Director of Nursing, Taima Campbell, has been honoured with the Maarire Goodall Award.

This award acknowledges and honours long-service and unrecognised commitment to Maori health by a Maori health worker.

Taima is only the second non-medical recipient to win the award. Maori Health Service Adviser Mata Forbes was the first nursing recipient.

Dr Maarire Goodall is well-known for his achievements in the medical sector. He led cancer research at Otago University from 1966 to 1985 and then spent five years researching of the Waitangi Tribunal. He's also the founder of two charitable cancer research institutes - Cancer Research Trust and Institute for Cancer Research Trust.

"It's very humbling to follow in the footsteps of other Maori health professionals and to be recognised by my peers," Taima said.

Taima joins some celebrated company. The first recipient was Dr Paratene Ngata in 1998 and in 1999 Henry Rongomau Bennett received the award when the centennial of Maori doctors was celebrated.



Chief Executive Garry Smith said he spoke on behalf of the whole ADHB community when he congratulated Taima.

"This award puts Taima in the category of those who have done great things for Maori health. For Taima to be recognised in this way is a great testament to the good work she is doing," he said.

Jayanthi's passion for health management rewarded



Jayanthy Mohanakrishnan is the sort of person who sets herself a goal and won't rest until she has achieved it.

So it should come as little surprise that Jayanthy – ADHB's ACC Manager, Business Development – has just been honoured with a Fellowship from the Australasian College of Health Service Management.

After joining the College in 2005, Jayanthy was made an Associate fellow based on her continuing professional development work and experience in the health sector.

She had always hoped to progress to a full Fellowship and didn't hesitate when the opportunity arose.

"When expressions of interest were invited for sitting the Fellowship examinations, I consulted with past Auckland fellows and, upon receiving a 'go for it', I decided to do so," Jayanthy said.

"The preparation for the exam is a very arduous process and you have to be up-to-date with the hospital sector in NZ, Australia, UK, Asia and the US, so it involves a serious time commitment.

"Fortunately for me, my kids are all grown-up and my husband is very encouraging, so I was able to study (on) evenings and weekends."

Jayanthy has worked in the health sector for more than 20 years – including 11 at ADHB – and has a passion for the challenges of health management.

Joining ADHB as ACC Manager in 2002, Jayanthy's role was to set-up day-to-day business operations systems and processes for injury-related patient services.

Since then, the role has grown and evolved to manage around 40 contracts ADHB holds with ACC. Jayanthy now has responsibility for a self-managing team tasked with claiming revenue from ACC.

She hopes the Fellowship is the catalyst for further expanding her ADHB role and sees delivering continued high performance against health care standards while achieving ongoing operating surpluses as the ultimate aim of her work.

That requires teamwork and patience and Jayanthy credits her development to the encouragement she has had from ADHB leaders, including Garry Smith, Dr Denis Jury, Jane Craven, Sandi Millner, David Rees, Rosser Thornley and Roger Jarrold.

"The major challenges and the aspects that give me the greatest satisfaction are the same – working in and with teams towards a common goal," Jayanthy said.

"Having a vision and getting everybody on board with it takes considerable effort and patience.

"It's excellent, though, when we do identify and implement process improvements in a timely manner and do things that increase patient satisfaction and save the hospital lots of money."

Elective Caesarean Project under way at National Women's

A six month project by the Labour Governance Group at National Women's Hospital aims to reduce the number of babies who are admitted to the neonatal unit, particularly with respiratory problems associated with elective caesarean section.

From July to December this year, the group will ensure that no elective caesarean section is undertaken before the end of 38 weeks in cases where there is no medical reason for earlier birth.

In 2009, 364 term babies were admitted to the neonatal unit, with one third of these admitted because of respiratory problems. The group aims to reduce the overall rate of caesarean sections "at term" that were done before 39 weeks from 58 per cent to 35 per cent.

Dr Jenny McDougall, Clinical Director Obstetrics, said the group hopes to avoid 25 babies born by elective caesarean section

being admitted to the neonatal unit during the six-month trial period.

"There are many indications for caesarean section, but in most cases there is no benefit to mother or baby by a planned caesarean before 39 weeks. There are definite risks to the baby due to amniotic fluid being retained in the lungs."

"At the end of the six months, we will evaluate the success of the project using information obtained from our Healthcare maternity database regarding gestation at birth, indication for caesarean and neonatal outcomes. We hope then to continue the system as part of routine care.

"International best practice is for birth by planned caesarean section to occur after 39 weeks, and at National Women's we are making a serious effort to make this standard practice."

Experiencing Psychosis book launched

Three Auckland District Health Board employees, along with a Professor of Psychology from the University of Auckland, have come together to edit a book entitled Experiencing Psychosis.

Lead editor Jim Geekie, Clinical Psychologist at St Lukes Community Mental Health Centre said the book is the result of about 18 months hard work.

"It is a collection of first person accounts of psychosis and up to date research into the subjective experience of psychosis," he said.

"Experts from the field recognise that first and foremost psychosis is a human experience and that those who suffer from psychotic episodes must have some involvement in any genuine attempts to make sense of it."

While the book has contributions from all over the world, ADHB is well represented with seven current or former employees and one ex-service user contributing chapters.



Contributors to Experiencing Psychosis celebrate its launch, from left: Professor John Read (University of Auckland), Dr Patte Randal, Jim Geekie, Dr. Vanessa Beavan and Debra Lampshire.

Come along to Vital Signs

Want to know about the outlook for ADHB over the next six months?

Then come along to the next series of Vital Signs presentations and hear directly from CEO Garry Smith about the challenges and opportunities on the horizon.

This time, the presentations have been tailored for each of the Healthcare Service Groups, with one broader session for staff from other services.

Feel free to attend as many sessions as you like at the times as shown in the schedule (right).

Session	Date	Time	Venue
Adult HSG	Monday 7 November	12.00pm – 1.00pm	CEC Auditorium, Auckland City Hospital
Cardiovascular HSG	Monday 7 November	3.00pm – 4.00pm	Level 9 Lecture Theatre, Auckland City Hospital
Children's HSG	Tuesday 8 November	10.00am – 11.00am	A+ Trust Room, CEC, Auckland City Hospital
Mental Health & Addiction HSG	Wednesday 9 November	8.00am – 9.00am	Parnell Community Centre, Jubilee Building, 545 Parnell Rd
Operations & Clinical Support	Tuesday 15 November	4.00pm – 5.00pm	CEC Auditorium, Auckland City Hospital
General (for staff not aligned to an HSG)	Wednesday 16 November	8.30am – 9.30am	Liggins Theatre, Greenlane Clinical Centre
Women's HSG	Thursday 17 November	12.30pm – 1.30pm	A+ Trust Room, CEC, Auckland City Hospital
Cancer & Bloods HSG	Friday 18 November	12.30pm – 1.30pm	CEC Auditorium, Auckland City Hospital

A heartfelt mission to Zambia

Seven Auckland District Health Board staff joined 32 fellow New Zealand medical staff for the first of five missions to Zambia to perform life-saving cardiac surgeries recently.

The ADHB-contingent included Priscilla Wildbone, Helen Sargent, Richard Mwajumba, Misty Prater, Luise Van Wijk, Grace Muyoma and Rachelle Phipps.

As a result of the mission, seven young women successfully underwent cardiac surgery.

Zambia is a landlocked country in the southern region of Africa and has a population of almost 13 million people.

Right now, 350 patients with cardiac conditions are on the waiting-list for government approval to be flown to either India or South Africa for cardiac surgery.

The project, known as the Mutima Project, aims to carry out 100 operations on Zambian cardiac patients over a period of five years and will fundraise for equipment that will eventually be donated so that it can be used by other visiting cardiac surgical teams.

For more information about the mission, visit the official website: www.mutimaproject.com



From left, Luise Van Wijk from Level 4 Theatre, Grace Soko Muyoma from DCCM, Rachelle Phipps from Emergency Department, Helen Sargent from Level 4 Theatres and Richard Mwajumba from Ward 42. Absent: Priscilla Wildbone and Misty Prater.

(Below) Richard Mwajumba in the ward in Zambia with patients who had surgery three days prior.



Dental clinic opens the way for brighter smiles

All Smiles: Raniera Mano and Marukore Sulfa-Morgan of Avondale Intermediate School are looking forward to benefitting from the new dental clinic.



The pearly whites of our youngsters will be well-looked after in the Auckland area as the sixth of 14 ADHB children's community dental clinic opened last month.

West Auckland's Avondale Intermediate School held its clinic's official opening with a kapa haka performance by its students. This was followed by the unveiling of the manea stone and a tour of the new facility.

ADHB CEO Garry Smith and Chief Planning and Funding Officer Denis Jury attended the opening.

The state-of-the-art clinic will cater for around 4600 children in its area, alongside dental vans that will provide initial treatment for children at off-site schools.

The newly-opened Avondale Intermediate School Children's Dental Community Clinic.



Maori health messages on display

Auckland District Health Board's He Kamaka Oranga (Maori health) department was part of Atamira: Maori in the City, which was held at ASB Showgrounds in Greenlane last month.

The event brought together Maori and non-Maori to celebrate Maori achievement in Auckland city.

ADHB's stall focused primarily on the promotion of child immunisation and programmes to support early childhood development.

General manager of Maori Health and Chief Advisor Tikanga, Naida Glavish said: "The health of our tamariki is important to the health of our whanau and our future as Maori living in Auckland city. The act of a parent taking the time to ensure their child is immunised may not mean a lot to some people but to me it says that they want more for their child and that their future is worth protecting."

ADHB's kaiatawhai took time off from the wards to man the stall

over the three days. They promoted a broad range of activities from smoking cessation to mental health. Their work on the wards directly translated to their work at the stall, attracting attendees, encouraging them to ask questions and to get involved.

"Atamira provided the perfect opportunity for ADHB to show what we were doing for Maori in Auckland city. The importance of putting a real face to the countless promotional posters and pamphlets, and meeting with people in our community should never be lost," Ms Glavish said.



From left: Allen Franks (ADHB visitor to stall), Annette Vete (ADHB), Emily Sorby (ADHB), Pare Campbell (ADHB) and daughter Ahumairangi, Janie Ingram (ADHB), Mero Cooper (Orakei Marae), Veronica Karara (ADHB visitor to stall).

ORBIT WELCOME TO THE TRAVEL REMEDY

Monthly Competition

This month's prize is one night's accommodation at Novotel Rotorua Lakeside.

Valid until 31 March 2012. Conditions apply.

Novotel Rotorua Lakeside is a 4.5 star property located on the picturesque shores of Lake Rotorua and set in park surroundings.

The hotel features 199 elegantly appointed fully air-conditioned rooms with contemporary decor, seven fully air-conditioned, a business centre, an indoor heated pool, In Balance Spa, Atlas Cafe & Restaurant, Clarke's Bar, a Maori Cultural Centre with Matariki nightly performances.

The hotel is only minutes from the city centre, cafés, restaurants, Rotorua Convention Centre, Energy Events Centre, and major tourist attractions including water activities on the lake, a golf course, museum, and thermal reserves. At the end of a busy day relax in the comfort of your accommodation room or enjoy a refreshing drink in Clarke's Bar.

Question:

Which rugby team donated a television to Starship Children's Hospital?

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 November 2011. *One entry per person.*

Grand Prize Air New Zealand will provide two economy class tickets to the Pacific Islands – Samoa, Tonga, Fiji or Rarotonga for the Grand Prize for *Nova* for 2011. There may be peak periods when seats are not available i.e. Christmas. To be in the draw, each month simply collect the letters (supplied at the bottom of this column) and at the end of the year correctly solve the simple anagram. Then send your answer to the address supplied in the November edition.

November Grand Prize letters: **V** and **&**

Conditions of entry: Tickets are not exchangeable for cash; tickets will not attract air points; tickets are not upgradeable; winner must be an employee of ADHB (show employee number) at the time of the prize draw. Tickets are valid for 12 months from the date of issue; seats may not be available during peak periods i.e. Christmas.



Orbit
Holidays

Orbit
Corporate Travel

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NOVA

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If your department has something to share please contact the editor either by phone, extension 3952 or by email jennywi@adhb.govt.nz
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