December 2010

PULSE

the newsletter of the Taranaki District Health Board

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TARANAKI DISTRICT HEALTH BOARD

Taranaki Together, A Healthy Community
Taranaki Whanui He Rohe Oranga

Comments from CEO Tony Foulkes

CEO Tony Foulkes

This Pulse includes a wealth of examples of celebrating the achievements and contributions of many people to the Taranaki health sector, past and present, combined with the opportunity to welcome a number of key new members to the team.

These combined with the stories on a sample of the initiatives going on to improve the service and experience for patients and visitors are an indication of the great work that continues by so many people in a challenging environment.

Following the recent elections and Ministerial appointments our new Board members met for the first time in December. On their first day the Board and executive team had an introductory workshop facilitated by Dr Murray Horn, Chairman of the National Health Board. The challenges the New Zealand health sector faces in the years ahead were encapsulated by Murray, as 'we need to find ways of providing a lot more services with a little more money'. I'm looking forward to working with new Chair Mary Bourke, all Board members and many others on these challenges.

The past year has seen a lot of changes nationally and locally within services, and for PHOs and local service providers. The pace of change is likely to continue and accelerate in the year ahead, including greater regional collaboration between DHBs, and we will have to all work to ensure any changes are for the better here in Taranaki.

It is really exciting to see the detailed design stage of Project Maunga completed, after a tremendous contribution by user groups and staff in affected areas working together with the design team. The life size mock up of a ward bedroom and operating theatre have both enabled important refinements to the design before we start building for real next year.

As we await final sign off from the National Health Board, we plan to go to tender for a main builder in March/April, and progress to start building in July/August. I'm sure we're going to have a facility and service our community can be proud of.

Meanwhile, the Minister has a keen focus on DHB's performance against the Government's six health targets, which are now publicly reported regularly. Whilst only a snapshot of the wider range of important activity that goes on, they do provide an indication to our community on how we are going compared to the targets we set. The sound progress is very pleasing with improvements made in all areas, and work underway for further improvements in the months ahead.

Thank you to everyone who has played a part in the Taranaki health service over the last year, and very best wishes for the holiday season and 2010 to you and your families. A special acknowledgement and thanks to those working to provide services and support to the community during this time.

Board Members

- **Mary Bourke (chair)** is a trustee of the Bishop's Action Foundation and the TSB Community Trust. She chairs the Western Institute of Technology in Taranaki Council, and has recently accepted a role on the Interim Governance Board for a New Families Centre.
- **Peter Catt (deputy)** Peter has been a GP with the Family Health Centre in New Plymouth for more than 20 years.
- **Alex Ballantyne** is deputy mayor of South Taranaki. He is a trustee of the TSB Community Trust, chairman/advocate for Central and South Taranaki Advocacy Service and Parish Worker St Joseph's Eltham. He is also a member of the Peak Health Taranaki Local Management Group.
- **Karen Eagles** has taken a leadership role with Royal New Zealand Plunket Society as a councillor.
- **Flora Gilkison** has a Doctorate in Management and a strong senior management background. She is currently the principal of the Pacific International Hotel Management School in Bell Block.
- **Brian Jeffares** has been on the Hospital Advisory Committee for three years and is the former mayor of Stratford.
- **Allison Rumball** was a New Plymouth district councillor and is now looking forward to being involved in health.
- **Ella Burrows** is Chair of the South Taranaki Medical Trust. She has had wide involvement in education, social service, community law committees and boards.
- **Kura Denness** is a director of many organisations and is chair of Tui Ora Limited and Hauora Taranaki PHO Ltd.
- **Colleen Tuuta** is the chair of the TSB Community Trust, a director of the TSB Bank and a member of the Public Advisory Committee for the Legal Services Agency.
- **Pauline Lockett** is a chartered accountant and a New Plymouth district councillor.

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The Pulse is the newsletter of the Taranaki District Health Board. We welcome your ideas and contributions please submit them by email to:

communications@tdhb.org.nz

For an interactive colour version of the Pulse visit:

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Key

website or intranet link

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Farewell

Our Pulse editor Krysti Wetton is leaving at the end of this week. We wish her luck in her future Its been great working with you from the Pulse and Communications team.

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Clinical Board Update

The Clinical Board addressed a wide variety of topics over the last three months. Here is a snapshot.

As the Clinical Board has just passed its first anniversary, a stock take was undertaken of how the board is functioning. All members were canvassed for their opinions on what works well and not so well. Several ideas came out of this, including sponsoring an award for Clinical Excellence. Watch for further news of this in 2011.

The Clinical Board also said a fond farewell to Associate Professor John Buchanan of the University of Auckland, as he goes into a well deserved retirement. John was requested by the CEO to undertake a review of the Clinical Board and its function and his report resulted in the new board. He has worked as a guide and mentor to the board and his wisdom and experience will be missed.

Recently the Clinical Board suggested the adoption of 'Allow Natural Death' (AND) instead of 'Not For Resuscitation' (NFR) to TDHB's Resuscitation Committee. The board is interested to receive comments from staff around the proposed alteration. Please feedback to Frances McNulty, Clinical Board Coordinator, at Frances.McNulty@tdhb.org.nz.

The Clinical Board has approved a new Informed Consent Policy to ensure the current laws are adhered to. This is a complex area and an important one to get right. Education sessions were sponsored by the Clinical Board when Iris Reuvecamp, a Senior Associate with lawyers Buddle Findlay, came to talk to various groups at the hospital. This was video-taped and is available for viewing. For details contact Frances McNulty on ext 8645.

The Clinical Board encourages clinical research at TDHB as it provides good staff development and is a draw to attract staff to work here. A database of all research that is going on is maintained for the Clinical Board and it has recently ratified the TDHB Clinical Research Policy. This provides guidelines for staff wishing to carry out research at the hospital and can be found in the Clinical Practices Manual.

The Clinical Board's work plan is pretty packed and each member has nominated themselves to work on specific topics so 2011 looks like being another busy year.

Staff online viewers
Click here for more on the Clinical Board

Outstanding Immunisation Rates

Taranaki DHB has been congratulated on its outstanding performance on the immunisation health target.

The DHBs who achieved the 2010 national health target for immunisation (85% of all two year olds by 2010) received an outstanding achievement certificate signed by Minister of Health Tony Ryall.

New Plymouth MP Jonathan Young presented the certificate to Taranaki DHB. He said immunisation worked to ensure that many serious diseases that could seriously harm children may be avoided. "It is one of the most effective means of protecting people against such diseases. Congratulations to our health professionals who have worked hard to bring protection to our children."

Taranaki DHB Chief Executive Tony Foulkes was delighted with the recognition for Taranaki. "It's good news for our children so a big thanks to all involved."

Tony Foulkes, Jonathan Young, Nurse Rochelle Hall and Immunisation Support Worker Sonya Popovich, who is holding fully immunised baby Tawhitorangi Clement.

He said the result and immunisation programmes were mainly down to the hard work of GPs and practice nurses, along with providers of outreach services such as Piki Te Ora and Ruanui Health Services.

Mr Ryall said the number of Kiwi children fully immunised by their second birthday had risen from 73% in 2007 to 87% in 2010. "It is pleasing to see such progress in this prevention programme."

Knowledge will be Missed

From left: Tony Foulkes, John Buchanan with wife Noelene, and John Doran.

John Buchanan won't be seen walking the hospital corridors with his suitcase anymore, but he'll still have a keen interest the DHB's activities.

Dr Buchanan, who has been visiting Taranaki in various roles for about 15 years, will no longer be providing his services to the DHB.

Based in Auckland, his most recent positions were Responsible Person for the Protected Quality Assurance Activity and advisor to the Clinical Board.

Dr Buchanan, who has a background in haematology and pathology, is one of Auckland's most eminent and innovative physicians. He helped establish bone marrow transplants in New Zealand.

He has been instrumental in improving safety and quality of patient care in Taranaki, and established senior doctor credentialing at the DHB.

Dr Buchanan often stopped to talk to staff, gaining valuable insight into the workings of the hospital. "I've met a lot of people in the corridor," he says.

He says he will continue to watch clinical initiatives develop at the DHB. "Taranaki has a proud history of being at the forefront of things."

Chief Medical Advisor John Doran says Dr Buchanan has led by example, encouraging and challenging the DHB to be the best it can. "We thank him for the inspiration and knowledge he has so generously given us over the years.

Chief Executive Tony Foulkes says Dr Buchanan has always had a focus on patient care. "He challenged us to look at the smallest detail to the biggest systems to help us with patients."

Midwife Returns to DHB

Belinda Chapman

Belinda Chapman enjoys the unpredictable nature of midwifery and that aspect won't change in her new role with the DHB.

As the new Clinical Midwife Specialist she will be involved with leadership, education and change management. She also helps out in the maternity wards when they are busy.

Belinda has come to the DHB from working in the community as a self employed midwife. She sees her new role as a great opportunity and new challenge.

She trained as a nurse in London and went on to study midwifery in 1982. "It's an unpredictable career - you never know what's going to come through the door and I quite like surprises."

She says New Zealand midwifery has a good reputation in England, especially with the lead maternity carer partnership concept and the focus on women and family/whanau.

In 1997, Belinda came to New Zealand to take up a midwife position with Taranaki DHB. "We loved it and never went back."

She soon ventured out into the community, working as a lead maternity carer. She helped set up Partners in Pregnancy, becoming the general manager.

She has continued to up skill, completing a Masters Degree in midwifery and is a lactation consultant.

There are 53 lead maternity carers and DHB employed midwives in Taranaki.

Belinda has taken over from Amanda Hinks, who has moved to Auckland.

Frances Pentelow

New Chapter for Librarian

For 30 years Frances Pentelow has helped staff sift through the myriads of books and articles at the hospital library to find the information they need.

As she prepares to retire, she looks back over her time with the DHB.

"While it may seem that 30 years in the same position is a bit much, it has been a challenging and exciting journey keeping up with the changes," she says. "I have never tired of the satisfaction of sourcing information for staff and of more recent years teaching people how to carry out their own literature searches."

Frances started working part-time for the DHB in 1981, when the medical library was located where the case managers' office and lab meeting room now are. She went fulltime in 1985, not long after the medical and nursing libraries merged when nursing training moved to WITT.

When she completed her Library Certificate in 1988 it allowed the DHB to join the Library Interloan Scheme and make requests direct to other libraries for books.

In 1991, the library office got its first computer. "Everyone's email was visible to all, and at times was very enlightening."

"One doctor carried out an online romance and often forgot to pick up his printed messages," Frances recalls.

As the library expanded it began to run out of space. In 2007, the library was upgraded. "It took many years of persuasion before this happened and when we moved into the refurbished library it was a dream come true for me."

The library has reported to a range of services over the years including Hospital Services, Allied Health, the Finance Department, Information Services, and Quality and Risk. It has been under Human Resources since 2003.

"At last count I had reported to 17 different managers, including Lucky Abeynaike, Richard Doehring, Liz Huckerby, Siwsan Naughton and Jenny Murray," Frances says.

The Library Advisory Committee was formed in 1990 and has been a great support in the policy and planning of library services. In 1993, the Taranaki Hospitals Library Trust was formed to raise additional money for books, journals and databases.

Frances has been fortunate to be well supported to attend library conferences and health librarians' meetings. Particular highlights were overseas conferences in Perth, Melbourne and London.

The formation of the Library Community Outreach Service in 2006 was another milestone, when electronic resources were made available to health professionals in the community.

Frances thanks everyone who has supported her over the years including Purchasing, Finance, IT, Orderlies, Cleaners and Max who cheerfully changes light bulbs, and Tom who turns his hand to any of the needs in the library.

Dental Cadet Begins Job

Te Waikapoata Tamati

"It's very satisfying to have it finally in place. Having Te Waikapoata on board is an extra bonus that's sure to have lots of positive spin-offs."

Dental cadet Te Waikapoata Tamati is learning all about working in dental health and already considering the different careers options available.

Te Waikapoata is Taranaki DHB's first Maori dental cadet as part of the Maori health and disability workforce project Whakatipuranga Rima Rau (WRR).

WRR is a collaborative project which aims to create 500 employment opportunities for Maori within the Taranaki health and disability sector over the next 10 years. The project is funded by the TSB Community Trust, Te Puni Kokiri, Ministry of Social Development and Taranaki DHB.

Te Waikapoata says the cadetship gives her an opportunity to see what jobs are available in the dental field. "I'm enjoying learning about it all and looking forward to seeing the patients."

DHB Maori Health Adviser Ngawai Henare says establishing the cadetship has involved planning by many people.

Te Waikapoata will get hands-on experience in a variety of dental health roles and settings, and will also get the opportunity to undertake further study related to the position.

The cadetship was set up due to a shortage of dental therapists in Taranaki and the need to grow dental services that are more responsive to Maori. An important part of the training will take place at the new dental clinic at Rangiatea in New Plymouth.

Judge Helps Youth

Dr Samir Heble farewells Judge Rob Murfitt, who has moved to Christchurch.

Taranaki Youth Court Judge Rob Murfitt has left a lasting impression on the region, with his commitment in helping young people make better choices.

Judge Murfitt has worked closely with TDHB Mental Health and Addictions Services during his time in Taranaki.

He attended forums where mental health staff and law professionals discussed the complexities of mental health clients going through the legal system.

Mental Health and Addictions Services Executive Clinical Director Dr Samir Heble said Judge Murfitt was a compassionate judge who understood the issues facing mental health clients who appeared before him.

The Judge was the driving force behind the production of a documentary film on the dangers of cannabis. Dr Heble also contributed his knowledge and appeared on the DVD.

The film, called Hiding Behind the Green Screen, was produced by Waves psychologist Paora Joseph. The educational resource will be used in schools, courts and by health professionals.

Social Workers Visit Taranaki

From left: Kibar, Jarmila, Susanne, Charlotte.

Four social workers from overseas were treated to the sights of Taranaki while sharing their expertise and knowledge with local social service professionals.

The visitors, from Germany, Sweden, Czech Republic and Turkey were here on a social and cultural exchange programme.

The programme was organised by the Council of International Fellowship (CIF) Aotearoa/New Zealand Branch, which is one of many countries affiliated to the international organisation. The council aims to foster peace and tolerance between different cultures.

New Zealand Branch Vice President Peter Hickey said the programme in Taranaki this year was a big success. He said social workers and host families went out of their way to ensure the visitors received the best of hospitality and were able to capture the uniqueness of life in Taranaki.

TDHB Social Worker Sarah DeSouza said the success of the programme was due to the collaboration among the CIF team in Taranaki with the Aotearoa/New Zealand Association of Social Workers, the social work community, social services agencies, and support from DHB colleagues.

"It was a great way to come together and share the expertise, knowledge and skills we have in Taranaki with social workers from around the world and learn from them."

The participants visited agencies including Tu Tama Wahine, Mahia Mai, Child Youth & Family, CCS, Barnados, Waves and Settlement Support. DHB services included CAMHS, Social Work Services, the Alcohol & Drug Service, and the Domestic Violence Coordinator.

Health professionals interested in the programme can contact Sarah De Souza, Tiba Hutchinson, Rachel Hickson or Peter Hickey at the DHB.

Here are comments from our overseas guests

"I went up to the snowy mountain then came down to go fishing, all with the blue sky of Taranaki. Thanks to all host families and other people I have met in this beautiful city."

Kibar (Turkey)

"Taranaki has all that you need in life, plus the extra that makes it worthwhile. Thank you for your great hospitality."
Charlotte (Sweden)

"It was the best decision to come here and see the beautiful landscape and the friendliest people and learn a lot about social work in New Zealand."

Susanne (Germany)

"Warm, lovely and special people in New Plymouth. I climbed on Mt Taranaki and made snow angels."
Jarmila (Czech Republic)

White Ribbon Day

Staff get behind White Ribbon Day by wearing It's Not OK t-shirts.

We had a black out here at Taranaki DHB with staff wearing Family Violence It's Not OK! t-shirts and white ribbons to show support of White Ribbon Day.

Information was provided to staff on the history of White Ribbon Day and how men developed and lead this day, that is now an international event.

DHB staff enjoyed wearing the t-shirts while working with some saying it was a cool and fun way to promote a serious message. "It was just awesome to be involved," one said. "Our team wore the t-shirts with pride," said another.

Staff online viewers
Click here to view the white ribbon day photo gallery

Outstanding Customer Service

Sarel Claassens was among the award recipients.

Congratulations to all the recipients of an Outstanding Customer Service Award.

In all, 58 nominations were received for staff across a range of departments.

The awards were an opportunity to honour fellow staff members for their outstanding customer service skills, and have proved to be a popular and effective way to acknowledge staff members who go the extra mile.

Here are just a few of the comments staff made about their colleagues

❧ "The ultimate receptionist. She is vivacious, zany, lovable and loyal. She is always smiling, cheerful and charming to her clients and workmates. I have never seen her get upset or let patients bother her. She is unflappable. Her work is outstanding, she is quick and efficient."

❧ "He always has a cheerful attitude to all he meets while delivering the notes in his wheelchair. He never complains, always has a kind word for all. He has had a lot to contend with adjusting to a new way of life and has come through with flying colours."

❧ "He is always willing to help out when he can. The absolute best thing about his service is that he is always wearing a big smile and is positive in his approach to his work and his colleagues. We know that when we deal with him it is going to be a positive experience and this makes such a difference to our working day."

❧ "Absolutely dedicated and totally professional in her role. She is very welcoming and extremely generous with her time and energies towards new people to the department. She shows huge commitment to her role and is very popular with both staff and patients. As a recent settler in New Zealand she has gone out of her way in helping my family and I settle in New Plymouth."

Maggie and Cherry, from Customer Services, thank everybody who nominated fellow staff for awards.

Desert Runner Conquers Sahara

TDHB Paramedic Megan Stewart completed one of the toughest endurance races in the world in October. But it's not about crossing the finish line that's important. For her it's the journey.

It took Megan just 18 months from running her first kilometre to completing a gruelling 250km race across the Sahara Desert, in Egypt.

In that short time she went from feeling unfit, unmotivated and overweight to conquering one of the hottest, driest places on earth.

The first kilometre she ran back in February last year left her "buggered". But she didn't give up.

Her exercise regime soon turned into 100km charity walks, then a 50km run in Taupo. Three days prior she put a garden fork through her foot. Not that it was going to stop her entering.

It's this unrelenting drive and fortitude that carried her through the Sahara event, which is part of the Racing the Planet's Four Deserts Series.

Unlike Megan, most of us are pleased with ourselves if we manage a 5km run without stopping. She pushes the boundaries, and she had good reasons.

Friend and world class ultra marathon runner Lisa Tamati asked her to be her chief crew person in the 217km race through Death Valley, in California.

The job involved motivating Lisa when she felt like giving up, monitoring her pace and carrying out health checks.

Megan prepared for months beforehand, fitting her training around her full-time job as a TDHB paramedic and family commitments.

She found it hard going, but was soon addicted to the challenge and wanted to give it a go herself. "It became a bit of an obsession."

First there was a charity run the length on New Zealand. Again Megan accompanied Lisa, running on average 42km a day. "Coming into Taranaki was the best," Megan said. "I'll never forget running past Urenui School with all the kids lined up cheering and doing the haka."

The rules meant there were no support crews for Megan or Lisa when they took part in the Sahara race. It was a test of self motivation and determination.

Megan carried a 12kg backpack with the food and water she needed each day, plus survival gear.

The 250km run was held over six stages, finishing at Pyramids.

Reality hit the first day - 48 degree heat, 40 knot winds and soft sand that feet sunk into. Megan quickly adapted to the changing terrain but paid the price with blisters nearly to the bone, blood seeping from her shoes.

As the days wore on it was the landscape that focused her mind. She stopped to admire fossils believed to be whales with legs that died 40 million years ago, admired a meteor in the sky and scaled sand dunes 120m high.

"You're in the most beautiful place that's so peaceful. The scenery is just amazing - I felt like I was on the moon sometimes."

Megan proudly wore the New Zealand flag around her arm as she ran alongside competitors from 35 nations.

She stopped to help one of them as he struggled to the next checkpoint. He later had to pull out of the event.

It spurred Megan on to finish for him, and the others who wouldn't get to the finish line.

The last and longest 95km leg was the toughest, and Megan collapsed in her tent when she completed it.

The next day was a short distance to the Pyramids where competitors could finally stop and rest, knowing they had just finished one of the hardest feats possible.

"It was very surreal and didn't sink in straight away that I'd done it," Megan says.

The race took her 66 hours to complete. The experience has left a lasting impression on her.

"Going back to the basics of life helps you realise what's important. It was life changing - I know I'm capable of anything now."

Megan has advice for others wanting to reach their goals. "If you give up when something gets tough you're never going to grow as a person. Be strong, suck it up."

She challenges others to chase their dreams. "You can do anything if you believe in yourself."

Click here for info on the Sahara Desert Race

Dealing with Persistent Pain

Members of the PUEA team with some of the PUEA programme participants.

Persistent pain can have widespread effects on individuals, affecting not only the physical things they can do, but also their relationships, sleep and work.

The cumulative effects often result in depression and anxiety. Medicines, although sometimes easing the pain, can result in mental clouding and other unwanted side effects. All these experiences can worsen symptoms.

Single discipline treatment rarely leads to substantial changes in wellbeing for people with longstanding, persistent pain.

Taranaki DHB's Persistent Pain Service Pain Management Programme (PUEA) offers a different way of handling pain. Managing pain and learning to live with it can reduce distress and improve function.

This is done through a cognitive behavioural approach of an interdisciplinary team comprising Pain Specialists/Anaesthetists Dr Lorna Fox and Dr Nic Boheimer, Physiotherapist Kate Shelver, Clinical Psychologist Kate Treves, and PUEA Coordinator and Pain Educator Lara Blundell.

Six programmes have now been run since PUEA started in July 2008 and the seventh is just coming to an end.

Participants attend as a group and the course lasts for 10 weeks, with follow after completion.

Evaluation shows the course is effective in improving quality of life, as well as reducing pain. The results were presented to The Australian and New Zealand Pain Society Annual Scientific Meeting at The Gold Coast earlier this year and feedback was positive.

Plans are in place to also run a shorter programme for people who are less disabled and distressed by their pain.

PUEA means 'to rise up' and the initials stand for Pain, Understanding, Exercise and Adapt.

PUEA Brochure PDF

Click here for info on Persistent Pain Service

Junior Docs Fun Day

Pictured are Sophie Hodgins and Bridget Mooney having fun at the New Plymouth Yacht Club with the other first year house surgeons who have started at the DHB.

The Medical Management Team organised the evening of activities and socialising to welcome the 11 young doctors who will be with us for the next year.

Many have spent time here on studentships or electives and have local connections.

They are:

George Giddings
Alice Minhinnick
Kiyomi Kitagawa
Emily Oughton
Nicholas Brougham
Bridget Mooney
Hannah Crowley
Sophie Hodgins
Amanda Taylor
Sophie Tapper
Luke O'Connor

Project SPLICE Moving Along

Channa Perry is the new Portfolio Manager for Older People and Cancer Services in the Planning and Funding team.

You may know Channa from her previous role as the Safe Community Programme Manager, operating from the Public Health Unit.

She is now responsible for contracts relating to aged residential care, home-based support services and palliative care. Channa is also the Project Manager overseeing Project SPLICE.

Project SPLICE was initiated by the DHB in 2009 to address the projected health needs of the older population and people who have chronic, long term conditions living in the community. The project aims to build on the strengths of general practice and existing community-based services to improve coordination and integration between services.

The first part of the project involved a review of current services and developing a proposed service structure.

This was followed by consultation seeking feedback on the best way to implement the recommendations. A total of 29 submissions were received and the findings will be used to develop the implementation plan. Thanks to everyone who provided such comprehensive feedback on the proposal.

The project is now at the implementation stage, and an initial steering group meeting was held on 24 November. There were two main themes of discussion - firstly around developing an integrated model of service delivery, and secondly about how this service would fit with wider developments across the region, in particular within primary care.

Channa Perry

Project SPLICE was initiated by the DHB in 2009 to address the projected health needs of the older population and those with chronic, long term conditions.

It was decided two groups would be formed to support the implementation process.

One will be a clinical group focusing on the service model. It will include clinical representation from allied health, district nursing, practice based nursing, GPs, Maori health, NASC, specialist educators, specialist services for older people and home-based support services. Additional clinical input may be called upon where needed.

The other group will focus on aligning Project SPLICE with other developments in the health sector, particularly the Business Cases of the Midlands Regional Health Network Trust and the National Maori PHO Coalition.

Regular updates will be provided on Project SPLICE. If you have any questions or would like to share your views please contact Channa on:

ext. 8566

Channa.Perry@tdhb.org.nz

Cooking for Health

Particpants on a healthy eating course get to test their cooking skills.

Participants on a healthy eating course organised by the DHB got to test their culinary skills during practical cooking sessions.

There were 23 community members and DHB staff at the Te Hotu Manawa Maori training over three days in November.

The nutrition and physical activity course, held at Whakaahurangi Marae, was delivered by Te Hotu Manawa Maori and funded by Oranga Kai Oranga Pumau (Community Action Fund).

The training gave participants resources and knowledge to take back to their communities.

Topics included reading food labels, budgeting, nutrition, physical activity, and weight management. There were also supermarket tours.

How food has changed over the years was also discussed, along with how the earth, wind, fire and water play a part in the survival of earth and the circle of life. Participants had practical cooking lessons that produced healthy food choices. To burn off the healthy food, traditional Maori games where introduced to the group.

The games included Poi Toa, which focuses on throwing techniques to improve reactions and to keep the wrists supple and strong. Another was Ki o Rahi, played with a small round ball and combining aspects of rugby, touch, netball, basketball and Australian rules football.

The participants learnt some handy tips. "I am keen on the bartering of fruit and vegetables and I think it could be extended to home produced cooking and preserves as well," said one.

"We very much enjoyed the three days we all spent together. It was one of those occasions where you don't want to leave," said another.

This course was a pre-entry to the Level 4 Certificate to be held in 2011.

Click here for info on Te Hotu Manawa

General Manager on the Move

Joy Farley

Joy Farley, General Manager Hospital & Specialist Services, is leaving the DHB after many years.

Joy has been a key figure in Taranaki health services, after commencing work as a staff nurse more 20 years ago, and moving to hold various leadership and management positions Taranaki wide, and notably in her current General Manager role since 2002.

Joy will be leaving at Christmas time, and Rosemary Clements will be Acting General Manager Hospital & Specialist Services.

The health sector will continue to benefit from Joy's experience and skills. In the New Year she will be working for the Ministry of Health - National Health Board Business Unit.

Joy has made a significant contribution to Taranaki over many years and we all wish her the best for the future.

City Pulls Together

Health Care Assistant Barbara Ritchie was called up to go to Christchurch just hours after she volunteered to help Canterbury DHB.

Her duty manager suggested she put her name forward after the request was sent to all staff. That night, she was on a plane heading to Christchurch. "I didn't have time to think about it."

She arrived at night, not seeing the damage from the major earthquake until the next morning. "It was really incredible after seeing it on TV."

The Christchurch earthquakes caused damage and destruction.

Barbara was sent to Nurse Maude, a care agency that supports clients who need help in their homes.

The former enrolled nurse knew of the stress residents were under from talking to friends and family in Christchurch. She chatted to clients, getting an understanding of what they were going through.

"Most were okay because they had support from their families and neighbours. But the earthquakes were really scary for them. They were just exhausted."

Barbara stayed for six nights and found the experience rewarding. "I felt I did something to help so staff could have time at home. It was neat seeing the whole city pulling together.

Nurse Maude Director of Nursing Sheree East sent a letter of thanks to Barbara.

Sheree said Barbara's assistance helped reduce pressure on the staff members who had to deal with damaged homes from the earthquake. "What has made a huge difference is the support and very practical assistance you so freely and generously offered when we needed it most," Sheree wrote.

Meeting Staffing Needs

Allocations Unit staff members Shellene Remihana, Sheree Dear and Donna Harridge.

There's been plenty of work going into Project Whakapai, with three staff members in the Allocations Unit working closely with the duty managers and team leaders to fill staffing gaps.

The unit works with managers, and together using the new HWS software tool they can make the most of staffing resources.

The software has been introduced to help with workforce planning and allocating staff to cover sick leave, vacancies and specialing.

Project Whakapai's Laura Austin says the tool is mainly being used for casual and part-time nursing staff. However, all departments are expected to use the system by early next year. "It's important our nurses let us know when they're available to work extra shifts. The key is keeping the information up-to-date."

Recruitment is underway for the nursing and health care assistant pools to increase their permanent staff numbers which will provide cover for other workers, she says.

"It's still early days but through effective planning we'll see the recruitment of more staff which will reduce overall personnel costs."

Staff can contact the Allocations Unit on 027 440 2835 between 6am-8pm week days, and between 9am-2.30pm on weekends.

Defibrillation Project Could Save Lives

Nedina Hohaia, of Parihaka, practises CPR on a model.

A project to donate defibrillators to highly populated or isolated parts of Taranaki has seen the machines go into a school and marae.

Cardiologist Dr Ian Ternouth bought 10 automatic external defibrillators in September with money gained from Taranaki patients who were involved in cardiac drug trials.

The automatic defibrillators give electrical currents to victims of cardiac arrest and are designed to be operated by anyone in the community. When used in conjunction with CPR they have the potential to save lives.

Dr Ternouth and Resuscitation Coordinator Nicky Lumb are in the process of placing the machines in areas which have large numbers of people or are geographically isolated.

So far New Plymouth Boys' High School and Parihaka Marae have received one.

In October, Nicky and ED Nurse Educator Kareen McLeod delivered the defibrillator to Parihaka Marae, and ran CPR training. All the residents received training.

Parihaka Paa attracts many people to its hui throughout the year, including the Parihaka International Peace Festival.

"Having the defibrillator housed at the marae has been gratefully received by the Parihaka people," says spokesperson Nedina Hohaia, who is also a TDHB health promoter.

"In an emergency situation, of which there have been many over the years, it can take 30-45 minutes for an ambulance to reach Parihaka Paa. Having the defibrillator onsite will greatly increase the chances of survival for potential cardiac arrest victims," Nedina says.

The defibrillator will also be available to the wider community which is predominantly farming.

Medication Reconciliation Project

TDHB Clinical Pharmacist Tess James shows patient Jessie Munro the new green bags for storing medication.

Patients coming into hospital should bring all their current medications with them - and the Taranaki DHB is making it easier for them to remember.

The DHB's Medicines Reconciliation Project is set to reduce medication errors, improve efficiencies and provide safer transcribing.

Part of the project is the introduction of green bags for people to store their medicines in whilst in hospital. The bright green bags are for high medication users and are a helpful reminder to bring medications to hospital.

TDHB Chief Pharmacist Elizabeth Plant says it is vital people bring their medications with them - whether it be to the Emergency Department or the wards - and be willing to discuss what they are taking with the doctors.

"The doctors need to accurately know what medications people are taking prior to admission to ensure assessments and treatment can be thorough and accurate."

The DHB is involving everyone with the introduction of green bags for patient's medication. This includes GPs, rest homes, hospital departments and pharmacies.

Mrs Plant says the project focuses on how medication information is handled from admission to discharge. It involves a new electronic reconciliation process to better track patients' medication changes during their hospital stay.

This is a national pilot undertaken in conjunction with the Safe Medication Management Programme and the National Health IT Board.

Life Changing Diagnosis

A multidisciplinary approach and psychosocial support are helping Taranaki families whose children are undergoing treatment for cancer.

Four-year-old Paul Hinz, affectionately known as the little cowboy, and his family are among those being supported by staff using the psychosocial model of care. Paul has cancer treatment in Taranaki and at Starship.

In 2004, research into the psychosocial support as part of the Paediatric Oncology Service at the DHB was initiated by the late Dr Alan Parsons.

The research included surveying families of children and young people who were diagnosed with cancer and received treatment.

The questionnaire focussed on the impact that the diagnosis and treatment had on their quality of life, psychosocial needs and the support they received.

A psychosocial model of care supports our little cowboy Paul Hinz and his family to manage his cancer treatment.

The Paediatric Oncology Multidisciplinary Team meets every fortnight.

Recommendations highlighted the need for a multidisciplinary approach and effective psychosocial support in the treatment of childhood cancer.

A model of care embracing these principles was implemented.

A Paediatric Oncology Multidisciplinary Team was established and meets every fortnight. Patient and family needs are discussed and appropriate referrals made to relevant health services.

Successes Shared at Conference

Paediatricians gathered in New Plymouth for their annual meeting.

Paediatricians and other health professionals descended on Taranaki for the Paediatric Society of New Zealand's annual scientific meeting.

The conference, themed Back to the Future, was held at Base Hospital over two days in November. It focused on the importance of early intervention and treatment.

Taranaki paediatrics showcased initiatives to participants, who come from all over New Zealand.

The initiatives gave tribute to the late Dr Alan Parsons. His vision and advocating for best practice contributed to establishing the paediatric service models in Taranaki.

One of the projects highlighted was the DHB's Paediatric High Needs Service Coordinator. High Needs Service Coordinator Anne Llewellyn says the role enables more productive use of skilled paediatrician time and productive outcomes for the child and family.

Paediatrician and conference convenor Raimond Jacquemard presented the pathway developed for assessing and managing children with ADHD.

Social Worker Marianne Pike's presentation focused on research and findings on the impact that cancer diagnosis and treatment has on families' quality of life, psychosocial needs and the support they receive.

The conference also included international speakers.

The Paediatric Society of New Zealand dedicated the conference to the memory of two of New Zealand's finest paediatricians - recently deceased Dr Robin Fancourt and Dr Alan Parsons.

A True Gentleman

John Healy

Our highly regarded Mortuary Assistant John Healy sadly passed away in November.

John worked at Base Hospital for more than 24 years as part of the team in Histology, during which time he gained his registration as a Qualified Medical Laboratory Technician through the Medical Laboratory Science Board.

He will be remembered for his willingness to help people, his kindness and sense of humour.

LabCare Manager Gloria Crossley said lab staff will miss John's professionalism, compassion and fatherly advice. "John was always the peacemaker."

He was always helping repair things, arriving in the mornings armed with drills, nails, saws - whatever he thought was needed, sledgehammers even. "He was the laboratory Mr Fix It and this extended to staff outside of the laboratory as well."

John was a visionary - he started working with the police and schools in educating young people by talking about some of the things he had seen and dealt with.

"You always knew with John that his word was his bond and a handshake sealed any deal, he was truly an all round good bloke," Gloria said.

She said he proved dyslexia was no barrier to gaining registration and having a successful career.

Through his mortuary duties he worked with several pathologists and pathology registrars.

Taranaki MedLab Pathologist Dr David Innes said John was a great man. "He had such generosity of spirit. He was encouraging, compassionate, generous and kind."

"He did so much for others, and always without any expectation for the favour to be returned. He touched the hearts of so many people. This place will never be the same again without my friend and colleague John."

A midwives and mates team, called M & Ms, took part in the Round the Mountain Relay in November.

The team of 12 and finished the event in 16 hours and 15 minutes, coming 20th out of 42 teams. The midwives were Karen Rutter, Ali Jennings, Julie Mellor and Rosemary Darby.

Click here for info on Round the Mountain Relay

A talented group of staff members celebrated Scottish Week (17-25 September) by demonstrating their dancing skills to staff and patients in Ward 1.

The dancers were Nurse Manager Ward 1 Sue Williamson, Speech Language Therapist Caroline Blume, Dietitian Suzie Konijn, Transfer Nurse Mary Coronel, Dietitian Gillian Gonthier and Scottish Country Dance Club member Deidre Brockhill.

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