

December 2011

PULSE

the newsletter of the Taranaki District Health Board

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Lessons Learnt from Christchurch

Living Well With Dementia



Taranaki Together, A Healthy Community
Taranaki Whanui He Rohe Oranga



CEO Tony Foulkes

Looking back on 2011 it has been a challenging year for the health sector. I would like to acknowledge and thank all DHB staff, those of the primary and Māori health organisations, and the wide range of other organisations and individuals, paid and volunteers, who have worked tirelessly for local people.

The hospital and specialist services have continued to experience cost growth as complexity and demand for services increase. Nevertheless, we can be proud of the team involved in these services who have done an admirable job in delivering good quality care and in many instances more services than before, whilst also balancing the resources available.

The clinical and support teams throughout Taranaki have again exceeded service level targets in both hospital and community based settings. New service models have been introduced such as the significantly improved community oral health services with five new community hubs and outreach mobile services.

Positive progress occurred in the year with the Midlands Health Network, and the Hauora Coalition developing primary care services, and the formation of a new Te Kāwau Maro Alliance to improve Māori health outcomes. We look forward to working further with these groups to see tangible service improvements for Taranaki people.

We continue to seek ways of improving how hospital services are organized to benefit patients through initiatives such as 'Releasing Time To Care' for nursing staff in the inpatient setting; and being a national pilot site for electronic medicines reconciliation which we expect will ultimately improve patient safety across the community.

"Project Whakapai" has enabled us to improve the planning and management of staffing costs

whilst also increasing new graduate clinical staff. Other workforce development initiatives through partnerships with schools and other agencies are investing in our workforce of the future, with a special focus on Māori.

Staff and user groups have made significant progress in completing the design work of "Project Maunga" Base Hospital redevelopment, and construction started on track in mid-2011.

We expect all Taranaki people to be benefiting from new operating theatres, day stay services, and inpatient wards in 2013. These exciting developments will provide a better quality environment for patients and staff, improved patient flows, more capacity and a facility fit for purpose with new models of care for the future.

Whilst the national Health Targets capture perhaps only a small part of what is necessary and important to our community's health – they do provide a focus for action and improved performance in priority health and disability areas. Taranaki has contributed to the significant progress made in these areas.

Our innovative approach to information systems services through HIQ has enabled support to clinical and business services, and has provided valuable leadership and collaboration regionally and nationally to help deliver the National Health IT Plan.

We are implementing our first Midland Regional Clinical Services Plan with four other DHBs, which we expect will help maintain access to more vulnerable services across the region and support the development of others.

Partnership with other DHBs is very important to ensure we can provide access to appropriate care and treatment for Taranaki people, as well as avoiding duplication wherever possible and getting the best value for money. We can expect this activity to continue by working with the National Health Board and other shared service agencies.

Services to the value of over \$310m continued to be funded and provided for the people of Taranaki in the year. As we aim to balance high quality health services with our reducing proportion of the national population funding there continues to be real challenges.

Looking ahead - Our planning and providing access to care support and treatment will continue to be for the whole Taranaki community. To do this within the resources we will likely have in the future however, will require some significant change.

It is widely accepted by clinicians and others involved that we need to change the way in which we provide services, and how services relate to one another caring for the same patients. Some of those changes will mean challenging ourselves about who does what, where and when. They may be through the greater use of technology to help clinicians, patients and their carers, to have the information they need when they most need it, and for it not do be duplicated in different places. This will be with the aim of timely, and potentially better care or treatment.

In hospital services we will achieve this through the ongoing hard work of our clinicians and support staff, and more broadly through collaboration with PHOs and other partners locally including the community, other DHBs and agencies regionally and nationally. This will need everyone to look at how we organise services with a willingness to change, to best serve our community.

In the meantime a special thank you to everyone around the sector who will be ensuring services continue over the holiday period. I hope everyone is able to enjoy some time with friends and family. Thanks again for your contribution, and very best wishes for 2012.

Tony Foulkes
CHIEF EXECUTIVE

FRONT COVER

Cherry Blossom tree -

Child and Adolescent Community Centre (CACC)

"This beautiful tree has been here as long as anyone can remember - it is home to a multitude of birds and with the nesting boxes in place we have also become a maternity ward. When the blossom is out, the tree is a joy to behold - the children love watching the blossoms fall (just like it is snowing). We a truly blessed."



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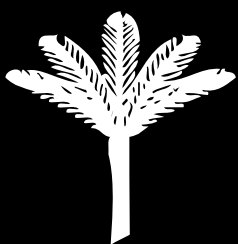
The Pulse is the newsletter of the Taranaki District Health Board. We welcome your ideas and contributions please submit them by email to:

communications@tdhb.org.nz

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For an interactive colour version of the Pulse visit:

www.tdhub.org.nz



Key



website or intranet link



email link



phone number extension



brochure

Welcome

The Communications Team would like to welcome their new graphics and website designer, Melanie Clark to the team.

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Clinical Board Update

The issue of consenting for medical procedures can be a minefield of legal complications and getting it right is key from a patient safety point of view. This last couple of months has seen the completion of the work which the Clinical Board commissioned to review and revise the general consent form and patient leaflet. The new form was ratified by the Clinical Board in October and will be in use very soon. The form will be simpler to use for both patient and clinician and meets legal requirements around this tricky topic. Alongside the form, is a new patient leaflet which clarifies the legal position of informed consent and who can give it. Posters for waiting rooms covering key points have also been designed and these will be on notice boards in key areas around the hospital.

The Clinical Board also approved a new policy to cover the safe introduction of new interventions. This is to provide guidance in situations where new types of procedures are introduced at Taranaki DHB to ensure they are carried out safely and by appropriate clinicians. This policy covers procedures that are new to Taranaki DHB but not necessarily new to New Zealand. The Credentialing Committee will also play a role in this area to ensure doctors are working within their scope of practice.

The newly set up Health Quality and Safety Commission is beginning to make its presence felt and is keen to see DHBs focus on Patient and Family-centred care. They hosted a two day conference in Auckland on the topic with an excellent speaker brought from Maryland, USA and feedback on this

was provided to the Clinical Board. It is a concept based on common sense and ensures that what we do at the hospital meets the needs of patients and their families rather than being exclusively designed to meet our own ways of working. This topic has found a place on the Clinical Board's work plan for 2012.

For more information on the Health Quality and Safety Commission, you can go to their website at www.hqsc.govt.nz

Alternatively, you can see the latest newsletters from them on the intranet under About Us/Clinical Board/Updates, Links, Information from Meetings/ Newsletters from the Health Quality & Safety Commission.



Staff online viewers
Click here for more on the Clinical Board

The best gift for your whānau...



The best present you can give your family/whānau this Christmas is to quit smoking.

All Taranaki DHB staff are eligible for FREE Nicotine Replacement Therapy to help them on their journey to be smoke free this summer.

Nicotine Replacement Therapy (NRT) is a safe way of administering nicotine without the harmful chemicals that are found in cigarette smoke.

NRT helps to reduce withdrawal symptoms and cravings to smoke by using lozenges, patches and gum over a 12 week period. Ongoing support will double your success rate.



Contact one of our Smokefree Liaison Nurses for your Quit Card and more information on quitting and staying QUIT.

New Plymouth: Ext 8739 / Pager 428
Hawera: Pager 349 / Mobile 0275533779

Alternatively you can freephone **0800 778 778 (Quitline)** or contact one of our local cessation support services:

Piki Te Ora - (06) 759 7305
Ngati Ruanui Tahua Trust - (06) 278 1310

Becoming Smokefree will be one of the best things you can do for yourself and your family/whānau. This may not be an easy thing to do but don't give up. Me Mutu – Kia Kaha!



Smoking Cessation Services Brochure

Taranaki DHB Christmas Lunch



Wearable Arts

Taranaki DHB staff members were looking wackier than normal on Tuesday 6 December at the Wearable Arts Fashion Show.

Fifteen departments entered an outfit that had to be made from reusable and recyclable materials from their department. It was clear we have some talented people working here as the thought and effort put into the designs were outstanding.

Congratulations to Maternity who won the overall prize of Best in Show, Emergency Department were Most Creative and LabCare had the Best Use of the Three R's. The quality of the entrants were so great that we even had to throw in a fourth prize! This went to Sterile Services for Best Catwalk!



Wearable Arts photo gallery



■ Maternity

Your First Aid Kit

for the Festive Summer season

With Christmas, New Year and the summer holiday season just around the corner, people need to think about their drinking to make sure the season is fun and safe for everyone.

If you're hosting or organising a party this festive season the following tips will ensure everyone has a safe and fun time.

1 Alcohol seems to be normal for some people to include in social events but it's important to remember that it may not be the norm for others. You can respect your guests by supplying various non-alcoholic drinks and offering these before you offer them any alcoholic ones. Have a go at some fun Mocktails!



the correct amount of alcohol to remain under the legal limit to drive. At the end of the night it is much more enjoyable to go by a check point with the confidence and clear conscience that one has not had any alcohol. Look after your guests and call a Taxi, organise a sober driver or ask them to stay over for the night.

2 Food is an important part of any party especially one that involves alcohol. Supplying the food at the start of the event rather than half way through or at the end is the best option. Few people can resist a tasty treat. The best party foods are those that take longer to digest such as, bread, pasta and wedges. Eating helps slow the absorption and effects of alcohol.

4 Keep the Party live

Plan activities with lots of movement as this takes the focus away from alcohol. If there are children present, plan supervised and safe activities away from alcohol.

3 Driving

If you are driving home from an event then zero alcohol is the recommended limit. This is the foolproof way to enjoy the night rather than make the mistake of trying to estimate



5 Out and About

If you are planning on going out on the town, eat before you go out and make sure you have a plan to get home safely. Alternate drinks with non alcoholic beverages and keep your drink with you at all times.

There are plenty of help options available for anyone affected by their own or someone else's substance use - contact the **A&D Service 753 7838, A&D Helpline 0800 787 797.**

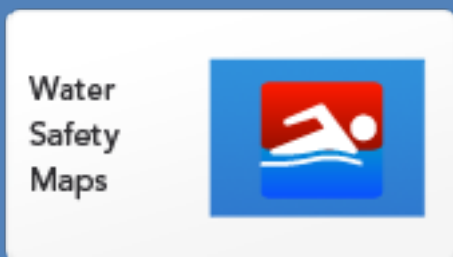


Did you know you can check the Taranaki DHB website to see if lakes, rivers or beaches near you are safe to be in?

The Taranaki DHB Public Health Service uses water quality data gathered by the Taranaki Regional Council to monitor selected coastal and freshwater sites across the region during the summer bathing season (1 November - 31 March). On our website you will find a coastal map and a fresh water map showing the monitored sites and whether they are safe for recreational activities, which include swimming, boating, fishing, jet skiing and kayaking.

Next time you are planning a day in or on the water, check out the website for where you can and cannot swim this summer. You can also see weather updates for all those boaties out there.

Check it out – Click the icon below or go to www.tdhb.org.nz



Summer is also when we are most at risk of getting burnt, leading to skin cancer in later life. Take care and cover up when outside, especially the kids! Just because it is overcast doesn't mean you are protected from the sun's UV rays. When in and around water remember to apply sun block regularly.

Summer BBQ's

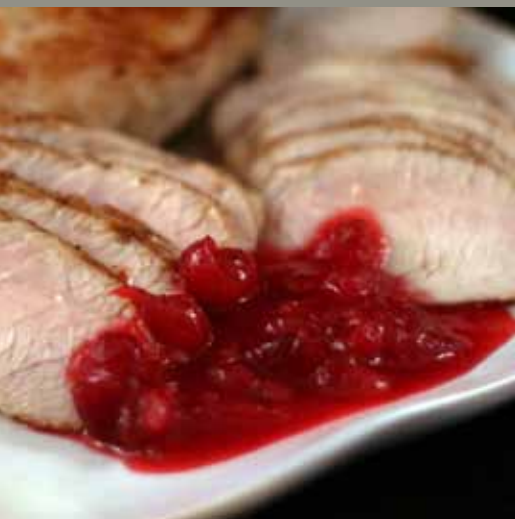
Unfortunately summer is when we see the most food poisoning. Camping or baching with inadequate refrigeration in the hot weather is often the issue. Remember to buy ice for the chilly bins regularly. Rotate food and don't overstock. Buy perishables each day if you don't have good refrigeration and don't overstock your fridge.

Remember the 4 Cs - Clean, Cook, Cover and Chill.

- ▶ **Clean** - Always wash and dry your hands well before cooking. Have clean preparation areas, chopping board and benches.
- ▶ **Cook** - Cook food through properly, especially on the BBQ when it is easy to overcook the outside and not cook the inside. Mince, sausages, or chicken should never be pink in the middle and be particularly careful around the bone for chicken.
- ▶ **Cover** - Always cover food in the fridge so nothing can drip on it and cover from flies when out on the table or bench, especially when dining outside.
- ▶ **Chill** - Never leave food out of the fridge for more than one hour. By then it is getting to room temperature which is what bacteria thrives in!

Feel good about yourself over Christmas and New Years.

Christmas doesn't need to be a time of excessive heavy eating and weight gain. Lighter meals are often more appropriate in our summer climate so here are a few ideas to make your traditional Christmas dinner lighter:



Rather than serving your turkey with its skin on, and with gravy, serve it with the skin removed after cooking and with cranberry sauce.

Have new potatoes, carrots and green vegetables just steamed rather than roast vegetables and cheese sauces.

For dessert serve fresh berries and other fruits with yoghurt rather than cream and ice cream.

Decorate your Christmas cake with nuts and glazed fruit on top rather than icing.

Gillian's Salsa

A recipe from dietician

Gillian Gonthier

This recipe is very nice with Christmas ham along with other cold meats such as chicken, turkey or fish. Vary the fruit depending on what is available and what meat you are having it with.

- Fresh mango, pineapple, peach or nectarine, chopped into small even sized cubes/pieces
- Fresh coriander, chopped
- Red onion, chopped very finely
- Crushed garlic
- Fresh ginger, grated
- Fresh chilli, whole, deseeded, chopped finely
- Lime or lemon juice

Start with your fruit and add other ingredients to your liking. Refrigerate until required. ENJOY!

Don't Sweat it This Year:

There is no denying that Christmas can be a stressful time in different ways for different people.

We often escape the stresses of work at Christmas only to face the stresses of the right gift, catering fully for loved ones or just hoping we make it through another one relatively unscathed. Christmas seems to be an event we both look forward to and resent at the same time. It occurs to me that commercialism and materialism have forcefully pulled us away from what Christmas should stand for and that is personal values, be they religious, family or otherwise. This pull gets stronger with each generation and consequently our stress levels have risen. If you think you are immune then look around as someone

close to you is likely carrying your share of the stress. If not, then good for you as you are probably more focussed on values than keeping up with the Jones's or expressing your self worth or love through gift giving.

Keep it simple this year folks. Decide early on what you want Christmas to mean this year and remember that love, self worth and respect won't be found in a bottle, an expensive gift, the biggest ham on the block or making sure everyone else is happy on the day. Make a simple family tradition such as a picnic, walk along the walkway, a day at one of our many wonderful beaches or parks. Share the load and let the load be shared. Make that decision to let Marbles cook and do the dishes this year if that is what you want. If you find

your stress levels start climbing then take time out to do something that you know helps whether it be listening to music, going for a walk or talking to a friend. Stay in the moment, it is amazing how much we can stress about an event that has not even happened yet. Have a little tittle if that feels right but many a Christmas has been destroyed by trying to 'get through' with the help of alcohol or drugs.

You may pass up this advice which is fine but you might as well start stressing about Christmas 2012 now because it will be familiar to you as a perpetuating experience.

Good luck and best wishes,
Drew Hignett
Clinical Psychologist

Lessons Learnt from Christchurch

There are very few positives that come from a disaster on the scale of the Canterbury earthquakes, but one positive is the opportunity to learn from the experience.

The Canterbury health sector was significantly impacted by the earthquakes and will continue to be so for some time.

However, individual staff and groups from within the Canterbury DHB as well as various other health providers and organisations from Canterbury have kindly shared their stories with us and provided feedback that will help DHB's across New Zealand be prepared to respond to large scale emergencies.

At Taranaki DHB we are incorporating these learning's in the further development of our emergency processes, resources and training both now and into the future.

Since the earthquakes Taranaki DHB has had 15 staff members go through CIMS (Coordinated Information Management System) training to understand and deal with emergencies. Seven have gained this at CIMS 2 level and eight at CIMS 4 level. The Social Work professional group has also received personal/home emergency preparedness training at a recent study day.

Some of the lessons to come out of the Christchurch earthquakes so far are...

Hospital facilities, staffing and service delivery:

- Importance of staff personal/home preparedness influencing their ability to come to work in the initial response
- Availability of emergency and personal safety equipment throughout the hospital
- Importance of emergency communications (EWIS intercom, hand radios) to gather intelligence, get information and direction to staff and to calm the situation
- Roles and responsibilities clarified on "Job Cards"
- Prepare for utility failure as even backup generators will not always function immediately
- Access to medical supplies likely to be required in a mass casualty event
- Security issues e.g. unwanted people accessing areas
- Better orientation and induction of staff deployed from other DHBs
- The importance of patient management back up systems
- More focus on earthquake response during staff emergency training



■ Christchurch Cathedral after the February 2011 earthquake

Wider DHB, Public Health and Primary Health

- Ensure robust liaison with other agencies
- Importance of existing relationships both within the health sector and with other response agencies
- Public Health services workload was very high with water testing and developing advice/public messages
- Casualties turning up at the nearest health facilities which were ill-equipped non acute clinics, GP surgery's and other services
- The impact on and the coordination requirements of the 'Vulnerable Persons' sector was underestimated
- The importance of backup for IT systems and stored information

Taranaki DHB sent one staff member to Christchurch after the September 2010 event and 13 staff after the February 2011 quake. From evaluating this response we found the following important points to consider:

- Provide staff going into a disaster environment with emergency equipment kit
- Enhance HR processes and protocols
- Levels of support to individuals by TDHB and CDHB both during the deployment and on return

If you have recently attended any forums where there have been presentations or lessons learnt from Canterbury we would like to hear from you. Please contact Mike Broker, Emergency Management Coordinator extn 8544.



Mike Broker, Extn 8544

Baby Friendly Hospital Initiative

On 13 October, Hawera and Base Hospitals and Elizabeth R in Stratford were awarded with a certificate for being accredited as a Baby Friendly Hospital.

The Baby Friendly Hospital Initiative (BFHI) assists all maternity hospitals to become centres of breastfeeding support. A baby friendly hospital adopts ten steps to successful

breastfeeding, and provides good care before, during and after birth.

BFHI is a World Health Organisation and United Nations Childrens Fun initiative.



■ Base Hospital



■ Elizabeth R



■ Hawera Hospital

Clinical Records Committee

Did you know that we have a Clinical Records Committee that provides advice on all aspects of medical records?



■ Clinical Records Committee

The committee is made up of representatives from Medical, Nursing, Allied Health, Quality Risk, IT and Medical Records from across the DHB. The group was formed in the mid 1990's and now meets on a regular basis every six weeks.

Over the years the committee has seen many changes to clinical records and will continue to review and improve these processes.

Recently it was involved with updating the clinical records folder to make the identification of alerts and allergies

easier to locate. The committee also approves all clinical forms across the DHB, and so far this year has received new forms from areas such as Maternity, Paediatric Therapy, Emergency Department and the Intensive Care Unit. A new form procedure and checklist has been developed to help standardise forms and can be located on the intranet under Policies and Procedures/Clinical Practices.

To ensure best practice in clinical documentation the Clinical Records Committee carries out audits with the help of staff members. A recently developed audit involves checking the completion of the newly adopted WHO Surgical Safety Checklist. This checklist is being adopted worldwide as a way of ensuring safety for patients undergoing surgery and will occur in our DHB annually.

The future of clinical records is set to keep changing with direct input into DHB's from the National IT Health Board. They aim to improve patient safety by allowing New Zealanders to have a set of personal health information electronically available to them and their health providers. Patients will be more involved in the collection and use of their health information with health care providers having clearly defined roles when collecting, using and sharing personal health information.

The impact of electronic medications management that is currently being implemented in TDHB, further development of electronic records and Project Maunga will influence the work of this committee in coming years.



For further information on the IT Health Board plan click here.

Project Maunga update

Since the beginning of construction in late August of this year a huge amount of work has taken place on the Project Maunga redevelopment site. Approximately 20% of the work is completed and the building site is looking very busy!

During the last three months and as of Tuesday 30 November:

- All concrete foundations have been poured
- 80% of the columns for Level 0-1 are completed
- 50% of the columns for Level 1-2 are completed
- 60% of the double T flooring units for Level 1 have been put in place
- 40% of the Level 1 floor slab has been poured
- Work on the double T flooring unit for Level 2 has started
- Approximately 200 people have worked on site so far

Recent activities for the Project Maunga Office have included the finished Mock Up Theatre. This was a great opportunity for theatre staff to get a feel of what the new theatres will be like and give feedback to the Project Maunga team.

In November the Prime Minister John Key walked and talked with construction workers on a visit to the redevelopment site. He was taken on a tour by Fletcher Construction Project Manager Chris Goldsbury. Click here to see the photo gallery on the staff intranet.

The Project Maunga Office wish you all a joyful Christmas and prosperous new year!



Check out some of the latest photos and recent Project Maunga newsletters on our website



■ Prime Minister John Key (right) during his visit to the Project Maunga Site

Work Life Balance study day a hit with staff



During 2011 Taranaki DHB staff were able to take part in a study day about work life balance. One was held in the first half of the year and as this proved to be so popular they decided to do another in November.

The day included topics on sleep, happiness, healthy relationships, managing stress, and eating well to stay well. The Caci Clinic sponsored the day and supplied each participant with a gift bag.

The day was an interactive study day and emphasised ways to help staff to keep themselves healthy and happy at work and at home. The Eat Well to Stay Well session asked the participants to write down their typical work lunch and the dieticians provided some helpful information on ways to boost energy levels during the work day.

Both sessions were very popular and feedback supported the idea of continuing the study days. So next year there will be another two!

For more information about the study day contact Bronwen Pepperell.

Some of the comments from attendees:

“Awesome, really enjoyed it!”

“I have loved this day!
Best Study Day I've been
to in ages! Thank you”

“The best one
yet in the 34
years I have
worked here!”



bronwen.pepperell@tdhb.org.nz



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Cupcakes for White Ribbon Day



On Friday 25 November Taranaki DHB staff supported White Ribbon Day.

Yummy White Ribbon Day cupcakes were used as a 'sweet' approach to promote the cause. Staff and visitors to both the Hawera and Base Hospital café were able to take a free cupcake including a diabetic cupcake option and a white ribbon and learn more about the background of White Ribbon Day.

While most staff knew the meaning behind the day, Family Violence Intervention Coordinator (FVIC) Nathalie Esaiiah-Tiatia said, "staff were surprised to hear that the cause was first developed and lead by men in Canada campaigning against violence towards women". Now White Ribbon Day is recognised internationally and in New Zealand.

Nathalie has been in her role as FVIC since 2007 and says staff knowledge and support for days like this has increased.

Her job focus is on developing policies, procedures, systems, supports and training on how the health sector responds when people come to the DHB who are experiencing family violence. "This work is about behavioural change within health and will take time" says Nathalie.

"White Ribbon Day is important for us because it identifies there is a problem and that there are things that people can do to stand up against violence".

Nathalie would like to thank everyone who supported White Ribbon Day and especially Tu Tama Wahine O Taranaki who worked alongside the DHB to help profile the day.

Staff set expectations for themselves

Staff in Medical Records and Clinical Coding have a new motto to go by and manager Darren Warburton says it has worked wonders for staff morale.

After discussing the Taranaki DHB's vision at a recent team meeting all staff were asked to come up with a statement for their own service which described the contribution they make to the DHB and how they wished to be perceived by their customers.

Darren Warburton said the idea came from a Leadership in Practice programme about organisational visions, departmental visions and staff expectations that he attended.

Clinical Coding

"To code accurately and efficiently to meet monthly Ministry of Health deadlines"

Medical Records

"To meet all demands professionally, with a smile!"

"These statements are now up on the walls of the department and are a constant reminder to ourselves and our customers of why we are here" said Darren.



■ Clinical Coder Puaele Westhead (pictured right) and Donna Burton Medical Records Clerk were presented with flowers after coming up with the winning entries in their departments.

Therapeutic Play

Dr John Sanders is given a make over by 4 year old Grace Patterson on Sunshine Street, Taranaki Base Hospital Children's Ward.

Play Therapist Sharon Luque was helping Grace be prepared for a procedure she needed to have. "We just went with the flow and ended up putting make up on all the doctors and nurses. It was a real hoot!" said Sharon.



■ Dr John Sanders and 4 year old Grace Patterson

Therapeutic play helps distract kids while having a procedure or educate them about their surgery.

RMO's final get-together

Taranaki DHB RMO's had their final get-together dinner in November. The annual event was organised by Dr Yunmi Kim with help from Dr Luke O'Connor and Dr Jonathan Albrett who organised the awards.



Voting for the awards was open to various staff members and the certificates were awarded at the dinner. Some of the prizes awarded were as follows:

Most Approachable House Officer/ Best Ward Manner - Amanda Taylor

Most Supportive Registrar On Call
Sean Liddle

Best Looking Male RMO
Moritz Lua

Best Looking Female RMO
Yunmi Kim

Best Dressed RMO
Amanda Taylor

Best Shoes
Hannah Crowley

Worst Shoes
James Ferguson

Best Consultant Look a Like
George Giddings
(Mr Gilkison)

The Taranaki Base League of Heroes

A couple of Taranaki DHB House surgeons put together a team of fantastic talent to do the Round the Mountain Relay in early November.

Pictured is the Taranaki Base League of Heroes who did well to finish the 150km race in 12 hours and 56 minutes.

Back row: Lucy Guard aka Wonderwoman (nurse), Bridget Mooney aka Moonenator (House Officer), Hilary White aka Super Hilary (Community Pharmacist), Jaala Goodwin aka Supergirl (Pharmacist), Tess aka Nike Goddess of Speed, Sean Liddle aka Robin (Surgical Registrar), Laura Skyme aka Big Ted (House Officer), Olly Johnson aka Teenage Mutant Ninja Turtle (Orthopaedic Registrar), Kiyomi Kitigawa aka Ninjagawa (House Officer).

Kneeling: Helen Armstrong-Brown aka Supergirl (Cardiac Sonographer), Tim Bland aka Batman (Architect), JP Peyer aka The Incredible Hulk (Pharmacist), James Mcrae aka Spotty (Medical Registrar), Bevan Jenkins aka Spiderman (Surgical Registrar).

Front: Sophie Hodgins aka Spiderman (House Officer)

Not Pictured: James Barr aka Welshman player (House Officer), Luke O'connor aka Undie Man (House Officer)



Physiotherapist finishes top 20 in World Champs.

Taranaki DHB physiotherapist Leah Barnfield travelled to the United States of America in November to compete in her first Long Distance Triathlon.

However, the World Championship event quickly turned into a Duathlon due to less than ideal conditions on the day. Heavy rainfall and snow the day before meant that the swim was cancelled. The event was initially to be a 4km swim, 120km bike and 30km run.

"It was cold initially and quite windy so made for a challenging event" said Leah. "The bike and run courses were a good challenge, very hilly with not many flats".

Competing in the 25-29 years section, Leah did very well to finish the race in the top 20.

"I was pretty happy with it, going to the event my expectation was to finish and learn as much experience as I could from the event since it was my first world championships, so overall very pleased with what I achieved" said Leah.

Leah spent eight months training for the race where she lived and breathed running, biking and swimming. "On average I spend 20 hours plus each week training" said Leah.

"It certainly becomes addictive".

This training hasn't stopped since her return home with Leah currently working towards the Port Tauranga half iron-man and the Wanaka half iron-man in January. She will also compete in local triathlons.



"It was cold initially and quite windy so made for a challenging event"

November

During November each year, Movember is responsible for the sprouting of moustaches on thousands of men's faces in New Zealand and around the world. The aim of which is to raise awareness for men's health, specifically prostate cancer and depression.



A group of Taranaki DHB men took the challenge to change the face of men's health by growing, trimming, grooming and maintaining some outstanding moustaches.

The Taranaki Mo Bro team was lead by Dr Bevan Jenkins and together managed to raise \$465 for men's health in New Zealand.

Also in the group of Mobro's were Tim Cutfield (Medical Registrar), James Wilkins (House Surgeon ED), Tim Connole (Physiotherapist), Joshua Johnson (Physiotherapist), George Giddings (House Surgeon), Richard Ponton (Medical Registrar), James Barr (Senior House Officer), James Johnston (Surgical Registrar) Callum Gately (Senior House Officer), Sean Liddle (Surgical Registrar) and Dave Grant (House Surgeon).



■ Dave Grant helping James Wilkins to shave off the excess hair on 1 December

Living Well with Dementia

A series of seven half day sessions about living with dementia has been well received by the first group of attendees.

The programme was developed and facilitated by Mental Health Service Older People (MHSOP) Occupational Therapist, Sonia Terry, and Team Leader, Marilla Tyler. "MHSOP was at the forefront of establishing memory clinics and these ran for ten years. The Living Well Group is now a further development and runs alongside the new initiative of the Dementia Care Pathway as part of the "Better, Sooner, More Convenient" Government Policy" said Marilla.

The programme helps both the person diagnosed and their main caregiver, be that wife, husband or other family member, learn more about dementia and the helpful strategies which can be incorporated into their day to day lives. Five couples attended the programme.

The sessions were held every Friday in the Maori Health Unit at Base Hospital and a variety of topics such as Understanding Dementia, Looking after Yourself, Managing Tasks and Coping Strategies, Support Networks, and Finance and Future Planning were covered.

"Each session was presented in an informal fashion. The emphasis was on education, information sharing and coping strategies but it was equally important to create a relaxed, informal atmosphere which allowed for openness and discussion. We tried to incorporate an element of fun into each session" said Marilla. The programme included physical exercises, nutritional advice, group work, and some role play with input from Alzheimers NZ, Sport Taranaki, Social Workers, Occupation

Therapists and a local solicitor.

"The group welcomed the opportunity for sharing, supporting each other and socialising together to the extent that they have subsequently decided to meet socially on a regular basis now that the programme has ended" said Marilla.

GPs are able to refer to the Living Well group and this may be a helpful resource for them when explaining the diagnosis to a patient. The MSHOP team has also put together Dementia information packs for GP's to pass on to their patients.

The next series commences in February 2012 and after that there is a plan to hold it in South Taranaki.

Feedback from the sessions:

"I loved it"

"Appreciated meeting others in the same situation" and "appreciated the huge amount of information you have shared with us"

"The best thing was that both of us were able to come together"

Volunteers Recognised

An afternoon tea was held for volunteers on 6 December 2011 in Barrett's Lounge, Base Hospital, and a morning tea in Hawera Hospital on 13 December 2011 in appreciation of their invaluable contribution to Taranaki DHB. Volunteers from Meals on Wheels, the Trolley Service, Chaplaincy, Blue Coats and Medical Records attended.



Introducing the new Hospital Services Management Team:

■ Gillian Campbell – Clinical Services Manager (Medical)

Gill has worked at TDHB for the past 10 years, initially working as a physiotherapist before moving into the Physiotherapy Advisor/Coordinator role. In 2006 Gill commenced work as the Hawera Hospital Manager, then into the newly formed Hawera Hospital, Rural and Emergency Services role. Prior to going on maternity leave Gill spent time in the Acting Clinical Services Manager role.

■ Gloria Crossley – Clinical Services Manager (Allied Health)

Gloria first joined Taranaki Area Health Board as a Trainee Technologist in 1975. Gloria has held the Pathology Services / Pharmacy Support Manager role for the DHB and she is the current Chairperson for the Allied Health Leaders. Gloria's previous experience and qualifications help her to bring a wide skill base to this new position.

■ Lee McManus – Clinical Services Manager (Surgical)

Lee arrived at TDHB in 2000 to take up the ICU Nurse Manager role and has progressed her career with us ever since. She has held a variety of roles including Outpatient Services Manager and latterly the Inpatient Services Manager. Lee brings both experience and knowledge, which will assist in this new role.



■ The Hospital Services Team from left to right: Steve Chapman, Gillian Campbell, Steve Berendsen, Rosemary Clements, Wendy Langlands, Gloria Crossley, Warwick Gilchrist, Lee McManus.

■ Wendy Langlands – Clinical Services Manager (Older Peoples Health & Mental Health and Addictions)

Wendy began her career as a nurse a number of years ago and has progressed through a number of management roles, both in Hawera and Taranaki Base Hospitals. Wendy has been working within Health of the Older Peoples services for a number of years now and is welcoming this new opportunity that the role will bring.

■ Steve Berendsen – Project Maunga

Steve has been in a service management role for quite a number of years within the inpatient services. It is this expertise he is using for the full time planning role he is undertaking for Project Maunga over the next two years.

■ Warwick Gilchrist – Service Planning Manager

Warwick has held this role for the past three years. He is looking forward to service planning with new models of care in mind to meet the needs of both the immediate environment and taking us into the future. Planning for The Productive Operating Theatre (T-POT) is the latest project Warwick has become involved in.

■ Steve Chapman – Business Manager

Steve too has been with the DHB for a few years now. He has expanded his role to include some operational management of support services and looks forward to this new challenge.

■ Leigh Cleland – Clinical Services Manager - Maternal / Child Health

Leah has been confirmed as Clinical Services Manager for Maternal / Child Health and will be commencing this role from 30 January 2012.



A Day in the life of... our Kaumātua...

The Māori Health Unit is an important part of the DHB and there are two members of that team in particular whose role in our hospitals are appreciated by everyone, staff and patients.

Ramon Tito and Aroha Wharemate are Kaumātua for the Taranaki DHB. Matua Ray for North Taranaki and Matua Aroha for South Taranaki.

Their role involves having a wealth of knowledge and giving practical guidance for all things Māori.

When required, they support staff and patients with everything related to tikanga Māori, from Karakia, Pōwhiri, mihi whakatau, Te Reo support and the list goes on.

As part of the Māori Health Team they promote what the DHB is all about. They help explain how the hospital works to members of our communities and also help Māori patients and whānau navigate their way through our hospital services.

They are both very people orientated and agree that their favourite aspect of their job is meeting new people and working with DHB staff.

Matua Ray has been with the DHB for approximately five years and says he loves it. "It's awesome, it's me, and I hope I am here for a long long time" said Matua Ray.

While Matua Aroha has only been with the DHB for a few months he is a well known member of the South Taranaki community and a Minister by trade so patients and staff enjoy seeing him around the Hawera Hospital.

Kamahi Hauora Denise Smith speaks highly of our Kaumātua and says they are "invaluable when dealing with patients who need support especially culturally and spiritually".

Denise works mainly in South Taranaki and commends Matua Aroha on his work down there so far. "I am blessed to have him work alongside me" said Denise.

Both Matua Ray and Matua Aroha are part time members of the DHB team but are dedicated to the role they play here and so you will often see them around on their days off.

Next time you see these friendly faces around our hospitals remember to say Kia Ora!

*"It's awesome, it's me,
and I hope I am here
for a long long time"*

In Brief...

- Taranaki DHB Alcohol & Drug Services Counsellor Greg Davis recently graduated as a volunteer fire-fighter for the New Zealand Fire service. Congratulations Greg on your achievement.