

September 2010

PULSE

the newsletter of the Taranaki District Health Board



HOSPITAL BALL

JUNIOR DOCTORS LOVE IT HERE

PHYSIO'S ACCIDENT LANDS HER IN HOSPITAL



Taranaki Together, A Healthy Community
Taranaki Whanui He Rohe Oranga



CEO Tony Foulkes with John Young.

It was with great sadness Taranaki farewelled John Young in September. John joined the Taranaki DHB in 2001 as a Board member, and was appointed as Chairman in 2007.

Within the Board he took on many roles over the years including Chairman of the Hospital Advisory Committee, Finance and Audit Committee and Fulford Radiology.

John gave a lifetime of passion and commitment in many different ways to make a positive difference to our community. This wonderful contribution has always been made in his characteristic modest yet very effective manner.

In the health sector he will be greatly missed as a leader by everyone, and as a friend to many.

Recent months have also seen some exciting times. At the end of August Associate Minister Tariana Turia joined the DHB in celebrating the launch of Whakatipuranga

Rima Rau together with our partners Te Whare Punanga Korero, the Ministry of Social Development, the TSB Community Trust and Te Puni Kokiri.

The DHB already provides a range of support to those interested in developing careers in health. This joint initiative adds to that and works to realise the potential of our young people. In the process it will help build a Maori health and disability workforce able to respond to the needs of whanau and thereby make a better Taranaki for us all. Thanks to everyone involved particularly clinicians giving their time to visit schools, and staff welcoming students to experience life working in the health sector.

It was also a privilege recently to be part of the official opening by Associate Minister Peter Dunne, of our new Community Oral Health Service. This includes the replacement of 24 small school clinics with the establishment of 6 new community clinics, complemented by new mobiles which are on their way, and an enhanced team of staff to service the more than 20,000 enrolled young people.

With the continued support of the community, schools, Te Whare Punanga Korero and our clinical staff, and the enthusiasm, optimism and energy that has

been a hallmark of this project over the last five years - I am sure that the Taranaki Community Oral Health Service will grow beyond all expectations in continuing to deliver a service that touches every Taranaki family.

I was also very pleased in September to launch Project Whakapai – meaning, to make good, revise and improve.

After detailed analysis of our data and hundreds of discussions and interviews with staff working across the DHB, we will now be taking a fresh approach and introducing innovative tools to help us ensure we have the right staff when we need them, and we live within our staff budgets.

From October we will be rolling out the 'Health-e Workforce Solutions' software tool, and improving our processes, to help all budget holders in the effective management of staff planning, allocation and cost management.

Working together to ensure this work is successful will be vital to our ability to ensure we can continue to provide services for our community and can move towards our new facility in an affordable way.

Thank you for your contribution to our collective effort!

Board Update

Hospital Advisory Committee - August

- Bed occupancy and patient turnover were moderate in July, which was most unusual over the winter months. However, specialist units including ICU and Neonatal continued to be busy.
- The obstetrician and gynaecologist consultant who has signed to join us next year visited from America to familiarise himself with the hospital and city.
- The developed design plans for Project Maunga have been reviewed by the user groups and 3D diagrams have been developed (available on the staff intranet).
- A steering group will meet to finalise the Task Management IT system, which will be used after hours to minimise paging to junior staff.

Community & Public Health Advisory Committee/Disability Support Advisory Committees - August

- A cross-sector alliance will be established to lead the development of new models of care for Project Splice. The alliance will have at least 50% clinician membership from the DHB, PHOs and NGO providers.
- The new Antenatal Clinic at Base Hospital has been accredited as a Breastfeeding Welcome Here site, taking the number of accredited venues to 64.
- As of June 2010, 75 nurses in inpatient areas of the hospital have attended the ABC Smoking Cessation Training. The training will continue to be offered to departments.
- Te Whare Punanga Korero has initiated a series of hui to enable Taranaki whanau to discuss the Whanau Ora Strategy and this work is continuing.

Board Update - September

- Ian Grant presented a Project Maunga update, highlighting the huge number of changes that had occurred due to good staff feedback on the mock room.
- The DHB consolidated financial result is a \$182k deficit.
- A collective nationwide DHB Annual Plan confirmed three main activities for 2010/11 – employment relations, national services strategy and contracts, and collaboration
- The Taranaki Community Oral Health Service and the Rangiatea clinic were formally opened on 17 September.
- A staff forum has been established and clinician meetings arranged, along with the establishment of the steering group, to look at improving services in South Taranaki.

Contents



- 2. CEO Comments
- 4. Clinical Board Coordinator
- 5. New Role for Nurse
- 6. Project to Create 500 Jobs for Maori
- 7. Helping to Fund Good Causes
- 8. Junior Doctors Want to Stay
- 9. Home Away From Home
- 10. Hospital Ball
- 11. Exciting New Project
- 12. Physio Ends up in Hospital
- 13. Offers of Help Flood in
- 14. Minister Peter Dunne Visits
- 15. Doctor Enjoying NZ Adventure
- 16. New Online Interactive Pulse



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 a interactive colour version of the Pulse visit:

www.tdhd.org.nz



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Clinical Board Update

The Clinical Board has continued to be busy over July and August, with a number of issues discussed.

One of the current hot topics is obesity services. In August, Planning and Funding representatives presented a discussion paper, entitled Comprehensive Approach to Obesity Services in Taranaki and the Role of Bariatric Surgery, to the Clinical Board.

The Clinical Board strongly supports the idea of a comprehensive service for obesity treatment, of which bariatric surgery is a part. The prioritisation of funding for bariatric surgery is part of the next step Planning and Funding will take.

The new Stroke Policy was

approved and is anticipated to bring a significant change in the care of patients with stroke, from the time of presentation through to their post hospital care. Dr Bhavesh Lallu and Wendy Langlands presented this to the Clinical Board. Their team has done a significant amount of work over the recent months.

The Point of Care Testing Committee (Denise Rowe, Chair) and the Resuscitation Committee (Steve Berendsen, Chair) are both working well. The Point of Care Testing Committee regularly audits compliance with testing requirements and helps with training and the introduction of new tests.

The Resuscitation Committee reported there were about 900

staff who attended resuscitation training sessions in the previous 12 months.

Over the next six months, the Clinical Board has a full work plan and will be looking at supporting an organisational culture survey with the HR to see what we all think of how things are going. Policies for review include the Not for Resuscitation Policy and wide feedback will be sought on this.

Please check the Clinical Board pages on the intranet for updates and contact details. We welcome your ideas for improvements.



Staff online viewers

Click here to go the tdhb intranet (staff only)

Clinical Board Coordinator



■ Frances McNulty

Frances McNulty is the “go to” person as the TDHB’s Clinical Board Coordinator.

Her responsibilities include supporting the board in coordination of issues that arise, maintaining the clinical research database, and helping with agendas and meetings.

She also collates staff input to proposed policies and procedures, and coordinates the Clinical Board Work Plan.

Frances joined the DHB in 2008 from the United Kingdom as a podiatrist. She took up the role of Quality

Improvement and Effectiveness Coordinator/Clinical Board Coordinator last year.

Before becoming a podiatrist Frances worked in quality management, systems improvement and customer care in the public and private sectors. After her first degree she gained advanced administrative experience as a Royal Naval Officer.

Frances can be contacted on:



ext. 8645



frances.mcnulty@tdhb.org.nz

Exercise Yarrow



■ Yarrow's Stadium, the location of a mass casualty scenario.

Staff members were faced with a mass casualty when they took part in an emergency exercise recently at Base Hospital.

Exercise Yarrow was an interagency emergency exercise coordinated by the DHB. It focussed on managing casualties at the incident site, coordination of transport to hospital, casualty management at the Emergency Department and the flow on effects to other hospital services.

The exercise used the EMERGO Train

System, an educational simulation tool. It uses plastic magnetic figures on white boards to represent the scene, casualties, staff and other resources.

The exercise scenario was the partial stadium collapse at Yarrow Stadium during an international rugby match, resulting in mass casualties.

There were 25 participants representing Fire, Police, Ambulance, St John and Yarrow Stadium. DHB staff included representatives from the Emergency Department, Duty Managers, Orderlies,

ICU, Theatre and Radiology Services.

The exercise evaluation team members were from Taranaki, BOP, Lakes and Waikato DHBs, as well as Auckland St John and the Ministry of Health.

TDHB Emergency Management Coordinator Mike Broker said the exercise flowed well and demonstrated good working relationships at the incident site and hospital.

"People enjoyed participating in the exercise and there was good participation in the debrief. There were areas of work identified and we will be working with key people to develop recommendations."

Mike thanks everyone who participated or worked behind the scenes during the planning to make the exercise such a success.

"Exercise Yarrow was very worthwhile and enjoyable exercise that brought organisations and services together to work through issues which all parties would be faced with should a real incident occur."

New Role for Nurse



■ Cameron Grant-Fargie

New Emergency Department Clinical Nurse Manager Cameron Grant-Fargie is thrilled to be back at the coal face of patient care.

Cameron started his new role at Base Hospital's ED in August, after spending two years as a nurse educator.

"I was ready for something different, a new challenge," he says.

The Taranaki-trained nurse enjoys the atmosphere in ED, having worked at Hutt Valley's department for five years before coming back here in 2008.

His job involves managing processes, supporting the nursing staff and

ensuring high standards are met. Cameron works one shift a week to identify any issues that need resolving. "I also love the patient contact."

He says ED is popular with people who like working in the acute field. He enjoys its variety and diverse workforce.

Cameron's mother is a nurse and he chose to follow the same career path after leaving school. His first job after graduating was mental health nursing in Palmerston North. He has rotated through a variety of fields since then including burns and plastics.



■ Minister Tariana Turia

Project to Create 500 Jobs for Maori

A project aiming to create 500 employment opportunities for Maori in the Taranaki health and disability sector over the next 10 years has been launched.

Minister Tariana Turia launched the Whakatipuranga Rima Rau (WRR) project in August.

WRR was initiated by the Ministry of Social Development through Work and Income and the Taranaki District Health Board, in conjunction with Te Whare Punanga Korero (TWPK). It has additional funding and support from the TSB Community Trust and Te Puni Kokiri.

Maori represent 16% of Taranaki's population but only about 6% of the health workforce. Evidence indicates a strong correlation between the health outcomes of Maori and the way services are delivered to them.

According to David Tamatea, Chair of TWPK, more than 60% of the Maori population is under the age of 30. That represents tremendous potential for the future of Taranaki and the health and disability workforce.

TDHB Chief Executive Tony Foulkes said the partnership would help support the needs of whanau on their journey to maximum health and wellbeing. "Over the next 10 years we aim to grow the Maori health workforce, raise the level of qualifications Maori hold, and increase Maori representation in the health professional workforce."

Taranaki DHB is one of the largest employers in Taranaki and supports workforce development across the region's health sector. The DHB has committed \$140,000 per annum over the next three years to the project.

"This partnership addresses health needs as well as welfare, education and the employment needs of our community. It is a shining example of how more can be achieved by working together," Mr Foulkes said.

Gloria Campbell, Regional Commissioner for the Ministry of Social Development said Work and Income had an unrelenting focus on work. "There has been considerable research on the connection between employment and wellbeing and we know that employment is the best welfare policy."

"WRR is ground breaking, it's challenging but it is projects like this that change communities and those involved are absolutely determined that we will succeed."

WRR uses 'Health as a career' as the major platform to guide, support, mentor, fund and facilitate Maori through education and training and into employment in the local health and disability sector. Incubator, an intensive student mentoring programme is one way of doing this.

All those involved believe that WRR will make a significant difference for the Taranaki community and that it has national implications as a possible solution to the imbalance in the present health workforce.

Social Workers Share Ideas



■ From left, Council chairperson Marianne Pike, of Taranaki DHB, with Waikato DHB's Kelly Workman, Nicola Livingston and Cara Thomas.

Taranaki DHB had the privilege of hosting the 10th Annual DHB Health Social Work Leaders Council Meeting in July.

The meeting, held over two days, was attended by 30 health social work leaders from the country's DHBs.

The council provides leadership for professional development in DHB health social work services. The theme for this year's meeting was Create an Impact – Make a Difference.

Council Chairperson Marianne Pike said the meeting was an opportunity

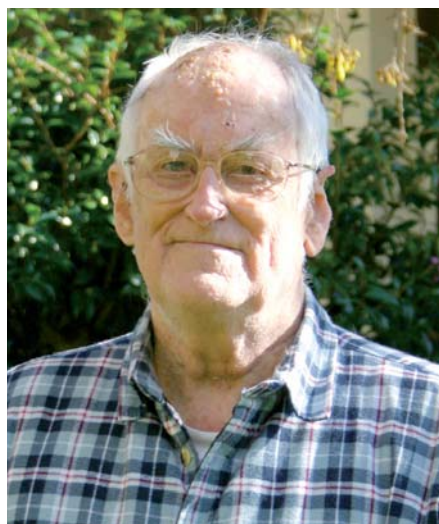
for health social work leaders to meet with regional and national stakeholders.

She says the aims included developing strategic goals and systems to enhance health social work service delivery in every DHB.

"We celebrated the past 10 years that the council has officially met, all the progress that has been made in health social work and focussed on the vision for health social workers in the next 10 years."

On 22 September 2010, social workers will celebrate the 6th National Social Work Day since the New Zealand Social Work Registration Act was passed in Parliament.

Helping to Fund Good Causes



■ Peter Matthews

Dr Peter Matthews has a long association with Taranaki DHB and has continued to contribute to the organisation long after he retired.

He recently stood down as Chairman of the Taranaki Health Trust, which has granted thousands of dollars over the years towards staff training, hospital amenities and equipment.

The former Medical Superintendent and Chief Medical Officer started working for the organisation in 1974. He planned to leave in 1992, 1993 and 1994 but was persuaded to stay each time.

He left not long after, but found himself spending many hours sorting through the many different trust funds, which members of the public had requested to the DHB for specific purposes.

As a result of his hard work, a trust was formed in 1995 to manage the

funds and consider applications. Dr Matthews was the chairman for 14 years.

The funds were combined so they were easier to manage.

The committee meets monthly to consider the applications. "We treat each one on its merits and we seldom turn them down completely," Dr Matthews says.

Dr Matthews says he has enjoyed being involved with the trust and helping allocate money towards good causes. He remains involved with the DHB as patron of the Historical Society.

Tony Waghorn takes over as Taranaki Health Trust Chairman.

Junior Doctors Want to Stay

Of the 12 first year house surgeons employed this year, 10 will be back working with us in 2011.

They have come from throughout New Zealand to work in New Plymouth.

The young doctors have obviously enjoyed their time and have been encouraging others to apply for positions here.

Among the group is James Wilkins, who is looking forward to working

in different areas, such as the Emergency Department and Paediatrics, next year, "It's a great place to work and the hours are good."

He says the house surgeons are keen to stay because they already know the systems and staff members. They are also making the most of Taranaki's outdoor lifestyle.

Medical Management Team Leader Karlina Nickson says several staff members have commented on how

great this year's intake are to work with.

"Almost nothing is too much trouble for them and they work extremely well as a team. They deserve a big pat on the back."

The DHB will take 10 first year house surgeons next year. Many have spent time here on scholarships or as students or electives and have local connections. There were more applicants than the DHB was able to provide posts for.



Hamish Wright

"I chose to work at Taranaki Base Hospital because I wanted to work in a provincial hospital and gain some good, hands on, practical experience in my first years after graduation. So far, my experience has been great. The cases that you deal with are wide and varied, and there are plenty of opportunities to practice the clinical side of medicine.

The ward staff are all friendly, supportive and very competent which is a great help as a new house surgeon. New Plymouth is a great place to live, with plenty of good surf or swimming beaches, running trails, and a mountain to climb or ski right in our backyard."



Neelam Dalman

"The things I like about Taranaki Base Hospital include having supportive senior doctors, the many opportunities to get involved in practical procedures/surgery, friendly staff and ample social events. Although a relatively small hospital, you see a huge variety of pathology, including very rare illnesses. It is a great

place to work as a first year house surgeon."



Alyssa Kirby

"It's an ideal size hospital to start out in. We get to spend lots of time admitting in ED or assisting in theatre and aren't stuck doing paperwork all day. The staff are really friendly and supportive, and the senior staff are passionate about teaching. Taranaki was a major drawcard - there's easy access to the

beach and mountain, so there's always plenty to do. The larger centres are only a short drive if you do want to head away for a weekend. I really enjoy working here and highly recommend it."



James Wilkins

"Having worked at Taranaki Base Hospital for the first time this year, it's easy to see why there are excellent commendations from those who've worked here before. The variety of people, places, and the attitude of all who live here is unmatched for a smaller centre such as this. The hospital is well staffed with people who work

here because they enjoy it.

It's interesting, challenging and the opportunity to get involved in practical work including theatre time and diagnostic procedures is far more rewarding than pushing paper all day. Taranaki is a highly recommended place to work, where juniors have ample opportunity to learn and enjoy our work."

New RMO Coordinator



■ Rae Dunlop

It's RMO Coordinator Rae Dunlop's job to look after the junior doctors once they start working for the DHB.

She organises their rosters, sick leave and supports the new house surgeons and registrars. There are about 50 in total, from throughout New Zealand and overseas.

Rae started here about three months ago and is on a learning curve herself. She has a background in education and is finding health an interesting field to work in. "I love being here, there's a lot of really good people who work here and they're all so friendly."

Home Away From Home



■ Graeme and Madonna Watts

The hostel at Base Hospital is considered a home away from home by the many out of town employees who stay there.

The lounge has shelves full of books, cosy couches and vases of flowers giving it a homely feel.

But it's the friendly staff and other residents that really make new staff members settle into their new environment.

The hostel was originally a nurses' home, run by matrons who had strict curfews. Times have certainly changed.

The facility, which has 50 bedrooms, has been upgraded and has modern bathrooms and kitchens.

It has a high occupancy rate and attracts people from across all health professions.

Accommodation Manager Graeme Watts has managed the hostel, staff accommodation units on David Street and a house on Tukapa St for the past seven years. Wife Madonna joined him four years ago.

The Watts carry out a wide range of duties, from bookings and answering queries to cleaning and maintenance. Two wardens are at the hostel after hours, but the Watts are still on call for emergencies.

Most of the guests are from overseas and need directions or

sightseeing suggestions. The hosts collect them from the airport or bus depot when they arrive in town. A detour to the supermarket is even made when necessary.

The residents may have a job interview at the hospital and need to stay just one night, or want temporary accommodation.

Some even decide to stay for the duration of their employment. "Everyone that comes here likes it," Madonna says. "It's a good way to get to know other staff, especially for those who are from overseas."

While the hostel is a social place, it's not party central. It's important the hostel residents keep the noise down as shift workers could be sleeping during the day, while others study in their rooms.

The Watts enjoy meeting the wide range of people from different cultures and countries.



Online viewers

Hostel Brochure PDF



Hospital Ball

TDHB staff and their partners had a fantastic night at the Hospital Ball in September. The venue at the Copthorne Hotel Grand Central was decked out to fit the theme Forbidden City. Party-goers dressed in their finest attire and a band performed to the packed dance floor. Special thanks to the organising committee Nicky Gaffney, Ann Marie Stevenson, Rebecca Clive-Smith and Joshua Johnson. Check out the photos on the intranet.



Staff online viewers

[Click here to view the photo gallery \(staff only\)](#)

Hospital Centralised Training

Human Resources has centralised all training budgets across the DHB to improve the management of courses and costs.

Previously, each department looked after its own training budget. Now everything goes through a new process.

One of the changes is a new application process for staff wanting to undertake external training - whether it is hosted by the DHB or held elsewhere.

All applications will be evaluated against new criteria to help ensure consistency, fairness and value for money. The centralised process will also result in improved collection of data and administration.

The new process also means flights and accommodation can also be better coordinated.

The new Organisational Learning Committee and Professional Development Group committees meet every month to consider applications.

There have so far been 116 applications received since the centralised training was introduced on 1 July. Only a small number of applications did not meet the criteria.

Human Resources and Organisational Development General Manager Gavin Woolley says it is important to use the funds available to maximise training for

the workforce. "We encourage staff to take up the opportunities available for professional development and upskilling."

All training budgets are affected excluding Clinical Training Agency and Continued Medical Education funding.

If you would like to discuss the centralised training please contact a member of the Organisational Learning Committee or Professional Development Group committees. A list of members is on the intranet.

The information and application forms are available see: Services/ Human Resources/Professional Development.



Staff online viewers

[Click here to go the tdhb intranet \(staff only\)](#)



Exciting New Project to Address Staffing Issues

A project that takes a fresh approach to managing staff costs and levels has been launched by the DHB.

Project Whakapai aims to support the organisation in staff planning, improve management of staffing costs and introduce system improvements.

Chief Executive Tony Foulkes says that despite significant efforts over the years in both budget setting and day to day management of staffing, the DHB still has significant challenges in matching supply and demand. "We can't carry on like this and so together we must improve the situation."

After an analysis of data and interviews with staff, the DHB is now taking a new approach and introducing innovative tools to ensure it has the right staff, at the right time, while staying within budget.

From October, the organisation will be rolling out the Health-e Workforce Solutions software tool, and improving processes to help budget holders manage staff planning, allocation and costs. As part of this an Allocations Unit has been established to support coordination of staff resource requests.

Some existing practices and processes will need to be challenged when considering workforce supply and demand. This will require some people to do some things in new ways, with new tools and more



■ Health-e Workforce Solutions Team members Annie Rivett, Danny Rathgeber, Murray Bardwell and Colin Smeaton.

"We can't carry on like this and so together we must improve the situation"

timely information to help them carry out roles and responsibilities more effectively. In a number of areas there is potential to increase permanent staffing and reduce overall costs.

The Health-e Workforce Solutions team, led by Danny Rathgeber, will be assisting with the project. The team members all have clinical backgrounds and worked in various roles implementing the kinds of process improvements the

DHB is looking for. A project team has been appointed for this exciting initiative to ensure Project Whakapai is a success. More information on Project Whakapai and regular updates will be available on the intranet, under projects.

If you have any questions the please email:

 whakapai@tdhb.org.nz

Physio Ends Up in Hospital as Patient



■ Shona Lee

Shona Lee has a new perspective on what it's like to be a patient after the physiotherapist broke her leg kite surfing.

The injury happened while she and her husband Kevin were surfing the waves off the Oaonui coast, near Opunake.

The winds were strong and surf big. Suddenly Shona found herself in the water. A wave came down on top of her, wrapping her around a rock.

As she came up for breath, she realised her right leg was broken. Shona used her kite lines to drag

herself back to shore. While most people would panic, she remained alert and calm. "I could have fainted in the water but I felt quite cool headed. It wasn't till later that I realised how lucky I had been."

Kevin pulled her up on to the beach then headed off to get help - a 1km walk away.

Shona waited in the blustery winds on the beach. Her leg was broken just above the knee, leaving it dangling at a strange angle.

An ambulance crew and fire fighters were first on the scene. Access to the beach was difficult, so a helicopter was called to take Shona to Base Hospital.

As a health worker, Shona couldn't help notice how the staff performed. "They were really professional and doing all the right things. I was really grateful how gently they handled my leg."

Her leg was put in traction when she arrived in the Emergency Department. She later had surgery to have a rod inserted, and recuperated for a week in Ward 4. The surgery meant she didn't require a plaster cast.

The hospital stay gave Shona an insight into how the inpatient areas worked. "That really was an education because I work mainly in the community and with outpatients. I have a new-found respect for how busy the nurses in the wards are."

Shona spent six weeks off work, returning on a part-time basis. Being a patient has increased her empathy to her clients. "Even as a physio, I didn't realise the length of time it takes to heal or how limiting it was on two crutches."

She says overall it was an extremely positive experience, from the emergency services arriving on the beach to the rehabilitation provided by the physiotherapist and occupational therapist. "Everyone was brilliant."

It wasn't just the exceptional care Shona appreciated. Staff always ask how she is doing, and an orderly even brought her flowers. "There's a sense of family and community among the people who work here."

The accident hasn't put Shona off kite surfing and she'll be back in the water when summer arrives. "I'll be going somewhere more mellow and avoiding rocky point breaks."

Medical Students - Billets Wanted

The Medical Management Team is looking for senior medical staff who would like to open their homes and extend their hospitality to medical students on placement in Taranaki.

Medical students currently make their own arrangements for accommodation. Some stay at the staff hostel, others have family or friends they can stay with, but many are new to Taranaki and are left to their own devices.

Fulford Radiology Radiologist Mark McCullough took up the opportunity to billet a fourth year medical student who had a two-week placement at CareFirst.

He found the experience worthwhile and felt there was an opportunity for an organised initiative for accommodation support for medical students while they are in Taranaki.

The Medical Management Team has undertaken to set up a database for

senior medical staff interested in billeting students. Prospective hosts will need to provide their billet with their own bedroom for 1-2 weeks and may also like to introduce them to the local sites and scenes.

Senior medical staff who would like to host a medical student can contact Karlina Nickson on:

 ext. 8704

 Karlina.Nickson@tdhb.org.nz

Offers of Help Flood in

Taranaki DHB has received overwhelming support from staff volunteering to help Canterbury DHB following the Christchurch earthquakes.

A total of 67 staff members have put their names forward to go to Christchurch should the need arise.

They include 24 nurses, eight ambulance staff, nine administration staff and four psychologists.

TDHB Emergency Management Coordinator Mike Broker says the response shows staff are keen to do what they can for their colleagues down south.

“We appreciate the offers of support shown by our staff.”

So far, there was been a request to send one of our health care assistants to Christchurch and it is unknown if further help is needed from Taranaki.

Workloads will be considered to



■ The Christchurch earthquakes cause damage and destruction.

see if staff can be freed up as more definitive requests are received, Mike says.

Canterbury DHB has already taken up offers of assistance from health professionals around New Zealand. Health workers have arrived from as far away as Auckland and Southern DHBs.

The majority have been allocated to

work in Christchurch and the Princess Margaret hospitals, and also in some residential care facilities such as Windsor House.

CDHB has set up a process to match the national staff to the service requirements and are providing an orientation to ensure they are well prepared to undertake their rostered duties.

Chaplains Commissioned



■ One of the latest trainees is commissioned as a chaplaincy assistant by national chaplaincy CEO Ron Malpass.

Seven trainees were commissioned at a special service held in the hospital chapel recently.

They are Sandie MacDiarmid, Deborah Morton, Beth Mossop, Margaret Nicholls, Marie O'Connor, Pat Schwass and Jean Walsh.

“The service marks the end of a year’s training, during which people learn about how to offer pastoral, emotional and spiritual care to patients, staff and family members in the hospital,” TDHB Chaplain Robert Anderson says.

They join a team of 18 others who offer chaplaincy ministry at Base Hospital and two at Hawera. One of the new assistants will visit Elizabeth R in Stratford. Robert says Taranaki has one of the strongest volunteer chaplaincy teams in New Zealand.

“It receives wonderful support from the DHB, the churches and the community.”

New parents and their families have comfy chairs to relax in thanks to kind donations from the community



- Above: Meremere-Ohangai Rural Women New Zealand joined with Brendon and Lisa Tippett to donate a lazyboy chair and foot stool to the Neonatal Unit.
- Left: The Tikorangi Women's Institute donated a Lazyboy chair to the Labour Ward for support people who may need to stay over night.



- Geraldine Jensen was recently farewelled from Hawera Hospital. She has worked at Hawera Hospital for 28 years, the last five as Clinical Nurse Manager. She is moving to Australia.



- Minister Peter Dunne, New Plymouth MP Jonathan Young, TDHB Chief Executive Tony Foulkes and Dental Unit Manager Heather Krutz take a tour of the new Rangiatea dental facility.

Mr Dunne was in New Plymouth to officially open the facility and launch the Taranaki Community Oral Health Service. Information about the service and photos of the launch can be found under latest news on the website:



Online viewers click here

www.tdhb.org.nz/news/documents/media_release_2010_09_17.shtml

Doctor Enjoying New Zealand Adventure



■ Vinu Abraham

From Texas to Taranaki - it's a big change for new TDHB Physician Vinu Abraham.

He has recently come from Houston to work at Taranaki Base Hospital and is finding both the health system and lifestyle completely different.

In Texas, he worked in hospitals with between 800 and 1200 beds. Base Hospital has just 126.

He says the hours of work are better in New Zealand and people are a lot more laid back than back home in Texas.

Dr Abraham and his wife, who is

also a physician, hadn't been to New Zealand before.

They are adjusting to the lifestyle and have liked what they've seen so far. "It's sort of like an adventure," he says.

Dr Abraham is a respiratory and internal medicine consultant, and has an interest in sleep medicine. He treats patients with asthma, COPD, bronchiectasis and lung cancer, and runs bronchoscopy clinics.

He has also seen Taranaki patients with sleep conditions. He says sleep apnoea, a disorder where people have pauses in breathing while sleeping, is becoming more common around the world given the increasing rates of obesity.

2010 Outstanding Customer Service Awards



Due to the amazing response to last year's Outstanding Customer Service Awards, we will be running it again.

The awards will be presented in November. This is an early warning so all can nominate their favourite Customer Service superstar for an award.

Nomination forms will be available on the intranet from 15 October, with nominations closing on 15 November.

Keep an eye out for deeds of great service.

All nominees will receive an award, with prizes for most nominated staff members, and for the most interesting and original nominations.

Join the fun, and see those superstars of service get the recognition they deserve.

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Taranaki DHB - Pulse Newsletter September Issue | pages: 2-3 / 16

Comments from CEO Tony Foulkes



It was with great excitement I attended the Board meeting in September. John joined the Board in 2001 as a Board member, and was appointed as Chairman in 2007.

Within the Board he took on many roles over the years including Chairman of the Hospital Advisory Committee, Finance and Audit Committee and Tairāwhiti Radiology.

John gave a lifetime of passion and commitment in many different ways to make a positive difference to our community. It is a wonderful contribution that always been made in his characteristic modest yet very effective manner.

In the health sector he will be greatly missed as a leader by everyone, and as a friend to many.

Recent months have also seen some exciting times. At the end of August, Associate Minister Tariana Turia joined the DHB in celebrating the launch of Whakaitiouranga.

Contents

- 2. CEO Comments
- 4. Clinical Board Coordinator
- 5. New Role for Nurse
- 6. Project to Create 500 Jobs for Maori
- 7. Helping to Fund Good Causes
- 8. Junior Doctors Want to Stay
- 9. Home Away From Home
- 10. Hospital Ball
- 11. Exciting New Project
- 12. Physio Ends up in Hospital
- 13. Officers of Help Flood in
- 14. Minister Peter Dunne Visits
- 15. Doctor Enjoying NZ Adventure

Board Update

Hospital Advisory Committee - August

- Bed occupancy and patient turnover were moderate in July, which was most unusual over the summer months. However, specialist units including ICU and Neurosurgical continued to be busy.
- The electronic and grossology kit consultant who has signed to join at next year started from America to familiarise himself with the hospital and city.
- The developed design plans for Project Maunga have been reviewed by the user groups and 2D diagrams have been developed (available on the staff intranet).
- A steering group will meet to finalise the Risk Management IT system, which will be used after hours to minimise paging to junior staff.

Community & Public Health Advisory Committee/Disability Support Advisory Committee - August

- A cross-sector alliance will be established to lead the development of new models of care for Project Spine. The alliance will have at least 50% clinician membership from the DHB, PHOs and MSD providers.
- The new Antenatal Clinic at Base Hospital has been accredited as a Breastfeeding Welcome Here site, taking the number of accredited venues to 64.
- As of late 2010, 16 nurses in Inpatient areas of the hospital have attended the AIC Smoking Cessation Training. The training will continue to be offered to departments.
- Te Whānau Pūnanga Kōwhiri has initiated a series of 140 available Taranaki whānau to discuss the Whānau Ora Strategy and this work is continuing.

Board Update - September

- Jan Grant presented a Project Maunga update, highlighting the huge number of changes that had occurred due to good staff feedback on the mock room.
- The DHB consolidated financial result is a \$16k deficit.
- A collective nationwide DHB Annual Plan confirmed three main activities for 2011/12 - employment relations, national services strategy and contracts, and collaboration.
- The Taranaki Community Oral Health Service and the Rangitikei clinic were formally opened on 11 September.
- A staff forum has been established and clinical meetings arranged, along with the establishment of the steering group, to look at improving services in South Taranaki.

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2 // PULSE Taranaki Whānau He Rohe Oranga

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 a full colour version of the Pulse visit: www.tdhb.org.nz

Tawhaki Together, A Healthy Community

PULSE // 3