

I thought I'd give a personal perspective on why we need to change the structure at Waikato Hospital.

Literally, within days of starting here I found problems with the structure as I walked around talking to people.

People couldn't readily describe it; people in the same roles had different views of what their role was and their authority; roles seemed fragmented with responsibility for bits of things, and too often for authority for even less.

That Waikato Hospital is successful everyday for the thousands of people it looks after is testimony to the staff not the structure and processes we equip them with.

The ultimate test of a structure is its effectiveness and whilst it would be wrong to blame the structure for all our woes or even most of them, I think the structure does greatly slow us down.

A structural change is risky, destabilising for a time, and will create uncertainty, new relationships, new roles, people in unfamiliar roles – all the sorts of things that makes a CEO nervous, particularly when we have an overly ambitious programme of change already. However, on balance I'm of the view that the greater risk is to do nothing.

• Craig Climo is Waikato DHB's chief executive.



craig's corner

## Putting Waikato Hospital into the hands of clinicians

"If clinicians are to be held to account for the quality outcomes of the care that they deliver, then they can reasonably expect that they will have the power to affect those outcomes."

That quote from the In Good Hands Task Group earlier this year was included in a PowerPoint presentation delivered to Waikato Hospital staff in a packed BEC Auditorium on 19 May by Health Waikato chief operating officer Jan Adams and Waikato DHB director of nursing and midwifery Sue Hayward.

The consultation document from the nursing and midwifery project proposed a new nurse management structure across Waikato Hospital focussing on clinical leadership with the aim of putting the hospital into the hands of clinicians.

The changes proposed would replace the current nurse structure at Waikato Hospital with 12 nurse managers of a business unit reporting through to an associate director of nursing.

Over four months the project team, which included members of the New Zealand Nurses Organisation (NZNO), interviewed hundreds of nurses, health care assistants, midwives, educators, health care assistants, duty managers, operations managers and patients.

These initiatives group the specialities into clusters of logical clinical nature in order to optimise appropriate patient placement and flexible resourcing.

Consultation is vital now. Submissions are due by 5pm 16 June. The consultation document and feedback form is on the intranet (Our Major Projects>Nursing and Midwifery Project) or request a hardcopy version from Sybil Hau at the Health Waikato Programme Management Office (HauS or ext 23144).

## Tokoroa Hospital

Work is progressing on repairing the damaged roof, whilst options for future service delivery are under development.

Chief executive Craig Climo met with South Waikato mayor Neil Sinclair and there is good engagement by the community regarding future requirements.

A report is due by the end of June and goes out for community discussion after that.



WORKING TOGETHER: Tokoroa Hospital staff and local community will continue to have the support of the Waikato DHB in providing health services. Top left: John Wilkinson, Ross Gardiner, Stuart Gardiner, Ron Creigh-Smith, Nora Creigh-Smith, Liz Harris, Anne Stephen. Bottom left: Madison Hayes, Jack Hayes, Stacey Millard, Lockie Miller, Rebecca Miller, Lily Miller, Robyn Bell, Manu Kelly, Hinemai Mariner.

## Did you know?

Hits to Waikato DHB's intranet are well up on the same time last year and we're about to make it even easier for staff to access the intranet at work to keep in touch.

Two PCs are going into the main cafeteria. Later in the year a Health Education Centre will be in the main entry building and there will be PCs there for staff and public use.

There are already PCs in the library available for staff. All you need is a log in; ask your manager for a Client Access Request Form for the Service Desk.

Just a reminder too, nurses can get email addresses and access to the intranet. It's important that people get on board to stay in touch.

## Clean and dirty service lift access to NICU

Elizabeth Rothwell Building clean and dirty service lifts will not service Level B1 of the building (NICU) for rest of May and early June.

This is because the elevator currently opens onto a construction site while the refurbished of the old NICU area takes place.

## Waikato Hospital ahoy! Pirates fundraising for hospital kids

The 'pirates', a group of fun loving people who volunteer four weekends every year to shake buckets in the name of the Kids Crusade Charitable Trust, travelled throughout the Waikato on May 16-17, using the 'Waitomo leg' to raise money for a new bedside entertainment unit in Waikato Hospital children's wards.

The pirates have so far placed 15 of these units, valued at \$2500, into hospitals in the Waikato, Auckland and Northland regions since 2002.

event organiser Martin Searle told Waikato Hospital.

"Your hospital should be encouraged by the good word on the street about your facility and its staff from the areas we visited."

"We would like to thank the pirates for all they do for children and youth – not just in the Waikato – but all over the North Island," said Waikato Hospital's Child Health operations manager Hayley Goodall.

For photographs of this weekend's pirate adventure, contact Martin Searle 0274 856 098 or visit [www.waikatodhb.govt.nz](http://www.waikatodhb.govt.nz) or <http://www.pirates.co.nz/>



PIRATE ADVENTURES: You may have seen the iconic McDonalds fire engine in the weekend, which was the pirates' vessel of choice for fundraising.

## New ED sign attracts attention

A new sign outside Waikato Hospital provides a sneak preview of what patients and visitors can look forward to when the new Emergency Department (ED) opens in 2011, including the two levels above the ED.

Waikato DHB recently received funding approval for these two additional levels, known as the Acute Treatment Hub, from the Ministry of Health.

The hub will house 100 beds for General Medicine, Respiratory and the Medical Assessment and Planning Unit.



A SIGN OF THINGS TO COME: An artist impression of the new ED on the sign outside the ED construction site is drawing lots of attention from passersby.

our **koreero** is a selection of stories published on the Waikato DHB intranet. If you have news to tell email: [news@waikatodhb.govt.nz](mailto:news@waikatodhb.govt.nz) or ring ext: 8780



COMMUNITY FOCUSED: Community Equipment and Supply staff (from left) Carol Searle, Dave Englefield, Jeff Richards, Pat Brand and Beth Lewis.

Time to meet the Community Equipment and Supply team.

The daily business of Community Equipment and Supply is helping others – that is both staff and patients – of Health Waikato.

This team helps health professionals by supplying them with equipment required to discharge their patients into their homes safely, which in turn helps patients retain their independence, keeping them out of hospital and looking after themselves.

The Community Equipment and Supply team consists of manager Carol Searle and her two administration staff Beth Lewis and Pat Brand, store man Jeff Richards and technical assistant Dave Englefield.

Community Equipment and Supply as it now operates, has been around for 12 years – and so have Carol, Beth and Pat.

“This service used to be delivered from all over Hamilton,” tells Carol.

“Oxygen and concentrators used to be stored at Waikato Hospital campus, wheelchairs were on Anglesea St and ostomy/continence supplies were stored at Greenwood St.

“Then we all consolidated 12 years ago, so we manage all that equipment from one place.”

That place is now 25 Vialou St after the service shifted off campus just last week.

Pat and Beth are responsible for all clerical duties for the service, phone enquiries and, tracking and processing of

orders.

This makes tracking all the equipment and supplies used to help people live independently with health problems a large job for these two with a patient base of 4000 people from the entire DHB region.

“While clinical staff discharge their patients, we do not,” said Carol.

“So our client base continues to grow – they very rarely drop off.”

Meanwhile, at the business end of the service you will find Dave and Jeff. Between these two men all equipment is serviced, repaired, and taken stock of.

Dave and Jeff take enquiries from the floor, and in one month issue about 250 pieces of equipment into the community and receive another 150 back into the store.

People throughout the organisation have many names for Community Equipment and Supply such as Community Store or Community Health Store.

And some get them confused with Clinical Equipment and Supply and ring asking for someone to come and fix a broken bed.

But this team are focused on the community and keeping them out of hospital.

“The Community Equipment and Supply team are just that – a team. They have to work very closely and know how each other’s jobs work,” said Carol. “They work hard and provide a vital service. I’m proud to be their manager.”

## Cell phone issues

An update for staff from Voice Communications on recent cell phone problems:

**1. Poor call quality, interference, late text messages and missed calls.** This problem should be resolved by the end of May. Telecom is adding filters onto their cell sites so coverage will be back to normal. We are aware that some areas on site have always had less than perfect coverage and are addressing this by installing additional transmitters/aerials in the Elizabeth Rothwell and Hockin buildings. Unfortunately, this is as much as we can do at this stage, as coverage in other buildings is as good as we can get.

**2. Disconnected calls.** This is a problem with the handover of calls between the 2g and 3g networks. We are working on a patch for this, but there is no available date for installation. When this happens, please contact Voice Communications with the call details, time of call and location, and type of phone.

**3. Call “hanging”.** This is when calls stay on your phone but you lose contact with the caller and the line is silent. Vodafone has applied a patch that they believe should resolve 80 per cent of the occurrences of this. If you still experience this, please contact Voice Communications with the call details, time of call and location, and type of phone.



## Free NRT for staff to continue

Free nicotine replacement therapy for Waikato DHB staff continues indefinitely.

To get your quit cards go to the Workplace Wellness site on the intranet. Click on ‘Want to quit smoking?’ or ‘Smoking cessation for staff’ in the grey box, and download the staff questionnaire.

Return the completed questionnaire to Kate Dallas at address included. Remember to take your staff ID to the pharmacy along with your voucher and quit cards.



## Recognition for a job well done

Did you know that Waikato Hospital has a plaque passed between staff each month?

It gives staff the ability to thank another staff member who has been particularly helpful to them or done something special in the last month.

Christopher Baker, project manager, received the plaque last month from Kim Holt for his work on the new NICU.

This month, he passed the plaque on to Lynette Montgomery, from communications, for all her help to Chris with the new NICU.

Who will receive the plaque next?



THANKS: Chris Baker hands the plaque over to Lynette Montgomery.

## Ward 33 staff laugh all the way to the (piggy) bank

Patients in Ward 33 had a visit from the Hamilton East branch of BNZ to judge their pig decoration competition.

The idea came from ward staff to motivate patients into attending weekly activities, keeping their minds on something constructive and to encourage

participation in rehab programmes.

There were about 20 entries.

The next step is to work with tokens, given to patients to place in their decorated pigs and a weekly team prize to encourage working as a team.



PIGGY PATRONS: Back row (from left): clinical nurse managers Andy Evans and Kelvin Rossiter, occupational therapist assistant Tasha Voss and art coordinator Ed McAvoy. Front row (from left): Ward 33 receptionist Mel Jackson, and Raksha, Chrissy and Lyndal from BNZ.



## Changes to school dental services

Waikato DHB is changing the way it provides oral health services to young children and adolescents.

Over the next year, Waikato DHB will spend \$9.75 million to build nine new dental clinics, eight on school grounds, and increase its mobile clinic fleet from six to 15 vehicles.

Currently, there are 78 school-owned facilities in the Waikato and 77 of them need replacing or refurbishment to comply with new legislation.

When the new school clinics are ready to open, Waikato DHB will vacate the 77 non-compliant facilities. Schools that don’t have a new clinic will get a mobile service, or students and preschoolers can visit the nearest clinic for oral healthcare. More information about these changes is on our website - [www.waikatodhb.govt.nz](http://www.waikatodhb.govt.nz).

## Driver fatigue training

Accident Compensation Corporation (ACC) can provide driver fatigue training workshops for staff that spend a lot of time on the road.

Population Health staff have already sampled the course. Their health and safety team arranged for workshops by ACC injury prevention consultant Lisa Taylor.

The workshops are informative, interactive and fun. They include how to recognise fatigue when driving, and how to reduce risk, and a video demonstrating how quickly fatigue can cause an accident.

To arrange to have your staff attend a workshop please contact Lisa Taylor at ACC (07) 957 5826.