

25 August 2010



In recent times, there has been an increase in the number of visitors seeing patients at Waikato Hospital.

This increase, along with longer visiting hours, has a negative effect on patient recovery, leads to excessive crowding - particularly in older wards never designed for such numbers - increases the risk of introduced infections and limits clinical access to the patient for care delivery.

There also seems to be a lack of respect for Waikato Hospital, those who work in it and those who need care in this environment.

Patients are asking for more peace and quiet so they can rest and recover.

When walking around the hospital it is obvious that the large number of visitors and crowding creates a sense of chaos, which is not conducive to a good healing environment.

Interestingly enough our Visitors to Patients policy already has clear guidelines in place around visiting times and numbers; we've just let them slip and now it's time to reclaim them for our patients.

We will run a six-week trial at Waikato Hospital starting Monday 6 September.

- Visiting times will be 11am-1.30pm and 4-8pm
- A maximum of two visitors per patient allowed.

There will be opportunities for exceptions and the final decision on those lies with the clinical nurse managers for each ward. There is likely to be some opposition from members of the public. We don't expect staff to have to put up with flak or any aggressive behaviour. Please call the duty security team leader on 021 225 9817 if you need help. Don't think you can handle it on your own. Our security team are experts in diffusing such situations. The phone is on 24/7 and someone will come and help out.

Please feedback to Sue Hayward, director of nursing and midwifery, pictured, who will work closely with wards, security and communications during the six-week trial. She is also helping to update the patient visitors' policy. It's on the intranet under controlled documents.

Blog from Health Waikato chief operating officer Jan Adams



You may remember Sue Hayward and I 'gifted' two lots of 100 minutes of our time to commemorate International Nurses Day. I've completed my first 100 minutes in ED.

I was assigned the co-ordinator for my two hour period and have to say I thoroughly enjoyed my time in the department. Special thanks to Mary-Anne Spence who was the real co-ordinator and very patiently kept me on track! It was a fascinating insight into the workings of the department, the demands they face and the way they work hard to get patients flowing into the appropriate wards. In the space of an hour the numbers in the department went from 43 to 56 ... all needing triaging, assessment, treatment decisions, beds to be allocated or discharging home with information.

My observations are that the hospital needs to work more closely together, the ED six hour target is everyone's target and really has a major impact for our patients.

So what did I do ... apart from causing chaos ... I contacted the chief information officer to sort out an IS problem that was causing concerns in the department (run time error problems – if you are having them too, let the Service Desk know pronto), phoned clinical nurse managers directly to take patients (I got some good responses!), transferred a patient to Cardiac Care Unit (got some very strange looks when I turned up in uniform), took out IV luers, discharged a patient and escorted an oncology patient and her family.

All in all, it was a short time and a snapshot of the workings of a busy department.

Thank you to all the staff in ED who made me very welcome, and impressed me with the way they cope with the diversity and demands placed upon them.

My next visit is to Eye Theatre.

I will be happy to update you when I've been there, and apologies to the district nurses in Ngaruawahia for having to reschedule, but I look forward to spending time with you in the not too distant future.

Allied Health Review

Many people have been asking what's happening with the Allied Health review, and we have been trying to keep you up to date with that via the intranet.

The process is continuing and we are looking forward to welcoming Dr Rosalie Boyce back in early September to do some further work with allied health staff. One of the themes that came out in the submissions was that staff felt they had not had time to meet with her during her initial visit, so they will soon have that opportunity. Katie Holloway is the project manager for the review and more than happy to meet with teams as they require, and as the review progresses.

What's happening in Waikato Hospital now?

Waikato Hospital has been a focus of my attention following Grant Howard's departure, and I am working to get the agreed structure in place as soon as possible. This is the finalisation of the nurse manager / CUL structure that was consulted on last year, and we can then put the supporting roles in place for the clinical clusters.

Phil Wood has joined us as Director of Clinical Units, and the three heads of professional division positions have been interviewed. An announcement on the successful candidates is imminent.

Jan Adams
Chief Operating Officer
Health Waikato

Names for Waikato DHB buildings

The board approved five recommendations around building and campus names when it met earlier this month. They were:

1. Waikato DHB's Hamilton campus be named Waiora Waikato
2. Interested individuals and groups be asked to submit names for The Clinical Centre
3. The proposed AT & R building be named Older Persons and Rehabilitation Services.
4. The new car park building on Pembroke Street be called the Pembroke Street Car Park Building
5. The existing car park building within Waikato Hospital be called the Main Campus Car Park.

Of particular interest to staff is the second recommendation around an appropriate name for the Waikato Clinical Centre.

We are asking for suggestions from staff and the community, community health forums and employee unions giving six weeks to come up with a name. So that means the deadline is Wednesday 22

September. To read the full paper go to <http://www.waikatodhb.govt.nz/file/fileid/30341>. Think about the options, the people who deserve a building named after them, or should it have a functional name. Read the naming of new buildings policy on the intranet for some guidance and please email communications director Mary Anne Gill with your suggestions. The board will make a decision in December.

Releasing Time to Care

Here's your chance to implement Releasing Time to Care for your ward. The next roll out is October 2010.

Releasing Time to Care is based on a series of modules that enable ward staff to increase the time spent on direct patient care. It focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency. To find out more about the programme visit <http://www.waikatodhb.govt.nz/file/fileid/30155>

Successes so far:

- Increase in direct care time (time spent with the patient) from 30 per cent to 53 per cent of an 8 hour day
- Reduction in motion time (spent walking / looking/ collecting items) from 21 per cent to 8 per cent
- One off stock savings of between \$4k and \$5k
- Reduction in falls and medication events
- Reduction in linen costs between \$800 and \$1000 in one month.

Health Targets: how are we doing?

The end of year health target results are out on Friday morning. The rugby or netball coach would say: "Waikato is one of the bigger boys on the field and we expect much of him/her, but while he/she seems to work pretty diligently at improving he/she isn't showing out in all areas as he/she should and needs to do more."

We continue to excel in shorter waits for cancer treatment and elective surgeries; showing some great improvement in better help for smokers to quit and we've got a wonderful story to tell about the work we're doing with primary care on immunisation for two-year-olds.

The results will show Waikato reached 86 per cent overall coverage in two-year-old immunisations, not only exceeding its own target of 81 per cent coverage, but also the national target of 85 per cent. But the even better story comes in the stats for Maori and Pacific islanders. Maori are at 84 per cent - the target was 66 per cent - and Pacific islanders at 93 per cent when the target was 74 per cent.



Two Waikato-based primary health organisations (PHOs); North Waikato PHO and Toiora PHO achieved 100 per cent two-year-old immunisation coverage for their eligible patients. "The excellent work in primary care, by the National Immunisation Register, non-government organisations and the Immunisation Advisory Council has undoubtedly contributed to Waikato achieving its target and reducing immunisation inequalities for Maori and Pacific youngsters," said Waikato DHB medical officer of health Dr Felicity Dumble, pictured.

"Achieving these targets really requires a team effort involving parents, the vaccinators and multiple other health professionals including educators, midwives, community workers and GPs."

Did you come back to the Waikato?

Between 1 January 2009 and 23 August 2010, of the 57 senior medical officers recruited by Waikato DHB, seven were New Zealanders returning home. They were:

Mr Stephen McChesney - specialist orthopaedics, Dr Kelly Byrne - specialist anaesthetist, Dr Mark Davis - specialist cardiologist, Dr Win Meyer-Rochow - specialist general surgeon, Dr Aidan O'Donnell - specialist anaesthetist, Mr Richard Willoughby - specialist orthopaedics, Dr Scott Robinson - specialist anaesthetist.



Before that we had other doctors return to Waikato, Martin Stiles and Sanjeevan Pasupati, pictured, spring readily to mind but there are bound to be others. We've also got home-grown doctors like Leanne Tyrie who hails from Ngaruawahia and what a contribution she makes at Waikato Hospital.

The strength of Waikato is as a training and research facility. Overseas training remains the cornerstone of our specialist workforce with new specialists bringing back new skills, knowledge and techniques.

Four finalists in the Kudos awards - Martin Stiles, Martyn Harvey, Sanjeevan Pasupati and Marianne Elston – are proof of that.

So we want to know if there are others working here at Waikato DHB who went overseas to advance their training and then came back. Email Mary Anne Gill (maryanne.gill@waikatodhb.health.nz) with the names and contact details so we can profile them on our website.

Website Forstaff

Finally, on the advice of IS we've removed the Citrix option from www.waikatodhb.govt.nz/forstaff but the Web Access option remains for those who want to access their work emails from home. You just need your work logon and password to check your emails. If you are a Citrix user and would like to know how to access Citrix from home or have mislaid the link, contact the Service Desk for further information.

Thanks for all the feedback to the electronic version of Our Korero. Obviously it's just a snapshot picture - we've listened to the feedback and you won't see these items duplicated on the intranet for a couple of days. I'm always interested in finding better and more efficient ways to keep in touch with staff.

The intranet is still the most preferred method but I am very conscious that a lot of our staff do not get access to the intranet during the day. Ask your manager to print out items of interest for the noticeboard. Don't forget Talking Point and Classifieds either - I bought a bird cage from the Classifieds and am currently negotiating with others around purchasing a piano/keyboard. Cost me nothing to advertise. That can't be too bad.

Keep your eye out on Work Perx too. Precious Metals had a successful one day only promotion exclusively for Waikato DHB staff last week and by all accounts there were some great offers. More deals will come.

Have a good week, roll on September and Spring for the next Our Korero featuring a blog from Craig Climo.

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