

Welcome to the latest edition of Our Korero.

We've had a busy start to the year and there is no let up in sight.

The District Annual Plan is nearing completion, as is work around finalising what projects are on the go in the organisation for 2011/2012.

The CEO priorities remain the same with a couple of add ons:

- Financials
- Chronic conditions
- Quality improvement
- Workforce
- Redevelopment



- Rural
- Regional collaboration
- Health targets
- Alcohol abuse

The constant risk we have as a DHB is that we attempt to do too much. By listing all the projects within the District Annual Plan for general and public information means it is clear what projects are important to us.

Our strategic direction is to improve the health, independence and quality of life for the communities we serve by addressing the needs of the population and reducing health disparities.

Our challenge is that we have an ageing population, high levels of chronic disease and decreasing levels of funding. In order to achieve our strategic vision there is a need to move towards increasing efficiency of services and planning health services that meet the needs of the population to maintain health and find health problems early to save on costly interventions.

**In this issue of Our Korero learn about:**

- The Catalyst programme for productive services
- Contractors and consultants – we want to know about them
- Staff flu vaccinations
- A Day in Our Lives by Wintec
- New customer portal means less paperwork
- Paperless laboratory and radiology reports
- Enthusiastic researcher required
- Win one of five free movie passes
- Patient safety programme update
- Medical career information
- Work/life balance
- Mobile dental clinics on schedule
- Airport style operations centre
- Minister of Health pays a visit
- What is the interim theatre solution?

**How will we fund what you want? asks chief financial officer Maureen Chrystall**



When I ask this question, I see eyes roll and deep breaths taken but it is a question I am likely to ask more frequently in the next few years when you come to me with your requests for capital or increase in operating costs.

The international financial crisis has affected New Zealand, the tax take is down and as a country, we are borrowing at a frightening rate. The government is under pressure to manage expenditure carefully and this will limit the money available for health. In the current environment, this is actually good news, because other countries have been making significant cuts to health funding.

However, there is a new call on government funding to rebuild infrastructure in Christchurch and we have no visibility on how or if this will affect health.

## So what does this mean for Waikato DHB?

We have a very big building programme underway and generally renewing our asset base is costing money. We are funding some big programmes through loans but our revenue includes some capital funding. We have also been growing volumes and there is a cost to producing more volumes. In the past revenue increases have allowed us to “grow”, our way out of financial problems – in simple terms, we have received cash to cover operating and capital costs.

With the pressure on government funding this is getting harder to achieve. For example, for next year, we will get about a 1.7 per cent price increase in government revenue but inflation is running at 2.5 per cent.

For you and me this would mean that we get a small salary increase, but school fees, GST and food costs are all going up faster than our salary. And the only way to avoid running up credit card debt is to cut down on the other stuff we spend our money on!

Waikato DHB does not have the equivalent of a credit card so this option is not available to us. So why do we not just get the government to top up our shortfall after all there are some DHBs that do get deficit funding. Unlike a small number of DHBs who get deficit funding, we do get an equitable share of health funding and are responsible to the Crown and our population to manage within our means.

Clearly, with cost growing faster than revenue we need to take action to balance our books.

The first is that we will be tracking down waste and variation, taking action to eliminate and putting measures in place to minimise costs. We will use lean methodologies in a structured way. As we do in DHBs, we have given the approach a name – “**Catalyst - for productive services**” and we will present a paper outlining approach and a presentation at HWAC meeting on Wednesday. Read the agenda at <http://www.waikatodhb.govt.nz/file/fileid/35714>

We will also publish on the intranet. If you see waste or have any ideas on where we should focus our energy then please let me know. There are no stupid suggestions and all suggestions will be registered and considered. This is our problem and your contribution will be valued.

The second is that I will continue to ask “How will we fund what you want?” and if there is no satisfactory answer please don’t be surprised when the answer is “No”.

**Maureen Chrystall - Chief Financial Officer**

## Updated process for approval and registration of contractors and consultants

The Government’s Health Select Committee now requires very detailed reporting about all contractor and professional fee (consultant) engagements on an annual basis.

There is a significant portion of outsourced personnel and professional fees expenditure that is not currently managed centrally and there is a lack of visibility of these engagements.

### What you need to do by 1 April 2011?

Current contractor and professional fee engagements (where paid via invoice):

- managers are required to complete the ‘contractor / professional fees information request form’ (located on the intranet) for all current engagements and return to [OutsourcedPersonnelAdministrator@waikatodhb.health.nz](mailto:OutsourcedPersonnelAdministrator@waikatodhb.health.nz) by 1 April 2011. This can also be located on the intranet - Non Clinical Services/Human Resources/Management of Positions, Contractors and Consultants
- failure to send information may result in payments being withheld (i.e. suppliers shut down in Oracle)
- from 1 April this information is required for all new engagements or extensions of current engagements

## Briefs

- Hospital shop hours to increase from 8am to 5pm as a three month trial
- AgeWISE seminar on this Friday at the Kingsgate Hotel followed by the "Make a Difference Awards". Read more [http://www.waikatodhb.govt.nz/events/pageid/2145866977/AgeWISE\\_seminar\\_2011](http://www.waikatodhb.govt.nz/events/pageid/2145866977/AgeWISE_seminar_2011)
- Capital Plan approved, OP and RS build pushed out 12 months <http://www.waikatodhb.govt.nz/file/fileid/35470>
- Patient Safety Forum at Waikato Hospital Wednesday 30 March 11am to noon.

## Staff flu vaccinations available now

Health care workers are frequently implicated as the source of influenza in health care settings, as they continue to work when they are sick.



This is particularly troubling for the high-risk patients in their care, who may be at increased risk of severe complications, including influenza-related mortality.

Vaccination of health care workers has been shown to reduce influenza infection and absenteeism, prevent mortality in their patients and result in financial savings. However, the health care worker influenza vaccination rates are low.

**As health care workers, we have a moral and ethical responsibility to protect vulnerable patients from the serious health threat of influenza illness.**

Annual influenza immunisations results show improved patient safety and improved employee safety. This year employees have a choice of vaccinations – firstly there's the usual way and now we have Intanza, an intra-dermal injection. The flu jab for people who don't like needles. But remember its limited supply – so first in, first served.

Visit the intranet Messages of the Day for the staff vaccination timetable and stay healthy and safe. Make it a 'well winter'!

## A 'Day in the life' project starts at Waikato



Wintec Media Arts' students started their interviews with some of Waikato Hospital's non-clinical staff last week.

Late last year we started working on an exciting opportunity to highlight the work of these staff in a 'Day in the life' at Waikato Hospital project, with the local tertiary institute.

Journalism, photography, moving image and graphic design students from Wintec's Media Arts Programme are spending a couple of hours each with 22 different professional groups at Waikato Hospital (excluding doctors, nurses and allied health) this week until the end of March.

These professions include a barista, security guard, tea person, Hilda Ross receptionist, duty manager and many more.

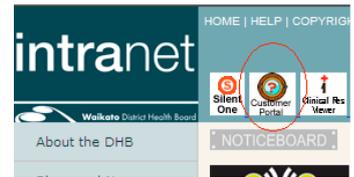
The mutual benefit of the project comes from Wintec journalism students getting their works published on the Waikato DHB website and possibly in the media, and for moving image students, on local television channel Central TV.

Likewise, it's a great opportunity for free promotion and a recruitment tool of the great work done by the many and varied staff in our hospitals every day.

Participating staff will be invited to a screening/viewing later in the year, so keep an eye out.

## From today - new Customer Portal ready to use

From today you can make IS requests (for IS products and services) through the upgraded online Customer Portal on the intranet home page.



It's the second little icon from the left.

And if you work in Post Anaesthetic Care Unit (PACU) and need to make an attendant request, from Monday you can do that through Customer Portal too.

<b>Home - Activity Summary</b>	There's a new look and an improved system. So check it out on Monday morning - and start using it for all your IS requests. It's faster and easier!
<b>Latest News</b>	
<b>Self Help</b>	Over the next couple of months you'll be able to make more and more requests online - HR requests, Payroll requests, Procurement requests, Viscom requests and requests for Attendant Services from other departments, not just PACU.
Help Search Knowledge Bank	
<b>IS Service Desk Calls</b>	We'll let you know the details as these go "live".
Log a Call - IS Service Desk Review Past/Current Calls	
<b>Requests</b>	If you need help to learn how to use it, quick online guides and classroom training will be available. The system is designed to be user-friendly.
Log a Request Review Past/Current Requests Add Note to Your Request	Most new users will start by logging a request.

### How will Customer Portal help you?

The aim is faster and easier ways for staff to make requests. It streamlines the request process, and allows you to monitor progress on your request, add information and so on. Behind the scenes, it helps services manage requests and workflows more effectively. For everyone - less paperwork!

### Who can use it?

At the moment, only staff with a DHB computer login. That will be expanded later to all staff. When you go into the Customer Portal, you will only see the service request options that are appropriate to your role or level. For example, there will be some services that only managers can request.

### What's the rollout plan for other types of requests?

- from 6 April - access to request Viscom, HR, Payroll requests
- from 27 April - access to request attendant services (patient. equipment, discharge and all other attendance service requests)

## Important information for all clinicians - Laboratory and Radiology reports go paperless

From Thursday 31 March all Laboratory and Radiology reports will be electronic. They no longer will be printed on paper.



Has everyone in your team got acknowledge rights? If not go to the Customer Portal on the intranet and complete the 'Amend access/change details' and log a request for acknowledgement rights

If you do print a result or report make sure you either shred it or put it in a confidential destruction bin - do not send it to Clinical Records.

For further information read the intranet

## Enthusiastic researcher required

We are looking for an enthusiastic researcher who wishes to complete a PhD in the area of cancer epidemiology or health economics. We have a research programme that will look at the pathways of care following an abnormal PSA test for prostate cancer.

We will investigate the spectrum of complications arising from the diagnosis and treatment of prostate cancer and estimate the costs of care to individuals and the health service. Our study will use a combination of analysis of routinely collected data, and data collected from men with prostate cancer through questionnaires and face-to-face interviews.

The study is in conjunction with the Midland Cancer Network and the principal grant holder is the University of Auckland. The Health Research Council funds a PhD scholarship and the student will be in the Waikato Clinical School in Hamilton and supervised by Professor Ross Lawrenson.

Interested students should contact Professor Lawrenson at [ross.lawrenson@waikatodhb.health.nz](mailto:ross.lawrenson@waikatodhb.health.nz)

## We are keen to know your view



Waikato DHB's vision is:

### Building healthy communities -Te hanga whaioranga mo te iwi.

A vision is a statement about the desired future, providing a guide for an organisation (Lipton, 2003). Evidence supports that a vision can inform what we do, and that alignment of work with a vision has a positive effect on performance.

In our last issue, we asked staff what the Waikato DHB's vision, Building healthy communities -Te hanga whaioranga mo te iwi means to you?

Our question this issue is what could be done to make the vision more visible and known for DHB staff?

Replies can be sent to [news@waikatodhb.health.nz](mailto:news@waikatodhb.health.nz). by Tuesday 5 April

As an incentive to reply:

- the first five responses back will receive a movie pass
- all responding will go into a draw, and one person will win four movie passes.

Fiona McCarthy – General Manager, HR

Mary Anne Gill – Communications Director



## Patient Safety Programme update

Health Waikato Programme Management Office is initiating two high profile regional initiatives as part of the Patient Safety Programme:-

Patient Safety Programme:  
a continuous improvement



© Waikato District Health Board 2010

### Inter-Hospital Transfer

This work plans to introduce better standardisation around management of inter hospital transfers between Waikato Hospital and rural hospitals or other Midland DHB hospitals.



As a key patient safety initiative, this project will:

- provide opportunity to develop a more efficient system of transfer
- consider the best use of the health workforce, particularly in rural areas
- improve communication and coordination between health care providers is a key requirement
- avoid duplication of services and improve efficiencies
- improve transfer systems that will increase patient safety and timely access to appropriate services
- improve the seamlessness and quality of the patient journey, reduce delays, and wait times.

Led out by Belinda Macfie, clinical nurse director, on secondment from Waikato DHB's Nursing and Midwifery Directorate. Belinda is an experienced senior nurse who has worked regionally with primary, community and rural nursing extensively.

### Acute Coronary Syndrome

The Midland Region DHBs have some of the lowest coronary angiography intervention rates within New Zealand.

This project will focus efforts on:

- Collaboratively reducing this inequity
- Improving access to coronary angiography and percutaneous coronary interventions
- Improving patient outcomes and align mortality rates
- Reducing premature deaths from coronary heart disease.

The Ministry of Health has directed that this region focus in a combined effort to improve the quality and timeliness of care so that high-risk patients requiring angiography receive this treatment within 72 hours.



Diane Penney, project manager, will lead out this regional initiative.

Diane has had significant success with the Cardiac Surgery Redevelopment Project (2008-2010).

Diane will be working in the Health Waikato Programme Management Office with her office located at 196 Pembroke Street.

### Productive Wards update and next rollout

The next rollout of Productive Wards starts in May / June

Over 400 patient beds and about 900 staff are being exposed and involved in productive wards and the benefits that it has to improved patient safety and their area of work.

The programme started in May 2009 with wards 2 and 12. Since then there have been a total of 7 rollouts to releasing time to care.

2 <sup>nd</sup> rollout	ED	November 2009
3 <sup>rd</sup> rollout	Medical wards	February 2010
4 <sup>rd</sup> rollout	Thames	April 2010
5 <sup>th</sup> rollout	Ward 8,6,16,25	July 2010
6 <sup>th</sup> rollout	Ward 4,14,17	October 2010
7 <sup>th</sup> rollout	Ward 51, MSSU, Oncology Outpatients	March 2011



It is about the nurses and staff working as a team to decide what works in their area, what areas can do with improvements and how as a team they go about making those improvements. They know their areas the best, so they get to own it and make the decisions.

The executive team fully support the programme and the benefits it produces for patients and staff.

For example, Ward 16 has been working on the three foundation modules in releasing time to care:

- to measure what their ward is like to improve patient safety and practice,
- to review the environment they work in so that it works for them – rather than working around the environment,
- and decided how best to display the patients' journey so that delays and interruptions are reduced and patients can get more reliable, consistent care to get better quicker and go home sooner.

Feedback from the Ward 16 team was:

'This is the result of teamwork, we did it together and we love it'

"When setting up for medications or dressings it's much easier as everything is at your finger tips"

"Reduced frustration when trying to find things"

"Saves so much time when setting up"



**Kim Posa and Claire Johnston**  
(treatment room)

"Its lovely working in these rooms now"

"Able to spend more time with my patients"

"Safety crosses highlight areas of change and improvement we can look at to enhance practice"

"Nurses being responsible for change process and looking at processes objectively"



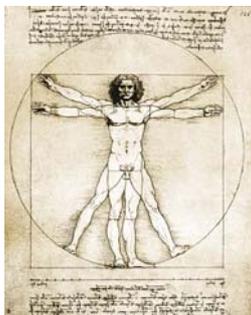
**Fran Grocott and Lois Shane**  
(Dispensary)

Significant gains across the areas have been:

- Increase in direct time with patients from 30 per cent of the day to 60 per cent
- Less calls bells going as nurses are with the patients more
- Time spent looking for items have decreased by 92 per cent
- Latest patient surveys show that 72 per cent of patients agree that meal times are more relaxed and organised
- Reduce interruptions by 50 per cent.

For enquiries or to register for this next roll out contact: [Jenny McFarlane](#) ext 23589 or [Vin Kaur](#) ext 23574.

## Medical career information event



Coming up on Wednesday 23 March is a networking and information evening with the purpose of

- helping house officers engage with the range of specialties at Waikato Hospital and select ones they are particularly interested in,
- and showcasing career opportunities that the hospital offers to all medical students and trainee interns.

CEO Craig Climo, senior consultants, registrars, the training director and the RMO Unit will all be on hand to answer questions and discuss options.

The evening has been arranged by Human Resources to support career planning and development.

When: 23 March 5 to 6.30pm  
 Where: BEC Auditorium  
 What: information and food  
 Who for: medical students, trainee interns and house officers

## Work/life balance survey – is resilience the key?

This is the third and final year Waikato DHB staff are taking part in an international survey to dig deep into how people combine work and non-work (family/lifestyle) aspects of their lives.

Many staff have helped by completing one or both of the surveys in previous years – and that has contributed to some initial findings around resilience as an important buffer to stress and conflict.

The third year of completing the survey will help validate those results both at an international level and for Waikato DHB. Human Resources GM Fiona McCarthy says “The DHB has already accessed interim results which have influenced implementation of workforce projects but it will be the final combined results that will provide the most useful information.”

The results from this study should be available later this year.

So even if you have done it before, please do it again! Your contribution adds to the sum of knowledge gathered and its validity.

The survey is absolutely confidential and voluntary for individuals. The raw data will be handled by the University of Waikato only, and the DHB receives it as aggregated information minus any way of identifying individuals.

Copies have been distributed, in many cases as bundles, to all departments and wards across the DHB. Please check first if they have arrived in your area.

Contact [Christine.McCarthy@waikatodhb.health.nz](mailto:Christine.McCarthy@waikatodhb.health.nz) at HR Reception if you need a copy.

## Mobile dental clinics moving along schedule

Waikato District Health Board’s nine new mobile dental clinics will take 27,000 hours to build.

It is no mean feat but Hamilton manufacturer Action Motor Bodies is up to the task as Jan Adams and Diane Pevreal saw when they visited their workshop recently and met the team behind the work.



The company will manufacture 108 mobile dental clinics at its Te Rapa workshop by the end of 2012 for DHBs throughout the country as part of the major revamp of community and school dental services.

Nine of the clinics are for Waikato, with three completed and received already.

Jan said it was an interesting visit, a great opportunity to learn how the clinics are built and see how staff are working to achieve their big task.

“It was great to see the factory and the build process and I was really interested in the work they are doing. All staff are actively involved in the process and they report low sickness and low turnover rates.

“I think some of their approaches around staff engagement in particular would be very good for us to look at as we embark on the catalyst (savings) programme across the DHB.”

There are two types of mobile clinics, assessment or treatment, and two sizes, one and two chair. Some are towed, some are driveable but each purpose built mobile clinic takes a month to build which is equivalent to 3000 working hours by a range of staff including welders, cabinetmakers and coachbuilders.

Action Motor Bodies have a good reputation for quality workmanship with ambulances, holiday homes, display vans and quite recently, a mobile directors unit for Peter Jackson.

Diane said staff will also take on a new way of working in the new clinics, with the implementation of ‘lean thinking principles’ similar to the Productive Wards programme that aims to maximise efficiencies and minimise waste.



**Chris Devoy, Business Unit Manager, Action Motors with Health Waikato COO Jan Adams and Diane Pevreal**

“Action Motor Bodies have offered to help setup the mobile clinics with this in mind.

“This will include ensuring all equipment and products will have a designated place so that there is a reduction in time spent trying to find things and we’ll also be establishing regular morning meetings for staff to focus on a particular aspect of services within their facility.

“This will allow staff to manage their own work environment so we can maximise productivity and staff satisfaction in a tight budgetary environment,” Diane said.

## Airline style integrated operations centre

Waikato Hospital is getting a bird’s eye view of what happens within the hospital following the introduction of an airline-style Operations Centre.



Waikato DHB looked to airlines for new ways of gathering day-to-day information about how Waikato Hospital is functioning and to improve the effectiveness of patient services.

Waikato is leading the way in the Midland region with the establishment of an integrated operations centre that will co-locate the key staff who manage hospital logistics.

“We have already brought the booking staff and the daily response or duty office team together and the nurse rostering group to work alongside them,” Waikato and Thames hospitals group manager Mark Spittal said.

“Hospitals like ours are large and complex communities and we know that we can treat more patients by getting greater synergy between how we plan admissions, roster staff, and manage barriers to the flow of patients through the hospital on any given day,” he said.

“By bringing operations and planning together we can get a better picture of what is happening now, what has happened in the past and predict what will happen in the future.”

Read more: [http://www.waikatodhb.govt.nz/news/pageid/2145869696/Airline\\_style\\_integrated\\_Operations](http://www.waikatodhb.govt.nz/news/pageid/2145869696/Airline_style_integrated_Operations)

## Minister of Health gives the tick of approval during visit

Minister of Health Tony Ryall visited Waikato Hospital last week for 45 minutes but what a packed 45 minutes it was.

He had a brief welcome outside the new emergency department from our pou herenga Kingi Turner who did a short mihi/waiata and karakia.

From there he went to the old ED where the team spoke to him about the interim theatre solution and the projects associated with the \$500,000 we’ve received from the Ministry on improving elective services and productivity.



The interim theatre solution was conceived by Aileen McGowan, Brendan Hague, Murray Williams (anaesthetist, since left) and Kevin Bardsley about five years ago.

The solution delivers safe and efficient theatre support until the completion of the Meade Clinical Centre.

This solution was designed to enable the demolition of the old Kempthorne Building, (built about 1938) to allow stage 2 of the Meade Clinical Centre to proceed, housing among other things, the new theatres, cath labs and radiology area, and balance of ICU/HDU.

The longer surgical patient journey, ward to theatre, theatre to ward was the main concern then and still is to this day. The Day of Surgery Admission Unit is for patients coming in for surgery at the main operating theatres on the day of surgery.

The Same Day Admission Unit on level 8 Menzies Building will continue to take direction admission for patients going to Level 8 theatres and post operative care for patients from all theatres due for discharge the same day.



Dr Cam Buchanan has taken up the mantle as chair of the executive (and risk) group for this project.

We go live 28 March for staff occupancy - less than two months after the old ED closed, Day Of Surgery Admission Unit opens on 11 April, clinical trial period of a few weeks then hand Kempthorne Building over to Building Programme Office / Hawkins Construction for demolition 28 April if all goes well clinically and administratively (see more details below).

## Day of surgery rates

A number of hospital level initiatives have started, including the opening of an elective short stay unit in October 2010, which aims to increase the day of surgery rates. Occupancy rates are steadily increasing, as clinicians are encouraged to admit more patients on the day of surgery.

We were successful in securing funding from the Ministry of Health for elective workforce and productivity improvement projects, which will target pre-hospital preparation for orthopaedic, general surgical and plastic surgical patients. The projects will be operational by April 2011 and will also increase the number of nurse-led preadmission processes, further supporting day of surgery admissions. We expect to see improvements in the day of surgery rates over the next quarter.

## Operating theatre process improvement

Waikato Hospital starts a theatre process improvement project this month, using a constraints and logistics specialist.

The project will include a significant focus on pre-admission and day of surgery processes and aligns with the work mentioned in the previous paragraph.

The theatre management group, comprising senior surgical, anaesthetic and management leaders have been empowered to make the changes required to improve patient flows.

## Interim theatre solution 'go live' dates

It's now only three weeks until the interim theatre solution project is complete.

On Monday 11 April all patients and staff will access the main Kempthorne theatres, Post Anaesthetic Care Units (PACU) and new Day of Surgery Admission Unit (DOSA) via Level 1 Waiora.

Access through this area will be controlled. Staff will require a cardax access card to enter this area. All managers within Waikato Hospital will be sent a memo about updating and acquiring the access cards for these areas.

This solution delivers safe and efficient theatre support until the Meade Clinical Centre is finished.



- The new Day of Surgery Admission Unit (the old ED) is for patients coming in for surgery at the main operating theatres on the day of surgery.
- The Same Day Admission Unit on Level 8 will continue to take:
  - direct admission for patients going to Level 8 theatres
  - post operative care for patients from all theatres due for discharge the same day
- Patient Transfer Area is for inpatients coming to main operating theatres from the wards. This area will open Monday to Friday. Out of hours patients go to transfer areas on Level 2 or Level 3 of the Acute Hub opposite PACU.
- New theatre staff changing rooms are in the Day of Surgery Admission Unit area
- The new theatre staff room, some staff toilets, coordinator's office, stores and equipment storage are located on Level 3 Waioira Waikato Centre accessed from Level 3 Acute Hub corridor

Open days for orientation will be held one week before opening - keep an eye on the intranet for days and times!

For further information contact Libby MacEwan ext 23234 or Aileen McGowan ext 23444.

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### For further information on anything in Our Korero contact:

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