

# NOVA

THE OFFICIAL  
MAGAZINE FOR  
AUCKLAND DHB  
JUNE 2013

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## Inside this issue:

- Sign-up for Dry July
- Surgical improvements
- Auckland Adventurers



# CEO Column

## Staying connected



Ailsa Claire  
Chief Executive

When you stop and think about the many thousands of interactions we have each year with patients, the people who are most often front-and-centre are our nursing staff.

Nurses are the caring 'face' of our organisation to those receiving treatment - a reassuring constant as they progress on their patient journey.

Our nurses are the ones who, perhaps more than any other group, influence the tone of our relationship with our patients.

A kind gesture here and there, a smile and some empathy can go a long way. Having conversations with family members and making them feel like they are a part of the care plan is also very important.

Care with compassion is a core value of modern nursing, with its ongoing focus on professional standards, essentials of care and the specialised and technical aspects of the profession.

The roles of our nursing team will continue to evolve to adapt to the challenges we (and all healthcare providers) must face, particularly in financially challenging times.

Auckland DHB employs around 3500 nurses, healthcare assistants and midwives – the biggest 'team' in our entire workforce.

They do a mighty job, often under considerable pressure, and I was pleased to see this contribution recognised during International Nurses and Midwives Day recently.

I'm keen to promote the profile of our nursing staff, so if you have any thoughts on how to do this, drop a line to me or Margaret Dotchin.

In the meantime, don't be shy about nominating a nurse you know who does outstanding work as a local hero. I'm sure there are many worthy nominees out there deserving of recognition.

It's almost July and that means many of us will be preparing to take part in Dry July – a charitable concept that sees people go alcohol-free for a month to raise funds for projects that will help cancer patients.

We ran the NZ pilot for Dry July last year and raised more than \$550,000. In fact, collecting the cheque was one of my first duties in this role!

That money has been rolled-out on projects in Building 8, as you will see on the opposite page.

I know there is a lot of competition for the charity dollar these days but if you're able to participate or donate, you'll be helping us to improve conditions for our cancer patients. You can get involved by visiting the website – [dryjuly.co.nz](http://dryjuly.co.nz).



# Patients' applause



Every year, we receive many compliments from the people whose lives we touch. We can't publish them all but here are just some of the things people say about our team here at Auckland DHB.

I was recently admitted to the ED. From the moment I walked into the department, I had an excellent experience.

The triage process for me was quick - they could see the intense pain I was in and admitted me immediately. From the orderlies to the registrar and radiographer on CT that night, I could not fault them. They were efficient, friendly, informative and sympathetic. I was treated promptly and discharged home again quicker than I dared hope.

Dr Charis Sheppard in particular was extremely personable. She had a lovely bedside manner that put you at ease instantly (before she knew I was a nurse as well) and was very informative. She followed-up with results as soon as they were available, which was both to the department's benefit (quick discharge) and mine!

The three different orderlies were also friendly and even found a chair for my husband to sit on without being asked.

So all-in-all, Auckland ED, great job. Thank you very much all of you. I know that compliments in your department are probably rare, given the nature of your work but we appreciated every one of you!

Adult ED patient  
(and former Auckland DHB staff nurse)

Mother of a patient from Starship ED

Well done and thank you to the wonderful paediatric emergency staff. I had to bring my six-year-old son in following a fall on Sunday and every staff member we encountered was helpful, friendly, patient and comforting. Every step of the way I felt informed and that my son was receiving the best care possible. To the emergency staff - your hard work is appreciated.

"I just want to say a big 'thank you' to everyone in the hospital who has helped during my husband's stay in Auckland Hospital. Security kept my bags, the lady at reception smiled and answered questions, all the doctors and nurses, porters and x-ray people were friendly, helpful and went out of their way to give a five-star service. The meal people, cup-of-tea people, cleaners, Red Cross ladies and St John's volunteers made us welcome and made our stay in Auckland less traumatic. A big thank you.

Wife of a patient from Cardiovascular services

Last year's Dry July campaign is bearing fruit for our cancer patients, in the form of 30 new chemotherapy treatment chairs that have recently arrived from Germany.

The custom-designed blue chairs – costing \$8,000 each – are considered the best money can buy and are already in use at the Regional Cancer and Blood Service in Building 8 on the Grafton site.

They have replaced old recliner chairs that weren't ideal due to their limited range of positions and the fact they could not be laid flat in the event of an emergency.

"The new chairs are just fantastic and patients are certainly noticing the difference," says the service's Clinical Director, Dr Richard Sullivan.

"It's great to really see patients getting the benefits of all the fundraising so many people did as part of our Dry July campaign last year."

Other projects implemented with funds from last year's fundraiser include the installation of Wifi in cancer wards, waiting rooms and treatment areas, the purchase of 70 new televisions for use by cancer patients and a major garden renovation has begun.

Registration for the 2013 Dry July campaign is now open. You can sign-up to go alcohol-free for one month and raise funds for the cause by visiting the website – [www.dryjuly.co.nz](http://www.dryjuly.co.nz)

Funds raised will be spent on projects improving the cancer treatment journey and making a difficult time a little brighter for adult cancer patients.

In 2013, we're aiming to improve the appearance of our linear accelerator suites, upgrade cancer treatment and waiting rooms and introduce small touches making treatment areas brighter, more welcoming and less intimidating.



# DRY JULY

*delivers for our cancer patients*



Cancer patient Caitlin Aroha Finnegan-Ramanui chats with Clinical Director Dr Richard Sullivan while receiving treatment in one of the new chairs.

## Did you know?

**2.8** million community lab tests are carried out each year for the Auckland DHB population.

**14** the number of purpose-built children's community dental clinics created since 2010 (plus six mobile dental clinics!).

**40** the number of applications to the 2012 Healthcare Excellence Awards – watch out for details of the 2013 Awards next month.

**30** the number of new chemotherapy treatment chairs, funded by Dry July donations, for use by our cancer patients.

**3000** the number of patient meals produced daily by Auckland DHB nutrition staff.

**7000** the average dollar cost of each operating room session.

### 24/7 access endorsed for trial

In May, the clinical leadership gave the go-ahead for a trial of 24/7 access by a patient support person.

As CMO Dr Margaret Wilsher has said recently: "Families are not visitors to our hospitals – they are advocates, care-givers, translators and counsellors." The trial contributes to enabling patient access to that support in our wards and to a broad goal of greater patient control over the circumstances of their care.

For more information, see the news section of our intranet or contact Project Manager Dr Tony O'Connor.

### Free heart health check for staff

Not had a cardiovascular risk assessment before? Not sure? Come along to our free heart health checks from 10 to 27 June. Who should come?

- Men of Maori, Pacific Island or Indian descent, aged 35 – 74 years.
- All men of other ethnicities who are aged 45 – 74 years.
- Women of Maori, Pacific Island or Indian descent, aged 45 – 74 years.
- All women of other ethnicities who are aged 55 – 74 years.

Heart health checks will be held at Auckland City Hospital and at Greenlane Clinical Centre. The confidential process takes approximately 20 minutes. You may be asked to give a blood sample during the process.

To book a heart health check or to find out more, contact Carolyn Jones on ext 26446 or email [carolyn.jones@adhb.govt.nz](mailto:carolyn.jones@adhb.govt.nz).

For general information on heart health, visit [www.heartfoundation.org.nz](http://www.heartfoundation.org.nz).



THANKS FOR  
JOINING US!

# Welcome to our recent starters

Chelsea Brannen,  
Lisa Brown,  
Helen Bunster,  
Zachary Burton,  
Stuart Carroll,  
Carol Chan,  
Jianyuan Cheng,  
Helen Coombe,  
Mariclaire Coombes,  
Dean Corbett,  
Anna Courtney,  
Nicola Culliford,  
Angela Culpin,  
Sharon Dooley,  
Sarah Yin-ran,  
Debra Gerrard,  
Kathryn Haven,  
Keryn Irwin,  
Nuraan Jacobs,  
Philippa Keatinge,  
Rebecca Kiff,  
Pauline Koopu,  
Erika Lackey-Ruwald,  
Hok Ko Lam,  
Danute Leathem,  
Lynette Lemanu,  
Vivien Li,  
David Lim,  
Asmita Mahire-Singh,  
Kim Marshall,  
Angelina Matamu,  
Zaid Matti,  
Wendy Moore,  
David Morrice,  
Pamela Muponisi,  
Yassmin Musthaffa,  
Robyn North,  
Catherine Parker,  
Kirsty Pascoe,  
Andrew Pilmore,  
Rajendra Ramsaroop,  
Jane Reeve,  
Victoria Rous,  
Marina Stander,  
Susan Stott,  
Karen Turner,  
Annie Uy-Lipana,  
Priya Veerasingam,  
Unaisi Wainivetau,  
Andrew Wallis,  
Jane Walton,  
Ann Webb,  
Cassandra Wijesuriya,  
Tiffany Worthington,  
Samantha Zhou

*Every month, hundreds of people join the Auckland DHB team. While it isn't possible to profile everybody in Nova, we can introduce you to some friendly faces on these pages.*

*This month, we caught-up with Ann Webb, who is always on the move as a community mental health nurse for older people.*

## *Tell us a little bit about your role at AHDB*

I help people over 65 who are experiencing mental health problems like dementia, depression, anxiety, psychosis, schizophrenia, etc. I usually assess them in their own homes or in residential care and assist them in their recovery journey. I also support and educate mental health carers in the community.

## *Why did you choose to enter this line of work?*

I wanted a job that was exciting and varied where there was no chance I would be sitting in the same office, behind the same desk from Monday-to-Friday. I've worked in mental health for 27 years and still enjoy coming to work every day, so I guess it was the right choice.

## *What is the most rewarding aspect of your line of work?*

It's a privilege to be invited into people's homes and have the opportunity to hear some remarkable stories about their lives. I'm lucky to be in a position to offer some hope that can make a difference to people's lives.

## *What is the most common misconception about what you do?*

That mental health input may lead to individuals going into residential care when our ultimate goal is to help people remain independent in their own homes for as long as possible.

## *What's the best advice (health-related or general) that you have ever received?*

Losing weight is not rocket science -- if you eat too much you'll put on weight. It has taken me a while to understand that but now I'm 15kg lighter than I was this time last year.

## *What superpower would you like to have and why?*

I've just started running, which is tough. Bionic legs would make it a lot easier but I guess that defeats the purpose of why I am running.

## *If you could invite any famous person to dinner, who would you ask and why?*

Peter Kay. He's a comedian from my hometown in the UK. I love his accent because it reminds me of home and he would make everyone laugh so much it would hurt.

Ann is always on the go to see her patients or on the phone providing immediate mental health support.



# Our local heroes

Our May local hero award goes to Dr Anthony Jordan, Registrar in APU (Assessment and Planning Unit).

Anthony was nominated for going above and beyond, not just for the patient but for the patient's family, too.

"From the minute we met Dr Jordan, we have been impressed. Our youngest daughter has been under his care for several months. We have been taken aback by his professionalism, dedication, superb people skills and the ability to treat the whole person. He has gone above and beyond the call of duty with regular phone calls, even house visits when required. He has counselled the whole family, helping us care for our daughter and deal with the impact her illness has had on our family. He epitomises everything that is wonderful about our health system. He is a unique and very special person, we have full faith in his treatment of our daughter and her ongoing care."

Congratulations, Anthony.

Please keep your stories about our local heroes coming in. To nominate, go to [www.adhb.govt.nz/localheroes](http://www.adhb.govt.nz/localheroes) or look out for the nomination cards around our buildings.



## Congratulations to all our May local heroes:

Alison Park  
Allan Stewart  
Amanda Rowe  
Andrew Reid  
Anna Bargiacchi  
Betty Wilkings  
Cameron McNab  
Christopher Reed  
Crystal Chan  
Diane Pope  
Faye Hall  
Jean Flint  
Jenny Heyward  
Joy O'Dwyer  
Kate Sladden  
Kathryn Hurley  
Leigh Anderson  
Leona Rodrigues  
Martin Robertson  
Marina Whanau  
Nicola Pountley-Jones  
Pam Gallagher  
Rita Kale  
Sandra Gildea



# Building authentic partnerships in mental health

Chris Witterick and Louise Martin at Manaaki House Community Mental Health Service now have a regular reminder of the positive and long-lasting impact of their work. One of the people they counselled 10 years ago, Diane Hewitt, is working with them to ensure that mental health services are empowering and patient-centred.

In her role as a consumer leader with Affinity Services, Diane is contracted by Auckland DHB to contribute to the development of mental health services.

As she explains: "A key focus of this work is to promote authentic partnerships between service-users and service providers – which got me thinking about what an authentic partnership would look like. As I reflected on my own experiences, one positive interaction stood out."

"Ten years ago, I phoned the crisis team and made it clear that I was so unwell and unable to cope that I needed to be admitted to the psych ward. Two crisis team members arrived at my house and, after talking for a while, one said: "We have phoned the ward and there is a bed ready. We can take you there if you really want but sometimes people feel better about themselves if they don't go to hospital."

This focus on empowerment struck a chord with Diane.

"I didn't go to hospital. I managed better than I thought I would with the continued support of other crisis team members. And I did feel better about myself, a little at a time. That experience reminded me of my strength and helped me to enter a new phase of my mental illness – recovery."

"Now, 10 years later, I promote these genuine, empowering relationships through my work with Affinity Services. Visiting Manaaki House the other day, I saw Chris and Louise who had helped me all those years ago. I let them know how positive my experience with them had been – and that I now use my story as an example of authentic partnership between service-users and service providers."

*Left to right: Dawn Bannister (Manager of Manaaki House), Diane Hewitt and Chris Witterick.*



# Big improvements leading to shorter wait times for surgery

Every year, we have a problem. We need to deliver more elective surgery than we seem to have capacity for to keep up with increasing demand. We also need to reduce the time patients wait for surgery. Some of our patients can wait a few months for relatively straight forward elective operations yet could get cancelled on the day when acute surgery needs to take priority.

This was not only frustrating for our patients, it was also frustrating for those of us working in surgical services.

We knew that things needed to change to ensure equitable access to surgery with fewer cancellations and a smoother journey for patients. With the help of improvement specialists and the commitment and engagement of the teams who work in surgical services, some great results have already been achieved.

The key to improving throughput and experience for elective surgery is to physically and organisationally separate it from acute surgery. In some circumstances this may be impossible but the availability of the Greenlane Surgical Unit has given us some opportunity to have a completely elective site. Increasing the capability and throughput of this site has been one of the major advances over the past two years.

Ian Civil  
Director of Surgery

## Patients wait less time for surgery

*More capacity and better planning means patients now wait less time for surgery and can be more confident their surgery will go ahead at Greenlane Surgical Unit (GSU).*

The GSU project, which has increased capacity with the opening of new theatres and improved planning through new processes, has led to 140 hours of additional operating time being available each month. With an additional 377 patients getting surgery at Greenlane, in a six-month period, compared to the same time last year.

Associate Professor Ian Bissett, one of the colorectal surgeons who now operates regularly at GSU, says: "The suitable patients I see now wait less time to receive their surgery. Another benefit is that patients are less likely to be delayed during the day due to the less complex nature of the surgery and fast turnover between cases." Ian continued: "The environment at GSU is better for low-acuity patients as nursing staff in the ward are not managing seriously ill patients at the same time. However, this has created some challenges in managing the surgical workload for complex cases at ACH that will need to be addressed. While it hasn't been completely straight forward getting to this point, the potential for improved elective capacity at the Greenlane site is huge, provided we can accommodate longer ward stays."

Dr Lesley Salkeld, paediatric ear, nose and throat surgeon is also seeing a big benefit for her patients: "It is very gratifying, as a surgeon, to see children who have had their chronic sore throat illness, breathing obstruction, painful ear infections or hearing-related speech difficulty relieved by surgery sooner."



"While there are merits to having surgical services concentrated at a single site, attempting to manage planned elective cases along with the acute and emergency workload can result in frustration for families when their child's elective surgery is cancelled at short notice to prioritise emergency cases."

This clinically-led project is now almost complete. The success of the project has been made possible by the hard work of many – a big thank you to everyone involved!



Target for 2012/13 → **12,891**  
How we are doing → at the end of April we had achieved **10,333**

### Quick facts

- On average, a four-hour theatre sessions costs around \$7000.
- 11951 elective surgery procedures were carried out in 2011/12 for the Auckland DHB population. This year, we expect to increase that by 940.
- Between November and April, an additional 377 patients had their surgery at Greenlane, compared to the same time last year.
- More than 40 per cent of ORL patients now have their pre-admission appointments by phone consultation.

## A better pre-admission experience

Before surgery, every patient goes through a pre-admission process to make sure they are ready and it is safe for surgery to go ahead.

At a pre-admission check, patients could spend at least 35 per cent of their time waiting to be seen. When you add this to the time spent with the doctor or nurse and the travel time, you can see that pre-admission checks could take quite a chunk out of our patient's day.

In January 2012, helped by Improvement Specialists Tammy Bryan and Fiona Sarten, ORL (ear, nose and throat), began trialling a new phone pre-admission process. This involved triaging patients based on their health status and the complexity of surgery. The lower-risk patients now have their pre-admission appointment over the phone.

Susan Somerville, clinic nurse specialist who does the ORL's pre-admission phone appointments said: "The new process has had a huge impact. Now, many patients are phoned so they experience a more convenient pre-admission. Because this frees-up clinic time, patients who do have to come in to clinic are also enjoying



Susan Somerville, clinic nurse specialist.

a faster pre-admission process."

Wendy Ravelich, Greenlane Clinical Centre Service Manager added: "The other benefit is there is now a bigger pool of patients ready for surgery, so if a patient scheduled for surgery cancels, there are patients ready and waiting to take their place."

The trial has been so successful that now other specialties will be using the new pre-admission process and have recruited nurse specialists Deidre Doran, Maree Neill, Aruna Makan, Ferne Brain, Clare Campbell and Rita Pudaruth to carry out the pre-admission phone appointments.

## Demand and capacity planning

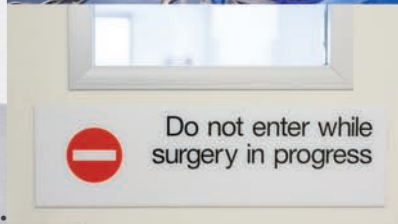
*Better planning processes, including reports, schedules and regular planning meetings are providing a hospital-wide view of the demand and capacity.*

Managers and surgeons can now easily see what theatre sessions are available and which patients are ready for surgery. This approach is helping services manage their patients and it also means if they have a free surgical session, they can release other services so that valuable theatre time doesn't go to waste.

Sandi Millner, Service Manager for Orthopaedics, talks highly about the benefits of these weekly meetings, saying: "We are managing to cope with the increase in elective volumes that have been expected from us year-on-year. I don't think we would have any chance of meeting our contract for electives if we didn't have a planning meeting where every week we are looking at how we are doing."

### Next steps

- Better production plan for 2014/15 so our output aligns to our budget.
- Improving reporting and planning tools to make sure we maximise use of our operating rooms.
- Finding opportunities to enhance recovery after surgery.
- Roll-out the phone pre-admit appointments to other services.
- We are finding ways to provide more choices to patients about their appointment times.
- We are updating our standard letters to make them easier to understand for patients.



More of our patients can now look forward to receiving their surgery sooner and with more confidence of getting their surgery as planned.

# More accolades for our renal transplant team



The accolades keep rolling in for the renal transplant team. In March, a grateful patient shouted a team lunch and now transplant recipient Dave Whytock and his wife, Kath, have raised \$11,600 so Ward 71 nurses can pursue ongoing education and attend conferences.

Dave's desire to 'pay it forward' came after he received his life-changing kidney transplant in 2012. Full of energy and free of his thrice-weekly dialysis treatments, Dave organised a golf tournament to fundraise for the renal team.

But money isn't all he raised. His actions have also increased awareness of the importance of being a kidney donor. According to Organ Donation New Zealand, about 400 people are currently waiting for an organ transplant - and 350 of them need kidneys. It is possible to be a living kidney donor and, last year, 54 people made the decision to donate. To read more, visit [www.donor.co.nz](http://www.donor.co.nz).

Dave and Kath Whytock (front and centre) are flanked by the grateful team from Ward 71. From left: Bill Hecker, Audrey Heath, Margaret Dotchin (Executive Director of Nursing), Nandita Chand, Ian Dittmer, Reema Vailoces and Ashly Baby.

## Adventurers raise \$13,000 for Cure Kids

The Auckland DHB Adventurers - Kathy Dryden, Tim Winstone, Marc ter Beek and Stephen Haynes - took to the hills above Kawakawa Bay, battling 26 other teams in the Cure Kids Adventure race in April. With support from Nicola O'Carroll, Dave Simpkins, Pam Freeman and Beryl Pereira, the team finished in a very credible 11th place and raised more than \$13,000 for the Cure Kids charity, which funds medical research for conditions affecting children.

The race started at 8am and, after nine-and-a-half hours of trekking over hills, running up streams and mountain-biking through forests, the team crossed the finish line still smiling.

The field was split early in the race, when most of the teams (including our Adventurers) got onto the wrong track and had to double-back, giving five teams a one-hour lead. After suffering two flat tyres on the bike stage, the Adventurers fought back on the final trek where they recorded the second-fastest time and passed four teams on the way to the finish.

"It was a long but rewarding day that tested the physical and mental toughness of the team. However, the struggle on the day was nothing

compared to the challenge that many children face on a daily basis," said Tim Winstone. "Thank you to everyone who supported us in our fundraising efforts for Cure Kids."

Auckland DHB Adventures: Kathy Dryden, Tim Winstone, Marc ter Beek and Stephen Haynes.



### corner

## CONCORD

#### Reducing returns

The in-patient pharmacy team has been running a CONCORD project to reduce the return of medicines from the wards. The project team identified the problems and have put in place solutions. These include adjusting the amount of dispensed medicines based on the average length-of-stay in that ward, setting stock levels, auto-replenishment for frequently-used medicines and minimising the amount of high-cost medication on the imprest list.

So far, this project has saved almost \$150k.

The pilot is now in the second phase, with the changes to days-of-supply now being implemented across 19 wards.

#### A testing time

LABplus offers a Clozapine level test for patients to test for toxicity. With increasing demand for this costly test, an audit was undertaken which showed many requests did not have a specific indication and testing seemed to have become 'routine'.

To counter this trend, while ensuring Clozapine level testing is available to those that need it, only requests for individual tests are now accepted. Four months on from this change, the volume of tests completed has reduced by more than 40 per cent.

This initiative by LABplus is a great example of ensuring we use our resources effectively.

If you have an idea on how we can do things better, submit an idea on the Concord intranet pages or email [concord@adhb.co.nz](mailto:concord@adhb.co.nz)





## Americans recognise two of our clinical leaders

Professor John Windsor (left) and Ian Civil catch-up at a recent trans-Tasman surgical conference.

Two Auckland DHB general surgeons have had the rare distinction of being recognised as leaders in their field by the prestigious American Surgical Association (ASA).

Trauma Service Clinical Director Ian Civil and Professor John Windsor are believed to be the only New Zealanders ever to be made Honorary Fellows of the ASA.

The ASA is the USA's oldest surgical organisation, with a membership drawn from the top tier of the country's leading surgeons and a select group of international surgeons.

Mr Civil was inducted at the ASA's 133rd annual meeting in Indianapolis in early April, joining Professor Windsor, who was inducted a year earlier.

Professor Windsor completed his surgical training in Auckland before working at the Royal Infirmary of Edinburgh. Returning to Auckland, he became head of the Department of Surgery at the University of Auckland.

The ASA noted that his extensive research into the pathophysiology and management of acute pancreatitis had become widely acknowledged around the world. He has also recently stepped

down as Secretary General of the International HPB Association. "Professor Windsor is indeed the true renaissance surgeon in that he keeps an active teaching programme alive and was the founding director of the surgical skills centre at the University of Auckland," the ASA said at the time of his induction.

Mr Civil trained in Auckland and Rotorua, then went to the US for a vascular fellowship, followed by a fellowship in trauma and subsequent service in the first Gulf War with the NZ Army Medical Corps.

Returning to Auckland, he has been the Director of our Trauma Service for more than two decades, is Senior Lecturer in surgery at the University of Auckland's medical school and, for the last four years, has been our Director of Surgery.

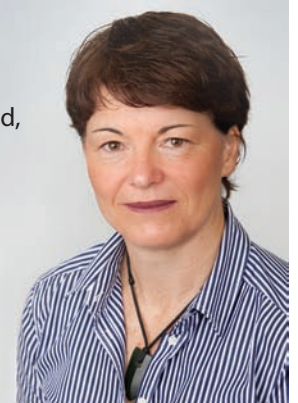
At the time of his induction, the ASA said Mr Civil's "footprint in international surgery is large", citing his publication of more than 100 peer-reviewed articles and editorials on trauma and trauma systems and his time as presidency including the Royal Australasian College of Surgeons, the Australasian Trauma Society and the International Association for Trauma Surgery and Intensive Care.

## Deb Rowe chairs Nursing Council

Our very own Dr Deb Rowe has been appointed as Chairperson of the Nursing Council of New Zealand, which registers nurses and provides guidelines and standards for practise.

Deb plans to use her transformational leadership style to ensure that nursing regulations are future-focused. As she explains: "Patients are at the heart of what we do. The health needs of our population are changing and as regulators, we must enable the nursing workforce to be responsive to those needs."

Deb takes on this new role in addition to her busy schedule as a nurse consultant and registered nurse in the Neonatal Intensive Care Unit and a lecturer at the University of Auckland.





# Are we on the cusp of 'allocative efficiency'?



Dr Lester Levy, Board Chair

It was interesting to read and reflect on the health component of the Government's Budget released on 16 May 2013. From the perspective of district health boards, the increase previously signalled for 2013/2014 was confirmed – relating to population growth and a contribution to cost pressure. For Auckland District Health Board, this represents a revenue growth of 2 per cent over the current year. When you consider that the current rate of growth of our costs is 5 per cent, then you can clearly see the challenge before us.

Our challenge is to more thoughtfully, carefully and with greater discipline control our costs, particularly in the provider component

of our organisation. The reason our cost profile keeps growing this way is that we all-too-frequently continue to do things in the same way – this will need to change and with some degree of urgency.

What I find particularly interesting in the Budget is that there was an increase in health expenditure that was reasonable – the difference is (in my interpretation) that a significant part of the increase has been allocated to areas of existing or emerging need. There has been recognition that additional funding needs to be directed to disability, aged care, dementia, prevention of heart disease and diabetes, screening programmes as well as dealing with rheumatic fever. This is an example of 'allocative efficiency' at work as opposed to the more historical and traditional approach which would have been to distribute the majority of the new revenue to hospitals.

In our own district health board, as with many district health boards in the country, the provider component of our organisation typically spends beyond its budget allocation and this deficit is subsidised by the funder component of our organisation. This is not good practice and, in my view, does not demonstrate 'allocative efficiency'. Moving forward, it is going to be essential that the provider component of our district health board operates within its budget, allowing the funder to properly invest in new models of care and into areas of emerging need.

This will be a new and important discipline for us all and will ultimately benefit our population.

## Trauma service leaders meet in Auckland

The Clinical Education Centre played host to the seventh Kids Trauma Conference last month, attracting paediatric nurses, doctors, therapists and academics from all over New Zealand.

The diverse programme included the acute management of head trauma and non-accidental injury, with presentations from international trauma surgeon Pal Naess from Oslo's major Trauma Network and our own Ian Civil, who outlined the future of trauma care in New Zealand.

A special session provoked a great deal of thought and discussion as Dr Rosie Marks introduced two people who had lived through their experience of severe trauma.

"The Kids Trauma Conference is made possible each year through the generosity and hard work of our presenters and the members of the organising team," said James Hamill, Starship Paediatric Surgery Clinical Director.

"Everyone works together to make it an excellent learning experience and fun day. We are also very grateful for the support of the Starship Foundation and others who contribute display information and posters."

The Children's Trauma Service is supported by Starship Foundation, whose Chief Executive, Brad Clark, delivered the opening address.

Left to right: The University of Otago's Alison Meldrum and Starship Trauma Coordinator Julie Chambers examine posters on display at the conference.



# What eco-friendly choices do you make?

It's **World Environment Day** on June 5, so we asked some of our people what they are doing to live in a sustainable and eco-friendly way.

If you have an idea about how we can be more sustainable at Auckland DHB, send it to [concord@adhb.govt.nz](mailto:concord@adhb.govt.nz) or get involved with the Environment Sustainability Group by emailing Julie Thomas on [julie.thomas@adhb.govt.nz](mailto:julie.thomas@adhb.govt.nz). You can find more information and tips on the sustainability page on the intranet.



Hannah Cooper  
House surgeon, General Medicine

"I compost all my food scraps at home and I try to cycle when I can or use public transport. It also really bothers me how much recyclable stuff gets thrown out, so I take home the recyclable packaging from my meals at work. There's plenty of room for improvement, though. At work, I'd like to get better at bringing in my reusable coffee cup."

### Did you know?

In New Zealand, we throw out 100 million disposable coffee cups every year – if piled-up the cone would be as high as the Sky Tower. Purchase your reusable coffee cup from [www.keepcup.com.au](http://www.keepcup.com.au) or [www.cuppacoffeecup.co.nz](http://www.cuppacoffeecup.co.nz)



Nadine Wright  
Blue coat volunteer

"If I see people littering, I pick it up and I am very fussy about recycling. I also think about needless running of my car. For instance, I used to go to a particular hair salon in St Heliers. It took me 35 minutes each way in the car and used a lot of petrol, so I've moved to a hairdresser closer to home."

### Did you know?

Almost half of the car trips that New Zealanders make are for distances of less than 6km. Consider walking or cycling sometimes – it's good exercise too! For more sustainable travel tips, visit <http://adhb.intranet/TravelEzy/>



Landon Mai  
Planet Espresso barista,  
Auckland City Hospital

"At work, we recycle all the milk bottles and put sugar in people's coffee so that we don't use up as many stirrers."

So how does Landon feel about reusable coffee cups? "We're happy if people want to use them – we'd just prefer if they wash them first!"

By cutting back on meat, Landon's diet is also eco-friendly. "I'm from Vietnam and we eat lots of fresh vegetables and herbs. I am a big fan of steak but I don't eat it every day or week."

### Did you know?

Red meat production uses far more water and fossil fuels than fish or chicken farming. What's more, producing 1kg of beef releases the equivalent of 36.4kg of carbon dioxide. Why not try going without meat one day every week? Find out more at [www.meatlessmonday.com](http://www.meatlessmonday.com)



Lesieli Tahaafe  
Orthopaedics staff nurse

"I recycle all the papers at work. I shut down the computers after the last shift, to save power. At home, we reuse things that we buy, like the plastic juice bottles. We also only run the dishwasher when it is a full load. It saves power, water and money."

### Did you know?

New Zealand wastes more than \$100 million each year because we leave our appliances on stand-by instead of turning them off at the wall. Save power by switching off!



Brijinder Walia  
Health care assistant

"In my home, we have shifted to gas power because it is more energy-efficient, cleaner-burning and we save money on our power bill."

"My wife is a passionate gardener, too, so we make compost from our food scraps and we only use organic products in the garden."

### Did you know?

In New Zealand, more than half the contents of an average rubbish bag could be recycled or composted. To learn how to compost, visit <http://www.createyourowneden.org.nz/>

# Rotary honours our midwives for outstanding service to women

Congratulations to midwives Andrina Wilson, Kelly van der Westhuizen and Diana Austin who were nominated for the Alastair Macfarlane Memorial Medal. The annual Newmarket Rotary award honours midwives and nurses who have demonstrated excellence in obstetrics and gynaecology.

Both Kelly and Diana were recognised for their strong communication skills, being hard-working and displaying genuine compassion for patients and colleagues.

But it was Andrina who received the medal this year for her enthusiasm, commitment and passion for her profession. One shining example of her advocacy for women was when one patient's accommodation needs were not being met. Andrina worked in partnership with a physiotherapist and the neonatal staff to ensure the patient was transferred to a NICU room on level 10 and did not give up until a positive outcome was reached for the woman and her baby. Andrina is also researching the impact of analgesia on the normal birth process and breastfeeding by extensively studying the roles and the effects that different hormones have on labour and breastfeeding.

Well done, ladies!



Congratulations to Andrina (left) for winning this year's Alastair Macfarlane Memorial Medal. She is joined by Kelly who was also recognised for her valuable contributions to women's health.



Professor Derek North and wife Alison (seated) with, from left: daughters Sue, Robyn and Diana, authors Tom Miller, David Richmond and Judy Murphy, and daughters Fiona and Helen.

## An A+ in history

A+ Trust is helping to keep our history alive thanks to their financial support of "In the beginning" – a fascinating read which follows the evolution of medicine at Auckland City Hospital. With accounts of the early years of dialysis and bone marrow transplants, developments in cardiovascular medicine and more, the 400-plus-page tale by David Richmond, Tom Miller and Judy Murphy has something for everyone.

But the undisputed star of the book is Professor Derek North. "Professor North is generally considered to have led evidence-based medicine at the hospital," explains Gill Naden, Executive Officer of the A+ Trust. "What's more, Derek and his team taught many of our current senior medical officers."

You can purchase your own copy of "In the beginning" for \$26 by emailing Tom Miller (t.miller@auckland.ac.nz) or visiting the online bookstore [www.wheelers.co.nz](http://www.wheelers.co.nz).

## Orbit

Congratulations to April Orbit competition winner Emma Jansen, specialty clinical nurse. The answer to the April question "what is the colour of the envelope used to transfer key clinical information between hospitals and aged residential care?" was yellow.

While this month's Orbit competition is on holiday, check this space next month for a new and improved competition! Who knows, you might be the next recipient of a great prize, just like staff nurse Lynley Taylor, who wrote in about her March travel remedy prize: "My husband and I recently went away to Puka Park and used my vouchers. We had a really lovely time staying in a beautiful place. We would like to thank you and Orbit very much for this lovely surprise."

## Community dental clinics come full circle

In mid-2010, Auckland DHB began the building phase of the Ministry of Health-funded investment of around \$10.4 million to reconfigure child and adolescent oral health services in our communities. It was a long-awaited move towards good oral health since no significant investment in the school dental service had been made for the Auckland DHB population since the 1960s.

Three years on, 14 on-site and six mobile dental clinics later, we have now established all the dental clinics planned for the Auckland central area. It's an exciting step towards delivering great healthcare services outside the hospital and into our communities.

And how appropriate that the last clinic to open is at our very own Greenlane Clinical Centre campus!

The new purpose-built and mobile community dental clinics offer a more comfortable experience and better service to young patients with their modern facilities and faster diagnostic equipment. Each clinic provides dental treatment to its neighbouring schools and wider community.



Dental therapist Alex Samotoi with a young patient at the Greenlane children's community dental clinic.