

TE WHETU MARAMA

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THE OFFICIAL STAFF NEWSLETTER FOR THE AUCKLAND DISTRICT HEALTH BOARD

Special Edition

2011

Celebrating ADHB's
commitment to excellence

- our highlights
- our improvements
- our targets
- our organisation
- our year at a glance



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On the Cover: Kate Crews with her daughters, Millie (left) and Jemma.

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(From left) Anaesthetic Technician Mary Fuscic, Registered Nurse Vivian Hu, and Registered Nurse Vandana Gupta, seen inside one of the new theatres within the Greenlane.

Did you know?

The Greenlane Surgical Unit project is about increasing the elective surgical access for ADHB's population by:

- Increased separation of elective surgery from acute surgery.
- Increased capacity at Greenlane through an additional three operating rooms and one expanded operating room.
- 50% increase in overnight stay capacity for elective surgery.
- In the short term, ADHB set itself challenging targets for increased elective volumes. For 2010/11:
 - An increased Health Target of 11,149 discharges (+18%) was delivered.
 - An extra 55 people per week received surgery in the past five months, compared to the first six months of 2010/11.
- For 2011/12, a further increase of 801 discharges (+7%) to 11,950 discharges has been set (an increase in Health Targets of 27% in two years). These increases are well in excess of demographic growth (1.5%) and improve intervention rates for our population.

Patients and staff benefit from **new surgical unit**

AUCKLANDERS HAVING short stay elective surgery can look forward to shorter waiting times and fewer cancellations requiring rescheduling thanks to ADHB's new Greenlane Surgical Unit (GSU).

The \$27m development will allow ADHB to deliver an extra 4,500 elective operations by 2015/16 – all part of ADHB working to meet the national Health Targets and improving healthcare for the people of Auckland.

“In addition to the increased adult surgery a key feature of the project is the development of, and increased paediatric surgical capability, at Greenlane.

“This is a credit to the staff at Greenlane and Starship who have worked hard to ensure that the needs of children and their families can be met at both ADHB sites,” says Ian Civil, Director of Surgery.

The project has had significant input from both Ian and the

Director of Anaesthesia and Operating Room, Vanessa Beavis.

Staff have also been involved in the design of the facility as well as operating and managing the patient flow from primary care through clinics and theatre and back to primary care.

“It is important to understand that the new theatre capacity is just a very small part of the story. The real drive to increase the number of electives has come from staff and the surgical teams across ADHB,” says Vanessa.

“Their hard work has made a huge difference to ensuring that our patients get timely access to elective surgery.”

Ian adds that over the next 12 months ADHB's goal is to ensure that acceptable patient wait times are achieved, through continued improvements to clinic patient flow and increased operating room capacity and scheduling. ■

Dental programme addresses health inequities

BARRIERS ARE BEING broken down around oral healthcare with the roll out of ADHB's school dental clinics programme.

The implementation of the new and refurbished school dental clinics initiative in Auckland reflects a partnership between the Ministry of Health, Ministry of Education and school boards as part of the Oral Health Business Plan. ADHB is also working closely with the Auckland Regional Dental Service (ARDS), an arm of Waitemata DHB (WDHB).

Some of the 14 new or refurbished school dental clinics are up and running, and children are already benefitting from the new equipment, the employment of more staff and the purchase of specialised dental vans. The investment made in the clinics will improve the child and adolescent oral health service in Auckland.

"This is an important project for Auckland's children and youth," says Rachel Mattison, Associate Planning and Funding Manager.

"Previously, dental clinics were owned and maintained by the education sector. But the clinics do not meet current standards for building design, clinical safety and staff, and patient and family comfort and safety."

The old dental clinics are being replaced with modern, purpose built clinics that will have longer opening hours and be open during school holidays. "The model of care is changing with a move to 'four handed dentistry' meaning more dental therapists and dental assistants are being employed. All of this will result in reduced inequalities, improved access to services and better oral health outcomes for children and adolescents."

ADHB is also working with WDHB on a pilot of extended school dental clinic hours. ■

"This will result in reduced inequalities, improved access to services and better oral health outcomes for children and adolescents." RACHEL MATTISON, ASSOCIATE PLANNING AND FUNDING MANAGER



Did you know?

- By August 2011, ADHB had established five new clinics with a further five to be opened by December 2011. Another four clinics will be completed by June 2012.
- Four new diagnostic dental vans are in use, with another two to be delivered in the 2011/12 financial year.
- The fixed clinics are being built in areas where more children from low socio-economic backgrounds live to assist with improved access.
- The focus on prevention rather than 'drilling-and-filling' will be facilitated through the following: increasing enrolments of pre-school children (in particular, Maori and Pacific); increased opportunities to provide early preventive treatment from early enrolments of pre-school children; early cavity detection through the onsite availability of an x-ray machine.



Nutrition programme gets results

The community-led nutrition programme, Glen Innes Healthy Kai (GIHK), saw success this year with shopper survey results showing visitors to the town centre are making better nutritional choices, when buying takeaway foods. GIHK is a health promotion programme that aims to create a healthy eating environment in the town centre. It is supported by a partnership agreement between ADHB, primary health organisations, residents, health professionals and town centre business representatives. There are nine participating retailers. GIHK held a 'soup day event' to offer visitors a free cup of soup to encourage people to buy healthy kai soups as an alternative to other, less healthy, hot foods during winter. (From left) Mrs Laura McMenamin-Olsen enjoys a hot cup of soup given to her by Community Liaison Dietitian, Chris Cook.

“The Scheduler and Booker composite role is a valued role interacting with multiple members of the healthcare team throughout the patient journey. To have one person assigned to the consultant, working closely with clinical nurse specialists, improves the timeliness of decisions and communication to both patients and staff.” **DANIEL HUNT, PROGRAMME MANAGER**

Orthopaedics delivers excellent results

ORTHOPAEDICS IS PRODUCING outstanding results as it fully embraces Service Excellence to deliver better health outcomes for both patients and the organisation.

Orthopaedics Service Excellence has focused on Orthopaedic Clinics, Wards 75 and 77 and Orthopaedic Theatres to support an integrated approach to improving the patient journey.

While it is still early days, Orthopaedics is already showing positive signs. The number of elective discharges achieved in July is up 24% on the previous year; there was also a five per cent increase in acute discharges.

“The team is extremely pleased to see their hard work is paying off for everyone. We’ve developed a number of new systems and

“The teams of Wards 75 and 77 remain highly supportive of acute flow initiatives reducing bed transfer times and are available for visitors who may wish to observe daily rapid rounds. Most recently a project team has been formed to look at how a patient’s discharge time can be coordinated to occur earlier in the day.”

LOUISE CARRUCAN-WOOD, IMPROVEMENT SPECIALIST



(From left) Ward 75 Charge Nurse Steven Stewart, Ward 77 Registered Nurse Sarah Murphy, patient Tivinia Nguamo, and Ward 75 Registered Nurse Veronica Tizon.

tools to support this process which all work across the service,” says Daniel Hunt, Programme Manager.

Some of these tools include: the Buffer Report, which is a visual tool to ensure a balanced workload of patients waiting for their First Scheduled Assessment and confirmation of surgery, up until the pre-admission stage; and a Clinic Load Report that provides a view of scheduled appointments up to two weeks in advance, helping reduce overbooking.

“There is a real need for these improvements, as the demand for acute and elective orthopaedic surgery is growing,” says Sandi Millner, Service Manager.

Marissa Gordon, Clinical Analyst, adds, “All of the tools have been developed for staff to use to better meet the needs of their patients.”

Other initiatives that have been developed to respond to the capacity and demand of the Orthopaedic service include:

- **CLINIC ACTIVITY** — the Productive Clinic programme is enabling staff to work towards timely care and assessment together with the patient
- **THEATRE ACTIVITY** — surgical productive lists are carefully planned by the Schedulers/Bookers, which has streamlined operating processes for senior and experienced nurses, technician anaesthetists, anaesthetists and surgeons
- **WARD ACTIVITY** — on the wards, the teams have worked hard to ensure patients’ length of stay is right for the care. Noting a gradual increasing trend in the length of stay in recent months, there has been a reduction in average length of stay by up to two days. There has also been an improvement in transfer time from ED to the ward from at one stage being 90 minutes to a current average time of 43 minutes. Most recently, the team is looking at how a patient’s discharge time can occur earlier in the day. ■

“The surgical productive lists run once a month for specific surgeons who are willing to increase their surgical throughput. These lists are planned by the schedulers/bookers who help surgeons decide which patients meet the required criteria. The latest list saw four happy patients leaving with new hips and knees and a tired surgical team buzzing with excitement and very proud of what they achieved that day.” **GERALDINE KELSEY, IMPROVEMENT SPECIALIST**

Virtual clinics focus on community

AN IDEA that came from an ADHB Medical Director and clinician, Dr Barry Snow, to establish virtual clinics for patients to enable them to have tests done in their own community is exceeding expectation.

The clinics were set up under the Concord programme to limit the time and expense for patients who had to travel (and then wait) for results, which only took a few minutes to deliver. Through the new system, a doctor now reviews the results on the computer and sends the documentation to the GP and patient. The clinical decision is made by the service as to how frequently the patient is seen.

“The team has shown great concern about, as well as understanding of, the impact on time that unnecessary face-to-face appointments can have on patients,” says Gretchen Thomas, Clinical Effectiveness Advisor. “This innovative project reflects a genuine commitment by our staff to reduce these added burdens on our patients. While results are still monitored by a doctor at Auckland City Hospital, which means the health status is being checked at the same frequency, it removes the need for the patient to be present every time.”

The system has also benefitted primary care practitioners. They now receive standardised letters and some services are reporting that clinics are no longer double booked, while consultants get to spend more time on complex cases.

“This is the sort of project that shows what you can achieve through a clinically led approach. Today, the virtual clinic numbers are exceeding expectations. More services have heard about the clinics and are keen to apply the system in their areas,” says Gretchen.

The virtual clinics have also been implemented for patients with infectious diseases and AAA patients – in vascular services. Building upon this success, ADHB aims to roll out more clinics over the next year. Gretchen says, “We could not have done this without the commitment and buy in from bookers and schedulers, and support from clinical directors.” ■

“After hearing about the reduced follow up appointments for Meningioma patients, I thought we could do something similar for HIV patients. We now have a project in place, supported by Concord. We will introduce virtual clinics for lower risk patients, meaning less disruption to their day-to-day life and more time for doctors to see other patients.” DR SIMON BRIGGS, CLINICAL DIRECTOR, INFECTIOUS DISEASES

National campaign to protect newborns grows

AS THE LEAD DHB of the national Shaken Baby Prevention (SBP) project, ADHB is building on an American model aiming to educate new parents about the dangers of shaken baby syndrome.

This is the first structured approach to shaken baby prevention in New Zealand.

Building upon the strong foundations laid last year, the project team has implemented the programme in 11 units that care for babies and their families. It has also reached out to the community. For example, Plunket sites have embedded the programme into their practice.

According to Kati Knuuttiila, SBP Coordinator, there has been tremendous buy in from the different areas across ADHB’s district.

“We are hearing stories where caregivers tell how they remember our materials when stressed and seek help,” says Kati, adding that the team is also producing the country’s first DVD on SBP with generous support from Starship Foundation.

“We have also been working together with the Ministry of Social Development creating a package that can be used for SBP programme rollout. There are several DHBs interested in the programme, which is very exciting.

“Ultimately, we would like to see shaken baby prevention be part of every health professional’s practice when working with families with babies.” ■

Did you know?

- The aim of the project is to create a sustainable programme that educates caregivers of all newborns on how to cope with a crying baby and the dangers of shaking a baby.
- The programme is a two-year pilot programme within ADHB, funded by the Ministry of Social Development.
- The programme involves the provision of a brief (10 minute) educational intervention to the caregiver(s) of a newborn baby. This is at the bedside within the first few days of the baby’s life. There are several key elements: a face-to-face conversation about how to deal with a crying baby and the dangers of shaking; the provision of two pamphlets; and the opportunity to view a DVD.



Nurses participate in diabetes pilot

THREE OF ADHB's Diabetes Nurse Specialists are among the first of a group of registered New Zealand nurses to participate in an exciting pilot geared to improve patient care.

The nurses can prescribe a limited range of medicines to their patients, under the guidance of a medical practitioner, through the Diabetes Nurse Prescribing Project.

"We are delighted to be participating in this initiative as our nurses will be pioneering this advanced level of nursing," says

Taima Campbell, Director of Nursing.

This requires a high level of nursing skills including post-graduate education in patient assessment, pharmacology and pathophysiology and for the Health Workforce New Zealand pilot, accreditation with the New Zealand Nurses Organisation against the Knowledge and Skills Framework for Diabetes Nurses.

The nurses are based at Greenlane Clinical Centre and within satellite clinics at Glen Innes, Oranga, Panmure and Grey Lynn.

This service provides many patient benefits as it enables the nurses to provide a more complete service, as well as beginning medication in a more timely way, and providing ongoing monitoring.

"It will allow nurses to follow up more rapidly and monitor the progress of our patients to assess the effects of the medication. For patients, it means they will have their medication managed by the nurses through the trial, with the aim of making life easier for them while making better use of nursing skills.

"Diabetes is a disease that affects many patients, with Maori and Pacific over represented, and we feel this project presents one way to help them better manage their disease," she says.

While there have been some challenges such as increased documentation which can be time consuming, there have been many successes.

"It has provided the nurses with professional and personal growth as nurses and the patients have responded well to the new system. As we progress, we will fine tune our processes at the Auckland Diabetes Centre. Ultimately, we would like to roll this out to other Diabetes Nurse Specialists, and support colleagues to become designated prescribers. In the future, these roles should be in primary care — where the need is," says Taima. ■



(From left) Minister of Health Tony Ryall, Diabetes Nurse Specialists Tricha Ball, Mele Kaufusi and Jennifer Britland with patient Diane Thompson and her husband Mr Thompson. The project was launched by the Minister at Greenlane Clinical Centre.

Regional approach delivers on tough targets

THE PRIMARY OPTIONS for Acute Care (POAC) project is proof of the great results that regional collaboration can produce for both patients and health professionals.

The POAC project is a regional collaboration between ADHB, Waitemata DHB and Counties Manukau DHB and is a key workstream in the Better, Sooner, More Convenient (BSMC) approach.

The 2010/2011 target was set at 15,000 acute cases for the region, but the actual amount achieved was 16,500.

"Since we began, the targets for the region have been extended each year, with a 30% increase for the 2011/12 year from last year. We are on track to achieve this," says Gayl Humphrey, Manager Strategy and Implementation.

These results were achieved through collaboration as well as by making the strategic decision to work with a single regional

"The project has been so successful we may have to carefully consider how to manage greater volumes." GAYL HUMPHREY

provider to deliver the service. Initially, each of the Auckland Metro DHBs had been funding a POAC service in their individual catchment areas.

Under the new system, there is greater sharing of experiences and learnings, better use of resources and a reduction in administrative differences. ■

Did you know?

- POAC intends to increase the capacity and capability of primary healthcare to provide safe acute care in the community.
- The key aims of POAC are to reduce acute hospitalisation growth and allow people to have the best care possible in the least intensive setting (the community).
- POAC is a key strategy in the BSMC approach and a core stream in the GAIHN business and implementation plans.

Did you know?

Within nine months (October 2010 to August 2011), the project produced excellent results. It had:

- Saved 2,323 units of red blood cells
- Saved 1,273 units of fresh frozen plasma
- Saved 14,384 hours of patients' time
- Released 2,697 hours of nursing time
- Realised financial benefits of \$1,857,260.



Medical Laboratory Scientist Lisa Hwang supports the Blood is a Gift campaign.

Blood campaign improves patient safety

A **CLINICALLY-LED** campaign rolled out to reduce blood wastage and improve patient safety has also resulted in significant savings.

The 'Why use two when one will do' campaign was launched to promote single unit transfusion of blood and has also been adopted by Counties Manukau, Waitemata and Waikato DHBs.

"Most international studies show that 30% of blood products have no logic associated with their prescription.

"I think Auckland ranks better than average but audits carried out by Concord and New Zealand Blood Service showed we had significant room for improvement," says Dr Kerry Gunn, Chair of

ADHB Blood Transfusion Committee.

"The problem we faced was getting the science to catch up with folk-law. The answer for us has been education and awareness using the 'Why use two when one will do campaign'."

The aim of the campaign was to improve patient safety and reduce unnecessary transfusion. It focuses on single unit transfusion as normal practice.

"The results have been pretty stunning. Blood use in Auckland has dropped substantially and buy-in by colleagues throughout all disciplines has been overwhelming. We owe a big thank you to all. The hope for the future is better targeted use of blood products, a new blood ordering system and better use of Iron. But mostly it is the recognition by doctors that blood is a gift and it is our responsibility to use it wisely." ■

Partnership paves way for dialysis centres

A **PARTNERSHIP** between ADHB and a primary care provider to provide integrated care for dialysis patients could pave the way for improving access and quality of care for patients with the creation of community dialysis centres.

"We want to provide integrated care for dialysis patients, by collaborating with a PHO. This will also incorporate our standard nephrology clinics and chronic kidney disease nurses. PHOs will provide the primary care for these patients," says Ian Dittmer, Clinical Director, Renal Medicine.

"I believe we are the only organisation performing nephrology clinics outside of the hospital setting. We want to 'de-hospitalise' the care of the chronic dialysis patients, as much of the care of people with chronic diseases ought to be in their primary settings, such as dietitians, diabetes and blood pressure control."

Ian says the team aims to have at least two dialysis centres and associated off hospital site clinics established by December 2012.

This project means services will be closer and more convenient

for patients, particularly Maori and Pacific which form a disproportionately large part of ADHB's dialysis population and are high users of ancillary services. ■

Did you know?

- The initiative is a result of a partnership between Health Workforce New Zealand (HWNZ), the Ministry of Health and the Nursing Council of New Zealand. They consulted with the health sector to identify an innovative approach to the delivery of diabetes health services and to increase flexibility around these services.
- The demonstration sites are in Hawkes Bay, Mid Central Health, Auckland and Hutt Valley DHB.



Hearing screening detects problems early

More than 10,000 newborns have been screened since the opening of ADHB's newborn hearing screening programme last year. The service has helped six newborns and their families by picking up hearing losses. The initiative was launched in 2010 and is part of a nationwide programme. Screening is offered at Auckland City Hospital, three maternity wards, NICU and Starship Children's Hospital, Birthcare and six outreach clinic locations. Three of the outreach clinics are within the Community Links centres in Glen Innes, Onehunga and Otahuhu. The other three are in Mt Albert, on Waiheke Island and in Auckland City Hospital. The programme has received positive feedback regarding the quality of the screening service from midwives, Birthcare, Community Clinics and parents, according to Sarah Daye, Team Leader. The programme is now screening second babies in the family.



Immunisations on the rise

Remuera mum Kate Crews comforts her daughter Jemma while being immunised by Clinical Nurse Leader Rachel Madsen. ADHB achieved excellent results this year for immunisation and, in fact, exceeded the target. Go to page 11 to view Our targets.

ED delivers big drop in bed waiting times

EMERGENCY DEPARTMENT (ED) patients have benefitted significantly from a clinically led campaign, with waiting times for a bed dropping by nearly seven hours since 2009.

The 'Valuing our Patient's Time' campaign has been driven by innovative staff on-the-ground, committed to achieving positive outcomes for their patients. Through their efforts the average waiting time for admission to a bed has gone from around eight hours to 1.30 hours.

"Just two years ago, 21% of ED patients were waiting for over 12 hours for a hospital bed. This led to overcrowding in the Emergency Departments, patients' not being cared for in the right place and a poorer patient experience and outcome," says Margaret Dotchin, Nurse Director.

"I'm thrilled with a whole team response to identifying and implementing patient centred improvements to value our patients' time. The focus has been to not only get patients seen in ED sooner and on to the ward, but also to make sure once patients are on the ward that the time spent there is right for their care."

Since then, a number of solutions have evolved that focus on improving communication between the hard working staff, which improves patients' care, according to Margaret.

"The dedication of our staff now means that only 0.03% of patients wait over 12 hours. This is despite an increase in people presenting at the Emergency Departments. Our achievements have only been possible by the whole ADHB team working together to value our patient's time. I know that by continuing to work together we can reduce these times further."

Some of the improvements have been led by clinical staff as part of their Green Belt Training, which provides a proven approach to problem solving. Improvements have included a new visual bed management tool used across the hospital; better communication around discharge planning with the whole multi-disciplinary ward team working to the same estimated date of discharge; and handover hotlines to ensure a quicker, smoother transfer from ED to the ward. ■

"By finding ways to value our patients' time we free up health resources for other patients, improve the satisfaction of our staff and, most importantly, provide a better health outcome and experience for our patients."

MARGARET DOTCHIN





(From left) Rehab Plus nurses Shona Lees and Jenny Liu show off some of the great tools developed as part of the Releasing Time to Care programme.

Nurse-led programme grows to meet demand

THE RELEASING TIME TO CARE (RTC) quality programme has gone from strength to strength since it was launched in 2009, with one of the recent successes being at Rehab Plus in Pt Chevalier.

This nurse-led programme aims to eliminate waste and improve systems so nurses can spend more time with patients and their families. The initial focus for RTC at Rehab Plus has been the two inpatient wards – Paua and Pounamu.

“While we had made positive changes to our environment, it was clear that changes would be more effective and sustained if led from the floor. To create the best outcomes for our patients we need staff to feel confident working across the service, sharing their knowledge and expertise,” says Jo George, Charge Nurse.

The team at Rehab Plus has since introduced a number of innovations, including a second tab on their electronic whiteboards, to ensure that discharge planning is safe, effective and efficient. As a natural consequence of this, the patients’ length of stay has reduced by an average of 1.3 days.

As part of the Well Organised Ward (WOW) drive to provide a safe environment for staff working with a very dependent patient population, it was identified that the systems around equipment storage and access to what is needed, when it is needed, was a key area to maintain staff and patient safety.

“The main reason clinicians say they work in rehabilitation is because of the strong client centred nature of the work. This is only possible when you have time to develop therapeutic relationships with patients and their families and use the power of interdisciplinary team work,” says Jo.

“We have the support of our senior management team and the Rehab Plus team leaders and senior staff across disciplines within the service. Nurses and Allied Health team members across both wings on the floor are fully involved.”

The strong quality culture within the service across all disciplines has also ensured the success of RTC at Rehab Plus.

The programme is running in 33 wards, up from 11 wards last year. ■

Advanced techniques enhance cancer patient care

THE INTRODUCTION OF two advanced techniques to treat prostate cancer patients has positioned ADHB’s Radiation Oncology centre as one of the premier centres in the world.

“Only a very small number of Radiation Oncology centres in New Zealand and Australia use VMAT (Volumetric Modulated Arc Therapy) to treat prostate cancer patients,” says Dr Jose Chakiath.

VMAT is a specialised form of radiation delivery which allows the radiation to target the size and shape of the tumour with precision. The radiation beams sweep in uninterrupted arcs around the patient, dramatically speeding treatment delivery.

“We are fortunate to have both VMAT and IGRT (Image Guided Radiotherapy) with gold markers available as options for our patients. IGRT enables us to see the movement of the tumour each day and to adjust the radiation beam to ensure accurate treatment delivery. Gold seeds placed in the tumour aid this process.

“This has been made possible because of the excellent team work from various groups including radiation oncologists, urologists, radiation therapists, medical physicists, nurses and administrators. It is a great example of multi-disciplinary care with all parties within a tumour stream.”

At present the centre is using VMAT only for high and intermediate risk prostate cancer patients. However, through increased experience with this new technique it aims to extend the service to all patients with localised prostate cancer and to other tumour sites.

“These techniques have dramatically improved the quality of our treatments, boosted treatment precision and greatly reduced side effects,” says Jose.

Other advantages of VMAT and IGRT for patients include superior quality radiation treatment with higher doses focused on the cancer and sparing of surrounding normal tissue, shorter treatment time, more patient comfort, more efficient radiation treatment delivery, and an improvement in therapeutic ratio which, says Jose, “could potentially translate to improvements in reduced toxicity, improved quality of life, disease free survival and overall survival”. ■



The team celebrates its award for attaining accreditation as a Baby Friendly Hospital.

Breastfeeding initiative achieves success

ADHB ATTAINED ACCREDITATION as a Baby Friendly Hospital, following rigorous auditing and analysis processes. This is the second time National Women’s Hospital (NWH) has achieved this award, after being the first tertiary hospital in Auckland to attain accreditation in 2008.

The Baby Friendly Hospital Initiative (BFHI) is a global campaign of the World Health Organisation and the United Nations Children’s Fund. The goal is to increase breastfeeding initiation and duration rates by protecting, promoting and supporting breastfeeding.

“It is well recognised that breastfeeding is optimal for baby health, growth and human development,” says Kirsty Walsh, Acting General Manager, Women’s Health Services. “Through BFHI, mothers will have confidence that they will be helped to get breastfeeding off to a good start with the assistance and support of our committed, knowledgeable and highly skilled staff.”

While the initiative is achieving great successes, a key challenge has been changing the culture that formula was a safe alternative to

breastfeeding and that separating babies from their mothers at night was fine.

“We had to work at shifting the thinking and practice of many of our staff. Without the commitment of all staff this initiative would not have happened.”

Key successes include:

- Neonatal Intensive Care Unit (NICU) has the highest exclusive breastfeeding rates of pre-term infants globally. The rates on discharge are 99% <35 weeks gestation, 75% overall for babies discharged from NICU
- Increasing NWH exclusive breastfeeding rates from 47% to 81% in six years
- Increasing education for all staff working with pregnant and breastfeeding women to over 80%
- Developing a team of breastfeeding ‘Champions’ who were the driving force behind all the changes necessary to take the hospital through the accreditation. ■

ADHB caring for elderly in communities

A **GROUNDBREAKING SERVICE** for the aged has not only seen reduced numbers of people needing to access residential care, but also greater satisfaction with the services for older people overall.

ADHB’s Enhanced Community Services for Older People (ECSOP) is the first service of its kind in New Zealand, in that ADHB is the first DHB to devolve needs assessment services to community agencies, according to Lisa Gestro, Planning and Funding Manager.

“The initiative has completely remodelled the way services have previously been delivered to older people in their homes,” says Lisa.

“It provides case management to older people, enabling them to not only have their health and support needs managed, but all other aspects of their social care coordinated. This is critical as social isolation is often a precursor to entry to aged residential care for this vulnerable population.”

Older people benefit from a more holistic approach, and the

experience that comes with having care provided in such a way that takes account of their goals, aspirations and individual living situation, according to Lisa, adding that the new approach also benefits and supports primary care.

“Previously, the link between home-based care and primary care had not been managed as well as it could be. ECSOP allows access to a shared comprehensive assessment, as well as a named health professional in the community, which makes it much more accessible for older people,” says Lisa.

The initiative developed when ADHB wrote *Healthy Ageing 2020* in 2006, which was a culmination of best practice and what older people were telling the organisation.

“They said services individually were great, but were uncoordinated and they needed help knowing what was needed and when. The initiative was also a direct response to Government’s Ageing In Place Strategy, which aims to support older people in their own homes for longer periods through maintained independence.” ■

Our target results

SHORTER STAYS IN EMERGENCY DEPARTMENTS

2010/2011 Goal: 95% to be admitted, discharged or transferred within six hours.

ADHB result: 95% by June 2011. Our whole hospital effort to meet the target means patients now get to the right place for their care sooner, with the average length of patient stay in ED almost halved over two years to 3.6 hours. Patients needing admitting now get to the wards much sooner – from around 8 hours to an average of 1.30 hours.

MEG SMITH, CHARGE NURSE MANAGER, PAEDIATRIC ORTHOPAEDICS SAYS: *“Moving patients to a ward more quickly means they have a quiet and comfortable place for their treatment and recovery and it also helps free up vital CED resources for other patients.”*



SHORTER STAYS FOR CANCER TREATMENT RADIOTHERAPY

2010/2011 Goal: For all patients needing radiation therapy to receive it within four weeks of the decision to treat.

ADHB result: 100%. This outstanding result achieved by the Auckland City Hospital based Northern Regional Cancer and Blood Service was good news not only for patients within ADHB's population area, but it saw all patients within the Northland, Waitemata and Counties Manukau DHB areas treated within four weeks as part of our regional service agreement.

2011/2012 Goal: The department has a Medical Oncology Ministry of Health 'Health Priority 5' for the forthcoming year (this is not a target as yet). The primary goal is that 100% of patients eligible for chemotherapy start treatment within 28 days of the decision to treat by 1 July 2011.

ANDREW CLARKE, SPECIALIST RADIATION THERAPIST SAYS: *“Project 28 days has been a great focus for staff as it gives us all a common goal and it is something tangible that measures our performance as a unit. The Radiation Oncology department has recently implemented many new processes and equipment that have improved the pathway for the patient, and have simultaneously created a better working environment for staff.”*



SMOKERS TO QUIT

2010/2011 Goal: For 90% of hospitalised smokers to be given advice and help to quit.

ADHB result: 80%. While the ADHB fell just short of its goal, performance against this target came a long way over the course of the year. The number of patient referrals for smoking cessation support (to smoking cessation services) was up by nearly one third to 1,811 from 1,167 from the previous year.

2011/2012 Goals: **1.** For 95% of hospitalised smokers to be provided with advice and help to quit by July 2012. **2.** For 90% of primary care enrolled patients to be provided with advice and help to quit by July 2012. **3.** 450 pregnant women or their families enrolled in the smoking cessation programmes (this is not a target).

LISA BROWNE, REGISTERED NURSE SAYS: *“Some patients are quite relaxed about whether they smoke or not, ‘Guess I could give it up’. But this opportunity means they will often give being Smokefree a go especially with our support. Smokefree intervention is part of our daily nursing plan and culture.”*

IMMUNISATION

2010/2011 Goal: For 90% of two-year-olds to be fully immunised by July 2011.

ADHB result: 92%.

2011/2012 Goal: For 95% of two-year-olds to be fully immunised by July 2012.

BETTER DIABETES AND CARDIOVASCULAR SERVICES

2010/2011 Goals: **1.** To increase cardiovascular risk assessments to 79% of the eligible adult population. **2.** To increase the rate of people with diabetes attending free annual checks to 57%. **3.** To increase people with diabetes having satisfactory or better diabetes management to 84%.

ADHB diabetes result:

■ **For the MOH reporting period**

1 April 2010 – 31 March 2011:

- Diabetes Annual Review 54%.
- Diabetes Management 73%.

■ **For DAP reporting period**

1 July 2010 – 30 June 2011:

- Diabetes Annual Review 57%.
(met target for the DAP year)
- Diabetes Management 74%.

ADHB CVD result:

- For CVD Q4 performance
(based on January – March 2011) 78.8%.
- For CVD Q3 performance
(based on October – December 2010) 79.9%.
- For CVD Q2 performance
(based on July – September 2010) 79.4%.
- For CVD Q1 performance
(based on April – June 2010) 78.5%.

2011/2012 Goals: **1.** To increase cardiovascular risk assessments to the national target of 90% of the eligible adult population. **2.** To increase the rate of people with diabetes attending free annual checks to 60%. **3.** To achieve 77% of people having good diabetes management.

IMPROVED ACCESS TO ELECTIVE SURGERY

2010/2011 Goal: To deliver 11,149 elective surgery discharges in 2010/11.

ADHB result: 100%.

2011/2012 Goal: 11,950 surgical discharges.

WAYNE JONES, CLINICAL DIRECTOR, GENERAL SURGERY SAYS: *“We have been immensely impressed by how responsive staff have been to our requests to increase surgical output at short notice and when asked to do extra work. This had benefitted the patients as we've managed to get a good outcome for them in a short period of time.”*

Comment from the Chair and Chief Executive



Dr Lester Levy,
Chair

At ADHB, we can all look back on 2010-11 with satisfaction of a job well done – but also with the knowledge there is still more we must do to meet the aspirations of our patients and populations. In particular, we need to remain fully focused on improving the patient experience.

This special year-in-review edition of *Nova* reflects on some of our successes and celebrates our achievements.

Our focus is very much on the overall health system, with an increased emphasis on elective services as well as acute patients.

We are working collaboratively across the region with our colleagues in primary health to create improved accessibility to after-hours care and to make it more affordable.

Within the hospital setting, we are sharpening our focus on innovation to improve our systems, eliminate waste and improve quality of care.

This approach means that, despite the challenging economic times, we have delivered more services and significantly cut waiting times.

We have entered a new phase of regional

collaboration to amalgamate many of our administrative support functions with the formation of healthAlliance.

Our new Healthcare Service Groups also came into effect in July, placing the patient at the centre of service delivery with a new investment in clinical leadership.

We witnessed the completion of a major capital works project in the new Greenlane Surgical Unit, allowing more elective surgery and shorter waiting times.

Work continued on a 400-space car park at Grafton and a new Greenlane dialysis clinic that will help patients live independently.

In every corner of the organisation, we are laying the foundations for long-term improvements that will benefit our patients.

Whilst it is important that we reflect on and celebrate our achievements, we are seeking a higher level of performance across the entire ADHB as we look to firmly position the organisation as the premier DHB, not by rhetoric but by tangible results and feedback from our patients and population.

Thank you for your hard work. Our results are proof of what can be achieved when good people work together for their community.



Garry Smith,
CEO

Clinical leaders focus on **higher performance**

ADHB ESTABLISHED six Health Service Groups (HSGs) to align hospital and community service planning and delivery.

Clinical leadership is paramount to the success of this concept and each HSG has a Medical and Nurse Director, together with Level 2 Allied Health, Scientific and Technical leadership.

Working in partnership with senior management, and supported by Planning and Funding, Maori and Pacific, Finance and HR, each HSG team is responsible for the health status and health outcomes of the relevant ADHB population.

The goal is to achieve a higher performing health system and by taking this further each HSG will strengthen its relationship with the University of Auckland's Faculty of Medical and Health Sciences. The aim is to deliver excellence in healthcare through scientific enquiry, informing innovation and enhanced service delivery.

This is not just rhetoric; the geographic co-location of hospital and university has long allowed an integrated academic approach to clinical care.

What is different is that this relationship will be cemented further to share resources and ideas and promote the translation of research findings into clinical practice and across hospital and community settings.

The HSGs will work beyond the hospital walls and work with

primary providers to deliver better integration of care for patients satisfying Government's expectation of Better, Sooner, More Convenient healthcare.

Novel approaches will be required – clinical pathways, new

models of care, enhanced scope of practice for clinicians, and IT which will be a critical enabler.

This region has wholeheartedly committed to closer collaboration and primary care providers have been engaged in those conversations. At ADHB we will progress those conversations through our HSGs.

Key initiatives include:

- Child Health is on the way with its strategic planning
- Cardiovascular is engaging through the Northern Region Clinical Network and likewise Cancer and Blood
- Chronic conditions are a focus of the Regional Health Plan and with that the Adult HSG will engage on clinical pathway development and the Life and Years' programmes of diabetes and older people's health.

These are very big steps forward in terms of regional and a whole of health system engagement. We have high expectations of the HSGs. Most importantly we have high expectations of their clinical leadership and we are confident that they will deliver results based on the challenging tasks they have ahead of them over the 2011/2012 year. ■



Dr Margaret Wilsher, Chief Medical Officer

Achieving for Auckland and for New Zealand

COMMITMENT TO HEALTHCARE excellence and a relentless drive to meet the healthcare needs of our growing community underpins all that we do at ADHB. Our achievements and successes, through increased efficiency and innovation, are celebrated in this *Nova Special Edition*.

Our Board has set us on this path of achievement by setting our organisational strategic direction and by rigorous monitoring of our performance against it. Our strategic direction for 2010/2011 was crystallised into our organisational three goals:

- Lift the health of people in Auckland City
- Live within our means
- Lead performance improvement.

These goals are important as we face growing demand for our services during a time of funding pressure. Key to our success is our ongoing focus on patients and the communities that make up ADHB's district.

We also place emphasis and importance on our relationships, to ensure the best health outcomes for our region and communities in need. We have a deep commitment to regional collaboration to deliver better health outcomes.

This is shown through initiatives such as:

- Our united approach to improving access to affordable after-hours care
- Development of the Northern Regional Health Plan
- Establishment of a Chief Advisor Tikanga across ADHB and Waitemata DHB
- ADHB's continued work with Waitemata and Counties Manukau District Health Boards towards implementing the Better, Sooner, More Convenient Primary Care strategy across Metro Auckland.

Our funding for the year was \$1.744 billion. Total expenditure against this funding totalled \$1,743 billion. Once again, this means we have lived within our means. The surplus we achieved of \$60,000 for ADHB is something we can be proud of as we balance the need to save costs, while delivering the best patient care we can.

This result is reflective of the massive effort made by our staff, from improving processes and procurement approaches, building and developing strategic partnerships across the region, to improved patient care on the ground. We have continued to focus on quality across the continuum of patient care and lead performance improvement planning and delivering innovative, successful projects and initiatives.

Many of the stories and highlights featured in these pages show us what leadership means for the clinical staff, managers and administrators. We have been asked to share these successes, insights and clinical evidence throughout the medical world.

The following 'Our organisation' pages summarise the efforts of two teams at the heart of this work; the Maori and Pacific teams. ■



Maori Health applies holistic wellbeing approach

HE KAMAKA ORANGA (HKO) has seen success this year through improved regional collaboration across Auckland, as it continues to focus on Maori health gain and raising awareness of Maori issues within ADHB.

“We now have a joint Maori Health Gain Advisory Committee, Manawa Ora, with Waitemata DHB. The immediate result of this will be a much closer working relationship between the two DHBs. This will support the development of a regional Maori Health Plan, and consequently a joint programme of action to address Maori health issues regionally. HKO is committed to a regional approach that promotes consistency and continuity in healthcare for Maori living in Auckland,” says Naida Glavish, Chief Advisor Tikanga/General Manager Maori Health.

This commitment is obvious across the whole team, which consists of nine people in HKO Strategy including a number of new portfolio managers brought on to represent HKO Strategy across the six Healthcare Service Groups, 17 in the Provider Arm team (including Allied Health Professionals), and three Kaumatua.



Kaiatawhai Josephine Corner from Maori Health helps a patient to her appointment at Greenlane Clinical Centre.

HKO is active in the community, consulting regularly with Maori communities in the Auckland region, and supporting Maori to attend outpatient appointments. The latter is in direct response to the high Maori Did Not Attend rates. This role is taken on by Kaiatawhai (Maori Support Workers) who make contact with Maori patients that do not attend their appointments and, where transport is a factor for the

2011 Milestones & Events

- The innovative Pacific Best Practice Training (PBPT) programme was launched in 2010. Since then, it has been aligned to ADHB’s staff training programme options and is presented to senior managers and AHDB services. PBPT aims to influence the way ADHB staff understand, view and consider their behaviour when they engage with Pacific people.
- On International Nurses Day, regional Pacific Nurses were invited to ADHB. This led to a proposal for Regional Collaboration of Pacific Nursing Leadership (PNLs). In turn, the idea is growing for PNLs to take PBPT to the clinical front across the DHBs and local Pacific health areas.
- The Pacific Staff Network has been further developed and an executive team is focusing on registering members for a range of strategic purposes from Work force Development, contribution towards service and plan development, and support for Pacific programmes.
- The Healthy Eating Awards initiative within HVAZ encourages churches to change their behaviour and implement healthy eating guidelines when food is prepared and served at events. Six Pacific church groups received Gold Awards implementing all 15 guidelines.
- ADHB’s 2011 Pasefika Festival. In its second year of delivery the Pacific Health team extended its reach and programme activities this year to include a Pacific Ward Competition.

Pacific Health team grows and builds community links

THE PACIFIC HEALTH (PH) team has continued on its path of achieving successes and providing innovative approaches to healthcare, to benefit Pacific people within the Auckland City region.

Led by Hilda Faasalele, General Manager, the team has grown to include 11 highly committed individuals.

“This year we employed younger people – a Youth Coordinator within Health Village Action Zone (HVAZ) and our Community Coach/Mentor. The learnings from our younger team members are great. They really broaden the perspective of the team,” says Hilda.

“They have made a huge difference to supporting and building the confidence of our Pacific community members who have trained as Zumba, Hot Hula fitness and community coaches.”

Hilda adds that while the team is still relatively small, its strength and focus is to link with other Pacific staff and teams working across ADHB and the community. This supports the Better, Sooner, More Convenient goal to reduce fewer barriers to access.

“We believe that by collaborating with others in the sector, we will create a more consistent approach to how we work and influence decisions relating to Pacific health. Our goal is to ensure we are consistent in our messages and raising awareness; in particular raising

missed appointment, provide them with a lift to and from the clinic.

Internal successes for HKO have included the redesign of the tapapaku lifts to clearly display information prohibiting staff and visitors from carrying food and beverages into the lifts. Another was the completion of a collaborative project with the workforce development team to develop an e-online Tikanga Training Tool. The tool will allow all ADHB staff to learn about tikanga Maori in their own time.

“This will support them to be comfortable using appropriate practices to treat Maori patients as well as work with their whanau. It will also enable them to understand what effect culture has on a person’s health (whether they are Maori, Pacific or Pakeha),” says Naida.

“The core focus of Maori Health is to improve the health and wellbeing of Maori through appropriate and holistic healthcare. A benefit to ADHB’s population has been the realisation that healthcare practice and service delivery is not a one-size-fits-all approach. Instead, treatment needs to take into account the cultural, socio-economic, mental and physical requirements of the patient and their whanau to achieve good health outcomes.

“The principles that underpin Maori health are applicable to other cultures, and we believe have contributed immensely to the health of ADHB’s wider population. Our goal for 2012 is to continue this work to improve the health of Maori in Auckland City.” ■

the leadership capability and capacity of the Pacific health workforce.”

In addition to expanding the team, PH’s goals this year were to:

- Commit to better data collection to reflect more accurately and explicitly the work that has been done
- To develop individual development plans so on-the-job experience is coupled with knowledge building and training.

“The Pacific nurse educators are working more with our team and we are supporting their efforts to develop nursing and post graduate students,” says Hilda.

Pacific Health is also working with the new Healthcare Services Groups to ensure Pacific patients’ and their families’ priorities are identified and captured within ADHB and the Healthcare Excellence framework.

This approach has led to increased collaboration, such as ADHB and Waitemata DHB working together on regional projects like the Pacific Smoking Cessation service.

The team is also working with Primary Health Organisations, through HVAZ, as well as the Tamaki Transformation Programme, supporting the eight students in the Pathways to Health Careers programme. Other work includes the better data capture of work such as home visits and referrals to emerging Pacific services in the community, with the goal of getting to know primary care providers better so as to make the best discharge planning referral for patients.

Looking ahead to 2012, Hilda says the Pacific Best Practice Training will be further developed, along with other successful initiatives such as HVAZ and the PHO screening. ■

2011 Milestones & Events

- Implementation of the Kaupapa Maori iwi-based community mental health and addiction service. Services based on tikanga and appropriate methods of clinical practice will be provided to Maori affected by severe mental ill-health.
- Development and implementation of the Kaupapa Maori leadership model in community Maori mental health, particularly ADHB’s Manawanui Oranga Hinengaro Services in Point Chevalier.
- A sustainability plan developed in partnership with iwi partner, Te Runanga o Ngati Whatua.
- A smoking cessation initiative that provides Maori patients identified as smokers with advice to quit. The burden of smoking related illnesses and high rates of smoking among Maori means further emphasis will be placed on this programme for 2012.
- A report prepared by Te Rapa Rangahau Hauora a Eru Pamare examined Maori access to acute cardiac revascularisation procedures for the period 2000-2008. The report showed that Maori are less likely than non-Maori to receive certain diagnostic procedures. ADHB’s Cardiac Steering Group that oversaw the development of the report identified projects arising from the data, including the need to collect more current data – this is underway.



(From left) Tenga Schwalger-Teura, Nari Guthrie and Joseph T. Mau from Pacific Health practise Hot Hula, which will be taught in the community.



ADHB's year in brief

There are many stories that showcase the talent, commitment and innovation within and around ADHB. The following selection is far from exhaustive, but does justice to the year's emerging themes of improvement, innovation and success.



Dietitian becomes MasterChef NZ

Nadia Lim's life changed when she became the winner of TV One's *MasterChef*, beating more than 1,000 applicants. She will work part time in the kitchen at Euro Restaurant on Auckland's Princes Wharf, as well as part time at ADHB. She has also been working on recipes for the NZ Heart Foundation and is an ambassador for Diabetes Auckland. *Nova* June 2011



ARPHS wins diversity award

Auckland Regional Public Health Service (ARPHS) was recognised with a diversity award for its work with refugee communities and promoting harmonious race relations. ARPHS was one of 13 organisations, selected from over 250 across the country, which signed up for the New Zealand Diversity Action Programme. *Nova* November 2010

NZ first for ADHB nurse

Rachel Donegan, Transfusion Nurse Specialist for ADHB and the NZ Blood Service, is the first New Zealander and the first nurse to be awarded an \$AU5,000 Australasian scholarship, enabling her to attend a world-class blood management programme at Englewood, New Jersey. *Nova* November 2010



Music raises funds for kids

Kiwi superstar, Tiki Taane, released a song to raise funds for Starship Children's Hospital, called *Starship Lullaby*. All proceeds from each download will be donated to the hospital, to support the purchase of equipment as well as facility and staff development.

Nova November 2010



Top results for Adult ED

Adult ED (AED) took the bold step of asking for feedback from more than 400 patients, with 87% rating the care as 'excellent'. The view from within was positive too, as three out of four AED staff said they were satisfied in their jobs. Nova May 2011

Healthcare Excellence Awards launched

ADHB launched its Healthcare Excellence Awards, to recognise achievements and to inspire others. The awards are open to clinical and non-clinical staff whose research, education or new and improved ways of working have resulted in better care for patients. Nova July 2011

Pasefika Festival Week

Community, colour and celebration was what the annual Pasefika Festival Week was all about. Organised by the Pacific Health team, the event aims to put the Pacific community's key health issues in the spotlight.

Nova April 2011





Online service success

The Healthpoint website, which enables ADHB services and staff to communicate with the public and directly to medical professionals like GPs, has gone from strength to strength. It had 79,597 page views (August 2011) by medical professionals and the public. There are 108 ADHB services listed on the site, which is linked to the intranet and internet. [September 2011](#)

Pharmacy team efficiency gains

ADHB is building a state-of-the-art chemotherapy manufacturing unit that will allow the organisation to bring 100% of its chemotherapy dispensing requirements back in-house. By tightening up outsourcing requirements, investing in staff and infrastructure the process will be managed much more effectively. [Nova July 2011](#)



System saves thousands

The ASPIRE project was a finalist in the Computerworld 2010 Excellence in the use of IT in Government award. ASPIRE stands for Automated Sending of Patient Information to Recipients Electronically. This saw a number of manual processes being transformed into electronic, automated processes. In the first month more than 40,000 letters were sent electronically, saving about \$25k in postage and consumables. [Nova November 2010](#)

Free WiFi at Starship

Young people at Starship Children's Hospital are now able to use free WiFi to stay connected to friends and family, thanks to a partnership between Starship Foundation and Vodafone New Zealand. [Nova June 2011](#)

Employment for people with disabilities

ADHB is participating in the Mainstream Employment Programme, which has been introduced to give people with disabilities a stepping-stone into independent and sustainable employment. [Nova July 2011](#)



ED streamlines process

The introduction of green shirts for the 'go to' person in ED, such as (left) Sally Starnes, ED Clinical Charge Nurse / Flow Coordinator, has reaped many benefits for patients. This was one of the key outcomes from a process improvement session, aimed at finding ways of moving patients from ED to the wards faster. One of the 'blockers' was that the inpatient specialists lacked a single contact point in ED when they decided to admit a patient. [Nova June 2011](#)



Cancer team celebrates target

Staff and patients gathered to celebrate a milestone in ADHB's radiation treatment of cancer patients. The Northern Regional Cancer and Blood Service clocked up to 365 continuous days of treating patients within Government's waiting time target.

Nova May 2011

Top marks for sexual health team

The Sexual Health Service team's 13 staff nurses all achieved the distinction of a level four status accreditation. This is a significant achievement as it is the only service within ADHB with all nurses qualified at this level. Level four is the top level staff nurses can reach in the Professional Development and Recognition Programme. Nova July 2011



Hand hygiene success

Starship Hospital Ward 23B's staff participated in World Hand Hygiene Day which involved being checked for the '5 Moments of Hand Hygiene' 10-minute period, by the Infection Prevention and Control team. Ward 23B showed the highest rate of compliance with a score of 81%. Nova June 2011



National Hauora Coalition

Six PHOs, representing 65 medical practices from DHBs in Auckland, Waitemata, Counties Manukau, Waikato, Taranaki and Whanganui, came together as the National Hauora Coalition. This celebrated the readiness to start a huge programme to deliver health outcomes urgently needed in their communities. The ADHB's Te Hononga o Tamaki Me Hoturoa is one of the PHOs that joined the coalition, which will deliver quality health and social services from eight Whanua Ora centres. Nova July 2011



OUR PEOPLE

1 X Factor

ADHB's tremendously popular talent show was a hit once again, as all staff got involved. Each year hundreds of staff members get involved to make this a fun, celebratory show – both on and off the stage. Nova July 2011

2 Round the Bays

The Urology team flew the flag for ADHB in this popular Auckland-wide event. They were dressed in blue to raise prostate cancer awareness. Nova April 2011

3 Celebration Week

The annual ADHB Celebration Week events were another success for all, across the organisation. Many staff, at all levels, get on board each year to share and celebrate ADHB's organisational successes. Nova December/January 2010/2011

Research

→ ADHB hosts the largest clinical research facility in New Zealand, with a portfolio of 684 projects in 2010/2011. A total of 230 new research projects were approved and 150 commercial clinical trials were active. More than 150 clinical trials secured commercial sponsorship.

Our staff

- ADHB has 7,745 female employees, which is more than three times the number of men. Men outnumber women in male medical staff.
- The age group that has the highest number of staff is 45-49 years old, while we have 32 staff members between the ages of 15-19 and four between the ages of 80-84.
- Nurses are our biggest occupational group. More than 4,400 nurses work at ADHB which equate to 44% of our staff.

Healthcare

- Provided acute care for 80% of our patients and elective treatments for 20%
- Treated young and old – 19% of our patients were under six and 21% were over 65 years of age
- Attended to over 322,000 outpatients
- Discharged over 127,500 inpatients, including nearly 27,000 paediatric patients
- Looked after nearly 103,000 patients with outpatient appointments for cancer and blood services
- Performed more than 2,000 cataract surgeries
- Removed nearly 900 appendixes
- Admitted almost 76,000 people for at least one night
- Admitted over 51,500 people for less than one day
- Saw about 64,000 people in the adult emergency department, a 9.1% increase from 2009/2010
- Saw about 95,000 people in the emergency department overall, a 4.8% increase from 2009/2010
- Treated more than 30,000 children in the Starship emergency department
- Discharged an average of 2,400 patients each week
- Performed 8 heart transplants and 8 lung transplants
- Provided postnatal hospital care for 28% of all newborns
- 7,709 mothers gave birth to 7,866 babies – that is 151 babies per week on average. 2,207 newborns were treated in the Neonatal Intensive Care Unit
- A total of 4,661 mothers went to wards, 2,543 to Birthcare, 481 went home and 21 to other units for their postnatal phase



Honours

- Naida Glavish was made an Officer of the New Zealand Order of Merit in the recent New Years Honours, for services to Maori and her community. Naida is Chief Advisor Tikanga/General Manager, Maori Health.
- Starship Foundation Board of Trustees vice-chairwoman, Dame Rosie Horton and Dr Margaret Horsburgh were honoured for their contribution to health by being included in this year's Queen's Birthday Honours list. Dame Rosie was appointed a Dame Companion of the New Zealand Order of Merit for her services to philanthropy, while Margaret was made a Companion of the New Zealand Order of Merit for her services to health.
- Obstetrics specialist Lesley McCowan was made an Officer of the New Zealand Order of Merit after years of service to women's health.
- Interventional Cardiologist John Ormiston was made an Officer of the New Zealand Order of Merit for his involvement with treatment for coronary artery disease and other cardiac interventions.
- Hepatologist Edward Gane was made a Member of the New Zealand Order of Merit for services to medicine, including his work at the New Zealand Liver Transplant Unit.