

## CEO NEWS UPDATE

June 2018



### STRIKE ACTION WILL AFFECT HOSPITAL SERVICES

From 7am Thursday 5 July  
until 7am Friday 6 July.

**New Zealand Nurses Organisation (NZNO) members - nurses, midwives and healthcare assistants - will take strike action for 24 hours from 7am, 5 July.**

**Contingency planning is underway - many services will be rescheduled and the DHB is seeking volunteers to help during the strike action.**

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**If you are able to help with clinical or non-clinical support phone 0800 248 794**

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**HEALTHLINE 0800 611 116**

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### As you will all be aware we have received notice to strike from the New Zealand Nurses organisation.

The first strike notice is for 24 hours from 7am, 5 July. This action will take place everywhere Hawke's Bay District Health Board provides health services. We also anticipate receiving a second notice to strike for a further 24 hours from 7am, 12 July.

Implementing our contingency plans for this industrial action is now well underway.

Along with rescheduling elective surgeries and outpatient clinics, we will also be calling for help from volunteers to assist with cover of essential, but not life preserving work, especially after hours.

We remain hopeful strike action will not occur with mediation and facilitation processes in place. However, we have to plan for that eventuality.

Patient and staff safety remains our utmost priority, so much of the planning is around prioritising essential and acute services. Inpatients at all Hawke's Bay District Health Board facilities will also be assessed to see whether or not it's appropriate to discharge them. If not, they will remain in hospital.

The strike action, if it goes ahead, will occur at one of the busiest times for hospital, general practice and the wider health sector, which are already under pressure as presentations from winter illness increase.

As part of this preparedness we may well implement an Emergency Operations Centre to help coordinate hospital service activities. A decision will be made regarding this once we know whether strike action is likely to go ahead, or if we suddenly start to see more influenza-like illness.

We have progressed the Fit for Winter project, which is aimed at improving patient flow through Hawke's Bay Hospital. While we are seeing improved discharging before 11am, as well as improvements in the hospital occupancy rate and the average length of patient stay, there is still a lot to be done to enable us to manage winter influxes of patients.

## Work Streams & Leads

**Mike Ardagh Work** - Led by Emma Hamilton.

**Hospital Flow and ED Escalation** – Led by Jacqui Akuhata-Brown.

**Matching Workforce to Demand** - Led by Andy Phillips.

**Long Patient Journey** - Led by Penny Pere.

**Transfer from Secondary to Primary Care** – Led by Andy Phillips.

**Alternatives to ED** – Led by Linda Dubbeldam.

**HR and Role Clarity** - Led by Tracey Paterson.

A lot of time has been invested in Fit for Winter and as well as working to improve hospital flow, it has brought people from a wide range of different specialties into the same room and harnessed a more widespread understanding of what goes on outside their own work areas.

Many of our systems and ways of doing things are deeply embedded and changing one way we do things highlights issues and inefficiencies in other areas. It has been good hearing and learning about those first hand.

The different work streams are open to new ideas or any other initiatives to help problem solve barriers to patient flow and would welcome a phone call or a chat.

### Flu update

Winter flu planning is well underway and we are making good progress on our target of 80 percent of staff having the flu shot. I encourage anyone who hasn't yet had their flu shot to get in touch with Occupational Health, and get one.

The recent purchase of a new machine that can test for influenza, within an hour, rather than having the three day turnaround we previously had, will make a big difference to quickly isolating patients with influenza. More information can be found about the new machine later in my newsletter.

### Gastroenterology Unit

I am looking forward to the opening of this new unit, which we expect to be sometime in September. Once we have a definite opening date we will hold staff walk-throughs and public open days, so everyone has a chance to see this new facility.

The national bowel screening programme for people aged between 60 and 74 will then rollout from October 9 to the Hawke's Bay community. More can be found out about the screening programme here <http://www.ourhealthhb.nz/health-services/national-bowel-screening-programme/>. Please make sure any friends or family you have in this age group are aware of the screening programme and encourage them to take part. This disease kills over 1200 people every year and if diagnosed early there can be a 90 percent chance of long term survival.

### General Manager Māori Health Appointment

I'm very pleased Patrick le Geyt has been appointed general manager Māori Health. Patrick has been acting in the position since February last year. Patrick has had 20 years' experience in the health and disability sector. He is a strategic thinker and overall a highly regarded operational and business manager. We look forward to working with Patrick, as will the rest of the health sector, as we continue to address inequity amongst the diversity that makes up the Hawke's Bay community.



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## Lessons learned during Campo Outbreak in winter flu pilot

Te Mata Peak Practice (TMPP) is piloting a patient management model to cope with surges of winter flu presentations, based on lessons learned during the 2016 campylobacter outbreak.



General Practitioner Dr Peter Culham said the model would help the Havelock North practice to help it cope during high periods of demand. The pilot was being supported by Hawke's Bay District Health Board and Health Hawke's Bay (PHO) and, if successful, had the potential to be rolled out across the region in the future.

Hawke's Bay health officials are anticipating a surge in winter flu presentations following communities in the Northern Hemisphere being severely impacted by a flu strain known as H3N2 (Aussie Flu).

Dr Culham said TMPP staff were uniquely placed to reapply successful methods used to cope during the 2016 campylobacter outbreak into its winter flu planning.

Customers calling the practice with suspected flu are now being offered a telephone call back service, rather than an appointment in the first instance. Traditional face-to-face consultations would still be available if deemed appropriate or specifically requested.

"Over-the-telephone assessments will be familiar with many of our patients because it was how we managed during the 2016 campylobacter flu outbreak," explained Dr Culham.

"Telephone consultations are being used to make the diagnosis of flu, to assess its severity and the individual level of support at home, also the risk of developing any secondary problems.

"Those with flu but doing OK are being followed by phone, the more severely affected -those home alone or more at risk, will be offered a mobile nursing service," he said.

Dr Culham said influenza and campylobacter had several features in common. Identifying and targeting the severely affected and those most at risk was very important.

"They both last up to a week, they both cause severe symptoms which make sitting in a waiting room unappealing and treatment is largely supportive care.

"Influenza is also highly contagious, so keeping people at home and isolated is helpful for the community as a whole," he said.

"This approach enables primary care services to manage as many unwell people as possible while still managing the usual ongoing workload."

These experienced and skilled nurses, provided by the DHB in conjunction, will make an in-home assessment and provide treatment and support in conjunction with TMPP and the community arm of the DHB.

Hawke's Bay District Health Board Director of Primary Care, Chris Ash, said it was hoped the pilot would provide a safe and cost effective way of managing the highly anticipated 2018 winter influenza flu surge, by supporting people to get better at home and limiting the impact on hospital services.

## Beat The Bugs – Have you had your flu shot?



With more than 66.5% percent of staff having already had their flu shot this year, we are well on the way to hitting the target of having 80 percent of staff vaccinated against the flu.

As at 30 May, I am delighted to advise that the Acute Assessment Unit (AAU) along with the Emergency Department teams are hitting 80 percent of staff having had the flu shot.

At a similar time last year, we were at 51 percent immunised, so I'd like to particularly thank our Occupational Health and the immunisation teams for all of the clinics and long hours they are putting in to ensure staff get every opportunity to get a flu shot.

Make sure you have your free flu shot.

Vaccinators are out and about every day. If you want them to visit your area contact Jude McCool by email or phone.

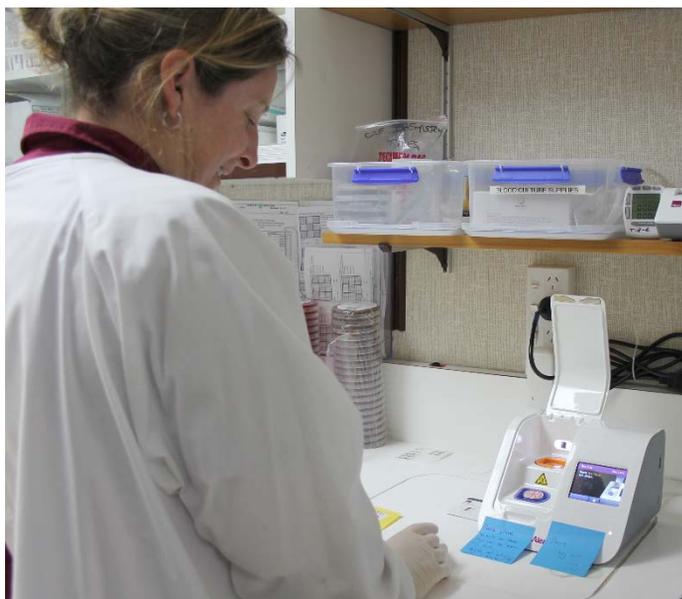
## Rapid Flu Results

Screening patients for Influenza A and B or Respiratory Syncytial Virus (RSV) - common in children and the elderly, has just got a whole lot faster and a lot more accurate at Hawke's Bay Hospital thanks to the purchase of a new machine that will see the turnaround of a swab result within the hour.

Previously, swabs would be tested in the laboratory using technology that had been about for many years and then may have to be sent to Christchurch Canterbury Health Laboratories for molecular testing, with results taking anywhere between two to four days.

Head of Department, Neil Campbell said the machine called Alere™ i, based in Hawke's Bay Hospital's laboratory, is a rapid flu system that delivers molecular flu results within minutes and will transform the way the hospital can manage flu patients.

"We now have the ability to screen swabs from patients suspected of having Influenza or RSV and return very accurate results back to clinicians within the hour – meaning we can review sickness quickly and take full precautions early to avoid the spread of influenza to others," he said.



"The fast turnaround of swab results will also help aged residential care facilities better manage influenza by preventing exposure to other residents."

Neil says the Alere™ i is 'state of the art technology' and is widely used overseas. It was successfully trialed by another DHB in New Zealand. This DHB is amongst the first to adopt this new advance in testing machines - giving benefit to patients and clinical teams.

## Breast screening initiative improves local coverage

Breast screening coverage for wāhine Maori and Pacific women is improving in Hawke's Bay, thanks to a collaborative data sharing initiative between the DHB Population Screening team, BreastScreen Coast to Coast, Maori Providers, Health Hawke's Bay and general practices.

Data sharing involves identifying patients not enrolled with BreastScreen Aotearoa (BSA), or who haven't been screened for more than five years.

After patients are identified, the DHB's Population Screening team then sent out invitations to have a mammogram - also offering a small koha (grocery voucher) to those who attend.

Kahungunu Executive and Te Taiwhenua o Heretaunga Central Hawke's Bay supported this process by contacting women who had received an invitation, and encouraging them to confirm their appointments and be screened. Anyone who missed appointments were offered support along with a new date and time.

Annette Davis, Population Screening team leader, said women who had previously not attended for their mammogram commented the experience was a more positive one than they expected, alleviating some misconceptions about breast screening. As a result, coverage improved for wāhine Maori from 68.7% the month before to 70.6%.

In addition, there was a steady decrease in Did Not Attend (DNA) rates - particularly when the BSA mobile visited Wairoa and Central Hawke's Bay. The DNA rate declined to 6% and 4% respectively, which had never been achieved before, she said.

The same approach would be applied again to fixed sites in Hastings during September and October, which would also coincide with a BSA mobile visit to Flaxmere, Annette said.

"Improving coverage this way involves a lot of work from all involved, but the results are impressive.

"We are all very pleased with the progress made! However we need to continue to work towards achieving equity for our Maori and Pacific women."

## Recognising Volunteers

It was National Volunteer Week 17-23 June and we held a special luncheon celebration with our amazing volunteers last week.

Our DHB is very fortunate to have a strong volunteer base. These selfless individuals comprise of a team of approximately 80 volunteers across the DHB, many of whom are retired.

Our dedicated volunteers provide support in multiple ways and enrich our hospital environment and customer service on a daily basis with their kindness, compassion, diligence and even humour. Above all else, our volunteers deliver service with a smile and are valued team members who enrich our DHB family.

Thank you, on behalf of us all, for all that you do.



## Alcohol Endorsement

Hawke's Bay District Health Board recently endorsed a report "**Alcohol and Schools don't mix: Young people and under-age exposure**" outlining the use of alcohol at school fundraising events where children are present.

The report outlined how future applications by schools for special licenses to sell or supply alcohol at fundraising or social events on school grounds where children are present will, in most cases, be opposed by the Medical Officer of Health. Adult-only events would not be affected. Final decisions regarding special licensing for schools are made by the District Licensing Committee.

Hawke's Bay has a high rate of hazardous drinking - particularly amongst young people. The Board's

position is that it is important school leaders acted as advocates for children and encouraged positive role modelling in the school environment – free from the promotion, marketing and normalisation of alcohol.

Three advisory groups to the Board; Clinical Council, Maori Relationship Board and Consumer Council had all supported the report and its recommendations.

The board recognised the challenges schools faced with fundraising but also heard many schools fundraised effectively without using alcohol.

The DHB is ensuring all schools are well communicated with regarding the endorsement of the message "alcohol and schools don't mix". A resource of alcohol-free fundraising ideas is being produced and distributed to all schools.

## June is Bowel Cancer Awareness Month

It's Bowel Cancer Awareness Month – with the focus this year on educating people that bowel cancer can strike at any age. The "*Never Too Young*" campaign is getting good traction on mainstream and social media, which is fantastic [www.nevertooyoung.org.nz](http://www.nevertooyoung.org.nz). The more we can educate people, the better off they may be when it comes to detecting warning signs early. I am pleased to report that our DHB colleagues are working hard behind the scenes as we gear up to the October regional rollout of the national bowel screening programme. This rollout will coincide with our grand opening of the \$13 million Gastroenterology Unit, currently under construction and on schedule.

We recently toured local media, Hawke's Bay Today, through the construction site to share in our new goods. Well done to all involved in this project – there are many of you! Read about it here: [https://www.nzherald.co.nz/hawkes-bay-today/news/article.cfm?c\\_id=1503462&objectid=12060174](https://www.nzherald.co.nz/hawkes-bay-today/news/article.cfm?c_id=1503462&objectid=12060174)

## Recruitment pilot success

Two Karamu High School Year 13 students, Caitlin Robin and Renee Blackman (pictured) have become valued members of our DHB health records team since securing part-time administration roles in the Health Records Department.

Human Resources advisor, Emma Ellison, says the part-time positions were part of a new pilot initiative developed within the Administration Service - working with schools to identify teens that showed an interest in the health sector, and providing them the opportunity to gain experience in the workforce.

“Late last year we reached out to a number of local secondary schools asking for interested students to apply for this opportunity and as in any other employment with the DHB, the students who did apply went through a panel interview, reference and police checking,” explained Emma.

“Caitlin and Renee were successful in this process and began working for us in January. Working in the health sector has opened their eyes – Renee has indicated she is keen to train as a nurse when she leaves school at the end of the year and Caitlin wants to look at a career in the laboratory or scientist field which is fantastic!”

Megan Pyott, Manager Health Records and Reception, said Caitlin and Renee work up to 10 hours per fortnight. They were diligent and reliable team members who had not only developed skills and confidence within the workplace, but had exceeded all expectations.



“They have blown us away with their work ethic and professionalism and it has been a real joy to watch them grow and evolve in their roles, as well as gain confidence in our workplace.

“We’re also really pleased to be able to open their eyes to career opportunities in the health sector – whether that be medical or non-medical because there almost 300 professions here in the DHB alone.”

Anyone wanting to learn more about the pilot, and brainstorm employment opportunities for high school students within their teams, can contact our recruitment team in the first instance.

Feedback from Karamu High School’s principal was positive and supportive. The students had grown in self-confidence.

## Health Careers Expo huge success!

Congratulations to all teams who helped to make this year’s Health Careers Expo such a success. Twenty three departments participated and throughout the day we hosted hundreds of students from 16 of our region's high schools.



## Local contract for cosmetic tattooing following Breast Cancer reconstruction

Hawke's Bay women who have suffered from breast cancer and undergone breast reconstruction will no longer need to travel outside of the region to have cosmetic Areola tattooing.

Hawke's Bay District Health Board (HBDHB) has recently contracted local specialist, Felicity Simpson of Napier's Koosh Clinic, to provide the post-surgical cosmetic service.

Felicity says the recreation of an Areola is a landmark in a woman's recovery following breast cancer and reconstruction.

"For years Hawke's Bay women have had to travel to the Hutt Valley for tattooing of a realistic, true-to-life nipple and areola, so I'm thrilled to now be able to provide this service here locally through the DHB.

"I have worked with women recreating nipples for several years privately, alongside my work recreating eyebrows that have been lost to chemotherapy. I understand both the importance of feeling both feminine and normal to women fighting and recovering



from cancer. It just adds to the stress when women have to travel away from home to have the last stage Areola work done," she said.

Koosh Clinic says it is grateful for the support of Breast Specialist, Emily Davenport, and HBDHB for proactively working with the clinic through the process to becoming fully approved.

Contracting Koosh is a win-win – being able to support a local provider meant treatment was convenient and more timely for women, eliminating the need for travel/accommodation costs.

To find out more about Koosh Clinic, click here [www.koosh.nz](http://www.koosh.nz)

## Health Quality & Safety Commission

The Health Quality & Safety Commission has launched a new, publicly-available dashboard of health system quality <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-dashboards/dashboard-of-health-system-quality/> that shows at a glance how individual district health boards (DHBs) are performing in a variety of areas.

The dashboard, which went live at the end of May, takes information from a range of published sources, including the Commission's quality and safety markers, the primary care and inpatient patient experience surveys, the Atlas of Healthcare Variation and data from the Ministry of Health, and puts it together in one place.

Commission Director Health Quality Evaluation, Richard Hamblin, says this makes it easy for users to 'drill down' into the data without having to look through several different areas on the Commission's website.

However, Mr Hamblin stresses the new tool is not a way to rank DHBs from 'good' to 'bad'.

"The different measures cannot be combined to give a meaningful "overall score".

Instead, the dashboard is designed to highlight patterns. It is divided by domains of quality, such as safety, effectiveness and equity, and related measures are co-located within that.

"For example, various infection rates sit next to each other," Mr Hamblin says.

"This means that a cluster of dots in a similar position is likely to point to a consistent pattern for an issue. This can be checked by hovering over each dot to read details of each measure.

For a list of frequently asked questions about the dashboard of health system quality, click here: [https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/Dashboards/Dashboard\\_FAQ\\_20180525.pdf](https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/Dashboards/Dashboard_FAQ_20180525.pdf)

## Dr Richard Luke Retirement

It was a fitting farewell for Cardiologist Dr Richard Luke on Friday, 15 June, as he celebrated 31 years with our DHB alongside colleagues, friends and family. He will be officially retiring at the end of the month.

Speeches were presented by his colleagues; Renal Physician and Medical Director, Dr Colin Hutchison, Physician and Chief Medical & Dental Officer - Hospital, Dr John Gommans, and Head of Medicine, Dr David Gardner

Richard's "motherly figure" at the DHB, Jean Goodwin whom he worked with in the 1980-90's, shared a heart-warming and humorous poem she had found which was penned about Dr Luke's predecessor Dr Bostock and which she adapted for his earlier years.

Dr Hutchison advised that he had calculated that Dr Luke has treated over 30,000 inpatients and countless outpatients during his time in Hawke's Bay. Dr Gommans shared Richard's passion for doing the right thing by his patients and delivering a quality service which was backed by being a great team member and supportive colleague.

"Medicine has tough patches and that collegiality is really important," says Dr Gommans.

"Richard has his own high standards and sets a great example – he has been a mentor to many. He is passionate about keeping up-to-date and can always be relied upon to remind us all regarding what the evidence teaches us."



**Pictured: Richard and his wife Jill**

Dr Luke spoke fondly of his time at the DHB, of the amazing colleagues he had worked alongside and the wider team support in Villa 2 for whom he says the service would not be the same without. Special mention was made of his wife, Jill, who had been an incredible support during his career which meant having to put up with the long hours and weekend on call rosters away from home that went with it.

Dr Luke and his wife have raised a family of three in Hawke's Bay and he says he is now looking forward to many long weekends ahead. He intends to offer support to our DHB in other capacities, continuing his research unit work and in a part-time capacity as he steps back from the frontline.

## Retirements

We recently farewelled the following staff and wish them well in their retirement.

- Klaire de Jong, Operations Directorate
- Robyn Hennessy, Operations Directorate
- Raewyn Sides, Surgical Directorate
- Helen Arthur, Communities, Women and Children Directorate
- Marilyn Duncan, Communities, Women and Children Directorate

Population Health Team held a farewell morning team for colleague Malcolm McGregor recently, pictured with Team Leader Maree Rohleder.

