

Drawing on ideas of others key for new CEO

Bay of Plenty District Health Board's recently appointed Chief Executive, Phil Cammish, believes that the key to success within the health industry is drawing on the ideas of his colleagues and community members.

After more than 12 years in the health industry Mr Cammish has learned that improving the health of communities comes down to a lot of listening and networking.

"A large majority of staff within the health board are just as qualified, if not more so than me, and these people want to, and can, provide valuable contributions," says Mr Cammish.

A month into the job, he is walking the talk, with a new staff bulletin aimed at improving communication and quarterly staff forums to allow staff to share their

ideas and raise any questions they may have about the organisation.

Mr Cammish commenced his role on 16 January, having previously held the role of district manager of the Cairns health service district, Queensland Health. In this region there were similar issues with regard to ethnic mix and rurality, and the need to focus on the basic aspects of health care and service provision including access to community health and preventative care.

Mr Cammish says that his passion for community health has stemmed from his experiences at Queensland Health, and he plans to draw on that learned knowledge to help improve the health of the Bay of Plenty's diverse communities.

"Community health needs to be a strong focus, but not at the expense of

the hospital services, rather as a way to help hospital services cope with the ongoing pressure of limited resources."

His priorities include a strong focus on addressing access issues, prevention of conditions such as obesity, diabetes and cancer and the growth and support of kaupapa services.

Bay of Plenty District Health Board Chairperson, Mary Hackett, says that Mr Cammish has gained a reputation as an exceptional leader in the health industry over the years, and she is looking forward to working with him to improve population health within the Bay of Plenty.

"I'm confident that Mr Cammish will become an enormous asset to the health board with his passion and enthusiasm for improving community health and health services," says Mrs Hackett.



Chief Executive Phil Cammish

TAKING SHAPE: Structural steel is bolted into place along the north face of the new ward block building at Tauranga Hospital. See page three for more Project LEO news.



BIRD FLU UPDATE

Cover that cough!

Nineteen more countries have reported avian influenza (bird flu) in birds in the past month, including Greece, Indian, France and Italy. WHO reports there have been 173 human cases of bird flu, with 92 dying from the virus. Every time the H5N1 virus spreads to another country or infects another human, the probability and opportunity for the virus to mutate to spread from human to human increases, according to health experts. They also believe the most effective infection control method is basic hygiene – hand washing and cough etiquette, because the virus is spread by droplets and airborne.

"It's as simple as making sure you carry tissues and once used, throw them in a lined bin," says Bay of Plenty and Lakes District Health Board Medical Officer of Health Dr Phil Shoemack.

"Make washing and drying your hands a habit and encourage family members to do the same – after coughing and sneezing, before and after eating and going to the toilet, and don't forget to use soap."

Dr Shoemack says if kids are reluctant (or you are not sure how long to wash your hands for) sing 'Happy Birthday' twice – for entertainment and it shows the time needed to make sure hands are sufficiently clean and dry.

For further information about how the health board is preparing for pandemic influenza visit www.bopdhb.govt.nz

Health Services in the District

A Column from the Chairperson of the BOPDHB, Mary Hackett



At the end of last month Bay of Plenty District Health Board's Chief Executive, Phil Cammish, and I travelled to Opotiki and Murupara to be part of the 'Baby Friendly Accreditation' celebration for both of these places. Opotiki has a two bed maternity facility and Murupara one bed. Both are in clinics that provide a range of community facilities. It was a privilege to be part of the accreditation for both of these places and I do congratulate both groups for the hard work and commitment to well child services contained in this accreditation.

While we were there we also met a number community based people who work with mothers and children once they have had their baby so that breastfeeding and parenting skills are continued when the mother and baby go home. Both these communities are quite isolated and very

dependant on the nurse, midwife or doctor in the community.

The Bay of Plenty District Health Board provides a number of clinics in such places. We have a doctor, public health and district nurses, well child services, mental health services and specialist clinics in a number of such communities, including Te Kaha, Ruatahuna, Murupara, Opotiki, Te Puke, just to name some. While those of us in a bigger city can rely on ambulance, hospital, after hours general practitioner and a number of other services, people in such communities can be quite isolated and dependant on a small number of services.

As a district health board we try and make sure that these communities receive a level of sustainable services that aim to keep people well at home rather than bringing people to hospital as a first line of defence.

You may have seen in the Bay of Plenty Times that the Bay of Plenty District Health Board has achieved an increase in the number of elective operations over the last three years. We will also achieve above our expected levels again this year. Staff have worked very hard to improve systems so that we can try and keep up with demand. We do have a problem with capacity, which is why we are building a new hospital, so to maintain and increase numbers staff have found ways of becoming more efficient. We have also contracted a number of operations to private hospitals as well as Queen Elizabeth Hospital in Rotorua. In this and other ways we are trying to offer treatment to everyone who needs it within six months.

One of the ways in which we have increased capacity is to treat more people at home. I do think we get better quicker in our own home so the district nurses and the Primary Health Organisations are treating quite complex cases at home when often we had to admit people to hospital. All ways in which we can become increasingly efficient, while maintaining and improving services.

The best thing always is to stay well, but nevertheless we do strive to treat people when they do need treatment. If you have a problem with receiving care, or are not satisfied with the care you receive please do not hesitate to phone our Customer Services Manager.

Mary Hackett
Chairperson
Bay of Plenty District Health Board



Te Kaha Health Clinic

TWO BAY NURSES GEARING UP TO PRESCRIBE

Two Bay of Plenty nurses are gearing up to prescribe a range of medicines under new regulations which came into effect in December 2005.

The regulations that came into force in December give qualified nurse practitioners – who have met rigorous requirements set by the Nursing Council – the right to prescribe a range of prescription medicines and controlled substances.

Previously only nurse practitioners in aged care and child family health had limited prescribing rights. Now, all nurse practitioners, if they choose, will be able to prescribe medications in their specific area of practice, for example, the treatment of chronic conditions such as diabetes and cardio-vascular disease.

There are currently 21 nurse practitioners in New Zealand - including one in the Eastern Bay of Plenty, the first Maori Nurse to achieve Nurse Practitioner status, Janet Maloney Moni, who has completed the clinical practicum for prescribing with a General Practitioner.

Tauranga Hospital Emergency Department Nurse, Alison McLean is currently completing her Masters programme, and undertaking her prescribing practicum with Emergency Department Clinical Director, Derek Sage, in preparation for seeking Nurse Practitioner registration.

Bay of Plenty District Health Board Director of Nursing, Christine Payne, says that Nurse Practitioners have to complete a clinical masters programme including specific Pharmacology modules to be approved as prescribers by the Nursing Council.

"The new regulations allow these very experienced, expert registered nurses to apply their knowledge, and skills in a new collaborative relationship with patients and medical colleagues. The Nurse Practitioner roles complement and provide alternatives to existing service models, which will result in improved access to services and improved patient outcomes," says Ms Payne.

Ms Payne continued by saying "It is an exciting opportunity for experienced nurses, to work differently, and provides the health board with the ability to develop a more flexible workforce to meet our varied and challenging health care issues in the Bay of Plenty as we plan services for the future."

The Ministry of Health will be responsible for maintaining and updating the list of medicines nurse practitioners can prescribe.

Health Minister Pete Hodgson said the new regulations are part of the government's wider work to build a more flexible and responsive health system.



Janet Maloney Moni

All Bay birthing units deemed baby friendly

All four of Bay of Plenty District Health birthing units are now deemed 'baby friendly' by the New Zealand Breast Feeding Authority.

The two major birthing units at Tauranga and Whakatane Hospitals have been baby friendly accredited since August 2004, and now the health board is celebrating with the two smaller birthing units at Opotiki and Murupara becoming baby friendly at an official celebration on 1 March 2006.

The World Health Organisation launched the Baby Friendly Hospital Initiative in 1991. This has subsequently been adopted by the

New Zealand Ministry of Health and the New Zealand Breastfeeding Authority, and is a requirement for all publicly funded maternity facilities.

The initiative aims to give every baby the best start in life by ensuring a healthcare environment where breast-feeding is the norm. It is based on ten steps.

'Ten Steps to Successful Breastfeeding' states that a baby friendly facility should:-

- + Have a written breastfeeding policy that is routinely communicated to all health care staff;

- + Train health care staff in skills necessary to implement this policy;
- + Inform all pregnant women about the benefits and management of breastfeeding;
- + Help mothers initiate breastfeeding within a half-hour of birth;
- + Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants;
- + Give newborn infants of breastfeeding mothers no food or drink other than breast milk, unless medically indicated;
- + Practice rooming-in-allow mothers and infants to remain together 24 hours a day;
- + Encourage breastfeeding on demand;
- + Give no artificial teats or dummies to breastfeeding infants;
- + Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

Baby friendly facilities also ensure that women who choose not to breastfeed are supported in their decision with unbiased information and advice.



Moves provide challenge for District Health Board staff

A complex logistical exercise is underway at Tauranga Hospital as plans to move more than 1000 medical and administration staff into new premises get underway.

Around 130 people have already moved to new workspaces. By the time the building and refurbishment programme is completed in 2009, large numbers of medical staff, along with around two thirds of the DHB's administration workers, will have moved. Some staff will shift several times as construction progresses.

The process of moving staff to new premises is referred to as 'decanting and migration' by the Project LEO team, which is responsible for the \$110m hospital redevelopment.

All wards – including the intensive care unit (ICU), critical care unit (CCU), maternity and operating theatres – will eventually move to new premises. But non-medical moves are the current focus for the project's decanting and migration manager, Nola Ardern. So far, she has co-ordinated moves for the hospital's library, IT department and the cleaning, linen, waste, stores and purchasing departments, along with an assortment of administration staff.

This month she arranges for offices on the ground floor of the existing hospital and the offices above on the first floor to be vacated to make way for the

development of the new outpatient departments on the ground floor of the podium building currently under construction and the perioperative suite on the first floor.

Staff will also move from offices on the north side of the second, third and fourth floor of the 'core' building, adjacent to the west wing wards, so construction of the north wing ward block can go ahead. Telephony is part of this move.

So far only a handful of moves have impacted on the public. The hospital's new front entry opened late last year and rehabilitation equipment stores relocated from the ground floor to the basement of Pohutukawa House. The refurbishment of the medical records department also has an effect. Documentation the public need to complete to gain access to their medical records is now at the main entrance reception where it will remain until the new medical information space is ready in May.

But the biggest impact on the public will be when the outpatients department and allied health (physiotherapy, audiology and speech and language therapy, social work and occupational therapy) moves to the ground floor of the podium building around the middle of next year.

Nola says the impact of the moves is significant for staff.

"While moving into a new facility is

exciting for many, the enabling moves to temporary accommodation can sometimes result in feelings of frustration and misplacement," she says.

Two challenging moves so far include the library and the IT department. Both were in the 'blue corridor' building, which is being refurbished (see adjoining article). The IT department moved to Jacaranda House and the library to Pohutukawa House late last year.

The hospital's medical librarian, Raewyn Adams, says planning and attention to detail ensured a smooth move.

"A project as big as this is never 100 per cent perfect and we did find ourselves changing plans on the fly a few times to accommodate unforeseen circumstances," she says. "Overall our initial plan to be closed only three days did stretch to four, but to have completed the move in just four days was still a great achievement for everyone involved."

Nola says despite all the moves, there has been minimal disruption to normal business.

"This can be attributed to staff co-operation and effective planning and communication," she says. "This has been our goal right from the beginning. It is imperative that we continue to provide the same level service to patients and the public and they are not disadvantaged because of the moving process."

Farewell to blue corridor

Work is underway on the transformation of Tauranga Hospital's 'blue corridor' building into new premises for medical records, the central sterile unit and theatre support services.

Medical records will move into its new home in May and the refurbishment of the entire floor will be completed by the end of the year. The building previously housed administration staff, medical records and the hospital's medical library. Only medical records has remained on the floor during the refurbishment process. Towards the end of next month staff will move across to a new area, which will encompass extra space taken from offices, an interview waiting area and the corridor itself.

During the refurbishment process, documentation the public needs to complete to gain access to their medical records is at the main entrance reception and not the medical records department. On occasion, people may not be able to see their files on the day they lodge their request and sometimes files may be mailed.

The central sterile unit (CSU) is where theatre instruments and other equipment are sterilised. The new CSU will be more automated, reducing manual input from staff and decreasing any risk of contamination from instruments used during operating procedures. The new unit will also allow sterilising processes to be standardised, reducing any risk of contamination due to human error. Instruments will be processed more efficiently than in the past, allowing more operating procedures/lists to be carried out each day.

Theatre support will consist of changing rooms which allows staff to enter and exit through different doors. There will also be office space for theatre support staff.

Child and Youth TAG leading the way

The successful development of the Bay of Plenty District Health Board's Child and Youth Technical Advisory Group (TAG) is leading the way for further specialist TAGs to be developed in the near future.

Bay of Plenty District Health Board Manager of Service Development and Technical Advisory Group Secretariat, Phil Back, says that the TAG was developed as a source of expert knowledge and opinion, representative of the broad service sector delivering child and youth health and related services at both primary and secondary levels.

"The main purpose of the TAG is to identify priorities and make recommendations to the Bay of Plenty District Health Board's Chief Executive Officer. Its mode of operation also potentially leads to multi-agency coordination in providing smoother services and effective interventions," says Mr Back.

The group includes representatives from Primary Health Organisations, the Bay of Plenty District Health Board, Ministry of Education, Crippled Children's Society, Toi Te Ora Public Health, NZ Plunket Society, Te Whanau Kotahi, and Child, Youth and Family Services.

Chairman of the Child and Youth TAG, Tauranga Hospital Clinical Director of Paediatrics, Chris Moyes, says that many child health problems can only be properly managed, or preferably prevented, using a holistic model that incorporates families and

various community and non-health agencies acting in concert.

"Making a difference to the health and well-being of children via the TAG will require an ongoing commitment from TAG members and agencies, effective networking to community agencies, adequate resourcing from the DHB planning team and visible progress to maintain interest," says Dr Moyes.

A recent report summarising activities of the first twelve months of the Child and Youth TAG shows that the TAG has successfully achieved buy-in from participants and their agencies. Progress to date also includes the set-up of the structure and function of the TAG, including appropriate membership, terms of reference, role and overall function.

The TAG has also identified some key priorities:

- + Children with mild to moderate behaviour and learning disorders
- + Childhood injury
- + Respite care for the disabled child.
- + Parenting, nutrition and smoking.

The concept of TAGs was born from the Bay of Plenty District Health Board's commitment to providing of evidence-based services, including active involvement of clinical, community and intersectoral expert knowledge and opinion in:

- + planning, policy development and decision-making of the health board.

- + providing sector leadership
- + identification of service delivery issues
- + facilitation of service co-ordination, collaboration, knowledge sharing.

With the success of this inaugural TAG, further groups are likely to be set up to inform other aspects of health.



Ohope School Hat Decorating Competition February 2006, photo courtesy of Toi Te Ora Public Health Promoter, Karina Laws

SERVICE PROFILE

Community Alcohol and Drug Service (CADS)

Tauranga Hospital's Community Alcohol and Drug Service highlight the value of prevention, early intervention and treatment in reducing the associated harm caused by alcohol and other drugs.

Does alcohol and other drug treatment work?

The question is often put to us, 'Does treatment work?' And the answer is – Yes, it does!

There are many different methods of treatment for people with alcohol and other drug problems. At Community Alcohol and Drug Service (CADS) every possible effort is made to ensure that each individual receives the kind of treatment most likely to produce a positive outcome for him or her.

What sorts of treatment works?

No single treatment approach has been demonstrated to be superior to all others. There is no 'cure' for 'addictions', only changes in lifestyle and thinking patterns that avoid the persistence problem. The over all goal of treatment is to reduce or eliminate the use of alcohol and/or other drugs as a contributing factor to physical, psychological, and social dysfunctions and to arrest, retard, or reverse the progress of associated problems.

In truth, the benefits of treatment may

well be an effort of its power to support natural healing processes and support the individual and his or her environment in their effort to manage a drinking or drug problem. Most treatment services are based on wisdom, tradition, clinical experience, and plausibility: all are valuable, indeed necessary, parts of any treatment effort.

People may receive a brief intervention if the problem is milder, encouraged to join a self-help group, get intensive counselling over a number of weeks, perhaps after a medical detoxification.

For many people, good quality personalised information gained from a comprehensive assessment is sufficient to bring changes, perhaps abstinence or controlled use of their alcohol and other drugs.

About the Community Alcohol and Drug Service (CADS)

The primary focus of the CADS is to provide effective, responsive and adaptable services for people affected by harmful drug use.

The service aim is to provide high quality, culturally and accessible holistic service, that specialises in addictive behaviours and processes, in order to reduce the harmful effects of alcohol and other drug misuse.

The service's philosophy is harm reduction.

We are one of five Mental Health Services for the Bay of Plenty District Health Board at Tauranga Hospital. The services as provided by CADS Tauranga are free to public, however cost may be incurred for travelling.

We are a professional team including addiction counsellors, medical officers, youth educators, social workers and clinical advisors. All the clinicians have tertiary qualifications and are members of different professional bodies.

Services offered

- + Comprehensive assessments of alcohol and other drug problems and/or issues
- + Ongoing counselling and support
- + Gate-keeping agent for referrals to residential treatment of withdrawal
- + Education and information on alcohol and other drug issues to individuals and groups
- + Consultation for community groups and other health professionals
- + School based early intervention work
- + Advocacy/support
- + Advice re alcohol and other drug issues
- + Methadone treatment
- + Group sessions/programmes

Opening hours

8.30am – 5.00pm

Monday to Friday

(Closed public holidays)

Contact details

1st Floor Kowhai Wing,

Tauranga Hospital

Phone: 07 579 8391

We welcome referrals from any health professional, community agencies, self-referrals and or whanau. Feel free to drop in for a chat, a cuppa or call us.

Toi Te Ora TASTER

THE LATEST FROM THE PUBLIC HEALTH UNIT

Tauranga office goes downtown!

Harbour views for Toi Te Ora Public Health staff in Tauranga with a move to the fourth floor of the Westpac Trust Tower, the Strand, Tauranga in early March.



SunSmart on the water

An exciting yachting event for the Bay of Plenty is attracting five teams of international yachties to Tauranga mid March. The Pacific Rim Yacht Challenge is being held 10 – 17 March at Sulphur Point. The regatta is a Sunsmart event with strong support from the Cancer Society, Toi Te Ora Public Health, Emerge Print and Sun Media. The regatta is followed by the Bartercard Pirates Party and Treasure Hunt, Saturday 18 March.

Decorating hats to promote SunSmart

Ohope School children went to town with fabric paint, glitter, buttons and bows – decorating hats to keep them safe from the sun last month. Toi Te Ora – Public Health and Ohope School held a Hat Decorating Competition for teachers, pupils and parents. Health Promoter Karina Laws says the event was a huge success and she plans to introduce the initiative into other schools in the Eastern Bay. "Everyone loved the project, the parents I spoke to said it was awesome to see the children being creative and learning at the same time," she says. "I'll be developing a plan for implementing it in other schools over the next few months."

Fashion the Facts a huge success

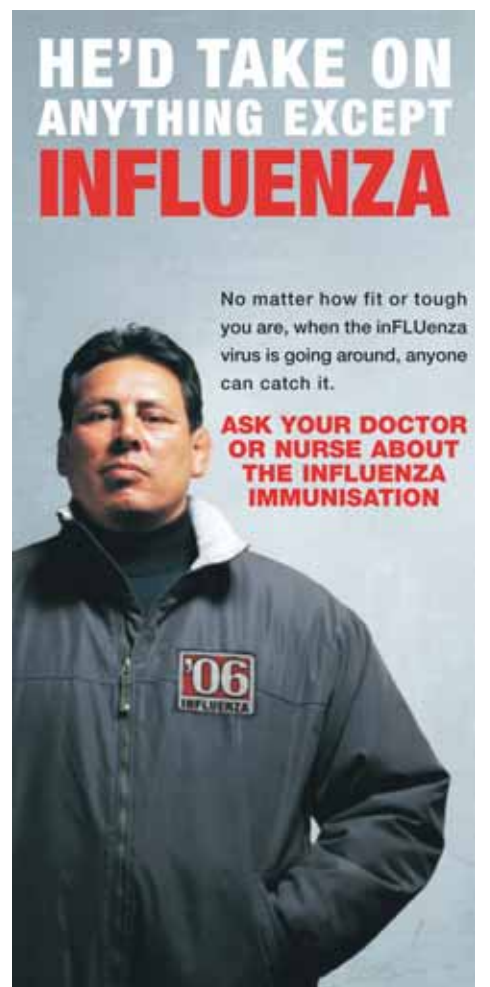


Celebrating Valentines Day in style was an effective way to encourage women to get regular cervical smear tests last month. The Cervical Screening Programme organised Fashion the Facts fashion show, 14 February. Around 250 people attended the event and enjoyed the array of beautiful costumes and culture.

Youth hit the pavement for love



Dozens of young people celebrated Valentines Day by using chalk to illustrate what 'relationships' mean to them as part of the Pavement Art Competition at the City Focus in Rotorua. "It aimed to encourage youth to think more about the relationships in their life," says Health Promoter Linda Johnston.



This is a community newsletter published by the Bay of Plenty District Health Board.

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