

NEW ZEALAND HEALTH & Hospital

March - April 2011

North Shore Hospital's new ED



Inside

\$27 million Greenlane Surgical Centre now open
Understanding critical Enduring Power of Attorney issues
and news from Around the Nation



The Commonwealth Fund Harkness Fellowships in Health Care Policy and Practice

The Commonwealth Fund invites interested applicants from New Zealand to apply for the 2012–13 Harkness Fellowships.

The Harkness Fellowships provide a unique opportunity for mid-career professionals—academic researchers, government policymakers, clinicians, managers, and journalists—from Australia, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United Kingdom to spend up to 12 months in the United States conducting a policy-oriented research study, working with leading U.S. health policy experts, and gaining in-depth knowledge of both the U.S. and other Fellows' home country health care systems. The Commonwealth Fund also brings together the full class of Fellows throughout the year to participate in a series of policy and leadership seminars with U.S. health care leaders drawn from government, politics, health care organizations, and academia.

Applicants must demonstrate a strong interest in health policy issues and propose a study within the scope of The Commonwealth Fund's mission to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low income people, the uninsured, minority Americans, young children, and elderly adults.

Once selected, the Fund will provide extensive support to successful Fellows to help them develop and shape their research proposals to better fit the context of the U.S. health system. Through its network of contacts, the Fund will help identify and place Fellows with mentors who are experts in the policy areas to be studied, e.g., at Harvard University, Columbia University, University of California at San Francisco, Johns Hopkins University, Kaiser Permanente, Veterans Health Administration, Institute for Healthcare Improvement (IHI), RAND, Agency for Healthcare Research and Quality, and Group Health Cooperative at Puget Sound.

A peer-reviewed journal article or policy report for Health Ministers and other high-level policy audiences is the anticipated product of the fellowship. Harkness Fellows have published their findings in leading journals, including: *BMJ*, *Health Affairs*, *Health Policy*, *International Journal for Quality in Health Care*, *New England Journal of Medicine*, and *Quality and Safety in Health Care*.

Building on their fellowship experiences, Harkness Fellows have moved into senior positions within academia, government, and health care delivery organizations, making valuable contributions to health policy and practice at home and in the United States. In addition, Harkness Fellows become part of a strong international network, with opportunities for ongoing cross-national collaborations and research.

DEADLINE FOR RECEIPT OF APPLICATIONS IS SEPTEMBER 12, 2011.

Each fellowship will provide up to U.S. \$107,000 in support, which includes round trip airfare to the United States, a monthly stipend, travel to a program of Harkness seminars and policy briefings, project-related travel and other research expenses, health insurance, and U.S. taxes. In addition, a supplemental allowance is provided to Fellows accompanied by a spouse and/or children (e.g., approximately \$50,000 for a partner and two children up to age 18) to cover airfare, living allowance, and health insurance.

**For more details and application form, please visit www.commonwealthfund.org/fellowships.
For questions about the program, eligibility, and proposed projects, contact Karen Poutasi, Chief Executive,
New Zealand Qualifications Authority, (tel: +64 4 463 4314 or email: karen.poutasi@nzqa.govt.nz).**

The Commonwealth Fund is a private foundation, based in New York, which aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable.

New Zealand Health & Hospital
Volume 63 No 2, March - April 2011

Publisher and Editor Debbie Monigatti, BA, BSc

ISSN 0114 3727

Subscription information

New Zealand Health & Hospital is published six times a year.

Rate per subscription:

Annual rate	\$50.00 + GST
Annual rate 5+ copies	\$25.00 + GST
Overseas annual rate	NZ\$60.00

Editorial, subscription and advertising contact

Debbie Monigatti
 New Zealand Health & Hospital, PO Box 3541, Wellington 6140, NZ
 Phone +64 4 472 1630
 Fax +64 4 472 1621
 E-mail DMonigatti@xtra.co.nz

Disclaimer: New Zealand Health & Hospital is a forum for discussion. The opinions expressed in New Zealand Health & Hospital are not necessarily those of the publisher. Independent professional advice should be sought as appropriate.

on the cover



A 36 metre long flight deck is a feature of North Shore Hospital's new Emergency Department which, along with a new Assessment and Diagnostic Unit, opened on March 22. These are part of the Lakeview Extension, Waitemata District Health Board's \$53.5 million project to enhance capacity in the Hospital. Once fully opened later in the year, the development will also include an expanded radiology and cardiology service. Story page 5.



contents

Around the nation

- 4 New Emergency Department and Diagnostic Unit at North Shore Hospital just the beginning
- 6 New surgical centre at Greenlane
- 6 Investment in linear accelerators
- 7 \$500k for Taranaki meds management system
- 7 Old Waikato Hospital Emergency Department gets a makeover

Community

- 8 New lodge serving Waikato community
- 8 Guidelines developed to prioritise Cantabrians needing aged residential care
- 9 National pharmacy-based bowel cancer screening programme aims to save 1000 lives a year
- 9 Dental care where it's needed
- 9 Donations pour in to Canterbury
- 10 Defence Force teams help Tongan community

11 People

Workforce matters

- 13 New Zealand's largest health sector job board launched
- 13 Diabetes nurses authorised to prescribe
- 13 Spotless literacy programme results make for great reading
- 14 Voluntary Bonding scheme adds mental health and aged care
- 14 20 DHBs deciding how best to deliver core functions in new health environment
- 14 Encouraging number of doctors want to work in Canterbury
- 15 Caring for older people celebrated by awards
- 15 Industry distribution of work stoppages

Education

- 16 New health campus enforces Waitemata DHB's commitment to education, training, learning and research as core DHB business
- 16 New Zealand's first Professor of Gerontology Nursing
- 17 Inaugural Heart Foundation Chair of Heart Health
- 17 New equipment for Simulation and Skills Centre

Management

- 18 Éclair CDR making the right connections during crisis

Medico-legal

- 19 Understanding critical Enduring Power of Attorney issues

20 Noticeboard

Information technology

- 21 Plenty to celebrate for Labnet
- 21 Older people benefit from new technology

Products & services

- 23 Engineering students win design award to improve glucose control in critically ill patients
- 23 Generous donation welcomed

Research

- 24 Smoking during pregnancy factor in childhood behaviour disorders
- 24 Report analyses health of Waikato Hospital's youngest patients

Pharmaceuticals

- 22 One less tablet for patients with HIV
- 22 Value of Medicines Award now open for entries

Publications

- 26 Meeting health targets
- 27 Award winning documentary attracts Pacific donors

around the nation

New Emergency Department and Diagnostic Unit at North Shore Hospital just the beginning



A new Emergency Department and Assessment and Diagnostic Unit are part of North Shore Hospital's Lakeview Extension, which will also include an expanded radiology and cardiology service once fully opened later this year.

The \$53.5 million redevelopment of North Shore Hospital has reached a major milestone with the opening of a new Emergency Department and Assessment Diagnostic Unit attached to the main hospital building on ground level. These replace the Hospital's existing 53-bed Emergency Care Centre and increase the number of beds to 84 (34 in the Emergency Department and 50 in the Assessment and Diagnostic Unit).

The new Department and Unit are part of the Lakeview Extension, which overlooks Lake Pupuke, and will also include an expanded radiology and cardiology service once fully opened later this year. Also incorporated into the redevelopment is 838 square metres of new hospital space on the lower ground floor to be used for staff and administration facilities.

The Lakeview Extension is expected to help solve the Hospital's long-standing bed blocking problem, overcrowding and long waits by increasing the number of beds available and improving patient flow through the hospital. These problems were made worse says Emergency Physician Dr Andrew Ewens, the clinical leader of the team overseeing the redevelopment, as the result of a merger of ED and ADU into an Emergency Care Centre in 2001. The new Assessment and Diagnostic Unit is expected to be fully operational by the end of October. This will further streamline patient flow and improve efficiency.

The new Emergency Department comprises three zones:

- Zone 1: triage, reception, waiting, fast track and family room areas.
- Zone 2: three adult resuscitation areas and one paediatric resuscitation area.
- Zone 3: eight monitored bed spaces, an acute area and observation area, a paediatric section, and plaster, procedure and secure high care rooms.

A 36 metre-long open flight deck which oversees patients throughout

the Department features a specially designed ceiling to contain noise and a hand-over area at one end so that patient details can be discussed confidentially.

The 34 bed spaces include eight monitored spaces, 17 general Emergency Department spaces, six observation beds for slightly extended treatment and three paediatric spaces. There is a six-space consultation area for patients with less complex problems who are likely to be discharged. The design is flexible and can be reconfigured to suit changing circumstances. Also eliminated by the design is the ability to house patient trolleys in the Department's corridors.

"One of the briefs we gave to the architect was not to create a space in the corridor for patients," said Dr Ewens. "I can't think where I could put a patient in the corridor. However, if we had a major flu epidemic where the whole health system was under pressure, you do what you have to do."

The Assessment and Diagnostic Unit (ADU), where patients are seen by physicians and surgeons, features enhanced diagnostic services. The ADU, headed by Dr Hamish Hart, will also provide telephone advice to GPs and provide same-day acute clinics where patients not needing admission can undergo a specialist assessment without a full hospital admission.

"A key approach to the redevelopment has been to bring as much to the patient's bedside as possible," said Dr Ewens. "This includes portable machines for patient x-rays and, in the future the assistance of barcoding, taking blood samples at the patient bedside. Philips has supplied the Digital X-ray Gantry in the resus area and the new Portable Digital Radiology machine that will arrive in May is made by Shimadzu.

"And throughout the redevelopment we have included a lot of computer capacity in anticipation of electronic patient records. The ED has been fitted with computers in the work areas that we predict we will use for a full electronic medical record when this is

functional. It is expected to be available within five years and is a national project. There are additional data ports that can be made live in all clinical spaces for future use. There is a wireless network for portable equipment. The IT group during the design was asked to future proof for a minimum of 10 and anticipated 20 year lifespan of the building.

“Collectively this development will result in more timely care with less waiting time for inpatient beds and a faster turnaround for those being discharged. With less waiting time for tests patients can expect earlier diagnosis and treatment and a smoother transition between their GP and the hospital.

“Overnight facilities for those admitted for short stays have been improved and we expect a reduction in avoidable admissions and readmissions.”

The Lakeview Extension also features a number of ‘green’ initiatives, including the use of recycled storm water for flushing toilets, and the air conditioning system will provide partial heating of the domestic water supply. Low-emissivity glass – glass which doesn’t get as cold as ordinary glass - has been used on the windows and shading blades have been installed on the external façade to better control the internal environment.

An expanded radiology service comprising a second CT room and support space will open in July later in the year.

An \$8.5 million upgrade of the cardiology service to be housed on the first floor of the DHB’s Lakeview development will see the



North Shore Hospital prior to the Lakeview development.



One of 12 monitored spaces in North Shore Hospital’s new Assessment and Diagnostic Unit.

4th Annual

CONFERENCE 1

Clinical Governance for the NZ Health Sector

12th & 13th July 2011, Stamford Plaza, Auckland

Conference

2 for 1
Register two people for the price of one

CONFERENCE 2

2nd

Patient Safety Conference

14th July 2011, Stamford Plaza, Auckland

Visit www.conferenz.co.nz for full details

NZ’s leading business conference experience





North Shore Hospital Emergency Physician Andrew Ewens in the Hospital's new paediatric resuscitation room, part of the Hospital's new Emergency Department. Dr Ewens is the clinical leader of the team overseeing the hospital's \$53.5 million Lakeview building project, which will enhance capacity at North Shore. Once fully opened later in the year, the development will also include an expanded radiology and cardiology service.

addition of two cardiac catheter laboratories, a coronary care unit and cardiology ward.

“The addition of the cardiology service to Lakeview will help provide leading edge service delivery by combining cardiac care with intensive care and high dependency services co-located on one floor,” says Dr Tony Scott, Clinical Leader Cardiology. Once operational in January 2012, the service will see the doubling of Waitemata DHB’s cardiac catheter laboratory capacity, enabling improved, faster diagnosis. It will also result in an upgrade to existing cardiac coronary care services in the district, and provides the opportunity to add up to 25 additional inpatient beds to North Shore Hospital.

The vacated patient accommodation facilities in the existing cardiology space will be used to optimise the opportunity to increase bed capacity within the organisation.

New surgical centre at Greenlane

Aucklanders having elective surgery can look forward to shorter waiting times, fewer postponements and reduced cancellations thanks to the new Greenlane Surgical Centre (GSC).

Situated in the existing Greenlane Clinical Centre, the new surgical centre is designed to facilitate an increase in some day-stay elective procedures. It will also allow for procedures which require overnight post-operative care. The Greenlane Surgical Centre contains three new operating rooms as well as one refurbished and extended operating room.

With \$27 million dollars of capital investment, the new centre brings expanded modern service capabilities that will lead to patients having better, more convenient and timely access to a number of short-stay elective surgery procedures. These operational capabilities will allow the ADHB to deliver 4,500 discharges at the GSC by 2015/16.

Auckland District Health Board Chairman, Lester Levy says, “The new Greenlane facilities are designed to support a new, innovative way of working which will improve Aucklanders’ experience of short-stay elective surgery. We’re also working to achieve better access to elective surgery for the people of our city, as outlined by the Ministry of Health’s national health targets. This is an exciting step in realising this goal.”

Director of Anaesthesia and Operating Rooms, Vanessa Beavis

says the new facilities boost the services offered at Greenlane. “The addition of an overnight ward for post-operative care means we are able to offer a more diverse range of procedures than just day surgery, in turn helping to reduce demand at other facilities. Everyone is looking forward to the increased operational ability the centre is going to provide the ADHB.”

In addition to the new and extended operating rooms, the new facilities include an expanded pre-op area, new Central Sterile Supply Department (CSSD) and a new overnight ward which will open mid-2012. Construction on the surgical centre began 15 months ago and improvements will continue with a home dialysis unit due to open later this year and a new eye clinic opening in early 2012.



Minister of Health Tony Ryall, Auckland District Health Board Chairman Dr Lester Levy, Director of Anaesthesia and Operating Rooms Dr Vanessa Beavis, Auckland District Health Board Chief Executive Garry Smith, and Director of Surgery Mr Ian Civil gather in one of the new operating rooms at the Greenlane Surgical Centre.

Investment in linear accelerators

MidCentral District Health Board has agreed to buy a permanent fourth linear accelerator and a new bunker to house it at a cost of more than \$6 million at the Regional Cancer Treatment Service at Palmerston North Hospital.

The service is already using four linacs, but one of them is now 18-years-old, has limited capability and only operates part-time due to the limited range of treatments it can provide. The new linac will replace the aging machine, and strengthen the service to MidCentral DHB and the five other DHBs it serves in its region – Tairāwhiti, Hawke’s Bay, Wairarapa, Taranaki, and Whanganui.

As well as the new machine expected to cost more than \$3million, and a similar sum to build a bunker to house it, there will also be an additional 1.5 full time equivalent medical physicists and five radiation therapists required to run it.

The purchase of the new linac is the final step in a development plan begun in 2009 to address capacity issues for Radiation Therapy and to provide confidence that the Health Target, of providing treatment within four weeks, would be achieved by December 2010.

The plan has included significant milestones over the past 18 months which include: the replacement of one linac in 2010, the purchase of new workstations for treatment planning, the recruitment to full staffing for radiation therapists, the approval to appoint an additional Radiation Oncologist, service improvements to streamline bookings, the ongoing achievement of the four week target, and the retention of the oldest linac to increase capacity. It is this linac that will be replaced.

It is expected the new machine will be working during 2012.

And Health Minister Tony Ryall has signed off a \$6.3 million replacement linear accelerator machine at Southern DHB, the country's ninth new machine in the past two years.

"We are expecting to see more need for radiation treatment over the next few years as the population ages," said Mr Ryall. "This new machine for Southern DHB replaces a 17-year-old linear accelerator which was only capable of operating at half speed.

"Shorter waits for cancer radiation treatment is one of the Government's six health targets. It started as a maximum of six weeks and the target is now four weeks.

"Previously some patients waited up to 15 weeks. It was not unusual to hear of many patients being sent to Australia for treatment, with all the additional pressure that entailed."

\$500k for Taranaki meds management system

Health Minister Tony Ryall has approved more than half a million dollars in extra funding that could reduce adverse medicines events by at least two-thirds.

"Safe medication management is a priority area for improvement and this demonstration in Taranaki DHB is very important," said Mr Ryall.

"Many errors would be avoided by making it clear what medication a patient is on, and then making that information available electronically to all health professionals helping the patient.

"By enforcing a number of formal, standard steps into the medicine management process, there is less chance of a patient being mistakenly given a medicine he or she is allergic to, that will interact with a medicine they are already taking, or that they are already taking," says Mr Ryall.

"This demonstration is a key part of a programme that will result in a standard medications system that can be used throughout the country covering hospitals, general practice, pharmacy, residential aged care facilities and the wider health and disability sector. It builds on other parts of the programme taking place in Counties Manukau, Waitemata and Otago DHBs.

"Similar systems in the US have shown a reduction in adverse drug events of at least 65 percent. This would translate into more than 8,000 fewer cases of in-hospital adverse drug events in New Zealand each year.

"The Ministry of Health says adverse drug events add an average of 7.5 days to a patient's stay in hospital. At around \$1000 a day in hospital, and a conservative 8,000 patients a year, we are looking at estimated savings of more than \$60 million a year for district health boards.

"This is a significant potential saving for the health service, and will see patients return home sooner, freeing up hospital resources for more patients.

"The Taranaki demonstration is set to finish later this year, before the safe medication management programme is rolled out nationally," says Mr Ryall.

This is a joint initiative between the Health Quality and Safety Commission and the National Health IT Board.

Old Waikato Hospital Emergency Department gets a makeover



Waikato Hospital Charge Nurse Janine Lee in the Hospital's new Day of Surgery Unit. The Day of Surgery Admission Unit will be the new destination for patients coming to the hospital for surgery for the next two years, providing a safe and efficient interim solution for patients during ongoing refurbishments and construction at Waikato Hospital.

Patients heading to Waikato Hospital for elective surgery in the main operating theatres now attend a new unit.

The new Day of Surgery Admission Unit, an adjunct of the Same Day Admission Unit, has opened in the former Emergency Department on level one of the Waiora Waikato Centre.

The Day of Surgery Admission Unit will be the new destination for patients coming to the hospital for surgery for the next two years, providing a safe and efficient interim solution for patients during ongoing refurbishments and construction at Waikato Hospital.

Part of the Kempthorne Building, which currently houses theatre support services, needs to be demolished to make way for the construction of the western wing of the Meade Clinical Centre.

The centre, which began construction last year and is due to be complete in 2013, will feature new clinics, new radiology centre, new intensive care unit, new interventional suites, state-of-the-art operating theatres and pre and post-operative theatre support.

Charge Nurse Janine Lee, who oversees these day of surgery units, says the location of the new Day of Surgery Admission Unit in the old Emergency Department is positive for both patients and staff, as it will be closer to the main operating theatres and will have more consulting rooms than the current space.

Equipment and fittings from the former Kids Place in the Emergency Department will be recycled and re-used in the Day of Surgery Admission Unit, which Ms Lee says is a smart and efficient move.

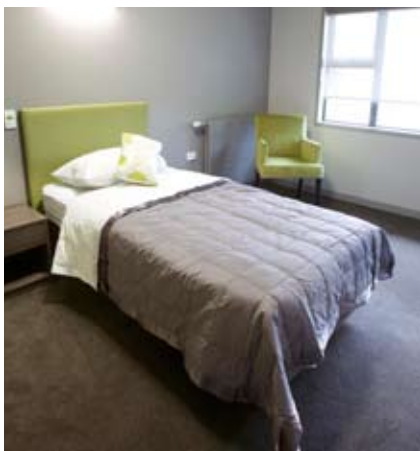
Ms Lee estimates that the Day of Surgery Admission Unit will prepare up to 40 patients a day for surgeries as diverse as hernia operations, hip replacements, tonsillectomies and bowel surgery.

The Same Day Admission Unit on Level 8 of the Menzies Building will continue receiving patients going to surgery in Level 8 operating theatres as well as providing post-operative care and recovery for patients from all theatres being discharged on the day of their surgery.

The Day of Surgery Admission Unit will be open daily from 7am to 4.30pm for incoming patients, but will be operational until 7pm for hospital inpatients transferring to the unit.

community

New lodge serving Waikato community



Chief Executive of the Waikato/Bay of Plenty Division of the Cancer Society Judy Gould says feedback on the Cancer Society's new Lions Lodge in Hamilton has been overwhelmingly positive. "The project has been an amazing success and everybody has worked so hard over the past 18 months to bring the lodge to reality. At the grand opening the Governor-General repeatedly referred to the building as 'spectacular' and this sentiment was echoed by many guests as they toured the lodge. We've had guests compare the lodge to a five-star hotel, with many people saying it's like nothing they've experienced before."

The new Cancer Society's Lions Lodge in Hamilton was officially opened on February 26 by the Rt Hon Sir Anand Satyanand, Governor-General of New Zealand. The lodge will accommodate 700 people each year from around the Waikato, Bay of Plenty, King Country and Coromandel areas as they travel to receive cancer treatment.

For those people travelling to Hamilton to receive cancer treatment, the newly built 'home away from home' provides free accommodation and meals, as well as the support they need through their treatment period.

The Cancer Society is continuing its \$5 million fundraising campaign for the Lodge and recently reached the \$2.75 million mark.

Guidelines developed to prioritise Cantabrians needing aged residential care

Following the 22 February earthquake and subsequent loss of over 600 rest home beds in Canterbury, Canterbury District Health Board (CDHB) has been working with an expert panel of people from across the aged care sector to develop a set of guidelines to help determine who will have priority for the limited number of rest home beds in the region.

The guidelines are designed to be fair and take the person's opinion, family situation and level of medical need into account. Executive Director of Allied Health for CDHB, Stella Ward, says each request for a residential care bed will be assessed on a case-by-case basis.

"Importantly, we have agreed that no-one will be moved from their place of residence, even if another person is prioritised more highly. People will only be placed into residential care outside of Canterbury if they choose to do so; or there are safety reasons for doing so, or it's necessary during a state of emergency," said Ms Ward.

"Every request for a residential care bed – whether it's a new request or a transfer back to the region will be assessed using the same guiding principles and prioritisation criteria. This will be through the DHB's Single Point Of Entry (SPOE) team.

"We know many families are keen to get their loved ones back home to Christchurch. Where possible we are allocating 20 percent of the available beds to residents returning to Canterbury. The reality is there are very few beds available. With winter around the corner and an increased demand for residential care this number is likely to fluctuate.

Ms Ward said the DHB had increased the amount and variety of care and support services available to people in their own homes.

"As an alternative to residential care, we're happy to tailor a range of services to help people live independently in their own homes. This isn't for everyone, but for some – particularly those who have moved in with family on a temporary basis since the quake, this is a good option," said Ms Ward.

Since 22 February over 300 rest home residents have been relocated out of Christchurch. An additional 200 residents have been relocated within Canterbury. Of the remaining aged residential care facilities, 10 have serious infrastructure problems and seven were totally evacuated and one partially evacuated.

Key findings of family violence campaign's impact in Waihi released

An evaluation of the three month *It's not OK* family violence campaign held in Waihi last year has been released.

The evaluation focused on the effectiveness of the campaign and key lessons learnt for the development of similar future campaigns.

It showed that the project succeeded in raising awareness of the effect of family violence, especially where alcohol is involved, on children in Waihi.

Key findings were:

- The campaign raised public discussions about family violence and its links with alcohol.
- Half of the 100 respondents in the street survey who agreed to answer the questionnaire were aware of the campaign.
- The predominant messages were ‘anti-violence’ and ‘It’s not OK’, with a smaller number of respondents identifying both family violence and alcohol together as the message.
- 27 percent of respondents were optimistic about the impact of the campaign - many of these respondents suggested that the campaign had succeeded by publicising the issues and where to go for help.
- Having local faces champion the campaign and localised messages worked well.
- Child Youth and Family services noticed a consistently higher rate of referrals from the Waihi area in the three months following the campaign.

The project was a joint venture between Hauraki District Council, Waikato DHB’s Population Health, NZ Police, and the Hauraki Family Violence Intervention Network and was launched in July 2010. The project was also the first in the country to secure the backing of two high profile national campaigns to drive home a local message - the Family Violence *It’s not OK* campaign and the Alcohol Advisory Council campaign.

“The campaign was about raising awareness and understanding that growing up around violence harms children and from the evaluation, we can see the project has gone a long way in achieving its goal,” says Hauraki Mayor John Tregidga. We can’t change behaviour overnight but if we can get people to realise the effect their behaviour is having on their children then we’ve made a good start.”

National pharmacy-based bowel cancer screening programme aims to save 1000 lives a year

Pharmacybrands, the country’s largest pharmacy group, has launched BowelScreen Aotearoa™, a pharmacy-based nationwide bowel cancer screening programme, which aims to save the lives of more than a thousand New Zealanders every year.

BowelScreen Aotearoa™ is a pharmacy-

based cancer awareness, education and screening programme which uses InSure®, a simple, clinically proven faecal occult blood test, developed in Australia. The national programme is a collaboration between Pharmacybrands, Beat Bowel Cancer Aotearoa™ and Enterix, the manufacturer and accredited pathology lab for the InSure® test.

The BowelScreen test and accredited pathology services are provided by Enterix Australia (also known as the InSure® bowel screening service).

Dental care where it’s needed



Oral Health Centre Practice Coordinator Jacqui Power and Dental Officer Lester Settle with Whanganui DHB’s two-chair mobile dental van. Photograph courtesy Canterbury District Health Board.



One of Waikato DHB’s Mobile Dental Units bound for Christchurch, from left: Trina Falconer, Waikato DHB Project Manager; Allan Learmonth, Project Leader for Action Motor Bodies; Diane Pevreal, Manager Community Oral Health Service; Chris Devoy of Action Motor Bodies.

Action Motor Bodies is manufacturing 108 mobile dental clinics at its Te Rapa workshop by the end of 2012 for DHBs throughout the country as part of the major revamp of community and school dental services. Nine of the clinics are for Waikato.

Two North Island District Health Boards’ high-tech mobile dental vans have been more mobile than expected, helping to look after Cantabrians that need hospital level dental care.

The Christchurch Hospital Dental Service, at the Oral Health Centre Building on Tuam Street, was extensively damaged in the February 22 earthquake and staff have had to find alternative premises.

Clinics are now temporarily located over four sites in Christchurch – Hillmorton Community Dental Clinic, Burwood Hospital, Woolston Community Dental Clinic, and Christchurch Public Hospital.

Acting Clinical Director for Hospital Dental Services, Lester Settle, says Waikato and Whanganui DHBs stepped in almost immediately to help, offering the loan of their brand new two-chair mobile dental vans.

Donations pour in to Canterbury

Canterbury District Health Board has welcomed a donation of free medical and safety products.

Auckland-based company Fabricell has distributed free medical and safety products valued at over \$300,000 to Christchurch hospitals, clinics, recovery centres, rest homes, clean-up operations and food shelters.

Fabricell’s donation was made immediately after the February earthquake in order to



From left: Tony Tamakehu from The Chain Man LTD, who organised storage of the pallets; Jock Muir, Canterbury District Health Board, and Emma Jeffery, Senior Sales Manager from Fabricell, which donated the supplies.

help towards the recovery and restoration of the city, its people and community.

The products, ranging from coveralls, gloves, sanitiser, wet weather gear, fire retardant and Hi Vis apparel are being stored in a Sydenham warehouse and available immediately.

The products have been donated free of charge to local organisations such as the Canterbury DHB, the Public Health Unit of the Ministry of Health and the Christchurch City Council along with Civil Defence and other organisations in need of medical and safety product and apparel.

Other big donors include Medibank Health Solutions New Zealand, the provider of Healthline, which has donated \$100,000. Lesley Clarke, Executive General Manager of Medibank Health Solutions New Zealand, says that in addition to this donation several Medibank staff in New Zealand and Australia have been donating directly to registered charities, which Medibank is matching dollar for dollar.

See also Hologic donation first of its kind in New Zealand, page 23.

Defence Force teams help Tongan community

New Zealand Defence Force doctors, dentists and nursing officers on the island of Niutoputapu, Tonga, have been working to help the future health of the local population, as part of Pacific Partnership.

A group of Defence doctors and nursing officers have carried out First Aid courses, clinics and a health and hygiene course,



New Zealand Defence Force medical teams have been teaching preventative dental and medical methods on the island of Niutoputapu, Tonga as part of Pacific Partnership. The Officer in Command of the dental section of the exercise, Major Tiffany Logan said that one of the most important areas to teach and promote dental health was with the school age children. “Our goal is to leave a lot of knowledge that enables the people here to prevent further avoidable health issues.”

while local teachers, parents and school children have learned preventative dental and medical methods. The island has only one dental hygienist and one nurse to cater to over 800 people.

A team of nine Defence dentists and dental hygienists have had demanding schedules giving hands-on presentations in preventative dentistry and conducting dental exams for over 200 patients, with around 150 of these patients being school aged children. More than 100 children and teenagers have had dental checks already and have been through a preventative dentistry course in which they are given a toothbrush and utensils to keep and are taught how to brush effectively.

The Officer in Command of the dental section of the exercise, Major Tiffany Logan said that one of the most important areas to teach and promote dental health was with the school age children. “Our goal is to leave a lot of knowledge that enables the people here to prevent further avoidable health issues.”

Only 77 of Christchurch’s 92 pharmacies fully operational

Of the 92 community pharmacies in Christchurch, only 77 are operating at full capacity after the 22 February earthquake. Fifteen community pharmacies are affected in some way: four are closed, seven have relocated and four are co-locating with another pharmacy.

Like most small businesses in the city, a further 52 pharmacies are operating from their normal premises but are facing a range of difficulties. These issues include water, power and sewerage interruptions, reduced foot traffic and access difficulties, like road closures, parking restrictions, damaged roads and footpaths. Generator back-up has become a must for some pharmacies.

Over and above the 15 pharmacies affected, a number of others have been yellow stickered and are operating with limited services. This means that some pharmacies are still operating with damaged premises and will have to move out when repairs are made.

people

National Health Committee Chair named

Associate Professor Anne Kolbe has been appointed as Chair of the National Health Committee (NHC).

Associate Professor Kolbe is a specialist paediatric surgeon working in private practice and has been head of the Clinical School at The University of Auckland's School of Medicine since 2008. Prior to joining the University she was Deputy Chief Medical Advisor at North Shore Hospital for six years. Associate Professor Kolbe has played a key role in raising the profile of paediatric injury in New Zealand, initiating the Paediatric Trauma Service at Starship Hospital here she worked for 14 years prior to North Shore, and establishing Safekids, New Zealand, the child safety service of Starship Hospital. In 2003 she took up a post as President of the Royal Australasian College of Surgeons, and in doing so became the first woman in the world to head a surgical college. In 2006 she was awarded an ONZM for services to medicine.

Associate Professor Kolbe is the sole member of the NHC at this stage, and has indicated her intention to convene a small working party to begin reconfiguring the NHC.

The Committee advises the Minister of Health on health and disability issues, and will be involved in the assessment of new diagnostic and treatment services.

This was recommended by the Ministerial Review Group Report.

Capital & Coast DHB's new Chief Executive



Mary Bonner (pictured) is Capital & Coast District Health Board's new Chief Executive. She comes to the DHB from the Townsville Health District in Queensland

where she was CEO for two-and-half years.

Ms Bonner is a New Zealander by birth and has worked in a number of District Health Boards, most recently as General Manager Health Services Waikato District Health Board, before leaving to go to Australia in 2006 to take up a position as General Manager of the Northern Sydney Central Coast Health Service in New South Wales. She has a background as a health professional, having initially trained and worked as a dietitian.

New Chairman, CEO for NZMA



Auckland Haematologist **Dr Paul Ockelford** (pictured) is the new Chair of the New Zealand Medical Association (NZMA).

Dr Ockelford has been the Deputy Chair for four years. He takes over from Hawke's Bay General Practitioner Dr Peter Foley, who has served as Chair for an unprecedented two terms.

Dr Ockelford, a graduate of the foundation class of The University of Auckland, is the Director of the Thrombosis Unit, Department of Haematology, Auckland Hospital heading a specialty team involved in the management of patients with clotting disorders and undertaking clinical research trials into new anticoagulant drugs. He is the Adult Director of the Haemophilia Centre at Auckland Hospital and a Clinical Associate Professor of Molecular Medicine and Pathology at the School of Health Sciences, at the University of Auckland. He is also Director of Clinical Services at Diagnostic Medlab Ltd.

Dr Mark Peterson, Taradale General Practitioner and Chair of the NZMA GP Council, is the NZMA's new Deputy Chair.



Lesley Clarke (pictured), the current Executive General Manager of Medibank Health Solutions New Zealand Limited, will commence her new role as CEO of the NZMA in early June.

Ms Clarke's previous roles include CEO of the Researched Medicines Industry Association, and Executive Director of the New Zealand Private Hospitals Association.

She also worked at the NZMA from 1997-1999, as the Manager Policy and Development and Deputy CEO.

Ms Clarke replaces Cameron McIver who was NZMA CEO for 15 years.

NZMA Operations Manager Anna Phipps will continue as Acting CEO in the interim.

New Chief Executive for Asthma Foundation



Angela Francis (pictured) has started as the new Chief Executive of the Asthma Foundation, replacing Jane Patterson.

Her previous roles include Deputy Chief Executive Officer for the former Eastern Bay of Plenty PHO and, prior to that, Planning Manager at the Bay of Plenty DHB, and later Portfolio Manager.

Ms Francis has worked in health her entire professional life and has extensive experience across the public, private and not-for-profit sectors. She has an international Master's degree in education (public health focus) from the University of Southampton in the UK, a national post-graduate qualification in health management from Waikato University, and Prince2 project management qualifications from Project Plus in New Zealand.

South Island Neurosurgical Service appointment

The South Island Neurosurgical Service's Governance Board has appointed the Clinical Director of the Department of Neurosurgery at Christchurch Hospital, **Martin MacFarlane**, to the role of Clinical Director.

Mr MacFarlane undertook his undergraduate training at the University of New South Wales and gained the FRACS in Neurosurgery prior to spending five years in England at the National Hospital for Nervous Diseases, Queen Square and then at the Regional Neurosciences Centre, Newcastle Upon Tyne. He was appointed as the foundation surgeon to establish the Neurosurgical Centre at Christchurch in 1981 and was involved in the Canterbury service's original commissioning as well as setting up the neurosurgical ward and the operating theatre.

New Zealand's first Professor of Gerontology Nursing



Waikato District Health Board is set to take a lead role in research in the care of older people across the country with the appointment of New Zealand's first Professor of Gerontology Nursing.

Professor Matthew Parsons (pictured) is the newly established Chair in Gerontology Nursing, a joint appointment between The

University of Auckland and Waikato DHB. The role will bring together the teaching and research strengths of the University with new models of service delivery in the aged care sector driven by the DHB. The research will translate into the delivery of better services to the region's elderly.

Professor Parsons holds a PhD and Masters in Gerontology from The University of London following on from a BSc (Hons) in Psychology and Human Biology obtained from London's Kings College. In addition, he is a trained nurse and has held various positions in the Faculty of Medical and Health Sciences at The University of Auckland since 2000. During this time he established a gerontology research unit at the School of Nursing, has led or participated in numerous national strategy development groups including the Health of Older Person Strategy and the Specialist Health Services for Older People framework, and has developed and managed a range of contractual arrangements around service development and evaluation to both DHBs and non Government organisations.

See also Education, page 16.

Inaugural Chair of Heart Health appointed



Associate Professor Rob Doughty (pictured) has been appointed the inaugural Heart Foundation Chair of Heart Health at The University of Auckland.

Associate Professor Doughty, a practising cardiologist, is Associate Professor in Cardiology at the University of Auckland and Green Lane Cardiovascular Service, Auckland City Hospital where he works as Director of Heart Failure Services. He is Director of the Cardiovascular Research Group at The University of Auckland, with a wide range of research in cardiovascular medicine. Subspecialty interests include the management of heart failure and echocardiography. He co-chaired the New

Zealand Heart Foundation Heart Failure Working Group.

His vision will see the establishment of a team including biomedical, clinical and population health expertise, all focused upon improving the heart health of New Zealanders.

This Chair of Heart Health is the culmination of an enormous fundraising effort by the Heart Foundation which has raised \$5 million to date for the establishment of the new research Chair.

See also Education, page 17.

Newly created Melanoma Education Nurse appointed

The Melanoma Foundation of New Zealand has appointed **Debbie Heaney** to the newly created role of Melanoma Education Nurse.

Ms Heaney is a registered nurse with experience in oncology and is passionate about melanoma prevention. She will lead the development of information and support services that the Melanoma Foundation provides to people with melanoma and their families.

Her background includes stints as a serious injury case manager and disability claims case manager. In this role, much of her case load involved working with individuals receiving treatment for cancer.

Roche Products New Zealand provided the financial support for the new position.

ACHSM/NZIHM International Congress 2011

World Class Health Management – Kicking for Goal is the theme of the International Congress of the Australasian College of Health Service Management and its New Zealand chapter, the New Zealand Institute of Health Management. The Congress is being held at the Energy Events Centre, Rotorua, from August 24 – 26.

workforce matters

New Zealand's largest health sector job board launched



People looking for jobs in health can now search and apply online at a new health sector job portal. Kiwihealthjobs.com provides details of clinical and non-clinical job vacancies for people starting their careers in health or seeking further opportunities.

"This is a first for the sector and has grown out of a real need to bring New Zealand health job opportunities together under one roof. This will make it easy for job seekers to find that ideal health job, they just have to visit Kiwihealthjobs.com," says Gavin Woolley, GM Human Resources Taranaki DHB and project lead for the portal.

All job vacancies at the 20 DHBs and the New Zealand Blood Service (NZBS) will be advertised on the central job board. Job seekers can:

- search for vacancies at one central point
- access employer and local information
- find out about professional registration in New Zealand
- register for job alerts and share roles with friends
- apply directly to employers when the right job comes along.

Clicking on the link takes job seekers directly to the employer's website.

The 20 DHBs and NZBS national General Managers HR group developed the website to bring together information currently posted on a wide range of job websites. Over time, the portal will become the main point of advertising for DHBs and the NZBS, who will also be able to communicate directly with job seekers in priority workforce groups through the central site.

"There are so many interesting and varied jobs and careers in the New Zealand health sector," said Professor Gregor Coster, Chair of DHB Chairs. "It is fantastic seeing them advertised in the one, easy to use website. This is great for both applicants, health recruiters and the public health system."

Diabetes nurses authorised to prescribe

For the first time a group of registered nurses have been authorised to independently prescribe medication to their patients.

People with diabetes in four North Island regions are to have their medication managed by registered nurses practising in diabetes health.

These nurses now join doctors and nurse practitioners in being authorised to prescribe.

In a significant move, these nurses are taking part in a demonstration

that aims to make life easier for diabetes patients and make better use of nursing skills.

The nurses are experienced and specialised in diabetes health care and are already largely responsible for the delivery of diabetes services to patients.

Now they will be the first registered nurses to be authorised to independently prescribe a limited range of medicines to their patients, under the guidance of a medical practitioner.

Auckland, Hawkes Bay, Mid Central Health, and Hutt DHBs have begun demonstrations

The scheme will be fully evaluated before rollout to other parts of the country or to other specialist services.

"This expansion of practice is common in other countries and has been shown to benefit both nurses and patients," said Health Minister Tony Ryall.

"Patients are likely to need fewer medical appointments and can have more time with the specialist nurse who understands their individual circumstances. At the same time nurses can continue to extend their professional skills.

"This is teamwork and partnership which will lead to more efficient and effective care."

The project is being run in partnership between Health Workforce New Zealand and the nursing team at the Ministry of Health, in conjunction with the Nursing Council of New Zealand and the New Zealand Society for the Study of Diabetes.

Spotless literacy programme' results make for great reading



Spotless Stepping Stones graduates from Wellington Hospital with Spotless staff at the graduation ceremony, back row from left: Toni Collins, Simon Lipscombe, National Healthcare Manager; Georgina Templeton, Roshni Devi, Elaine Spence, Tutor; Fua Vaaua, Falesoa Alaiifaiva, Sockly Chea, Kaline Ah Ken, Vaughan Biggs, Group General Manager - Human Resources.

Front row: Vajiaben Keshav, Kolopa Uiese, Kokilaben Patel, Madhu Maisuriai, Avon Macdonald, Ruta Lamkum.

According to *The International Adult Literacy Study* almost half of the New Zealand workforce has significant literacy skill needs and around 1.1 million citizens' struggle with reading and writing.

Spotless Group, the international services company, is striving to

improve staff literacy skills by working closely with the Department of Labour and the Tertiary Education Commission (TEC).

Twelve Wellington Hospital Spotless staff and nine Kenepuru Hospital Spotless staff recently graduated after completing a 20 week skills-based training module giving them essential skills for work and community life together with certification and greater self-confidence. As well as Māori participants, these 21 graduates represent the following communities: Samoa, Cambodia, Cook Islands, The Netherlands, India and Tokelau.

Spotless is now seeing a steady increase in graduates and expects 100 to graduate over several months, the result of a three-year collaboration with the TEC to improve workplace literacy. The *Spotless Stepping Stones* programme was publicly launched in May 2010.

“Spotless employs staff from many communities and ethnicities,” says Vaughan Biggs, Spotless’ General Manager Human Resources. “As a top 10 major employer in New Zealand we have been working with the government and education sector to help our staff feel more confident at work, with their families and in the wider community.

“The launch of Stepping Stones in our healthcare business has seen 100 Spotless staff join the programme across 10 hospitals. Students have been working with a tutor for two hours per week for 20 weeks during work hours.

“Staff have achieved great results and improved their skills in reading, writing, listening, speaking, mathematics, customer service, communication, health and safety and team work.”

Forty-five Spotless staff have graduated to date from Northland DHB, North Shore Hospital, Waitakere Hospital and now Wellington and Kenepuru Hospitals.

Voluntary Bonding scheme adds mental health and aged care

Nurse graduates who have applied to join the Government's voluntary bonding scheme will get priority if they choose to work in mental health or aged care.

The two new hard to staff specialties will encourage more nurse graduates to work in the community, and will have priority over the existing hard to staff specialties; cardiothoracic, intensive care, theatre and surgical.

This year four new communities have been added to midwifery hard to staff areas – Hawke’s Bay, Hutt Valley, Taranaki and Waitemata. Northland, Wairarapa, Counties Manukau, Whanganui, Taupo, South Canterbury, West Coast and Southland remain hard to staff areas.

All nursing graduates wanting to join the scheme will now be required to complete appropriate entry to practice training which may include Nursing Entry to Practice, Nursing Entry to Specialist Practice – Mental Health and Addiction and Employer-run programmes..

All midwives joining the scheme will be required to complete the Midwifery First Year of Practice programme.

There has been no change to hard to staff specialities and areas for graduate doctors.

This year, for the first time, the maximum intake will be adhered to.

“In previous years we've accepted everyone that applied to join the Voluntary Bonding scheme and there are now 1400 medical, nurse

and midwifery graduates signed up. But this year, due to continuing financial constraints, we will be sticking within our budget which is enough for around 350 graduates,” said Health Minister Tony Ryall.

The voluntary bonding scheme encourages health graduates to establish careers in hard to staff specialties and communities in New Zealand by offering student loan write offs or cash incentives over three to five years.

The full list of hard to staff categories and the terms and conditions of the scheme are available on the bonding website www.moh.govt.nz/bonding

20 DHBs deciding how best to deliver core functions in new health environment

“In line with the new National sector structure DHBs have moved previous work on Health Workforce, Procurement, Shared Services, Information and National Service planning to the new national agencies and look forward to the benefits of these new agencies to the DHBs,” says Gregor Coster, Chair of the 20 DHB Chairs Group.

“What remains is core activity that DHBs are accountable for – National Services Contracting & Performance, Employment Relations and Capability, and 20 DHB Collaboration. These core functions are organised or facilitated through the 20 DHBs’ association, District Health Boards New Zealand (DHBNZ),” he says.

“The emergence of these new agencies has prompted DHBs to consider how best to deliver their core collective functions. With that in mind we have been exploring various options for delivering that work in future”.

“An option that is being carefully considered is a transfer of the three Core DHB Functions to the Central Region Shared Service – Central Regional Technical Advisory Services (CRTAS). This is subject to clarification on some policy and accountability settings from the Director General.

“DHBNZ staff have been kept informed of these discussions and the various options, and have had an opportunity to provide feedback and input. A change management process is in place to manage the impact of transition on DHBNZ staff.”

“Any final decisions made will be announced in the course of due process.”

Encouraging number of doctors want to work in Canterbury

The September 4 and February 22 Canterbury earthquakes have not been enough to discourage junior doctors from coming to the region.

Canterbury District Health Board is reporting a significantly higher number of applications for this year’s intake of junior doctors for positions starting in August.

Christchurch Hospital Resident Medical Officers’ (RMOs) Unit has received 205 applicants for the 40 positions available.

RMO Unit Manager Karen Schaab says the number is higher than previous years.

“It is very encouraging given what the region has been through in the

last six months,” says Ms Schaab. “Contrary to recent reports of 50 junior doctors leaving as a result of the recent quakes, resignations for this year are relatively consistent with the same period last year.

“Day-to-day conversations with RMOs do not give us the impression that there are ‘50’ about to leave. In fact I have received requests for contract extensions from current staff due to finish in August.”

The RMO Unit has also received many emails of support from British doctors who are to start working for the Canterbury DHB in August, confirming that they fully intend to commence as planned, she says.

“I have not received any withdrawals from people who have already accepted offers for later in the year.”

British junior doctors Richard Clinghan and his fiancée Wendy McBurnie recently returned to Scotland to be married but have said they intend to return to Canterbury and also hope to seek New Zealand residency.

Dr Clinghan has said that while the quake has been a tough time for medical staff, the experience would make them better doctors.

Caring for older people celebrated by awards



Winners of the six Waikato Times Make a Difference Award categories, recognising those who work with older people: Back row, from left: Ada McCallum (Inspiring Example), Grace Knauf (Lifting Our Spirits), Sue Forster (Community Connections), Robin Steed for Pohlen Foundation Trust (Top Team). Front row: Jennie Gallagher (Care For You, Care About You) and Sharen Landy (Quality in Caring).

A new awards event to recognise those who care for and support older people in the Waikato part of Waikato District Health Board's workforce development project to turn around outdated public perceptions of aged care and to promote the sector as a rewarding career

Project manager and organiser of the Waikato Times Make a Difference Awards Bee Pears said public perception of the aged care sector is sometimes based on outdated stereotypes, but the reality is quite different. “It's a sector that is full of inspiring people – volunteers, staff, managers and the clients themselves.

“There are new approaches to caring for older people that are geared to the individual's needs, retaining independence and respect, and linking people with families and communities.

“In fact working with older people is an incredibly rewarding job or career for people with the right skills and attitudes. You can really make a difference to their quality of life.

“The Waikato Times Make a Difference Awards recognise the positive people and programmes working with older people across the Waikato.

“Hopefully they will help inspire people to see opportunities for jobs and careers that are skilled, challenging, interesting and very much focused on the future.”

A volunteer flower lady, care givers, a nurse manager, a memory service and a community trust were among the 19 finalists.

Taking care of the future was also the theme of the 2011 AgeWISE Seminar that preceded the awards event. Speakers included Auckland University's Dr Bruce MacDonald on the potential use of robotics in caring for older people, Waikato University's Professor Natalie Jackson on our capacity to care for an increased ageing population, and Waikato DHB's Dr Phil Wood on the role of secondary health in new approaches to older person's care.

The seminar was sponsored by Waikato DHB, Waikato AgeWISE Advisory Committee, and NZ Association of Gerontology.

Industry distribution of work stoppages

The two industries with the highest number of work stoppages in the December 2010 year were manufacturing, and health care and social assistance, with four stoppages each. The health care and social assistance industry had the largest number of employees involved (3,931) while the public administration and safety industry had the highest estimated loss in wages and salaries (\$0.8 million), according to figures released by Statistics New Zealand.

Resident Doctors Negotiation Settled

District Health Boards have formally settled with Resident Medical Officers (RMOs or junior doctors).

“This is good news for a health sector that will be engaged in pay negotiations with over 80 percent of its staff over the next few months,” says DHBs' spokesperson Graham Dyer.

“We are delighted that a settlement with the Resident Doctors has been achieved which acknowledges the constraints facing the health sector and the country in general; and which commits to positive engagement on the issues facing this workforce. The RMOs and the leadership in their union should be applauded for leading by example.”

The sector is resolved in this being a time for change and in the formal settlement -- lasting for a year -- the RMOs have foregone a pay increase in 2011 and will engage in a work programme which will support joint work with the DHBs on key issues. These issues include how to improve training and support services at both a national and local level for this unique group of employees as they progress their careers towards becoming Senior Medical Officers (SMOs) in New Zealand.

“The DHBs are impressed and encouraged by the development of a changed relationship with the resident doctors union in 2011. We are also grateful to the Department of Labour's Partnership Resource Centre for the assistance they provided in changing the dynamics of this relationship which previously resulted in strikes as an inevitable feature of bargaining.

“DHBs acknowledge these are just the first steps in dealing with the concerns facing DHBs and RMOs. But they are very positive first steps,” Mr Dyer says.

education

New health campus enforces the Waitemata DHB's commitment to education, training, learning, and research as core DHB business



Waitemata DHB Deputy Chief Executive Dr Dale Bramley: The new health campus will mean a dramatic improvement in facilities and a shift to more on-site education and training for the region's health students. These students will go on to be our future workforce.

Waitemata DHB has taken its core business fundamentals of education, learning, training, and research, and come up with plans for a 'health campus'.

Called Awhina, the campus will be based at both North Shore and Waitakere hospitals, and in the case of the latter, is being built in partnership with Unitec Institute of Technology.

Unitec's powerful presence in west Auckland – its Waitakere campus in Henderson enrolls more than 1000 health science and social practice students – means the Waitakere Hospital arm of the Awhina health campus will be a true collaboration between the DHB and the tertiary institute.

Unitec has granted \$500,000 to the capital building required to get the Waitakere Hospital site up to health-campus standard. With the DHB spending a roughly equivalent sum, the significant new facilities will soon enable greater collaboration between the two organisations. A 164-seat seminar room, student spaces, examination facilities, office space, teaching rooms, IT improvements and an upgraded Simulation Centre will all be sited on the hospital grounds.

That will mean a dramatic improvement

in facilities and a shift to more on-site education and training for the region's health students, Waitemata DHB Deputy Chief Executive Dr Dale Bramley says.

"Waitemata DHB is committed to being one of the leading DHBs in the country. The strengthening of our workforce and the ongoing development of our facilities is critical to achieving this aim. Our partnership with Unitec on this endeavour is good news for both organisations and the community in the west which we serve.

"Both Waitemata DHB and Unitec are committed to working together to improve the educational experiences students receive. These students will go on to be our future workforce. The enhanced training they receive will benefit our hospitals and communities."

Unitec's Faculty of Social and Health Sciences Executive Dean Wendy Horne says the development will build on a long-standing relationship between the two organisations.

"But this new joint venture initiative will take the relationship to a whole new level of collaboration."

Ms Horne says Unitec is committed to enhancing the student experience and meeting the needs of its communities.

"The Health Campus will contribute significantly to Unitec's and the region's wider strategy for regeneration, workforce development, and community engagement in west Auckland. We believe this is a truly worthwhile investment that will generate great value for our students, staff and community."

The DHB has appointed Dr Janice Chesters to lead Awhina. She says the community will see improved patient and community outcomes flowing from the development, a sign of what can happen when two organisations get together with a common vision.

"Our partnership will create better, smarter, more workforce-ready graduates, and will also mean more research links and partnerships with Unitec."

Key features of the new health campus are:

- A brand new 164-seat multi-purpose conference/lecture/training space, with full audio/visual setup.
- New and refurbished office spaces, to be

used by educators and researchers (from both UNITEC and Waitemata DHB).

- New and refurbished common areas.
- New and vastly improved IT connectivity.
- New and refurbished student spaces. These will be connected to a wireless network, have comfortable student-centred learning spaces, and rooms to hold practical training and examinations.
- Improvements and refurbishment to the existing Simulation Centre.

New Zealand's first Professor of Gerontology Nursing

Waikato District Health Board is set to take a lead role in research in the care of older people across the country with the appointment of New Zealand's first Professor of Gerontology Nursing.

Professor Matthew Parsons is the newly established chair in gerontology nursing, a joint appointment between The University of Auckland and Waikato District Health Board. The role will bring together the teaching and research strengths of the University with new models of service delivery in the aged care sector driven by the DHB. The research will translate into the delivery of better services to the region's elderly.

"I am delighted to be taking up this position with Waikato DHB as it meshes together the study of old age with clinical practice," said Professor Parsons.

"Waikato DHB initiated this position to better respond to the envisaged growth in aged care requirements across their region and the recognised need to deliver more tailored rehabilitation services to the community. As New Zealand's largest and most rurally dispersed district health board, findings and practices we produce will have direct application across the rest of the country and further afield.

"In the broadest sense, older people require up to three times the amount of health services than does the rest of the population, with most of these services being delivered in the community. Our task will be to ensure these services are the most suitable for the individuals, the groups and the wider New Zealand communities we serve."

Waikato DHB Older Persons and Rehabilitation Services Group Manager,

Barbara Garbutt believes the new position will give the DHB new capacity and links in their population health portfolio.

“We need to seize this opportunity to progress the development of appropriate services for our older clients; not just in the hospital and acute setting but also in supporting individuals to receive appropriate care and support in their homes and residences of choice.

“Matthew will contribute to our understanding of the population needs of the Waikato community into the future, recognising the need to prevent ill-health and promoting wellbeing. He will bring significant international knowledge and experience to add to our developments within the Waikato. We are very excited about this new appointment, not only for the Waikato DHB but for the communities we support.”

Associate Professor Judy Kilpatrick heads up The University of Auckland’s School of Nursing and sees the new position as fitting completely with the ethos behind the School.

“Taking sound research findings and translating these into how we treat patients in a clinical setting is precisely what the School of Nursing strives to achieve. The ability to take this knowledge and weave it into our teaching at the School of Nursing and the teaching the Waikato DHB does is the next logical step. This way we not only stay as current as possible, but we are also able to tailor our practices to the community we are serving,” said Associate Professor Kilpatrick.

Inaugural Heart Foundation Chair of Heart Health

In his new role as Chair of Heart Health at The University, Associate Professor Rob Doughty will bring together the many research activities and projects already underway in heart health nationally and the global knowledge base in preventative heart care for the benefit of New Zealanders. National leadership and advocacy for heart health are also key to the role.

Associate Professor Doughty is a practising cardiologist as well as a teacher and researcher in cardiology at the University’s Faculty of Medical Health Sciences. His vision will see the establishment of a team including biomedical, clinical and population health expertise, all focused upon improving the heart health of New Zealanders.

This Chair of Heart Health is the culmination of an enormous fundraising effort by the Heart Foundation which has raised \$5 million to date for the establishment of the new research Chair.

Norman Sharpe, Medical Director of the Heart Foundation says: “Rob’s broad vision for the future of heart health and the strong prevention focus and advocacy role of this new position will make the Chair of Heart Health an investment in the future of all New Zealanders.”

Professor Iain Martin, Dean of the Faculty of Medical and Health Sciences at The University of Auckland says: “The appointment marks a key milestone for the relationship between the Heart Foundation and the University. Rob’s appointment was made from a very strong field of national and international candidates and his success is testament to his very considerable achievements. We look forward to him developing the great potential that exists thanks to the generosity of all those who supported the establishment of the Chair.”

New equipment for Simulation and Skills Centre



From left: Chris Lowry, Chief Operating Officer; Brian Robinson, Dr Sandy Garden, Dr Geoff Robinson, Chief Medical Officer; Sarah McGill, Executive Director Organisational Development and Patient Safety, and Bill Day, Chair Wellington Hospitals & Health Foundation.

Wellington Hospitals & Health Foundation has donated two 55" TVs, two 32" TVs, and two laptop computers to the Hospital’s Simulation and Skills Centre.

The presentation was made to Sandy Garden, Clinical Scientific Leader, and Brian Robinson, Technical Scientific Leader, of the Simulation Centre.

The equipment replaces 14 year-old TVs and computers, and will enable high-definition viewing by doctors, nurses and others undergoing crisis management training in the simulator.



specialists in
medical recruitment and locum services

Contact us now to discuss your recruitment needs

Telephone +64 4 568 5680
 Mobile +64 21 507 500
 info@samosconsulting.com

www.samosconsulting.com

management

Eclair CDR making the right connections during crisis

Systemx's Eclair provided a lifeline during the recent earthquake in Canterbury, which placed enormous pressure on health and emergency services in Christchurch. With the urgent relocation of many patients needing essential elective surgery and care there was little time to arrange the transfer of medical records from Canterbury. As well as this, many GP clinics were closed due to earthquake damage, meaning patient records were unavailable.

Canterbury District Health Board's Eclair system remained fully operational throughout the earthquake crisis and proved crucial in the ability to provide a complete clinical history of laboratory and radiology results to healthcare providers both in Christchurch and other hospitals across New Zealand.

Eclair and TestSafe

Eclair is a secure clinical data repository (CDR) of all laboratory and radiology results plus other clinical records from GP, community and hospital providers (primary and secondary care) for Canterbury DHB, South Canterbury DHB and Nelson Marlborough DHB, also known as TestSafe South. TestSafe South is modelled on a successful TestSafe model which connects Auckland, Counties Manukau and Waitemata district health boards.

The hospitals that received patients transferred out of Christchurch needed the patient records but were unable to contact GP clinics for details on admitted patients. Gloria Crossley, Manager of Pathology Services at Taranaki DHB was assisting at Canterbury DHB during this time when Canterbury Health Labs Labline service began receiving a huge influx of calls from both local GPs who could no longer access their own systems as well as from clinicians in other regions where patients had been relocated.

"Healthcare providers seeking information on the patient, where patients have had no previous episodes of care, needed the right information as soon as possible," said Ms Crossley. "This reduced additional clinical investigations and saved critical time. Eclair has a vital role in the care of patients both in Christchurch and in other regions."

Linked regional CDRs ideal in a crisis situation

The Canterbury earthquake highlights New Zealand's co-dependency with essential services coming together across regions at times of great need, especially emergency services and health. Graeme Osborne and the National Health IT Board's vision for four linked regional CDRs would be ideal in a crisis situation, allowing seamless, secure and immediate access to patient medical records regardless of location.

The possibility of sharing information held in regional CDRs would benefit patients and healthcare providers tremendously.

During 2010, South Canterbury's patient laboratory tests were copied into the TestSafe South secure online database. With the implementation of the DHB's new Clinical Information System (CIS) in April 2011, Timaru Hospital clinicians will also have access to TestSafe South and immediate access to tests performed at both Canterbury and South Canterbury.

Auckland has a number of features that are on the TestSafe South's 'roadmap' but not yet in place in TestSafe South. These include an 'escalation' feature introduced at Auckland City Hospital during



Canterbury District Health Board's Eclair system remained fully operational throughout the earthquake crisis and proved crucial in the ability to provide a complete clinical history of laboratory and radiology results to healthcare providers both in Christchurch and other hospitals across New Zealand.

2010. This feature prompts someone else to review a record if a radiology report is not reviewed and signed off within a specified time. And dispensing data / medication information from around 95 percent of community pharmacies across Auckland has been going into the Eclair CDR since December 2010.

Eclair releases for 2011

This year Systemx will release a version of Eclair that is capable of secure remote access to other regional Eclair CDRs. For example, a user of the TestSafe system in Auckland will be notified on the existence of records in TestSafe South for the current NHI and be able to remotely view those records.

The regional Eclair systems will be federated through trust relationships and encryption keys, allowing users seamless access. Audit trail functionality in Eclair will capture all remote access events, enabling full traceability.

This article was written by Systemx New Zealand in conjunction with Debbie Monigatti.

medico-legal

Understanding critical Enduring Power of Attorney issues

Author: Dr Cordelia Thomas, Acting Chief Legal Advisor Health and Disability Commissioner

This article is based upon a presentation at Conferenz's recent 12th Medical Law Conference in Wellington.

Introduction

Decision-making for incompetent people with regard to their care and welfare is an issue which arises frequently in complaints made to the Health and Disability Commissioner, particularly with regard to rest home care. This presentation was intended to raise some issues regarding the appointment and powers of Enduring Powers of Attorney illustrated by way of a practical case study.

The Protection of Personal and Property Rights Act 1988 (PPPR Act) provides for the appointment of an Enduring Power of Attorney (EPOA). An EPOA is made when the person (called the donor) is competent and only comes into effect when the donor becomes mentally incompetent. For the purposes of an EPOA, the donor is mentally incapable if they lack the capacity with regard to decisions about their personal care and welfare to:

- make a decision; or
- understand the nature of decisions; or
- foresee the consequences of decisions; or
- communicate decisions.

Decision-making for incompetent persons

Once a person is incompetent and decisions need to be made on their behalf about matters such as medical treatment, there are a number of possible avenues. The first is if they previously appointed an EPOA who is able to step into their shoes and make decisions on their behalf. If they have not appointed an EPOA and then the person wholly lacks the capacity to make or communicate decisions, an application can be made to the Family Court to appoint a welfare guardian.¹ Alternatively, if the person wholly or partly lacks the ability to make or communicate decisions, the Family Court may make a personal order.² If none of these steps have taken place then the provider may act in the patient's best interests so long as the provider complies with Right 7(4) of the Code of Health and Disability Services Consumers' Rights (the Code).

Appointment of EPOA

Any EPOA created since September 2008 must be in the form prescribed in the PPPR regulations or, if not in that form, the differences must be immaterial with no prescribed provision substantially omitted. The form must be signed by both the donor and attorney and must be witnessed and have a certificate completed.

The witnesses to the signatures of the EPOA and the donor must be independent, although if two people appoint each other as their EPOA, the two witnesses can be employed within the same law firm.³ The witness may be a lawyer, trustee corporation official, or a legal executive with more than 12 months' experience.⁴ The witness to the donor's signature is required to explain the effects and implications of the EPOA to the donor; explain the matters set out in the notes on the form prescribed in the regulations and have no reason to suspect that the donor is mentally incapable.

When does an Enduring Power of Attorney come into force?

If a decision is being made regarding a "significant matter", a relevant health practitioner must certify that the donor is mentally incapable. If the matter is not significant the EPOA themselves must believe on reasonable grounds that the person is mentally incapable. If the health condition is likely to continue indefinitely, and the certificate states this, then no further certificates are required.⁵

The powers of an Enduring Power of Attorney

The paramount consideration of an EPOA is the promotion and protection of the welfare and best interests of the donor. This requires them to encourage the donor to act on his or her own behalf and as far as possible integrate the donor into the community. Any action taken by the EPOA has the same effect as if it were taken by the donor and the donor had the full capacity to do it.⁶

A question which is sometimes asked is whether an EPOA is bound by an advance directive



Dr Cordelia Thomas is the Acting Chief Legal Advisor for the Health and Disability Commissioner. She was previously the Senior Legal Advisor for the Bioethics Council and before that a lecturer in law at Massey University and a Barrister and Solicitor in practice. She has a PhD in medical law titled 'A Framework for the Collection, Retention and Use of Human Body Parts'.

previously made by the donor while he or she was competent. Right 7(5) of the Code states that every consumer may use an advance directive. Clause 4 of the Code defines consumer but does not include a person entitled to give consent on behalf of the consumer with regard to Right 7(5). As a result an EPOA cannot make an advance directive on behalf of a donor, such as signing a "Do Not Resuscitate" order. However, if there is an advance directive in place at the time the donor loses capacity then the attorney must as far as possible consult the donor and any person specified in the EPOA to be consulted.⁷ Subject to this the attorney may have regard to any advance directive given by the donor except to the extent that the directive would require the attorney to act in a manner contrary to section 98(4). One of the restrictions arising from this is that an EPOA cannot refuse consent to the administering to the donor of any standard medical treatment or procedure intended to save that person's life or to prevent serious damage to the person's health. Consequently the EPOA may have regard to an advance directive but not if it would require them to refuse consent for standard medical treatment.

In addition, an EPOA cannot consent to

electroconvulsive therapy (ECT) or surgery that would destroy any part of the donor's brain or brain function for the purpose of changing the donor's behaviour. An EPOA also cannot consent to medical experimentation carried out on the donor unless the research is conducted for the purpose of saving the donor's life or preventing serious damage to his or her health.

Case study 08HDC17105

In this case the family of an 86-year-old woman complained about the care she received in the dementia unit of an aged care facility. The woman was at times aggressive and uncooperative and there were difficulties getting her to eat, take her medication, attend to her personal hygiene. Staff had difficulty getting access to her room to clean. After her condition and behaviour deteriorated further, a consultant psychiatrist assessed her and noted that she had not been showered by the rest home in over 12 months and was only taking about 75 percent of her prescribed antipsychotic medication. Two of her four daughters were recorded as having an EPOA for their mother, whereas the PPPR Act provides that an EPOA may not appoint more than one individual to be an attorney to act in relation to the donor's personal care and welfare.⁸ All four daughters were involved in their mother's care and at times expressed differing views on what should be done. It was stated by the Deputy Commissioner that senior staff must know the requirements of the PPPR Act, particularly in regard to an EPOA. She stated:

“All four sisters were actively involved in their mother's care and, at times, expressed differing views on what should be done. This is not unusual in aged care. Families often have different views on what needs to be done for their loved ones. While this can be difficult to manage, rest homes and dementia units need clear strategies for dealing with it. In this case appropriate steps were not taken to address the situation.”

As the EPOA in this case was invalid because of the appointment of two attorneys, treatment could have been provided to the woman in accordance with Right 7(4) of the Code. Treatment could be provided if it was in her best interests and reasonable steps were taken to ascertain the woman's views and the decision was in accordance with those views. As her views were not able to be ascertained, the rest home should have taken into account the views of other suitable persons interested in her welfare (in this case, the daughters), but was not required to comply with their various requests.

Conclusion

It is essential that institutions providing care to people who lack capacity are aware of their legal obligations — in particular, that EPOAs are not able to sign ‘Do Not Resuscitate’ orders. In addition, family members are unable to make ‘Do Not Resuscitate’ orders. Once the patient is incompetent a patient-initiated order cannot be made.

However, if resuscitation is clinically inappropriate, a clinician can make the decision not to provide it and treatment can cease, if to continue treatment would be contrary to good clinical practice. In this regard family consultation is important but this does not mean family are making the decisions. The fundamental principle for both EPOAs and providers is that the welfare and best interests of the consumer are the paramount consideration.

Notes

- 1 Section 12 PPPR Act 1988.
- 2 Section 6 PPPR Act 1988.
- 3 Section 94A(4A) PPPR Act 1988.
- 4 Section 94A(4) PPPR Act 1988.
- 5 Section 98(3) PPPR Act 1988.
- 6 Section 98 PPPR Act 1988.
- 7 Section 99A(3) PPPR Act 1988.
- 8 Section 28(2) PPPR Act 1988.



Mortality Review Committees now part of Health Quality & Safety Commission

New Zealand's four Mortality Review Committees are now operating under the umbrella of the Health Quality & Safety Commission.

The mortality review committees were established under sections 11 and 8 of the New Zealand Public Health and Disability Act 2000. In 2010 the Act was amended, making the committees the responsibility of the Health Quality & Safety Commission from 23 April 2011.

As well as the four committees, there are sub-groups in every district involved in quality improvement working across local communities and within District Health Boards (DHBs). Each committee has a website which can be accessed via the Commission's website, www.hqsc.govt.nz.

The four committees are:

- Child and Youth Mortality Review Committee (CYMRC), which reviews the deaths of children and young people aged 28 days up to 25 years, to learn from these deaths and make similar deaths less likely in the future.
- Perinatal and Maternal Mortality Review Committee (PMMRC), which reviews the deaths of babies up to 28 days of age and mothers in New Zealand
- Perioperative Mortality Review Committee (POMRC), which reviews deaths following any invasive procedure and deaths following anaesthesia (local, regional or general)
- Family Violence Death Review Committee (FVDRC), which reviews all deaths related to family violence in New Zealand.

information technology - IT

Plenty to celebrate for Labnet

Labnet, the shared laboratory information system led by Canterbury Health Laboratories (CHL), is celebrating both a successful history and an upcoming expansion. Later in 2011, a fifth district health board – West Coast - will join Canterbury, Nelson Marlborough, Taranaki and Hawke's Bay, providing further growth for Labnet.

Labnet uses the Delphic Laboratory Information System (LIS) developed and supported by Sysmex. CHL was one of the original Delphic LIS sites and 2011 marks the 25th anniversary since the implementation of the Delphic LIS in Canterbury.

"Twenty-five years of the Delphic LIS is an exciting milestone for Sysmex, and to have such significant relationships with customers such as CHL and their Labnet partners has been vital in the continued strength of the product," says James Webster, CEO of Sysmex New Zealand.

"A unique feature of the Delphic LIS is its ability to provide a shared service across multiple laboratory sites using one central server, which makes it a highly scalable system. This is often referred to as multilab."

CHL has the largest medical laboratories in the South Island, the biggest catchment area in New Zealand, and provides reference laboratory services nationwide. Together with Sysmex both organisations were able to enhance the technology and bring about a number of benefits for laboratory service providers. CHL's further vision was also to share its expertise, expanding its IT infrastructure by offering LIS services to other DHB laboratories.

CHL in partnership with Sysmex implemented the first shared services network using the Delphic LIS in 1999 when Nelson Marlborough DHB joined CHL's lab system. The success of this then saw the joining of Taranaki DHB in 2001 followed by Hawke's Bay in 2003. In 2006, the four DHBs formed the Labnet alliance, led by CHL, to promote and support the use of their shared laboratory information service. Governance is by Steering Group with members from each of the district health boards as well as a Sysmex representative.

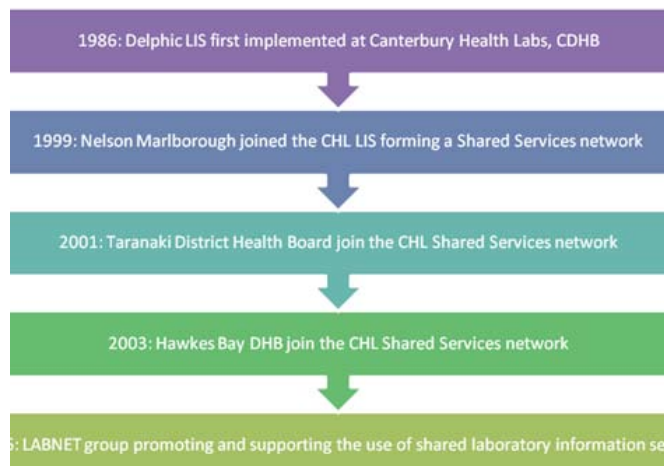
The Delphic LIS infrastructure hardware and software is housed and supported out of CHL.

NMDHBs Medlab South (Nelson and Wairau hospital laboratory service) connects to the central Delphic LIS through a Wide Area Network (WAN), while TDHB and HBDHB connect to the WAN through the NZ Health Intranet.

In addition to sharing the Delphic LIS and information technology support, Labnet also provides a number of other services. CHL functions as the tertiary hub for Labnet, supporting the smaller pathology services in a range of scientific clinical and business areas, including clinical pathways and health data reporting.

"Labnet benefits members by providing a strong brand, common systems and economies of scale," says Trevor English, General Manager of CHL. "Currently we provide standardised methods, reference ranges and report formats, combined purchasing of consumables, standard reporting and clinical and scientific support under the individual laboratory brand.

"By sharing expert IT resources, support and knowledge with smaller DHB laboratories, many service and productivity benefits



It's been 25 years since the implementation of the Delphic LIS in Canterbury.

have become readily available to the other laboratory service providers. And of course there are also ongoing cost benefits for the New Zealand health sector. The Labnet model aligns with New Zealand's National Health IT strategy in that it provides easy access to health information, even at a regional level, without the need for high cost information solutions."

Future areas for Labnet collaboration include:

- common quality system, quality manual and benchmarking
- process review, standardised equipment and reporting under the Labnet brand (with acknowledgement of the individual laboratory)
- strong brand and identity, for example standardised community request forms and patient information
- managing demand.

Any DHB that owns and operates its own laboratory service can seek a licence to become a Labnet participant. A DHB that has already made significant investment in its own equipment or LIS can still be considered for membership, but will need to commit to progressively moving towards full participation and compliance with all Labnet standards and rules.

Older people benefit from new technology

Getting help to vulnerable people in the community who need it most after Canterbury's earthquake was made easier because of a relatively new computerised aged care assessment programme.

The InterRAI programme provides evidence-based clinical assessment and care planning tools, developed by a collaborative network of researchers in over 30 countries. The programme is being implemented at every district health board as part of a three-to-four year national project. Canterbury has implemented the 'home care' tool, which is primarily focussed on the care of elderly people living at home and has been piloting a 'residential care' tool. The database has two versions running continuously, one in Canterbury and the other in Taranaki.

"This has proven to be of great help [following the earthquake]," says Stella Ward, Incident Controller for Vulnerable People. "After the earthquake the team in the North Island was able to work with

international support to review the database and to find the older people who may be at greatest risk in the community, then provide a summary for the emergency response team in Christchurch. This enabled the 'Vulnerable People' team to prioritise their work and target support and help to those people most at risk. "

International support came from experts overseas like Dr John Hirdes - Chair, Department of Health Studies and Gerontology, University of Waterloo Ontario, but also from a visiting expert, Professor Vince Mor - Chair of the Department of Community Health at the Brown University School of Medicine, Providence, Rhode Island, USA. Professor Mor was coincidentally visiting New Zealand at the time of the earthquake, and was able to provide suggestions about different risk profiles to look for. Valuable assistance also came from Capital and Coast DHB staff.

"The InterRAI assessment programme has been an enormously valuable resource in helping the emergency response teams to provide care to older people who are at high risk," says Nigel Millar, Chief Medical Officer, Canterbury District Health Board. "The unexpected twist was that being part of an international collaboration brought an immediate response from offshore to assist in planning and extracting the data. This could proceed independently without the emergency team being distracted. We're thankful that careful planning by the IT team before the earthquake meant we had a robust, reliable data system that was not interrupted by the earthquake.

"In addition to supporting people at risk in the community we've transferred frail elderly people from rest homes to safe accommodation within Christchurch, but mostly to locations throughout New Zealand," says Dr Millar. "We received stunning support from receiving DHBs and expert logistical help from the military to move these treasured people. The recent decision to roll out the InterRAI assessment programme to rest home residents will add to our capacity to respond to emergencies in the future and to protect the well-being of vulnerable people in care."

pharmacy & pharmaceuticals

One less tablet for patients with HIV

Pharmaceutical company Janssen is chipping away at the number of tablets people with HIV need to take with the March 2011 release of the PREZISTA® (darunavir) 600mg tablet, which is fully funded on the Pharmaceutical Schedule.

The 600mg tablet will help reduce the tablet burden for treatment-experienced patients with HIV. Instead of needing to take three pills (two PREZISTA® 300mg and one ritonavir 100mg) morning and night, patients now will take just two pills morning and night (one PREZISTA® 600mg and one ritonavir 100mg).

"It may not sound like much but this is quite a big deal," says Auckland City Hospital infectious diseases consultant Dr Mark Thomas. "People with HIV may have to take as many as 10 pills a day. Reducing this number can make it easier for patients to take all their treatment doses consistently. Good adherence to HIV medication regimens has been shown to result in better long-term control of HIV infection and improved CD4 T-cell count outcomes."

Values of Medicines Award now open for entries

Entries for the inaugural Medicines New Zealand Value of Medicines Award are now open.

"This \$20,000 award recognises one New Zealand researcher or health care professional for their outstanding contribution to improving the understanding, effectiveness or safety of the use of medicines," says Medicines New Zealand Acting Chief Executive Kevin Sheehy.

"The aim of the Medicines New Zealand Value of Medicines Award is to encourage and showcase those who have developed and implemented innovative projects that are sustainable examples of improving health outcomes, support and independence through the use of medicines.

"As the industry association representing innovative pharmaceutical companies in New Zealand we work to encourage understanding that investing in modern medicines is an important part of future proofing this country's productivity, enabling people to stay well with a better quality of life for longer and reducing the strain on other parts of the healthcare system.

"Medicines New Zealand intends to establish this award as the preeminent annual honour in the area of the value of medicines. We encourage any researcher or clinician whose work demonstrates the value of medicines to apply."

Entries close on 30 May 2011 and the winner will be announced on 27 June 2011 following Medicines New Zealand's Health Forum.

Further information is available on the Medicines New Zealand website: www.medicinesnz.co.nz/value-of-medicines-award-now-open-for-entries/



Medicines New Zealand Acting Chief Executive Kevin Sheehy: "The aim of the Medicines New Zealand Value of Medicines Award is to encourage and showcase those who have developed and implemented innovative projects that are sustainable examples of improving health outcomes, support and independence through the use of medicines."

products & services

Engineering students win design award to improve glucose control in critically ill patients



From left: Dr Geoff Shaw, Senior ICU Consultant at the Christchurch ICU; Professor Geoff Chase; students Alicia Evans and Logan Ward, and James Steel and Dr Aaron LeCompte.

Collaboration between Christchurch Hospital's intensive care unit (ICU) and Canterbury University's Department of Mechanical Engineering students has resulted in a prestigious award.

Four final-year University of Canterbury engineering students: Alicia Evans, James Steel (Mechatronics Engineering), Chia Siong Tan and Logan Ward (Mechanical Engineering), won the 2011 Ray Mayer Award for Excellence in Student Design for their final year project called, Active Insulin Control, STAR (Stochastic Targeted Glycaemic Control).

Intensive Care Specialist Geoff Shaw says the research resulted from the unique close and collaborative relationship between Canterbury District Health Board's Department of Intensive Care and Mechanical Engineering.

"No one else in the world has engineering students working with doctors and nurses at the patient's bedside," Dr Shaw says.

"The strength of our work has largely been because of mutual trust, respect and willingness to share from each profession's sphere of knowledge."

Professor Geoff Chase and Dr Aaron LeCompte (Mechanical Engineering) supervised the work as part of the final year project course. Dr Shaw, together with intensive care nursing staff, provided clinical input and support.

The project used model-based therapeutics which can provide solutions to many of the clinical difficulties clinicians face every day, Dr Shaw says.

The research examined the rapid changes in insulin sensitivity of a critically ill patient and developed a model to determine a safe and appropriate one to two hourly insulin dose rate. It has resulted in the development of a computerised system, STAR (Stochastic Targeted Glycaemic Control). This means less glucose variability and hyperglycaemia, which can be associated with organ failure and death.

There is significant international interest in STAR with its unrivalled safety profile and its adaptability to changing patient conditions. The system is undergoing pilot clinical trials at the Christchurch Hospital ICU and has also been tested in Belgium using an alternative interface at the Centre Hospitalier Universitaire de Liege.

"This 'engineering' approach to the biology of illness provides better insight into what is happening to our patients in real time. In other words, disease modelling also can be diagnostic and will improve the timeliness and appropriateness of therapeutic interventions," Dr Shaw says.

Generous donation welcomed



From left: Frank Connor, Radiology Service Manager; Ruben Witteman, MRT in charge of theatre x-ray; Tom Roberts, NZ Hologic Engineer; Anne Falloon, Hologic Manager Clinical Services, Asia and Pacific, and Kathy Blennerhassett, Hologic New Zealand Sales Manager, with the Hologic Fluoriscan InSight™ mini C-arm.

A medical imaging company has donated a specialised medical imaging machine worth \$100,000 that is the first of its kind in New Zealand and will help enhance services offered at Christchurch Hospital.

Hologic New Zealand Sales Manager Kathy Blennerhassett says before the February 22 earthquake the company was about to discuss a possible trial of a Hologic Fluoriscan InSight™ mini C-arm at Christchurch Hospital.

After hearing about the earthquake she approached Hologic's head office and was given approval to donate the Mini C-arm to Christchurch Hospital.

The imaging equipment is a first of its kind in New Zealand.

Christchurch Hospital Plastic Surgery Department Clinical Director Dr Barnaby Nye says both he and his colleagues have wanted the machine for a long time.

"The resolution is so much better than any of the machines we have at the moment. It enables us to be more certain in our management of a fracture," Dr Nye says.

"It also has the ability for surgeons to operate the machine in the event that radiology staff are busy with other cases."

The relatively small size of the machine also means it can easily be positioned, which is another big advantage, he says.

Christchurch Hospital Radiology Department Service Manager Frank Connor says the machine is not something the Canterbury DHB would have normally purchased because it's so specialised and it was an expensive item.

To have it donated is more than they could have asked for and the plastic surgeons are thrilled about the value it will bring to patients, Mr Connor says.

research

Smoking during pregnancy factor in childhood behavioural disorders

New University of Otago, Christchurch, research has identified common factors in the far-reaching childhood behavioural conditions, Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD), including maternal smoking during pregnancy and exposure to family violence.

Data for the study was drawn from the long-running Christchurch Health and Development Study and results were published in the *Journal of the American Academy of Child and Adolescent Psychiatry*.

Lead researcher **Dr Joe Boden** says the study examined the influence of a number of common childhood social and environmental factors which contribute to the development of CD and ODD.

Dr Boden says the disorders frequently co-occur, so individuals with symptoms of one disorder have a strong likelihood of having symptoms of the other.

Dr Boden and his colleagues found the two disorders had several factors in common: low family socioeconomic status; family instability; childhood exposure to physical abuse, sexual abuse or interparental violence; maternal smoking during pregnancy; child IQ; and affiliation with deviant (delinquent and substance using) peers.

Factors which predicted CD but not ODD were parental maladaptive behaviour (criminality, alcohol problems and illicit drug use) and being male.

Dr Boden says the study provides hope for those with the disorders as treatment and prevention approaches which target these factors will likely reduce the effects of CD and ODD on the sufferer in later life.

CD and ODD are behaviour disorders which emerge in childhood and have been shown to have adverse effects on mental health and psychosocial adjustment in adolescence and early adulthood.

Adverse effects of both CD and ODD in late adolescence and early adulthood include increased risks of mental health disorders; substance use disorders; criminal offending; lower educational achievement and both under-employment and unemployment.

The Advisory Group for Conduct Problems (AGCP) is a group which consults to several Government Ministries such as health, education and social development.

In one report, the AGCP said of disruptive behaviour disorders such as CD and ODD:

“There is probably no other common childhood condition that is associated with such far-reaching and pervasive developmental consequences.”

The prevalence of each of the disorders is approximately 10-15 percent amongst adolescents.

Report analyses health of Waikato Hospital’s youngest patients

The Health of Children and Young People with Chronic Conditions and Disabilities in The Waikato is a recently released report which analyses the health of Waikato Hospital’s youngest hospital patients between the 10 years 2000 to 2009.

Waikato District Health Board commissioned the report as part of

a contract between the DHB and the Paediatric Society of New Zealand to better understand and meet the needs of Waikato’s youngest and most vulnerable patients.

The report analyses Waikato Hospital admission data for children (aged up to 14 years) and young people (aged 15-24) between 2000 and 2009.

It is the third in a series of reports into the health of Waikato children and young people done by Dr Elizabeth Craig, Director of New Zealand Child and Youth Epidemiology Service from the Dunedin School of Medicine, for Waikato DHB.

“This information is specific to the Waikato, and it helps us not only better serve Waikato families and Waikato children, but it supports us in talking to service providers,” says Ruth Rhodes, senior portfolio manager of planning and funding at Waikato DHB.

“We believe these reports are valuable; they are very detailed and evidence-based reports.”

The data for the period indicated that Waikato children had lower rates for hospital admissions for those with congenital anomalies at birth (such as Down syndrome and cardiovascular anomalies), developmental delays, epilepsy and autism, compared to other regions.

Admissions for cerebral palsy and cystic fibrosis were similar to the national average.

The leading causes of death for Waikato infants were extreme prematurity, sudden infant death syndrome and congenital anomalies – similar to the national average.

The number of Waikato Hospital admissions for children with injuries arising from assault, neglect or malnutrition was lower than the New Zealand average during the 2005-2009 period. Between 2000 and 2007, four Waikato children died because of assault, neglect or maltreatment.

The economic recession may be affecting the health of Waikato children; although hospitalisations for medical conditions and injuries among children declined during 2000 and 2007, admission rates for socioeconomically sensitive medical conditions (e.g. respiratory and skin infections), increased during the 2008-2009 period, with the largest increases seen among Māori and Pacific children.

In the Waikato, similar to the national picture, the most common cancer affecting children and young people (aged 0 to 24) was carcinoma in situ of the cervix (followed by leukaemia and melanoma).

Specifically the report referred to:

Congenital anomalies at birth

These range from minor abnormalities e.g. tongue tie through to conditions incompatible with life. Annually around 120 Waikato children or 2.4 percent of all babies had a congenital anomaly at birth which is lower than the national average.

Cardio vascular anomalies

Rates increase significantly for babies born to mothers over 30 years of age. In New Zealand around 393 babies are born a year with cardio vascular anomalies with the Waikato rate lower than the national rate.

Down syndrome

This is the most frequent chromosomal anomaly in New Zealand. The Waikato rates of 3.2 births per year is lower than the New

Zealand average.

Neural tube defects (Spina Bifida)

On average 13 babies are born with neural tube defects each year in New Zealand. During 2005 - 2009 16 Waikato children had neural tube defects diagnosed at birth, equating to 2.6 babies each year which is higher than the national average.

Cystic fibrosis

Admission rates to hospital for children and young people with cystic fibrosis were similar to the New Zealand average.

Developmental delays and intellectual disabilities

Admission rates for children with development delays and intellectual disabilities were significantly lower than the national average.

Cerebral palsy

In the 2005 – 2010 period 162 individual patients were admitted for cerebral palsy. Waikato admission rates are similar to the national rates and are declining from previous years.

Autism and other major developmental delays

Waikato rates are declining and lower than the national average.

Diabetes

In the Waikato during the 2005 – 2010 periods 277 individual children were admitted with insulin dependent diabetes. This rate is significantly higher than the New Zealand average. In the same period 53 individual patient were admitted with non-insulin dependent diabetes which is similar to the NZ average.

Epilepsy

During the 2005 – 2010 period a total of 326 children and young people were admitted with epilepsy. This rate is lower than the NZ average.

Cancer

The most common cancer on the New Zealand Cancer Registry for children and young people aged 0-24 years is carcinoma in situ of the cervix (60 percent of notifications) followed by leukaemia and melanoma. The Waikato picture is very similar and the HPV vaccination programme that is now in place should prevent most cases of most common cancer of young people in the Waikato. The leading causes of death from cancer for children and young people were leukaemia and cancers of the brain.

Overweight and obesity

The 2006 New Zealand Health Survey showed there were no gender differences in overweight or obesity but Māori and Pacific children and children living in the most deprived areas were significantly more likely to be overweight or obese.

Iron Deficiency Anaemia

Admissions for iron deficiency were significantly lower than the New Zealand however it is coded in the hospital admissions data set.

Social and economic conditions for children

In April 2010 24,743 Waikato children and young people were reliant on a benefit or benefit recipient mostly the Domestic Purposes Benefit. Hospital admission and deaths with a social gradient declined in the Waikato until 2007 but have increased since then with the largest increases being Maori and Pacific children.

Infant deaths

Extreme prematurity, sudden infant death syndrome and congenital anomalies while similar to the New Zealand average are the leading cause of death for Waikato infants.

Injuries arising from assault, neglect or malnutrition of children

During 2005 – 2009 Hospital admissions for assault, neglect or malnutrition were significantly lower for Waikato children than the New Zealand average. During 2000 - 2007 four Waikato children died as a result of assault, neglect or maltreatment.

Volunteers required for sleep study

An international sleep research study that requires at least 350 New Zealand volunteers may lead to a new medical approach for the treatment of sleep apnea.

The Sleep Apnoea Cardiovascular Endpoints Study (SAVE), is attempting to discover if the use of continuous positive airway pressure can reduce the risk of heart attack, stroke or heart failure in patients with sleep apnoea.

There are five sites in New Zealand looking for volunteers: Waikato Hospital, Tauranga Hospital and Hutt Hospital and the Otago Respiratory Research Unit and Canterbury Respiratory Research Group.

5000 people from China, Australia, Brazil and India will be involved in study.

The study is looking for people aged between 45 to 75 years who have had coronary artery disease (heart attack, angina, past coronary artery bypass grafting or coronary artery stenting or a stroke or mini-stroke.

Those that meet the criteria and are found to have sleep apnoea will receive four years of free health checks to evaluate their health and the impact of the sleep apnoea treatment.

For more information about study and to register: www.savetrial.org

Improvements to the NZ Cancer Registry

A letter has been sent to 14,689 medical practitioners to ensure they are aware of the proposed improvements to the NZ Cancer Registry announced by Health Minister Tony Ryall in early February. The letter was sent by the Cancer Registry Board.

The Board is in the early planning process of implementing the recommendations of the External Review of the existing registry by an International Review Panel. It is making good progress, and expects that a developed plan will be in place within six months.

The Board wants to be sure that the project is understood and supported by clinicians as they will initially be asked to enter data into it. Eventually it is hoped that most, if not all, of the clinical data required by the Registry and other cancer information related systems will be routinely collected by public and private hospitals as a result of the National Cancer Information Project, and then automatically passed on electronically.

Until this situation has been reached, some of the clinical data required will need to be collected from clinicians involved in providing care for cancer patients.

The Cancer Registry Board is sensitive to concerns that the collection of clinical data on cancer registrations will add to the administrative burden on clinicians. It is the Board's intention to ensure that the data will be collected electronically, using user-friendly systems taking a minimal amount of a clinician's time

The upgrade of the Registry is an initiative of Cancer Control New Zealand.

publications

Meeting health targets

Six booklets in a Ministry of Health series about health targets are now available online at www.moh.govt.nz or www.moh.health.nz.

Shortening radiation treatment waiting times

New Zealand's six regional cancer centres share their stories on how they have shortened radiation treatment waiting times to world standards.



Some of the successes in reducing wait times in the new booklet include:

- Southern DHB doubling the number of new patients starting treatment by streamlining booking processes and designing treatment plans.
- Capital and Coast's new equipment which delivers advanced prostate cancer treatment with less side effects.
- Canterbury DHB's new software that means treatment teams are working from the same, more timely treatment information.
- 'Project 28 days' that cut radiotherapy wait times at Auckland DHB from more than six weeks at the start of 2010 to four weeks by November 2010.
- Three new sophisticated treatment planning computers at MidCentral, reducing treatment planning times from three weeks to 10 days.
- Waikato DHB's focus on continuous improvement, rejigging staff hours to maximise the use of the machines.

Sharing the knowledge on speeding up EDs

A new Ministry of Health booklet on the Emergency Department (ED) health target will help inform hospital teams on ideas to achieve shorter waiting times for ED patients. The health target is that 95 percent of patients are admitted, discharged or transferred



from ED within six hours.

"The ED is the barometer of how a whole hospital is working," says Health Minister Tony Ryall. "For the ED to work efficiently, different parts of a hospital have to function cohesively. For example, it means there's a bed available in a ward if a patient needs admitting, and that radiology demands are being managed so people aren't waiting too long for x-rays."

EDs will manage their issues in different ways, and the booklet showcases some of the innovative approaches that have been successful. These include:

- A Rapid Round initiative at Auckland.
- Hawke's Bay's CEO Daily Dashboard that identifies problem areas and a fix.
- Working with health professionals outside the hospital system in Canterbury and South Canterbury.
- Capital and Coast noting a particular group of patients were often the ones waiting longest in the ED.
- A new minor injuries clinic at Hutt.
- Counties-Manukau's successful all-of-staff approach.

Innovative DHBs improving elective surgery

This Ministry of Health publication showcases some of the innovative ways that District Health Boards (DHBs) are providing more surgery for patients.



Some of the innovative elective surgery initiatives highlighted in the new booklet include:

- Hutt patients booking their own appointment times
- Cardiac waiting lists are down 40 percent since the introduction of the clinician-led National Cardiac Surgery Clinical Network.
- A Canterbury musculoskeletal push is reducing surgery wait times and making better use of specialists' time.
- What's helped increase orthopaedic operations.
- How planning for urgent surgery is helping to maintain elective surgery levels.

- Hawke's Bay's team approach to improving urology services.
- Southern DHB using GPs for minor skin lesion surgery.

Diabetes and CVD targets booklet

A further booklet in the Ministry of Health series focuses on work happening in cardiovascular disease (CVD) and diabetes management.



"This booklet, like the others released so far, gives examples of how District Health Boards (DHBs) and other health organisations are making real progress for patients with these conditions," says Health Minister Tony Ryall.

The health target aims for:

- An increased percentage of the eligible population have their CVD risk assessed in the last five years.
- An increased percentage of people with diabetes have their free annual check.
- An increased percentage of people with diabetes have satisfactory or better diabetes management.

"The target champion, Dr Brandon Orr-Walker, is currently reviewing the diabetes Let's Get Checked programme, based on long-standing concerns in the health sector about how effective it is. It is timely we look for ways to improve these services," says Mr Ryall.

It has been estimated that the public health service spends more than \$700 million a year treating these conditions.

Some of the innovative initiatives highlighted in the new booklet include

- How New Zealand is ahead of much of the world with this target.
- A West Coast collaboration where health professionals meet regularly and identify solutions to any problems.
- A Counties-Manukau patient's experience and improved management of his conditions.
- Pharmac's One Heart Many Lives programme, including Northland community successes.
- Big improvements at Whanganui DHB since they began working more closely

with the Whanganui Regional Primary Health Organisation.

- A National Heart Foundation's Heart Age Forecast online tool which calculates current and future risk of heart disease or stroke.

Targeting immunisation

This booklet provides insights into the different ways that DHBs and immunisation providers have achieved their successes so far, and it's part of 'sharing the knowledge' about how to improve services for patients.



The insights come from vaccinators all around the country, including the Canterbury, Counties-Manukau, Southern, West Coast, Hawke's Bay, and Capital and Coast DHB areas.

In the booklet, the target champion Dr Pat Tuohy also explains that because children under two years of age and their families are now seeing primary health care services regularly for vaccinations, there are many more opportunities for a wider range of health care issues to be addressed.

"I think we are already seeing the impact of increased contact with general practice teams, with fewer hospitalisations for Māori and Pacific children for illnesses such as asthma, diabetes and pneumonia – all of which we know can be attributed to more frequent visits to general practices.

"New Zealand's immunisation rates for children have been low for a long time, so it is pleasing to see such progress in this prevention programme.

"The results add confidence to the view that children, from all backgrounds, are getting good access to GPs and primary care."

Better Help for Smokers to Quit

In July 2009 the Government introduced a health target of Better Help for Smokers to Quit. The health target requires district health boards to ensure that 90 percent of



hospitalised smokers will be provided with advice and help to quit by July 2011 and 95 percent by July 2012.

This publication looks at how DHBs and their service providers are working to achieve this health target and discusses how the real gains that are being made thanks to the commitment, skills and teamwork of those on the frontline and those who provide health services and support in the community.

Award winning documentary attracts Pacific donors

The award-winning documentary *Kurt E: In My Blood* about the late Kurt Filiga's battle with leukemia has begun to increase the number of potential Pacific bone marrow donors at a Porirua premiere in March.

specific pr ltd organised a screening in Porirua alongside Park Road Productions and NZ Bone Marrow. "We had 150 people come to the premiere and of that 40 Pacific people registered as bone marrow donors. This is a significant percentage and is telling of the impact of Kurt's documentary," says Florence Faumuina-Aiono, specific pr ltd.

As a direct response, Vicki O'Hagan, Kurt-E Producer gave NZ Bone Marrow 11 copies of the short film for all their centres across the country in a bid to encourage more Pacific donors.

There are approximately 1000 Pacific Island bone marrow donors compared to 9 million European and 5000 Maori donors. "The donor and the patient must be a close genetic match so ancestry does play an important role in bone marrow donation," says Jesse Nankivell, NZ Bone Marrow Registry.

specific pr ltd will work with Park Road Productions and NZ Bone Marrow to ensure *Kurt-E: In My Blood* is screened in Pacific communities to encourage more donors.

In 2010, the film won the Special Jury Prize at the Show Me Shorts festival of New Zealand and Australian short films and the Ellen Monague Award for Best Youth Work, at the imagineNATIVE Film + Media Arts Festival in Toronto.



From left: Florence Faumuina-Aiono, specific pr ltd; Vicki O'Hagan, Producer, Park Road Productions and Nicola Binns, NZ Bone Marrow representative, with copies of *Kurt E: In My Blood* which has been instrumental in increasing the number of potential Pacific bone marrow. Photograph courtesy Patsy Schwalger Photography.

JUST WHAT THE DOCTOR,
NURSE, ORDERLY, DIETICIAN,
PATHOLOGIST, ELECTRICIAN,
PHYSIOTHERAPIST, SOCIAL
WORKER, SAFETY INSPECTOR,
CEO, COURIER, SURGEON,
MAINTENANCE, CATERER,
ACCOUNTANT, UROLOGIST,
MIDWIFE, SPEECH THERAPIST,
CFO, HO, CLINICAL DIRECTOR,
GP, OPERATIONS MANAGER,
AMBULANCE PARAMEDIC,
CARDIOLOGIST, REGISTRAR,
GM, ICU NURSE, RADIOLOGIST,
PLANNER, PAEDIATRICIAN,
THERAPIST, CHIROPRACTOR,
ORTHOPEDIC SURGEON AND
THE PHARMACIST, **ORDERED**



Hyundai has a wide range of vehicles from a small compact i20 to the tough and spacious iLoad. The Hyundai Fleet Team has plenty of experience and a proven track record. You get the support of a nationwide, 100% New Zealand owned and operated dealer network and we have Corporate Specialist Dealers to provide even better fleet service. To find out more, contact the fleet team at Hyundai New Zealand.

0800 HMNZ FLEET (4669 35338) | fleet@hyundai.co.nz | www.hyundai.co.nz