

# The Westerly

“Te Hauauru”

April 2006

## Marae Meeting a first for West Coast DHB

The West Coast District Health Board first ever meeting at the Tauraka Waka a Maui Marae in Bruce Bay, South Westland.

The DHB has identified five priority population groups in its District Strategic Plan they are children, youth, older people, those with a long-term mental illness and Maori.

As part of identifying Maori as a population priority group the West Coast DHB realized there was a need for it to

develop stronger links with the two Runanga of the region. Holding a board meeting at the Marae appeared to be an excellent opportunity for Board members and management actively engage with Maori. Also attending the Board meeting were be Ria Earp the Deputy Director General of Maori Health and Ron Paterson the Health and Disability Commissioner. Each year the Board head to Buller and Westland for its meetings in order to try and reach different regions within the West Coast.



Kevin Hague CEO, Ron Patterson Health and Disability Commissioner, Ria Earp Deputy Director General Maori Health and WCDHB Chair Gregor Coster at the Bruce Bay Marae.

## DHB at the forefront of technology

The West Coast District Health Board is now at the forefront of radiology technology after its PACS (Picture Archiving and Communications System). The \$800,000 system means that x-rays and CT scans will now be almost completely digital and that images can be accessed at the touch of a button. Chief Financial Manager Wayne Champion who also heads the IT department said PACS meant the West

Coast was now up to date with the very latest technology. “The new system allows for a faster and better service for both staff and patients.” For patients one of the biggest changes they will notice is there will no longer be films of their injuries printed. This means that hospital staff will no longer be handling dangerous film processing chemicals and that the DHB will save on processing costs. Clinicians will be able to access images taken in the past and compare

them to current images, allowing them to review changes in a patient’s condition over time. This has important implications for everyone from arthritis sufferers to cancer patients. Charge Radiographer, Jason Lister commented that, “PACS images are more useful for the doctors viewing them as the image can be magnified and the brightness and contrast manipulated to enhance the doctors ability to see.

Caption: Wayne Champion with some of the files that will soon be obsolete. Glenda Chamberlain with the new PACS system and Acting IT Manager Miles Roper and Wayne Champion.



# Message from Kevin Hague CEO



The following column went out to all staff last week. However, because of its importance it was decided to run it again in this month's edition of the Westerly. Please keep a

look out for more information on this topic.

The new West Coast DHB District Strategic Plan, adopted last year, declares our aim to become a "centre of excellence" for rural health services. We intend to provide the best possible mix of services and the best possible standards of quality within each service, for the people of the West Coast, within the resources that we have available.

We aim to use the funds we receive from the Government to do the absolute best we can for our patients and for the wider West Coast community. The West Coast is the most rural part of New Zealand and consequently poses some unique challenges. While the services we develop will, therefore, in some ways be unique to the Coast, if we can get it right here we can expect to provide the role model for other rural areas in the future.

I want to personally invite all of our staff to become involved in planning this model of services to meet the needs of the West Coast in the twenty first century, and to lead New Zealand in rural health care across all of our services.

## **Opportunity**

There is an opportunity that exists right now that arises from the Ministry of Health's need to work with us over the next few months to establish exactly what services are needed for the West Coast, and what it will cost to provide them, so that we can jointly agree on the appropriate funding package for the West Coast DHB for the future.

We are determined to seize this opportunity, because in doing so we maximise our chance of shaping our own destiny, rather than becoming hostage to the agendas of others and to luck.

**Will this require a change to existing facilities?**

Early on in our planning services for the future we will need to decide what services we believe will be needed to provide from Grey Base Hospital, and therefore what building configuration will best help us do this.

It is very likely that the services of the future will require either a change to the way Grey Base Hospital is physically structured or that a new hospital is built on the site. No decision about this has been made yet, although we have been required to signal that money is likely to be required for this purpose so that the Government can plan for the money it will need available for future capital works.

Before any decisions can be made, we need to be able to answer the following questions:

- What services will need to be delivered from Grey Base Hospital in 2020? and
- What kind of buildings and facilities will be required for these services?

If change is needed we need to address these questions in time to make a case for the funding required in August this year.

Some of you will be aware that there has already been a proposal to organise some of our services at Grey Base Hospital into a 'High Dependency Unit' in order to improve efficiency and safety. We will be considering this option as well while we examine the broader issues, so that we can decide whether it makes sense to develop the HDU as an interim measure.

## **Process**

During May you will have the opportunity to participate in meetings based on the services that you work in. These meetings will focus on the two questions above for your area of work. In June there will be another series of meetings where you can consider the consolidated feedback from meetings across the organisation, as well as the Ministry of Health's guidelines for the numbers of beds that they think we will need and what has occurred in similar planning exercises in other parts of New Zealand and overseas.

Over the next couple of months you will

have more chances to be involved as we make decisions about facilities in time for the Ministry's deadline in August.

After that the intensity of work will reduce somewhat, but we will shift the focus of our planning to a series of service improvement groups, who will flesh out the plans for services in the future by improving the journeys of patients through our services, adapting our services to meet patients' needs. Again you will have the opportunity for input and involvement in this process.

Throughout this time we will be attempting to keep you in touch with this process at least fortnightly. The first of these newsletters will be distributed in the next week or so. We will also be trying to keep the public well informed about what is going on.

## **Why are we doing this right now?**

The main reason that we are doing this work, and doing it in this concentrated way, is to seize an opportunity to do the best possible job for our patients and community. However, there is another side to all of this: it is becoming harder over time to provide a full range of health services in rural areas. Services are tending to become more and more centralised to the main urban centres, with the twin effects that rural people are more likely to need to travel and that (as the urban-based services cost us more) less resource is available for those services that do remain in the rural areas.

Unless we are able to fundamentally rethink how we achieve access for West Coasters to secondary health services they are very likely to become unsustainable – both clinically and financially. Doing nothing is not an option.

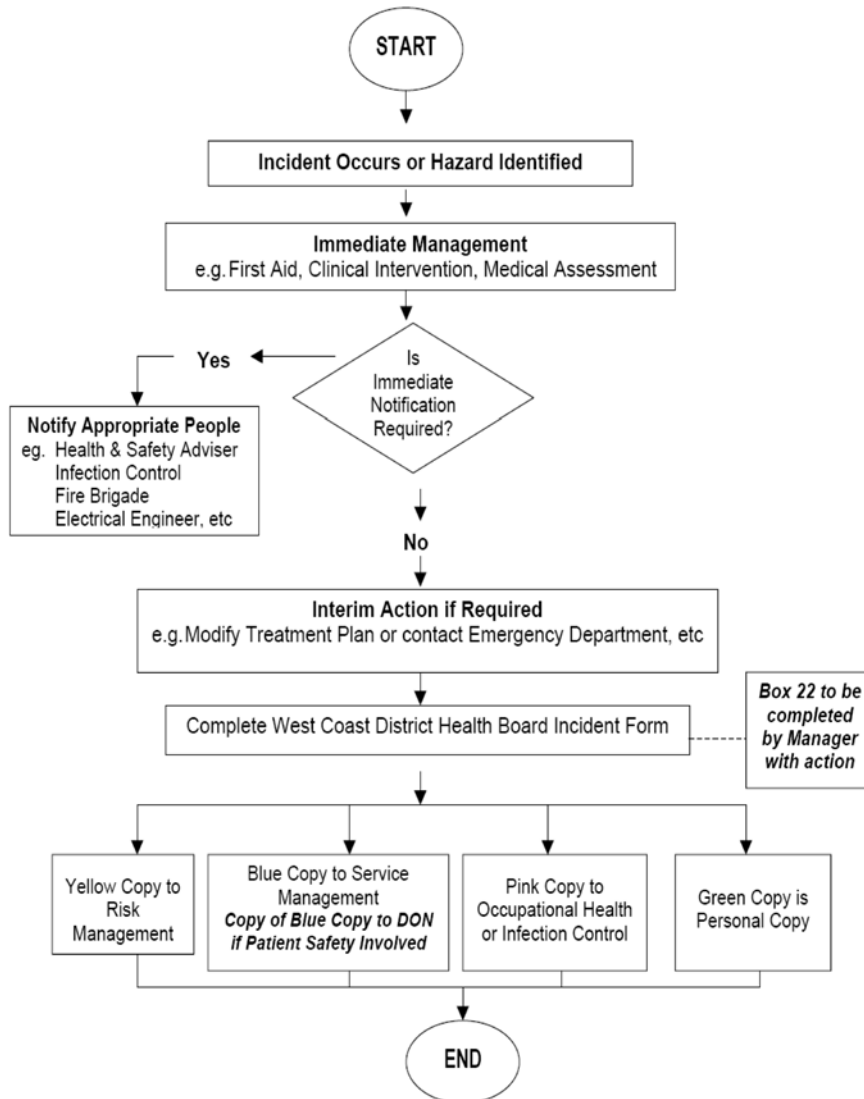
## **Summary**

This is an exciting time for West Coast DHB and for West Coasters. These next few months particularly will involve a lot of hard work, but provide a really exciting chance for us all to make a positive difference

*Kevin Hague CEO*



## WCDHB STAFF ACCIDENT INCIDENT REPORTING PROCEDURE



## Health and Safety Award Recognition

### Carlene Packham

Carlene was nominated after diligently maintaining the Emergency Trolley at the Hokitika Health Centre.

She regularly checks that all is in place and equipment on the trolley is up to date.

This is a new task for the Hokitika Health Centre and the staff much appreciates Carlene's efforts of diligently maintaining the trolley.

**Congratulations Carlene!**

## New General Manager of Secondary Care Starts

New GM of Secondary Care Services Chris Le Prou starts work at the West Coast DHB on May 1.

Chris was chosen after an extensive selection process the West Coast District Health Board has appointed Chris Le Prou as General Manager of Secondary Care.

He joins the West Coast DHB from the Crown Health Financing Agency where he worked as the manager and where he worked with this organisation during a review in 2004. Chief Executive Kevin Hague said Chris had an extensive management background and most importantly already had a sound understanding of the DHB's issues.

"He has considerable experience in working through the strategic level issues in secondary care services." He has already spent some time at the DHB getting to know the place.

## Marg retires after 25 years

After 25 Marg Reynolds Supervising telephonist retired in April. Marg first started at Greymouth Hospital in the early 1980's as a cleaner before taking over the shop. In 1989 she began work as a telephonist at the hospital and quickly developed a reputation for being a person who could be relied on in a crisis.



Caption: Wayne Burnett gives the speech at Marg's leaving party.

## Introducing Buller Health's new manager Gareth Rees.

The appointee is Gareth Rees of Westport, who has been seconded from Buller REAP to start the process of building the Buller Health organisation. Buller Health is part of the DHB's response to the Grafton and Vause reports and intends to create an integrated unit for the Westport and Northern Buller communities. Buller Health includes the inpatient, primary, community, allied and mental health units. Gareth comes from a background in community based organisations and in the 1990's spent 5 years working in community based public health. He is experienced in health management through his role negotiating service agreements, both locally and nationally, planning and delivering local community based public health programmes. Gareth left New Zealand in 1997 to work as a VSA volunteer in Vanuatu, where he assisted European Union and NZAID funded projects in rural tourism and latterly worked as an advisor in rural education for the British government. Gareth returned to New Zealand and settled in Westport where he secured the Community Education Organiser role at Buller REAP. The Board of Buller REAP has allowed Gareth to begin the Buller Health development for a period of six-months while the DHB recruits a permanent appointment. He brings a good knowledge of the Buller community and has strong networks in the district from his and the Buller REAP team's work with communities. Gareth intends by the end of six-months to have achieved the production of a draft health plan, facilitating the development of and leading the management committee, developing a clinical leadership function for Buller Staff and being Buller's voice within the DHB.

**10 WEEKS UNTIL i.PM GO-LIVE ON 1ST JULY**

### Newsflash!! Board Approves Additional Hardware.

The WCDHB last week approved the purchase of additional computer terminals and printers for placement throughout the DHB hospitals.

- A tender has been sent out to prospective vendors for the supply of 65 new computers and 17 additional label printers.
- The computers and printers will be rolled out as part of the new iSOFT PiMS Patient Management System.
- Our team are talking to staff as to the placement of the additional computers.
- There is a need to run new cables to some wards and departments so some inconvenience may occur.
- The onus is on departments to obtain their own furniture for the additional computer equipment where necessary.



### i.PM Training.

A significant effort is going into rostering 400 employees for i.PM training. It is expected to have training rosters available in the first week of May.

All employees who enter or update Patient records need to attend training sessions to be held in Grey-mouth, Reefton, Buller and Hokitika beginning on the 15th May.

Training is given in all aspects of the new i.PM system where appropriate.

- Some employees will need to attend more than one training session. The number of training sessions required depends on **your** role in the organisation.
- **You** are responsible for **your** attendance at training sessions. Limited spaces are available for those of you who cannot attend **your** rostered training sessions.
- Some training may have to be in **your** own time. Payment will be made to those employees who have to attend training outside their normal hours of work.
- It is expected that training sessions will be no longer than 2 hours at a time.
- **You** will be given a **new** login and password to i.PM as part of **your** training.

Important! - where recording of Patient information is part of your conditions of employment - you must attend i.PM computer training in order to do your job.

May 12  
International  
Nurses Day

Please look out for more information regarding celebrations of international nurses day. This years theme is "Safe Staffing Saves Lives".