

The Westerly

“Te Hauauru”

The staff newsletter of the West Coast District Health Board

August – September 2009

Xcel^{r8}

Xcel^{r8} – the business of caring, is a programme at Canterbury District Health Board (CDHB) which is designed to empower clinical leaders to make positive, effective changes across the care spectrum for their patients and staff.

CDHB extended an invitation for two participants from the WCDHB to attend the programme, and as a result Raewyn McKnight and Lois Scott joined the program in a cross functional group of 16 and spent ten days face to face on the programme during the month of July.

Clinicians and managers worked together on the program, which covered patient flow, capacity forecasting and planning, and learning to make effective and efficient use of resources including human, financial, equipment and facilities.

The program provided tools, methods and some experience in areas such as leadership styles, value

stream mapping, lean processes, identification of constraints or bottlenecks to flow, activity listing, the design of Key Result Areas and Key Performance Indicators, performance management, and basic financial management and costs control.

Xcel^{r8} is designed to change the culture by aligning organisational learning with the overall organisational goals. The programme included a combination of the pre-reading of a business novel based on some of the concepts to be covered, experiential workshops based on the principles of adult learning, a workplace exercise covering issues of concern to the CDHB, a site visit to a non-health business to observe and learn ‘best practice’, the development and presentation of a work place improvement project to the Chief Executive Officer (CEO) and general managers, and most importantly interaction with the CEO two or three times during the programme.

Programme participants were also supported while on the program by three hours of one on one workplace coaching provided by experienced managers with business experience. There is also a mentor available to participants on an optional basis.

There was a clear expectation of delivery for participants in the programme. The CEO formally presents each participant with a permission card ‘to change the health care system in Canterbury’ – which will also apply to the West Coast District Health Board.

The additional workload created by travelling and attending the course was well worth the effort. Not only because were participants exposed to a new way of “seeing” the world and learning some new tools in their kit, but also because of the opportunity to make links with colleagues in the CDHB .

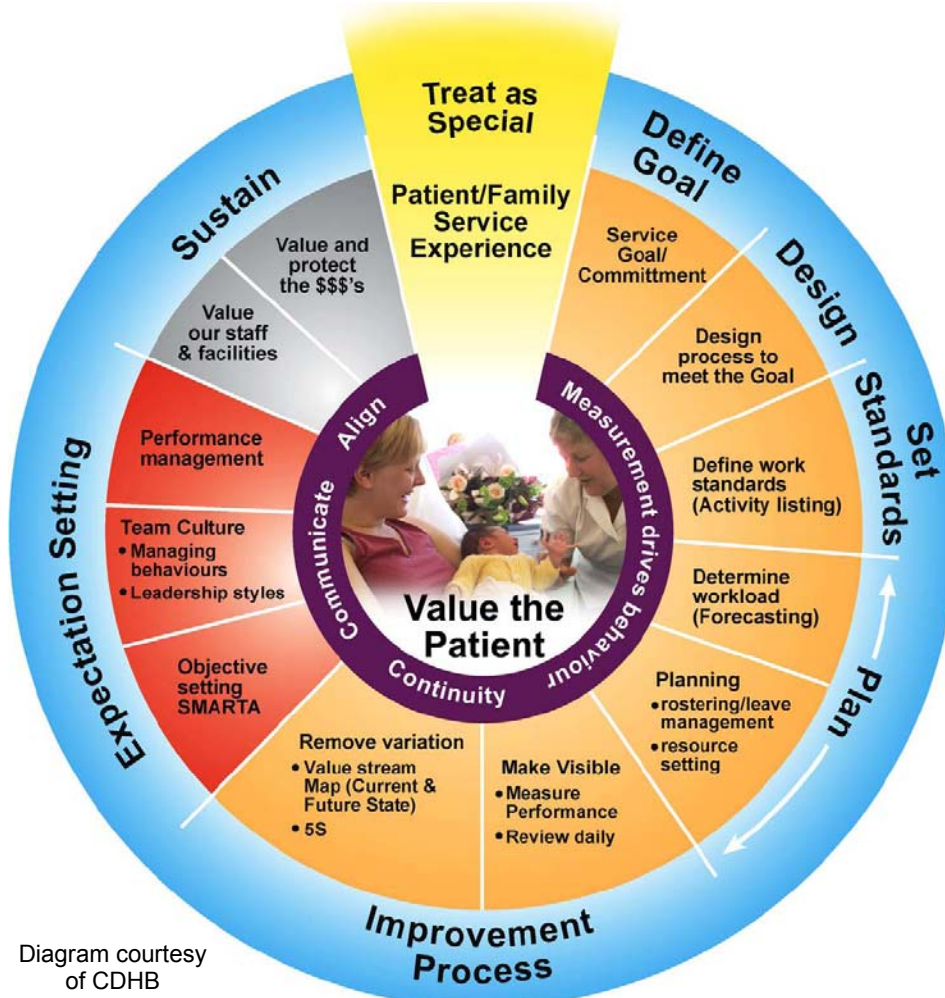


Diagram courtesy of CDHB

Both Lois Scott, Operations Manager for Community Mental Health and Raewyn McKnight, Operations Support Coordinator were part of syndicates that had a change task to perform. Here are their stories.

Lois Scott

My team worked on a project that addressed the difficulties for CDHB that occur as a result of inter-hospital transfers (both urgent and routine) arriving at Christchurch Public Hospital without the ward staff being notified of their arrival.

The root cause of the problem was like many problems - poor communication in this case at the CDHB end after the initial agreement to transfer. The impact was significant in terms of disruption to other patients and staff as a bed was located for these unexpected arrivals.

The solution focused on improving communication, and reviewing the hospital policies of the transferring and receiving hospitals to ensure alignment and increased awareness.

The CDHB patient bed manager will be implementing this project so we can expect in the near future to have some communication with them on the matter, and can expect improved outcomes for our transferring patients as a result.

Raewyn McKnight

Our group won the overall Best Project for Cohort 14 and are currently implementing it in Ward 23 at Christchurch Hospital.

The background is that by 2020, Christchurch will need another hospital, the same size as the current one, if nothing is done about working smarter/differently.

The project is simply about putting on visible display the Estimated Date of Discharge (EDD) and time (as a secondary focus) – focusing on the value of the patient and their whānau's time. It's easy to forget that sometimes. There are already some tools and aids available in Ward 23 for assisting with this process.

The benefits were surprising when we analysed data.

In 2008 there were 35,950 patients discharged (Medical/Surgical excluding Paediatrics) from Christchurch Hospital.

- **34,150** of these discharges (95%) occurred after 10.00am
- Median time of those patients discharged 3.30pm
- Total hours "liberated" for patients if all had been discharged by 10.00am = $34,150 \times 5.5 =$ **187,825 hours.**

- This equates to **7826 bed days.**
- Rule of thumb saving = $7826 \times \$313 =$ **\$2,449,538.**
- Preferred measure = Ward capacity increased to allow for 1700 more patients a year with the same staffing resource (**32 more patients a day**).
- In effect, an entire ward!

Publishing an EDD gives all those involved with the patient a better shot at actually achieving a discharge by a certain time rather than the uncertainty of a morning ward round when the doctor suddenly says the patient can go home.

It was clear from talking to the clinicians that there are many, many times when they can give an estimate of when the patient might go home from close to the day of admission.

Allied health can prepare equipment/services with a potential date of discharge in mind and whānau can also make arrangements to collect the patient.

Progress to date is steady – from week 1 to week 2 there was a 27% improvement in the date being on visible display. There has been the odd problem but good support from the CDHB senior management and clinical people has been invaluable.

There are benefits for using a similar thing at Grey Base Hospital. A number of people have already indicated some advantages in this. Hopefully after the Christchurch experience, we can bring a smaller taste of this to the West Coast.



New nursing graduates Rosie Hogermeer, Carla Barnett, Stephanie Dixon and Contessa Popata learn the skill of phlebotomy from Clinical Nurse Leader Janet Hogan.

HEHA Update

Sea 2 Sea Challenge 2009

The Sea 2 Sea Challenge is a six week physical activity initiative that aims to encourage participants to be active for at least 30 minutes a day!



This year we will be encouraging WCDHB departments to compete against one another in a virtual race across the width of the South Island, from Sea 2 Sea. During the challenge you will be able to participate in events and physical activity taster sessions to keep you on track. You will also receive weekly newsletters, wall charts; physical activity cards and information to help you get started. At the end of the challenge we will present prizes to the winning departments.

If you are interested in taking part in the WCDHB challenge **register online on the WCDHB intranet homepage, and add your details to your department team.**

Check out www.sea2sea.org.nz for more information, the challenge starts on September 28th. If you have any questions about Sea2Sea please contact Kim Hawkes at HEHA phone 768 1307 ext 2 or kim.hawkes@westcoastdhb.org.nz

Easy ways to be active everyday

Any physical activity is better than none and it's never too late to start. Being active isn't just about going for a run or doing a workout at the gym, it is about building activity into your daily routine:

- ✦ Take the stairs instead of the lift
- ✦ Walk to the shops rather than drive
- ✦ Go for a walk at lunch time with a friend
- ✦ Park the car further away from the office and walk
- ✦ Wash your car by hand
- ✦ Use chores around the garden to work up a sweat
- ✦ Play with your children or grandchildren in the park

Involve your whānau, friends and work colleagues in your activity plan. The more support you have, the more likely you are to both enjoy it and stick with it.

Free e-cookbook to keep hearts healthy in tough times

A recession-busting cookbook aimed at helping Kiwi families has been launched by the Heart Foundation. As the economic recession continues to bite into household budgets, the Heart Foundation hopes its new online e-cookbook will help New Zealand families stay on track with their health.

The e-cookbook 'Cheap Eats for the Heart' includes an easy-to-follow shopping and recipe guide. It is hoped it will relieve some of the pressure amongst people struggling to provide families and communities on tight budgets with quality, nutritious food. To download a copy of Cheap Eats for the Heart visit www.heartfoundation.org.nz and click on the 'Healthy Eating' tab along the top of the page.



Healthy Fast Food

Get a burger fix at home for under \$10 for the whole family!

Pork and apple burgers

Portions: 6

Time to make: 20 minutes

Total cost of all ingredients: \$8.94 / \$1.49 per serve

- 1 apple, peeled and grated, excess juice squeezed out
- 500g pork mince
- 1 courgette or carrot, grated, excess juice squeezed out
- 1 egg
- 4 tablespoons whole grain breadcrumbs
- 1 tablespoon fresh herbs, chopped (your choice)
- Salt and pepper
- 6 wholemeal burger buns

Combine all the ingredients and shape into 6 patties. Cook in a non-stick pan on a medium heat for 5 - 7 minutes, then flip and cook the other side for 5 minutes until cooked through.

Serve on warm rolls with hummus or lite mayonnaise, lettuce, tomato or salad ingredients of your choice.

Recipe from www.healthyfood.co.nz

Farewell

The West Coast District Health Board recently farewelled Sophie Jaine from the Central Booking Unit (CBU). Sophie had a large part to play in the setting up of our CBU and turning into the smooth functioning entity it is today. Her contribution and excellent communications skills will be missed.



Innovation Awards



2009 WEST COAST

DISTRICT HEALTH BOARD

INNOVATION AND EXCELLENCE AWARDS

“ACHIEVING A SUSTAINABLE FUTURE”

Nominations are now open for the West Coast District Health Board Excellence and Innovation Awards.

This is your chance to recognise health organisations, schools, volunteer groups and anyone else who you believe has made a commitment to the health of West Coasters.

You can get more information and entry forms from reception at Grey Base Hospital, Hokitika Health Centre, Buller Medical Centre or Reefton Medical Centre.

You can also visit www.westcoastdhb.org.nz, or call Bryan on 768 0499, extension 2665.

IT Helpdesk



West Coast District Health Board is in the process of replacing its existing phone system at four sites; Reefton Health,

Greymouth Hospital, Hokitika Health Centre and Buller Health.

For most users this will mean little impact, however staff who use a caller display phone (or system phone) will be receiving a new phone as the old ones will not be compatible with the system. The Reefton Health (and medical centre) and Buller Medical Centre's phones will also be replaced.

The main operators at each site will also be receiving new consoles with improved functionality. User training will be provided at each site for those who receive new phones.

The new system also provides reduced costs and many improvements in functionality.

All users may notice some difference in voice mail prompts and tones, however the new system will be setup similar to the old in terms of which keys to press (i.e. 2222 to access, 1 to play a message etc...)

More information will be released in the coming weeks.

West Coast Shakeout

At 10:10 a.m. on Friday 18 September 2009, thousands of West Coasters will participate in the region's largest earthquake drill ever!

The purpose of the ShakeOut is to practice how to protect ourselves during earthquakes, and to get prepared at work, school, and home.

The West Coast District Health Board will be involved and you can also sign up as an individual or family.

Visit www.shakeout.org.nz to find out more information, and sign up.

Stories of Addiction



Peter Ashton from West Coast District Health Board's Rata Alcohol and Other Drugs Service is presenting a poster at the Cutting Edge Conference in September.

Peter's study is putting together a series of narratives showing how people express their individual journeys into problematic addictive substance use and/or gambling behaviours. All narratives will be distilled into succinct 'common stories' which pull

together important themes relating to the adverse impacts of problematic substance use and/or gambling on participants' sense of identity, health, and well being.

