

# Wairarapa District Health Board

## Celebrating Success - Quality Accounts 2016

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*Well Wairarapa*  
better health for all



## Our Vision

Wairarapa ora - Hauora pai mo te katoa

Well Wairarapa - Better health for all

## Our Values

**Whakamana tangata**

**Respect**

According respect, courtesy and support to all

**Mana tu**

**Integrity**

Being inclusive, open, honest and ethical

**Rangatiratanga**

**Self Determination**

Determining and taking responsibility for ones actions

**Whakawhanaungatanga**

**Co-operation**

Working collaboratively with other individuals and organisations

**Taumatatanga**

**Excellence**

Striving for the highest standards in all that we do



**Wairarapa DHB**

Wairarapa District Health Board

Te Pōwhiri Hauora a rohe o Wairarapa

# Wairarapa DHB's journey to success

**The New Zealand Health Strategy defines the future direction of healthcare in this country, describing an environment where Kiwis can live well, stay well and get well. The themes of this are embedded in the work that we do; people powered, care closer to home, value and high performance, one team and smart systems are all key drivers. The ultimate goal of Wairarapa DHB is for greater system integration that puts the patient and their whānau at the core of every decision that is made.**

This year has seen the return of a very successful programme within our community; the medications returns campaign (page 16). This, along with the acute services community education programme (page 19), illustrates some of the work we are doing locally to inform our community about what to do with out of date medication and encouraging people to go to their own doctor for non emergency clinical care.

We have supported the development of integrated health services and brought services together and, wherever appropriate, closer to where people live. The story on our integrated approach to patient care (page 5) and the Pacific Action Plan (page 8) give an overview of the collaboration of services in Wairarapa.

We work hard to achieve patient safety, better outcomes of care and better use of resources; we are accountable for improving performance and investing in quality healthcare.

Continuous improvement and innovation is a priority at Wairarapa DHB. A new local leadership structure has been introduced and our executive team is performance-driven and passionate about supporting positive change. The account of our virtual short stay beds (page 11), hospital recycling programme (page 15), the improvements in our delivery of maternity services (page 8), theatre efficiencies (page 12) and the delirium project (page 7) illustrate a few of the initiatives recently introduced.

Family and whānau are at the centre of our approach to care. Whaiora's Ha Ngawiri (breathe easy) project (page 9) is an excellent example of how community health providers are working with our whānau to bring them directly into health services and coach them to self manage.

Wairarapa's vision; Wairarapa ora - hauora pai mo te katoa (Well Wairarapa - better health for all) begins with our strategy of care closer to home. Health promotion, engagement and influencing healthy lifestyles is a key part of this strategy. Our smokefree ambassadors (page 12) tell this story.

Growing a capable, skilled workforce is paramount. Knowing our community, working with other sector organisations, and building an appropriate, strong health workforce that recognises leadership, talent and skills is pivotal if we are to grow a well Wairarapa. Creating a more diverse workforce is discussed on page 17.

Technology is an enabler. We will embrace new technologies, adopt smarter systems, and monitor our performance in evidence-based measures. This year we have furnished our community nurses with smart phones, to enable them to have accurate and immediate information at the point of care. We have invested in a new CT scanner, bringing state of the art intelligence into our imaging service. Wairarapa DHB has invested in the central region patient management system, WebPAS. This new system is on track for implementation 2017.

We invite you to read through the many exciting activities underway that will make our vision a reality and make me proud to lead our District Health Board and the many services we provide.



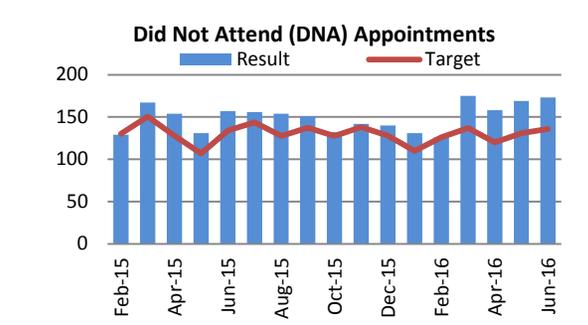
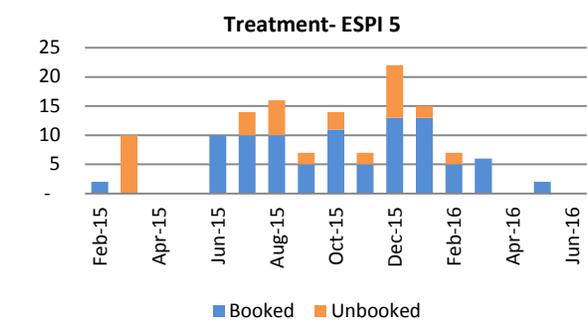
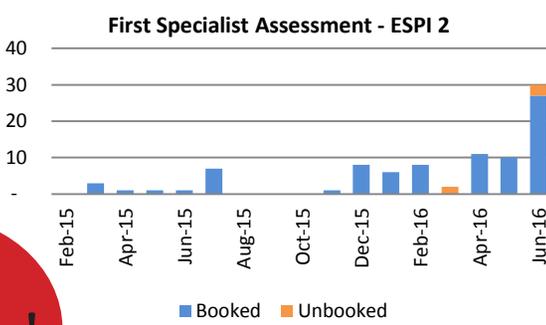
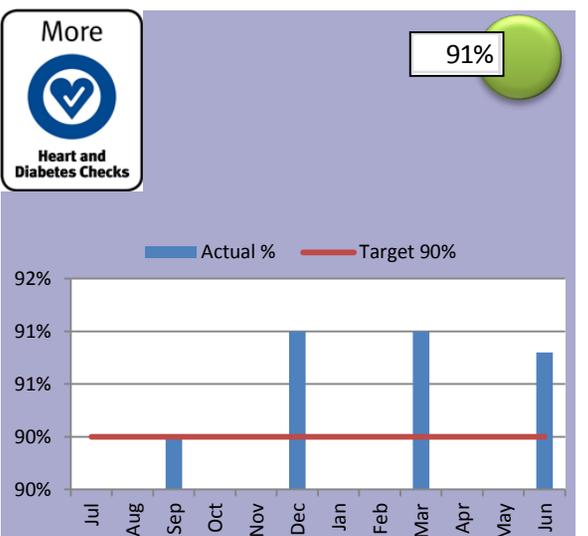
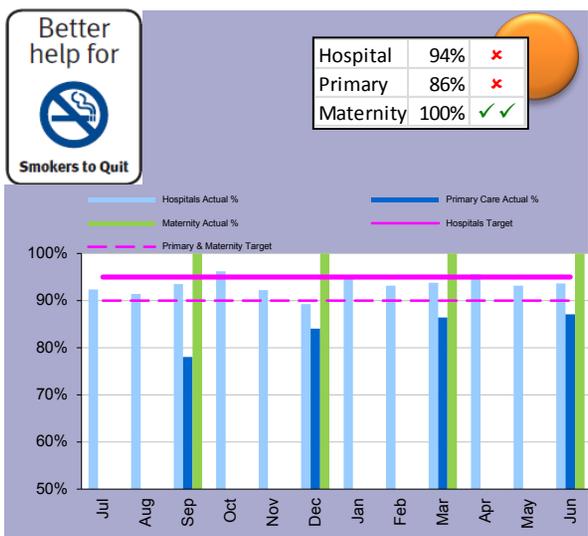
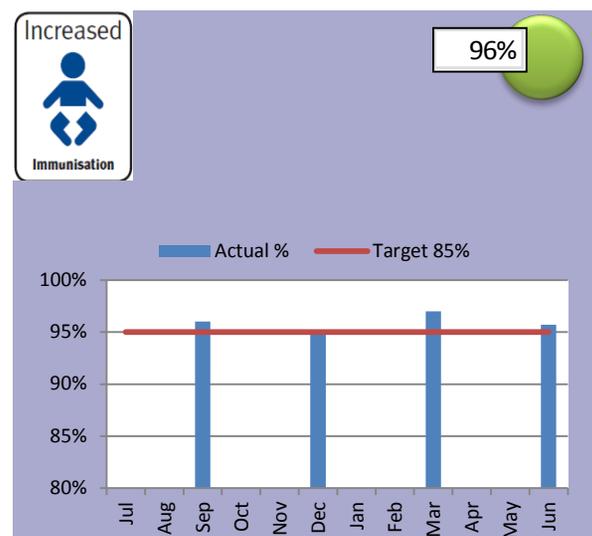
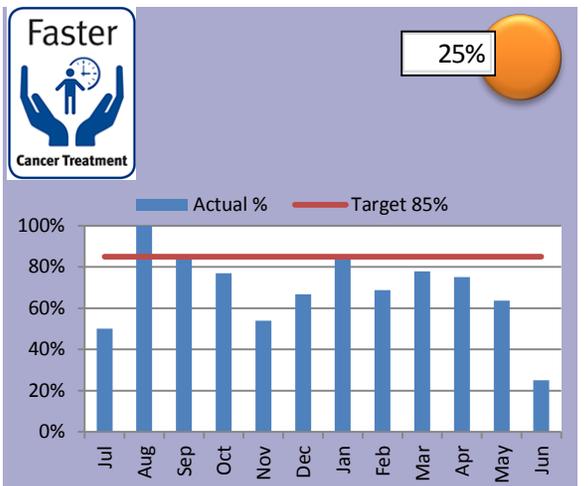
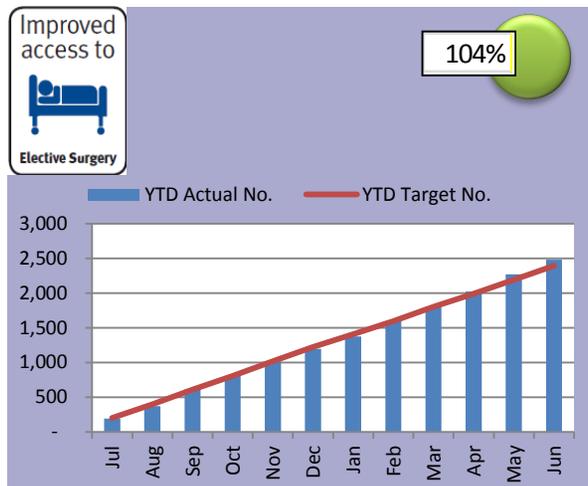
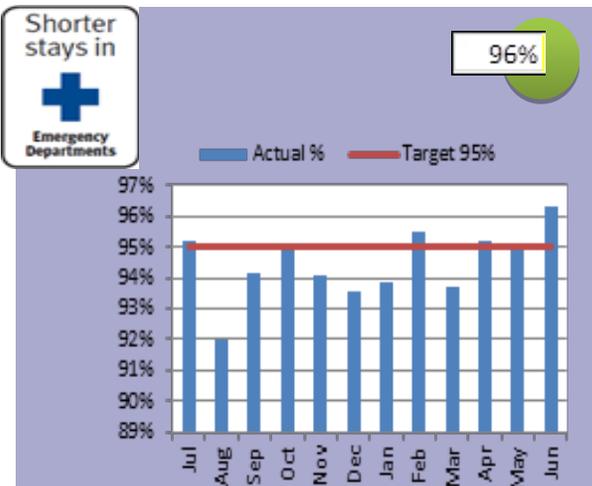
**Adri Isbister, Chief Executive**



*Wairarapa District Health Board welcomes feedback and appreciates our community voice. We want you to have confidence in our services, and we are passionate about improving wherever possible to increase patient satisfaction and deliver the best possible service.*

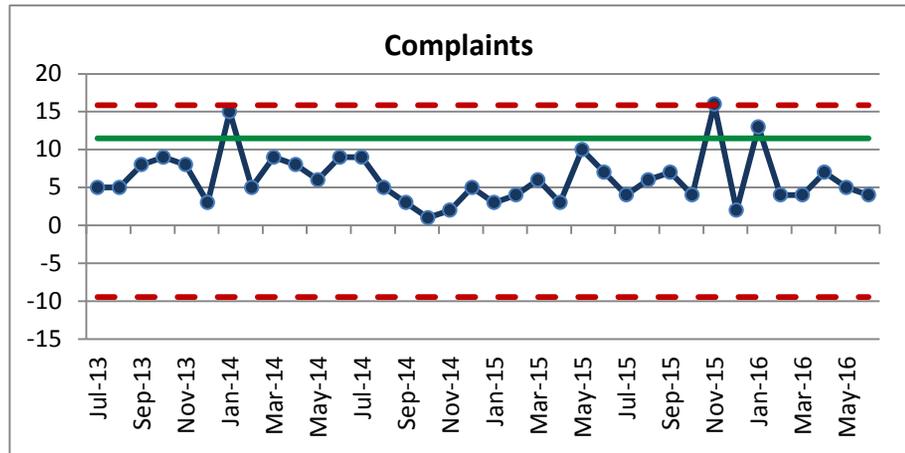
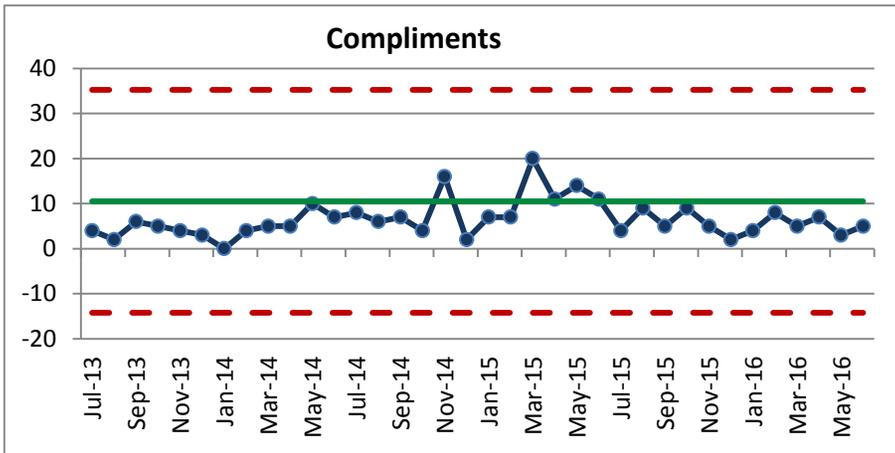
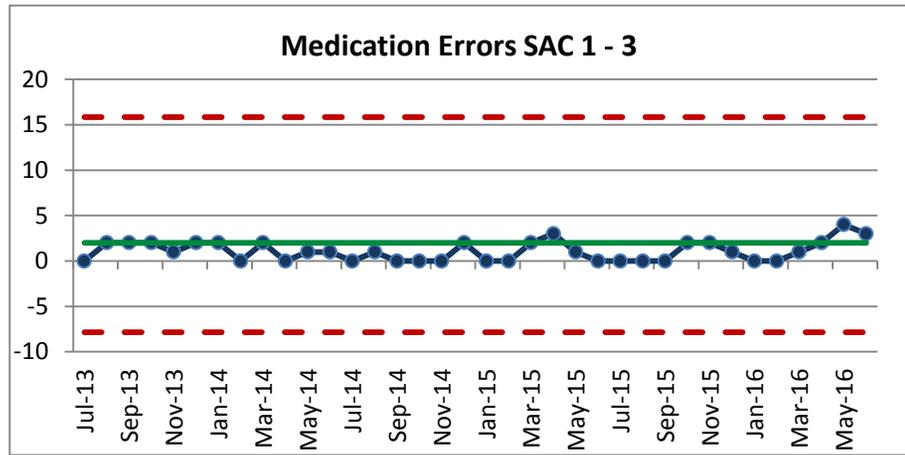
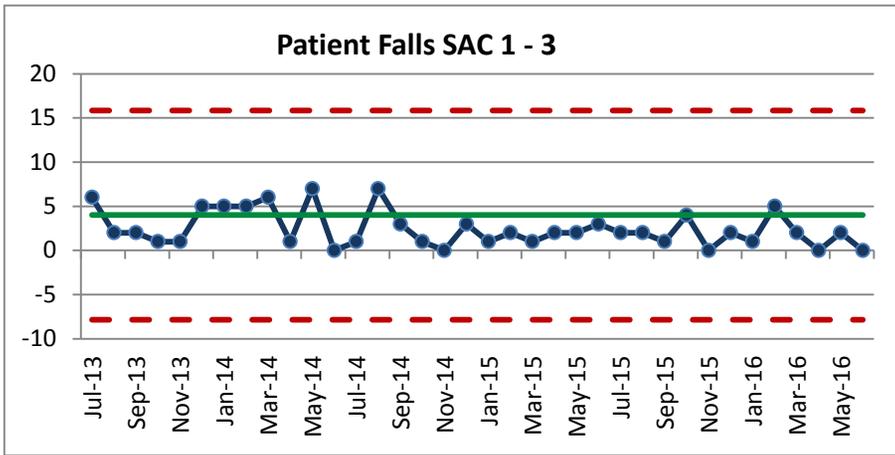
**If you speak, we will listen. Contact our quality team: [qualityemail@wairarapa.dhb.org.nz](mailto:qualityemail@wairarapa.dhb.org.nz)**

# Health Targets



**Changes!**

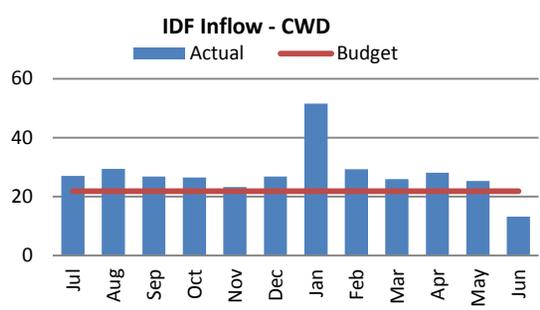
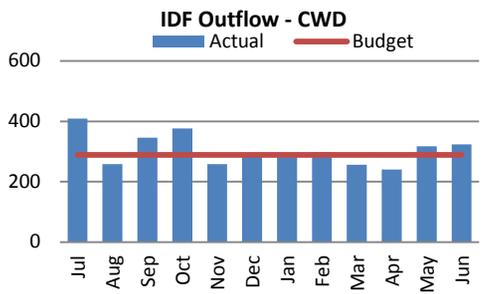
Better help for smokers to quit is no longer a health target, results will continue to be reported on the Ministry's website. The more heart and diabetes checks results are also no longer being reported as a health target. From July 2016 results have been included as a DHB accountability measure.



KEY:

- High line
- Median
- Result
- Low line

### INTER DISTRICT FLOWS

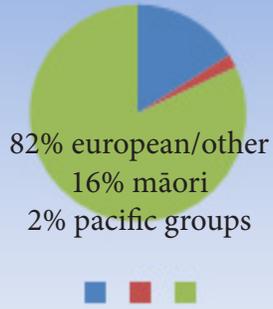


**Changes!**

Raising healthy kids is now being publicly reported as a health target. By December 2017, 95% of obese children identified in the B4 School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

# 42,340

people live in Wairarapa



## By 2033...

65years + will grow to 72%

The population 85+ years will double

Māori population will increase by a third

# An integrated approach to patient care

**A new approach to patient care is seeing members of the DHB's district nursing team working more closely with local medical practices and other healthcare providers.**

The community-primary integration initiative aims to provide more patient-centred care by having more formal relationships and interaction between the various agencies providing healthcare. The initiative is part of the Tihei Wairarapa integration programme which focuses on developing new ways of working using a one team approach to deliver patient care closer to home.

Phase one has started at Carterton Medical Centre. Centre Practice Manager, Sandy Moore, says the initiative has been a positive extension of the existing relationships between district nurses and the medical practice.

"We've always thought it would be good to have more links with district nurses in caring for our mutual patients. The relationship has always been there, but this allows us to build on it and work together more closely.

"Having more regular contact has allowed us to have a greater understanding of each other's roles and how we can collectively work to keep improving a patient's health."

Weekly multi-disciplinary team meetings (MDT) between district nurses and medical centre staff allows a useful opportunity to review mutual patients. Carterton Medical Centre Practice Nurse, Maree Thompson, says the meetings are helpful in providing a fuller picture of a patient and their circumstances and a more holistic approach to then identifying the care they need.

"It helps to know what's happening in the patient's home – things that we may not be aware of. The more information

we have, the better picture we've got of what a patient needs. It also helps us to work out who is the best person to go out and provide care rather than have multiple people doing multiple visits."

In between meetings, district nurses and medical centre staff share information and provide updates electronically using ManageMyHealth. Community Health Nurse, Jenni Roberts, believes this makes communication a lot more efficient. "There's far less time spent waiting on the phone or playing phone tag. We can use ManageMyHealth to request repeat prescriptions or adjust medication. It's much more efficient and means we can provide an effective, more responsive service and better care."

Sandy says the new approach allows everyone involved in the patient's care to be more proactive about potential health issues and the patient's needs before they become an acute situation. "This means patients are getting the care they need when they need it – not just after an issue has occurred."

There are plans for FOCUS and Allied Health teams to join the weekly MDT meetings, which will further enhance the team approach to patient care.

Community Health Manager, Fred Wheeler, says the district nurses have adapted to the changes involved with the initiative in a very positive way. "The district nursing team should be commended in the way it has embraced this initiative. They've even commenced fortnightly MDT meetings with other South Wairarapa medical centres, which means the benefits from this initiative will continue to grow."

*"Tonight's visit to ED was as enjoyable as it could have been. Last place we wanted to end up with our little boy. From the moment we walked in I thought it was going to be a long night with no spare seats and the administrator so busy, and my little man running a temperature, tired and sore. But nurse Fiona distracted him with a bubble machine which did help. Thank you all for the awesome treatment you gave my son. I hope your night got a little less hectic. You all do a wonderful job." L B.*



Photo credit: Pete Nikolaison

*“I was recently in Wairarapa Hospital and I found the hospital staff fantastic, especially the ones in the HDU. During my stay I found all staff were professional and had a caring nature. The hospital was also very clean and well maintained. We were very thankful for the use of the whānau house (Taku Wahi) which my husband stayed in. Thanks so much.” M. B.*

*“To Adri Isbister,*

*I feel I must tell someone about my recent experience in Wairarapa Hospital. This is not a complaint, but the highest of accolades.*

*I was diagnosed with cancer and soon afterwards I had major surgery. The intervening weeks went quickly with many meetings with considerate people. Some wanted to give me information, others to collect information from me.*

*As an elderly person facing my first major surgery I was very nervous. The next day I wondered what I had worried for. I was so well cared for. Back in the ward it was the same kindly consideration. The person who brought my meal saw that I had it within reach. The long suffering nurse who walked me to the toilet in the middle of the night had a smile on her face.*

*I could go on but you are a busy person with many letters to read. Everyone I met in the hospital added to my state of well being, especially the nurses and surgeons who dealt with me. The follow up care by the district nurses was also excellent.*

*I conclude by saying my stay in Wairarapa Hospital was a wonderful experience. I feel priveleged to live in Masterton and be able to have the service of such a great hospital.”*

P B.

# Delerium project

**Many of our older patients suffer from delirium while in hospital. They usually stay longer as a result and they can have poor functional recovery if it is not dealt with quickly.**

Delirium is reversible if caught early. About one-fifth of older people admitted to hospital and close to half of the residents in aged care facilities will experience delirium at some stage of their care.

Clinicians recognized that current management was not ideal and a group was set up to research and develop a multipronged approach to the management of this condition. It focused on prevention, early recognition and diagnosis, as well as intervention strategies that would minimize the effects on patients.

Leveraging off work completed in other organisations, a small group of nurses visited Whanganui Hospital, which very generously shared with us its work to date.

Whanganui is more advanced in the project and is already noting some very positive results in both patient outcomes (e.g. falls reduction) and staff satisfaction.

Ideas brought back to our DHB included refocusing the work of ‘minders’ to take a more active role in the care of patients who require close observation to keep them and others safe.

A patient information brochure was developed to raise awareness of risk factors for developing delirium, either post operatively or as a result of an acute illness, and an

education programme for health care assistants was initiated. This enabled more active management of patients with delirium. Activities and tools were introduced to stimulate or calm patients, depending on their presentation.

Nurses are educated in the use of the CAM (Confusion Assessment Method) tool, enabling early recognition and diagnosis of delirium. This education is supported with an on-line learning package. A modified training programme has been developed from the health care assistant education pack to enable ongoing delivery of training to new health care assistants as required.

The expected outcome is that incidences of delirium for our inpatients will be detected earlier, and be reduced. This will facilitate earlier treatment and resolution, thus reducing the risk of associated complications.

In order to achieve this, we aim to identify all patients admitted to Wairarapa Hospital who are at risk of developing delirium, and assess for indications of emergent delirium within 24 hours.

Monthly auditing is being carried out to determine whether assessments are completed correctly and in a timely manner. This provides a demonstrable measure to drive best practice and determine an expected standard of excellence in patient care.

In order to provide sustained and positive patient centered outcomes, ongoing assessment of this process and associated results will identify areas which require change and areas of effective practice.

*“I was impressed at the respect shown to me. There were times that things had to happen that I didn’t particularly like, but I was always treated with dignity. After my operation I had to stay a week and my care during that time was again, great. I understand that the nurses, ...*

# Maternity quality improvements

**Wairarapa DHB's third birthing room has been remodelled into a primary care focused room.** This allows women a primary birth focus in a low tech environment. Working in partnership, the woman and her lead maternity carer (LMC) can ensure her goal of achieving a normal birth is optimized in a positive, calm environment. This initiative was developed in response to the high caesarean section (CS) rate in Wairarapa.

**A hypnobirthing course is now offered for women that may have had a previous caesarean section, or post traumatic stress from a previous birth.** A structured 5 week course of training encourages women who previously birthed by caesarean section to approach their present labour and birth more positively with an aim of increasing the vaginal birth after caesarian (VBAC) rate, decreasing the overall CS rate, achieve financial savings and improve patient experience.

**A lactate machine is on the wish list to aid a decrease in the caesarean section rate.** Maternity clinical indicators clearly identify that Wairarapa DHB has a high CS rate. Of the 74 CS performed between Jan and Aug 2015, 16 of these were performed for fetal distress. At present, fetal distress is identified by cardiotoco graph (CTG) interpretation. Utilising a lactate machine as another tool for assessment of fetal wellbeing will offer the opportunity for labour to continue, working toward a vaginal birth. Lactate machines measure the lactate in a fetal blood sample, providing a guide of how the baby is coping with labour. It is used alongside the CTG for more effective monitoring.

**Fetal fibronectin testing was introduced to Wairarapa DHB to reduce the need for unnecessary transfer for women under 34+6 weeks gestation, and reduce cost.**

Fetal fibronectin testing kits are used to detect the presence of fetal fibronectin (fFN) in women presenting with suspected preterm labour between 24+0 and 34+6 weeks gestation. The level of fetal fibronectin can help predict a woman's risk of going into labour. Introducing this test will reduce the number of unnecessary transfers of women at risk of premature birth and reduce the costs of transferring these women to a tertiary centre.

**Maternity Quality & Safety Programme** The Wairarapa Maternity Quality & Safety Programme enables maternity practitioners and consumers to identify ways that the local maternity service can be strengthened through quality improvement initiatives meeting the needs of women, babies and whanau in our region.

*.... doctors, health care assistants, food people, cleaners and everybody else work incredibly hard but they all went out of their way to make sure I and everybody around me was comfortable. I hope never to be in hospital again, however!" M H.*

## PACIFIC ACTION PLAN PĀOLO MO TAGATA OLE MOANA 2015-2018

### Priority 1

Improved child health

### Priority 2

Improving health literacy

### Priority 3

Improved access to care

### Priority 4

Quality service delivery to pacific community

Keynote success - this year saw the completion of Wairarapa's first healthy lifestyle programme with the four local Pacific churches. The support of the churches for the weekend sessions was positive with many families committed to the programme. The health education sessions were delivered every third Saturday by a local nurse/doctor from the Primary Health Organisation (PHO), hospital or Regional Public Health (RPH).

Participants were awarded recognition for their contribution to the regular activities and for their weight loss goals and achievements.

An assessment of the programme is planned for November 2016 which will include community evaluation of its value to their well being.

**The Pacific community, supported by the local churches, welcomed the healthy lifestyle education programme.**



## In a Wairarapa week....

71 theatre operations

25 elective admissions to hospital

103 community nurse palliative contacts

579 community nurse contacts

In 2015/16  
16,659 people came through ED

In 2015/16  
429 babies were born

183 admissions to hospital

220 Allied Health community appointments

385 outpatient appointments

320 ED presentations

8 children are born

# Ha Ngawiri (breathe easy)

**The Ha Ngawiri (breathe easy) workshop was delivered to various professional forums in 2016 and to whānau in the community who were struggling with respiratory issues.**

Ha Ngawiri aims to increase health literacy, encourage whānau to be self managing with a healthy lifestyle, and reduce avoidable emergency department (ED) visits and hospital admissions.

With ambulatory sensitive hospitalisation (ASH) rates in the Wairarapa identifying asthma as one of the top three presentations to ED, Nurse Practitioner, Katie Inkster and Community Health Worker, Marlene Whaanga Dean adapted a skin infections education programme to develop the workshop to address childhood asthma. The skin programmes have had a positive effect on reducing avoidable hospital admissions, and it followed that reduced hospital admissions may also be achieved by presenting a similar programme to focus on respiratory health.

Selected patients were identified from ED discharge summaries and some self-referred. Key whānau and carers assisting the affected child were included.

Seminar numbers were deliberately small so whakamaa (shyness) was reduced. All attendees were awarded a kete (flax bag) containing new inhalers plus delivery devices, relevant health information and a voucher for ten swimming lessons per child (sponsored by CLM fitness and MoH via the Maori Provider Development Scheme).

**From a cultural and patient perspective, we aimed to:**

- Create 'time' to spend with whānau

- Ensure attendees felt culturally safe
- Increase health literacy
- Empower whānau to self-manage
- Create asthma champions and healthier communities
- Share whānau stories and provide networking opportunities

**From a clinical and health perspective, we aimed to:**

- Improve health literacy so carers better understand their child's asthma
- Promote awareness of signs and symptoms of worsening illness
- Promote insight into other factors that may influence respiratory health
- Engage whānau in physical activity
- Support whānau to re-engage with their medical homes
- Improve intersectorial collaboration

After a morning that begins with a mihi whakatau, education seminars are delivered by nurses, nutritionists, Aukati Kai Paipa (AKP) quit smoking champions, Work and Income NZ and Rongoa practitioners. The morning is completed by sharing kai and signing up to Pae Ora Services for ongoing follow up.

- Only 2 out of 17 children have returned to ED
- 13 children utilised the FREE swimming lessons and are now budgeting to self-fund continuing lessons
- 10 whānau were re-engaged with their medical homes and have had other health screenings updated as a result.
- Increased matauranga (knowledge, health literacy) has been confirmed during follow up appointments.



WHAIORA

*In Pursuit of Wellness*



Photo credit: Pete Nikolaison

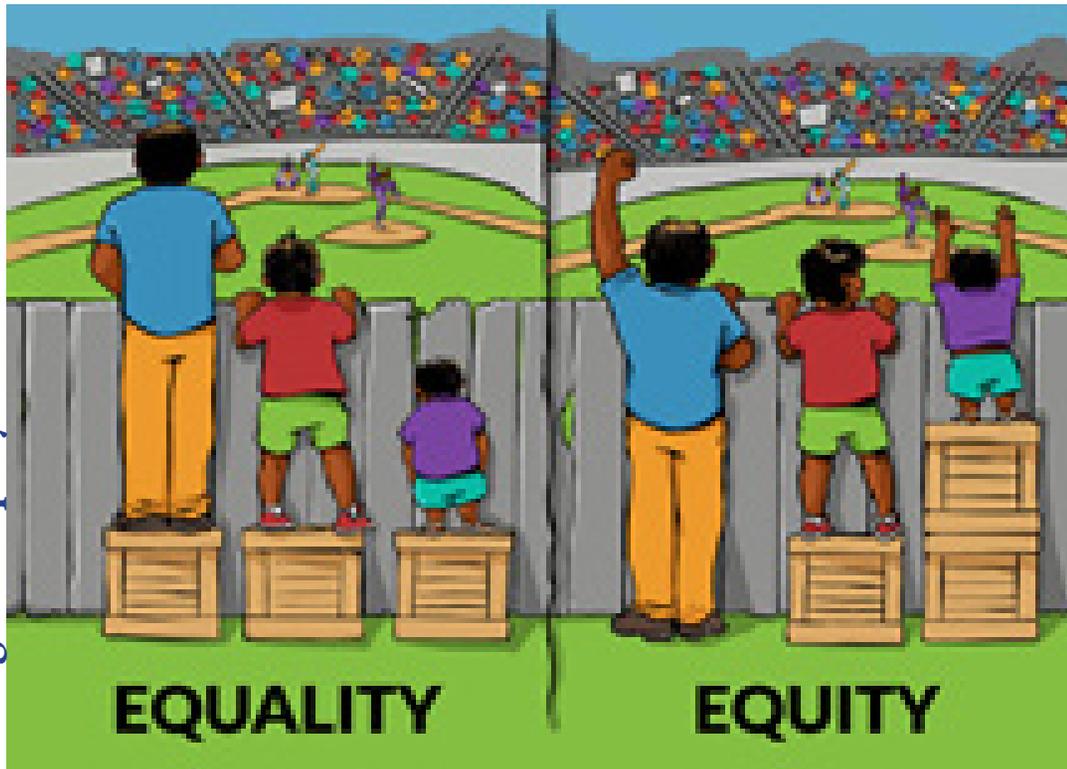
# Virtual short stay beds

**An analysis of ED breaches indicated that there is a small cohort of patients who breach because they need monitoring, or require interventions that take them over the six hour time period. This can be distressing for patients, some elderly and frail, who may spend long uncomfortable periods on a trolley prior to discharge.**

Previously, the Acute Assessment Unit (AAU) had been used, however there was no permanent nursing staff resource assigned to the unit and its use was dependant on finding additional nursing staff to cover. The establishment of a virtual short stay unit has now allowed the admission of those patients to an available bed that is staffed for the short time of monitoring and/or treatment they require. The term 'virtual' in this context means not a fixed space but wherever the bed/staff are. The preference is to use spare capacity in the

high dependency unit (HDU) but, in reality, the admission can be to any adequately resourced available bed. The patients are admitted under the ED consultant during working hours or the Senior Medical Officer on call after hours. The improved process has been very successful in ensuring that patient comfort and safety is maintained, as well as assisting us to meet the target of shorter stays in ED. High quality care is of the highest importance to all members of the ED team. Patients were often uncomfortable on the trolleys, with limited space for movement and minimal pressure relief. The use of beds within HDU and AAU has now enabled our patients to finish their care from ED in comfort and safety.

Our goal...equity for all



“I was in ED for just over seven hours on my recent visit. It was explained that I needed extra treatment but would be fit for discharge when it was completed. I became concerned as I was already uncomfortable after sitting for four and a half hours. It was then explained that I was being admitted to a short stay bed in HDU. I was transferred to a more comfortable bed in a quiet and restful space which even allowed me to nap whilst my treatment was completed. I couldn't praise the service highly enough. I thought the use of available beds in HDU was a thoughtful and caring idea.” J F S.

*“I would like to express my gratitude for the treatment I have received from Wairarapa Hospital since I was diagnosed with cancer. I was given ample information to make a decision regarding the best treatment for me. I would particularly like to thank the urology surgeons and nurses. The treatment I received has been first class, all staff have been very supportive, informative, caring and professional....”*

# Theatre efficiencies

2016 has been a year of consolidation and reduction of stock levels.

With expiring stock not being used and going to waste, a project was initiated to pinpoint areas where efficiencies were able to be introduced. One of the most significant items identified was sutures.

Staff assessed the suture material, identified what was still required and what was no longer used, and evaluated the frequency of ordering. Suture stock levels have been reduced by \$17,000 on the shelves.

One of the disadvantages of being a small hospital is we must be prepared for procedures even if they are done infrequently. This requires stock to be sitting on the shelf “just in case.” The theatre efficiency project has led to a system being developed and now implemented that allows stock to be moved to neighbouring DHBs when it is getting close to the expiry date, so it is not wasted.

This year alone it is estimated this project has saved Wairarapa DHB \$20,000. This commitment to the health dollar is a shining example of what can be achieved by challenging and reevaluating practices that have been in place for some time.

***If you always do what you've always done, you'll always get what you always had!***

..... *The staff in Med Surg were also first class. The back up service from the district nurses and continence nurse was wonderful. It was so good to know there was always someone there to answer questions, concerns and give support. The continued follow up has been timely and supportive. I could not be happier with the treatment and especially the service from the highly professional staff.* M N.



## Smoking..... Not our future!

Smokefree Aotearoa 2025  
Smoking and sport don't mix.

**The smokefree message is loud and clear in Wairarapa, kicking ahead with an eye on the goalposts of a Smokefree 2025.**



Under 11, 12 & 13s  
Smokefree ambassadors

The smokefree initiative, funded by Wairarapa DHB, Regional Public Health and the Cancer Society, provided three Wairarapa Bush rep teams with warm up Tee Shirts. The Under 13, 12 and 11 teams wear their shirts to show support for a smokefree future and to actively discourage smokers from smoking on the sportsfield. It served as a very visual reminder that smoking is not permitted at any play ground or sports ground in Wairarapa.

Every year 5000 people in NZ die of smoking and smoking related diseases and wearing the smokefree shirts helps our junior advocates to spread the simple message that no one needs to die because of smoking – we just need to stop!

# What we've learned from our serious adverse events

## There were three serious adverse events reported by Wairarapa DHB in 2015/16.

The events reported sit within the categories of:

- Medical device / equipment
- Patient fall
- Wrong patient

We sincerely apologise to the patients and whānau/family involved in these cases and acknowledge the anxiety that occurs when things go wrong in healthcare.

Wairarapa DHB encourages a transparent and “no blame” culture with our clinical (and indeed all) staff in order to learn and improve.

Adverse events identified as serious receive an in-depth investigation by a team of relevant clinicians and quality staff. The reports are reviewed by the patient safety committee and learning remains the key focus. The recommendations from the reports are shared within the organisation to be integrated into normal practice and then reviewed regularly to ensure changes have been implemented and to minimise the chance of similar events happening again.

## The Clinical Board

The Clinical Board is, in many ways, the most important part of the DHB organisation. Formed from clinicians from all parts of the health service, the Clinical Board has the prime responsibility to oversee all matters relating to the quality and safety of the health services delivered to people within the Wairarapa. The board meets regularly and receives information from a number of sources regarding patient care including adverse events, complaints, development of new services and procedures, and quality reviews of services provided, including patient feedback.

The Clinical Board reports to the DHB board and executive team about matters relating to quality and safety, and has the responsibility for ensuring that all recommendations from these various reports are put into action. The Clinical Board is now functioning actively, and will continue to develop its work in the coming year.

One of the goals of the board for the coming year is to strengthen community input into the development of Wairarapa's health services.

“Our practice is to communicate openly with patients and whānau/family at all times when adverse events occur. We listen, provide support and involve patients and whānau/family in the review to the degree they prefer and, wherever possible, we make sure their questions are answered and any concerns that they have are addressed.

“The upcoming year will see the development of a more locally led approach to quality and improvement and an increased focus on patient experience, consumer engagement and integrating learnings from any serious events into our quality improvement initiatives.

“We will do this by building the capability of our teams, investing in their development and establishing robust quality and risk systems and frameworks, based on best practice, that will be embedded into the day to day practice of everything we do that impacts patient outcomes.”

Chris Parker, Executive Leader Quality, Risk & Innovation

*“I would like to thank all staff from A&E, HDU and MSW for the care and attention I was given on my stay in hospital. I cannot speak highly enough of doctors and nursing staff. Nothing was any trouble to any one of them. We sure have a wonderful hospital.”*  
J R.



# Wairarapa hospital recycling programme

In October 2015, The Minister of Health approved the Wairarapa District Health Board's 2015/2016 Annual Plan. His letter of approval included the following expectations of DHBs: *DHBs are required to budget and operate within allocated funding, and to identify specific actions to improve year-on-year financial performance in order to live within their means. This includes seeking efficiency gains and improvements in purchasing, productivity and quality aspects of DHBs operation and service delivery.*

This directive, along with well applied "Lean Thinking Skills" learned at the Collabor8 quality training programme, led to an investigation of potential cost-saving measures in the Wairarapa DHB Peri-Operative (Peri-Op) Unit. The "Reduce, reuse, recycle" work began:

- \* Identified areas for waste-reduction / cost-savings / recycling in Peri-Op
- \* Initial discussions / investigations with staff at Wairarapa's Transfer Station
- \* Sourced recipients for re-purposed items from Peri-Op
- \* Collection/recycling campaign commenced in Peri-Op
- \* Shared cost-saving ideas to garner enthusiasm and support

## **RESULT: immediate reduction in the waste volume generated!**

Taking the recycling programme hospital wide was the logical next step. A committee was formed, and meetings with the Mayor, District Council and Transfer Station management resulted in a waiver of the commercial quantity fees at site of disposal. Staff are engaged with the project and recycling facilities are appearing in each department, considerably reducing the tip face refuse costs. This initiative has not just introduced cost savings for the DHB, but shows a real commitment to the community to protect our environment.

*Wraps are used to sterilise equipment and have traditionally just been disposed of. They are clean and ready to use for all sorts of repurposing - car boot liners, drop cloths for art projects, painting & decorating, potting plants, mats under childrens high-chairs, weed matting, lining cat & dog beds - the possibilities are endless and it reduces waste!*



*"Then I looked past the Peri-Op Unit and saw the missed opportunities. There are 100 milk bottles delivered to the hospital DAILY. At the risk of drowning in good intentions, I recognised there was huge potential to take this hospital wide."*

*Shelli Pillar*

*Theatre Nurse,  
Clare Edmonds is  
pictured with recyclable  
wraps collected from eight  
surgical cases.  
All now saved from being  
dumped on the  
environment by being  
repurposed and reused*



*clean, green & thinking lean!*

# Community medications returns campaign

**A Wairarapa wide medications returns campaign this year saw 72 cartons of unused, outdated medicines rounded up and sent for disposal.**

Wairarapa DHB joined with local pharmacies, medical centres and Compass Health to urge locals to clear out their cupboards of unused or out-of-date medicine in a bid to reduce accidental poisonings and medication misuse.

It is not uncommon for households to have unused medicines lurking forgotten in medicine cabinets. These soon pass expiry and can become a safety hazard, posing great risk to children and adults if taken accidentally or if used when out of date.

While a normal month would yield a dozen or so cartons of surrendered medicines, the campaign saw a whopping 72 cartons of medications surrendered throughout Wairarapa.

Pills, tablets, supplements and liquid medicine formed the bulk of the collection. In sorting through the medications received, pharmacists noted expired prescriptions dating back 17 years and several of the items were in a very odorous, well spoiled state.

The surrendered unused and expired medications were disposed of by InterWaste.

Communications throughout the campaign and at its conclusion encouraged the community to talk to their family doctor or pharmacist if they're not sure whether to continue storing medicines, or if they have a question about the medication they're currently using.



*Carterton mother Tina Tyacke with son James return unused medication to Masterton pharmacist Viv Barham. James ended up in hospital last year after swallowing several Panadol tablets, found after climbing up and finding them in his mother's tallboy and almost accidentally poisoning himself.*

# Working to create a more diverse workforce

**Wairarapa District Health Board is a great place to work and it is the largest employer in the Wairarapa with in excess of 645 employees. When we consider community services, medical practices and aged residential care facilities, that number doubles. Health is a significant contributor to our local gross domestic product (GDP).**

Our DHB data suggests that our workforce is slowly diversifying in terms of different cultures and places of origin, yet we are struggling to employ qualified Māori and Pacific staff. Our Māori workforce makes up just 5%, yet in Wairarapa the Māori population is 17%.

It is not just about numbers. The data shows that Māori, in particular, are largely employed in administrative roles or in less skilled positions.

We are faced with a number of issues primarily encouraging young people to take up a career in health, competing with other DHBs for the limited supply of qualified candidates, and attracting them to come to Wairarapa.

In 2014, we initiated a scholarship award for any Māori person taking up a tertiary health qualification.

The Te Arawhata Tōtika Scholarship is modeled on a desire to improve cultural competency across the organisation.

The inaugural recipient was a student who has just completed her second year studying to be a midwife, and who has undertaken placement with maternity both at Wairarapa Hospital and at Hutt Valley DHB. Midwifery is a profession which is incredibly low on numbers for Māori. Of the 7,000 registered midwives nationally, just 246 are Maori and none based in Wairarapa.

The same year that the first scholarship recipient was announced, Wairarapa had a second Māori student enrol to train as a midwife.

“Having Māori take up these kinds of clinical roles sends a strong signal to the community that anything is possible for anyone prepared to work for it, and they then naturally become great role models,” says Wairarapa DHB’s Executive Leader, Māori Health, Jason Kerehi. “It offers a whole different perspective to the profession as you have a person who is more likely to connect on a cultural and personal level, as well as on a professional one.”

Wairarapa DHB is committed to encouraging more Māori to take up health as a career and, through programmes such as Kia Ora Hauora which guides Secondary students into Tertiary study, or Health Workforce New Zealand which funds our Maori Health workforce to up-skill, we will be better prepared for the challenge to improve health outcomes for Wairarapa Māori.



## *Wairarapa Mauri Ora – Vibrant, strong and confident whānau*

The Wairarapa District Health Board is committed to improving Māori health outcomes alongside our iwi partners, Rangitāne o Wairarapa and Kahungunu ki Wairarapa. Te Oranga o Te Iwi Kainga (Iwi Kainga) is the Māori Relationship Board appointed by both iwi that engages directly with the DHB board to ensure that our health initiatives are having the best gain for Māori across the Wairarapa health spectrum.

## Carvings gifted by the Ministry to Wairarapa DHB

Staff and the community gathered to welcome seven carvings, created by master carver Takirangi Smith, to their new home at Wairarapa hospital. Three of the carvings frame the main entrance and the four others are at the entrances of ED, Selina Sutherland and the Chapel, and over the reception area in the medical and surgical ward.

The carvings were gifted to Wairarapa iwi, Rangitane and Ngāti Kahungunu by the Ministry of Health, which had the works commissioned in the 1980s. Board Chair, Derek Milne, said the ceremony signified the strong partnership enjoyed between the DHB and Wairarapa iwi.



# Acute services community education programme

## School injury & illness treatment and referral information

### Sprain, strain & possible fracture

Immediate treatment:

- Assist them to sick bay

Where to refer next:

**1 Home:** to rest and follow RICED guidelines if minor swelling or bruising

**2 Family doctor:** if in pain and can't use limb as normal

**3 ED:** if in severe pain and limb is pale, cold and/or deformed

### Cuts & wounds

Immediate treatment:

- Clean
- Cover
- Check

Where to refer next:

**1 Home:** to rest and monitor minor wounds

**2 Family doctor:** if wound is gaping, has dirt or something inside, or if not healing after 2 days

**3 ED:** if large and/or deep wound, large blood loss

### Gastro (tummy bugs)

Immediate treatment:

- Rest and drink small amounts of water often

Where to refer next:

**1 Home:** to rest and have small amounts of water often; stay home for 2 days after vomiting or diarrhoea has finished

**2 Family doctor:** if still sick on day 3 of symptoms

### Colds & coughs

Immediate treatment:

- Rest and drink water regularly

Where to refer next:

**1 Home:** to rest and drink water regularly; pain relief for sore throats, earaches and headaches

**2 Family doctor:** if still sick after 3 days or if child is feverish, miserable and not wanting to drink

### Head injury

Immediate treatment:

- Check if conscious
- If unconscious: call 111
- If conscious: check info sheet; call family doctor if necessary

Where to refer next:

**1 Home:** if minor headache after injury

**2 Family doctor:** for assessment if any loss of consciousness or in severe pain

**3 ED:** if drowsy, acting strange, vomiting, can't move parts of body, blurred vision, slurred speech

### Allergies

Immediate treatment:

- If having trouble breathing or used own epi-pen, call 111
- Provide first aid if not life threatening & check student notes for existing conditions

Where to refer next:

**1 Home:** talk to your pharmacist about relief for minor allergic reactions

**2 Family doctor:** if symptoms not better after 2 days

**3 ED:** via ambulance for breathing issues, if lips/tongue swelling or if epi-pen used

**All** ▶ If concerned, call local doctor or Healthline 0800 611 116  
If an emergency, call 111 or go to ED

*Just one of the many resources being developed in conjunction with Wairarapa community stakeholders*

Other target groups include community agencies that provide healthcare information and support and work with particular groups in the community (eg Age Concern for older people, local churches for Pacific people). Programme activities include seasonal campaigns such as winter wellness to help people avoid getting sick or injured. A range of supporting resources have been developed to support the campaign that feature a similar look and style to help build awareness across the Wairarapa region.

Managing demand for acute services is an issue faced by most regional health authorities. It is a particularly challenging issue in Wairarapa, which has one of the highest rates of Emergency Department (ED) presentations in the country.

The rate of presentations puts considerable pressure on the region's ED. Established to manage around 14,000 presentations per year, the department treats an average of 17,000 per year. A considerable proportion of the patients presenting at ED could effectively, and often more quickly, be treated by their GP or other primary health provider.

Presentations by patients in this group have a considerable impact on ED services. This includes putting additional pressure on ED staff and resources, impacting overall wait times and influencing perceptions of service quality.

The Wairarapa acute services communications programme has been established to assist in reducing the overall number of patient presentations at ED and ensure patients access health care at the place best suited to meet their needs, first time.

Driven by Compass Health with input from stakeholders, the programme encourages people to see their family doctor and medical centre as their first stop for healthcare advice and services. It also highlights other options that are available, such as asking a pharmacist, visiting the weekend After Hours service or calling Healthline, which is available 24 hours.

The programme has been working with health services and organisations throughout the region to ensure everyone is providing consistent information. The initiative also involves working with groups that are a referral point for people when they're sick or injured, such as schools and sports clubs, to provide information and advice on what to do in these situations.



# Where to from here?

## Chief Executive, Adri Isbister outlines the future focus of Wairarapa DHB

Our health and disability services deliver valuable outcomes, that of keeping our population well and providing clinical services to deliver the best possible care.

Equity is a particular focus and we plan jointly with our Iwi partners on how best to improve health and equity for all populations; improving quality, safety and experience of care; delivering best value for public health systems as is communicated in the Triple Aim for quality improvement. Our partners assist in the mechanisms to enable Māori to contribute to decision-making on, and to participate in, the delivery of health and disability services.

We have our challenges, and we are tasked with bringing the Wairarapa DHB out of a deficit budget position. This will be done by transforming the DHB systems to fit within the allocated funding to enable investment in new models of care, continuous quality improvement and organisational sustainability.

We will continue to work with primary care and the community to seek joint solutions to improve care closer to home and meet the Government's Key Performance Indicators. Our integration strategy will see us working across the sectors with an intersectoral approach to developing services which will alleviate the stress of the social determinants of health; an integration strategy that will focus on disparity and access to services.

We will build a robust local clinical leadership and governance infrastructure which will include consumer participation to guide service development and implementation.

We will continue to work collaboratively as a central region. Our partnerships with both Capital and Coast DHB and Hutt Valley DHB are paramount to our population; we share services for the better health of all our people. A future service development we are working on is an ambulatory model of care; bringing chemotherapy treatment to Wairarapa from Capital and Coast District Health Board.

Continuous improvement and innovation is a priority at Wairarapa DHB, taking us into the future. The new local leadership structure that has been introduced is performance-driven and we are committed to making positive change.



*Well Wairarapa - better health for all*



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