



What a fantastic effort!

It was a sea of red and black (shirts, skirts, scarves, shoes and ribbons) as staff got into their Canterbury colours and got behind the Christchurch earthquake appeal.

This was a chance for people to show their heart-felt support for the Christchurch people and to give Cantabrians the message that "we are all with you."



Staff wear red and black in support of the Christchurch earthquake appeal

For a lot of staff it was an opportunity to do something to help. "You just feel so useless being so far away," says Lisa, a registered nurse. "This is a wonderful opportunity to get behind Christchurch in their time of need."

Over 150 staff attended a special mass at the Spiritual Centre – in fact it was the largest service ever held, with staff lining the corridors. "It just shows how people rally together in a time of need," says Chaplain Deidre Sutcliffe. "We also planned the service to coincide with the services being held around the country. It was wonderful to be able to join with everyone else – it really brought the whole country together."

Many thanks to all of the volunteers who helped collect gold coin donations. Overall we raised \$2,953.10. The staff from Radiology and Medical Records also raised \$800.

"I'm so proud to be part of an organisation that comes together in a time of need," says Jenni Coles, COO. "It's wonderful to see people's compassion and generosity in support of the people of Christchurch. Well done to everyone involved."



What an amazing effort!

Many thanks to everyone involved



CMDHB comes to the aid of the people in Christchurch

CMDHB set up an Emergency Operations Centre (EOC) to join with all other DHB's in the response to the terrible events of 22 February 2011. This support involved many different parts of our organisation and a large number of staff who assisted within our area, regionally and nationally.

Our first offer of help went to some of the Renal Dialysis patients who could not continue to Dialyse in Christchurch either because of damage to accommodation or, more importantly, because of the lack of clean water. These patients came up to Auckland on a NZRAF plane and were co-ordinated by our Dialysis Department who arranged for them to be allocated to all four DHB's in the region. Most of this group were accompanied by a family member or care giver. Next to come our way was a large group of Aged care patients from damaged rest homes in Christchurch. Many old people had been sent to South Island resthomes, and we linked in to help relieve

some of the pressures down there. These transfers involved not only the patients, but often their wheel chairs and walking frames. A group of intellectually disabled people were also catered for and are now settled in CMDHB locations.

CMDHB is also in the process of sending staff to Christchurch to assist. Three have already gone and many other volunteers have been collated onto a data base and will be contacted as soon as Christchurch identify's its needs over the next few weeks. Much of this work is being coordinated on a regional basis, together with Civil Defence, Police and the armed services.

Although we are grateful for your help, it is very important that nobody goes down to help in Christchurch without being asked. Resources are scarce and any assistance MUST be given through the EOC at CMDHB in the first instance. *Mick Hubbard - Emergency Response Manager*

Winners have safe clean hands

Imagine you need a knee replacement operation, what would you expect from your healthcare provider? You would probably want a good surgeon and for your operation to go smoothly with no needless pain or waiting.

The last thing you would want is a hospital acquired infection such as a wound infection, a urinary tract infection (UTI) related to an indwelling catheter (IDC) or to be contaminated with Multidrug Resistant Organism (MRO). The best way to prevent such infections is good hand hygiene. It may shock you to know that the latest CMDHB audit showed that 60% of us are not washing our hands properly – putting you, the patient in this scenario at risk of getting an infection.

So what is the answer? The solution is incredibly simple and that is washing your hands or using the hand gel before and after patient contact. That's a 15 second exercise that could protect you and your patient from picking up or spreading an infection. It sounds relatively easy doesn't it so why aren't we doing it!

The answer to this question isn't simple, which is why Eman Radman, from the quality improvement unit along with the Hand Hygiene Steering Group are looking at what the barriers are and what we can do to increase this basic patient safety activity.

"One of the mis-conceptions is that staff think it takes too long to fit in good hand hygiene practices into their busy workloads," says Eman Radman.



"I wouldn't risk my patient's new knee joint by not cleaning my hands before examining the wound"

Rodney Gordon - Orthopaedic Consultant

In 2009 there were 871 healthcare associated MROs identified at CMDHB. It is likely that the figure is much higher.

Working to prevent patient harm is everyone's responsibility

For further information visit: <http://www.healthcarequality.gov.nz/QualityImprovement/ControlPatientHarm>

COUNTIES MANUKAU HEALTH

"The reality is that good hand hygiene takes less than 15 seconds. We have also make it easier for staff to clean their hands by improving access to alcohol hand gel.

For e.g. two years ago, alcohol hand gel was only located sporadically outside patients' rooms. In some areas staff needed to walk more than 6 meters to reach a basin to wash their hands.

Today, alcohol hand gel bottles are placed at the foot of most beds in the hospital. If not, they are wall mounted inside a patient's cubicle. It's really not acceptable to examine patients with dirty hands when gel is available at the point of care and hand washing facilities are available at all sinks."

Winners have safe clean hands (continued)

Education around hand hygiene has been a constant feature in all infection control teaching and orientation sessions to new staff. The information learnt from these sessions needs to be taken back and used at the bedside. That way we provide safe care with no harm to the patients, or to ourselves.

“At CMDHB we must strive to ensure success and to change the organisational culture in which hand washing is a clear administrative expectation,” says Catherine Larsen CND. “In order to embed success into daily practice we must change organisational culture and expectations by eliciting the support of thought leaders or clinical champions – both medical and nursing.”

Research supports the theory that efforts to improve hand hygiene practices have been inadequate due to little attention being focused on the care delivery system, expectations and organisational culture.

Catherine explains the ‘culture’ in the Operating Theatre empowers staff to monitor each other – nobody would be allowed to join in an operation without performing the correct surgical scrub technique.

Staff are taught this technique as soon as they commence employment and are scrutinised and monitored by all staff, particularly the senior members of the team. No one is exempt.

Clinical staff involved with hands on care need to ensure they are ‘naked’ from the elbow down. This means no tops worn under their uniforms and no jewellery except for a plain wedding band. This includes bangles and watches.

If you see someone who is about to administer care but hasn’t washed his or her hands ask them to do so. Your patient will thank you for it. Patients can also do their bit by feeling confident to remind staff to clean their hands before and after every contact.

Ultimately, the responsibility lies with each staff member to do their bit to help prevent the spread of life threatening, disabling and very costly hospital acquired infections.

If you have any questions or new ideas to improve hand hygiene compliance, please write to Catherine.Larsen@middlemore.co.nz

Waitangi Day at CMDHB

What an awesome response from all those who went on line and did the quiz for Waitangi Day. For all of those who physically came to the front entrance by the information area it was great to meet you and test your knowledge on the Treaty of Waitangi.

This was a good time for CMDHB to promote a Maaori Core Value “Whanaungatanga Celebrating Relationships” for the theme of the day.

For more information regarding Maaori Core Values or Tikanga Best Practice training visit our website

<http://southnet/MaaoriHealth/Training/Default.htm>



Staff test their knowledge on the Treaty of Waitangi

High school meets high tech

As part of the Workforce Development Programme the CTEC instructors once again had the pleasure of hosting forty 16-17 year old students investigating the potential of a career in the health industry.

Thanks to a recent grant from the Auckland Airport, equipment like a new Resusci Annie Skill reporter which arrives in March will make sessions like these even more enjoyable for the students with more of them being able to actively participate.

“We would like to offer more in the range of technology, however due to limited funding this takes time,” says Tracey Cooper, CTEC Team Leader. “As people get to see what we can offer, this is beginning to change, with the Auckland Airport being a major contributor in 2011.”

The high school students got to participate in IV cannulating, airway skills, CPR challenges, a virtual hospital programme, and even a simulated birth. The laughter and willing volunteers spoke volumes.

Feedback from Alexandra Nicholas, Workforce Development Coordinator says it all:

“Wow! Looks like you guys have introduced some new activities, great! Once again, we had an overwhelmingly positive response from the students and teachers that visited CTEC today.

“Thanks again to you and your fabulous team for supporting these hospital tours/visits and providing such an amazing experience for these students.



Students take part in a simulated birth



Students test their airway skills

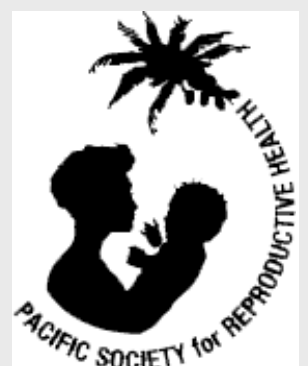
“Your contribution to our future health workforce is invaluable, thank you!”

We look forward to the next group of students coming through our doors.

The Pacific Society for Reproductive Health’s (PSRH) Secretariat is excited to announce details of their 9th, Scientific Meeting entitled; Maternal Health Matters: Delivering MDG5.

Dates for your calendar: PSRH 9th Scientific Meeting, 5th — 8th July 2011

Venue: Solomon Kitano Medana Hotel (TBC) Honiara, Solomon Islands. The PSRH Secretariat welcomes submissions for paper presentation NOW. To submit please contact ykwalsh@middlemore.co.nz For more information, on the Pacific Society for Reproductive Health, please go to www.psrh1995.org



Words at Work

Have you ever struggled to read a difficult document? Have you received an email that doesn't make sense? Have you had a conversation with someone then wondered if they really understood? If you answered "yes" to any of these questions, it could be due to a literacy issue.

It is estimated that 46% of adults in Auckland have difficulty understanding spoken or written English, and basic maths. This means the day to day tasks many of us take for granted are time-consuming, frustrating or simply impossible to complete. Speaking with their child's teacher, checking the money for the weekly groceries, applying for a job, or voting in local body elections are all tasks that require good literacy and numeracy skills.

Here at Counties Manukau, we're taking positive steps to improve the numeracy and literacy of our employees. The Language, Literacy & Numeracy Strategy and Action Plan (LLN for short), includes initiatives to support individual employees through intensive workshops, help people write easy-to-read documents, and up-skilling those in training and educational roles to support people with LLN needs.

Judith Ratahi, from Non-Clinical Support Services, is one of those who took up the challenge to gain more skills. Judith, whose role includes training and coaching of the cleaners, recently completed her NCALE qualification, a nationally-recognised certificate in Adult Literacy and Numeracy for educators.

Due to graduate from MIT in April, Judith is now aware of the issues some adults face, and the kind of strategies they employ to hide their abilities. Taking forms away to fill out (the kids do it for them at home), telling a caller that a



Judith Ratahi, from Non-Clinical Support, is now an NCALE graduate.

person is unavailable (rather than having a complex conversation) or "forgetting" to bring their glasses ("I can't see those tiny numbers") are all common strategies which mask issues with literacy and numeracy. Judith is using her qualification to support employees in her teams, and is helping to build the LLN skills they need to function comfortably in their roles.

Over the next few months, you'll see more and more about LLN. For information about the strategy and activities for you and your teams, check out our new web pages under the Learning & Development site on SouthNET.

If you would like to contribute to Staff Connect please contact Janet Haley via email: janet.haley@middlemore.co.nz or via extn: 9076.

Stories can be up to 500 words in length. If you have a digital photograph to accompany your story please feel free to email this as well

Fabulous Funfest thanks to volunteers

Four days of rides, games and pumping music transformed Alexandra Park into an exciting Funfest for the whole whanau to enjoy.

In the first week of January the Greenlane trotting park was the place to be for Aucklanders to soak up the summer festivities with free rides, face painting, loads of entertainment and competitions.

South Auckland Health Foundation was privileged to have a great team of volunteers who painted faces, supervised the Master of the Rings and Laughing Clowns games from January.

Thanks go to Clifford the Big Red Dog and Geronimo Stilton who left the comfort of Scholastic NZ books – high-fiving the kids and keeping people entertained.

Delicious KitKats and Wonka Fabulicious Raspberry Twisters were tasty treats that youngsters – and some not so young – enjoyed munching on, thanks to a generous donation from Nestlé New Zealand.

Handy fans from Counties Manukau District Health Board Interpreting and Translation Services were invaluable to help folks keep their cool in the humid weather.

Four days of fun that was a successful fundraiser for Kidz First and also put a smile on the faces of so many children.



OPEN WIDE: Stephen Russ was spectacular on the Laughing Clowns at Funfest.

New Website for Middlemore Childcare Centre

Are you aware that at Middlemore we have an onsite childcare centre? The Middlemore Hospital Staff Childcare Centre, also known as “The Tree House” caters for both children/babies of staff and community-based children.

It aims to provide quality education and care for the children, as well as celebrating their individuality and different cultures. It is open from 6.45am until 6pm, Monday to Friday. The Tree House offers priority to employees of CMDHB and its subsidiaries, as well as a discount to those employees.

For further information please contact the centre directly on 276 0005 (or ext. 8005 if internal) or visit the cool NEW website www.middlemorechildcare.co.nz.



Aroha overhauls emergency whare

Resting close to whanau when they are admitted to hospital with a serious medical condition can make the experience a little easier for loved ones giving their support.

Te Whare Rapuora is Middlemore Hospital's emergency accommodation and a fantastic makeover was recently celebrated with an official blessing and ribbon cutting ceremony.

From the end of December until mid-January volunteers and staff cleaned, prepared and repainted the whare, which is used daily.

Maaori Health General Manager Bernard Te Paa says: "When I think of work for the soul, not just for the hand – it is a project like this. It makes a difference for organisations like ours.

"It is a whare for our people who come from out of town – the North Shore, Waikato, South Island, Australia or the Pacific Islands."

Situations requiring emergency accommodation are varied. It could be used by a mum who needs to be near her premature baby in Kidz First's neonatal unit but can't afford fuel for daily commuting or a family from out of Counties Manukau with a patient in Middlemore's National Burn Centre.

The whare is available for all people in need but there are some restrictions because it is a communal facility.

Volunteer worker from Te Ara Hou, Tipene Powell was asked to give three days to paint the whare but he soon



WORKERS: Some of the many people behind the refurbishment of Te Whare Rapuora emergency accommodation. Clockwise from left, Betty-Lou Iwikau, Mike Tumai, Tipene Powell, Bernard Te Paa, James Witihira, Wini Schwass, Nathan Beckham.

realised his duties included everything from sanding walls to washing dishes.

"It was awesome to be part of a project that benefits the community and all people," says Mr Powell.

The renovation budget was extremely small. Farmers and Sleepyhead NZ supported the project – providing eight king-single beds at cost price and stylish manchester with a significant discount.

The Salvation Army also donated some furniture and continues to give emergency food for guests.

Whaanau support worker Morewa Wilson says: "Corners of the house we can see but the corners of the heart can never be seen – except by the actions."

The new surroundings are clean, light and safe – providing a welcome respite from what are often stressful situations.

Health Services for Young People in Secondary Schools

Since 2002, registered and enrolled nurses have been working in 15 secondary schools, and 2 Teen Parent Units (TPU), within the Counties Manukau area, under a joint health/education initiative. The 30 nurses are employed within low decile/high deprivation secondary schools (decile 1-4) using funding from the MOH, DHB and the schools' operational funds. This initiative, which originated in Counties Manukau, was rolled out to other decile 1 and 2 schools, TPU and Alternative Education (AE) units throughout the rest of NZ in the government 2008 budget.



School nurses gather for a planning day in November 2010.

School based health services work at reducing the barriers to accessing health services that young people encounter by providing appropriate services by trained youth health nurses at appropriate times. The opportunity for students to engage with health professionals in a non-threatening environment allows students to develop and refine good health seeking behaviours as they move towards adulthood. The advantages of proximity and accessibility (in terms of cost, transport and 'comfort') mean school based health clinics are preferable for students' health needs. These school based health services provide a way for students to access health and social services which would otherwise be difficult to access.

Today's major health issues (e.g. obesity, diabetes and heart disease) largely originate from the choices people make in their youth. Addressing these issues effectively, through school health support services, at a time before students permanently make active lifestyle choices, will decrease the ongoing health costs associated with treatment.

The modelling of this career pathway within Primary Healthcare allows students another opportunity to observe career options in the health sector. This is also evident with students actively engaging with the school health team by participating in student lead school health councils. This gives them a support framework to participate in health promotion activities such as breakfast clubs and exercise programmes.

Raising awareness of healthy eating



Ward 33 nurses with Janene Lawrence C/N, Karen Pickering (Diabetes Project Manager), Kate Smallman (Diabetes Nurse Specialist) and Elham Hajje- Diabetes Nurse Specialist

Diabetes complications are one of the major causes of preventable morbidity and mortality in hospitals.

The majority of people with type 2 diabetes are overweight or obese and are therefore insulin resistant thus the emphasis should be on lifestyle changes that result in reduced energy intake and increased energy expenditure through physical activity (ADA, 2009).

To address individual nutrition needs, taking into account personal and cultural preferences and willingness to change, ward 33 Charge Nurse and staff Nurses with support from Diabetes Project Trust (DPT) and led by Elham Hajje-Diabetes Nurse Specialist launched a Diabetes Awareness Week in (Endocrinology Ward 33).

Karen (DPT Manager) and Kate (Clinical Projects Manager) demonstrated the plate's concept and provided educational information to Staff Nurses ward 33 to provide ongoing education to diabetes patients and their Whaanau/families to maintain the pleasure of eating by only limiting food choices which are supported by scientific evidence.

It was a good opportunity for all, to be encouraged to continue with their journey of being aware about the importance of healthy eating in the management of obesity and diabetes.

The launch enabled wards 33 Staff Nurses to have a great knowledge about basic healthy meals which would better reflect the community we serve.

Elham Hajje, Diabetes Nurse Specialist

CMDHB Launches Advance Care Planning Pilot in Secondary Care

CMDHB is leading the way, by introducing Advance Care Planning as a pilot project in selected secondary care settings. In December 2010 the secondary care pilot was introduced on the Respiratory and Orthopaedic Wards in AMC. Designated senior nurses and physicians on these wards will be responsible for undertaking Advance Care Planning discussions with patients who may choose to record their views for future care and treatment, in an Advance Care Plan.

Advance Care Planning can give a sense of control and comfort to patients who may have concerns about their future care and treatment. In particular many patients can feel worried about end-of-life care and treatment if they were unable to participate in treatment decision-making.

Prior to the pilot's implementation, clinicians were having Advance Care Planning discussions with patients but did not have the tools or systems to support them. Patients will now be provided with the Advance Care Planning information booklet and clinicians will use Advance Care Planning documents to complete with the patient. Systems and processes have been developed to guide clinicians on how to complete an Advance Care Plan and sending it through to our Patient Information Service. All Advance Care Plans will have a Locally Validated National Medical Warning placed on the patient's file alerting the health team to the plan. Clinicians will find the patients Advance Care Plan on Concerto under Alerts.

Project Coordinator for Advance Care Planning in Secondary Care, Michele Naish, says that the pilot will run for 4 months and will then be evaluated. The outcomes from the pilot will assist CMDHB to identify the resources required to sustain Advance Care Planning in the longer-term. Some of the information we expect to obtain from the pilot includes: Determining our human resource requirements, identifying training requirements and guiding quality improvement.



Sue Beaumont-Orr [L], Charge Nurse, Ward 7 AMC is taking part in the pilot and Michele Naish, Project Coordinator for Advance Care Planning for Secondary and Primary Care

The secondary care pilot follows the implementation of Advance Care Planning pilots in 2009 and 2010 to 12 rest homes and hospitals in the Counties Manukau area and in one Primary Care setting - Pukekohe Family Health Care. These pilots were introduced as a broader support programme to older persons living in the community.

“It can be very reassuring for health teams to know that they are providing the care and treatment that the patient wants and not provide unwanted or unnecessary treatment,” says Michele.

Michele is working with Sue Hawken from the Department of Psychological Medicine at the University of Auckland on developing a communication skills workshop. The first workshop being run by Sue will be initially offered to those involved in the pilot to support clinicians to carry out Advance Care Planning conversations with patients. For more information on the Advance Care Planning pilot visit SouthNET or contact Michele on ext 2579 or email naishm@middlemore.co.nz

Adding certainty to train unreliability

“I love the train, but it needs to be more reliable” was the common theme that came out of the Travel Plan focus groups that were held late January 2011 (thanks to all those who participated).

I too share their love of the train (Whitcoulls must also love it as I seem to be buying a book a week now that I have time to read again), but I also feel their pain about unreliability issues. It doesn't happen often but when it does it's annoying to arrive at the station and have to wait because the timetabled service is running late or cancelled altogether due to “operational issues”.

Because they run to a timetable, trains should, in theory, mean a timely and predictable journey for passengers (unlike the experience of drivers having to deal with the southern motorway on a daily basis). In reality this is not always the case.

However there is some light at the end of the, er... train tunnel (sorry), because not only is this years Rugby World Cup expected to bring millions of dollars into our flagging economy, it is also the catalyst for the implementation of **real time passenger information** (RTPIS for those that like acronyms) at 20 train stations on the Auckland network.

This will be similar to the information already displayed at most bus stops. Fingers crossed Middlemore station is one of the lucky 20. RTPIS will



Davinia van der Sar at Middlemore's train station

Result in more certainty for passengers about the state of the service meaning we won't be standing on the platform wondering if we should have brought a sleeping bag. This, plus **integrated ticketing** (more about that in the next issue), means significant improvements to the way we experience and use public transport in Auckland.

At the risk of sounding like a broken record, I'm quite excited about the planned improvements for this year. It will mean we are finally on track to getting, what will hopefully be a more user friendly public transport system along the lines of that found in comparable cities overseas.

In the mean time, a handy solution to the uncertainty of reliability is to subscribe to **service update text messages** from Maxx. You receive notifications about delays or cancellations that are occurring on the route and period of the day that are relevant to your commute. You can then be much more confident of your departures and arrival times.

It's totally free, so go to maxx.co.nz and click on Train Text Updates in the Quick Links section to register.

Leading the Way

Here at Counties Manukau, we're leading the way when it comes to developing our people.

Two significant programmes are making a difference to the way we operate as an organisation, and both have a unique flavour – while one focuses on leadership, the other develops applied managerial skills.

Leading Excellence in Health Care

recently celebrated the success of its participants at a graduation ceremony held at MIT's marae, Nga Kete Wananga (Baskets of Knowledge). Ninety seven people - from across primary and secondary health, including Funding & Planning – took part in this learning journey, which explored different ways of thinking and working, and established a common language.

Developed in collaboration with the University of Auckland New Zealand Leadership Institute (NZLI), the programme exposed participants to new perspectives on leadership and built a strong sense of inquiry.

For CMDHB, leadership complexity and the individual, professional and collective identity of leadership and partnership were key drivers for the programme. One of the strengths of the programme was the ability for people to reflect on new concepts during interactive workshops, where expert facilitators and guest speakers challenged their existing paradigms around leadership. These workshops, along with extensive readings, peer conversations, and leadership projects, has developed leadership capability in



Participants in the Managerial Excellence programme our organisation with people who are now better equipped to face complex issues in a dynamic health environment.

A second programme, **Managerial Excellence**, was equally successful, but had a completely different focus. Delivered by the New Zealand Institute of Management (NZIM), this applied learning programme encompassed six of the eight modules required for the NZIM Advanced Diploma in Management, a nationally recognised qualification. Bringing the workplace to the classroom, the 15 participants used action learning methodology with a Quality Improvement project providing an opportunity to apply theoretical concepts to a work-based setting.

The Managerial Excellence programme is intensive with a strong developmental focus and differs markedly from the Foundations of Management training programme.

Feedback from participants is very positive, highlighting the value of the learning. As one person said, "The major strengths for me were the tools that I could utilise in my work." But perhaps the strongest indicator of success is the fact that many of the participants are independently working to finish off the qualification. *To find out more about leadership development and management programmes, please contact Anne Marinelli-Poole, Organisational Learning & Development Manager, or visit the Learning & Development page on SouthNET.*



Graduands from the Leading Excellence in Health Care gather outside the marae after the ceremony.

Helping to keep our grounds SMOKEFREE

You may have noticed two new faces at Middlemore Hospital – one belongs to Bobby-Grace Heta and the other to Maureen Dunphy – our new Hospital Concierges’.

The Concierge role was introduced back in 2010 and due to its popularity is now a permanent and much welcomed role in the organisation.

Both Bobby-Grace and Maureen live locally and came across the job vacancy in the hospital bulletin.

“I was actually looking for a job for my daughter when I came across this role for myself,” says Bobby-Grace. “It appealed straight away and I knew I had the skills required.”

As for Maureen her working background is quite varied ranging from retail, catering, administration and phlebotomy. “I come from a health background, so it’s nice to be back in a familiar environment,” says Maureen.

Part of Bobby-Grace and Maureen’s role is to re-enforce the message that Middlemore is a NO SMOKING site. Both admit they have had some challenges along the way but say the majority of people are respectful of their role.

“It’s all about how you approach people,” says Bobby-Grace. “If you go up to someone in a judgemental or accusatory manner you are not



Maureen



Bobby-Grace

going to get anywhere. You need to be calm, friendly and respectful and take into account cultural differences.” As on queue Bobby-Grace springs into action and approaches a group of patients smoking on site. Her calm and friendly manner is well received by the smokers. In fact their response back was equally friendly and respectful.

“People need to remember we are not asking them to quit smoking,” says Maureen. “What we are asking is for them to consider stopping or cutting down and some ways in which they are do this e.g. quit cards, patches, lozenges etc.

Maureen says some of the smokers she has spoken to are already planning to give up or have signed up to a programme. “This has been great to see and makes what we are doing worth while,” says Maureen.

Maureen and Bobby-Grace are also pushing the NO LITTERING message and trying to keep our grounds clean and tidy. In fact it may surprise you to know that 95% of our rubbish is from cigarette butts!

“We do our bit by cleaning up the butts 3x a day, but it’s a real team effort,” says Maureen and Bobby-Grace. “The good news is our grounds are looking a lot cleaner with even smokers commenting on how good they look.”

Congratulations

Congratulations to the following midwives:

- Isabella Smart and Lesley Maclennan, for completing a diabetes practice paper from Waikato.
- Clare Senner, Sheenaz Desai, Susie Duckmanton, Gemma McGarry, for passing their Lactation Consultancy exam.
- Judith Beattie and Gemma McGarry for successfully completing their Leadership Quality Leadership Programme domains.



Congratulations to all of the midwives

Critical Care Complex

The Critical Care Complex is pleased to announce that John Larkin has achieved his expert PDRP (Professional Development Recognition Portfolio). John is a highly skilled nurse who coordinates the department in the absence of an ACNM (Acting Charge Nurse Manager). Many Congratulations John from all the team.

ANZICS Hawkes Bay 2011

Susan Takerei (ACNM PAR) & Catherine Hocking (Quality Coordinator) have had oral presentations accepted and will be presenting to the Intensive care community in March. Susan is presenting "The development of a Patient at risk Team, cutting the cloth to fit" Catherine is presenting "Reducing the incident of Central Line associated Bacteraemia using effective quality initiatives".



Promoting what we do at CMDHB

At the end of October 2010 our Charge Nurse Manager put out a challenge to all our Resource Nurses to come up with a poster for the ward promoting their role.

The conditions of the challenge was that it had to outline their role and give clear information to staff and patients. The judging criteria would be on title, relevance of the information, how easy it was to read and understand, contacts for relevant resource people and appropriateness of poster placement on the ward. The deadline was set for late October. There would be prizes for the top 3 posters.

Early November saw the posters appearing around the ward. As each new one was displayed, the level of anticipation grew within the staff. The standard was excellent. We invited Nurse Educators and other resource nurses to view and comment on the posters during this time.

Finally the last poster was displayed . All participants had risen to the challenge. The role of judging seemed daunting for Vicki Rawiri CNM and myself. However, with our judging criteria and other resource nurses comments, we spent an afternoon evaluating and writing feedback for all of the posters. The decisions were made.

Invitations were sent to our Clinical Nurse Director Lyn Cooper and Nurse Educator Derlys Jones to attend our presentation. Vicki gave feedback to all the staff regarding their posters, the place-getters were announced and presented with their prizes.



The winning poster from Occupational Health & Safety

Congratulations go to:

3rd prize : Hand Hygiene Poster : RN Thressiama Varghese, EN Rahul Kumar and HCA Faasega Lesa

2nd prize: Continance Poster : RN Maggie Ghadali

1st prize: (Occupational Health and Safety) RN Nisha George with a huge contribution from HCA Leonor Lopez.

We are very proud of you all for the effort you have put into the posters.

The posters are still displayed in Ward 24 so you are welcome to visit.

Marlese Weaver, Associate Charge Nurse Manager

Congratulations to the following Good 2 Great recipients



ORDERLIES

Mathew Orton, Dominic Brown and Hina William for their willingness to get the job done and for making a difference in the Radiology department,

Pesa Leota (nominated twice during this quarterly period) Pesa helped out with the 5th Year Medical Student Exams and was noted for his friendly and welcoming manner. Pesa enjoys his job and always has a smile on his face. He treats the patients and staff with respect.

Jonathan Lambert is pro-active in his job and is well liked by the Pharmacy team. He always ensures the patients medication is delivered on time and carries out his work in a pleasant and friendly way.

Tim West goes the extra mile to help anyone. He is always pleasant and polite.

Fetalaiga's work ethic is great. He is always willing to help out and go that extra mile.

CLEANERS

Beauty Pita achieved 100% Victorian Standard x 2 in a row

Ravinderpal Kaur has a wonderful attitude and does not hesitate to go above and beyond the call of duty.

Krishna Dhani and Findlay Donnan for their outstanding work in BioMed

Anita Francke for a very thorough job in TADU and for being a valued member of the team.



L to R: Barbara Schwalger (NCS Manager), Krishna Dhani; Ravinderpal Kaur, Anita Francke, Jonathan Lambert, Beauty Pita, Mathew Orton, Steve Mihaere (NCS Manager)



L to R: Barbara Schwalger (NCS Manager), Pesa Leota, Dominique Brown, Steve Mihaere (NCS Manager)

Non Clinical Support (NCS) recognises its staff on its journey to exceptional service delivered by celebrating individuals who go above and beyond the call of duty.

If, in the course of your day, you observe service excellence, please feel free to make a nomination by sending the following relevant information to

jan.adair@middlemore.co.nz

1. name of the cleaner/orderly/telephonist/mail room staff member
2. the reason why you are nominating them (a short explanation)
3. your name