

## Patients To Benefit From New Renal Unit

**South Auckland renal services have received a boost following the launch of a new renal unit at Manukau SuperClinic.**

The centre's opening in February was attended by nearly 100 guests including Health Minister Tony Ryall and marks a new phase in care for patients with diabetes and renal problems.

The 28-station dialysis unit increases the capacity of stations by 14 and replaces an old and unsuitable unit on the western campus. The DHB now has a total of 66 stations for hospital-based dialysis between the Middlemore Hospital site and Manukau SuperClinic, which currently has an existing 12 station self-care unit.

More than 2000 New Zealanders are on dialysis, which accounts for less than one per cent of total national health expenditure. This is a relatively small amount when compared to almost all other Western nations.

For these people, dialysis is a daily burden that interrupts and limits daily activities that many of us take for granted, such as sustained employment, holidays, and even mundane activities such as eating with our family. Meanwhile, these people cope with literally dozens of medicines.

Approximately 500 people dialyse within Counties Manukau DHB, which has the second or third largest dialysis population in Australia and New Zealand. This is inevitable given its population makeup, which is young, often socio-economically disadvantaged, with a high prevalence of New Zealand Maaori and Pacific people, and high diabetes and obesity rates.

Meanwhile, more changes are in the pipeline at CMDHB with plans to implement an ecologically responsible policy of recycling the 3 - 4000 litres of clean water discarded during the course of dialysis per patient per week. As the water quality is well within the limits of municipal drinking water, the DHB is preparing to install an inexpensive and local solution to recycle it for patients on home dialysis and will consider such measures for hospital-based facilities in the future.



Professor Gregor Coster, Chair of CMDHB Board, the Honourable Tony Ryall, Health Minister, and Geraint Martin test out the new equipment.



The Honourable Tony Ryall addresses the audience.

# Message from the Chief Executive



The year seems to be flying by, with many exciting changes and challenges on the horizon.

First of these is the appointment of Sam Cliffe as Director of Service Integration at Lambie Drive. Sam brings to the role a wealth of knowledge and experience of the health sector, gained through a variety of clinical, management, provider and senior leadership roles both in the United Kingdom and New Zealand. Most recently she has been the NDSA General Manager, from which she has been on secondment into the position of Acting Chief Planning and Funding Officer at CMDHB. Her previous positions have been Projects Manager for the HFA and the Regional Projects Manager for NDSA.

Sam's appointment took effect on 1 January 2009 but she has agreed to continue to cover the GM Planning and Funding role until the position of Director Planning and Performance is filled.

Congratulations also to Dr David Hughes, who has been appointed to the role of deputy Chief Medical Officer. David works in mental health and has been with the district health board for nine years.

The sun's still out but we are fast approaching influenza season. From March 23 to April 17 we will be offering all staff a vaccination. The vaccination is free for children and the elderly and will protect against all major influenza strains this winter.

I urge you all to get your vaccination done, as a particularly nasty strain of flu will be

circulating. That's if we get Australia's strain – and that seems pretty likely. Last year only a third of our staff got vaccinated, which doesn't set a very good example to our patients and to the community. Further, it helps to protect our vulnerable patients in the wards.

I know we can do much better, so let's make it happen this year.

I would also like to congratulate all of our people who have been involved in the new renal unit, which the Minister of Health opened recently. It looks fantastic and I know that patients and staff alike will benefit from much improved surroundings.

**Geraint Martin**, Chief Executive

## Five New Registered Nurses Coming into the Primary Sector

January 19 marked the presentation of certificates to the registered nurses who successfully completed the New Graduates First Year of Practice course.

Of the 66 who graduated, five have accepted positions in the primary sector where they had placements throughout 2008. They were supported during the year by the new graduate coordinators Gail Willis, Luke Flynn, Emma Hamilton, Sharon Wu and Deryls Jones. Further input was given by Christine Lynch and Meg Goodman, Primary Health Care Nurse Specialists, who visited the students each month and acted as mentors.

We wish everyone the best of luck in their nursing careers!

Back row from left: Meg Goodman, Estelle Edwards, Harriet Paunga, Salumalo Seve, Christine Lynch. Front row: Kajal Kumar and Manor Nair.



# Swapping 2 Water and Getting Active Messages on Waitangi Day

**Let's Beat Diabetes was one of the sponsors for Manukau City's Waitangi Day event at the TelstraClear Events Centre.**

The scorching day was one of celebration, with over 40,000 people enjoying food, music and fun.

According to programme director Chad Paraone, the LBD presence was significant throughout the day with signage, branded water bottles and frisbees upholding key messages. This was backed up by the strong staff presence at the tent.

Staff from Let's Beat Diabetes, CMDHB, Diabetes New Zealand and Turuki Health Care arrived shortly after 7am, manning the LBD sites all day, interacting with the Mayor, Governor General and the Prime Minister.

Key messages put across by the Lets Beat Diabetes team, event MC and signage on the day included choosing to "swap to water" and "get more active" to reduce the risk of being diagnosed with diabetes. Individuals who starred in the social marketing campaign shared their stories of life with Type 2 Diabetes at the tent, which supported the message of changing to a healthy lifestyle.

A huge thank you goes out to the many volunteers from Let's Beat Diabetes, CMDHB, partner organisations and families who pulled together to provide a strong presence and seamless organisation.



Albert Hokiangi, one of the models in the Let's Beat Diabetes campaign, meets with Prime Minister John Key.



Turuki Healthcare, Diabetes New Zealand, Procure Community Health Services and CMDHB Breastscreening were some of the volunteer/partners in the Let's Beat Diabetes tent on Waitangi Day 09.

## CMDHB Clinical Board Science Fest 04 June 2009

**Celebrating innovation and effective practice is what the district health board's annual Science Fest is all about.**

There are prizes for both oral papers and poster presentations delivered during the mini conference. For more information check the clinical board website or contact Anahita Gonda on ext 2881.

# CMDHB Serious and Sentinel Event Report

The report contains 23 potentially preventable serious and sentinel events. While any serious or sentinel patient harm is unacceptable, the purpose of this report has been to learn from these events and to redesign our system of care to make them less likely to recur.

Where a patient is harmed, we investigate in order to identify the underlying systems failures, so that these can be improved.

If we blame the individuals involved in these cases, not only do we encourage a culture of fear and under-reporting, but we are much less likely to reduce the risk for subsequent patients.

## Why have reported Serious and Sentinel Events increased?

Last year was the first time we attempted to release serious and sentinel events. We identified three compared with the 23 this year. This does not reflect an increased number of events but rather, better reporting:

- Previously these were investigated at a departmental level, often in the form of mortality and morbidity meetings, but there was little central intelligence of these incidents.
- We introduced a new electronic incident reporting system (RiskPro).
- We set up a Serious and Sentinel event committee which meets fortnightly to review all such incidents and make decisions as to whether the incident satisfies the criteria of a serious and sentinel events and whether an investigation is planned. The chairs of the mortality and morbidity meetings sit on this committee.

## Major themes identified in the report:

There are several common types of adverse event

in the CMDHB report, and these are also reflected nationally.

These are:

1. Medication errors (8)
2. Delayed response to the deteriorating patient (2)
3. Incorrect surgical checking systems (3)
4. In-patient falls (2)

We plan to continue our efforts to identify and learn from serious and sentinel events, so that we may make CMDHB safer for our patients:

- CMDHB is participating in the Quality Improvement Committee (QIC) national incident management programme.
- We have introduced the nationally agreed classification of Serious and Sentinel Events, using the Severity Assessment Criteria (SAC).
- In April we are sending clinicians and managers to a 2-day Root Cause Analysis training sponsored by QIC.

## Other patient safety initiatives:

1. Reduction in bed sores – patients will be assessed on admission for their risk of developing bed sores, and those that are at high risk will have special mattresses and other risk reduction strategies put in place.
2. Venous Thrombo-Embolic prevention – blood clots in the legs can break off and cause life-threatening clots in the lungs. A new project aims to assess a patient's risk for such events and to give appropriate medications to prevent this.

3. Reduction in the spread of multi-drug resistant organisms through outbreak management, increased ward cleaning and improving the hand washing of health professionals.
4. Reduction in Central Line Associated Bacteraemia – central lines allow rapid infusions but are susceptible to infections, which can prove fatal. A 'bundle' of care measures has been found to dramatically reduce CLAB rates. Already instituted in ICU, it is now to be spread to other areas.

## Pyxis machines

We have installed these machines in ICU and two other wards. They particularly decrease administration errors – they decrease the time to first dose, prevent the wrong drug dose being selected, and if used with pharmacy review, also decrease the chance of medication being administered to patients who are allergic to them.

## Definitions

An **adverse event** is a health care event causing patient harm that is not related to the natural course of the patient's illness or underlying condition.

A **serious adverse event** has required significant additional treatment but is not life threatening and has not resulted in major loss of function.

A **sentinel adverse event** is life threatening or has led to an unanticipated death or major loss of function.

**Preventable** describes an event that could have been anticipated and prepared against, but that occurs because of an error or another system failure.

**Root cause analysis** is a method used to investigate and analyse a serious or sentinel event to identify cause and contributing factors and to recommend actions to prevent a similar occurrence.

## What are we doing about it?

SSE event types	CMDHB response
Medication errors	<b>Current:</b> <ul style="list-style-type: none"> <li>• Medication Reconciliation on admission</li> <li>• Pilot of automated ward dispensing machines (Pyxis machines) - see below</li> <li>• SWITCH campaign (encourage early switching from intravenous to oral antibiotics)</li> </ul> <b>Proposed 2009:</b> <ul style="list-style-type: none"> <li>• Introduction of 'smart pump' software to decrease infusion errors</li> <li>• Education re common allergies</li> <li>• Medication reconciliation on discharge</li> </ul>
Delayed response to the deteriorating patient	<ul style="list-style-type: none"> <li>• The Physiologically Unstable Patient (PUP) programme has now been implemented in all wards</li> <li>• In 2009 it is extending into the emergency department and the mental health unit</li> </ul>
Incorrect surgical checking systems	<ul style="list-style-type: none"> <li>• We plan to strengthen the current surgical checklist and 'time-out' process with a Safer Surgery, Saves Lives initiative, including the introduction of the WHO surgical checklist</li> </ul>
Falls	<ul style="list-style-type: none"> <li>• A falls coordinator has been appointed to implement a hospital wide falls reduction processes.</li> </ul>



## Keeping families snug this winter is the aim of a new health programme in Counties Manukau.

With winter fast approaching, the district health board is teaming up with city councils and other organisations to help south Aucklanders guard against the cold.

Snug Homes Counties Manukau, a health and housing initiative, will provide free insulation and a comprehensive health assessment to families living in Counties Manukau.

Families in private homes built prior to 1 January 2000 (not Housing New Zealand homes) in high deprivation areas and who are low income (eligible for a Community Services Card) are encouraged to apply, especially if they have children under 14 or seniors over 65 living in their home.

Phone Eco Insulation on (09) 477 0270 or email [snughomes@ecoinsulation.co.nz](mailto:snughomes@ecoinsulation.co.nz) for more information and an application form.

# Sailing Simulator at Auckland Spinal Rehabilitation Unit

## Patients at the Auckland Spinal Rehabilitation Unit are reaping the benefits of a new rehabilitation device – a sailing simulator.

Trained staff from Parafed and the spinal unit are using the tool for the rehabilitation of inpatients and outpatients.

The simulator is on loan from Virtual Sailing, an Australian Company who design and manufacture it for training both disabled and able-bodied sailors.

The device was originally installed in the Emirates Team New Zealand headquarters on the Viaduct and was trialled by a large number of tetraplegic and paraplegic sailors and potential sailors during the Kiwi Cup Accessibility Regatta in January.

It uses a hydraulic system run through a compressor to allow it to heel like a real yacht. There is a mainsheet (rope) to control the sail and a joystick to steer the yacht. A visual display of the sailing course is shown on a large TV screen, with arrows on the water indicating wind direction and speed.

For disabled sailors, a seat is placed in the centre of the boat and if a person is unable to pull in the mainsheet, a smaller joystick is used that controls direction of the boat as well as the position of the mainsail.

For able-bodied sailors, the seat can be removed and the simulator used to assist in training. It has been used by sailors preparing for the Olympics and developing their competitive racing skills.

Staff hope the simulator will become a long-term rehabilitation tool for patients at the spinal unit.

# Innovative Ways to Improve Access for the CMDHB Youth

## A flipchart has been designed to help primary health care clinicians engage with young people on sexual and reproductive health issues.

The tool will be displayed in consultation rooms and used for education, assessment and referral. It's intended to be used alongside the CMDHB Primary Sexual Health Guidelines on [www.healthpoint.co.nz](http://www.healthpoint.co.nz) and other well-known websites.

The Youth Sexual Health Education for Primary Healthcare Consortium secured the funding and adapted a resource flipchart from an original which was made in partnership with the Auckland School Nurses Group, Auckland Sexual health services and Family Planning Association of New Zealand.

Flipcharts are being distributed via primary healthcare nurse leaders.

Contact Lesley Powell at [Lesley.powell@middlemore.co.nz](mailto:Lesley.powell@middlemore.co.nz) if you have not received your copy or require more.



Lesley Powell, Project Manager, and Dr Allan Moffitt present the flipchart to Karyn Sangster, CMDHB Primary Healthcare Nurse Leader.

# Harley Davidsons Roar Into Kidz First

**Kidz First patients were treated to a visit from two members of 'Santa's Cruisers', a group of Harley riders that, each December, visit with the aim of raising funds for Kidz First.**

The riders deliver Christmas gifts on their motorbikes, dressed in Santa suits for a fee. They have also been able to raise money in some other novel ways.

Group leader Dave Blundell, of Papakura, explains: "We were delivering a gift to a rest home and some of the residents decided they would like a ride on the Harley", he said, "I ended up taking a 96-year-old lady round the block – she had a great time!"

Rachael Sheehan, Community Relations Officer from the South Auckland Health Foundation was on hand to accept the cheque for \$1000.00.

"It is always a thrill to see people doing what they love, but it is particularly touching when they use this as an opportunity to raise money for others", said Rachael.

The money raised from the 2008 Santa's Cruisers appeal will be used to purchase an apnoea monitor for the Kidz First Neonatal Unit. The monitors are loaned to parents taking home a new baby, and give them the reassurance that an alarm will sound if their baby stops breathing.



Rachael Sheehan, Community Relations Officer, South Auckland Health Foundation accepts a cheque from Santa's Cruisers.

## *A Quilters Helping Hand*

**The South Auckland Health Foundation was delighted to receive a call recently from Lois Hancox, President of the Waiuku Village Quilters Club, who had over 60 beautiful quilts to donate to Counties Manukau newborns.**

The Waiuku Village Quilters Club have over 50 active members and decided last year to make some Charity Quilts ~ and the results are quite outstanding.

Rachael Sheehan, Community Relations Officer from the South Auckland Health Foundation, was thrilled to be able to accept the donation.

"The amount of time and effort that has gone into making these quilts is quite overwhelming," she said. "It is so lovely that these talented ladies have been so thoughtful and donated these to help keep our babies warm."

With more than 8500 births a year, Counties Manukau is the busiest birthing area in New Zealand. The quilts will be put into parcels that will be distributed to families leaving the hospital or local birthing units.

Lois Hancox [left] and Rachael Sheehan, Community Relations Officer of the South Auckland Health Foundation, accept the quilts.



# Knit A Square ~

## Show You Care...

The South Auckland Health Foundation is a registered charity that has been fundraising for health services in the Counties Manukau community for ten years. We are based at Middlemore Hospital and support both hospital-based and community projects.

The South Auckland Health foundation has run a Wool Programme for over six years and has over 300 knitters and sewers from throughout the country sending in items which are made into gift parcels and given to some of our newborn babies when they leave hospital.

In 2008 over 8500 babies were born in Counties Manukau - the highest birth rate in the country - and the Foundation was able to distribute over 700 wool parcels to these families to help keep their babies warm.

### And now you can help - and it's really easy...

Anyone can knit a peggy square [the instructions are below]. All you have to do is knit the squares and we have volunteers that will sew them into blankets for us.

Any colours ~ Any patterns ~ Any wool.

How about you get a group of friends or colleagues together and see what you can achieve? How about a little challenge?

#### Peggy squares:

To make a 15cm square.

30 stitches on size 8 (4mm) needles with double knitting wool.

Do 60 rows of plain knitting. Cast off.

#### What next...

Once you have finished the peggy squares they can be posted to South Auckland Health Foundation, Private Bag 93320, Otahuhu, Manukau OR ring us on 09-2708808 to arrange pick-up.

More patterns for advanced knitters are on our website, [www.sahf.org.nz](http://www.sahf.org.nz)

If you are interested in discussing the work we do, or another of our projects your queries are welcome on 09-2708808.

**Your contribution will make a real difference in keeping a baby from our community warm.**



# Growing for Health and Sustainability

**Community fruit and vegetable growing is taking root throughout Counties Manukau, courtesy of a district health board scheme.**

Growing for Health and Sustainability is a set of projects to educate and train 2000 households in fruit and vegetable gardening and establish more than 60 linked community gardens throughout Counties Manukau by 2012.

It supports both healthy action and healthy eating through all ages and cultures.

The project is a multi-agency initiative, including the Manukau, Franklin and Papakura Councils, Housing New Zealand, Auckland Regional Council, Manukau Institute of Technology, Ministry of Education and local businesses. It stemmed from community feedback and requests through the Let's Beat Diabetes programme around fruit and vegetable gardening in preschools, schools, churches, marae and other community settings.

"We saw an opportunity to use fruit and vegetable gardening to address health issues in our communities. In particular, the need to combat the lifestyle diseases of obesity and Type 2 Diabetes," says programme director Chad Paraone.

Let's Beat Diabetes has secured funding from outside the district health board and employ a project manager to integrate the various community activities around gardening and assisting in generating corporate and charitable funding.

The first phase is creating community gardens linked to neighbourhood clusters in Otara, Manurewa, Mangere, Papakura and Franklin through to Manukau Parks. Interested individuals and groups are invited

to use a designated plot within the park for a growing season and are supported with training and resources in order to learn successful gardening skills and take these skills back to their own homes.

The first community garden project was launched in November with the Mangere Community Food Forest Garden at the Mangere Community Health Trust. Local people are learning to plant, harvest and eventually cook what they grow. The first harvest takes place early next year, followed by cooking lessons with registered dietitians to help and offer other advice on nutrition.

Other initiatives include Otara Boards Forum Parent Network training for up to 40 parents, hands-on gardening workshops through the Chinese New Settlers Trust and a new Level 2 NZQA course through the Manukau Institute of Technology School of Horticulture teaching gardening to community on community sites.

## **Middlemore Park gardening plots open to all**

Gardening plots have now been established in Middlemore Park as part of the Growing for Health 'teaching gardens' programme.

The site is open to any individuals or groups interested in learning and participating in vegetable gardening for a growing season.

Manukau Parks now has a total of 5000m<sup>2</sup> of actual garden, which can accommodate 200 persons per season. These are nearly ready to be populated and teaching is expected to start at the end of March. The Council will supply all staff, tools, seed, water storage for the gardens.

If you are interested in getting a group together from work or home, contact Kristen Ross, Manukau City Council park ranger on 262 5104.

## *The 'Optimising Patient Journey' Programme*

**A nationwide scheme to boost the quality of patient care is progressing well in Counties Manukau.**

'Optimising the Patient's Journey' aims to maximise the delivery of high quality care in each patient's journey, whether it is through outpatients, emergency care, theatres, diagnostics or during transfer of care back to the community.

The programme's current focus is on access to diagnostics and transfer of care.

Kris Vette from the Quality Improvement Unit is working with radiology and Ward 2. Dr Stuart Barnard and Olwen Clarke are leading the programme in radiology, specifically focusing on inpatient access to ultrasound.

On Ward 2 the programme is led by Janene Lawrence and Lynne Kane, who are identifying and streamlining the processes that feed into a high quality transfer of care.

Staff involved continue to learn and apply Quality Improvement methodology and tools.

Mr Vette says being involved in the process and in the capture of baseline data has been vital in identifying constraints in the system and the overall performance.

Freeing up clinical staff time and staff input into weekly working groups is also important, he says.

"This is challenging on top of already very busy jobs," says Mr Vette.

"However the gains from enabling staff to step back and review what they do and how they do it can be great.

"Ultimately if we develop a better way of working, we help staff to carry out daily processes in easier, simpler ways that deliver clinically safer and better patient experiences."

On Ward 2 the staff have identified lost notes as a significant "waste" in the system. Three PDSA cycles have been trialled to enable notes to be tracked, phone calls to be answered faster and discharge paperwork to be quickly accessed.

Current work involves looking at ward rounds and will explore ways of completing discharge packages in easier, less time-consuming ways.

Meanwhile, ultrasound has linked in with emergency medicine, general medicine and vascular surgery to roll out a new TIA/stroke clinical pathway.

Early 'ABCD2' clinical scoring is being used by staff to sort patients into high or low risk clinical pathways.

This allows early imaging and the determination of appropriate and rapid clinical intervention, which may prevent a stroke.

# Programme Incubator

**A scheme to promote health careers to high school students is being rolled out to more South Auckland schools this year.**

Following its success at Aorere College, Programme Incubator is being extended to De La Salle College, Tangaroa College, Manurewa and James Cook High.

Developed to tackle staff shortages in the health sector, the Counties Manukau District Health Board programme received a NZ Health Innovation Award and the Education Award at the TUANZ Innovation Awards.

As part of the scheme, health workers go into schools and talk to teenagers about working

in the health service and offer them personal mentoring.

It consists of a mix of six school-based visits by different health professionals, and an internet discussion forum. In each of the six classroom-based sessions, the mentors share experiences as well as information on a range of health issues from diabetes to healthy lifestyles.

Programme coordinator Luke Fleming says the scheme's success can be attributed to the contributions of a range of health personnel, including nurses, doctors, dieticians and occupational therapists.

"Without the help of our staff, this programme will not succeed," he says.

To get involved, or for more information contact Luke Fleming on phone 276 0044 ext 9176 or email [flemingl@middlemore.co.nz](mailto:flemingl@middlemore.co.nz)

**Incubator  
Feel the pulse... get into Health**



## Ministry of Health funds DHB Food Industry positions

**A Ministry of Health funded food industry position has been given the go ahead in Counties Manukau.**

Last year the ministry confirmed funding for six food industry positions throughout New Zealand.

Counties Manukau's Let's Beat Diabetes programme has secured one of these positions, with the workload split between national and local initiatives.

A contract has been given to the National Heart Foundation to administer the positions, four of which are based with district health boards.

The role will build on the successes of LBD, which have included replacing full sugar Sprite with Sprite Zero in all McDonald's restaurants.



## Antenatal HIV Screening: Great Progress Achieved

**More pregnant women are being offered HIV tests than ever before in Counties Manukau.**

The number of expectant mothers offered the antenatal test has risen from 20 to 72 percent since the Counties Manukau District Health Board (CMDHB) programme started in early 2008.

While a 98 percent screening rate is the long-term target across New Zealand, CMDHB's Antenatal HIV screening coordinator Tracey Senior is delighted with the district health board's results so far.

"This is really great news and a real change in practice," she says. "Well done to all healthcare professionals who have integrated routinely offering an HIV test along with the first antenatal booking bloods to pregnant women."

Last year two Auckland women were diagnosed with HIV through the screening program and received treatment to prevent mother-to-child transmission.

No babies born in New Zealand have contracted HIV to identified HIV-positive women who have been appropriately treated in pregnancy.

However six Kiwi-born children were diagnosed with HIV last year, contracted through mother-to-child transmission. A total

of at least 20 New Zealand-born children have contracted the disease because it was undetected during pregnancy in their mothers.

Middlemore Hospital's tertiary birthing unit has treatment available for women who are tested in labour for HIV and are likely to have HIV on further testing. If guidelines are followed and medications given in labour, the transmission of HIV to the unborn child can be prevented.

Staff at the birthing unit prefer that women be offered an HIV test with antenatal booking

bloods, or a catch-up test at any time during the pregnancy, rather than in labour. If women are treated in pregnancy from 32 weeks, the risk of transmission can be reduced from up to 30 per cent to less than one per cent.

Education sessions are still available for group practices or individuals. These cover the screening pathway and guidelines for reactive and positive results.

For more information on HIV Screening in pregnancy, see the National Screening Unit website at [www.nsu.govt.nz](http://www.nsu.govt.nz) or [www.healthpoint.co.nz](http://www.healthpoint.co.nz).

From February, Ms Senior is taking on a new education role within women's health. Please direct enquiries to Lesley Powell, Sexual Health Nurse Specialist, on 021555792 or 276 0044 ext 6598. Or email [Lesley.Powell@middlemore.co.nz](mailto:Lesley.Powell@middlemore.co.nz).

# The 2009 New Year's Honours List Recognised One of Our Own



## An East Tamaki doctor is thrilled following his recognition on the New Year's Honours List.

Totalcare Otara board member Dr Kantilal Patel received a Queen's Service Medal for services to community medicine and the Indian community earlier this year.

Originally a one-man medical practice, Dr Patel transformed it into a 12-clinic business employing 42 doctors.

From his first day in the south Auckland practice in 1977, Dr Patel saw a need for quality healthcare in the community.

"The watchword then, as now, is 'access'," says Dr Patel.

"In the early days, I made time for home visits and

made sure that patients had access to me. Relationships improved, facilities improved and a fee structure was set up so that people were not discouraged from coming in."

Satellite clinics were established so patients did not have to travel as far, hours were extended and accident and emergency facilities were added to some clinics.

East Tamaki Healthcare was the first mainstream non-ethnic primary health organisation set up in south Auckland and is now the largest healthcare provider for Maaori and Pacific Island people in New Zealand.

Dr Patel was made a fellow of the Royal New Zealand College of General Practitioners in 1998. Under his guidance, seven GPs from his clinics have also become fellows of the college.

## *Breastfeeding Has the Potential to Protect Against Obesity in Later Life*

**Breastfed babies may be protected against diabetes and obesity, several international studies have suggested.**

Recent international research has highlighted the possibility that nutritional programming can be put in place from infancy.

The studies found that obesity is associated with lower rates and shorter duration of breastfeeding. Given that obesity is a strong risk factor for the development of Type 2 diabetes, evidence suggests that breastfeeding may provide a degree of long-term protection against the development of type 2 diabetes.

However many young Kiwis are not breastfed for the recommended duration – to at least six months exclusively and for up to two years or beyond in combination with other foods.

Exclusive breastfeeding prevalence drops sharply in the six weeks after birth and continues to decline as partial and artificial feeding becomes more common.

While New Zealand's breastfeeding rates are consistent with other OECD countries, the country's rates are low at six weeks, especially among Maaori and Pacific women.

# Primary Care Liaison: The Missing Link

## Three new clinical nurse specialists have come onboard the Counties Manukau Core Adult Mental Health team.

It's hoped the appointments will strengthen ties between district health board and primary care mental health services.

The new nurses are Wayne Hussey, who works within Awhinitia Community Mental Health Team, Lisa Cartledge from the Manukau Community Mental Health team and Rudy Bakker of the Cottage Community Mental Health team.

The adult mental health team works in parallel with triage and crisis services to provide another level of support and access for primary care practices.

The district health board aims to improve health outcomes and reduce health disparities for people who suffer from mental illness by providing a continuum of care.

Up to 60,000 people in Counties Manukau will go to their GP with a mental health issue.

The positions are an opportunity to promote quality holistic care by providing education and support to

GPs and practice nurses. It should improve ease of access from primary care to mental health services and support patient transitions from secondary services back to GP care.

Part of the clinical nurse specialist role is to assist the clinical multi-disciplinary

team with access to specialist services, risk management, care planning and the discharge process.

See [www.healthpoint.co.nz](http://www.healthpoint.co.nz) for more details.





Staff gathered together to celebrate the roll out of family violence routine screen by community midwives and associated community units.  
 Back row left to right: Imm Teoh, Susie Duckmanton, Debra Fenton, Emma Calnan, Jenni Coles, Stella Ward, Shane Harris, Gillian McNicholl  
 Front row left to right: Sumaiya Said, Julie Tegg, Bernarda Sheppard, Lorna Das, Gail Lesley.

# South Auckland Health Education Campaign Hits Target

**Glowing results across all target groups are coming through from phase one of the district health board's Let's Beat Diabetes Health Information campaign.**

Maaori, Pacific, south Asian, 'At Risk' and people from areas of high deprivation all gained recall results of approximately 80 per cent from the campaign.

LBD messages were particularly relevant for Maaori, South Asian, high deprivation and at-risk groups.

The information campaign, which ran from October to December 2008, included advertising on billboards, bus shelters, local and ethnic papers, and radio. It has also been supported by news releases, editorial copy and publicity at community events, project launches and prime time news coverage.

Campaign results show good levels of discussion are being generated, with up to 63

per cent of people discussing the campaign advertising at least once after they had seen or heard it.

Director of social research for Phoenix Research Ltd Dr Allan Wylie says recall response rates to the campaign are comparable to high-profile televised campaigns such as the Mental Health Foundation's Like Minds, Like Mine.

He adds that the results not only reflect the success of the campaign itself, but were also influenced by ongoing action at community level and other related healthy eating and exercise campaigns.

A key aim of the campaign was to bring Type 2 Diabetes into everyday conversations so the community know about the condition and can make informed healthy choices to prevent, delay and/or manage diabetes within their families and community.

Unlike other schemes, the results suggest that the community has made the connection between eating healthily and preventing Type 2 Diabetes. Responses show strong intentions to make positive behaviour changes across all of the key target groups.

# CMDHB Interpreting Service

**Breaking down language barriers is all in a day's work for the district health board's dedicated interpreting service.**

The CMDHB currently employs 20 full time interpreters and 230 casuals as part of a 24-hour service.

On average there are 110 interpreting assignments per day. This makes life busy for the interpreting team's two booking clerks! The service covers 68 different languages and dialects and every interpreter is qualified either in medical or legal interpreting, sometimes both.

Despite popular belief, interpreters do not get paid a minimum of three hours and no department within Counties Manukau pays for the service. The interpreting service is always on hand to help, so if you are struggling to talk to a patient, give us a call on external 276 0014 or internal ext 4778.

## Improving Care for People With Intellectual Disabilities

Improving the hospital care of intellectually disabled people is the goal of a new group at Middlemore Hospital.

The group includes representation from Spectrum Care, a residential care provider in the community, as well as district health board employees from a range of disciplines and services.

Its purpose is to review what systems and processes need to be in place to improve the care of people with intellectual disabilities, as well as what staff training and clinical supports are required.

# Want to learn how you can be more responsive to Maaori?

## ENROL NOW

### TIKANGA BEST PRACTICE

Free training available for all CMDHB employees, PHO and NGO staff under CMDHB. Flexible dates offered.

#### For more information

Email: [ArmstrF@middlemore.co.nz](mailto:ArmstrF@middlemore.co.nz)

Phone: (09) 276 0138 or ext: 8138

Or visit <http://southnet/MaaoriHealth/Training>

<http://www.cmdhb.org.nz/Funded-Services/PrimaryCare/education/tikanga>



# The Pukekohe Maternity Resource Centre (PMRC) Opening

The Pukekohe Maternity Resource Centre (PMRC) was officially opened last year. The one-year pilot project was developed by two self-employed midwives from the Pukekohe and Counties Manukau district health boards, Claire Eyes and Lyn Stark.

After applying for funding from the Health Ministry's Health Rural Innovation Funds, they received \$50,000.

CMDHB have provided premises for the centre and midwives meeting room and have assisted in the provision of clinical, clerical equipment and a computer.

The centre aims to provide accessible information and advice to women before, during and after pregnancy, concerning a number of issues.

PMRC is open Monday to Friday, from 9.30am to 2.30pm, except for public holidays.



We are especially interested in contributions from our community partners.

If you have a story you would like to contribute for Connect please email it to the Editor at: [lryoung@middlemore.co.nz](mailto:lryoung@middlemore.co.nz)