



Helen Mason

Healthy, thriving communities, Kia Momoho Te Hāpori Ōranga.



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Professional, compassionate care

As part of my commitment to shadowing our teams, I was delighted last week to observe the ED administration team in action and to get an understanding of the roles they perform. What I observed had a profound effect on me.

I spent most of my time with Emma Dillon, and I was incredibly impressed, especially with the huge amount of multi-tasking she did. That day she was on the front desk, sitting alongside the triage nurse. It was fascinating to see the huge range of people coming up for assistance in such a short period of time and how Emma worked seamlessly with the triage nurse. The silent decision making, about who was doing what, between the two of them was very impressive.

It was interesting to learn the administration team does not only work in ED but in APU as well; and also that they fill a number of roles within ED which they rotate through, so are not always performing the same role all the time.

What was particularly sobering for me was seeing who came through the doors and how they were supported. There was a woman who was having difficulties with her pregnancy, and in significant pain, who was compassionately and quickly given appropriate support; minutes before that a young man had come in holding his baby who was unresponsive - a Stat 2 was quickly called and they were rushed away. When Emma stepped away briefly, and I was there on my own, I have to say I felt very nervous about who might come through the door next.

What struck me was that this is something our staff experience every day. They have no idea who may require their support next, and yet



Emma Dillon, part of the ED administration team.

must provide that support professionally, calmly and compassionately. This is precisely what happened in ED. Of particular note was the use of kind language from our staff with patients and family members. It made a real impression on me.

It makes me immensely proud to be part of a team with so many people delivering such professional, compassionate care to our communities.

Vigilance over cyber threats

In recent days a major cyber security threat emerged that had a major impact worldwide (over 230,000 computers across 150 countries were impacted) and has had a significant effect on some health organisations in the UK - in some cases hospitals were severely restricting services due to their systems being compromised.

Unfortunately the threat is not over – further attacks have been experienced as variants of the virus software have been released and “copycat” campaigns are likely.

While we at the DHB have ensured our systems are up to date with security protections, no technical solution provides complete protection – it is user behaviour that is our ultimate protection. Our recent internal

“phishing” email campaign to educate staff showed we still have users who are clicking on hoax links and thereby putting us at risk - over 14% of users activated the link in recent trials of the education tool. We know this is not being done deliberately or maliciously – it happens when people are busy and want to clear their emails quickly. However the impact can be catastrophic for a health organisation such as ourselves. We ask that all staff continue to take care when dealing with emails that have links in them – if in doubt do not click on the links and use the “Report Phishing” icon in the email toolbar to report it to the IT service Desk.

Help us keep our systems and organisation and ultimately our community, safe.

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

Leo Buscaglia (1924-1998) American author, professor and motivational speaker.

Health in Aging Community Response team

Recently, again as part of my commitment to shadowing teams, I was pleased to have the opportunity to meet with the Health in Aging Community Response team.

Whilst I've been aware of the work of the team for some time (the service is now eight years old), it was great to have the opportunity to understand more about it and how it has developed.

The team supports those over 65 on their discharge from hospital, or after another significant event. The aim is to support the client to remain in their own home, through having appropriate supports in place. Clients on average stay with the service for 23 days.

What was great to see was the interdisciplinary approach taken by the team. The team is made of a number of varied skillsets including: nursing, social work, physiotherapy, occupational therapy and rehabilitation.

It was very interesting to understand that when a client is being assessed, that assessment can be undertaken by any member of the team. In addition, when visits are made to the client at home, it could be any member of the team making the visit, and covering off a number of items, rather than focusing on their particular discipline.

So for example when Jon, who is a social worker, visits a client, the client may raise concerns about medication. Jon is able to quickly get advice from Anne, who is a nurse, without the need for Anne to also make a visit to the client. The team has found this approach really empowering. They said it has taken some time to embed, and that having great relationships across the team, as well as trust and confidence in the skills of each of the team members, have been key factors in being able to operate in a truly interdisciplinary way.



Team members in HIA Community Response Team (from left): Anne Hishon RN/Team Leader; Frith Bartlett Rehab Assistant; Katie Ayo – physiotherapist; Jon Pearce- Social worker.

It was also interesting to understand the number of agencies which the team works with. One team member works in ED. They work closely with SupportNet, general practice, Age Concern, St John Ambulance, Meals on Wheels, providers of home and community support workers, community nursing, the list goes on. Again, the importance of strong relationships with staff in these agencies was seen as being key to their success.

We had an interesting conversation about the negative impact of hospitalisations for older people, and that the shorter the stay for an older person, the more likely they are to retain their independence, not become frail, and be able to return to living independently.

It was great to see the team's enthusiasm for the community they are supporting, and for the interdisciplinary approach which is the key to their success.