

Blog: 25.6.2023

What a torrid time with our computers we have been having! I'm sure all of our patients have felt the effects somewhere. Its' been very disruptive.

On April 17th we arrived to work on a Monday morning to no phones, no computers and no-one seemed to know what had happened and how to fix it. Spark (CCL) who had bought out our Cloud Server and was organising the transition said it wasn't their fault. IT360, the team who we were migrating too said it was nothing to do with them, MedTech, our medical computer system provider, our Practice Management System, said it wasn't their fault. It wasn't until Meriana doggedly on the phones chasing it down found what had happened - "Our circuit was decommissioned prior to us migrating to our new IT Provider". - and telephones were finally switched back on and computers working after 1pm. That's been only the beginning.

We were set to transition from the Citrix platform [the underlying program our cloud server was written on as it was the only one available way back then] to the Google one on Saturday 27th May. Meriana our Practice Manager was all organised to work alongside the IT360 team at the surgery and family were all organised to be not with her for the day. 5.30pm on Friday night before she was rung to be told it was off, delayed.

IT360 personell came back on Kings Birthday to do the switch which took all day. Meriana tried to check out everyone's computers but once again on what should have been a very busy Tuesday morning the phones did not work. At least she got those going by 8.15am. But the computers and printers were all not working, either at all, or connecting with each other patchily and wrongly. Most of the add-ons too were not working: WINZ, ACC, referrals to the hospital, incoming Lab results and others. Even printers would not print prescriptions, clinical letters or referral letters.

It seemed to me that MedTech and Sparc were not helpful or prepared to help IT360 sort things out, and certainly the two IT360 people on the ground were trying hard to be helpful but

getting little backup. Finally after weeks of problems we are nearly there and there's just a few little issues to work thru [fingers crossed, touch wood and everything else that superstitious!]

In the meantime Eseta Fonoti joined our team as a receptionist. Her calm and humour through out the mess showed through and we are very, very glad to have her join our team. On Monday we welcome Claire Zhang as our new health care assistant to work with the nurses. Claire has a degree in medicine from China. She says it was hard enough learning all the medical jargon in Chinese without having to relearn it all in translation to English! While we know it will take her a bit to come up to speed with the nursing side in our country, her familiarity with general practice working as a receptionist for a practice in Hamilton will no doubt make it easier for her. The two of them bring fluency in Samoan and Chinese [Mandarin and some Cantonese] respectively for those of our patients who are not fluent speakers of English. I especially want to thank nurse Jane Mercer who has helped out our nurses Rachel and Paulette until Claire could join us, and finished with us on Friday. Thank you Jane for your help and kind manner with our patients.

Covid seems to have settled further into a less common cold, but there is a lot of influenza , both A and B, out there along with the RSV which is a nasty head cold with lots of coughing and soreness under the sternum [breastbone] that lingers long after the viral part of the illness has gone. This Respiratory Syncytial Virus continues to cause croup and bronchiolitis in the littlies with lots of admissions to Kids First at Middlemore. I've just had a bad cold myself and a week of profound tiredness and coughing, not caught from patients by the way, but from the mokopuna. We have joined the ESR group of general practices providing community intelligence on circulating viruses: as an active participant in the World Health Organisation NZ is obliged to provide this information to help monitor especially influenza and help build early vaccines to avoid pandemics. The good thing is we get far more thorough information on what is circulating back in feedback from them

that the labs provide nowadays with their cost-cutting and restricting what we can order, and this is very useful information we can pass onto patients. We can better answer questions like 'Am I still infectious?' and "How long will this last?" and often sort out when, where and who it was likely caught from.

Our Registrar Dr Daniel Lowe leaves us soon at the end of his six month attachment. He has been wonderful and we really would like to keep him, but next year he goes to take over the practice of his father Dr Martin Lowe at Panmure. I will have no hesitation at recommending him to patients moving into the city who need a doctor closer especially as the Southern Motorway gets more and more difficult to travel. For the rest of the year, we do not have another registrar as the one allocated to us, who then 'deferred' to work overseas, and the one allocated to replace them also 'deferred' at the last minute. By then all the registrars still in NZ were placed. 62 'deferred' which usually means were working in Australia instead. So it will be myself, Dr Dominic Smith and Dr Ranche Johnson on Fridays only until end of January next year. So you will notice the doctors in particular moving faster than before trying to cover all our patients. Rachel Smith who has her nurse prescribers qualification so can write prescriptions, and is finishing her Masterate in Nursing, will be available Wednesday, Thursday and Fridays and doing morning clinics too. Remember if you ring us early from 7.45am we hold a lot of appointment slots for same day appointments and if it is urgent but full, you can always get to see us by talking with a nurse first. We really, really try not to be the sort of doctors where you have to book slots weeks ahead. I'm back to doing 8am appointments too now the covid load has diminished and we are up to full, permanent staff.

As I can, expect to see me some Friday mornings helping out further despite the long days we do, and the large load in our in-box daily of lab results, clinic letters from the hospital and private specialists to read and sort, referral letters to thoughtfully write, as well as time for reading journals and attending medical meetings to keep up with changes in

practice and the newest ideas. The Medical Council requires 50 hours of proven attendance at meetings and on targeted activities a year also to keep up our registration. Since only 10-15 hours is allocated to actual new medical learning of those 50 compulsory hours, I for one would vastly exceed this by more than 10-20x. On top of that just blood results and clinic letters add up to over 200 to sort daily. This is what you get for the fee you pay, not just the 15 minutes in the surgery. And then there is also the extra time for the research or telephone calls I make to specialists, not to say the time pondering a difficult medical problem or a diagnosis that eludes me, often in the wakeful small hours of the morning! I'm not complaining, I love what I do and have never regretted opting for General Practice. I very much appreciate getting to know my patients and being allowed to share in their lives. And as for that time pondering something difficult, I love the intellectual challenge as well as the opportunity to be helpful, but I can say once I went into practice I feel no need to do crosswords or play Bridge or do anything else to extend my brain! My body yes, it needs extra exercise but not my brain.

Be well, be safe. From Dr Jacqueline and the whole team at Tiakina Te Ora.