

# Working together



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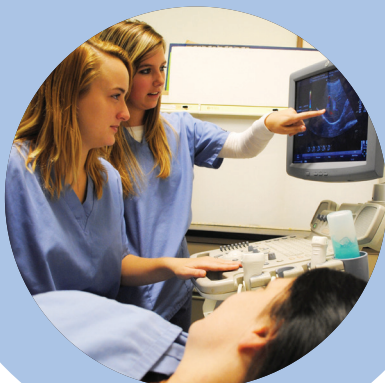
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## About our Midland region

**21%**

The Midland region covers an area of 56,728 km<sup>2</sup>, or 21% of New Zealand's land mass.



Stretches from Cape Egmont in the West to East Cape and is located in the middle of the North Island.

**5**

DHBs

Five District Health Boards: Bay of Plenty, Lakes, Tairāwhiti, Taranaki, and Waikato.



Includes major population centres of Tauranga, Rotorua, Gisborne, New Plymouth and Hamilton.



920,825 people (2017/18 population projections), including 236,830 Māori (26%) and 43 local iwi groups.



## OUR SIX REGIONAL OBJECTIVES

Improve Māori health outcomes

Integrate across continuums of care

Improve quality across all regional services

Build the workforce

Improve clinical information systems

Efficiently allocate public health system resources

# Midland Child Health Action Group - 10 year road map

The Midland Child Health Action Group (CHAG) has developed the Child Health 10 Year Road Map in response to requests from the health sector for an overview document on what services and issues should be a priority for child health planning and focus in the next decade.

The road map is a tool to assist planning and funding units and governance groups to identify

streams of work that should be prioritised locally. It is based on current national and international evidence, data and clinician expertise.

It is anticipated that each Midland DHB or child health governance group would review the road map in relation to their child health population and decide on work streams to progress.

*"Children and their whānau/families experience an unfair burden of health inequities in our society and must be a priority if we are to have a healthier future."*

**Dr David Graham (Chair)**



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## Midland Region Child Health 10-year roadmap (2016-2026)



# Maternity transfers and repatriations in Midland

Over the past three years the **Midland Maternity Action Group (MMAG)** has developed comprehensive regional Standards to support Midland women to deliver as close to their homes as possible.

The **Midland Maternity Transfer & Repatriation Standards** support smooth transfer processes and ensures best, most appropriate and safest maternity care for women. Both consumers and health care providers have given positive feedback on this new process in Midland.

The Standards outline the agreed transfer process between the region's secondary hospitals to tertiary care; and the repatriation process back to secondary or



Waikato Hospital Maternity Services staff, including ACMMs, providing 24/7 support to the Midland region for incoming in-utero transfers and repatriations

discharge to a woman's domicile when secondary care is no longer required.

Development of the Standards has involved extensive circulation, rounds of consultation, feedback and trialing of the regional process over the past few months. During this period Waikato DHB has established **Associate Charge Midwife Manager (ACMM)** roles, providing 24/7 coordination and facilitation of the incoming maternity inter-hospital transfer and repatriation process.

## Misty's experience of a transfer from New Plymouth to Waikato

*"We arrived at Taranaki Base at 27 weeks with light bleeding. I knew this would mean my hospital stay was likely to be brought forward, which I was happy with. Dr X met with my husband and me, and voiced his concerns about having vasa previa, and the set-up of Taranaki Base Hospital - the distance to theatre and theatre staff being on call at night.*

*Dr X felt the risk to me and our baby was too high, and we were so thankful for his honesty and call on that. **We were happy to be transferred.***

*The transfer happened quickly; within a few hours. And my admission to Waikato was processed fairly quickly. We were discharged from Waikato Hospital to River Ridge East Birth Centre two days after the*

*caesarean, and returned home ourselves after that.*

*I honestly can't say enough how well we (including my husband, and our baby after he was born) were cared for. Our midwife provided so much support even while I was in Waikato and came up for our caesarean. We are so grateful for that, I appreciated having someone voice and carry out our wishes for us before and during the surgery.*

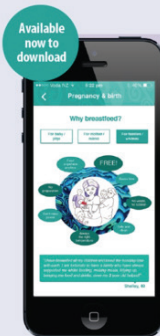
*The midwives were all lovely, caring and kind. We felt listened to, and the few concerns I had were always addressed. They even set up a postnatal room for us on the antenatal ward as I had been there so long and was comfortable with all the staff there. This made the two days post birth feel relaxing and*

*calm - I felt like I was 'home'. All the staff I met on the ward; including the orderlies, cleaning and food staff were always happy, chatty and kind. It wasn't an ideal situation to be in, but everyone involved made it into an honestly pleasant stay."*

*[Misty, New Plymouth]*

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# Trauma verification in Midland

Two teams from the Royal Australian College of Surgeons visited the five Midland DHBs on the week of 20 February to audit and verify our local and regional trauma systems.

Trauma verification is a multi-disciplinary inter-collegiate process that assists hospitals to analyse their systems of care. It covers all phases of acute care from pre-hospital through to discharge and identifies the strengths and weaknesses of hospital trauma services. This allows hospitals to benchmark their services against international standards, helps save lives, reduce waiting times, and lower costs.

Dr Grant Christey, Clinical Director and Lead of the **Midland Trauma System (MTS)** commented, "The two verification teams were impressed by the commitment and work our Midland trauma services are doing to improve care and reduce injury rates."

Detailed and comprehensive written reports are expected within three months, with each DHB site receiving a verbal verification team exit meeting to summarise key points of what was being done well and what requires work.

The formal report for each Midland hospital site will be forwarded to the trauma committees when available.

## Key benefits of trauma verification:

- ✓ critically evaluates the structure, staffing, and resources within a hospital
- ✓ benchmarks a trauma service against other leading institutions
- ✓ takes a multidisciplinary approach (College of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists, Australasian Trauma Society and Australasian College for Emergency Medicine)



The poster for the Midland Trauma System Symposium 2017 features a central image of two hands placing puzzle pieces together. Text overlays include 'BRIDGING THE GAP' and 'REDUCING BURDEN' on the puzzle pieces, and 'VENUE HAMILTON GARDENS' in a box. The Midland Trauma System logo is in the bottom left. The schedule is listed in the bottom right.

**MIDLAND TRAUMA SYSTEM SYMPOSIUM 2017**

**BRIDGING THE GAP**  
**REDUCING BURDEN**

**VENUE** HAMILTON GARDENS

24 May > Research Workshop  
25 May > Symposium

**MIDLAND TRAUMA SYSTEM**

## Information about Trauma Verification:

Does it really make a difference? (PDF 611 KB), 2002 American College of Surgeons, Committee on Trauma Verification Review

Impact of Preparation and Achievement of ACS Level 1 Trauma Verification Raises Hospital Performance and Improves Patient Outcome (PDF 27 KB), 2000, Holly et al.

*"Midland Trauma System would like to acknowledge and thank all those who engaged in the process and who gave the verification teams a clear picture of our strengths and opportunities."*



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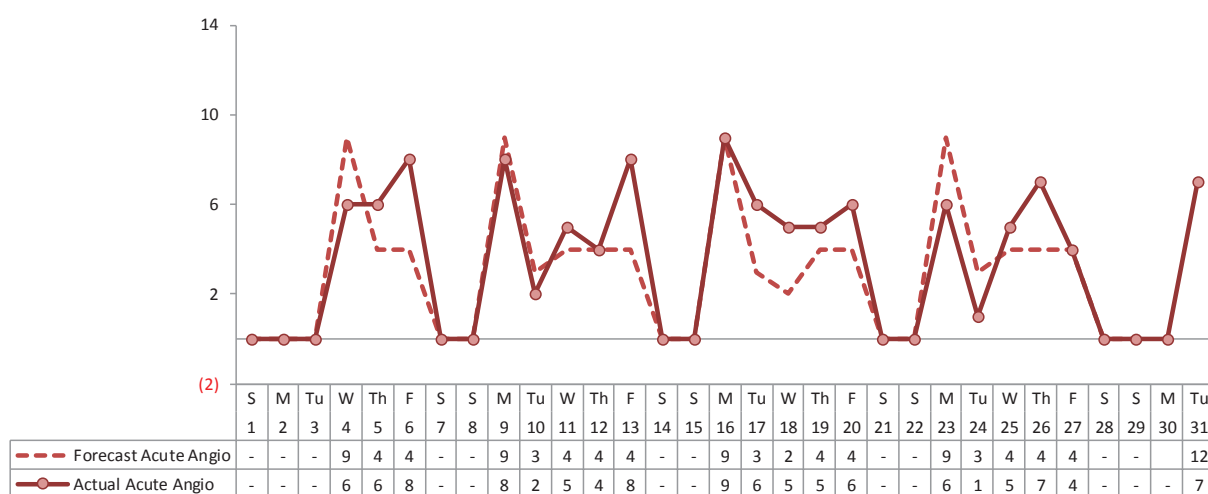
# Cardiac services in Midland

The Midland Cardiac Clinical Network (MCCN) has taken a regionally virtual approach to designing and delivering regionally integrated cardiac services. This virtual approach has not involved structural changes at the planning, funding or management levels of the Midland DHBs.

## The Midland integrated cardiac service:

- is designed around the patient so that the patient receives seamless service when being transferred to and from tertiary DHB services - as if the five Midland DHBs were one organisation.
- provides a long-term cohesive and optimal resource planning tool across the Midland region to meet future demand.

## Forecasted vs actual acute angiograms at Waikato DHB Cathlab - January 2017

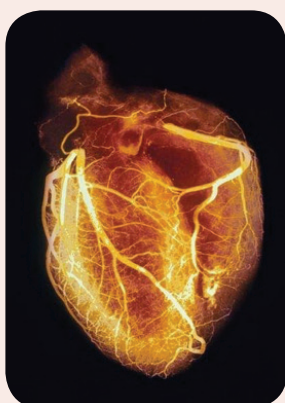


# National Cardiac Network News

As from March 2017 the National Cardiac Network will be led by a Waikato DHB Cardiologist, Dr Gerry Devlin, who is also the Medical Director of the NZ Heart Foundation.

Gerry's passionate efforts as the Midland Cardiac Clinical Network (MCCN) Lead until February this year have significantly benefited both the Midland and New Zealand populations, through his unwavering advocacy for high clinical efficacy and for targets such as acute angiograms to be completed within 72 hours of acute admission.

Gerry was recently quoted as saying, "It's important that we don't start moving backwards from the dramatic overall reduction in deaths achieved over the past 40 years. There are potentially worrying trends in the NZ Health Survey that contribute to heart disease including increases in adult obesity and rising levels of physical inactivity."



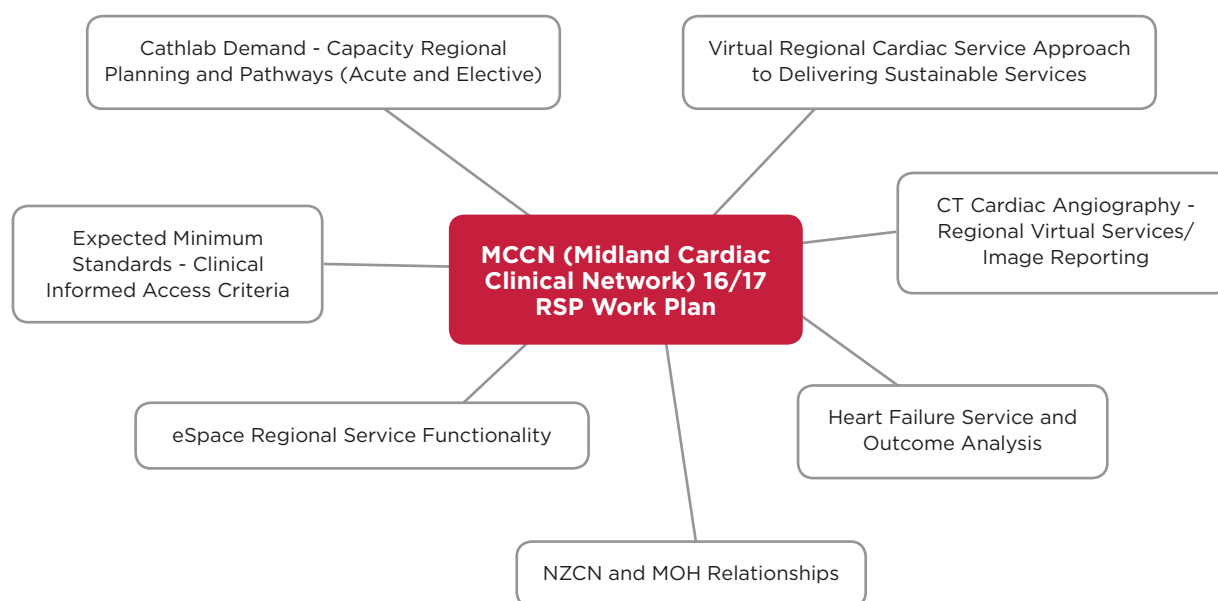
## The Midland integrated cardiac service:

- **Gap analysis against NZ Cardiac Expected Standards** - benchmarking access to diagnostics and care across cardiac services, eg Heart Failure and Arrhythmias.
- **Heart Failure Sub Group** - Midland admission and readmission data has been analysed by Population Health, Waikato, and a regional DHB stocktake completed of Heart Failure Services delivered. This information is being combined to inform future work.
- **Cardiac Rehabilitation and Secondary Prevention** - an audit at Waikato DHB is tracking the outcomes of patients post discharge, discharge medications and rehabilitation programmes.
- **eSPACE (Supporting Patients and Clinicians Electronically)** - the IS teams working on the region's Clinical Work Station (CWS) are consulting to understand what will improve the workflow of clinicians impact positively on patient flow to enable seamless transfer of patients and clinical information.
- **Cathlab Production Plan Regional Model** - forecasting acute angiogram demand to inform the planning of electives.



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# Healthy ageing in Midland

The major focus in the Health of Older People Action Group (HOP) for the last six months has been on continuing to improve the dementia pathways of care in the Map of Medicine tool. It has been a combined effort between the Midland Dementia Pathway Working Group, the Midland Regional Pathways of Care team in HealthShare, and the HealthShare analyst team.

The work has included a substantial number of updates to the pathways of care, monitoring their ongoing use and the HealthShare HOP analyst reporting on the number of referrals to Alzheimer's and Dementia organisations in the Midland region. Later this year the working group will undertake a review of the pathways.

## 2017-18 HOP work plan

Currently the HOP work plan is being drafted for the 2017-20 Midland Regional Services Plan. This process involves input from various stakeholders and oversight from the Midland Health of Older People Action Group. It is also informed by Ministry of Health guidelines and the recently released Healthy Ageing Strategy. The HOP work plan is expected to go through several iterations before completion.

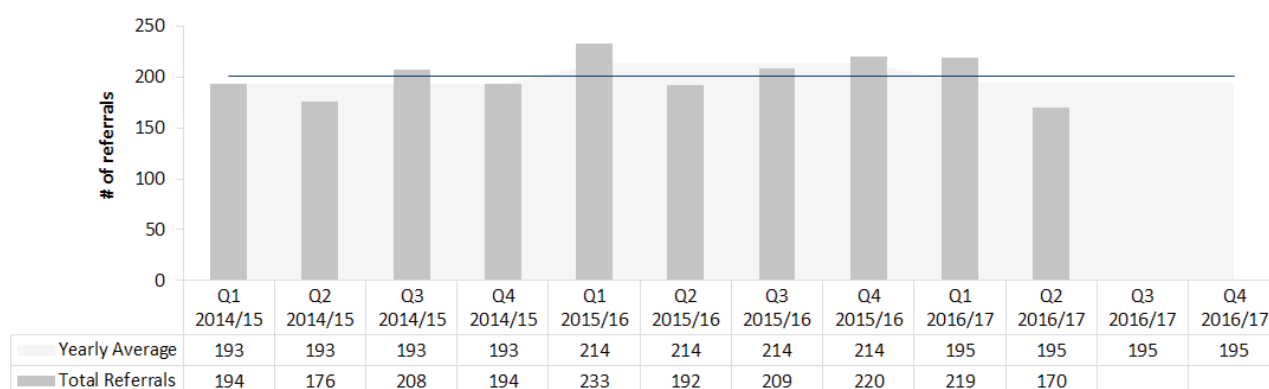
## Introducing our new Health of Older People Project Manager

HealthShare has a new Project Manager for the Health of Older People Action Group. Kirstin Pereira has a background in health project management, and has worked at Waikato DHB in child health for the last five years project managing service improvement initiatives.

Prior to that Kirstin worked in the Cancer Programme in the Ministry of Health in Wellington. She is looking forward to working in the Health of Older People portfolio and engaging with the wider sector.



## Midland DHBs - Number of Alzheimer's Referrals



Source: Dementia Waikato, data collated on behalf of all Dementia and Alzheimer's organisations in the Midland region



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# Radiology services in Midland

The **Midland Radiology Action Group (MRAG)** meets quarterly to work collaboratively on initiatives across the Midland region's five DHBs.

MRAG membership includes a Radiologist and a Manager from each of the DHB Radiology Services; and representatives from primary care, Chief Operating Officers, and Māori Health Planning and Funding.

Two MRAG representatives attend the National Radiology Action Group (NRAG) quarterly meetings at a national level, providing a link to the other regions.

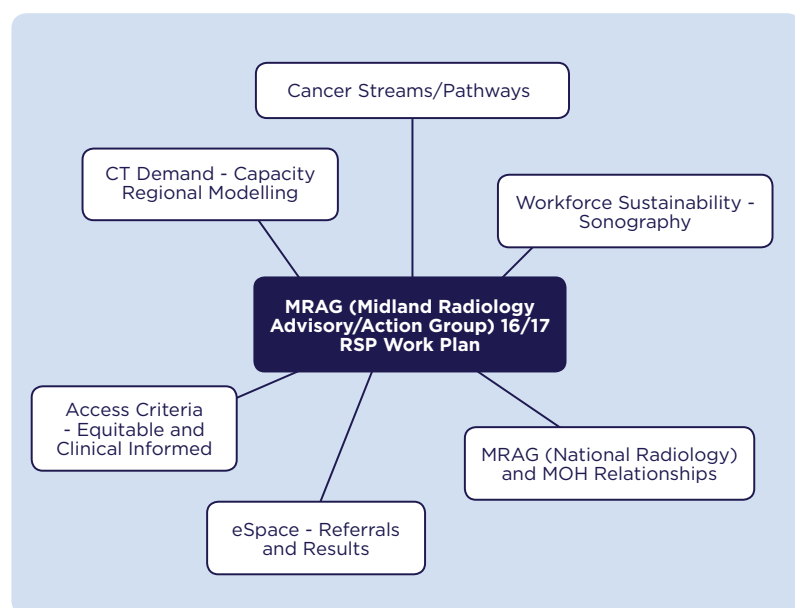
MRAGs message is to encourage early participation with radiology when changes in clinical care pathways and service delivery models are being considered. This gives Radiology the best chance of delivering what is needed.

Radiology departments are a support service and want to respond nimbly to clinical need, national priorities, and targets but they have the challenge of expensive technologies determining their capacity to deliver within constrained DHB budgets.



## Five key pieces of work for MRAG this year:

- 1 CT modelling** – answering: How much of what type of CT the Midland CT scanners do with the machine time they have? How much more scanner time is required for new demands, and where?
- 2 Primary Access Criteria** - what clinical criteria should give GPs access to DHB radiology services to ensure everyone with potentially serious clinical problems have free access.
- 3 Cancer stream production planning** - radiology has several work streams to juggle to ensure the Faster Cancer Pathways receive urgent imaging without other urgent imaging being delayed.
- 4 Sonography workforce** - can our DHBs and private providers train more sonography students, while not slowing down the already short-staffed ultrasound departments significantly?
- 5 eSPACE (Supporting Patients and Clinicians Electronically)** - inform the regional Clinical Work Station (CWS) teams how clinicians see the future of a connected radiology e-referral and e-reports space.



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