

Working together



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About our Midland region

21% The Midland region covers an area of 56,728 km², 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.



Lead DHB	PHO Name
Bay of Plenty	Eastern Bay Primary Health Alliance, Nga Mataapuna Oranga Ltd, Western Bay of Plenty Primary Health Organisation Ltd
Lakes	Pinnacle - Lakes, Rotorua Area Primary Health Services Ltd
Tairāwhiti	Pinnacle - Tairāwhiti, Ngati Porou Hauora Charitable Trust
Taranaki	Pinnacle - Taranaki
Waikato	Hauraki PHO, Pinnacle - Waikato, *National Hauora Coalition

*MOH categorises Counties Manukau DHB as the lead DHB for the National Hauora Coalition (NHC), which excludes NHC from the Midland Lead DHB list, however NHC figures have been added into the above table for both Hauora Tairāwhiti and Waikato DHB - where NHC provides a locally based service.

OUR SIX REGIONAL OBJECTIVES

Health equity for Māori

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 Clinical Portal

One patient, one record



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Supporting Patients and Clinicians Electronically

eSPACE AND THE MIDLAND CLINICAL PORTAL - WHAT IS IT?

The overarching eSPACE Programme of work will provide the transition from existing clinical workstations to a regional clinical portal, known as the Midland Clinical Portal (MCP). MCP will be supported by unified clinical data repositories and an integrated electronic medicines management solution.

The MCP is an electronic platform for managing health documentation relating to the care of individual patients across the Midland region – Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato DHBs.

Essentially, this means that all documents created anywhere in the Midland region about any patient will be visible, when required, to any clinician in the Midland region, regardless of where the patient presents. This supports sound clinical decisions, reduces risk, and improves the experience of patients, clinicians and administrators.

MCP works both with, and in addition to, existing functionality in current local systems, such as HealthViews and CHIP. Over time, as MCP's functionality increases, local systems will be switched off.

WHAT IT ISN'T

The eSPACE Programme is not an IT implementation. It is a clinically-led programme of change, supported and enabled by technology.

The eSPACE Programme does not set out to provide a region-wide shared-care pathway or a complete regional solution to electronic patient records. Rather, it provides a very strong foundation for regionalisation of clinical information by creating a standardised tool for Midland DHB clinicians to treat their patients.

The entire functionality of MCP will not be delivered in one go. This approach will help to reduce clinical risk; develop capability through managed change; and allow for refinement, ensuring the portal is clinically sound.

WHAT WILL IT DELIVER?

- Standardised clinical pathways and documentation
- Improved data integrity and collection
- Reduction in errors and duplication due to manual data entry
- Improved clinical decision making through increased access to patient information
- Visibility of regional clinical documents
- Visibility of patient demographics and encounters (continued overleaf)

Supporting Patients and Clinicians Electronically

Midland
Clinical Portal

One patient, one record

- Integration of national and local health alerts
- Primary Health Organisation integration
- A consistent process for transfer of care in the Midland region
- Visibility of regional radiology and cardiology images
- Visibility and management of regional diagnostic results
- Visibility and management of patient medication (electronic prescribing, dispensing, reconciliation and administration)
- Electronic management of referrals within and between Midland DHBs and to external providers
- Electronic ordering of diagnostic and laboratory procedures
- A foundation for Digital Health 2020; a single patient record for the country

OBJECTIVES

eSPACE and the MCP have the potential to improve the quality of patient care and reduce risks to patient safety by providing a complete and integrated view of patient information.

The MCP will better support clinical practice through improved access to clinical information and tools, provide information systems that more effectively align with clinical outcomes, and create a clinical information system that is agile and responsive to change.

BENEFITS

Some of the possible benefits include:

- Improved quality of care and clinical outcomes
- Improved patient satisfaction
- Improved system responsiveness
- Improved regional collaboration
- Improved sustainability
- Clinician productivity gains
- Improved patient throughput
- Reduced testing and improved accuracy
- Reduced staff travel time and costs



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The Midland Clinical Portal (MCP) is LIVE!

It's been a busy few months for the eSPACE Programme, culminating in clinical go-live of the Midland Clinical Portal Foundation Project (MCPFP) to the first group of clinicians at Waikato DHB on Monday 14 August (photo below).

MCPFP provides a modern interface, including patient demographic information, a timeline view of emergency, inpatient and outpatient encounters going back to October 2016, allowing clinicians to identify the documents they need faster and easier, no matter where in the Midland region they were created, and a comprehensive list of patient alerts, pulled from multiple systems across the five DHBs of the Midland region.

To begin with, MCPFP offers a read only view of selected documents created after go-live in DHB's that have chosen to connect the upload software (documents can only be created in DHBs' existing electronic records).



Above: Dr Andrew Darby, Consultant Psychiatrist (Waikato DHB) and eSPACE Mental Health and Addictions Clinical Executive was the first clinician to access the Midland Clinical Portal on 14 August.

Midland Clinical Portal

One patient, one record

midlandclinicalportal.health.nz

The eSPACE Programme also launched the Midland Clinical Portal (MCP) website, midlandclinicalportal.health.nz, in early August. The website is intended to be the authoritative source of information about MCP and features the 'Introducing the Midland Clinical Portal' video (see item below), and the eSPACE Programme on a Page and MCPFP on a Page fact sheets.

A 'Members Area', which will require a login and includes a forum, will be added to the site in the near future.



Introducing the Midland Clinical Portal

The eSPACE Programme has produced a two minute video that introduces MCPFP in the wider context of the Midland Clinical Portal (MCP).

The video features MCPFP Clinical Executive Dr Ian Martin, discussing the limitations of the current system, and what MCP will deliver, both initially through MCPFP and in future.

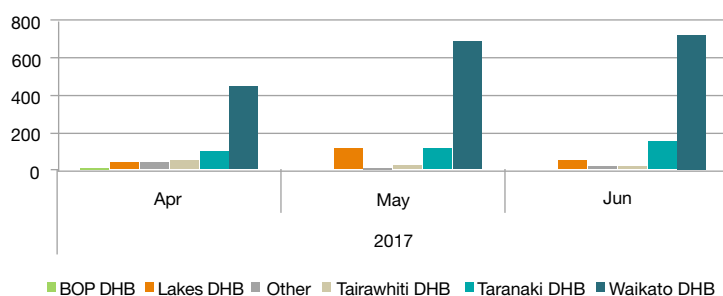


For more information, visit:

midlandclinicalportal.health.nz or email: mcp@healthshare.co.nz

Midland Regional Pathways of Care (Map of Medicine)

Utilisation data for pathways viewed on Map of Medicine April - June 2017



Chris Scott and Jo Hollobon

MAP OF MEDICINE - HOW DO I PROVIDE FEEDBACK?

If you wish to provide feedback or notice any issues with the pathways in the Map of Medicine please use the Feedback button found at the bottom right-hand side of the screen.

Recently published new and reviewed pathways:

- Hyperemesis Gravidarum Management - Waikato
- Weight Management and Obesity in Children - Midland region (Child Health Action Group)
- Constipation in Children - Midland region (Child Health Action Group) - to include updated prescribing regimes for GPs.
- Deep Vein Thrombosis (DVT) - Midland region - this review incorporates the changes that have occurred in DVT management, in particular with DOAC usage and is in line with the latest published ACCP guidelines.

Other pathway/eReferral activity:

We are continuing to present new pathways and eReferrals at the GP engagement evenings in the Waikato (these events qualify for AVE and MOPS credits). These are led by the GP liaison team in collaboration with the secondary care clinicians involved in the development and implementation of the pathways of care and eReferrals. These sessions are proving to be very successful and the following have recently been presented:

- the newly published Weight Management and Obesity in Children pathway
- the updated Constipation in Children pathway
- the recently published Sleep Disorders/Obstructive Sleep Apnoea pathway from the Sleep Service
- the recently published Osteoporosis pathway and the Fracture Liaison Service.

Advance care planning (ACP) - the eReferral for ACP went live in Taranaki DHB in June 2017 and they are continuing work on the pathway with a draft version built in the Map of Medicine.

Suspected lung cancer and the Mental Health eReferrals are both now live at Lakes DHB.

Teledermatology - the eReferral has been introduced as a six month pilot in the Waikato.

The Pathways of Care and eReferral team recently spent two days in Gisborne visiting Hauora Tairāwhiti and Pinnacle PHO. Meetings and discussions were held with various staff and teams on:

- how to increase engagement for the pathways of care (Map of Medicine tool)
- the eTriage model
- implementation of the:
 - suspected lung cancer eReferral
 - the Chronic Kidney Disease module
 - colonoscopy eReferral



For more information about the Midland Regional Pathways of Care (Map of Medicine) contact:

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Jo Hollobon

Regional Lead Editor | HealthShare

[e jo.hollobon@healthshare.co.nz](mailto:jo.hollobon@healthshare.co.nz)

Register for login access to the Map of Medicine

[e mom@waikatodhb.health.nz](mailto:mom@waikatodhb.health.nz)

Positive experience for first TeleStroke patient

When Judith Henderson arrived at Thames Hospital with stroke symptoms, she had no idea she was about to be the first patient to benefit from a fast diagnosis as part of the Ministry of Health-funded TeleStroke pilot at the hospital.

Quick diagnosis and treatment is key to minimising damage to the brain when someone is experiencing a stroke. Certain kinds of strokes are effectively treated with intravenous, clot-busting drugs that require expertise to deliver properly. That diagnosis and treatment expertise isn't available at Thames Hospital, but can be provided by on-call neurologists in Hamilton via video conference using TeleHealth, or TeleStroke as it's referred to in these cases.

Using video technology, Judith was seen by a specialist neurologist based at Waikato Hospital, in tandem with local Thames Emergency Department doctors. The neurologist asked questions and conducted the consultation as if they were in the same room, and was able to make a diagnosis then and there. Judith was experiencing a lacunar stroke and needed an immediate transfer to Waikato Hospital.

"I had no idea that having a consultation this way was new," says Judith. "It went really well and it felt very natural and comfortable speaking with the doctor by video. Who knows how differently things might have gone if I'd needed to be transferred to Waikato Hospital for diagnosis? I'm so glad TeleStroke is available to us at Thames Hospital."

The quick diagnosis and support from the neurologist

meant treatment could begin right away, helping to ensure the best possible outcome for Judith.

TeleStroke provides assistance for emergency diagnosis and treatment of strokes in Thames and Rotorua hospitals, using existing TeleHealth technology. TeleHealth provides support to smaller hospitals, allowing them to connect with specialists working elsewhere using video conferencing technology. A mobile TeleHealth cart can be moved around the wards and made available to patients and doctors when needed.

Dr Ruth Large, clinical director at Thames Hospital and chair of the New Zealand TeleHealth Forum, says, "TeleHealth technology is one way for us to reduce health inequity in rural areas. Being able to access immediate specialist advice before or without being transferred can reduce the risk of disability or death. It saves lives".

Around 9,000 people have a stroke each year in New Zealand. The TeleStroke pilot gives patients at Thames and Rotorua hospitals 24/7 access to time-critical stroke therapies, meaning better access and faster treatment, significantly improving health outcomes and reducing the risk of permanent disability.



Waikato District Health Board staff receiving training in the use of the mobile video cart as part of the Ministry of Health funded Telestroke pilot



For more information contact:

Dr Ruth Large FACEM FDRHM | Clinical Director Thames Hospital, Emergency Physician Waikato Hospital

e ruth.large@waikatodhb.health.nz

Midland Trauma System (MTS)



Reducing the burden of trauma on our community

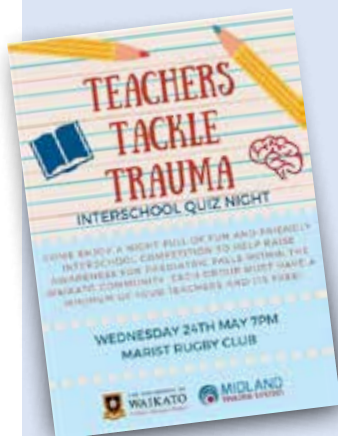
MTS project with Waikato University

In the first half of 2017 Midland Trauma System (MTS) took full advantage of the opportunity to work collaboratively with Waikato University and students on the third year undergraduate event paper to get the message out about paediatric falls. The aim was for the students to plan and facilitate an event publicising children's falls and the big impact these have in the community and the Waikato DHB.

MTS supplied and presented aggregated trauma registry data on the extent and seriousness of paediatric falls in the Waikato, so the students understood the impact of the problem. Sixty three students in eight groups then undertook planning for events in the community, which involved creating an innovative event highlighting children's falls, finding sponsors, and pitching a proposal to the lecturer and MTS partners.



Play it Safe at Pukete School



Following lots of tweaking of ideas and extensive advertising by the students over three months, eight exciting, interactive events were held across Hamilton in May. These included olympic-themed competitions, a boot camp in primary schools (see above photo) and a quiz night for primary school teachers.

In addition, one group of students wrote, illustrated and published a book of nursery rhymes, highlighting falls (see photos) and read this to three classes of children in a local primary school. A component of the event paper required students to conduct an post-event evaluation, which showed that around 540 children and adults attended and participated in the events.

This was a great novel way to get the message out to the community about children and falls and MTS was delighted to be partners in such an interesting, fun and productive partnership with Waikato University and these students.

Rhymes
&
Safe Times



Team Ripple Effect at Silverdale School



MTS and the Design Hub at Wintec

In another project, Midland Trauma System (MTS) was invited to be an “industry partner” on the pilot programme with the Design Hub at Wintec. The Design Hub is a learning environment that explores solutions for “wicked” industry problems through the design thinking process which includes steps of empathise, define, ideate, prototype and test.

Students had to apply and be interviewed to join the Design Hub. MTS posed the question “How might we reduce the number of quad bike incidents in the Waikato?” and supplied Trauma Registry data on quad bike injuries in the Waikato region.

The brief from MTS included the need to find a behaviour or attitude solution to the problem and not an engineering solution. Three students thought long and hard for several months, searching the literature, interviewing relevant people from manufacturers, salesmen and most importantly farmers and constructing prototype solutions.

Amalgamating their research, the students constructed a persona, ‘Dave’, representing an example of the target audience, and this helped them towards developing a solution. The students’ final concept was “Bikes, Blokes and Pies” – a two-hour community learning opportunity where an experienced farmer encourages local farmers to share their quad bike-related stories over a coffee and pie and to understand the importance of keeping themselves safe on quad bikes. MTS was regularly involved throughout the design hub process and it was exciting to see the process unfold-further work on this is to follow.



MTS goes to the Fieldays

Midland Trauma System (MTS) participated in the Health Hub at the 2017 Mystery Creek Agricultural Fieldays. Where else can you get potential exposure to over 120,000 people in 4 days!

This year MTS staff enticed Fielday goers in by asking “Are you at risk? - Take the test”. A Risk calculator had been created using data from over 34,000 entries in the Midland Trauma Registry. MTS staff met and discussed the risk of trauma with individuals and families based on their demographics (age gender, ethnicity) and where they lived. We put this data into Qliksense and used the Midland Trauma Registry data to tell them what their greatest risks were for injury that would see them admitted to hospital.

Along with test taking, many one on one conversations were had concerning their trauma risk and together identifying ways to reduce their trauma happening to them. There were also a number of conversations where people revealed trauma that had happened to them or their family or friends and the sometimes massive affect this had had on their lives.

There were over 7,000 trauma admissions to Midland Hospitals in the last year – the ripple effect is real.



‘Health Hub’ at the Fieldays



For more information on the Midland Trauma System contact:

Alaina Campbell | Programme Manager - MTS, Waikato DHB

e Alaina.Campbell@waikatodhb.health.nz | www.midlandtrauma.nz

Midland Region Community Hepatitis C Service is now fully operational

Meet the Midland regional clinical team



Nancy Carey
Fibroscan Nurse

Frank Weilert
Gastro Specialist

Sherryl Hayett
Fibroscan Nurse



Jillian White
Fibroscan Nurse

The community service is co-ordinated from Waikato Hospital in partnership with Hepatitis Foundation of New Zealand. The service covers all patients living in Taranaki, Hauora Tairāwhiti, Lakes, Bay of Plenty and Waikato DHB regions.

The service provides a Fibroscan which determines liver stiffness and hep C education to patients in the community, eg local clinics, prisons, needle exchange, or a hospital setting, whichever is closer to the patient's home.

To be eligible for treatment it is recommended that a Fibroscan be completed within the last three years and HCV Genotyping (a blood test) be completed within five years is required.

Are you in one of the at-risk groups for hepatitis C?

Many of us are and the Midland Region Community Hepatitis C service team are keen to debunk the stigma attached to hepatitis C.

"Our focus is on curing you, not on how you got the virus," says Carey. "All health professionals respect patient privacy. We just want to give people a better quality of life."

The really good news is that new anti-viral drugs now have a very high cure rate for hepatitis C.

There are more than 50,000 people in New Zealand living with hepatitis C, although it is estimated only half are currently diagnosed. Sometimes this

is because people are reluctant to get tested and diagnosed as it may reveal something in their past they are worried about sharing.

So what puts people at risk of hepatitis C? These days, body piercings and tattoos are common, as is receiving medical attention in a high-risk country. Those are three at-risk factors for hepatitis C if they were not done in a sterile way.

Injecting drugs, even just once, will put you at risk. Time in prison is another risk factor, even if that was in your reckless youth many years ago. Getting hepatitis C doesn't have to add a life sentence.

Having a blood transfusion pre-1992, and being born to a mother with hepatitis C are other risk factors.

“Many people are living with hepatitis C and they don’t need to. Some have experienced general tiredness, joint pain, nausea or loss of appetite for years, but may not even be aware they carry the hepatitis C virus. Some won’t even have symptoms, but they could be infecting someone close to them.

“Others know they have it, but keep it a secret.”

“With these new anti-viral drugs, the cure rate for hepatitis C can be over 95% compared to 50% before the new medication was available,” says Carey. “Even better, your local medical centre or GP can prescribe them.”

If you have any concerns or want to get some tests done, talk to your local doctor who will arrange the necessary blood tests. This will confirm if you have ever been in contact with the hepatitis C virus and if you are currently infected. If you are, you will be referred to the Midland Regional Community Hepatitis C service for a fibroscan (a painless, quick procedure like an ultrasound) to see if your liver is affected. You will then be advised on treatment which may include medication that offers a high chance of fully ridding you of the virus.



For more information on the Midland Region Community Hepatitis C Service contact:

Jo De Lisle Project Manager, Jo.DeLisle@healthshare.co.nz.

Get the facts

Hepatitis C is a blood-borne virus which causes inflammation of the liver. If left untreated, it can result in cirrhosis, which stops the liver working properly. Liver damage can also lead to liver cancer or liver failure.

Those most at risk of hepatitis C are people who:

Had a blood transfusion or received blood products prior to 1992

Lived or received medical attention in a high-risk country

(South East Asia, China, Eastern Europe including Russia, or the Middle East)

Have received a tattoo or body piercing using unsterile equipment

Have injected drugs (even if only once)

Have ever been in prison

Were born to a mother living with hepatitis C

Maternity Services

Midland Maternity Action Group (MMAG)

Key Achievements

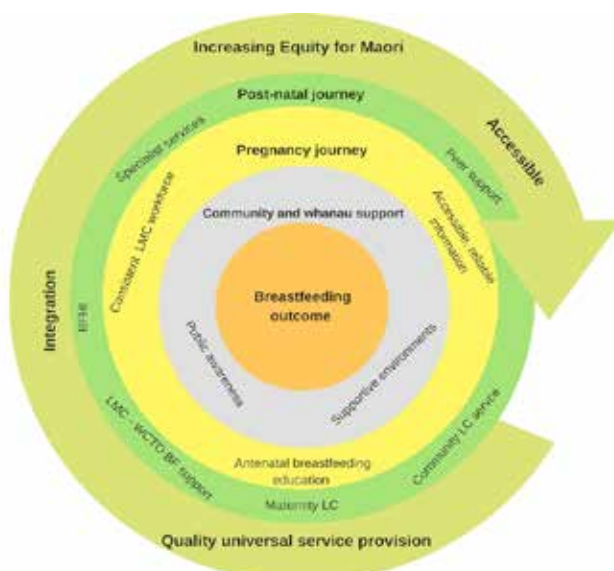
Supporting breastfeeding

Midland Breastfeeding Framework

The Framework was approved by the Midland Maternity Action Group at its meeting in May 2017 and forwarded to the Midland DHBs for implementation when planning services to support breastfeeding.

The diagram (below) provides a visual overview of the integration of services and initiatives, and displays the layers of services and initiatives required to positively influence population breastfeeding outcomes- namely breastfeeding according to the Ministry of Health guidelines.

The diagram shows an encompassing arrow with key themes that need to be considered in all the components of the Framework.



Midland Breastfeeding Framework diagram

*"The **Midland Breastfeeding Framework** offers a clear direction on how different sectors can work together to provide a suite of services and initiatives that could turn the tide and increase breastfeeding rates across our Midland region.*

*By adapting current services to meet the needs of the '**millennial mother**' and planning for a wrap-around of well equipped services and initiatives, it is hoped that we can positively change the breastfeeding statistics for our future generations."*

(Corli Roodt, Chair,
Midland Maternity Action Group)

The macro level components of the framework support the mother/infant dyad which should be at the heart of all service design. Each component is likely to have a more dominant effect on either of the two main components of breastfeeding outcomes; initiation and duration. This further emphasises the need to plan and fund the whole system of services and initiatives to make a difference to breastfeeding rates.

A fully funded service that aims to increase breastfeeding rates would include:

1	Settings based public health initiatives; supportive environments, policy and early awareness raising
2	Antenatal education, both from primary practitioner (LMC) and quality antenatal classes
3	BFHI accredited maternity facilities
4	Integrated breastfeeding peer support programme and community lactation service
5	Specialist services
6	Ongoing workforce development.

'BreastFedNZ' - Midland breastfeeding smartphone app

**Celebrating 12,000+
BreastFedNZ app. downloads**

BreastFedNZ is continuing to receive positive feedback on its usefulness as a breastfeeding resource, from both women and health care providers.

New developments and innovations

- 'Quick Find' has been added to the app home screen to assist in searching topics
- 'Free Dental Checks' for ages 0-17 years has been added to the app, with links to the MoH's website and 0800 number
- A link to MidCentral DHB's app Babble has been added. Babble provides information and guidance for parents with a baby in a neonatal unit, NICU or special care unit.
- BreastFedNZ flyers are being distributed nationally through the 'Your Pregnancy' packs from Bounty. The cost of including the BreastFedNZ leaflet has been generously discounted by the team at Bounty

"Bounty is delighted to sponsor the BreastFedNZ app, by helping to make it available to 99% expectant parents throughout New Zealand"

(Audited by PwC)



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Midland Cancer Network



Bowel cancer awareness at Fieldays

Midland Cancer Network bowel screening project manager, alongside Waikato DHB clinical staff, assisted the Bowel Cancer Society on their stand at the Health Hub area, National Fieldays, Mystery Creek, Hamilton promoting bowel cancer awareness, including the planned National Bowel Screening Programme.

Waikato district adult palliative care specialist workforce stocktake and gap analysis

A key priority for Waikato palliative care in 2016/17 was to undertake a specialist palliative care workforce stocktake and gap analysis due to the increasing anecdotal evidence that the current palliative care service within the Waikato district is under pressure and in a vulnerable status; in particular with its specialist medical workforce (SMO and RMOs). The stocktake and analysis report, completed in early 2017, looks at the current and future status of the specialist medical workforce requirements in order to deliver an appropriate, timely, and quality service to the population of Waikato.



Brent McMillin from the Midland Cancer Network, assisting the Bowel Cancer Society at the National Fieldays held recently

Midland patient information

A stocktake of Midland DHB specific patient information for cancer patients was undertaken in 2014/15 which identified that there was limited and inconsistent regional patient information by tumour stream for patients. In December 2016 project work commenced to develop consistent and standardised DHB specific patient resources.

The region is making good progress on reviewing and redeveloping leaflets and has completed the following five:

- 1 Understanding your gynaecological problems / Matai ahuatanga wahine
- 2 Supra-regional gynaecological Matai ahuatanga wahine cancer information booklet about having surgical treatment for gynaecologic (womb, cervix, ovaries, vagina, and vulva) cancer in Auckland.
- 3 A guide to help you understand your bowel cancer treatment
- 4 A guide to help you understand your lung cancer treatment
- 5 Midland PET-CT Scan Patient Information.



For more information contact:

Jan Smith | Manager, Midland Cancer Network | HealthShare jan.smith@healthshare.co.nz

A word from the HealthShare CEO

...continuing our journey together towards 'one team'

HealthShare's role is to support the Midland DHBs. Recently HealthShare staff came together from across the region to consider who we are (ie. our collective identity) and the way that we work as HealthShare. The teams represented were the Midland Cancer Network, Mental Health & Addictions, the Regional Health Integration Team, Audit and Assurance, Internal Audit, Workforce, Regional Information Services, and eSPACE. Much of HealthShare's work is described in the Midland Regional Services Plan which is agreed by the Midland DHBs and Minister of Health.

Central to our reflection together is the name that was gifted to HealthShare when we were formed: He Rourou Takitahi, which means a small flax food basket. This is a metaphorical image that conveys a 'one team' approach with Midland DHBs to enrich and enhance the work of DHBs. The people at HealthShare collectively form this basket (see image). And our goal is to support DHBs through the HealthShare teams (and beyond) and by forming collaborative teams with staff from the Midland DHBs.

Ron Dunham, CEO of Lakes DHB, and Chair of HealthShare's Board of Directors, facilitated the day and

shared about the process to develop "the Lakes Way".

"This is a commitment that Lakes DHB is making to its consumers which governs the DHB's approach into the future. Our pledge to consumers outlines what they can expect when they enter a DHB facility and how they can expect our staff to interact with them on their journey through our services", says Ron.

Ron encouraged HealthShare staff to be forward thinking and to scan the horizon ahead; to consider the Midland DHBs' different priorities and how to balance these; to assist the DHBs to find solutions and achieve their goals; to be agile and adaptable; proactive rather than reactive; to be trustworthy, professional and diplomatic.

Like "the Lakes Way" it is important to be able to succinctly define the promises HealthShare make to our stakeholders, the behaviours that HealthShare is committed to living to, and how staff are supported to achieve these behaviours and promises. The journey towards redefining HealthShare's way of working is ongoing and open to further thinking from staff. It wasn't solved in one day, but we've made a great start.



Andrew Campbell-Stokes
CEO, HealthShare

Midland District Health Boards' shared services agency

September 2017

Find out more about
"The Lakes Way" -
www.lakesdhb.govt.nz
and HealthShare
www.healthshare.co.nz



Update from Steve's desk

Workforce Lead: Mental Health & Addictions (MH&A)

Tēnā koutou e nga Whānau o Te Midlands MRMH&A Workforce kaupapa

Last Thursday marked my 100th day in the role of Workforce Planning Lead in the Mental Health and Addictions team here at Midland DHBs. It is an honour to be serving in the role and to be contributing in a very meaningful way to this crucial kaupapa. Here is an overview of some of the key pieces that I have been working on, along with commentary, some reflections and some scoping of the work to come...

I have visited and/or had contact with most tiers within all of the five Midland DHB areas and have been drawing common themes to inform development of workforce planning in the region. I have attended and provided input into the Midland network groups, who also reference, contribute to and oversee the tasks that I undertake.

I have also developed positive working relationships with our Workforce Centres, having now met with Te Pou, Matua Raki, Werry Workforce Whāraurau and Te Rau Matatini.

There is certainly value to be had in joined-up work in our various shared kaupapa and I have worked to ensure that local intelligence informs their work and that accountability to the localities that they serve remains live in their planning and priorities.



"The Midlands Workforce Planning role is very clearly to identify common themes and to align those with best practice to disseminate throughout the region, assisting our stakeholders to practice in the most effective and efficient ways possible, to meet local need."

The work that has gone into our regional **Substance Addiction [Compulsory Assessment & Treatment] Legislation (SAL)** Model of Care has identified a number of issues that need to be developed in order for the local models to be implemented by 21 February 2018.

Eseta Nonu-Reid (Regional Director, Midland MH&A) and I will be travelling to each DHB to work with them in a focussed way, on planning and implementation issues. As identified in the Model of Care, there are a number of common learning development areas that were identified in workshops throughout the region. I am putting a comprehensive programme together to ensure that workforce development responses are in place for SAL Process; Mana Enhancing Practice; Assessment, Cognition and Capacity; and Whānau, Family and Significant Other involvement.

It is essential that each local integrated system of care has strong **Whānau, Family and Significant Other** input, as well as Peer and Service-User Involvement and I am currently exploring options to develop our work in this area. To that end, Te Ao Whānau (the Midland Whānau/Family Leadership Network) requested that I coordinate a survey of Whānau/Family Support services and I have incorporated SAL into that. The survey will inform future Whānau/Family Support workforce development.

The Midlands Regional Clinical Governance Network has stressed that clinical responses to and treatment of **Co-Existing Problems (CEP - Mental Health and Addictions issues)** should by now be business as usual.

A key priority for the Midlands Workforce Planning role is to take CEP training and development through its next phase. I am currently conducting a discrete needs assessment to ascertain how well utilised and effective the earlier trainings have been and to determine the CEP issues that our whānau, practitioners and services face. I have developed a questionnaire to go out to all of the previous training attendees, service managers, service user and whānau representatives throughout the region. Once we have identified the common themes, a new round of development will take place for new, intermediate and advanced practitioners.

Perhaps most crucial to the Midlands Workforce Planning kaupapa is reinvigorating the governance that defines, oversees and measures our work. It is fair to say that the **Midlands DHBs MH&A Workforce Leadership Network** has lost some of its impetus over time and I am committed to re-establishing a group of dedicated individuals who can act, both on behalf of each of the Midland DHBs, and the various stakeholders, to steer development of our workforce development initiatives. This matter will be on the agenda of the relevant forums throughout the next consultation round.

Once the network is clearly established, development of the **Midland MH&A Workforce Strategy** will come to the forefront. Much of my energy has gone towards drawing together the range of strategic priorities, alongside of the local needs and mapping those to the various individuals / roles / organisations who are working to respond to them.

The Midlands Workforce Planning role is very clearly to identify common themes and to align those with best practice to disseminate throughout the region; assisting our stakeholders to practice in the most effective and efficient ways possible, to meet local need.

Planning of regular reporting, utilising the available workforce data is well under way and our stakeholders can look forward to information regarding their workforce to assist in planning in their local area.

As I am sure you can see, it has been a busy and dynamic time, picking up and running with this awesome mahi. Thank you to each and every one, for your input, support and guidance. I look forward to continuing to develop the workforce planning agenda in partnership with you, our crucial stakeholders.

Nga Mihi

Steve



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Introducing...

Les Wills Audit & Assurance, HealthShare



What does your job involve?

My job involves working with Midland region DHBs to complete their respective NGO annual audit programmes. It is all about working with people and having systematic processes in place to maintain high credibility around every audit.

Allied to the audit programme there is also available an array of project work that comes from audit. These can include service and provider surveys, to exit reviews of where a service provider is exiting a contract.

The majority of the work is all around routine audits however every now and again an issues based audit arises when something goes wrong and super urgent attention is required.

Why did you choose to work in this field?

Audit is also all about improvement and compliance. After working for 30 years in the regulatory processes of local government it was time to put the learned skills to work in a totally different field. I do not think I have ever looked back as I soon came to realise that there is far more going on in health and with health services than I could have ever imagined.

What do you like about it?

The role is all about working with people. I believe I am very lucky as in Health I get to work with many people who are very passionate about what they do. Even when an audit may reveal non conformance I see that this is a way of helping others to improve what they do and when shared correctly allows little room for conflict. I look forward to going

Les Wills with past hosted student Anna Noemair from Austria, Karen Wills, and current hosted student Eveliina from Finland.

"Every day is different. No two audits are ever the same as services can be delivered in different ways by different people."

back to audit a provider a second or third time round as much as I do meeting a new service provider.

Being a non clinician, means I am constantly learning about so many aspects of health services. I get to work with amazing people. I work in a great team where the 'clinicians' are always happy to share their knowledge and elaborate upon the services audited. The support is also first class.

Every day is different. No two audits are ever the same as services can be delivered in different ways by different people.

I am currently leading a project for the team where I am working with staff from the Ministry of Social Development, MOH, Justice, Education, Internal Affairs, DHBs and others. The brief is simple and that is to reduce the burden of audit on service providers. We have already started sharing our reports and onsite audit time to which I have no doubt will lead to co-operative auditing across these other sectors. I also believe we are 'leading the way' in New Zealand for this to happen as already other sector staff from Auckland and Wellington are expressing their interest in our approaches.

There are many aspects to an audit but the eventual outcome is helping people to become even more successful at what they do.

What are the challenges of your job?

Part of the role is to establish audit tools from DHB provider agreements. I become very frustrated with errors and over worded and confusing service agreements.

Often when bringing an audit together it is like walking across shifting sands trying to bring the right people to the right place at the right time to do the

right job. This is even more-so when you try to bring together multiple audits on successive days to keep audit costs to a minimum while also making as much use of specialised clinical auditor skills.

What do you do when you are not at work?

Family play a huge part in my life. My wife, Karen, and I will celebrate our 42nd wedding anniversary later this year. This indicates that we are grand parents. I am grand- father to Ella (2) and Georgia (6 weeks) who live close to Hamilton and also grand-father to Travis (6) and Akseli (4) who live in Finland. Ten years ago our younger son embarked on an AFS exchange programme and lived in Finland for a year as a high school student. He loved the life, and the ice hockey, and went back there to live after coming home from his exchange. He is now married, has a great job following his culinary degree. Karen and I have just completed our fourth trip to Finland. These trips have enabled us to see a huge amount of Europe and stand in awe of its history.

Our involvement with AFS has continued throughout the past ten years. Today I am the Chapter President of AFS Waikato. We are currently the largest and strongest Chapter in New Zealand. Today we are hosting our 19th student. Our students have come from Brazil, Austria, Japan, Finland, Italy, Switzerland, Germany, Farore Islands, Sweden, Canada and Denmark. We enjoyed so many adventures both here and in Europe as a direct result of the relationships that we have established over the years.

I am and have been a Justice of the Peace for the past 18 years. I am a very keen photographer enjoying the beauty of both landscape and portraiture, the latter being something that our grand children can assist with so capably.

Regional Health Integration Team



Jane Hawkins-Jones is the new Programme Manager for the Regional Health Integration Team. Jane has a wealth of experience in the health sector, most recently working in Taranaki for 12 years for the largest Maori Health and Social Service provider in the region, Tui Ora Ltd. Her role there was as the General Manager of Service Development and Delivery.

Jane is very passionate about increasing positive health outcomes for Maori and high need populations, and hopes that the skills and connections that she brings, will support the clinical networks and contribute to achieving work within the Regional Services Plan.

Jane's most recent academic achievement was successfully completing her Masters in Business Administration (MBA) with Massey University. Jane has a husband, two children and a seven month old granddaughter.

Meet the Team!



Jane Hawkins-Jones - Programme Manager

supports Child Health Action Group with initiatives in childhood obesity, oral health and implementation of the Harti Hauora tool



Jo de Lisle - Project Manager

supports implementation of the Midland Regional Hep C Service and eReferrals process



Joce Carr - Project Manager

supports Acute and Elective Services with a 2017-18 focus on Neurology and Vascular Services



Kirstin Pereira - Project Manager

supports Health of Older People and implementation of the Healthy Aging Strategy and Stroke, Acute and Rehabilitation Services



Philippa Edwards – Project Manager

supports Cardiology and Radiology with a focus on regionally integrated services with defined clinical Access Criteria and use of regional demand-capacity data for future service planning



Chris Scott – Project Manager

developing regional Pathways of Care and implementation within primary and secondary settings, including the development of eReferrals



Jo Hollobon – Lead Editor

developing regional Pathways of Care and implementation within primary and secondary settings, including the development of eReferrals



Honor Lymburn – Data Analyst (aka Data Stylist)

provides reporting and analysis for Child Health Action Group, Health of Older People and Stroke



Rodney Jones – Data Scientist

provides management and leadership of regional data sets and development of insights to inform regional services



Saurabh Singh – Business Analyst

provides reporting and analysis for Cardiology, Radiology, Electives and Midland Cancer Network.