



Working together

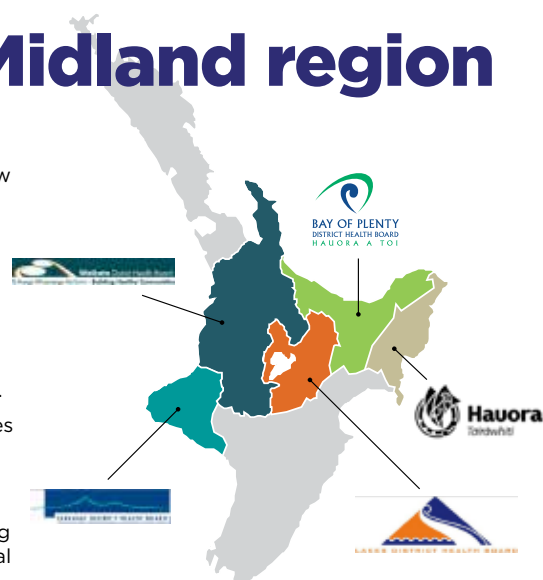


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About our Midland region

- 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, Hauora 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.



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
Hauora 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 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

A word from the HealthShare CEO

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

HealthShare - 'He Rourou Takitahi' ('a small flax food basket') was established in 2001 to support the Midland DHBs through approved regional work programmes and agreed regional service delivery. The success of Midland's regional work is dependent on the collaborative relationships between HealthShare's staff and teams, and those from across Midland DHBs and Primary Health Organisations. The region's networks weave together such diverse areas of health as: cancer, cardiac, child health, electives, health of older people, hepatitis C service, mental health and addictions, radiology, stroke, and trauma. The regional enablers supporting this 'one team' approach of working together are: regional IS, eSPACE, workforce development, audit and assurance services, and internal audit services.

Guiding these regionally agreed work programme activities are Midland's two overarching strategic objectives:

- 1. improve the health of the Midland populations**
- 2. eliminate health inequalities.**

In determining what 'success' in the region looks like, it is valuable to reflect on and evaluate 'What is good, better, and best?'. Considering what has improved or worsened? How the region's health outcomes can be improved and how inequalities can be eliminated?

Our values underpin the criteria we use to evaluate our 'success' (or failure); producing an overall judgment of our performance. 'Health equity for Māori' is the number one regional objective, and as such, is a central value underpinning what we do and how we work intentionally in our region.

'Stories of change' is a way to focus on the change that has taken place as a result of an initiative; highlighting narratives of intended positive (and occasionally unintended negative) outcomes. I encourage you to check out some of the stories of change contained in this newsletter, such as, Ra Koti's positive experience of stroke consultations using smart online technology; the difference made for Cate Shepherd as a cardiac specialty clinical nurse, working across a wide geographic area in Midland to provide recovery cardiac support; and the experience of Bree Claudatos, as breastfeeding information is made available 24/7 via a smartphone app, building her confidence to manage issues as her baby develops. These stories of change show what is valued by consumers and our staff; describing the changes that have taken place as a result of initiatives in health.

As we reflect on the past year of changes, we endeavour to work more intentionally and collaboratively together and look forward to what 2018 will bring. Personally, I wish everyone a very happy Christmas and a time of refreshment with family, whānau and friends over the festive season.



Andrew Campbell-Stokes
CEO, HealthShare

Midland District Health Boards' shared services agency

December 2017



Find out more about HealthShare

Andrew Campbell-Stokes | CEO, Healthshare | andrew.campbell-stokes@healthshare.co.nz | www.healthshare.co.nz

eSPACE Programme Gateway Review

eSPACE

The eSPACE Programme underwent a Gateway Review in early October. Gateway is an independent project/ programme peer review methodology that provides advice and support to the Senior Responsible Owner (SRO) of a programme or project. It operates out of Treasury and applies to all projects and programmes that are defined as high risk within the state sector.

The Gateway Review team assessed the eSPACE Programme as AMBER, where “successful delivery appears feasible but significant issues already exist, requiring management attention. These appear resolvable at this stage and if addressed promptly, should not impact delivery or benefits realisation”. The previous assessment of the eSPACE Programme in 2015 was AMBER/RED, so the latest assessment demonstrates a significant improvement in confidence in the programme to deliver. The review provided some key recommendations for how we could do things better, both as a team and a region, to ensure the success of the Programme.

At the request of eSPACE SRO Maureen Chrystall, the eSPACE team will put together a summary of the report's findings and circulate to interested stakeholders before the end of the year. The team will also develop an action plan before the end of the year, based on the themes and recommendations identified by the review. For more information about Gateway, visit: www.treasury.govt.nz/statesector/investmentmanagement/review/gateway

MCPFP Update

Following initial Midland Clinical Portal (MCP) go-live in August, access has been rolled out to all Waikato DHB clinicians as well as 1,500 clinical staff from Taranaki DHB and 453 clinicians from Bay of Plenty DHB. Planning for adding other users, including primary care and midwives, will continue to be rolled out in the New Year.

Enhancements to MCP to improve system performance, stability and functionality are continuing. Lakes DHB have taken the lead in running an MCP end-to-end testing exercise which is still ongoing as at mid-December.

The Programme has also recently introduced a ‘live’ dashboard of key MCP statistics (see ‘Did you know?’ left and ‘Number of Patients Records accessed by DHB’ graph below).

Did you know?

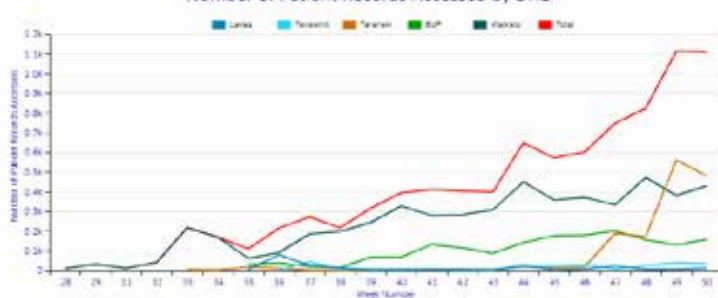
As at 1.30pm on Friday, 15 December, MCP contains:

515,220 Registered Patients
(Since 24 October 2016)

2,544,188 Patient Events Recorded (Since 24 October 2016)

878,983 Documents Uploaded
(Since 1 September 2017)

Number of Patient Records Accessed by DHB



Heard the news?

Sign up to receive our monthly e-newsletter, *Filling the eSPACE*. Sent on the first Friday of every month, it features the latest news, views and updates from the eSPACE Programme.

Email mcp@healthshare.co.nz to subscribe.



For more information, visit:

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

Introducing...

David Kooker

Programme Analyst | eSPACE, HealthShare



What does your job involve?

- Searching 'Subject Matter Experts' within the Midland DHBs
- Building rapport with personnel within the Midland DHBs
- Listening to the voice of the customer and documenting those wants in functional and non-functional requirements
- Drafting SOPs (Standard Operating Procedures) and 'How-To' guides
- Transition the Midland Clinical Portal to the established Service Provider.

Why did you choose to work in this field?

- I began my IT journey in very technical roles and decided in the past 10 years to evolve to a more people person role.
- I find it easy to blend with medical personnel compared to other fields.

What do you like about it?

- I can listen to anyone and have the ability to translate business speak to technical speak and vice versa
- In the course of my role, I get to travel around our beautiful region capturing some great photos along the way.

What are the challenges of your job?

- In some cases, HealthShare may be viewed as an outside entity by the Midland DHBs. Therefore, it can be tough to build rapport with folks when you're viewed as an outsider. In actuality, I enjoy figuring out how we can work together to make their jobs easier.

What do you do when you are not at work?

- Photography; Wingspan Bird of Prey Trust, Otanewainuku Kiwi Trust, and/or around New Zealand. I post my images on 'The Yankee Down Under Photography' on Facebook and other various New Zealand based photography groups.
- Known in the wildlife photography community as 'That Bird of Prey Guy'
- Tramping
- I am a Foodie with heaps of Asian cuisine (including Indian) experience and expanding into Italian and Slavic recipes
- Beer connoisseur.



Health equity hui – working together to make a difference

On 25 September a joint hui was held in Rotorua at Lakes District Health Board, between Nga Toka Hauora (General Managers Māori Health) and health equity related DHB staff, and Regional Clinical Network Project Managers from HealthShare. As the regional shared service agency, HealthShare is very supportive of ensuring that health equity for Māori is front and centre in all of the regional work undertaken. The Midland DHBs have agreed six regional objectives, with 'health equity for Māori' being the first objective.



The intention of the hui was to consider a common tool to be applied to Health Equity Assessment, relative to the initiatives and activities contained in the 2017-2020 Midland Regional Services Plan (RSP).

The 2017-2020 Midland RSP details Nga Toka Hauora's four health equity tasks, as outlined in their Health Equity Template:

- **building the evidence base** by establishing and embedding ethnicity data reporting
- **building a culture of equity** by undertaking health equity assessment
- **improving health literacy**
- **building Māori health workforce.**

Nga Toka Hauora considered the presentations and subsequently affirmed prioritising its support to focus on Māori health priorities, as well as the need to reconvene Nga Toka Hauora to reach a common agreement on the health equity assessment approach and preferred tool to be used. Nga Toka Hauora also reiterated their representation and advocacy on Midland Regional Clinical Networks.

The day was an excellent opportunity to get to know one another, to ask and answer questions centred on supporting health equity assessments of regional initiatives and activities planned in the region. It is anticipated that a further hui will take place in December, and HealthShare looks forward to being able to contribute towards this ongoing work with Nga Toka Hauora over the coming months.

Midland Mental Health & Addiction Regional Network

Since the late 1980s the Midland Mental Health & Addiction Regional Network has invested significantly in the development of Kaupapa Māori services in the Non Governmental Organisation (NGO) sector. The Midland region has the largest number of Kaupapa Māori NGOs nationally.

From a mental health and addictions perspective further work is needed to ensure the health equity for Māori is fully implemented. This will ensure that for Māori who journey through our services their experience is mana enhancing and leaves the whanau intact.

Midland Regional Pathways of Care (Map of Medicine)

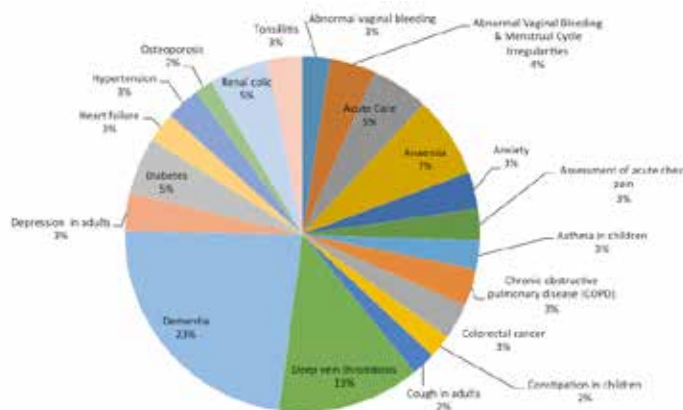


Utilisation data for pathways viewed on Map of Medicine over the last 12 months:

- there has been an increase in the use of the pathways over the last 12 months
- the highest users are GPs followed by nurses in general practice
- we continue to bring new users onto Map of Medicine each month.



Top 20 pathways viewed over last 12 months



Pathways published into the Map of Medicine:

- we have published 24 new pathways in the past 12 months
- three of these are fully regional pathways:
 - Weight management and obesity in children
 - Advance Care Planning (ACP) development led from Taranaki DHB
 - Hepatitis C
- In the last few months we have also published:
 - Supraventricular Tachycardia (SVT): community management
 - Early pregnancy & booking appointment
 - B12 & folate deficiency
 - Pelvic organ prolapse
 - the Primary Options manual has been added to the Acute Care pathway/s

Other pathway / eReferral activity:

- Regional lung cancer pathway the eReferral is now implemented in Tairāwhiti making it a regional eReferral
- Colonoscopy eReferral went live in Lakes, Tairāwhiti and Taranaki completing full regional implementation
- the medical termination of pregnancy eReferral went live for Lakes and BOP in September and the Waikato termination of pregnancy eReferral had an update so it can now be used by Lakes, BOP and Waikato DHB GPs
- Waikato ED developed an information box and access to Acute Care pathways to support patient flow in the acute demand area went live in September 2017
- Teledermatology BOP and Taranaki DHBs are both looking at implementing this model with local variation.

Further GP engagement evenings have been held at Waikato DHB with the following presentations:

- Teledermatology and a 'Demonstration of BPAC dermatology suspected skin cancer eReferral advice service' presented by Dr Mark Taylor, GP Liaison and Associate Prof. Amanda Oakley
- ED acute referrals - case studies on positive and negative flows and discussion on process improvement presented by Damian Tomic, Clinical Director Primary Care, Jo-Anne Deane, Director Integrated Care, Sherill-Ann Wilson, GP Liaison, with presentations from ED clinicians and SMOs.



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

Chris Scott

Project Manager | HealthShare

[e christine.scott@healthshare.co.nz](mailto:christine.scott@healthshare.co.nz)

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)

Stroke recovery using online appointments

Following a stroke in February 2017 Ra Koti experiences aphasia, which makes it difficult for him to express or articulate himself in speech. Speech and language therapy twice a week is helping his recovery, but the travel and organisation required to get to ongoing appointments at Waikato Hospital takes its toll.

“Since the stroke, Ra tires easily,” says Ra’s wife Jaki. “Getting up early, getting ready, finding a park and getting in to the hospital for appointments is really stressful.”

Then Ra was asked whether he wanted to try having consultations from home on his laptop using SmartHealth, Waikato DHB’s online health service.

“We alternate face-to-face appointments with online video consults and it’s so nice and easy to use,” says Jaki. “Ra has had seven consults from our home computer so far and it’s great.”

Ra agrees. He says using the laptop from home is a good experience. “It has helped my recovery.”

The speech and language therapy team also use SmartHealth to give Ra online checklists to work through. “Homework from the girls,” Jaki calls it. The lists help keep Ra motivated between appointments and give him something to achieve independently.

Ra and Jaki are so happy with how SmartHealth is helping them, they want to tell others about it. “There are so many people this could help,” says Jaki.



For more information contact:

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

 ruth.large@waikatodhb.health.nz



Breastfeeding smartphone app proving popular beyond Midland



The popularity of a free smartphone app designed to provide new mothers, especially those in remote areas, with practical advice and support on breastfeeding has exceeded expectations since its launch in August 2015 with more than 12,000 downloads across New Zealand.

BreastFedNZ is a free app available on iTunes and Google Play Stores. It provides simple, consumer focused information alongside illustrations, photos, video clips, web links and personal stories.

The app was developed by the Midland Maternity Action Group, a clinical network of the five Midland District Health Boards, in response to feedback from a 2013 study* which identified a need to harness smartphone technology to provide new mothers with instant user-friendly advice and support about breastfeeding.

Content developer, Karen Palmer, said the number of downloads and the uptake across New Zealand had exceeded initial predictions.

"We knew the demand was out there but are delighted to see the volume of downloads from mothers, their families, and health professionals and to receive endorsement that the content and style is hitting the mark. It is also encouraging that the app is being picked up mothers and health care providers beyond the Midland region."

New mother Bree Claudatos from Hawke's Bay said she was introduced to the BreastFedNZ app when her daughter was only a few weeks old.

"It has been the best tool to have to get information and ideas instantly. It has given me confidence to keep breastfeeding and provided me with new ideas when feeding got tough during that first month or so," she said.

"I was able to learn some useful tips and tricks to get around problems I was facing and find out invaluable information that was relevant to the different stages and issues we were experiencing.

Whilst my daughter is now three months old, I still refer to it, and being an app on my phone means I'm



Bree and daughter, Quinn, from Napier

able to easily access information at any time and continue to educate myself. I've spoken about this app often to other new Mums in my coffee group and would recommend BreastFedNZ as a must to download to all new Mums."

The app has also been well received by health professionals.

Fiona Hermann, Associate Clinical Midwifery Director, Waikato District Health Board said the

BreastFedNZ app provides a quick, easy, convenient place for women and whanau to access accurate breastfeeding information and help.

“It’s right where you are breastfeeding – in the car or on the couch at home; it’s really handy if you are a bit remote or don’t have services near you as it’s like having a kind expert in your phone. Just the right amount of information without overloading women, but with links to find more help or info as and when you need it.”

BreastFedNZ contains six chapters covering pregnancy and birth, the first few days, early weeks, breastfeeding the older baby, twins and early babies, and ‘this and that’. Answers are also provided to common questions and concerns. The app also includes ideas for those in the supportive role for mothers, such as dads, partners, friends, and extended family members.

Karen Palmer paid tribute to the collaboration with mothers, midwives, lactation consultants, public health and obstetricians in the app’s development.

“Throughout its development in 2015 we worked with and sought feedback from these groups and feel confident that women will find BreastFedNZ a useful tool to help establish and maintain breastfeeding, ultimately lifting breastfeeding rates in New Zealand.”



Karen Palmer

The content developer of BreastFedNZ, Karen Palmer, is an experienced nurse, midwife, and lactation consultant, who works for Western Bay of Plenty Plunket as the Community Lactation Services Coordinator.

Background information

The initial objective of the app was to find a more consumer friendly way to support the work of the Baby Friendly Hospital Initiative (BFHI) and the Ten Steps to Successful Breastfeeding (The Ten Steps).

During 2013, the NZ Institute of Rural Health was commissioned to carry out the ‘Midland Region Rural Maternity Services Consumer Engagement Study’. The study recommended the need for a mobile phone app for pregnancy and birth which should be provided free to newly pregnant women.

Combined, these two needs and recommendations provided the catalyst for the Midland Maternity Action Group to forge ahead with the development of the breastfeeding app.



For more information contact:

Suzanne Andrew | Manager, Regional Service Plan & Executive Projects

 Suzanne.Andrew@healthshare.co.nz



www.breastfednz.co.nz



BreastFedNZ

Midland Regional SUDI (Sudden Unexpected Death in Infancy) Planning

Since July 2007 the Ministry of Health has been working to establish a National SUDI Prevention Programme (NSPP) and regional DHB coordination of SUDI prevention activities.

Both the programme and regional coordination activities aim to reduce the rate of SUDI to 0.1 in every 1000 births by 2025. The current rate in New Zealand is approximately 0.7 in every 1000 babies born. Two key SUDI prevention risk factors will be prioritised, ie reducing exposure to tobacco smoke during pregnancy and preventing bed sharing with a baby.

Hapi te Hauora Trust (Hapai) have recently been contracted by the Ministry of Health to provide national coordination of the NSPP. Hapai will provide leadership, oversight and monitoring of the programme. Additionally, four Regional SUDI Coordinators have been appointed. The four areas covered by the coordinators are aligned with regional DHB catchments - Auckland/Northland, Midland, Central and Southern. In the Midland area, Kate Stewart had been appointed as the Regional SUDI Coordinator.

The regional SUDI planning process requires DHBs to work in a collaborative and coordinated manner to develop and implement SUDI prevention services and activities within the region. Each DHB is also required to develop and implement a local SUDI prevention plan. Local plans will reflect priorities and actions identified in the regional plan, tailored to meet the specific needs of each DHB.


The Midland Regional SUDI Coordinator has been working with SUDI representatives from each of the five Midland DHBs, and other key stakeholders, to progress development of the Midland regional SUDI prevention plan. The plan will include a population analysis, stocktake of current SUDI services/activities in the region, service/activity strengths, gaps and areas for improvement and SUDI prevention actions that will be promoted and supported between November 2017 and 30 June 2018. New regional plans are required annually.



For more information contact:

Kate Stewart

Regional SUDI Coordinator – Midland

 KateSt@slingshot.co.nz



HĀPAI
SUDI Prevention
Coordination Service

Midland Bowel Screening Regional Centre



The Midland Bowel Screening Regional Centre (Midland BSRC) has recently signed a three year fixed term contract (1 September 2017 to 30 June 2020) and will provide four key roles to the National Bowel Screening Programme (NBSP) within the Midland region:

- supporting the Midland DHBs in the National Bowel Screening Programme (NBSP) planning and implementation, and includes colonoscopy and symptomatic colorectal pathway exploration
- clinical leadership and support
- develop regional equity plan and support implementation
- overview of performance of Midland DHBs against quality standards and support opportunities for improvement.

The Midland BSRC Governance Group commenced February 2017 and oversees the work programme.

The Midland BSRC membership will consist of the following:

- Programme Manager- Brent McMillin
- Project Manager - Quality Coordination - recruitment in progress
- Project Manager - Equity Manager - recruitment in progress
- Clinical Lead primary care - Dr Jo Scott Jones, Medical Director, Pinnacle
- Clinical Lead secondary care - Mr Ralph Van Dalen, Co-Chair Midland BSRC Governance Group and Colorectal Surgeon Waikato DHB.

The Midland BSRC recently facilitated the initial Midland bowel screening workshop on 5 October 2017. The workshop provided the Midland regional bowel screening stakeholders an update of the NBSP,

informed the current regional colonoscopy capacity and gave an opportunity to explore and co-design strategies and/or initiatives to address challenges around equity, community awareness and primary care initiatives for non-responders and/or priority populations.

A Midland regional bowel screening hui was held in Rotorua 6 November 2017. The hui provided an opportunity to establish strong Māori and Pacific governance, explore strategies to increase participation for Māori and Pacific and ways to establish strong regional and district level Māori and Pacific governance for bowel screening.

The Ministry of Health has recently announced that Lakes DHB will be the first Midland DHB to roll out the NBSP in September 2018, with the remaining Midland DHBs having indicative roll out dates of 2019/20. The Midland BSRC is assisting and supporting Lakes DHB in setting up their bowel screening and assisting the DHB to map out their current end-to-end symptomatic colonoscopy and colorectal pathways. This mapping will be utilised as a baseline to identify any barriers to optimal patient flow and identify any service improvement opportunities along the colorectal pathway.

The Midland BSRC has also begun assisting the Midland DHBs with high level symptomatic colonoscopy production planning, including the Ministry of Health's projected NBSP colonoscopies and what downstream effect it may have on the Midland DHBs' endoscopy services and the wider Midland DHBs services.

In addition, the Ministry of Health has agreed that Midland BSRC will hold the contract for the National Māori Bowel Screening Network. The Central BSRC will facilitate the National Pacifica Bowel Screening Network. We hope that the service specification and contract agreement will be in place in the next month.



For more information contact:

Brent McMillin | Project Manager, Midland Cancer Network | HealthShare

brent.mcmillin@healthshare.co.nz

Midland Cardiac Clinical Network

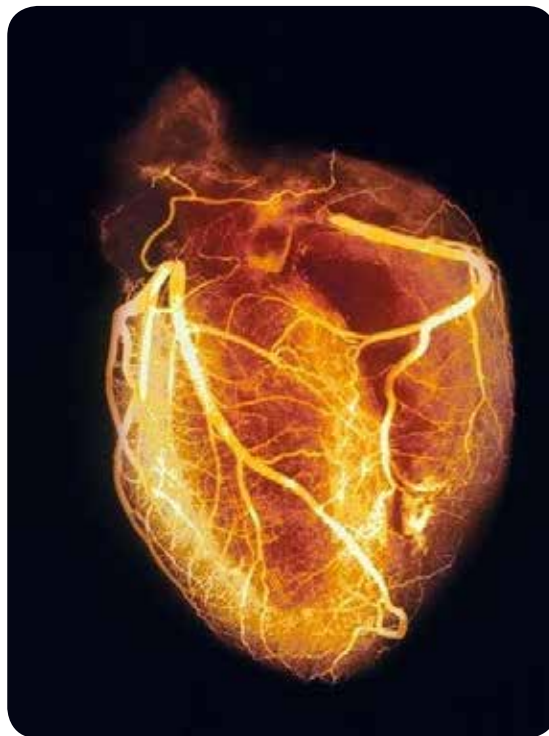
Cardiovascular diseases (CVD) are a leading cause of death in New Zealand. The Midland Cardiac Clinical Network's vision is a population with increasingly well managed risk factors.

To achieve this, the network members across the five Midland DHBs are working to enable equitable and timely access to the national Minimum Expected Clinical Standards of prevention, detection and intervention in cardiac disease across ethnicity and residential location.

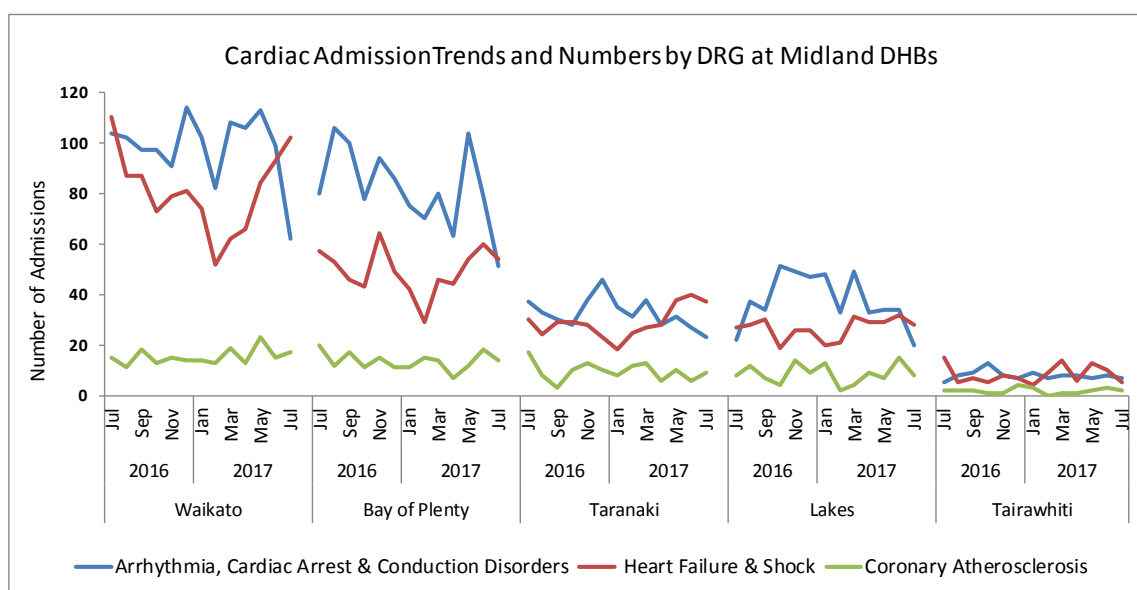
Health Outcome Measures

The data being tracked to show improvement are rates of Cardiovascular Disease Risk Assessment (CVDRA), rates of hospital admission, readmission, intervention with procedures, medication regimes and adherence, and mortality due to heart diseases.

Additionally, a national service gap analysis is underway against the Minimum Expected Standards to identify where targeted improvements are required in the three big disease categories of Arrhythmias, Heart Failure and Coronary Arteriosclerosis. The graphs below show the level of admissions per Midland DHB for each of these conditions.



Graph: Admission numbers at each Midland DHB by Arrhythmia, Heart Failure and Coronary Atherosclerosis showing Atrial Fibrillation (AF) as the highest number of admissions



(Source: MoH NMDS)

Health Equity

The Midland region has achieved high rates of cardiac procedures for Māori, except for Angioplasty where both Māori and Non-Māori are below national target rates. Regional integrated planning is being used to identify where unmet need exists across the Midland region, and to find ways to increase the number of angioplasties delivered to meet this need. The charts below show the performance for each of the Midland DHBs, for Māori and Non-Māori, against the national targets for cardiac interventions. Red indicates a below target number of procedures per 10,000 population.

Charts: Standardised Intervention Rates (SIRs) per 10,000 for Cardiac Procedures

(Source: MoH SIR Quicker)

Standardised Intervention Rates (SIRs) for Cardiac Procedures - Acute + Elective						
Maori - Year End Dec 2016	Waikato	Bay of Plenty	Taranaki	Lakes	Tairāwhiti	MIDLAND
Angiography						
Angioplasty						
Cardiac Surgery						
CABG						
Revascularisation						
Cardiac Surgery + PCI						
Valve replacement/repair						
All Electrophysiology						
Interventional Cardiology						
Permanent Pacemaker						
Defibrillator						
Combined Diag and Therapeutic EP						
Diagnostic EP						
Therapeutic EP						
(Source: MOH SIR data provided on Quicker)	KEY:	Significantly below MOH Target	Not Significantly Different	Significantly Above		

Standardised Intervention Rates (SIRs) for Cardiac Procedures - Acute + Elective						
Non Maori - Year End 2016	Waikato	Bay of Plenty	Taranaki	Lakes	Tairāwhiti	MIDLAND
Angiography						
Angioplasty						
Cardiac Surgery						
CABG						
Revascularisation						
Cardiac Surgery + PCI						
Valve replacement/repair						
All Electrophysiology						
Interventional Cardiology						
Permanent Pacemaker						
Defibrillator						
Combined Diag and Therapeutic EP						
Diagnostic EP						
Therapeutic EP						
(Source: MOH SIR data provided on Quicker)	KEY:	Significantly below MOH Target	Not Significantly Different	Significantly Above		



For more information contact:

Philippa Edwards | Project Manager, HealthShare

Philippa.Edwards@healthshare.co.nz

Trauma Services in Midland



Rotorua Trauma Roadshow, 6 October 2017

Local staff members and Midland Trauma System (MTS) hub members contributed to the Trauma Roadshow at Rotorua Hospital to publicise the Midland region's trauma service, the reason for a trauma system, and to show patterns of trauma and trauma care emerging from the data collected by MTS.

The Road Show was well publicised by the local MTS crew and occupied an open area close to the hospital entrance. There were a few tables and noticeboards available, and places to drink coffee. The general response from hospital staff and visiting members of the public was that the show was very interesting, informative and professionally presented.

Lakes DHB trauma personnel, Cherry Campbell and Carolyn Duncum had taken two of the free-standing notice boards and pinned up the posters representing general trauma and assault on either side of the area.

Steve Holmes from the MTS hub ran a real-time version of the Trauma Risk Calculator developed for the Fieldays that was populated with Lakes regional data. Visitors were able to assess their own risk of different types of injury based on their age, gender, ethnicity, and domicile. The team provided giveaway first aid kits and Frisbees that were very popular to passing staff and members of the public.

Following this Grant Christey delivered the Grand Round entitled: 'Trauma in Lakes; Patterns and Progress'. This was well attended and gave an overview of the specific features of trauma in the district that may be amenable to intervention.



Key topics included:

- Falls in children: age group, ethnicity, mechanisms, domicile, and local schools
- Mountain-bike injuries: particularly 45-55 year old males from outside of the district on weekends at the mountain bike parks
- Interpersonal violence: demographics, time of day, day of the week, and location.
- Process Indicators: how is Lakes DHB doing with key indicators in the delivery of trauma care?
- Costs of trauma: opportunities for cost saving in treatment of high-volume non-major admitted trauma patients requiring surgery.

Overall the Trauma Roadshow succeeded in bringing strong messages and awareness to trauma problems focused on the specific needs of the Lakes district. Similar programmes will be rolled out across all the Midland DHBs over the next six months.



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

Dramatic changes are underway in hepatitis C services



Photo: Midland Region Community Hepatitis C Service team members Nancy Carey, Jo de Lisle and Waikato DHB endoscopy specialist Frank Weilert with one of the fibroscanners

Dramatic changes in the way hepatitis C is diagnosed and treated are underway in Waikato and the wider Midland health region, thanks to research, advances in technology, new treatment drugs, funding decisions and a spirit of collaboration.

As a result, people diagnosed with hepatitis C can be treated (and often cured) with new anti-viral drugs in their own community.

Jo de Lisle, who is coordinating changes across the Midland region, says the key to these improvements is a focus on “curing, community and collaboration”.

The result is a Midland Region Community Hepatitis C Service – and an approach that involves both

primary care practitioners and hospital specialists using one agreed patient pathway.

The key change is that responsibility for treating patients with hepatitis C has moved to primary care. This avoids a lot of visits to hospital clinics during the treatment stage.

A working group, including a patient representative, developed the regional patient pathway last year

following a pilot by the Hepatitis Foundation of New Zealand in the Bay of Plenty district.

This pathway is now being implemented across the five Midland District Health Boards (DHBs) – Waikato, Bay Of Plenty, Hauora Tairāwhiti, Lakes and Taranaki – as the Midland Region Community Hepatitis C Service, coordinated by Waikato Hospital in partnership with the Hepatitis Foundation of New Zealand.

“All the major groupings of District Health Boards are doing something similar across New Zealand. What makes it easier for us is the electronic referral system we already have in Midland for primary care referrals to a regional-based service,” says de Lisle.

Initial patient assessment and blood testing is done through general practices then referred to the Midland Community Hepatitis C Service for a fibroscan*. This simple diagnostic procedure tells the clinical team the stage of the hepatitis, which will determine what sort of treatment is available. It's also an opportunity for education and discussion.

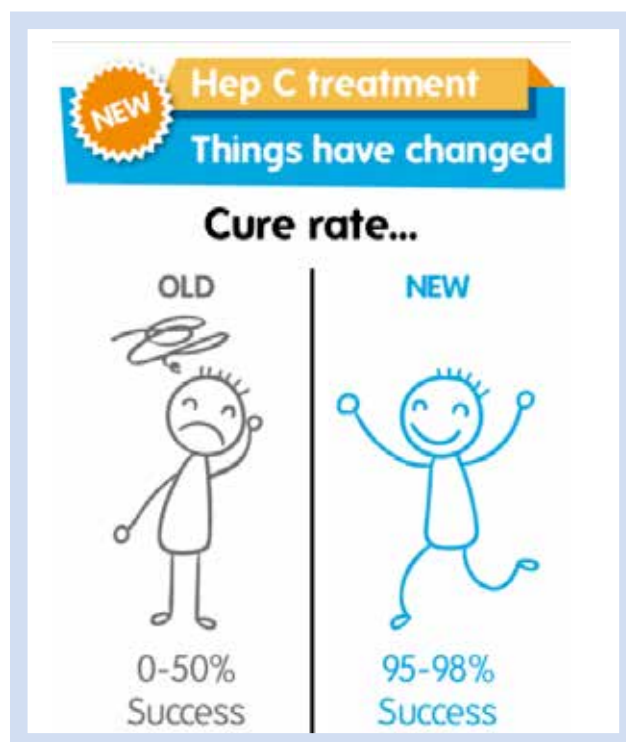
Some fibroscans are done at Waikato Hospital but community fibroscan nurse Jillian White provides the same diagnostic and education service by clinics held where and when they are needed in communities across the region.

Once the diagnosis is done and it is clear what stage the hepatitis C is at, then any treatment medication can be prescribed and managed locally by general practitioners and prescribing nurses.

De Lisle says that the combination of community GP and nurse prescribing, mobile services, electronic referrals, more portable and cheaper fibroscanners, means the service can provide hepatitis C support and services much closer to home for patients.

The new anti-viral drugs (Viekira Pak and Viekira Pak-RBV) were approved by the Ministry of Health and are now fully funded by PHARMAC. These new medications are dramatically increasing the cure rate for people with hepatitis C to over 90 percent, compared to 50 percent before the new medication was available.

They are one of the direct acting anti-viral (DAA) group of medications that are a focus of international development in the treatment of hepatitis. Waikato Hospital's Gastroenterology Clinical Trials Unit has participated in international clinical trials of DAA medications since 2004.



* A fibroscan (also known as a transient elastography) is similar to an ultrasound, using a tool held against a person's side close to where the liver is located. It checks the amount of scarring or fibrosis by measuring the degree of stiffness in the liver. In the past, this diagnosis was done by biopsy, where a piece of liver was taken from a person for analysis. With the fibroscan, the diagnosis is non-invasive, not painful, and quick. Waikato Hospital got its first fibroscan machine in 2010 for \$200,000, and it was a cumbersome machine compared to the current very portable models that cost around \$80,000.



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

Jo de Lisle Project Manager, Joanne.deLisle@healthshare.co.nz.

South Waikato cardiac nurses find new ways to reach more patients

An inclusive approach to patient care by a team of cardiac secondary prevention nurses means patients in South Waikato are benefiting from better access to support services.

Cate Shepherd is a speciality clinical nurse in Waikato District Health Board's cardiac secondary prevention service, a team of six nurses who provide recovery support to people who have been in hospital with heart problems. Cate single-handedly covers the area from Putaruru to Mangakino, and shares responsibility for the area from Te Kuiti to National Park, and Hamilton.

"It's an enormous area to cover with a large rural population," says Cate. "We have to be smart about how we use our time and resources, but also ensure all cardiac patients have equal opportunities to access cardiac rehab support."

With smaller numbers in rural areas, risk factor management classes that offer patients expert information about medication management, exercise and diet, are difficult to offer locally. But the long drive, up to six hours return from places like Taumarunui, means many patients are unable to attend weekly sessions in Hamilton.

To overcome these issues, the cardiac secondary prevention team took a different approach and condensed the classes down to a single three-hour session offered at Tokoroa hospital. They then added a live Telehealth video link to patients in Taumarunui. The response from the community has been positive.


"We've held cardiac classes using Telehealth a couple of times now and it's working well," says Cate.

"When we make the effort, people tell us they really appreciate being included and having something available closer to where they live. It's definitely something we will expand on for patients in South Waikato, as we fine-tune how it works."



For more information contact:

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

 ruth.large@waikatodhb.health.nz