

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.



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 Cancer Network



Key happenings this quarter:

New Lakes medical oncology model of service approved

The aim is to improve equity of access and care for Lakes medical oncology patients. The purpose is to recruit a Lakes resident medical oncologist in partnership with the Waikato Regional Cancer Centre visiting service.

Midland Cancer Network (MCN) will facilitate the Lakes and Waikato implementation working group in due course. Lakes are currently in the recruitment process. In addition Lakes and Waikato have implemented additional medical oncology and radiation oncology visiting clinics at Rotorua Hospital.

Making screening for distress simpler

A regional initiative is on its way to improving the way health staff assess and refer cancer patients and their family/whānau on for cancer psychological and social support.

The regional screening for distress assessment tool is now available electronically on the Waikato clinical work station and can be accessed by all staff.

Waikato nurses can access the assessment tool on their mobile devices at the point of care, thereby streamlining the referral process and reducing the burden of administration.

Midland multidisciplinary meeting (MDM) systems gap analysis project

At the request of the Ministry of Health Cancer Health Information Systems (CHIS) team MCN developed a service specification proposal in partnership with the Regional IS team to undertake a MDM systems gap analysis against future state MDM management systems and data collection. The project timeframe is: 1 May 2017 – 31 March 2018.

Midland direct access to endoscopy and CT colonography E-referral

The E-referral enables GPs to refer patients (including patients with a high suspicion of cancer) directly to upper or lower GI endoscopy or CT Colonography without a preceding specialist outpatient appointment.

Waikato DHB has begun undertaking a two week pilot with a view to roll out to Taranaki, Lakes and Tairāwhiti DHBs after an evaluation two weeks post pilot go live.

Bay of Plenty DHB is implementing an E-referral form through their Bay Navigator (May-June 2017). MCN will undertake a regional evaluation six months post regional go-live.



For more information contact:

Jan Smith | Manager, Midland Cancer Network | HealthShare

jan.smith@healthshare.co.nz

Imagine being able to see the complete medical history for any patient; their test results, x-rays, medications and admissions.

Or, imagine it from the other side. You arrive at Waikato Hospital from Waihi with the comfort of knowing the medical staff have all the information they need to ensure you get the right care, right away – no more telling your story over and over again.

The good news is, this is exactly where we are headed with the Midland Clinical Portal.

Midland Clinical Portal

Vision

**One patient,
one record**

Safer region-wide care by getting the right information to the right people at the right time and place

Benefits:

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

“MCPFP ... software that improves the ability of all carers to do the right thing for their patient.”

Dr Ian Martin FACEM, Emergency Physician and MCPFP Clinical Executive



FAQs:

• What is MCPFP?

The Midland Clinical Portal Foundation Project is the first cab off the rank in the delivery of a single point of access for clinical information across the Midland region. It will deliver the following functionality:

- ▶ Regional patient encounters (IP, ED, OP)
- ▶ Regional patient timeline
- ▶ Patient demographics
- ▶ National and local alerts
- ▶ Regional clinical documents

• What about our existing systems?

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

• Who will have access to MCP?

Initially access will be for all registered users of Midland DHBs. Longer term, access will be extended to all primary users.

• How much will it cost?

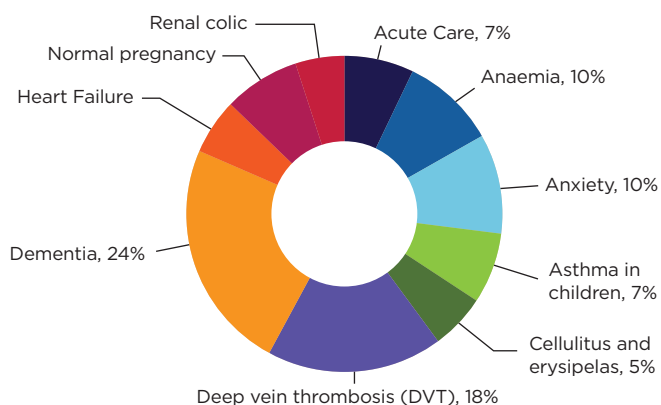
In March 2017, all five Midland DHB chief executives approved a budget of \$75 million over five years.

For more information email: MCP@healthshare.co.nz

Midland Regional Pathways of Care (Map of Medicine)



Top 10 pathways viewed on Map of Medicine March 2017



Recently published pathways:

- Threatened miscarriage
- Suspected melanoma
- Osteoporosis
- Renal colic referral guidelines (Waikato)
- Rheumatoid Arthritis
- Sleep disorders + eReferral (in progress)

Other pathway / eReferral activity:

Several linked pathways were presented in a very successful education session in Waikato led by the GP liaison team in collaboration with general surgery and gastroenterology, April 2017.

- The **anaemia pathways** created in Waikato – which support pre-surgical iron infusions in the community via primary options contracting.
- **Menorrhagia pathway** localised in Waikato, Tairāwhiti and Taranaki. The BOP GP liaison team is working on the menorrhagia eReferral.
- **Regional suspected colorectal cancer pathway** – the Waikato form was released in March and has been well utilised. The BOP form is due for release soon. Midland Cancer Network will evaluate the forms and support changes after six months of use. The new GP form is being considered in Waikato as the basis for an internal referral form which will provide better equity of access to the service according to the national guidelines. Taranaki, Lakes and Tairāwhiti are now in the process of getting the form implemented into their services.

Regional lung cancer pathway – the suspected lung cancer referral is now live in Taranaki, BOP and Waikato. Lakes will be 'live' in the next few weeks. Tairāwhiti is working towards a 'go-live' date.

Falls pathway – the Map of Medicine team is looking to support the region's falls group to provide a regional pathway that will then allow for the local service configurations and referral pathways.

Advance care planning pathway – Taranaki DHB are working on the advance care planning pathway and eReferral based on the BOP form that, once published, can be shared for localisation.

The Map of Medicine team is continuing their face to face visits; recently returning from Taranaki, going to Lakes in May, and working to secure dates for visits to Tairāwhiti and BOP.

BOP has recently released their tonsillectomy and bariatric surgery eReferrals.



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

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Project Manager | HealthShare

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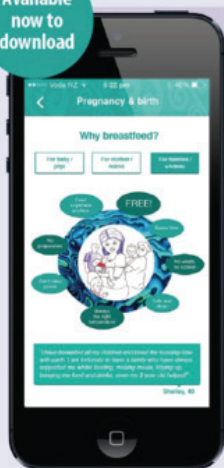
Register for login access to the Map of Medicine

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

BreastFedNZ – Midland's breastfeeding smartphone app



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 BreastFedNZ  www.breastfednz.co.nz

Celebrating 12,000+ BreastFedNZ app. downloads



For more information contact:

Suzanne Andrew | Manager, RSP & Executive Projects, HealthShare  suzanne.andrew@healthshare.co.nz

MIDLAND TRAUMA SYSTEM SYMPOSIUM 2017

BRIDGING THE GAPS PARTNERSHIPS AT WORK

24 - 25 MAY
HAMILTON GARDENS

REGISTER NOW!



Belinda Gabbe is the Key Note Speaker at the upcoming Midland Trauma Symposium to be held on 25 May 2017 at the Hamilton Gardens.

Belinda is the Head of the Pre-Hospital, Emergency and Trauma Research Unit in the Department of Epidemiology and Preventive Medicine, Monash University. She is an injury epidemiologist with a clinical background in physiotherapy and the Chief Investigator of the Victorian State Trauma Registry, Victorian Orthopaedic Trauma Outcomes Registry, and the Burns Registry of Australia and New Zealand. Belinda's research focuses on the evaluation of trauma systems, trauma system improvements, and measuring the burden of injury.

Belinda's key note address: 'What is the state of the art of Trauma Quality Improvement Programmes (TQIP)?'

Register now at www.midlandtrauma.nz



For more information contact:

Sue O'Donnell | Facilitator – Trauma Prevention Promotion, Waikato DHB  sue.o'donnell@waikatodhb.health.nz

HealthShare's Data Analysts

HealthShare's team includes five data analysts, who work within various teams providing regional reporting and analysis to HealthShare, Midland DHBs, and community providers.

**“In God we trust.
All others must bring data.”**

*W. Edwards Deming,
statistician, professor,
author, lecturer, and
consultant*

ASHLEY BAJAJ



**Decision Support Coordinator,
Midland Mental Health and
Addictions Regional Network**

Ashley has a background in Social Policy and Business Management. Her role entails producing various reports for the Midland Clinical Governance, and supporting Community Providers to meet the reporting requirements mandated by the Ministry of Health.

Ashley facilitates PRIMHD (national mental health and addictions data collection system) training across the region as and when required. She also assists the Midland Regional Director with the regional projects undertaken. Ashley is based in Tauranga.

SWAPNALI DAGADKHAIR



**Business Analyst, Midland Cancer
Network**

Originally from Pune, India, Swapnali has completed a Masters in IT Project Management in Auckland. Swapnali was a Business Analyst at Waikato DHB for Oncology and Internal Medicine. Prior to taking up a BA role with Waikato DHB she was working as a Contractor.

Swapnali was appointed to Midland Cancer Network in August 2016 where she is responsible for much of the data analysis requirements. Her work focuses on cancer projects for Midland region, including Faster Cancer Treatment (FCT), routes to cancer diagnosis, and working closely with Project Managers for any data analysis.

Swapnali also manages the regional cancer database and reports to the Ministry of Health the performance of FCT.

SAURABH SINGH



**Clinical and Systems Data Analyst,
Regional Health Integration Team**

**Business Analyst, Midland Cancer
Network**

Saurabh was working in Wellington as an analyst in the electricity market before shifting to Hamilton six months ago.

At HealthShare, Saurabh's role is shared between the Regional Health Integration Team as Clinical and Systems Data Analyst, and the Midland Cancer Network as Business Analyst.

In the Regional Health Integration Team Saurabh's work is focused on Cardiology, Radiology and Elective Services; whereas at Midland Cancer Network Saurabh works on Lung Cancer, Bowel Cancer, and Radiology data.

Saurabh is based in Hamilton, and travels often around the Midland region.

RODNEY JONES



**Clinical and Systems Data Analyst,
Regional Health Integration Team**

Based in the Waikato, other than two years in Auckland, Rodney is a scientist by trade having worked for the Waikato Regional Council for 12 years before spending 15 years with Deloitte as a Management Consultant. Rodney has worked on projects at HealthShare since September 2012.

Rodney has a background in business analytics, including time as the Acting Business Intelligence Manager for Health Alliance in Auckland.

Rodney has driven the implementation and adoption of Qlik Sense at HealthShare and collaborated in the development of the Work Planning Assistant tool (a BI application to assist the DHBs to meet electives services performance) which is in the rollout phase at the five Midland DHBs.

HONOR LYMBURN



**Clinical and Systems Data Analyst,
Regional Health Integration Team**

Originally from Auckland, Honor spent nearly 20 years in Taupo, before moving to Taranaki ten years ago to start work at Taranaki DHB. After working in various analyst roles in HR, Planning and Funding, and Finance, Honor moved to HealthShare in September 2016.

Honor's work focuses on Stroke, Health of Older People, Child Health and Maternity projects, working closely with HealthShare's Project Managers.

Although based in Taranaki, Honor travels to Hamilton regularly and around the Midland region as required.

Midland Mental Health & Addiction Wait Times

Wait times collection is mandated by the Ministry of Health for all alcohol and drug providers across the board and child and youth for the DHB provider arm only. The purpose of wait times is to improve access for new clients (people who have not been seen by any mental health or addiction provider in 12 months) seeking support from the mental health and addiction services. Wait times is the difference between the referral start date and the first face to face contact logged in the Programme for the Integration of Mental Health Data (PRIMHD).

The two set targets are 80% and 95% of new clients must be seen within 3 and 8 weeks of referral received by a provider. One of the primary reasons encountered for failure to meet the targets is the incorrect application of the discharge code. Work has been done locally and regionally to improve access rates in Midland.

The two graphs on the right highlight the number of new clients seen and whether the targets are met by the Midland DHBs and Non Government Organisations (NGOs). The data is further sliced by age bands, gender, ethnicity and different teams servicing people.

