

IN FOCUS

News & views about Our Health from Hawke's Bay DHB
Chief Executive Dr Kevin Snee



August 2019



This is my last newsletter to you as chief executive as I leave the organisation today, Friday, and will start in my new role as Waikato DHB's chief executive on Monday.

I have very much enjoyed working with you all over the past 10 years. There have been triumphs along the way when, we collectively as an organisation, have excelled, such as our leadership through the Havelock North water crisis, ensuring health is included in civic leadership through Matariki, the regional economic plan, and improving cultural relationships within our organisation through our work with South Central Foundation and its Nuka model of care.

Every one of you has contributed to enabling us as an organisation to improve from where we were 10 years ago, through better work practices and improved service delivery and infrastructure developments.

This enabled Hawke's Bay to make progress when other DHBs struggled to improve facilities and services within their own resources. To list just a few of these: new mental health inpatient unit — Ngā Rau Rākau; new primary care birthing unit — Waioha; new dialysis facilities; improved older peoples service engAGE; new gastroenterology facility; and most importantly our staffing levels have increased at a pace greater than many other DHBs over the last five years.

There are a raft of new initiatives underway at the moment, to improve services to our patients and provide better working conditions for our staff. The initiatives signed off by the executive management team this week will increase the number of senior doctors in the Emergency Department, as well as provide orthogeriatrician support for the orthopaedic ward, fit out the endoscopy theatre space for ophthalmology procedures to free up theatre space for general surgery and orthopaedics, pilot a rostering re-engineering trial in ward B2, pilot a high intensity nursing care area in A3, and provide substantial increased administration support for our clinical teams.

Some of our achievements over the last ten years

OUR PEOPLE

HOW FAR HAVE WE COME?

Key to any organisation's success is of course our people and over the last 10 years it has been my privilege to work with some amazing staff at HBDHB – more recently we have focused on how we can support and care for the people who care for our patients with initiatives being driven out of our People Plan.



TE PĪTAU HEALTH ALLIANCE

— a great example of people working together to understand the challenges and reshape health services to better meet the needs of our community.

HEALTH AND SAFETY

Huge focus on health, safety and wellbeing in the workplace such as:

Safety and wellbeing
REP STRUCTURE

MONTHLY WELLBEING
programmes.

NEW TRAINING PROGRAMMES

including ABC and BUILD.



FAMILY VIOLENCE

training and a simple process for leave for a staff member in this situation.

There is more detail further on in this newsletter relating to these new investments.

By no means have we been able to address and tackle all the issues facing us as patient, population and technological demand increases. However, I think Hawke's Bay, both in terms of this organisation and our clinical teams, is unique. There is passion and pride in the services we do deliver. While we all want improvements and new facilities, especially a new modern hospital, everyone cares and that makes a difference.

You care about the healthcare you deliver to this community. You all go above and beyond to deliver that high standard of care and I want to thank you all for that commitment and the care and service you provide to your community. I would also like to thank you for the friendship many of you have offered my family and me.

I have been thoroughly impressed with the Executive Management Team we now have in place. Executive Director Provider Services John Burns has demonstrated the importance of getting the EDPS appointment right. There is also great work happening in primary care. GPs and community providers are just as passionate as our hospital teams at wanting to provide an excellent health service to this community.

I will enjoy watching Hawke's Bay health services grow and flourish and wish you all well.

Keep up the great work.



Kevin Snee
Chief Executive, Hawke's Bay
District Health Board

Matching capacity to demand solutions

To recap, the three targeted areas of focus over the coming weeks are:

- infrastructure
- capacity
- patient length of stay.

I'm very happy to provide more detail into recent initiatives given the approval at this week's Executive Management Team meeting. These initiatives will help us deliver improved quality of care and patient safety.



SICK LEAVE PIGGY BANK

— a great way staff can support each other by donating up to five days of their leave for someone who needs that bit extra.



Managers and clinicians are working closely together to **ADDRESS PRESSURE POINTS** in the hospital system.

OUR SERVICES



PATIENT FLOW

Patient flow has, and continues to be, a huge area of focus with targeted recruitment and new initiatives across the hospital system.



OPERATING THEATRE HOURS HAVE EXPANDED

with Saturday operations starting earlier this year.

↑ 40%

The DHB has increased its funding for surgery by 40 percent (2014/15 \$45 million → 2018/2019 \$63 million). This has allowed us to increase our surgical capacity.

The DHB has invested in new **LAPAROSCOPIC TOWERS** for theatres which allow for **MORE COMPLEX SURGERY** and are now operational.



State-of-the-art **X-RAY EQUIPMENT** installed in CHB, with Wairoa next, later this year.

What progress has been made?

Emergency Department

Approval has been given to appoint a current ED Senior Medical Officer (SMO) locum into a permanent role. This permanent new position will support viability of the SMO workforce, provide replacement for another SMO, reducing their hours of work, provide opportunities to expand weekend on-site presence, and support ED medical cover in the face of registrar workforce challenges.

Active recruitment is occurring for an ED nurse to be based in the waiting room between noon and 10:30pm daily, seven days per week, for a trial period of six months.

B2 roster reengineering trial to begin

Rostering is a crucial element to ensuring the ward provides high quality and safe care.

Approval has been given to trial a change in roster in B2 for a 12 month period, based on the success of an Australian model to free staff up to undertake quality initiatives and training without compromising care.

The detail of how this trial will work is being worked through with the New Zealand Nurses Union, nursing staff, and team leaders.

High intensity nursing care area in A3

The go-ahead has been given to introduce a dedicated high intensity nursing care area in A3 to improve the management of surgical, high-intensity patients.

The area will improve the quality and safety of care for this cohort of patients and alleviate pressures on the wards, meaning quality nursing care at all times for all patients.

Geriatrician to be appointed to orthopaedic ward

With an increase in the number of older people being referred for elective surgery, there is a higher risk of developing medical complications for those patients. The DHB is appointing a permanent geriatrician to assess all elective and acute orthopaedic patients aged 65 years and over, or 55 years and over (Māori or Pasifika).

The geriatrician will attend daily clinical meetings, attend family meetings, set standards of care for the management of older people, and provide education and support to the whole B3 team.

Administration clinical support to increase

With demand on our services increasing, and clinical staff requiring more administration support, the DHB is investing in more administration staff. The DHB acknowledges it is time to reset its admin support ratio and will employ new staff in phases. The first phase will see 11 new FTE admin roles recruited to various areas to support clinical teams.



OUR FUTURE

TRANSFORMING OUR HEALTH SERVICES FOR THE FUTURE

Clinical Services Planning to inform our region's future health

NURSING

CARE CAPACITY DEMAND MANAGEMENT

established putting the right nursing resource to meet patient demand and deliver safe, effective and efficient care.



Strong partnerships have been developed through CCDM. It's provided a great platform to continue to work from.



STAFF

Nursing and health care associate FTE boosted by 121 in past three years. Additional 15 FTE confirmed for 2019/2020.



VISUAL RESPONSE MANAGEMENT,

supported by the NZNO nursing accord in 2018, introduced live patient acuity ward data onto Hospital at a Glance (HaaG) screens (the 'visual eye' on the hospital identifying care required vs care available).

PRIMARY CARE

STRONGER primary care RELATIONSHIPS

work continues to develop these very important relationships.

BUILDING CAPACITY

like Clinical Pharmacy Facilitators, who help improve patient outcomes by improving medicine prescribing.



UNDER 18s FREE

primary care introduced



MORE RURAL COMMUNITY SUPPORT

and investment in equipment.

Develop more surgical capacity

Identifying procedure-based surgery that does not require the use of the main theatre block facilities has been a key priority as we look to alleviate elective backlogs while managing acute demand. Whilst an 8th operating theatre is being built, it won't be open until mid-2022, meaning the gap between demand and capacity will have grown even further.

Capacity was identified in the new Endoscopy Building (Ruakopito). Three procedure rooms were built, but only two were commissioned for use. Dental, ophthalmology and Ear, Nose and Throat specialties looked at the latent space and ophthalmology was deemed the most appropriate candidate.

Since then significant work has been done to develop Ruakopito gastroenterology capacity to facilitate the inclusion of ophthalmology surgical procedures.

The following has been approved:

Ophthalmology will move out of the main theatre block. This will involve three key steps:

- Kit-out Endo Room 3 in Ruakopito for gastroenterology procedures
- Conduct all ophthalmology surgical procedures in the vacated Endo Room 1 (this includes internal and outsourced sessions)
- Create a schedule for Operating Theatre 2 sessions vacated by ophthalmology that prioritises general surgery and orthopaedic elective work.

Outcomes:

- Ruakopito Rm 1 will become a fully functioning ophthalmology procedure room
- Ruakopito Rm 3 will become a fully functioning gastroenterology procedure room
- Storage capacity, pre- and post-care spaces, work stations and scheduling processes to enable gastroenterology, respiratory and ophthalmology services to co-exist within Ruakopito Mon-Fri will be worked through
- Operating Theatre 2 (main theatre block) will be free to schedule more elective procedures.

Nursing recruitment/support

A clinical facilitator appointed to surgical to better support clinical access for EIT undergraduate students on placement has commenced, and early reports are positive. This is a pilot and will be formally evaluated after three months.

The DHB is looking at linking with EIT to offer an Enrolled Nurse course for the sector. This is still in the very early stages of being scoped and we hope to provide an update in the coming months.

MĀORI HEALTH

MORE MĀORI:



STAFF



LEADERS



BOARD MEMBERS



CULTURAL AWARENESS programmes



HUGE FOCUS ON INEQUITIES

TE REO EDUCATION and support

WHĀNAU VOICE



OUR TECHNOLOGY

MAKING TECHNOLOGY EASIER FOR OUR PEOPLE

New tech design and smarter thinking is not only saving time, but improving the way we work to deliver better health outcomes.

TECHNOLOGY ENHANCEMENT EXAMPLES INCLUDE:

- Tableau Dashboards
- Acuity tools
- Clinical Coding tools
- E-referral development
- Self service tool to access Business Intelligence reports.



A RESPIRATORY AND CARDIOLOGY PATHWAY REVIEW

is achieving fantastic results. There were 156 overdue referrals in Cardiology in Feb 2019. This is projected to be zero by the end of Aug 2019.

Patient flow navigators thumbs up

The trial of patient flow navigators to increase efficient patient flow and reduce pressure on ED is working well.

Just one month into the three month trial period, experienced ED nurses Jess Harrison and Carolyn Hegarty are enjoying the challenge and report their support is being well received by teams.

Jess and Carolyn are focusing on managing patient flow out of ED and into the inpatient units, working with ED and specialties to streamline into the appropriate wards.

New laparoscopic surgery towers installed

Brand new high-resolution laparoscopic surgery towers are now installed and running in six of our operating theatres.

The new units, used during laparoscopic (keyhole) surgery, are a major improvement on the towers they replaced. The newer technology provides superior screen visuals/definition for surgeons.

The six towers cost just over \$900,000 – a worthy investment as laparoscopic surgery is able to be increasingly used across a range of specialties, including cancer, emergency and orthopaedic surgery.

The advantages of laparoscopic surgery include decreased pain and discomfort for patients after surgery, the generally lower rate of postoperative complications, and shorter hospital stays, which can mean a same day discharge after some procedures.

Life expectancy of the towers are similar to those they replaced — about 10 years.

OTHER KEY PROJECTS INCLUDE:



Clinical Portal - stage 1 goes live this month

iPads in community dental clinics



Introducing new phone systems



Winscribe transcription services

OUR INFRASTRUCTURE

Through achieving surplus, we've invested in:

- a new low risk **MATERNITY BIRTHING UNIT** ①
- refurbishment of **WAIROA HOSPITAL**
- a new **MENTAL HEALTH BUILDING** and remodelling of its services ②
- a new **RENAL** unit
- a new operating **THEATRE**
- a new **CT SCANNER**
- state-of-the-art **RADIOLOGY EQUIPMENT** in CHB
- an **\$11.8-MILLION ENDOSCOPY** facility on the Hastings campus. ③





Compliments

Amongst all the busy-ness and pressures, we continue to receive many compliments about our care and compassion.

The theatre nurses were kind and competent. I didn't catch any of their names but I appreciated the **SMILING FACES** when I was feeling anxious. I felt really safe.

My nurse overnight was **FANTASTIC**. I could tell they were super busy but she never made me feel like anything was too much trouble.

Overall, in a very difficult time, I was just so **AMAZED AND IMPRESSED** by all of the teamwork and collaboration by different departments and the skills and kindness of the staff.

I would like to express my **COMPLIMENTS** to all the staff I encountered during a recent surgical admission to HBDHB.

I was very nervous about coming in for my test – really do not like them. My nurse was very pleasant and **MADE ME FEEL AT EASE**.

The staff were so caring when my husband had recent surgery. Thank you to all doctors and staff. **AMAZING, BEAUTIFUL PEOPLE**.
God Bless.

I went in for a Hysterectomy with the amazing Dr Jeremy Meates, his team and Joseph the anaesthetist. All the nurses, Sue and Lawrence, all of Jeremy's team were **INCREDIBLE**.