

SPECIAL EDITION



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

IN FOCUS: CEO News Update 2

June 2019



One of the main reasons I work in health is because of the people I work with and the commitment everyone makes to caring for people and wanting to make a difference.

The health system locally, nationally and internationally is under huge pressure. Everyone working in health is looking for new solutions and ways of working to meet the growing demand on our services as the population ages and demand increases. We are all working hard to better match capacity to demand and improve patient safety, for which I would like to thank everyone.

In the past few years there has been no Government funding to help district health boards with infrastructure. Any new builds or capital projects have had to come from district health boards' own budgets. This has changed over the last two years as government funding for capital projects has been made available. We have a couple of bids in for that money and have recently been given \$8.8 million for a seismic upgrade; and have a bid in for our radiology upgrade and extension for \$18.8m.

However, we can't wait for new facilities to come on stream — we have to work with our existing infrastructure and focus on providing safe patient care throughout the health system using what we have.

As part of the work we are doing to create more hospital capacity we also plan to invest more targeted funding into primary care. This will promote new ways of working so people can receive health support as close to home as

possible. I have described the investment in more detail further on in this newsletter.

As we outlined in previous newsletters, the targeted resources to hospital services are now gathering momentum. Some are about to open, such as the 10 extra medical beds in AT&R.

Media attention in the past week has also questioned our resources and ability to meet the demand on our services. The work we are currently undertaking and the more complex bigger projects such as theatre and radiology upgrade and expansion will help address some of the issues we are facing. The recruitment drives and additional staff we have employed should all help relieve some of the pressure. But as I have said I totally acknowledge the pressure we are under. I would like to say thank you to the many staff who have been in contact with me over the past week or so. I like to hear directly any issues people are having — nothing beats first-hand

knowledge so if anyone would like to get in touch with me please do.

I am also meeting with specialties, and John Burns is meeting with heads of departments, to see what else can be quickly addressed to meet winter demand.

While everyone is busy and the system has been under huge pressure we have had some great feedback from a variety of people. Some quotes from some of these patients are included below – great work everyone.

◆◆◆

“After my husband had surgery recently we were very impressed with the surgeon all the nurses and other staff. Everyone was very caring, friendly, helpful and efficient. Their dedication was much appreciated and a huge thank you to you all.”

◆◆◆

“A big shout out to all the nurses and carers on b3 orthopaedic. A wonderful and caring bunch of awesome. Nothing was ever too much trouble. A special thank you to Nurse Helen. ❤️❤️❤️”

◆◆◆

“Right from the beginning when I was admitted through the Emergency Department I was shown courteous, efficient and very prompt treatment. The purpose of my letter to you is to thank the hospital and staff, I thought they were great.

“Once established in ward 3A I found the staff, right down to the cleaners happy and progressive of attitude. Your clinical nurse manager, Cheryl Henna is a gem in her role, as are her nurses Laura, Bronwyn and a host of others who were efficient and always pleasant.

“I was obliged to make a decision as to whether I could fly back to Australia and met with your registrar, Nicholas and cardiologist Miles Williams, both of whom are obviously credits to their professions. And in conclusion to get me up to speed for discharge a most competent and self assured young physician Bridgette was of considerable help to me.

“Recognising your hospital is a public facility, New Zealand can take heart of the fact they possess probably as good a medical system as I have encountered in the world.” (Abridged.)

◆◆◆

Matching capacity to demand solutions

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

- infrastructure
- capacity
- patient length of stay.

These initiatives will help us deliver improved quality of care and patient safety.

Where are we up to?

Ben Duffus and Malenya Taylor are providing support to the work we are undertaking and will already be closely working with you.

Capacity

Recruitment in Medical

A new medical team, physician and registrar along with nursing support is now in place in AT&R. This will allow us to increase medical beds in this area by 10.

Weekend rounding

An extra medical team is now in place and will remain until 30 September to help support weekend discharging.

AAU

Recruitment is well underway for extra nurses in AAU, ED and HDU.

Pharmacy

Recruitment is well underway and two new pharmacists have been employed as well as two new assistants.

We are still working the recruitment process to hire two pharmacy technicians to improve the medicine reconciliation on the wards

Service issues

Good progress is being made in setting up additional surgical beds on A2 and recruitment has begun to support those beds.

There is ongoing work to set up and establish a Surgical Assessment Unit that will provide a safe and quality service for both staff and patients.

Security

We are also considering further investment to improve hospital security for staff.

I'd like to acknowledge the significant amount of work undertaken by security, who have dealt with ongoing security issues in recent times.

WInscribe

The work Information Services has been doing to upgrade to our transcription services (WInscribe) is progressing well. They had a presentation from Sound Business Systems where the new enhanced software, which was very impressive, was demonstrated. The project is going to be planned and implemented in three phases, with the first phase being WInscribe Text. Chris Petersen will be the IS Project Manager. She will begin discussions with all parties to plan and implement the first stage. Jacqui Mabin is working with directorates and clinical teams to understand where the shortfalls are and where more admin resource is needed. She expects this work to be completed in the next three weeks. I anticipate there will be a significant investment for admin support to help support clinicians.

Infrastructure

Theatres

There is a huge amount of work happening to increase the amount of surgery we provide onsite, including:

- Piloting a theatre session to see if we can do four hip and knee replacements in the

same day. The first one is scheduled for July 15. If this is successful we will look to run them regularly in future.

- Looking at different ways to handle our acute demand, in particular that of general surgery.
- Investigating the potential to use the old endoscopy procedure room for more minor procedures prior to the Surgical Expansion Project being completed
- Working with the Endoscopy Team to investigate the potential of opening up a third procedure room in Ruakopito and running Ophthalmology and Endoscopy in the same space.

In addition, the Surgical Expansion Project continues, with the project team working hard to keep the project on track and theatre 8 opening as quickly as possible.

Hoki Te Kainga

A small working group is in now place to develop this new service, designed to support older people to leave hospital earlier, and receive more rehabilitation support at home. Recruitment is underway for the dedicated team, which will work out in the community seven days a week.

Primary care

In recent issues of the Special Edition In Focus we have taken a detailed look at how we are investing to match demand and capacity in our hospital. In this issue we also outline some of the work happening in primary care as **the successes of primary care and the success of our hospital go hand-in-hand.**

We are fortunate that, like in the hospital and other secondary care facilities, we have many skilled and dedicated professionals working across primary care. Services such as general practice, kaupapa Māori organisations, community pharmacies, home based support and aged residential care providers support people to remain well and manage their health needs. They

have great relationships and connections into their local communities.

As in our hospital services, the pressures on primary care have steadily grown. This sometimes makes it difficult just to get through the day job, let alone think about how these services can transform to meet future need.

Therefore it is vital that as we invest in the quality of care in our hospital, we mirror that approach in primary care. The [Te Pītau Health Alliance](#) was recently formed to guide improvement activity and investment into hospital care, working in partnership with people, whānau, and clinical experts.

As some of this work develops I want to let you know about the steps the DHB is taking to develop a stronger foundation.

Integrated primary healthcare teams

In the last edition, I updated you on the work happening to implement the Healthcare Home model across general practice. **We expect the first wave of practices to be announced by Health Hawke's Bay (PHO) in the next few weeks.** I fully expect this to include a number of innovative organisations that have already made significant investments to change and modernise the way they work.

These first wave sites will be particularly important as they will be the first to implement this new approach. Their learnings will be important for those who follow in their footsteps.

The Primary Care Directorate will be working with the sites to agree a package of financial, non-financial and clinical support. The investment will be targeted to help speed up progress. As we are all committed to the success of this, we will be working closely with these first wave sites.

Workforce development

Recruiting, retaining and developing staff in primary care can be difficult. To help build this

workforce we will be **establishing a Primary Care Workforce Development Fund.** This fund will be overseen by our Nurse Director for Primary Care, Karyn Bousfield. We want to gather ideas from the sector around how we target the initial investment. Karyn will be in contact with many of you over the coming weeks to progress this.

Emergency Q – primary care

We know many people come to our Emergency Department because they know where it is, the care is good, it's always open, and it's free. However many patients could have accessed care equally safely and more conveniently in primary care. Our investment in the trial of the Emergency Q software will help make it easier for patients to choose the most appropriate option, and for us to support them to make that choice.

Apps on smart phones and screens in ED and our urgent care centres will allow patients to select the most appropriate place to be seen, compare waiting times.

Primary care access to specialist advice

GPs and primary healthcare staff often tell us they could keep more people away from hospital if they had timely access to conversations with specialists. As part of the investment into our Acute Assessment Unit, **we will create rapid access arrangements to support general practice.** These will take the form of both specialist phone advice for primary care practitioners, and easily-bookable ambulatory care clinic slots.

Coordinated primary options (CPO)

This programme enables work traditionally undertaken in the hospital, such as intravenous antibiotics, to be delivered safely and effectively in primary care settings. Our **ambition is to significantly grow and expand this programme.** With the support of Health Hawke's Bay we will be working over the coming months to agree how this can be achieved financially and operationally.

End of life care

I have asked the Primary Care Directorate to work with Health Hawke's Bay to agree terms for the DHB to fund **the Palliative Care Initiative**. This much-valued service supports general practice to deliver high quality and personalised care to people in their last days. It is an example of high quality primary healthcare at its best. I am delighted we have been able to support our general practice colleagues to continue delivering support for people at this vital stage at the end of their lives.

Primary healthcare for young people

One of the early areas that Te Pītau will focus on is the effectiveness of our services to engage young people with primary care.

The DHB has made a significant investment in this area over recent years, responding to what young people told us they wanted. The approach included an initiative to make primary care free for the majority of under 18s in Hawke's Bay. We know there is much more to do. General practices have told us the money could be better targeted, therefore we will be committing extra funds to redesign this service and **deliver welcoming, accessible services our young people deserve**.

Ask EMT

A number of you have emailed askemt@hbdhb.govt.nz and I have summarised the questions and answers. It's great that so many of you have taken the time to email. I hope we continue to get such good feedback. We were asked to make sure dietitians were included in the setup of the frailty service Hoki Te Kainga. This suggestion has been passed on to the team.

Another great suggestion was making sure there was a roster of Executive Management Team members at bipartite meetings. This has already been acted on.

We have been asked to work on more ways to encourage people to take lunch breaks and not schedule meetings during lunch. We have passed this onto the People and Quality Team to come up with solutions.

We had a query about lower limb amputations and whether the DHB was well linked to the outsourced service. We were also asked if there had been any difference in numbers of limb amputations since the services was outsourced. We are looking into the data and will advise in the next issue of this newsletter.

We've also had a question of whether the wine gums could be reinstated at the coffee cupboard. While I understand wine gums were a nice bonus to a coffee the DHB is obligated to abide by the Ministry of Health's national healthy food and drink policy.

Thank you for the queries and suggestions – they have all been great.

To some, more direct questions, we have gone back directly to the requestor.

If you have a question you would like the management team to answer, please contact EMT askemt@hbdhb.govt.nz.

Please give me a call or email if there is anything you would like to address directly with me.



Kevin Snee

Chief Executive,
Hawke's Bay District Health Board