# Regional Services Plan Summary

# 2017 - 2018







# Improve the health of the Midland populations

Health and wellbeing is everyone's responsibility. Individuals and family and whānau are to actively manage their health and wellbeing; employers and local and central body regulators and policymakers are expected to provide a safe and healthy environment that communities can live within.





### Eliminate health inequalities

The New Zealand health service has made good progress over the past 75 years. However, an ongoing challenge is to reduce ethnic inequalities in health outcomes for populations, particularly Māori and Pacific peoples. As a key focus Midland DHBs will work to eliminate health inequalities in its populations.

A core function of DHBs is to plan the strategic direction for health and disability services. This occurs in partnership with key stakeholders and our community (i.e. clinical leaders, iwi, Primary Health Organisations and non-Government organisations) and in collaboration with other DHBs and the Ministry of Health. Eliminating health inequalities is the goal.

### EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

### **The NZ Triple Aim**

### **Our six regional objectives**

# The New Zealand Triple Aim Framework underpins the region's activities.



The three objectives, applied in a consistent manner to quality improvement initiatives, challenge us to ensure all New Zealanders receive the best health and disability care within available resources.

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

### **Our Health Targets**



95% of patients will be admitted, discharged or transferred from an Emergency Department within six hours



95% of infants will have their primary course of immunisation (6 weeks, 3 months and 5 months) on time



The volume of elective surgery will be increased an average of 4,000 discharges per year



90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.



90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks.



By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

# About us



The Midland region covers an area of 56,728 km<sup>2</sup>, 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.

Five District Health Boards: Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki, and Waikato.

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 Waikato DHB where NHC provides a locally based service.



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 aroups.



**Māori population** of DHB region

51%

35%

# Midland region Iwi



### **Bay of Plenty DHB**

Ngai Te Rangi, Ngāti Ranginui, Te Whānau ā Te Ēhutu, Ngāti Rangitihi, Te Whānau ā Apanui, Ngāti Awa, Tūhoe, Ngāti Mākino, Ngāti Whakaue ki Maketū, Ngāti Manawa, Ngāti Whare, Waitahā, Tapuika, Whakatōhea, Ngāti Pūkenga, Ngai Tai, Ngāti Whakahemo, Tūwharetoa ki Kawerau

Hauora Tairāwhiti

Ngāti Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngāti Kahungunu, Ngā Ariki Kaiputahi, Te Aitanga-a-Hauiti

Lakes DHB

Te Arawa, Ngāti Tuwharetoa, Ngati Kahungunu ki Wairarapa

#### Taranaki DHB

Ngāti Tama, Ngāti Mutunga, Te Atiawa, Ngāti Maru, Taranaki, Ngaruahinerangi, Ngāti Ruanui, Ngā Rauru

Waikato DHB

Hauraki, Ngāti Maniapoto, Ngāti Raukawa, Waikato, Tuwharetoa,Whanganui, Maata Waka



### Projected change to Midland total population from 2017/18 to 2037/38

Source: Statistics NZ: Projected Population Tables (released Nov 2016)







2017/18 Midland Total Projected Population

2037/38 Midland Total Projected Population by four main ethnicities





### Notes

- <sup>1</sup> Births and deaths: 2015/16 result is 2014/15 average and last year result is 2013/14 average from Statistics NZ. 2015/16 data available in March 2017. Births and deaths data recorded by regional council groups, not by DHB.
- <sup>2</sup> Data sourced from DHBs' 2015/16 Electives Initiatives Report surgical discharges are defined as discharges from a surgical purchase unit (PUC) including Intraocular Injections and Skin Lesions reported to NMDS, or discharges with a surgical DRG.
- <sup>3</sup> Data sourced from DHB Annual Reports or directly from DHBs

## **Regional Initiatives to Achieve Our Regional Objectives**





# Key Achievements 2017-18



# **Midland Trauma System**

The Midland Trauma System (MTS) clinicians are at the coal face of trauma care in Midland. The information they collect is being used to measure and improve clinical processes and outcomes for trauma patients and their whānau/families.

This past year we have been concentrating on streamlining our information outputs so that DHBs can see the status and progression of trauma care in their districts. This has involved developing and producing a new reporting system including DHB summary reports and Snapshots of the impact of trauma on specific population groups.

These reports (as over page) have allowed understanding of both trends and changes in hospitalised trauma care in our region. This has allowed us to measure and track agreed quality indicators so that when changes occur, the impact can be realised. We are committed to improving equity in our communities by focusing efforts on ethnicity and outcomes.

The snapshot programme has raised the profile of groups at risk highlighting the variability of trauma across our region and potential areas of opportunities to reduce the burden of trauma in those communities. Work from the Midland Trauma Research Centre is defining community groups at risk at a level of detail not previously possible.





Katrina O'Leary (TQIP Coordinator)



Katrina O'Leary and Hagen Keereweer (Systems Analyst)

MIDLAND

### **Combined Midland Quarterly Summary Report**

#### Output: data report for Midland region

		2016	2016	2016	2017	2017	2017	2017	
		Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	
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25		31	34	28	36	38	37	15	
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rauma c	all ratio	50%	52%	57%	62%	47%	51%	43%	
ertiary S	Survey rai	30%	22%	25%	25%	28%	25%	22%	
ase fata	ality rate	10.7%	12.7%	10.3%	6.3%	9.1%	8.8%	5.4%	
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ther		569	4%	454		Rehabili	tation	426	3%
acific		342	3%	678		Convale	scence	137	1%
olank)			0%			Self-dise	charge	107	0.8%
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cute bed d	lays: trauma	patients	are alway	s acute. 1	his repres	ents trau	ma bed ut	ilisation b	y DHB.
ase severit	y groups: 1-	12 are co	nsidered t	o be non-	major inju	ries. 1-4	are usually	y isolated	injuries
though an i	solated inju	ry can ha	ve an ISS o	of 16). Trai	uma cases	are consi	idered "m	ajor" when	n the ISS
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ime to CT i	n this report	is limited	to patien	ts with G	L3 < 13. C	i is urgen	t in these	cases. (Av	erage.)
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areet is 10	0% complia	nce.							
finutes to i	first facility i	s the aver	age numb	er of min	utes from	Trauma e	vent to ED	arrival. C	Doly

Minutes to first facility is the average number of minutes from Trauma event to ED arrival. Only first hospitalisation is counted. Note: RARE extreme errors (> 14 days) have been altered to 500 minutes. Ethnicity mix: population is based on StatN2 DHB spreadsheet, 2013 data. Percent is the trauma

connecty mix: population is based on StatsNZ DHB spreadsheet, 2013 data. Percent is the tra admission percent by ethnic group. Incidence: per 100K.



# Paediatric trauma in Waikato DHB 2017





were admitted to Waikato DHB hospitals due to trauma in 2017\*

Resident + Injured within Waikato DHB

Gender: 206 (42%) girls / 288 (58%) boys Severity: 7 (1.4%) were Major (ISS\*>12) trauma 4 (0.8%) were due to intent "By other" Intent<sup>-</sup> Top Cause: 286 (58%) were due to falls Top Place: 247 (50%) occurred within the home

# Eauity



During 2017 38% of paediatric trauma (resident in Waikato DHB) was among Māori children

# Places of injury



aged 0-2 years occur largely in the home. A large proportion of Injuries in those injuries in the 3-12 year age range occur at school (or other public admin areas), and injuries incurred in sports areas increase steadily from age 9 years upwards. Injuries on roads from age 9 years upwards primarily coincide with pushbike injuries rather than traffic crashe

### Trends



The incidence of paediatric trauma (Events/100,000 population) in Waikato DHB is slightly below that of the Midland region as a whole. However, both have plateaued since 2015

### Causes of injury



The most common cause of injury in all age bands is falls, however, burns and crush injuries in 0-2 years olds remain a concern. There are more paediatric hospital admissions due to burns injuries than to road traffic crashes. Struck (unintentional) injuries increase from age 5 to 14 and are primarily boys, with injuries often occurring during sporting activities. Crush injuries include those due to being caught, crushed, or pinched in or between objects.

# Key messages

- The incidence of pediatric trauma has been trending slightly upwards over the last 5 years.

- 0-2 year olds at extreme risk of falls at home and general increase in sports related injury among 9-14 year olds.

- Māori children accounted for 38% of paediatric trauma patients resident in Waikato DHB.

- Falls, at home, remain an overwhelming cause of injury related hospital admission particularly in children < 5 years. Cycling injuries on roads remain a concern. Struck (unintentional) injuries, often in sports areas, rise steadily from age 7 years. Burn injuries in 0-2 year old toddlers are a concern.

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### Collaboration

Midland Trauma System has built linkages and working partnerships with other services/systems to maximise our collective ability to reduce the burden of trauma, including:

- Wintec: Qualitative study of quad bike trauma in older farmers.
- Waikato Medical Research Foundation: Rural/urban trauma in Midland
- University of Auckland PhD Program: Rehabilitation frameworks in Midland
- NZTA/MTS: Motorcycle trauma in Waikato District project
- High school students (year 11-13). "Critical Point" lecture series: The reality of trauma.

#### New Zealand Major Trauma Registry

Midland Trauma System has been the host of the New Zealand Major Trauma Registry (NZMTR) since its inception in 2015. We have trained clinicians and data collectors / coordinators across New Zealand and provide a national daily helpdesk for any queries or concerns. We also run the national data quality programme and complete scheduled reporting to ACC and all DHBs. Major trauma is now collected in every DHB in New Zealand and the data is submitted through the Midland Trauma Registry portal.





Alaina Campbell (Programme Manager) and Carol Munt (Data Entry/Helpdesk)

### A patient's perspective -Introducing survivor Colleen Prentice

Friday night, March 31st at about 7.30pm (my) life turned upside down, literally! 20 minutes northeast from our home we lost control and our utility hit a tree. Daughter Hani was uninjured but I sustained severe traumatic injuries from the impact. I lost my left arm, broke all ribs, smashed my pelvis, lost my spleen, part of my pancreas, some of my bowel and my right leg and foot suffered nerve damage and is still partly numb.

My whānau, including my husband, two sons, daughter and daughter-in-law with our three mokopuna, and my three sisters and brother gathered together with my extended whānau and were thrust into all night and daily vigils of karakia and a lava flow of aroha for about four weeks while I was sedated and survived!

I survived! Despite numerous cardiac arrests, dangerously high heart rate episodes and losing blood like a sieve on the first night; my husband said at least 100 units! A tracheotomy, ileostomy, stomach skin graft, gastroscopy, multiple theatre procedures, MRI and CT scans, a stint in radiology to successfully unblock my nose tube, 141 days nil by mouth aka no food and about seven months in Waikato Hospital and I'm alive and healing thanks to Dr Grant Christey, Dr Jamie Crichton, Nurses Jenny Dorrian and Bronwyn Denize; my trauma team and many, many others! Little did we know however that we would have to call on the hospital's compassion when on June 11th 2017 my husband Boof, Ian Murray Prentice, died suddenly of a heart attack in Sydney where he had been working since October 2016. Even now as I write this, I cry. As a neuropsychologist asked me, "two huge hits in as many months, how did you cope?" Looking back I didn't cope, I survived, from one day to the next, with my whānau close beside me and the wonderful compassion from the hospital staff where nothing was impossible.

Huge setbacks were followed by small but significant gains.

At every step of the way as soon as I could understand, I knew what was happening medically from the information I was told. My requests were, where possible, actioned. For instance, when moving wards we requested a hui with my trauma team so we could have our queries answered and collaboratively plan the next few months of recovery. This took place the following week and similar hui continued until I was discharged in October 2017.

It is now May 2018 and I have a prosthetic arm to continue to make friends with, an ileostomy which will be reversed at the end of this month and various gadgets which make one handed life easier.



Colleen with Bronwyn Denize, Jenny Dorrian (Trauma nurses) and whānau

### **Midland Child Health Action Group**

The Child Health Action Group (CHAG) has been fine-tuning a data tool which utilises publicly available results and presents in some creative ways.

The tool was finally ready to share widely so a series of roadshows took place to release it and explain how it can be utilised to its full potential for service planning and monitoring progress. HealthShare's 'data stylist' Honor Lymburn has developed a unique technique to present equity results. Put simply it has a memorable 'bat and picket fence' system making the results in terms of the absolute and relative equity gaps easily identifiable.

There was great attendance at the sessions including three District Health Board Chief Executives along with over 120 staff, including psychiatrists, paediatricians, community providers, Māori health, public health analysts, planning and funding, researchers, and child and women's health clinicians. The enthusiasm across the region was evident and the presentation generated some interesting discussions.

The report will be distributed to anyone with an interest in child health on a quarterly basis. CHAG is interested to hear the stories behind the data so that we can share the learnings across the region.

Contact healthshareadmin@healthshare.co.nz if you would like more information.











# **Midland Radiology Action Group**

The Midland Radiology Action Group has a close relationship with a range of other clinical networks. Recent joint work has included enhancement of the Dementia Pathway to give radiology departments better access to clinical imaging, and involvement in the review and implementation of changes to the Midland Cancer Network oncology protocols. During contribution to the national review of stroke treatment, the Midland Radiology Action Group highlighted the need for resources to meet clot retrieval imaging and timeframes, and the priority on equitable outcomes.

Pathways are in place, in coordination with the Bowel Screening Programme work group, for patients sent for scans (CT Colonography – CTC), and the network has sourced national information around bowel screening to help improve processes for ongoing CT follow-up.

The Action Group continues to look into innovative ways to use and share radiology resources. Bay of Plenty and Waikato DHBs have introduced a public-private model for training, and the Action Group submitted a Registration of Interest for national funds to support further regional training.

The Action Group completed a review of Primary Access Criteria to provide regionally consistent diagnosis and access, as well as improving the referral process for patients.

# **Midland Regional Internal Audit**

In addition to performing numerous internal audits for the service's client DHBs during the year, either per the annual Internal Audit Plans approved by the DHBs' Board Audit Committees or as ad-hoc assignments, the service has carried out the following activities:

- assisted the HealthShare Audit and Assurance Service with issue-based audits at a number of NGO providers
- facilitated a meeting of the Midland DHBs' Audit Committee Chairs that focused on project evaluations
   / assurance for major regional and national projects, particularly relating to information technology /
   services
- co-presented with Ministry of Health Investigations personnel a fraud awareness training exercise with the Midland DHBs' Strategy / Planning & Funding services and other DHB personnel, focusing primarily on NGO provider fraud risks but also on DHB contracting / procurement fraud risks
- facilitated a workshop on NGO / PHO contract improvement opportunities involving DHB personnel from Strategy / Planning and Funding and Finance, HealthShare Audit & Assurance staff, as well as key personnel from the MoH, MSD and MBIE
- examined and addressed with relevant DHBs several complaints received via the MoH Health Integrity Line on various issues.

# **Midland Cardiac Clinical Network**



The immediate, urgent treatment of serious heart attacks is a regional priority. The national business case for ambulance restocking of thrombosing kits (approved in April 2018) will help inform the regional processes for managing patients before they reach hospital. Waikato DHB are also reviewing the on-call, after hours processes for angiography tests and the procedures for treating patients with narrowed arteries (through Percutaneous Intervention – PCI).

Ischaemic heart disease (otherwise known as coronary artery disease and coronary heart disease) accounts for over half of all cardiovascular disease mortality, and there is a disproportionate risk for Māori. Waikato, Tairāwhiti and Taranaki DHBs exceeded their targets for Standard Intervention Rates for Angiography among Māori, and Lakes and Bay of Plenty DHBs made improvements toward the target, with both DHBs performing over 30 Angiographies per 10,000 people. The impact of this target is reduced wait times for elective services, through the efficient use of hospital resources.

These targets are further supported through the recent appointment of Cardiologists to new roles in Lakes and Tairāwhiti DHBs, regional initiatives to track and forecast elective and acute demand, and for Waikato DHB to receive some cardiac referrals from other Midland DHBs.

## **Midland Quality & Safety Network**

Midland Regional Results - Improve quality across all regional services

The Midland Regional Quality & Safety Network is led by the five Quality & Safety DHB Managers. As Regional Quality & Safety Champions our key priorities for the 2017/18 year came under eight main headings, all of which we achieved progress in by the year end. Many of these are national Health Quality & Safety Commission New Zealand (HQSC) programmes and initiatives. These were:

- 1. **Governance:** agreement to support the Regional Clinical Networks in their goal to improve the overall quality of their care developments through an agreed strategy.
- 2. **To reduce the number of falls:** this objective, focused on inpatient falls reduction, not only met the national objective but led to fewer people being harmed in hospital. In some DHBs the number of falls with patients sustaining a fractured hip has almost halved.
- 3. **To improve hand hygiene:** regionally DHBs met the national target and in this way made care safer for patients by preventing hospital acquired infections.
- 4. Safe surgery: the stop moment and team brief process has been in place across all Midland DHB theatres for some time and is changing the culture across our theatre teams. Surgical Site Infection: Surgery which involves elective joint replacements and cardiac interventions was the focus of this approach and the Midland region is reporting improvements in patient care delivered and received. Hospital Acquired Infections are reducing through the implementation of this programme.
- 5. **Medication safety:** the Midland region is actively participating in the electronic Medicines Management Programme under the auspices of the eSPACE programme. Progress has been made in terms of the components of the programme, the interlinkages and the embedding of medicines reconciliation at critical points in the patient journey.
- 6. **To promote consumer engagement:** working 'better together' is happening across the Midland region through the engagement of consumers of the care that all of us are trying to improve the processes and the outcomes of that care for patients. A number of co-design projects have been completed this year. Some DHBs have established a consumer council, while others are using targeted consumer engagement in a range of programmes.
- 7. **Patient safety:** one of the most critical programmes is the early recognition, right escalation of care and, right care for patients whose health is deteriorating while in hospital. Across the Midland region, clinicians and quality support teams have implemented a new early warning system that has already been shown to work.

As can be seen, quality and safety are embedded in the services we organise with and for patients. Achieving this involves active listening from our patients and staff, learning in terms of what we can do to make a difference in outcomes and, improving our processes, procedures and our outcomes. This is what 'Continuous Quality Improvement' means for the Midland Quality & Safety Network.

### **Audit & Assurance Service**

Audit & Assurance provided independent audit and assurance advice to the five Midland DHBs on their contracted NGO service delivery and contract compliance.

The regional annual audit plan was completed across the five DHBs. In addition several unscheduled issues based audits that were urgently requested by DHBs was also undertaken.

Audit & Assurance provided secretariat services to the Midland Fees Review Committee who review and adjudicate on GP fees increase requests.

Audit & Assurance hold a Crown warrant as a Designated Auditing Agency (DAA) and undertook several certification audits.

Other audit related work undertaken over the year includes:

- Inter-agency collaboration on single point audits of multi-funded Non-Governmental Organisation (NGO) providers. We have established working relationships with government departments with an audit interest in DHB funded NGOs.
- Development of He Ritenga assessment as a way of enabling providers to understand the appropriateness of service delivery to target Māori populations. The He Ritenga assessment is now embedded into the routine audit work programme.
- Dialogue with MOH Medicines Control and discussion of the risk based pharmacy audit approach.
- Work was undertaken on an assessment framework for integrated outcomes based contracts.

# eSPACE making headway

The eSPACE Programme continues to make headway since the successful launch of the Midland Clinical Portal (MCP) read-only capability in July 2017.



Clinicians from across all five Midland DHBs can now access demographic information; in-patient, out-patient and emergency department events; some current electronic form data; national and local DHB alerts; and, patient allergy information – all in MCP.

So far, more than 1.5 million patient records - including 2.6 million patient-related documents and 4 millionplus patient events from across the Midland region - have been captured in MCP, giving our clinicians a consistent view of patient information.

With a vision of 'One Patient, One Record', eSPACE is continually working on evolving the MCP from its readonly capability, to one that provides full interaction (read/write) and built-in 'smarts' to further assist in clinical decision making across the Midland region.

Work to develop specific functionality within MCP to ensure it further meets the needs of each of our DHBs is currently underway. Progress also continues towards the first release of read-write capabilities between June and October 2019.

eSPACE is a clinically-led transformation programme across all five Midland DHBs. The Midland Clinical Portal, an initiative from eSPACE, is an electronic platform for managing health documentation relating to the care of individual patients across the Midland region.

The Midland Clinical Portal provides our clinicians with the following benefits:

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

THE MIDLAND CLINICAL PORTAL as at August 2018



#### MOST COMMON PATIENT DOCUMENTS ACCESSED

Discharge	Referral
Letters	Assessments
Interventions/	Progress
Procedures	

# **Midland Cancer Network**



### Lakes Faster Cancer Treatment Project

When the Lakes Faster Cancer Treatment (FCT) project commenced in October 2015, Lakes was struggling to achieve the then FCT health target of 85% and was sitting at only 40%. In contrast, the January – June 2018 Ministry of Health FCT report shows Lakes FCT achievement at 96% average for the 6 month period.

Lakes also had well below the expected 15% of patients referred and triaged as high suspicion of cancer (HSCAN) i.e. 35 patients January – June 2016 compared to the latest data which shows 50 patients for the same time period in 2018. The overall result for 2017/18 financial year shows an average of 17% (refer second graph below).

Service improvements include (but not restricted to): development of clinical pathways and e-referrals, implementation of a breach reporting system to assist the cancer nurses track progress of HSCAN patients, MDM coordinator supporting the maintenance of the FCT database, HSCAN patients identified on MDM proformas to highlight urgency, development of escalation procedure and delay reporting system, alert flag in Healthviews to identify HSCAN patients, improved access to Venturo urology clinical records via Midland Clinical Portal, improvements to MDM equipment and more.

The employment of a Medical Oncologist and Registrar in April 2018 has allowed for more FSA clinics to be held at Lakes instead of Waikato DHB and consequently helping to improve timeliness to treatment. Lakes key performance indicator dashboard has been developed and is used to monitor service delivery including equity. The latest data (below) demonstrates equitable delivery of services for FCT health target patients.







# Midland Kia Ora E Te Iwi health literacy programme

Midland Cancer Network (MCN) has collaborated with Waikato/Bay of Plenty Cancer Society to deliver this programme in the Midland region. Cancer Society will take over the lead for this initiative in 2018/19 although MCN will continue to support the delivery of the programme. DHBs support the programme by releasing cancer nurses coordinators/specialist, cancer psychological support staff and others to present at programmes. Feedback from cancer patients and whānau on their experiences with health services is shared with the DHBs to contribute to their quality improvement processes. Whānau who participate in the programme are often the voice that may otherwise not be heard.

### National Lung Cancer Work Group

The National Lung Cancer Work Group has developed a Draft Follow Up and Supportive Care Guidance for Lung Cancer Patients – curative intent. A sub work group has been established to finalise the document for consultation prior to public release planned in November 2018.

The work group has also commenced a review of and further development of national lung cancer quality indicators. A similar process used for the development of the national bowel cancer indicators will be followed.

Development of information resources to support implementation of the national early detection of lung cancer guidance is in progress.

# Cancer team aims to regionally strengthen linkages and support to Midland DHBs

Midland Cancer Network (MCN) team plans to strengthen linkages and support to Midland DHBs through a DHB and regional projects portfolio. This is following requests from Lakes and Waikato DHBs to continue with the FCT Round 2 Project concept of having a MCN team member attached to the DHB. Each MCN Project and Service Improvement Manager will hold a DHB portfolio alongside their regional projects. This is already in place for Lakes and Waikato. The Lakes portfolio will include Hauora Tairāwhiti. We recently recruited to enable the model to be implemented in the Bay of Plenty.

### Midland Cancer Network website refreshed

A refreshed Midland Cancer Network website was launched in May. To view go to: http://www. midlandcancernetwork.org.nz

This provides an overview of our people, what we do, and how we do it. Lists of our current projects are outlined, along with regional resources and a section for current news and events.

# Midland psychological and social support services

The end project report for the Midland Psychological and Social Support Services Plan 2015-2018 was endorsed by the MCN Executive Group. Psychological and social support services are an essential component of a high quality integrated cancer service.

As part of the national faster cancer treatment programme, Budget 2014 enabled recruitment of one full-time equivalent (FTE) regional cancer clinical psychologist at Waikato cancer centre from 1 July 2015 and a total of 5.6 FTE new cancer psychologist and/or social support positions across Midland DHBs focusing on adults with cancer. Ministry update in April 2018 has confirmed that the secured funding will continue for two additional years.

### Midland MDM Gap Analysis Project 2017-2018

Multi-disciplinary meetings known as MDMs are an essential component of good quality care for people with cancer. The Midland MDM Gap Analysis Project was a significant piece of work that required mapping of the Midland MDM current state, data and gap analysis of all Midland MDMs against the MDM National Future State Data Standards and MDM National Future State Business Requirements and Processes (MOH, 2016).

Following the gap analysis project, a Midland MDM Action Plan 2018 was developed and distributed to DHBs and MDM Chairs for implementation. An options analysis and identification of potential solutions was completed in March 2018 via a Request for Expressions of Interest (REOI) process. Development of a Midland MDM Management Solution business case is now in progress; this is in collaboration with the regional eSPACE and IS teams.

# Lakes Resident Medical Oncology Model of Service

Midland Cancer Network continues to provide assistance and support to Lakes DHB and Waikato Regional Cancer Centre in establishing a new Lakes resident medical oncology model of service. In April, 2018 Lakes DHB welcomed the new resident medical oncologist and registrar who will work in partnership with the Waikato Regional Cancer Centre to provide medical oncology First Specialist Appointment (FSA) services closer to home. This new model will improve equity to access and care by enabling Lakes medical oncology patients to be treated closer to home by not needing to travel to Hamilton for their clinically appropriate first specialist appointment or follow up appointments.



### Adult and Young Adolescent (AYA) Network

Midland Cancer Network has been working with regional DHBs to complete the AYA Standards of Care self review, following the launch of the national standards at the end of 2017. The aim of these reviews are to identify areas where further service improvements are required, allowing the development of enhanced local service delivery plans.

# Midland routes to cancer diagnosis and treatment project 2015-2018

Midland Cancer Network Routes to Cancer Diagnosis and Treatment project was a part of working towards the achievement of the FCT health target. This project which was completed 30 June 2018, had a large retrospective study component which analysed a one year (2014/15) sample of cancer patients from the Midland DHBs to ascertain what entry route they took to obtain a cancer diagnosis. A manual chart audit of emergency department presentations of cancer patients for two DHBs was undertaken. A key finding was that patients who entered the health service via the emergency department rather than via another entry route eg GP referral, were more likely to have a poorer one year survival rate.

The following recommendations were made to reduce the number of people entering services via the emergency department and to improve patient outcomes.

- a. increase participation in early detection or screening programmes
- b. implement the national early detection of lung cancer guidance (2017) for lung cancer patients
- c. support initiatives to improve health literacy
- d. community normalisation of prevention or cancer risk minimisation strategies
- e. further education and collaboration with primary care around recognition of cancer symptoms.

### **Midland HRC Breast Cancer Research**

'How to improve outcomes for women with breast cancer in New Zealand' final report was published July 2018. The report is the culmination of a three year research study carried out by University of Waikato and the Waikato DHB. Data from over 12,000 women from Auckland and Waikato was used to inform the research. Overall outcomes for breast cancer are improving, with more women now being diagnosed through screening.

### Key findings:

- Pacific women diagnosed with breast cancer are twice as likely to die from the disease after 5 years, than New Zealand European women. They are diagnosed with breast cancer younger than other groups, and the cancer is almost twice as likely to be an aggressive form.
- Māori women diagnosed with breast cancer also have a higher mortality (times 1.76) after 5 years than New Zealand European women. They are less likely to be diagnosed through mammographic screening, or receive chemotherapy, Herceptin or surgery.
- Māori and Pacific women diagnosed through the screening programme do just as well as New Zealand European women.
- Women treated with Herceptin are 42% more likely to survive after 5 years. However, Māori and Pacific women are less likely to be treated with Herceptin than other New Zealanders.
- Older women, particularly over 70, are less likely to be treated surgically, or get chemotherapy, Herceptin, or radiotherapy.
- Public/private care: about 62% of women in the study were treated in the public health system.
  They had a 95% higher average risk of death compared to those in private health care.

# Midland Cancer Network web-based reports and cancer dashboards

Midland Cancer Network is working towards making key cancer data for the region available through web-based reports and cancer dashboards.

Web reports that are currently available are cancer registration numbers for the Midland DHBs and Faster Cancer Treatment (FCT) reports. The FCT reports show quarterly performance of the DHBs and the MCN DHBs as a whole, in achieving the 62 day FCT health target (from referral - triaged as high suspicion of cancer triaged to be seen in 2 weeks, to first treatment) and the 31 day target (from decision to treat to first treatment). Further details of each indicator are available by ethnicity, tumour stream, treatment type, cohort and delay analysis. Areas identified for future report development include oncology and haematology service volumes by purchase units, PET-CT volumes, and cancer mortality data. Access to the web-based reports is only available to authorised users, and each Midland DHB will have an authorised user or users.



Cancer dashboards, covering all Midland DHBs, make key data around a specific tumour stream available in one place. Currently, the dashboards are developed for colorectal cancer and lung cancer. The dashboards cover common data for all tumour streams such as cancer registrations / mortality (by diagnosis, age group and ethnicity), FCT results and multidisciplinary meeting volumes. Data specific to tumour streams include volumes for diagnostics, waiting times for diagnostics/first specialist appointment/ treatment, and the national quality indicators (when available).

#### Lung Cancer - Key Indicators Dashboard - Midland DHBs Includes Diagnosis Codes C33, C34, C38, C39 and C45

District Health Board MCN DHBs (select DHB from drop down list)

Lung Cancer Incidence - (Source: NZ Cancer Registry General Extract)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Lung cancer registrations	362	353	339	336	391	426	384	428	428	420	457	492	438
Crude rate/100,000	53	51	49	48	55	60	53	59	58	57	61	64	56
Age standardised rate/100,000	38	35	33	31	36	37	33	36	35	33	35	37	32
Lung cancer as % of total cancer													
incidence for DHB	11%	10%	9%	9%	11%	12%	10%	11%	11%	11%	11%	12%	10%
by Diagnosis													
C33 - trachea	1	-	1	-	2	2	-	1	-	1	-	-	2
C34 - bronchus and lung	347	335	327	321	370	412	372	416	412	397	439	468	413
C38 - heart/mediastinum/pleura	1	4	1	1	2	1	-	-	-	2	2	3	-
C39 - other/ill-defined sites	-	-	-	1	-	-	-	-	-	-	-	-	-
C45 - mosothelioma	13	14	10	13	17	11	12	11	16	20	16	21	23
by Age group													
below 65 years	128	130	116	99	139	131	124	135	131	119	137	149	125
65 - 74 years	124	105	100	106	116	130	124	149	160	142	147	173	154
75 - 84 years	83	95	99	108	108	128	110	105	100	105	141	119	125
85 + years	27	23	24	23	28	37	26	39	37	54	32	51	34
by Ethnicity													
Maori	105	98	98	89	127	125	123	138	137	126	152	153	145
Pacific	E	2	2	2	4	2	7	0	2	2	c	7	7

## National Bowel Screening Māori Network



The Midland Bowel Screening Regional Centre has established the National Bowel Screening Māori Network (NBSMN) effective January 2018 – 30 June 2020.

The NBSMN provides a mechanism for collaboration to support and share practice that promotes access to, and through, the Bowel Screening pathway for the National Bowel Screening Programme (NBSP) priority groups.

The NBSMN held its successful first face to face hui on the 6 August and was well attended by numerous NBSP stakeholders, including the Ministry of Health, District Health Boards, Public Health Organisations, Cancer Society, Public Health Units, Regional Bowel Screening Centres and members of the National Pacifica Bowel Screening Network.

The hui was facilitated by the Lakes DHB GM Māori Health and provided Māori leadership and guidance to begin the korero to ensure equity across the end to end NBSP pathway and provide feedback to the Ministry about quality improvements to increase participation in the programme for Māori.

The NBSMN plans to hold two face to face hui each year with quarterly teleconferences, dates to be confirmed.

# Midland Bowel Screening Regional Centre



- supporting the Midland DHBs with their planning and establishment of bowel screening, particularly in the areas of quality and clinical expertise, and assist the Ministry in ensuring consistency in the roll out of the National Bowel Screening Programme (NBSP)
- provide clinical leadership to ensure consistent, safe and high quality screening, diagnostic and histopathology services
- ensure that there is a regional equity plan which has been developed in collaboration and consultation with all DHBs and stakeholders
- provide overview of the performance against the Interim Quality Standards and identify and support opportunities for quality improvement in conjunction with the Ministry.

The team takes a whole continuum approach to bowel screening, colonoscopy and treatment for the colorectal pathway.

The Midland BSRC has signed a 3 year fixed term contract agreement (1 September 2017 to 30 June 2020) and is the first BSRC in the country to be fully established.

The Midland BSRC consists of the following team:

- Regional Lead Jan Smith, Manager, Midland Cancer Network
- BSRC manager- Brent McMillin
- Clinical Lead primary care Dr Jo Scott-Jones, Medical Director, Pinnacle
- Clinical Lead secondary care Mr Ralph Van Dalen, Colorectal Surgeon Waikato DHB.
- Project manager Quality (Primary care) Diane Casey



- Project manager Quality (Secondary care) -Maria Stapleton
- Project manager Equity Sarah Harihari

In December 2017 the Ministry of Health wrote to the DHB CEs with an update of the NBSP and indicative revised DHB roll out order following Cabinet decision to extend the implementation timeline by a further year. The Midland DHBs revised indicative roll out order:

- Lakes DHB financial year 2018/19
- Hauora Tairāwhiti financial year 2019/20
- Bay of Plenty DHB, Taranaki DHB and Waikato DHB financial year 2020/21.

The Midland BSRC staff work in partnership to support Midland DHBs compliance with colonoscopy waiting times, NBSP quality standards and readiness for bowel screening including:

- ensuring sustainable compliance with colonoscopy indicators (3 months plus) and demonstrated readiness with focus on colonoscopy production planning
- developing a regional equity plan
- developing a regional quality plan
- developing a regional colonoscopy/ colorectal dashboard
- assisted and supported Lakes DHB with the successful Ministry of Health NBSP readiness assessment day 25 June 2018
- supporting planning with Hauora Tairāwhiti and the Ministry of Health to undertake the Hauora Tairāwhiti NBSP establishment day 27 August 2018.

# **Health of Older People**



### Dementia

The Midland region continues to be represented on the National Dementia Education Collaborative. The Collaborative has been responsible for developing guidelines for Family and Whānau Carer Education. The intention of the guidelines is to provide recommended topics to be covered in family and whānau carer education.

In conjunction with the work on the guidelines, HealthShare has created a report estimating the impact dementia will have on the Midland region over the next 30 or so years. The report sources information from Statistics NZ, and Alzheimers New Zealand's 'Dementia Economic Impact Report 2016' (March 2017). It is estimated that the percentage of the Midland region's population diagnosed with dementia will increase from 1.3% in 2016 to 2.9% in 2050 as detailed in the table below.

DHB	2016	2037/38	2050
Estimated % of population with dementia	1.3%	2.3%	Estimated at 2.9% Figures are calculated using estimated 2.7 rate of increase of # of people in NZ with dementia from 2016 to 2050
Bay of Plenty	2,947	6,406	7,956
Lakes	1,386	2,643	3,743
Tairāwhiti	622	1,166	1,680
Taranaki	1,519	3,034	4,100
Waikato	5,195	11,222	14,027
Midland Region	11,669	24,472	31,506

Data Source: Alzheimers New Zealand's 'Dementia Economic Impact Report 2016' (March 2017); Statistics NZ

The dementia health care costs for the Midland region are also estimated to increase from \$207 million in 2016 to \$559 million in 2050 (without accounting for inflation). The distribution of the estimated healthcare costs in 2050 is provided in the following graph, with the greatest proportion in Aged Residential Care.

### **Distribution of Healthcare cost**



### Advance Care Planning (ACP)

It has been a successful year for the Midland ACP Facilitators group. The Midland ACP Facilitators group includes representatives from the five Midland DHBs, Hauraki PHO and Pinnacle. The group has been working together since March 2017 and is a great example of how the organisations have come together to work as a region, playing to everyone's strengths.

Achievements for the group to date include wider engagement with others in the health sector including primary care, community and non-governmental organisations (NGOs); development and implementation of policies and pathways related to ACP; implementation of Read Codes in some patient management systems in primary care; the electronic capturing of ACPs and in Waikato, the development of a solution ensuring the most recent version of a person's ACP is shared across the health sector.

# **Mental Health & Addiction Regional Network**

### Substance Abuse Legislation

The Substance Abuse Legislation came into effect on 21 February 2018. The Midland Mental Health & Addiction (MH&A) Regional Network held a number of workforce development workshops across the region to prepare staff for the go live.



The Midland Addiction Model of Care identified several priority areas for development:

- 1. Develop funding proposal for the Ministry of Health (MoH) this piece of work was completed involving key stakeholders in each of the DHB areas and submitted to the MoH in January 2017.
- 2. Identify workforce development priorities completed as part of the Model of Care development
- 3. Develop an Implementation Plan completed as part of the Model of Care development
- 4. Involve key stakeholders in the consultation process completed involving the Midland regional stakeholder network groups
- 5. Implement MoH communication strategy completed.

### **Midland Eating Disorders Model of Care**

The Midland Eating Disorders Model of Care was signed off by the Ministry of Health in February 2018. A workshop was held with senior clinicians from across the region to identify priorities for the funding being returned from the Northern region. An implementation plan was put into place to ensure regional agreement.

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### Reduction in the Use of Section 29 of the Mental Health Act for Māori

This report contains a ratio of Māori to Non-Māori per capita rates to clearly identify ethnicity differences plotted over time on the right-hand axis scale.

Note: The data extract contains data for the April to June 2018 quarter which may be subject to change as data is updated.

#### **Bay of Plenty**







#### Hauora Tairāwhiti



#### Taranaki



#### Waikato



### Infant Perinatal Mental Health

- Map of Medicine work being transferred to Pathways of Care template leveraging off the Canterbury pathway work
- · Work continues on developing agreed competencies leveraging off the Northern region work
- Key procedures identified by the regional Infant Perinatal Clinical Network. Work continues in standardising key documents
- Feedback provided to the Central region on the eLearning tool.

0110-	2015/16			2016/17				2017/18				
DHBS	Q1 Q2 Q3 Q4 Q1 Q2	Q3	Q4	Q1	Q2	Q3	Irend					
Bay of Plenty	803	787	805	861	785	718	663	668	714	682	656	
akes	243	224	215	272	248	204	247	295	342	369	360	$\sim$
lauora Tairawhiti	21	31	54	68	69	84	58	68	63	32	32	
aranaki	661	673	525	576	571	514	398	509	564	593	488	$\sim$
Vaikato	870	700	725	816	759	649	523	650	935	731	716	$[ \frown \frown$

#### Midland Perinatal (DHB & NGO) Total Contacts

Data Source: PRIMHD

### Key points:

- Bay of Plenty exhibits a decrease in number of contacts, however, this is due to data reporting errors in the MoH data collection
- Lakes shows growth in the 2017/18 year
- Hauora Tairāwhiti shows a decrease in the last two quarters due to there being vacancies.
- Taranaki and Waikato show variation but have done so in the past
- Future analysis will look at referral trends and distinct people accessing the services.

### In addition:

- The Midland MH&A Workforce Action Plan 2018-2020 has been completed. The Plan is based on the National MH&A Workforce Action Plan and complements other ongoing work streams.
- Quality Health & Safety Commission consultation workshop and teleconference with regional stakeholders
- Visit the Midland MH&A Regional Network website http://www. midlandmentalhealthnetwork.co.nz/ to learn more about:
  - Regional Leadership Network meetings
  - Regional consultation on the Inquiry into Mental Health Services and submission sent
  - Regional Network logo, vision and mission consulted and reviewed
  - Winter Newsletter completed and sent out to our distribution lists.

# **Regional Workforce**

Initiatives have focused on increasing access to data and information about the DHBs own workforces, supporting the development of regional networks and communities of interest, and increasing the focus on workforce development.

Initiatives have included:

- Taking a regional approach to assist Midland DHBs to implement the L3 NZ Certificate in Health and Wellbeing Dental Assistance strand training for dental assistants
- Developing a workforce demand modelling tool for session based work which has been used by the community oral health managers to forecast dental therapist workforce for up to 20 years
- Supporting communities of interest with data, information and intelligence including directors of allied health, general managers of human resources, general managers Māori health, regional analysts, Kia ora Hauora regional programme, community oral health service managers, and other regional governance groups
- Facilitating a regional staff survey co design process for DHBs in partnership with the Health Round Table and supporting implementation
- · Facilitating a national approach to health workforce data and intelligence
- Completing in depth analysis of Midland DHBs workforces including data sourced from Health Workforce Information Programme, NZ Stats, New Zealand Nursing Council of New Zealand, Medical Council of New Zealand, and Health Workforce New Zealand
- Supporting ongoing development of Substance Addiction Compulsory Assessment and Treatment (SACAT) including: process mapping, implementation training workshops, mana enhancing Practice workshops, and Whānau Inclusive Practice workshop development
- Developing the Regional Workforce Action Plan 2017-21 including consultation, approval and implementation
- Securing strategic support for ongoing Supporting Parents Healthy Children work stream
- Clarifying and mapping of existing pathways for training, supervision, support and recognition, including existing courses and qualifications
- Planning completed for the pilot for whaiora/whānau to train as (L4) support workers.

# BreastFedNZ - Midland's breastfeeding app. smashes 21,000+

Launched in September 2015, BreastFedNZ has proven the benefit of exploring opportunities to develop sustainable innovative tech. solutions to meet the information and support needs of today's millennial consumers.

The Midland Maternity Action Group (a former regional network) led the app development, and pleasingly, the app continues to grow in momentum. Karen Palmer, Lead Content Developer, is acknowledged for her efforts and commitment to undertaking a recent content review. As a Community Lactation Consultant with Plunket, Karen's dedication to supporting women and their families in the community ensures that BreastFedNZ is a relevant 'go to' breastfeeding resource.





# **Midland Region Hepatitis C Service**

The service provides a mobile Fibroscan (liver scan) and patient education service across the Midland region. Referral into the service from general practice is by an electronic referral (eReferral) to a central point. The service is delivered in the community closer to people's homes, eg rural venues, mental health and addiction, general practices, needle exchanges and community events.

Funding was approved to fund the Midland regional hepatitis C service for a further two years. This provided a time to reflect, review and refine the service.



Some highlights include:

- Hauora Tairāwhiti is the first DHB to fully commit to eliminate hepatitis C from their district. The whole of sector approach, passion and drive, including innovative ideas, has also been highlighted by the Minister of Health in his speech at the HCV Summit recently
- Taranaki DHB have also shown an interest and are progressing with their plan
- An electronic response (eResponse) has been developed so when a GP refers electronically via bpac into the regional service an eResponse can be sent instantly back to the GP's computer system. The response includes the Fibroscan result and a suggested management plan. This is the first of its type for hepatitis C services in New Zealand
- The Midland region completed the most Fibroscans in the country from 1 January to June 2018
- All four Needle Exchanges in the Midland region are holding regular hepatitis C clinics
- The development of a point of care (POC) pathway and introduction of point of care testing at rural and community venues has allowed people to be tested to see if they have been exposed to the virus without having to have a blood test. This has been very welcome by the community:

"One of our wahine with her young child said that she liked the non-clinical feel about coming to the Ranfurly St whare."

*"I hardly came to town as travel was a restriction."* 

*"I didn't know where the other venues were so awesome you came to us."* 

"That walking in no-one knows why you are there and they enjoyed us being in the hood."

### **Midland Stroke Network**

### Rehabilitation

The Midland region has demonstrated an increased commitment to rehabilitation through the establishment of a Midland Allied Health Stroke Group. This group meets quarterly and has endorsed an additional Allied Health representative for the Midland Stroke Network strengthening the focus on rehabilitation.

### Thrombolysis

Rates for thrombolysis in the Midland region are steadily increasing with each of the Midland DHBs achieving, or exceeding, the target of 8%.





# **Regional Pathways of Care**

### Why have Pathways of Care?

Clinical pathways of care can be as simple as clinical guidelines and referral criteria for clarity in a regional and local context, or can describe a fully integrated care pathway transforming a patient's journey. Pathways of care allow the clinicians in the Midland region, who face similar challenges on behalf of their patients each day, to standardise and streamline clinical processes.

The clinicians and managers selected to develop the pathways of care need to consider the patient as they travel along their journey, plus the clinicians, whānau and others who they meet along the way. Some of the questions that may be asked as a pathway is developed include, "how will this improve the timeliness of care for the patient?", "who is best to treat the patient?", "how can we prevent this condition occurring in the population?", and "how do we improve the health outcomes for Māori?"

The Midland region moved to **one regional instance of the Community HealthPathways** – connecting us with a large collaborative community<sup>1</sup> throughout New Zealand, Australia and the UK, where we can collaborate, share knowledge, service configurations, and transforming pathways of care for the people of the Midland region. This collaborative community has been growing over the past 10 years and covers over 27 million people.

### History of the Midland Region Pathways of Care Programme



### Key factors to pathway success

- **Integration** into clinical systems. As part of the HealthPathways implementation most clinicians in both general practice and secondary care can access the tool easily. 1,062 unique users logged into Midland Region HealthPathways in July 2018.
- **Easy navigation** HealthPathways displays all information in a consistent open format making it easier to navigate the site and locate information in a 15min consultation. The tool is constantly being evaluated and updated and the new mobile version of the pathways tool is on the horizon for our region.
- **Time to reset** the move to the new HealthPathways tool was seen as a good opportunity by the Regional Pathways of Care Governance Group to reset the regional and local pathways programmes and this has led to a round of consultation meetings with DHBs and PHOs to look at local and regional pathway development processes, resources (clinical and administrative) and engagement. Also to reconsider pathway prioritisation processes locally and regionally and reflect the Midland Regional Services Plan work programmes.

<sup>&</sup>lt;sup>1</sup> https://www.healthpathwayscommunity.org/





# Midland eReferral

### Sleep

Barely a year ago, the Sleep Service at Waikato Hospital was struggling with a demand it couldn't meet, plus there was a high staff turnover. It has now transformed itself into an accessible service in which patients are seen and assessed in a timely fashion, and where staff morale is high.

The solutions came in different shapes and sizes and the Midland Pathways of Care team (HealthShare) were able to support this transformation. Their part in this service improvement was supporting:

- the development of much clearer pathways for GPs to follow when they referred a patient to the service, avoiding the need for a specialist appointment before a sleep study
- the development of a specialised Sleep eReferral that aligned with the pathway
- participation in interactive education sessions with GPs.

The Sleep Service instigated many other initiatives such as:

- a move to home-based sleep studies, with only complex cases needing to come to the more costly and labour-intensive overnight hospital-based sleep study
- group education sessions for patients to familiarise them with equipment they could use at home, rather than one-on-one appointments. The group sessions have also helped patients form support networks with others suffering from the same condition.

All of these initiatives involved collaboration between the Respiratory and ENT (ear, nose and throat) departments at the hospital and the DHB's GP Liaison team.

The specialised form was based on the Bay of Plenty DHB version with further enhancements and has now been implemented in Hauora Tairāwhiti and Lakes DHB.

#### Dementia

• HealthShare's Regional Pathways of Care team received endorsement from all seven of the Midland Region Alzheimer's and Dementia organisations to develop a standardised eReferral form aligned with the regional Dementia Pathway. The regional form will be used by general practice enabling electronic referral and processing to all dementia support service providers in the Midland region.



Some of the team responsible for Sleep Service's stunning success – (l -r) Karon Johnson (sleep assistant), Adele Jack (physiologist), Marilyn Davies (receptionist), Rhaddie Juanio (physiologist), Jo Hollobon (regional coordinator, Pathways of Care), Christine Scott (project manager, Pathways of Care), Karen Cottle (team leader, Sleep Clinic)

# **Midland Vascular Network**

The Midland Region Vascular Network is charged with implementing the vascular model of care developed by the National Vascular Group. While this is a relatively new programme of work, two of the eight initiatives within the work programme are highlighting opportunities to improve the value proposition and clinical service.

- The development of clinical pathways for leg ulcer, peripheral vascular disease, arterial leg ulcers and varicose veins will support Midland DHBs to provide services in the community when these are implemented. This is particularly important in the provision of lower leg ulcer treatment where the pilot nurse practitioner led service at Thames Hospital which is being rolled out across Waikato DHB, has eliminated hospital stays for slow healing ulcers and delivered better patient outcomes.
- 2. Implementation of the regional audit process for vascular procedures is enabling initial conversations between clinicians to discuss the clinical pathway for identified patients.

Learnings from these discussions will identify issues with patient transfers and treatment pathways which will lead to ongoing service improvement. The graphs below highlight discrepancies in outcomes from acute aortic aneurysm for all of New Zealand but have relevance for the population of the Midland region.



**Figure 1.** Difference in predicted survival post discharge by ethnicity





### The full document is available on the HealthShare website:

### www.healthshare.co.nz

Published in September 2018 by HealthShare Ltd for the Midland DHBs Address: 16 Clarence Street, Hamilton 3240

See also Midland DHB Annual Plans (incorporating Māori Health Plans) and Public Health Unit Plans



www.midlanddhbs.health.nz