

# Working together



Midland district health boards' shared services agency

This quarterly newsletter is produced by HealthShare Ltd.

HealthShare Ltd supports and enables the Midland District Health Boards as its shared services agency - working in collaborative partnerships, leading and facilitating change, building a future focused organisation.

## About our midland region

DHB	PHO
Bay of Plenty	Eastern Bay Primary Health Alliance Nga Mataapuna Oranga Ltd Western Bay of Plenty Primary Health Organisation Ltd
Lakes	Pinnacle Midlands Health Network - Lakes Rotorua Area Primary Health Services Ltd
Hauora Tairāwhiti	Pinnacle Midlands Health Network - Tairāwhiti Ngati Porou Hauora Charitable Trust
Taranaki	Pinnacle Midlands Health Network - Taranaki
Waikato	Hauraki PHO Pinnacle Midlands Health Network - 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.

21%

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.

5

DHBs

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



Includes major population centres of Tauranga, Rotorua, Gisborne, New Plymouth and Hamilton.



924,165 people (2017/18 population projections), including 237,020 Māori (26%) and 43 local iwi groups.

## Our six regional objectives

Health equity for Māori

Integrate across continuums of care

Improve quality across all regional services

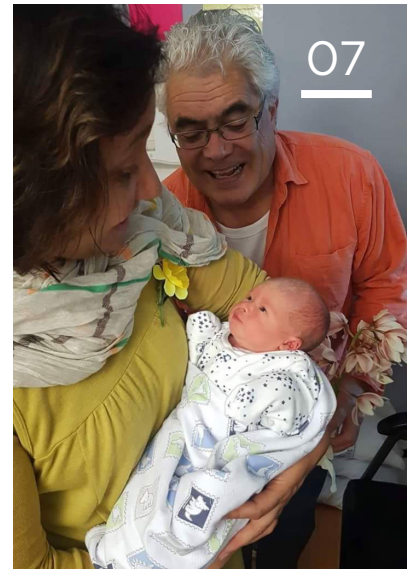
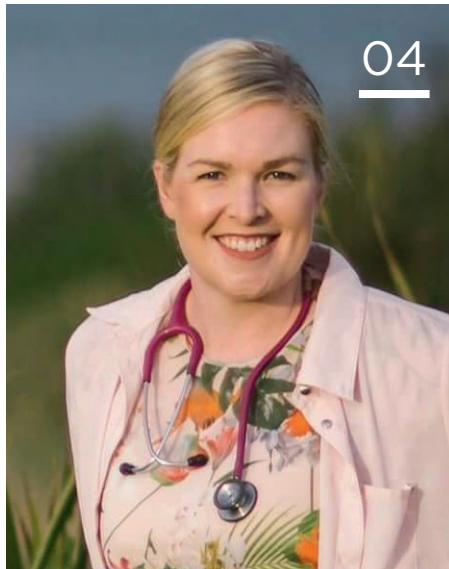
Build the workforce

Improve clinical information systems

Efficiently allocate public health system resources

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# A word from the HealthShare CEO

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



**Andrew Campbell-Stokes**  
CEO, HealthShare

Midland District Health Boards'  
shared services agency

Over the past year HealthShare has experienced a period of growth in staff (including contractors). This has largely been due to the expected growth in the eSPACE programme and the National Bowel Screening Programme. Combined with the necessary filling of staff vacancies, this has seen an increase in the number of staff residing both in Hamilton and outside Hamilton; especially Tauranga and New Plymouth cities.

HealthShare continues to work out its collective identity as He Rourou Takitahi – a woven flax basket. This is an important image conveying collaboration and cooperation, and I am delighted to see more and more occurring across HealthShare. There's truth in the saying that 'form + culture enables function'. Office spaces provide an important 'form' within which He Rourou Takitahi can occur. The Tauranga offices are a great example of this. In August the HealthShare Board approved a business case to establish a small office in New Plymouth, which opened on 5 October. On 7 September an open plan office environment opened in Hamilton for the eSPACE and Regional IS teams to collaborate in over the next 18 months.

I am very grateful to the HealthShare Board for their decisions. I also want to thank Waikato DHB Property Services, and the Waikato DHB IT team for enabling us to continue to be on a single IT platform. These spaces enable staff to flourish; safe environments that enable HealthShare to operate efficiently, effectively and collaboratively to achieve our mission - to support Midland DHBs by working in collaborative partnerships, leading and facilitating change, building a future focused organisation.

Nāku noa, na  
Andrew



Tracey Kerehoma and Francesca Barron



HealthShare's New Plymouth office  
opening – 4 October 2018



**Find out more about HealthShare**

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# MIDLAND CLINICAL PORTAL... MAKING A DIFFERENCE

## *One patient, one record*

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

For Rural Hospital Doctor, Hannah Lawn, having access to the Midland Clinical Portal has changed the way she works – for the better.

Hannah works in the 24-hour emergency department at Hāwera Hospital, part of the Taranaki District Health Board. This is a return to her roots, having been born in Hāwera Hospital to a farming family.

Hannah's training included working in New Plymouth, Waikato and Thames Hospitals and she is now one paper away from obtaining a Fellowship of the Division of Rural Hospital Medicine.

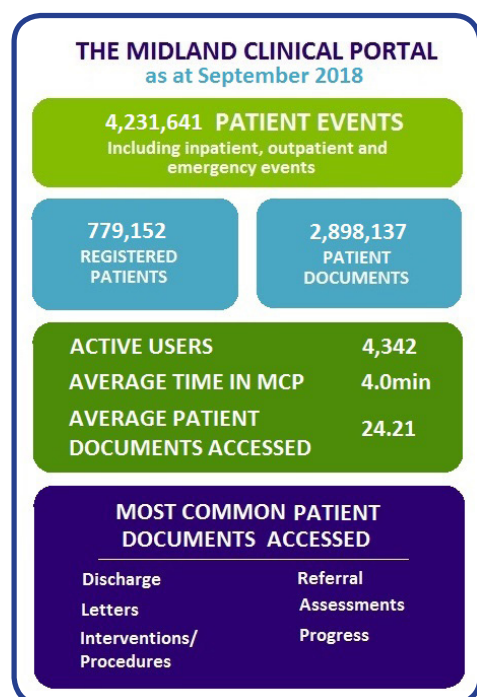
Based permanently at Hāwera Hospital, Hannah says being able to access patients' medical records from anywhere in the Midland Region through the Midland Clinical Portal is really useful.

"It has been very helpful for treating any cardiac patients that come to ED. I can easily access all their medical records, look at echocardiogram results and see notes from other hospitals.

"Information is right at your fingertips. Prior to the Portal I had to phone patients' GPs, or another hospital to get copies of their medical records. I can access discharge summaries and immediately have up-to-date information in real time – this really helps my decision making."



## eSPACE makes headway with the Midland Clinical Portal



The eSPACE Programme continues to make headway since the successful launch of Phase One of the Midland Clinical Portal (MCP).

Phase One offers read-only functionality, giving clinicians from across all five Midland DHBs access to demographic information; in-patient, out-patient and emergency department events; some current electronic form data; national and local DHB alerts; and, patient allergy information.

So far, data of more than 770,000 registered patients, including 2.8 million patient-related documents and 4 million-plus patient events from across the Midland region, have been captured in MCP.

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

The first release of Phase Two: read and write functionality is set to occur between June and October 2019. The read and write functionality will enable clinicians to record notes from their consultations in MCP and ultimately, give them timely access to a complete source of accurate patient information.

Other regional functionalities available in the release of Phase Two will include, but not limited to, a discharge summary, progress notes, general assessment form and a pre-anaesthetic form as well as interim results capability and an interim mental health solution.

The MCP works both with, and in addition to, existing functions in current local systems. Work to further develop specific DHB functionality is currently underway. Ongoing regional enhancements and performance improvements will also be released as they are completed.

eSPACE is a clinically-led transformation programme delivered across all five Midland DHBs. The MCP, an initiative from eSPACE, is the regional solution to having a single, shared repository of patient health documentation for the region.

While eSPACE recognises that each DHB is at a different stage of adopting the MCP into their daily practice, the eSPACE team is working with each of them to ensure adoption of the MCP is at a pace that is safe, appropriate and absorbable to their needs.

In addition, the eSPACE team has moved to **Level 3 of the ASB Building at 500 Victoria Street, Hamilton**. The new location brings together staff from across eSPACE and Regional IS into one location, enabling greater collaboration across both teams.

Senior Responsible Officer, Maureen Chrystal, has also moved to the new office. From September 10 through to the end of February 2019, Maureen will be stepping out of her Waikato DHB role to focus on eSPACE, in particular stakeholder engagements across the region.

To stay up to date on the progress of the Midland Clinical Portal, go to [midlandclinicalportal.health.nz](http://midlandclinicalportal.health.nz)





# Midland Cancer Network update



## Introducing Lydia Rickard, Midland Cancer Network - HealthShare

### What does your job involve?

My role as Project and Service Improvement Manager is diverse and covers multiple streams of work as set out in the Regional Services Plan. Some of the work I do includes

- Working closely with Lakes DHB to improve their achievement against the Ministry of Health's Faster Cancer Treatment Health Target as well as supporting Hauora Tairāwhiti
- Working with Cancer Society to deliver the Kia ora E te Iwi programme (cancer health literacy) to Māori communities
- Supporting the National Lung Cancer Work Group (membership of clinical experts) to complete their annual work plan as agreed with the Ministry of Health
- Supporting regional cancer working groups to achieve their objectives and deliver their work plans
- Lakes and Midland Palliative Care

### Why did you choose to work in this field?

I started working at HealthShare in 2002, firstly in Audit & Assurance then transferring to Midland Cancer Network. While I loved auditing, my real interest has always been around quality improvement and this was not part of the audit function. I also wanted to gain experience in change management so decided to apply for a Project and Service Improvement Managers role at the Cancer Network.

### What do you like about it?

I like the variety of work as well as the people I work with both in the cancer network and regional DHBs. I also enjoy being able to work with primary care providers and the community for the Kia ora e te iwi programme. Although our work is focussed on cancer, there is constant learning due to the wide range of portfolios we cover.

Working for HealthShare in both the audit team and the cancer network has provided me with several opportunities to broaden my knowledge base. During my time in the audit team, HealthShare sponsored me to complete post graduate studies in Māori Health Science, Lead Auditor training and has enabled me to continue professional development necessary to maintain my nursing registration. I was also fortunate to have an eighteen month secondment to the Northern Regional Alliance to establish a monitoring and reporting system for Aged residential care facilities. Working with another regional support agency was another great learning experience that was possible through HealthShare.

### What are the challenges of your job?

At times, there doesn't seem to be enough hours in the day to do my work but over time, I've learnt that work life balance is important. The ability to work remotely in Rotorua means I can be at home most days of the week and the amount of travel I do is reduced.

Building relationships I believe is one of the most important roles of my job is and at times, this can be challenging. However I find that when people understand that we are there to support and improve patient journey and outcomes, then they are more willing to participate in our projects.

### What do you do when you are not at work?

I am married with three adult children. My first mokopuna Oliver Mikaere Pore was born 30th August in Tauranga.

I performed with the Ngāti Kea Ngāti Tuara pakeke kapahaka team in March of this year at the Te Arawa Kapahaka Regional competition and for the last three years I've been involved in Rotorua Musical Theatre and had roles in Evita, Mary Poppins and more recently Dreamgirls.

I am a member of Te Ao Marama Choir and also do Cuban salsa once a week. Last year I was part of a group of students who were fortunate to travel to Cuba with our instructor from Havana. One of the most amazing countries I have visited largely due to the local people I met, the music, the architecture, working out that what we as tourists see and the reality for local people is different.



Dreamgirls cast



Dancing lessons with locals in Havana



Oliver Mikaere Pore



Ngati Kea Ngati Tuara Kapahaka with my son Hakopa

# Midland Cancer Network update



## Midland Bowel Screening Regional Centre Update

The Midland Bowel Screening Regional Centre assisted and supported facilitating the first face to face hui of the National Bowel Screening Māori Network (the network) held at Miramar Links Centre Wellington on Monday, 6 August 2018.

The network will provide 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 Māori, Pacific and Quintile 4 and 5.

A large turnout of representatives including the Bowel Screening Regional Centres, Primary Health Organisations, the Cancer Society, Community Services, DHBs and the Ministry of Health attended.

The New Zealand Director-General of Health, Dr Ashley Bloomfield, was also in attendance and reinforced the importance of the network during the roll out of the NBSP.

The network hui agenda included insightful learnings from each of the DHBs who have gone live or are planning for go live with the NBSP, a review of membership to ensure appropriate representation of the sector, a review and update of the Terms of Reference, and an election of two chairs, Dr Rawiri Jensen, Clinical Director, National Hauora Coalition and Ms Shelley Campbell, Chief Executive Officer, Cancer Society, Hamilton.



The network agreed to have two face to face hui annually followed up with two teleconferences in between. Dates are to be confirmed.

A National Bowel Screening Pacific Network will also be established and this network will be supported by the Central Bowel Screening Regional Centre.



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## Lakes Medical Oncology Service

### A patient centric view to treating patients closer to home

Dr Prashanth Hari Dass is the new resident Medical Oncologist for Lakes DHB who commenced employment in April 2018. Since his appointment, 85% of Lakes Medical Oncology first specialist appointment (FSA) patients are now being treated closer to home in Rotorua as opposed to travelling to Waikato DHB. Patients requiring combined chemotherapy and radiation treatment are still being seen in Hamilton. In an ongoing attempt to treat patients as close to home as practicable, virtual clinics have been commenced for stable patients and offered as an option to save them having to travel. Newly diagnosed cancer patients admitted to the hospital with advanced cancer are also seen promptly, with ward advice, investigation and guidance towards management provided to the medical and surgical teams.

Patients who are on surveillance or stable from recent clinic review are offered a virtual clinic appointment as an option instead of having to travel to Rotorua for review. This is offered to those patients living in Taupo or Turangi with the intent to be able to also offer these to Mangakino and Murupara patients in the near future. Another initiative to reduce travel time and additional clinic appointments for Taupo, Turangi, Mangakino and Murupara patients who are receiving chemotherapy in Rotorua is for clinic review by their specialist to occur during one of these treatments.



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# ► After 5 Telehealth Event

The annual 'After 5 Telehealth Event', held in the Atrium at WINTEC on Wednesday, 20 June 2018 was again, very successful. It was a co-hosted event between Waikato DHB and New Zealand Health IT (NZHIT). 81 attendees, from as far away as Auckland, Whakatane and Tauranga, braved the miserable weather to enjoy the hospitality offered, network with colleagues and be motivated by the stimulating presentations.

Our speakers were excellent. From Waikato DHB, the interim CEO, Derek Wright, presented 'Virtual health care within the Waikato DHB'. Deborah Mckellar presented 'Telehealth for speech language therapy - reaching the corners of the Waikato', and Kay Sloan from Springhill Corrections Facility presented 'Enhancing health consults with technology' the co-joint project which Waikato DHB, Spark, WINTEC and Springhill conducted successfully in 2017.

Other speakers were Jon Herries from the Ministry of Health, exploring 'How should we use machine learning safely and effectively in healthcare', John Ashley, Chief Operating Officer of Selwyn Village, spoke on 'Introducing the virtual health industry group', and a wonderful young woman, Kylee Black

from MYCARE. Kylee is in a wheelchair due to a connective tissue condition which will continue to worsen. She spoke on 'How technology empowers'. Kylee lives by herself, even though there have been many suggestions that she should be in care. She has her team around her, which includes a reliance on technology, and lives an amazing and independent life. Kylee had not long returned from a round-the-world trip, looking at how other countries manage disability.

The message which came from this evening was, Telehealth is being accepted as a very efficient way of delivering health service. It will continue to grow and expand the health service for the Midland region, in particular, Waikato.

A very enjoyable and informative evening. Thanks to Waikato DHB and NZHIT for their hospitality sponsorship. Many thanks also to WINTEC for their generosity in sponsoring the Atrium.

## Introducing... **Denise Irvine**

Telehealth Coordinator, Waikato DHB



### **What does your job involve?**

Increasing the uptake of telehealth to offer health care and information to patients of the Waikato DHB region, reducing travel for meetings and providing case discussion opportunities for a variety of clinicians.

### **Why did you choose to work in this field?**

I have always enjoyed opening up new possibilities of offering services. In a previous organisation I introduced education by the distance mode. This enabled rural nurses access to education.

### **What do you like about it?**

I really enjoy being able to provide access to health care, through effective use of appropriate technology for those vulnerable populations who would find it either not available or much more difficult to obtain.

### **What are the challenges of your job?**

Not all clinicians are as passionate about telehealth and making the patient journey easier as I am, so are not interested in considering offering their service through technology.

### **What do you do when you are not at work?**

Hiking, improving my cycling, enjoying my grandchildren.



#### **For more information contact:**

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# Flourishing Families Perinatal Kaiawhina

Adding different skills to the mix of service options

**Tina Berryman-Kamp MSocSci(Hons); DipPsych(Clin) – Clinical Leader, Flourishing Families**



Over the last year Flourishing Families, a community based Perinatal Mental Health Service in Rotorua, has been contracted to deliver Perinatal Support via a full time Kaiawhina. This role supports tangata whaiora within both Flourishing Families, which has a primary care early intervention focus, and the Perinatal Mental Health Team within the secondary Mental Health Service for Northern Lakes region.

The Perinatal Kaiawhina role is broader and more diverse than the support offered via the existing support services in the Lakes region. It is not mental health support, but fills the gaps that other services often don't address that are essential for perinatal clients – child care, assistance with housework, and general support focussed on enhancing self-care. There is no specific qualification; key requirements are the person skills – being approachable, respectful, understanding, reliable, flexible, optimistic, creative and enthusiastic. Where input from a mental health support worker is required, referral to existing agencies is still used, but is only accessible via the secondary Mental Health Service with a focus on more severe or complex mental health issues.

Over the last 10 months the Perinatal Kaiawhina has worked with 27 tangata whaiora and their whānau. Support is usually for 2-4 hours per week, based at home or within the community, over a period of 2-3 months. The support is closely tied in to the tangata whaiora management plan and is an integral part of this. Goals and tasks are determined by the tangata whaiora in collaboration with the clinician. Clear and regular communication between all parties has been an essential part of the process. The Kaiawhina attends a weekly meeting with the Perinatal Mental Health Team Leader and the Flourishing Families Clinical Leader to review all clients receiving support, and to adapt care plans in response to client need.

I asked the Kaiawhina – Melissa Valenzuela – to reflect on her work to date:

## **1. What drew you to the role?**

“A passion for children, having my own struggles and challenges as a young mother. I felt the need to reach out to other mothers who were maybe struggling alone, I didn't want them to feel isolated and alone in their feelings. Helping other mums and their babies within my own personal life gave me so much, I found it so rewarding which gave me the drive to reach out more. I wanted to see mums working together to boost their self-worth, confidence, and to take time out for themselves without the guilt.”

## **2. What have you learned from the role?**

“I have learned so much on so many levels, everything I have done I can use not only with work but also personally too through my interactions with my own family and children. I have learnt that working on and keeping a balance with our mental health applies to everybody, not only someone who has been diagnosed or struggling with depression or a mental illness should take care of themselves. A mental illness in the family can impact everyone, not just the individual, especially on the children, they are very vulnerable in this situation and their wellbeing needs to be kept an eye on too. The circle of Security is amazing and is such a fantastic tool in raising our children and also can be applied in our other relationships too. The first 1000 days in a baby's life is vital. I have learnt to 'be with' emotions a lot more, with my personal relationships and also those whom I work with, validating and reassuring is key.”





**3. What things have you done in your role?**

“With tangata whaiora: walking, exercise, cooking and meal prep, massage with mums and babies, cleaning and household chores, putting babies to sleep or allowing mum to sleep while caring for baby, bathing and changing baby, looking after siblings, playing, singing, reading books, having a cuppa, meditation and breathing, helping mum see their child as an individual. In addition, I assist with child care for the weekly Mother Matters group, attend the Flourishing Families open mornings and whānau days – to assist with children so parents can have a break, attend meetings with the wider community, do networking, have weekly supervision, and have ongoing professional development – attending courses, reading, doing on-line activities. I have also been involved in the ‘Wheke for Pepe’ project where we deliver crochet octopus to our Special Care Baby Unit.”

**4. What has been rewarding in the work so far?**

“Absolutely everything I have done this far has felt extremely fulfilling and rewarding, knowing I am making a difference in the mothers and families lives, seeing how they flourish throughout their journey through depression and other issues and come out the other side more resilient, stronger, more aware and confident.”

**5. What are the challenges?**

“Challenges are finishing up with a family when a connection is developed, I enjoy my time with the children and I find it hard at times to say goodbye. Sometimes when there are other issues within the family that can be problematic, I feel a little helpless in what further I can do, sometimes knowing there are boundaries to adhere to and only so much can be done.”

**6. What do you see your role brings beyond the usual Mental Health Service intervention?**

“I believe this role allows more of the time to connect, form a stronger trusting relationship with mother and baby and see more of what could be helpful, especially working with a clinician and being able to check in with concerns or ideas relating to the individual I am working with. Sometimes I see or observe things in the home that would not really be known if they were to go into a session somewhere else. We look at the individual as a whole, they have physical, spiritual and emotional needs, not just treat them with meds and send them on their merry way. We also have time to look at things holistically if the client wishes to do so.”

**7. What difference you think it makes to the whānau you work with?**

“I think it makes a huge difference, when mum feels fit, healthy, strong and in tune with her needs and why she is feeling the way she does, knowing she is not alone in her feelings lays the foundations for a clearer mindset and the family unit functions a little better. It develops an awareness for life that they matter, they are important and how they are feeling during such a difficult time will pass with time. I feel Flourishing Families give whānau a safe, comforting confidential place to share and feel at home when they are feeling distressed. It gives them some relief I believe in so many ways, even for the partners or husbands knowing there is someone for their partner to talk to or get extra hands on help if needed.”

## Contribution

From a clinical perspective, having the Perinatal Kaiawhina has been a wonderful resource. It has enabled a practical, holistic, option for whānau, who often lack the practical and emotional support that is essential in the postnatal period. The Kaiawhina is able to offer more time and to build a responsive relationship with tangata whaiora in the time and space that feels more comfortable. Her non-clinical but skilled approach has been welcomed by all, consolidating the messages and gains made from the clinical work. Having the Kaiawhina embedded within the service has been an important aspect of it working well, as has been extensive varied training and ongoing supervision from the Clinical Leader. Tim Gutteridge from the Perinatal Mental Health team has also appreciated having access to the Perinatal Kaiawhina when working with whānau with more complex needs, bringing a practical resource in to enhance parent and child wellbeing and interaction.

## Client feedback

Tangata Whaiora complete a session rating for each Kaiawhina visit. Ratings from these are consistently high – average 39.2/40 (SD .8). Further, written feedback provides more insight to the valuable contribution the Kaiawhina makes, as the following sample demonstrates:

“Was nice to have someone look after my baby so I could have some ‘me time’”

“They are really helpful to give motivation”

“It’s very helpful to have becoz after their support I start to go out and start to do my own work again”

“Very useful! Melissa helped me to view my baby as ‘my daughter’”

“It made me realize I had support and I wasn’t weird for my feelings”

“There was no judgement. Only kindness and personal interest”

## Summary

Over the last 15 years Lakes DHB has invested in innovative, community based responses to Perinatal Mental Health. The establishment of the Perinatal Kaiawhina embedded within and being an integral part of Perinatal Services has been a logical extension of this. It has highlighted the value of combining clinical services with non-clinical responses, offering a much broader, holistic range of options to tangata whaiora and whānau in locations that are comfortable to them. It is not about replacing clinical staff or services with non-clinical, but working in true partnership to better meet the needs of the whānau we work with, across the continuum. It is refreshing to have input from staff with different perspectives and skill sets, bringing personal and professional qualities to the workplace that enhance and develop the whole team. Hopefully we will see such initiatives being extended into other areas over time as we explore more creative ways to address the increasing demand on mental health services.

### Mental Health & Addiction Regional Network

The Midland Mental Health & Addiction Workforce Action Plan 2018-2020 has been completed. Project feasibility and mapping work is underway. The Plan is based on the National Mental Health & Addiction Workforce Action Plan and complements other ongoing work streams.

Health Quality & Safety Commission consultation workshop and teleconference with regional stakeholders held

Visit the Midland Mental Health & Addiction Regional Network website [www.midlandmentalhealthnetwork.co.nz](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.



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# Midland Trauma System (MTS)



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

Recently the MTS has been working on producing process indicator reports for each Midland DHB as part of the regional Trauma Quality Improvement Program (TQIP). This includes volumes and trends in trauma admissions, and allows measurement and tracking of agreed quality indicators to assess clinical and system improvement. The summary reports allow DHB staff to see what is happening in trauma so they can confidently engage in evidence-based change.

## Regional Trauma Roadshows

The MTS team have worked to bring “trauma roadshows” to each of the DHBs this year. Typically on this day we have had a corridor display to interact with staff and patients and also participate in Grand Rounds to highlight trauma in that district and where some of the challenges and opportunities lie.

We have been able to identify community groups at risk of injury, and guide DHBs towards providing targeted interventions. Importantly, the roadshows have revealed to other DHB staff what MTS personnel do and how their efforts are making a difference to their patients and communities.



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