

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 km², or 21% of New Zealand's land mass.



Stretches from Cape Egmont in the West to East Cape and is located in the middle of the North Island.

5

DHBs

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



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



951,965 people (2019/20 population projections), including 245,120 Māori (26%) and 43 local iwi groups.

Our six regional objectives

Health equity for Māori

Improve quality across all regional services

Integrate across continuums of care

Build the workforce

Improve data and digital services

Efficiently allocate public health system resources

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Midland DHBs and iwi join forces to eliminate health inequities

Raising the profile of Māori health and eliminating health inequities is the focus of a Memorandum of Understanding (MoU) between Midland district health boards (DHBs) and iwi representatives, signed at Te Papa-iouru Marae in Rotorua on 7 June.

The MoU between the Midland Region Governance Group (MRGG) and the Midland Iwi Relationship Board outlines how the two governance groups will work together to improve the health outcomes of Māori in the region.

Chair of the MRGG, Pauline Lockett says the MoU formalises a longstanding partnership between the two governance groups and reinforces their shared commitment to supporting the delivery of quality, patient-centred care.

Te Pora Thompson-Evans, Co-Chair of the MIRB shares this view.

“This MoU signifies five DHBs working meaningfully with iwi to eliminate inequities for Māori. It’s the first of its kind and we are

proud to have come this far, now we must push forward for our people.”

The Midland region is made up of five DHBs, including Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki and Waikato, and is recognised as having a much higher proportion of Māori than any other region in New Zealand.

Other distinguishing features of the region’s population include a high number of people living in rural areas and a higher proportion living in areas identified as high deprivation.

Ms Lockett says the diversity of the Midland region reflects the importance of working together to enable meaningful change. “Improving Māori health and

wellbeing is a key area of focus for all Midland DHBs and we recognise that a way to achieve this is by working with iwi to determine, participate and influence change at a strategic level.”

Aroha Morgan, Co-Chair of the MIRB says, “This historic MoU formalises a relationship based on partnership and goodwill whereby all parties will work together to co-design transformational strategies to achieve equity and improve outcomes in Māori health.”

The MRGG consists of the chairs from all five Midland DHBs while the MIRB is made up of the elected Chairs of the mandated iwi collectives representing Māori in the Midland region.



Midland Trauma System (MTS)



Safety not keeping up with cycling promotion

A study by Midland Trauma System's Neerja Singh, Natalie Joe, Janet Amey, Alastair Smith, and Grant Christey has found cycling safety measures aren't keeping pace with the push to get more people on bikes.

The study, published in the New Zealand Medical Journal in May, found cycling accidents resulted in almost 1,000 hospital admissions across four of the five Midland region District Health Boards (excl. Tairāwhiti) in the four years from June 2012.

The findings do not include data for injured persons who died prior to hospital admission, where the injury did not result in an admission, those cyclists only treated in primary care facilities, and those who sought no treatment at all.

Of the 998 people admitted to hospital, 81 were admitted with major injuries, and 60% of major cycling trauma occurred on the road, compared to almost 38% of all injuries.

The study found increasing rates of injury over time and sought to highlight the tension between the more 'now' promotion of cycling and the slower pace of infrastructure improvements that would make for safer cycling environments.

"At all government levels, cycling promotion often appears well ahead of implementation. The resulting timing lag could contribute to an increasing number of injuries, adding to the trauma burden in the community and to costs across the health system."

From the perspective of the Midland Trauma System, this timing lag deserves due consideration if the full range of cycling benefits are to be realised.

You can find out more by accessing the *Cycling-related injuries and cycling promotion: a trauma service perspective* item in the 3rd May 2019, Volume 132 Number 1494 issue on the New Zealand Medical Journal website: www.nzma.org.nz



Waikato Hospital achieves Level 1 Trauma Verification – a first for New Zealand

In March Waikato Hospital was formally recognised as a Level 1 trauma centre, the first in New Zealand. The Level 1 Trauma Verification was approved by the Royal Australasian College of Surgeons (RACS) Trauma Verification Committee in March.

Through a rigorous assessment and service improvement program, Waikato Hospital has demonstrated a full range of capabilities to provide optimal care for injured patients, from initial reception and resuscitation through to discharge and rehabilitation.

Waikato Hospital is one of the busiest trauma centres in New Zealand and clinical director Dr Grant Christey says the team is delighted to achieve Level 1 Trauma verification, the recognised gold standard for the delivery of best practice trauma care to injured patients in Australia and New Zealand. It is roughly equivalent to Level 1 verification in USA and Canada.

In another first for Australasia, the DHBs within the Midland Trauma System have all voluntarily undergone the first full regional verification review by the RACS team to raise the bar for trauma care across the region. Included in the system-wide review were Tauranga, Rotorua, Gisborne,



Taranaki and Whakatane and Waikato Hospitals.

“I want to acknowledge the enormous team efforts from all services in the Midland DHBs that have occurred since our first verification in 2007 to reach this level, both in the clinical work toward the highest levels of service, and to extend our capability and strengthen our processes and infrastructure,” says Dr Christey.

“A significant amount of work has been done behind the scenes to standardise clinical care, and build infrastructure including data systems, education and training resources, research capability and workforce development.

“The great benefit of the verification process is that we also learn about both our weaknesses and opportunities to reach higher

levels, and what we need to focus on moving forward. In many ways this is the start of a new phase for Waikato Hospital and the Midland region.”

The Trauma Verification program is a leading mechanism for quality improvement and endorsement of Australian and New Zealand trauma care.

Trauma verification is a multi-disciplinary inter-collegiate process that assists hospitals to analyse their systems of care. It covers all phases of acute care from pre-hospital through to discharge and identifies the strengths and weaknesses of the hospital's trauma systems. This allows hospitals to benchmark their services against international best-practice standards, helps save lives, reduce waiting times and lower costs.

Source: Waikato DHB Newsroom - <https://www.waikatodhbnewsroom.co.nz/2019/03/27/waikato-hospital-achieves-level-1-trauma-verification-a-first-for-new-zealand/>

One patient, one record, one region

The eSPACE Programme is making steady progress to realise the region's vision of one patient, one record following its latest offering.

Midland clinicians now have real-time access to national dispensed medication and limited, but increasing, electronic prescription data through the Midland Clinical Portal (MCP) – the region's solution to having a single, shared repository of patient information.

Delivered as an enhancement to the MCP, the functionality is a visual integration of a direct data feed from the New Zealand ePrescription Service (NZePS), an information system built by Whanau Tahī on behalf of the Ministry of Health.

NZePS data is collated by the Ministry to provide a near complete record of all community prescriptions dispensed around New Zealand to health consumers since 2013, including 3.7 million e-prescriptions and more than 78.2 million dispensing records.

Dr Ian Martin, Chair of the eSPACE Clinical Authority and Clinical Director Emergency at Waikato Hospital, says having visibility of this national data provides a more accurate insight into

a patient's medication history, supporting effective diagnostic and treatment decisions.

"Instances where a patient presents to the ED saying that their GP had given them a 'little yellow pill' is common," says Dr Martin. "Being able to determine what medication a patient is likely to be taking is critical in providing quality healthcare."

Other eSPACE Programme developments include the successful upgrade of the MCP to the latest version of operating software. This work is significant as it provides for the foundational work to support Midland district health boards to transition from their current operating systems and onto the MCP.

The Midland CEO Governance Group have also approved for the programme to take the first step in creating a business case outlining the feasibility of implementing an electronic prescribing and administration system for the region. The business case will be submitted for approval in August 2019.

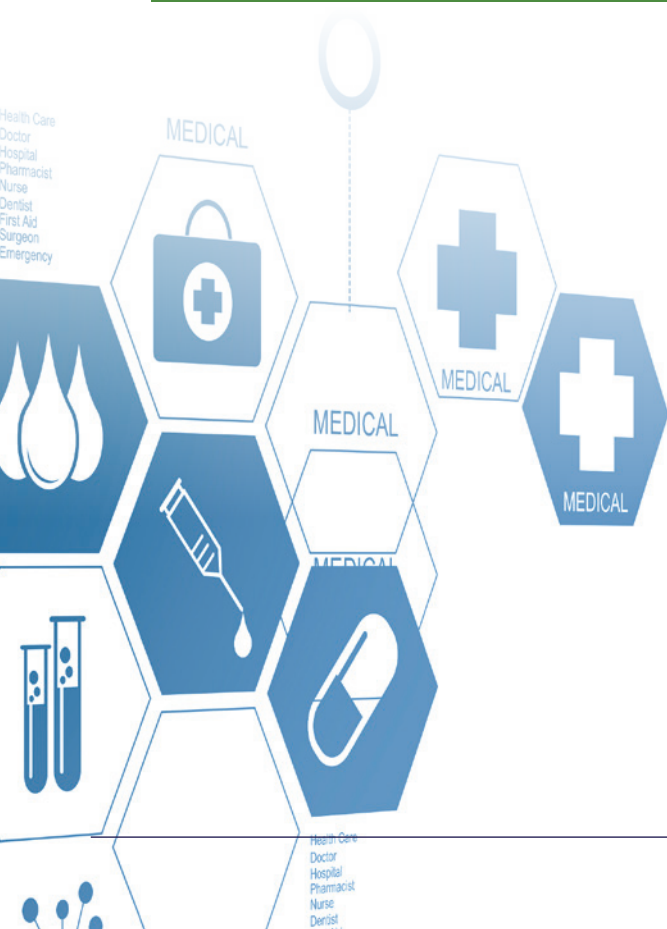


About the Midland Clinical Portal

The Midland Clinical Portal (MCP) currently provides read-only access to regional patient activity, including demographics, encounters, alerts and most clinical documents generated since July 2016. Ongoing enhancements are being made to this system that will further support clinicians to make sound clinical decisions, based on broader patient information that is relevant and easier to find.

Approximately 7,700 Midland clinicians have accessed the clinical information of more than 900,000 registered Midland patients, including more than 4.8 million clinical documents and nearly 5.4 million patient-related events that have been captured in the MCP.

The MCP will ultimately become the single point of access for patient information across all five Midland district health boards, including Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki and Waikato.



MIDLAND CLINICAL PORTAL

MAY 2019

USERS OF THE MIDLAND CLINICAL PORTAL

7719

The number of Midland clinicians accessing read-only clinical information.



MIDLAND REGISTERED PATIENTS



919,908

The number of registered Midland patients recorded in the Midland Clinical Portal.

PATIENT-RELATED EVENTS

5.4 MILLION

Patient events have been captured in the Midland Clinical Portal, including in-patient, out-patient and emergency events.



CLINICAL DOCUMENTS



4.8 MILLION

Patient-related documents from across all five Midland DHBs have been uploaded in to the Midland Clinical Portal.

ONE PATIENT ONE RECORD ONE REGION
POU TANGATA POU HEKE POU WHENUA

Ministry of Health role for Midland Cancer Network Clinical Director



Dr Humphrey Pullon

Earlier this year, the Ministry of Health appointed Dr Humphrey Pullon, Midland Cancer Network Clinical Director as one of three clinical advisors to the Ministry of Health's Cancer Services team.

Humphrey is a specialist haematologist based at Waikato Hospital, in Hamilton, where he has worked for over 25 years. Prior to that he trained in Auckland and at Kings College Hospital in London, before returning to New Zealand.

Humphrey has a strong interest in haemato-oncology, having developed and led the autologous blood stem cell transplant programme at Waikato.

He is an advocate for the regional delivery of specialist services, having run the Rotorua Hospital Haematology Outreach clinic for many years.

In 2012 Humphrey was appointed part-time Clinical Director of the Midland Cancer Network, where he has led numerous service improvement projects such as the Midland Faster Cancer Treatment programme. He is also a strong advocate for the accelerated roll out of the national bowel screening programme.

Inflatable colon draws people in to find out more about bowel cancer

Midland Bowel Screening Regional Centre purchased an inflatable colon earlier this year to support Midland DHB's in raising awareness about bowel cancer, prevention, early detection and promotion of the National Bowel Screening Programme (NBSP).

The colon provides a walk-through bowel showing the changes from healthy bowel, through the stages of pre bowel cancer (with polyps), to advanced bowel cancer. Feedback from health promotion staff in other regions who have used an inflatable colon at community events is that it attracts people because of its size, and they are interested enough to do a walk through. This provides the opportunity for health promotion staff to engage in conversation with people about the NBSP, address their concerns and correct any misconceptions about bowel health, cancer and bowel screening.

Midland BSRC Primary Care Project Manager Diane Casey says, "A big inflatable colon will attract attention and provide the introduction to

conversation in a much more effective way than a sign that shows a picture of a bowel.

"An understanding of bowel health and the benefits of screening will not only give our Midland population an opportunity for improved wellbeing but will also inform the younger generation so they can support their parents and grandparents to achieve a holistic healthy lifestyle."

The colon will be used by Midland health professionals in the community, health promotion activities and hospital settings.





HEP C

GET TESTED, GET CURED

First Taranaki pop-up clinics for Hepatitis C

Taranaki Base Hospital staged its first hepatitis C pop-up clinic in March, offering Alcohol and Drug patient's free point of care testing from Taranaki District Health Board (Taranaki DHB) and Midland region hepatitis C staff. Hawera Hospital followed suit in June with a free clinic open to patients, visitors and staff.

These pop-up clinics are two of many planned for the region, as Taranaki DHB works toward eliminating the hepatitis C virus from the region through collaboration with other health partners and services.

Taranaki DHB Hepatitis C Project Manager Jacqui Herrett says the first phase is to raise community awareness and offer screening.

"Around 50,000 New Zealanders have hepatitis C, but many don't know they have it as the symptoms are often subtle, like tiredness.

"You can get hepatitis C many ways, such as getting a tattoo, piercings or a blood transfusion pre-1992. But the most common is from sharing needles," she says.

"Hepatitis C is serious. It can lead to liver disease and/or cancer and, if left untreated, it can be deadly. But with new, better and easier treatments hepatitis C can be cured in 8 to 12 weeks.



"It doesn't matter how you got hepatitis C, what's important is getting cured so you can get on with your life. The great news is, there is a cure – treatment is easy to get and take."

PHARMAC is now funding a new hepatitis C treatment, Maviret, which has the potential to cure more than 99% of cases.

"The biggest issue now is finding those people who don't know they have the virus so we can treat them. The only way to know if you have hepatitis C is to get tested, so we encourage people to contact their GP or get into a pop-up clinic," says Mrs Herrett.

The next pop-up clinic at Taranaki Base Hospital will be held on Hepatitis C Awareness Day, 25 July, in the main entrance. This clinic will be open to the general public, patients, visitors and hospital staff.



◀ Taranaki DHB and Midland hepatitis C staff get ready for their first hepatitis C pop up clinic

New website and brochure helping to tell HealthShare's story

HealthShare launched a new website earlier this year, aimed at making it easier to find out more about HealthShare, its priorities, the work it does and the impact it has on people living in the Midland region.

One of the benefits of the new website is that it makes it simple for HealthShare staff to make changes, share relevant news, events and resources, and to update content regularly. It also includes a secure Members' Area, where Midland health professionals can access information and share ideas.

HealthShare also recently produced an 'Introduction to HealthShare' brochure, which provides key information about HealthShare in an engaging, easy to digest format.

You can visit the website at www.healthshare.health.nz and access the [brochure](#) from The Midland Region page in the Our region section.



Infectious diseases network for Midland region

Chief Executives of the five Midland District Health Boards have endorsed a proposal to form an Infectious Diseases (ID) network in the Midland region.

A unified approach to infectious diseases will offer significant benefits to the region. Addressing issues such as anti-microbial resistance through the development of antibiotic regional prescribing protocols, developing a regional after-hours service and strategic workforce planning, will support equity of access for the Midland population to this important service.

The ID network will meet at the end of July to set a work programme for the coming year.

For more information contact Joce Carr, joce.carr@healthshare.co.nz

Advance care planning campaign gets people talking about their future health care

The Health Quality & Safety Commission launched its Kia kōrero | Let's talk advance care planning campaign in Wellington on 19 February.

The launch was attended by Kirstin Pereira, HealthShare Project Manager Health of Older People, Lee Walters, Advance Care Planning Project Manager, Bay of Plenty District Health Board, Karlynn Earp, Advance Care Planning Adviser, Hauraki PHO and Kym Noske, Advance Care Planning Facilitator, Taranaki District Health Board, from the Midland region.

The campaign was intended to encourage people to plan for their future health care, and ran in the lead up to Advance Care Planning Day on 5 April. It featured the personal stories of six New Zealanders at different stages of life and wellness.

The campaign begins with the story of Arthur Te Anini, who has chronic obstructive pulmonary disease. Arthur says having an advance care plan is a huge relief to him, and he now feels he can get on with his life and not have to worry about things.

"This is my plan, it's been designed by me – not by the doctors, not by my children, but by me," he says.

Equally engaging and moving are the stories of Keri Kaa, Pusi and Sima Urale, Cheryl Cameron, Noel Tiano, and Clive Aspin and his partner Terry, who all had one thing in common – a commitment to be clear about their future health care, and to sharing that understanding with those who need to know.

Ms Pereira says, as far as she is aware, the campaign was the first national advance care planning campaign of its kind.

"The campaign was a brilliant piece of work, which was really well executed. The resources HQSC created were distributed to advance care facilitators with comprehensive information about how to use them.

"Ongoing, they will be used by the advance care planning facilitators to help continue raising awareness of advance care planning."

