

## What's happening in Taranaki's healthcare community







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# What is Health News?

As the funder of the majority of healthcare services in the community, Taranaki DHB works hard to provide the best service possible for those who need it. Learning from past experiences to make quality and safety improvements are a significant part of that.

All of our healthcare services undergo regular performance measurement and we operate within a culture of high expectations and innovation, however there is always room for learning and improvement. Like all other aspects of the DHB's performance, it is important that these improvements are shared with the community in an open and transparent way.

Therefore, on behalf of Taranaki DHB, I am delighted to present Health News, our fifth annual quality account. This document acts as an 'annual report' relating to quality and safety within both the DHB and our contracted community healthcare providers. It tells our story, demonstrating challenges, successes and the important partnerships we have within the Taranaki community.

We trust that you enjoy reading Health News and gain a greater understanding of how our local health system works, the staff that provide services and how this impacts on patients and their families.



**Pauline Lockett**  
Taranaki DHB Chair



**Rosemary Clements**  
Taranaki DHB Chief Executive



## FEEDBACK

We view Health News as an important opportunity to further engage with the Taranaki community. If you have any feedback on this document, or suggestions for the type of content you would like to see in future editions of Health News, please email [communications@tdhb.org.nz](mailto:communications@tdhb.org.nz)

# Health Targets

Taranaki DHB continues to work hard towards the national Health Targets as set by the Ministry of Health. These targets are indicative of a wide range of services and efforts in priority areas.



## Shorter stays in ED

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.

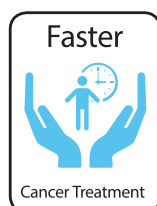
Target 95%	
Q1	94%
Q2	94%
Q3	92%
Q4	94%



## Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year.

Target 100%	
Q1	112%
Q2	112%
Q3	113%
Q4	114%



## Faster cancer treatment

The target is 85 percent 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 two weeks.

Target 85%	
Q1	74%
Q2	77%
Q3	72%
Q4	80%



## Increased immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time.

Target 95%	
Q1	92%
Q2	93%
Q3	92%
Q4	90%



## Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. This target has a new definition shifting the focus to the entire enrolled population of people who smoke and not only those seen in primary care.

Target 90%	
Q1	86%
Q2	86%
Q3	86%
Q4	87%



## Raising healthy kids

The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

Target 95%	
Q1	28%
Q2	36%
Q3	61%
Q4	88%

# Taranaki Health Action Plan achievements in 2016/2017

In late 2016 and early 2017 our DHB worked with stakeholders to compile the Taranaki Health Action Plan (our strategic plan). This aligns with the New Zealand Health Strategy and outlines the future direction for Taranaki DHB for the next 10 years with the inclusion of a roadmap of work for the next three years.

The Plan focuses on six areas:

1. Helping our people to live well, stay well and get well
2. Integrating our care models through a one team, one system approach
3. Using our community resources to support hospital capacity
4. Using analytics to drive improvements in value
5. Developing a capable, sustainable workforce matched with health need and models of care
6. Improving access, efficiency, and quality of care through the managed uptake of new technologies.

## Taranaki DHB has initiated three projects to date as an outcome of the Health Action Plan:

### Project Connect

In November 2016, Taranaki DHB and Pinnacle-Midland Health Network received the green light to initiate the operational project phase of Project Connect. The vision of this project is to improve the coordination of GPs, hospitals and community health services so patients connect with appropriate and timely care through one central point. Better sharing and accessibility of general practice and hospital records is one of the key ways to enabling more integrated care. It's a big project, but when we get it right it will improve information flow and collaboration between primary and secondary health services.

### Taranaki DHB working towards a single pathology and laboratory provider

In late 2016 Taranaki DHB confirmed its strategic intent to change the way Pathology and Laboratory Services are delivered in Taranaki, and move to a single laboratory provider for hospital and community services. The District Health Board agreed that in order for Pathology and Laboratory Services in Taranaki to be sustainable in the long term, the DHB required a "whole of system" approach and to achieve this it should consolidate services into a single, large processing lab, complemented by acute campuses, as required.

### Primary Care solutions for South Taranaki

Taranaki DHB along with the Pinnacle Midland Regional Health Network, local community leaders, local GPs and hospital staff have been considering a range of ideas and options to support a sustainable health service for the people of South Taranaki in the medium and long term. This work is ongoing.

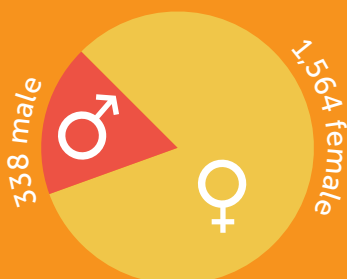
The move to a single service aims to improve co-ordination and performance of services across the whole system, provide a better experience for patients, increase equity and improve health outcomes, deliver services closer to people's homes and provide long term financially and clinically sustainable services.



# A year at Taranaki DHB

7

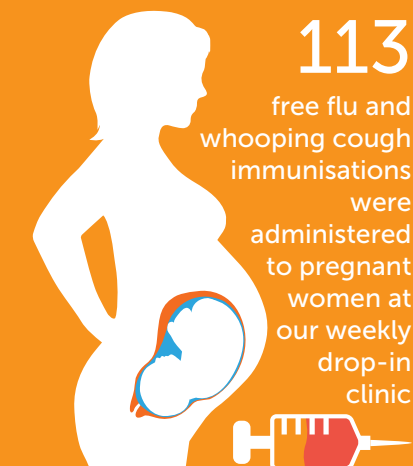
**1,902**  
members of staff



**1,350** babies were welcomed into the world



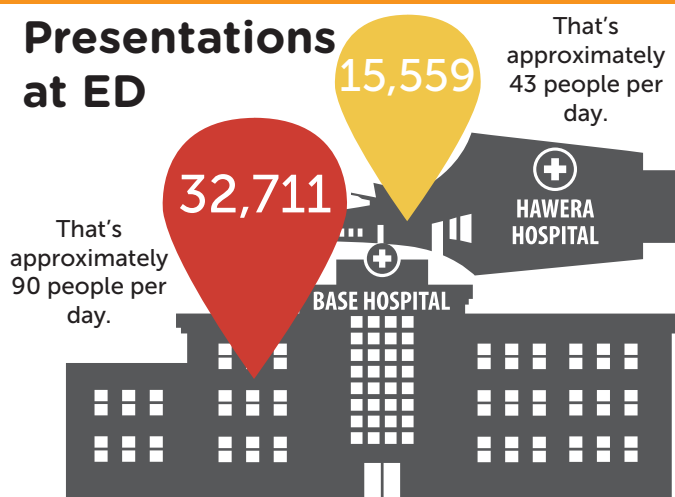
**256** babies were cared for in our Neonatal Unit



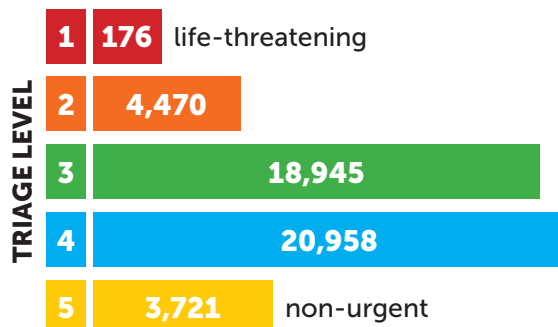
**264** new staff were recruited. This includes...

- |                           |                           |
|---------------------------|---------------------------|
| 15 junior doctors         | 13 specialists            |
| 18 registrars             | 8 occupational therapists |
| 30 health care assistants | 7 midwives                |
| 88 nurses                 | 30 admin staff            |

## Presentations at ED



## Of those who presented at Hawera and Taranaki Base Hospital EDs



**2,540**  
MRI scans



**36,615**  
x-rays



**3,180**  
surgeries



**1,048,961**  
lab tests



**1,092,000**  
phone calls received by our call centre (approx.)



**31,611**  
outpatient appointments



**2,248**  
patients were seen by a district nurse at home (approx.)



**24,082**  
patients in our inpatient (acute care) wards

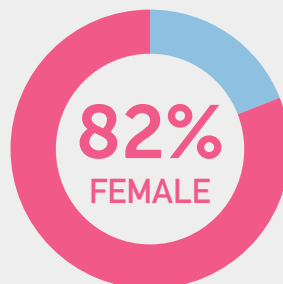
# Our people

Healthcare is about people helping people.

In Taranaki we have a great team of health professionals and support staff all working together to care for our community.

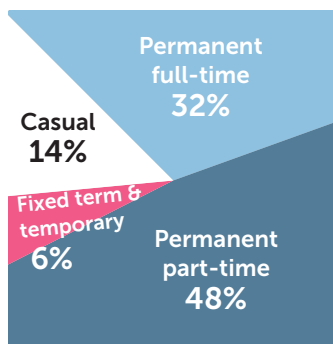
# 1,902

PEOPLE WERE EMPLOYED BY  
TARANAKI DHB IN 2016-17



# 717

NURSES



# 184

DOCTORS



# 138

HEALTH  
CARE  
ASSISTANTS

# 44

midwives

# 20

SOCIAL WORKERS

# 33

PHYSIOTHERAPISTS

# 36

SONOGRAPHERS &  
MRTS

# 27

OCCUPATIONAL  
THERAPISTS

# 28

Pharmacy  
employees



Taranaki DHB staff  
identify themselves as

# 1525

New Zealander

# 169

Māori

# 141

Asian

# 15

Pacific Islander

# 52

Not declared/other

# 16

DENTAL  
THERAPISTS

# 15

PSYCHOLOGISTS



# 12

DIETITIANS



# 5

Vision & hearing  
technicians

# 41

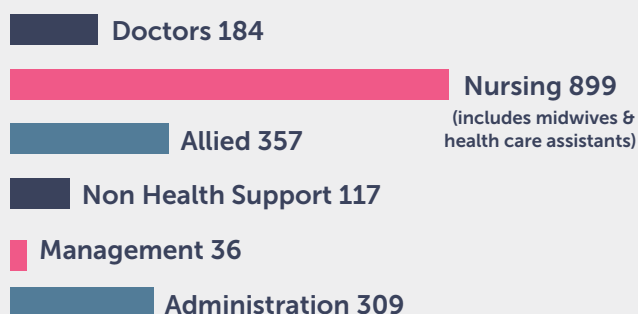
LABORATORY  
EMPLOYEES

# 12

CASE MANAGERS

# 5

SPEECH THERAPISTS





# Children benefit from coordinated health services

At the end of 2016, immunisation and other important health milestone data for more than 8000 Taranaki children (aged up to six years) were manually uploaded into Taranaki's online National Child Health Information Platform (NCHIP).

When the platform was launched in mid-2016, only data for babies born after that date were automatically entered. Now, the data for all Taranaki children aged up to six years of age will be available for the Taranaki health professionals treating them.

Having access to this information means that for the first time ever, Taranaki healthcare providers involved in a child's care will have a shared view of a child's

progress towards reaching all of their important health milestones, and of who else is involved in their care.

It allows early childhood health services to be delivered in a more coordinated way so that no child misses out.



**nchip** National Child Health Information Platform

## New career pathway for the nursing workforce

Taranaki DHB introduced a new career pathway for the graduate nursing workforce in 2017. At the conclusion of the 2016 new graduate programme, these nurses rotated to a new practice area to gain greater experience and knowledge at the beginning of their nursing career.

For example, if a graduate nurse was located in a surgical unit during training, they then moved on to a new practice area that has a stronger medical focus for the next 12 months. Cam Grant-Fargie, Taranaki DHB Nurse Entry To Practice (NETP) coordinator said, "It's new learning for the group which will give them a broader nursing experience and will help develop highly adaptable nurses."

Taranaki DHB is the only DHB that is currently undertaking a programme like this and the concept has had great support from the new nurses, current staff nurses and the nurse managers who helped develop the programme. We expect this to continue and be part of how our organisation supports the growth and development of nurses in Taranaki.



*Catherine Byrne (director of nursing, pictured middle row second from right) and Cam Grant-Fargie (NETP coordinator, pictured middle row right) with Taranaki DHB's 2016 new graduates.*



*L - R: Kaysha Penniall (project advisor), Nic Magrath (consumer advisor - Taranaki DHB Mental Health & Addictions) and Karen Wehle (project advisor).*

## Empowering patients in their pathway to recovery

Late last year Taranaki's Mental Health services launched the Recovery Action Plan/Health Passport (RAP/HP), a free booklet designed to empower mental health service users in their own recovery and to help them identify when deterioration in health might be occurring/possible.

The RAP/HP was produced as a collaborative project between Taranaki's mental health service providers and a large group of project advisors who are or were service users.

**"...this has been the reason I have maintained my mental health for the past six years."**

In the past there have been short plans developed by clinicians for use in the different NGOs and the DHB Mental Health & Addiction services. The RAP/HP is ground-breaking for Taranaki as it is the first health care document that was created with input from patients and that is used across all service providers in the region.

The following is a speech from Karen Wehle, RAP/HP Project advisor, which she gave at the booklet launch.

"My name is Karen Wehle. I am 65 years old and at this time a former user of Taranaki's mental health services.

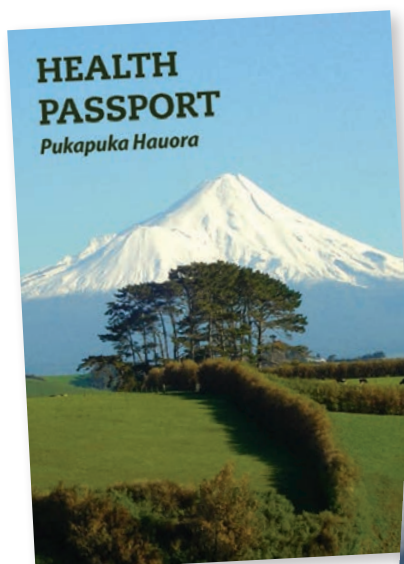
My first experience of Te Puna Waiora began in 2003 and continued until 2010. During these years I had some enlightening experiences and some really awful ones. Then, during one

stay in the ward, I was asked to help my keyworker fill in a wellness plan. At the introduction of this idea I just sat there while my keyworker asked a few questions and filled out a few pages of information.

To me it was just 'new age' stuff that I would file away with heaps of other paper work I had gathered. In hindsight it was the beginning of what would be one of the most empowering things I had ever done.

Several months later I came across this document at home. While reading through it I suddenly had a moment where I understood the power that this document could have for me. I sought out a new wellness plan, sat down and filled it out and this has been the reason I have maintained my mental health for the past six years.





It taught me to recognise my symptoms when I was becoming unwell and what I needed to do to stay well; however I often felt that it was incomplete. I've found the new Recovery Action Plan and Health Passport (RAP/HP) that Taranaki's Mental Health services have put together has covered all the things that I believe were missing.

**"It took away all my preconceived ideas about what they thought of me and my mental health. It brought about trust, understanding and an appreciation that I'd never imagined."**

It gives me a place to write down all my triggers and stressors, what medications I'm on, my physical history, how I want to be treated, what I want done if I get so unwell that I can't speak for myself, and other important things like who will feed

my cat, put out my rubbish, tell my family etc.

Filling in the RAP/HP has been a learning experience not only for myself, but also for my whānau and friends. In fact, I believe adding the whānau section has been the greatest gift I have ever been given because it gave me some precious insight into how my whānau and friends really feel and think about my mental health.

It gave them the opportunity to have input that they'd never had before. It took away all my preconceived ideas about what they thought of me and my mental health.

It brought about trust, understanding and an appreciation that I'd never imagined. From what my son and daughter have said it has been special for them as well.

It did the same for my friends and made me see that they saw me through when I was unwell with huge insight and compassion; something I never realised or even thought about until we worked through this book.

It has helped me understand who I am. It has also taught me what support I need, that I can manage my illness, that I do have the support of

family and friends (which is reciprocal as they now understand more about my mental health), my medications, all my warning signs, side effects of medication etc. These were all things we never discussed and the biggest reason why was fear; fear of judgement and what they would think or do.

Nothing is more empowering than care, love, understanding and being given the dignity of being able to make your own decisions with the backup of your whānau, friends and medical staff.

**"This book is a living document that gives me hope, empowerment and dignity. One cannot wish for more than this."**

I believe we all should have this book in our valuables cupboard, even those who do not have a mental illness.

When I am feeling low or depressed I get it out and am reminded that yes, lack of sleep is a trigger; get some help; have some sleep; slow down a bit; do some exercise (it does help!)

Most of all I believe it is what keeps me stable and in recovery - simple but true.

This book is a living document that gives me hope, empowerment and dignity. One cannot wish for more than this. So for this I say a big thank you to all those involved in creating the RAP/HP."



*The Come Hear Project team: Christiane Gomes - audiologist, Mary Bird - service improvement advisor, Hamish Clarke - audiology administrator, Raana Solomon - kaimahi hauora.*

## Improving health outcomes with the Come Hear Project

As we know the first six months of a baby's life is a critical period for learning, language and social development. Early detection and initiation of medical and educational interventions significantly improves long-term outcomes for children with hearing loss.

In 2007 the Ministry of Health and Ministry of Education introduced the Universal Newborn Hearing Screening Programme in all DHBs. The programme aims to:

- screen every baby by one month of age
- complete audiology assessments by three months of age
- initiate appropriate medical and audiological interventions and early intervention by six months of age.

In April 2016, Taranaki DHB's Audiology and Māori health teams launched the Come Hear Project, which aimed to improve health outcomes for Māori children by reducing DNA (did not attend) rates at DHB Audiology clinics to less than 10 percent by October 2016.

The project team developed a new process to identify children at risk/high risk of not attending their booked Audiology appointments, and implemented an organised attendance pathway.

From 2008 - 2015 the DNA rate for Māori was 20 - 31 percent per annum. In 2016, as a result of changes to the way the service engaged with whānau, the DNA rate dropped to 17 percent.

We have found that because numbers are small, DNAs continue to fluctuate, but overall show a downward trend. Most importantly, children have attended appointments who otherwise would not have.

The following story is one example:

Baby D, who is of Māori ethnicity, was born full term at another DHB as his birth mother lived in that region. Baby D did not pass his newborn hearing screening and had already missed two of his follow up appointments.

When Baby D was five weeks old, Taranaki DHB received an audiology referral from the other DHB, advising that he was now living in Taranaki with a new caregiver.

Baby D was booked in and his caregiver brought him to his first Audiology appointment 40 minutes late. The audiologist was unable to complete the assessment due to time constraints and another appointment was made which Baby D did not attend.

At that point, following the new process, the Audiology administrator immediately contacted kaimahi hauora from the Māori Health team who engaged early with Baby D's whānau. As a consequence, before he was three months old Baby D was brought to Audiology, diagnosed with hearing loss, fitted for hearing aids and referred to early intervention services.

Hamish Clarke, Taranaki DHB Audiology administrator says, "The new process of following up on DNAs early, with assistance from Raana and Denise in the Māori Health team, has definitely improved Audiology clinic attendance. The support Baby D and his whānau have received means they now make attending these appointments a priority."



# Mental Health facility receives top-of-the-line upgrade

In September 2016 Taranaki DHB began a major renovation of Te Puna Waiora (TPW), the Mental Health inpatient care facility at Taranaki Base Hospital.

TPW is a secure area set up to help people during times of acute psychiatric need; times when they may hurt themselves or others. Over 500 people use the facility each year and since it was last renovated 16 years ago it has become out-dated.

The renovations have provided Taranaki with a top-of-the-line mental health unit which offers the best care possible for people suffering with acute psychiatric issues.

A new floor plan has been designed to normalise the environment, making it less clinical and more comfortable and therapeutic. The design allows for greater engagement

between staff and patients. It also provides bigger spaces and separate areas for different patient needs, helping to protect the dignity of patients while ensuring whānau feel welcome and supported during their loved one's treatment.

Two main lounge areas have been created, along with a newer and larger courtyard with gardens and exercise equipment, a kitchen and two purpose-built sensory modulation rooms. These rooms provide therapeutic spaces where the lighting can be adjusted, music can be played and provide other sensory equipment such as aromatherapy, intended to provide a calming environment for service users.

Soothing colours, new carpets and comforting bedrooms with safe mirrors and wardrobes have also been included, which have been

designed to best mimic a home-like environment. This design makes people feel more comfortable and able to focus on their wellbeing.

The renovation would not be possible without support from the Taranaki community via the Taranaki Health Foundation's Open Minds Project, with funds raised going towards improving outdoor courtyard spaces, a fitness zone, appropriate furnishings, artwork, therapeutic and special sensory modulation resources and technology for the unit.



## Meeting the changing needs of our services

Taranaki DHB places great importance on ongoing review of, and improvements to services. The processes that happen behind the scenes are no exception. This year Taranaki DHB undertook a project to redevelop the daily operations meeting to meet the changing needs of the organisation and the community that uses its services.

The meeting is designed to inform and manage the day-to-day operations of the hospital to optimise safe and efficient care.

While this meeting has progressed from its beginnings in 2009, those involved identified areas where more efficient and effective planning

and forecasting could enhance the efficiency and safety of the DHB as a whole.

A review took place and the following improvements were implemented:

- Expanding the membership of the meeting to include Allied Health, Medical Management, Theatres, Maternity, Endoscopy, and Hawera Hospital.
- Change of meeting time to 11am to allow more time for information gathering in the morning and a wider attendance from all clinical areas.
- Development of a reporting template to guide more effective sharing of information and decision-making.

- Development of a Standard Operating Procedure to guide the meeting.
- Implementation of a Friday planning meeting to assist in planning for the next week and to reflect on the week that has been.



# Roadshow highlights free and low cost maternity support services



A range of free and low cost support services for those planning a pregnancy, expecting a child, or with young children were on show at the Taranaki Maternity Services Roadshow in Waitara.

Christine Strydom, Taranaki DHB Maternity services consumer representative said, "The roadshow was a fantastic opportunity to bring people together. It allowed those in the community to easily engage with a variety of support services that are essential for the health and wellbeing of the whole whānau during pregnancy and thereafter."

The event included midwives and support services such as La Leche League, Tui Ora, Home Birth Aotearoa, Breastfeeding Peer Support, WellChild, Women's Refuge, Plunket and many more. Those who attended were surprised at just how much free support is available throughout Taranaki. In future the event will also be held in other parts of the region.

## Rotary and Taranaki DHB team up to beat prostate cancer

A one-off partnership between Taranaki DHB and Rotary Taranaki means Taranaki men will be able to receive prostate cancer diagnosis and treatment much faster than before, thanks to the donation of a \$45,000 transrectal ultrasound (TRUS) machine.

Prostate cancer is the most common form of cancer among New Zealand men, with around 3000 diagnoses and 600 deaths from prostate cancer each year. Prior to the DHB having its own, a TRUS machine was leased which meant the service was limited to just one uro-oncology session per month.

Having the machine permanently at Taranaki DHB will mean sessions can be held more regularly and ultimately



**Members of Rotary Clubs and Taranaki District Health Board staff with the transrectal ultrasound machine.**

improve the diagnosis of prostate cancer and health outcomes for a lot of men in the Taranaki community.

Funding for the machine was provided by fundraising efforts from the Rotary Clubs of Taranaki, as well

as a contribution from the Okato Lions Club. These organisations were approached by Taranaki DHB's Urology Department as part of a service improvement project aimed at speeding up the process of prostate cancer diagnosis and treatment.



# Pioneer support programme for men with prostate cancer

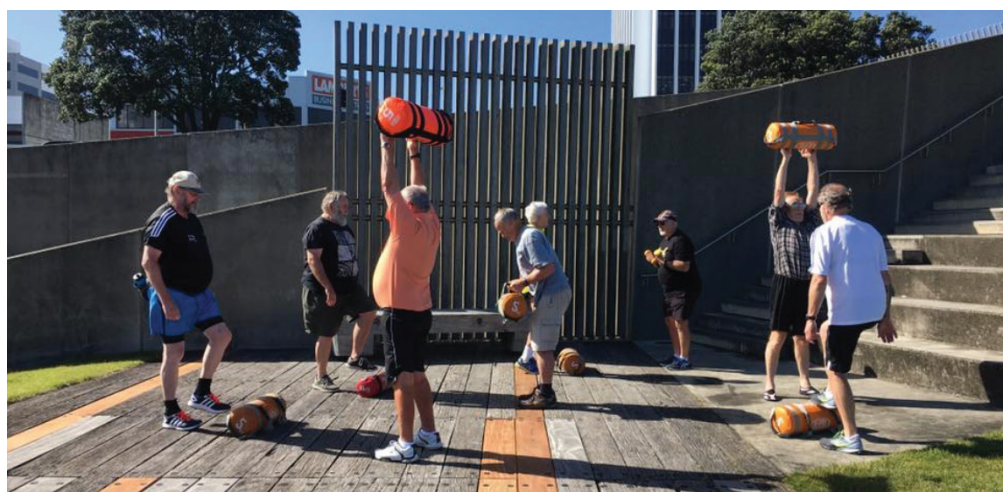
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Evidence from recent studies show that people with cancer who exercise will experience better treatment outcomes and have a lower relative risk of disease recurrence after treatment than those who don't.

In fact, men with prostate cancer who exercise more than three hours per week lower their relative risk of dying of prostate cancer by 61 percent. The physical activity has been shown to limit treatment side effects, improve quality of life and potentially change the way cells behave – altering disease progression.

It was these findings that drove Jenny Corban, Taranaki DHB Uro-oncology coordinator, with the support of the Taranaki Cancer Society, to start a fitness programme for Taranaki men diagnosed with prostate cancer.

"We're doing an excellent job of detecting and treating prostate cancer, but many men find it hard to cope with the life-altering side effects. The rate of depression in men with prostate cancer is double that of the general population and we were having real trouble persuading them to go to the local prostate cancer support group. This told me that support wasn't being offered in a way that was attractive to them," said Jenny.



Almost all of the side effects of prostate cancer treatments are improved with regular exercise, so a support group that didn't present as one, that would reap the benefits of exercise was needed.

The first intake had eight men enrolled and the feedback was overwhelmingly positive. As a result a regular fitness group now runs twice a week. They do a range of activities including cardio, strength work and other activities such as Pilates. This is always followed by a coffee together afterwards.

The men love the classes and even when they are not running (e.g. holiday breaks) they've continued to meet and exercise together. They also meet regularly for dinner with their wives as well so it has been a great way for them to receive support they feel comfortable with, from others going through the same experiences.

When asked how the group exercise sessions impacted their lives, here's what the members had to say:

**"It gives me a purpose when I get out of bed, makes me more motivated all day."**

**"It got me off the chair after having depression. It's about doing something about it for yourself."**

**"Meeting other guys in the same boat, you know you're not the only one, you know your situation is not unique."**

**"Not only do I feel better within myself but I have now been encouraged to put in a greater effort and walking longer and on all sorts of terrains when out walking my dog each day. I also enjoy the company of other cancer sufferers as we can all relate to each other, and I don't feel that I am the only one with cancer. I am sure that I can speak for all members of the group on how beneficial it has been to all of us to get fitter."**

The concept was presented at the Australia and New Zealand Urological Nurses Society (ANZUNS) conference earlier this year and it won an award for best paper. The programme has been such a success that it is hoped it will become a standard of care throughout the country. Already Wanganui Cancer Society are planning to start a group and physios and nurses in Auckland and Tauranga have shown interest.







## Pop-up immunisation clinic proves popular

To celebrate 2017 Immunisation Week, a community pop up clinic was held at the Māori Women's Welfare League in Waitara. This was the first of its kind run in Taranaki and it proved very popular with local residents.

The clinic was a collaborative initiative between Taranaki DHB, Tui Ora Ltd, Māori Women's Welfare League and Pinnacle Midlands Health Network to help raise awareness of the importance of immunisation in the community.

Over 70 people received free immunisations at the pop up clinic, including the parents, children and the elderly. They were treated to kai and a cup of tea, while having public

health nurses on hand to offer health advice.

Mel Hurliman, Taranaki DHB immunisation co-ordinator said, "It was great to have a presence in Waitara and give free influenza vaccinations, childhood and pregnancy immunisations for protection against influenza, whooping cough, measles mumps and rubella (MMR)."

"Immunisation is the best way to protect your family/whānau from the serious effects of some diseases and is recommended by health professionals."

A family of four generations took

the opportunity to be immunised against flu and have their children's vaccinations updated. Pat Lambert, her daughter, granddaughter and great granddaughter (pictured below) joined in the celebrations, agreeing that immunisation was important for all families.

Mrs Lambert said, "My great granddaughter has endured two heart surgeries, so keeping her safe and healthy is a high priority."

Taranaki DHB would like to thank everyone involved who helped make the clinic a success. It is hoped that more pop-up clinics will be run in the future, including in other parts of the Taranaki community.



*Top: The Immunisation team with members from Taranaki DHB, Tui Ora and Pinnacle Midlands Health Network.*

*Left: Four generations of the Lambert family were all immunised.*

*Above: Nurses give free vaccinations.*



# Whānau Hāpai uplifts families

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Local iwi are working together to turn around the lives of Taranaki whānau with young children. A new service called Whānau Hāpai sees Tui Ora, Ngāti Ruanui and Ngā Ruāhine collaborating so collectively they can make a difference.

It started in May 2017 and focuses on whānau in Taranaki with children aged up to five years, particularly those with high and complex needs. It helps to build healthy, engaged whānau so pepi and tamariki have the best start in life.

To do that, three new staff called kai hāpai support whānau who often face barriers in accessing health and social services. The programme is voluntary and the whānau must be ready to make long-term changes.

“They are supported on their journey by a plan that sets out targets and milestones,” said project manager Hinenui Wano-Bryant.

Long-term, all three organisations involved want to embed a whānau-

centred, holistic way of working across all services, which means other staff will better understand how they can play a part in supporting and enabling whānau.

Part of the role of Whānau Hāpai is helping other agencies and organisations understand what the service is all about and how they can also make their services more whānau focused.

“It’s about building relationships with external agencies such as Work and Income NZ (WINZ) and them understanding how they can make the system best work for whānau. Mobile services, office sharing, prioritising whānau appointments –



*The Whānau Hāpai team, pictured above (L - R), are Carmen O'Carroll - Tui Ora, Peter Hokopaura - Ngāti Ruanui and Julie-Anne Barney-Katene - Ngā Ruāhine.*

it all plays a part in whānau moving forward and transforming their lives for greater long-term wellbeing,” said Hinenui.

Whānau Hāpai will not duplicate existing programmes already operating in the community such as those focused on parenting or budgeting – instead it will ensure it can better connect whānau to them.

## From Hardship to Hope Kids' Health Fund

Launched in October 2016 by the Taranaki Health Foundation, this new project was developed to strengthen Taranaki families throughout their children's medical journeys, ensuring they are better placed to cope and help their children heal. The need for this fund arose from hospital staff that highlighted the many challenges faced by patients/families that experienced stress and hardship because of the medical journeys they find themselves on.

Since January 2017, the fund has assisted 50 families with food and/or petrol vouchers to reduce the financial stress caused by the cumulative pressures of having an acutely sick child in hospital.

Hospital transfer is the second area of need, which has been very important to support families leaving the region for specialist treatment. A joint Taranaki Health Foundation and Taranaki DHB Committee has been established to ensure donor accountability and transparency over funds raised and distributed.



# Patient feedback



"I would like to thank all the team at Taranaki Base Hospital. I had two stays over the last two weeks both in the Emergency Department (ED) and the Coronary Care Unit. What an incredible team - from the doctors to the orderly and cleaners - so friendly and helpful. The food was tops. I want to give you guys a huge big yes from me and my family. Cheers and thanks."

**- Brian Dearden**

"My partner had surgery on his ankle. As soon as we got there they offered me things to keep me comfortable while they dealt with him. Always checking if we were ok, giving my partner the best care he could get. Big five stars! Thanks guys for the amazing job you've done!"

**- Zandra Rose**

"My mum had a cataract removed from her eye approximately two weeks ago. All the staff in the Post Anaesthetic Care Unit and those involved in the follow-up care she received the next morning were awesome. And she can see now!"

**- Wendy Gooch**

"Having had cause to visit Taranaki Base Hospital during the last month both, as a visitor and as a patient, I was delighted with the ease of parking! Well done to whoever sorted this. Thank you!"

**- Gloria Holland**

"As a recent patient in Ward 3B I would like to thank the staff of Day Ward, Theatre and Ward 3B for their fabulous care and respect I received throughout my stay. The hospital, staff and facilities are a true credit to the Taranaki community. Many thanks to you all."

**- Rosie Gargan**

"I wanted to send a message to say what a wonderful experience we had this past Friday when my daughter received grommets as a day patient. The team were absolutely amazing and really put my wee five year old at ease. All staff were wonderful with all the children. From the play specialist who sat at the children's level and talked them through the process with pictures. They were then given so many goodies to keep them entertained during their wait and were really made to feel special. Daisy was even given a doll that she could colour in for her little brother.

Our nurse was Rachel Toon and she was so attentive and just plain wonderful! Daisy's quick surgery was a success and she was so excited to receive an ice block and a special knitted teddy from a kind soul who knitted them for the children. As we were leaving Daisy told the team that this was the best day ever. Thanks so much to the team for making a somewhat scared and anxious wee girl so at ease."

**- Kirsten Gilberd**

"Excellence personified! Thank you, especially Crystal at the Cardiology unit. You guys are really committed and attention is unsurpassed. Very grateful to all."

**- Kay Lynskey**

"I want to thank all the staff in ED who assisted me today. The staff who dealt with me were so kind and generous of spirit. They gave me assurance and every one of them asked if there was anything else that they could do to assist me. The lady in reception helped with my forms, the nurses were so kind and professional, and yet they could still have a laugh with me. The young woman in Radiology was also so proficient as well as gentle."

**- A-Marah Kirkwood**

# Are you parking in the right spot?



Taranaki DHB launched a new parking campaign called 'Are you parked in the right spot?' which reviewed and reallocated parking spaces at Taranaki Base Hospital to improve parking for patients and health-related visitors.

Anne Kemp, Taranaki DHB Quality & Risk general manager said, "The campaign was introduced as a direct result of feedback from patients and concerns from staff about the difficulties patients faced in finding car parks to attend appointments."

"We take these concerns very seriously. Providing patient and whānau-centred care is our priority and that includes the provision of adequate parking for our patients and health-related visitors now and into the future," added Ms Kemp.

The campaign focussed on educating staff and the public about parking allocation, as well as the wide range of locations on our campuses where parking is available.

A number of improvements were made in preparation for the campaign launch. Car parks were repainted, with additional parks allocated for patients and health-related visitors. This includes additional mobility and parent & baby car parks.

New signage was also installed and a flyer drop on cars parked in patient/health-related visitor car parks took place throughout the campaign to promote blue car parks being for patients and health-related visitors only.

## Parking maps



Parking maps are available in the [Patients and Visitors section of the Taranaki DHB website](#).

We encourage patients, staff and visitors to look at these prior to visiting our hospitals.

## Wahine Toa Project an oral health success

In a perfect world people would seek dental care before pain arises. But this is simply not an option for those who can't afford it.

Taranaki DHB dental therapist Deneille Walden recognised a need in the community, so she applied for funding, securing \$1600 towards the Wahine Toa Project, an initiative to assist low income young mothers to visit the dentist.

"We were tired of being the ambulance at the bottom of the cliff, so it was important that we supported and made a difference to the oral health of young mothers, because if they're happy and healthy

they'll be more able to look after their families' oral health needs," said Denielle.

Young mothers who had been identified by Tui Ora nurses were offered two free 30 minute sessions to address their oral health needs, make sure their children were enrolled with a dental health provider and that they were attending their dental appointments.

Mum of five children, Emma Anderson, took advantage of the dental care after continuous problems with her teeth. With a busy household to run she had put her own oral health care on the back



Emma Anderson of New Plymouth (aged 26) – mother of five children.

burner, but having had two teeth extracted and some fillings, she is determined to get her oral health 'back to normal'.

Denielle's hope is that the clinics are successful enough to continue getting funding so they can be offered free once a year. In the meantime Taranaki DHB offers an emergency clinic for community service cardholders at a discounted rate every Friday morning.



# Giving patients a voice in future healthcare

With a background in critical care, Claudia Matthews, Taranaki DHB's Advance Care Planning (ACP) facilitator found that all too often patients lie incapacitated in Intensive Care Units unable to voice their treatment preferences; often with family geographically spread far and wide making decisions about their loved-one's end-of-life care without prior discussion.

Claudia's appointment at the end of 2016 signaled the start of a major project to promote ACP in the Taranaki community. The ACP process helps people, their families and their healthcare teams plan for future and end-of-life care. This makes it much easier for families and healthcare providers to know what the person would want, particularly if they can no longer speak for themselves.

The project has been a success so far, with implementation of ACP into hospital processes, and the primary health sector (GPs) now going through the plans with patients and ensuring copies are added to DHB records to assist hospital staff with any future admissions.



## ACP in action

*"Together Ian\* and I completed his ACP. He was a client I had been working with for some time so he felt comfortable discussing and documenting end-of-life care with me. He had recently moved into a rest home and was very clear about what healthcare he wanted, where he wanted to be and his funeral arrangements. His family were supportive of his wishes and helped him complete the ACP. He was adamant he never wanted to go to hospital again. He was focused on quality of life and felt the rest home provided this. He had made friends and enjoyed the meals.*

*On Saturday Ian's sister came to visit and he gave her a copy of his completed ACP; they enjoyed the morning together. On Sunday, he suffered a neurological event and became unresponsive. Rest home staff consulted the family who referred to the ACP. Ian was started on a palliative pathway, rather than being sent to hospital. He was kept comfortable and passed away peacefully on the Monday morning in the rest home with family at his bed side just as he had wanted. Family and staff were very pleased he had done his ACP as it provided a guide to the treatment he wanted. This reduced anxiety and fear amongst the family as they knew they had done the right thing by Ian and prevented an unnecessary hospital visit."*

*- Taranaki DHB social worker*

*\*pseudonym used*



# Patient Safety Week 2016

Every year Taranaki DHB celebrates national Patient Safety Week (PSW). The theme for the 2016 event was again 'Let's Talk', with several topics in the spotlight for staff and patients.

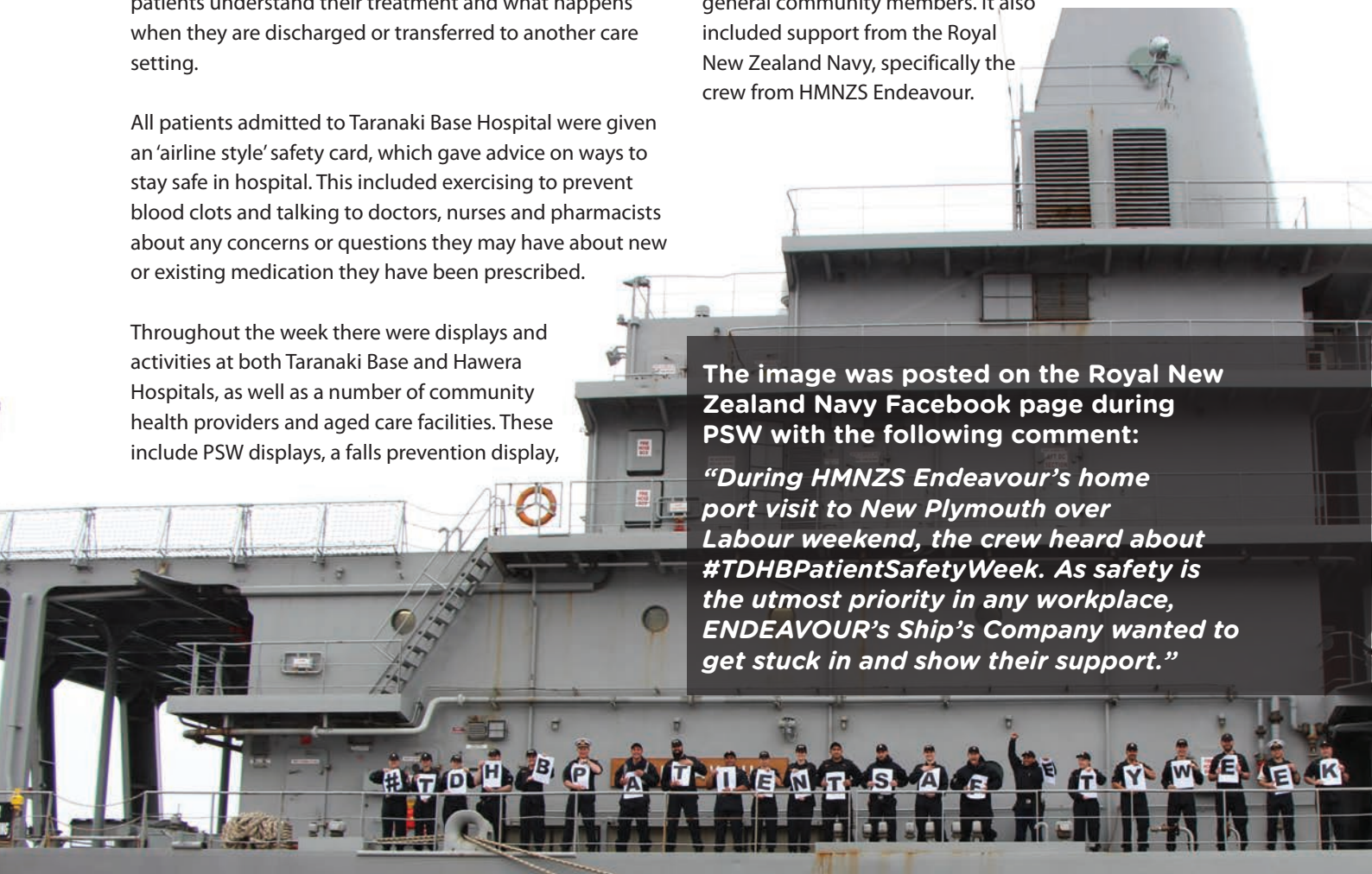
These included falls prevention, encouraging discussion with patients and whānau around what's important to them in healthcare, advance care planning, checking patients understand their treatment and what happens when they are discharged or transferred to another care setting.

All patients admitted to Taranaki Base Hospital were given an 'airline style' safety card, which gave advice on ways to stay safe in hospital. This included exercising to prevent blood clots and talking to doctors, nurses and pharmacists about any concerns or questions they may have about new or existing medication they have been prescribed.

Throughout the week there were displays and activities at both Taranaki Base and Hawera Hospitals, as well as a number of community health providers and aged care facilities. These include PSW displays, a falls prevention display,

patient safety videos, an Instagram selfie competition, a Spot the Difference Competition, a pop up tea 'shop', and speech bubbles with messages from staff and patients about patient safety.

A highlight of the week was the great support received from the community, including our Board members, local politicians and councillors and general community members. It also included support from the Royal New Zealand Navy, specifically the crew from HMNZS Endeavour.



The image was posted on the Royal New Zealand Navy Facebook page during PSW with the following comment:

*"During HMNZS Endeavour's home port visit to New Plymouth over Labour weekend, the crew heard about #TDHBPatientSafetyWeek. As safety is the utmost priority in any workplace, ENDEAVOUR's Ship's Company wanted to get stuck in and show their support."*

Overall the week was a great success, with the HQSC website again profiling the great work done here at Taranaki DHB to highlight the many safety messages to both staff and patients.



Some of our lovely student nurses manning the PSW display



## Taking healthcare services to the community

Taranaki people living with long-term health conditions will get greater support in the community thanks to the launch and ongoing funding of the Long Term Conditions (LTC) programme run by Taranaki's Primary Healthcare Organisation, Pinnacle Midlands Health Network.

Funded by Taranaki DHB, the programme offers a multi-disciplinary team (MDT) made up of a clinical pharmacist, social worker, dietitian and a podiatrist who work with patients who have either been diagnosed with a long-term health condition, or have been identified as being at high risk of developing one.

Māori and Pacific people are over represented in these statistics, which in some cases can be attributed to decreased access to services. Patients referred by their General Practitioner (GP) to the MDT team receive individualised services, delivered in a setting that suits them best. This is most commonly at the general practice or the patient's home, increasing equity of services



*MDT team members from left to right – clinical pharmacist Tess James, podiatrist Karyn Lehrke, social worker Hannah Gulliver and dietitian Scott Campbell.*

throughout the region and breaking down barriers in accessing healthcare.

At the last reporting, the service has been very successful with 1,782 contacts with 951 patients, far exceeding the six-monthly target of 1,336. GPs are enjoying the ease of making one referral into the MDT,

compared to individual referrals to each discipline, and note this has streamlined the service for patients. Those involved in the service are thrilled that it has been recognised as a robust example of integration between primary (GPs) and secondary care (hospitals).

## Putting the HEAT on health inequalities

Reducing inequalities in health is a priority for Taranaki DHB, and to do this the organisation has introduced the Health Equity Assessment Tool (HEAT). This tool is used when planning services, and puts health inequality at the forefront so that Taranaki people throughout the community receive services appropriate to their needs.

Assessing services in this way can significantly transform the way in

which they are delivered, helping achieve health equity for Māori and other patient groups such as those on low income, rurally isolated or with disabilities - just some of the groups who may find it difficult to access health services or have high health needs.

By combining research, data and patient experiences, Taranaki DHB has led the way over the last 12 months with its in-depth application of the

HEAT to DHB services and other aspects of community health.

These include Taranaki DHB's Uro-oncology service, breastfeeding rates, hospital admissions for serious falls injuries to children under five years, and childhood immunisations. Improvements have been identified for these services/areas and work is now in progress to implement these changes.





## Innovative training proves popular with junior doctors

Taranaki DHB's Acute Skills Teaching Programme for first year doctors is attracting international attention and has contributed to the DHB being voted second most preferred hospital by graduating doctors in 2016.

Developed by award-winning anaesthetist and Intensive Care specialist Dr Jonathan Albrett, the programme teaches supplementary skills through simulation of real life healthcare situations. This is based on local and international data that showed the majority of first year doctors often feeling under-prepared when caring for acute and deteriorating patients independently.

**"Caring for acute or deteriorating patients can be challenging, and no amount of study can prepare them like simulating real-life experiences can"**

"These doctors have trained hard for six years and are very capable; they also have plenty of support via consultants who they can call at any time for advice. However, caring for acute or deteriorating patients can be challenging, and no amount of study can prepare them like simulating real-life experiences can," explained Dr Albrett. This innovative on-the-job training helps doctors quickly identify,

escalate and treat patients with deteriorating health, enabling greater health outcomes for patients.

"Once I had the idea, I spoke to my manager and they supported it. I got the programme up and running and it works and has definitely added to the quality care and improvement culture our DHB adheres to," Dr Albrett added.

# Save ED for Emergencies



For non-urgent health issues

- Call 0800 Healthline
- Visit your GP or pharmacist
- Go to MediCross or Phoenix Urgent Doctors

**For serious and life threatening illness or injury go to ED**



Visit your GP, renew your prescriptions and make sure you are up to date with tests before Christmas.

If you arrive at ED with a non-urgent health concern, you may be redirected to a GP.