

Hospitals Advisory Committee Agenda



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|------------------|---|--------------|---------|
| Location: | Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON | | |
| Date: | 26 February 2020 | Time: | 10.30am |

| | |
|-----------------------|--|
| Commissioners: | Mr A Connolly, Deputy Commissioner (Chair) Dr K Poutasi, Commissioner Mr C Paraone, Deputy Commissioner Emeritus Professor M Wilson, Deputy Commissioner Ms TP Thompson-Evans, Chair Iwi Māori Council Ms R Karalus Dr P Malpass Mr J McIntosh Mr F Mhlanga Ms G Pomeroy Mr D Slone Ms J Small Mr G Tupuhi |
| In Attendance: | Mr K Whelan, Crown Monitor Dr K Snee, Chief Executive Ms L Singh, Executive Director Hospital and Community Services and other Executives as necessary |

| | | |
|---------------------------|--------------------------|------------------------|
| Next Meeting Date: | 22 April 2020 | |
| Contact Details: | Phone: 07 834 3622 | Facsimile: 07 839 8680 |
| | www.waikatodhb.health.nz | |

Our Vision: **Healthy People. Excellent Care**

Our Values:

People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

Hospitals Advisory Committee Agenda



Item

1. Apologies
2. **INTERESTS**
 - 2.1 Schedule of Interests
 - 2.2 Conflicts Related to Items on the Agenda
3. **MINUTES AND MATTERS ARISING**
 - 3.1 Minutes (draft): 23 October 2019
4. **EXECUTIVE DIRECTOR HOSPITAL AND COMMUNITY SERVICES**
 - 4.1 Presentation: Access Improvements
5. **DECISIONS**
6. **DISCUSSION**
7. **INFORMATION**
8. **GENERAL BUSINESS**

NEXT MEETING: 22 April 2020



Apologies



Interests

SCHEDULE OF INTERESTS FOR HOSPITALS ADVISORY COMMITTEE MEETINGS TO FEBRUARY 2020

Dr Karen Poutasi

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
|---|---|---|---|
| Commissioner, Waikato DHB | Non-Pecuniary | None | Refer Notes 1 and 2 |
| Member, Finance Risk and Audit Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Chief Executive Officer, NZ Qualifications Authority | Non-Pecuniary | None | |
| Deputy Chair, Network for Learning | Non-Pecuniary | None | |
| Daughter, Consultant Hardy Group | Non-Pecuniary | None | |
| Son, Health Manager, Worksafe | Non-Pecuniary | None | |

Mr Andrew Connolly

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Deputy Commissioner, Waikato DHB | Non-Pecuniary | None | Refer Notes 1 and 2 |
| Member, Finance Risk and Audit Committee, Waikato DHB | Non-Pecuniary | None | |
| Chair, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Board member, Health Quality and Safety Commission | Non-Pecuniary | None | |
| Southern Partnership Group | Non-Pecuniary | None | |
| Employee, Counties Manukau DHB | Non-Pecuniary | None | |
| Member, Health Workforce Advisory Board | Non-Pecuniary | None | |
| Crown Monitor, Southern DHB | Non-Pecuniary | None | |

Mr Chad Paraone

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Finance Risk and Audit Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB | Non-Pecuniary | None | |

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

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Hospitals Advisory Committee Meeting 26 February 2020 (Public) - Interests

| | | |
|--|---------------|------|
| Independent Chair, Bay of Plenty Alliance Leadership Team | Non-Pecuniary | None |
| Independent Chair, Team Rotorua Alliance Leadership Team | Non-Pecuniary | None |
| Independent Chair, Integrated Community Pharmacy Services Agreement National Review | Non-Pecuniary | None |
| Strategic Advisor (Maori) to CEO, Accident Compensation Corporation | Non-Pecuniary | None |
| Maori Health Director, Precision Driven Health | Non-Pecuniary | None |
| Board member, Sport Auckland | Non-Pecuniary | None |
| Committee of Management Member and Chair, Parengarenga A Incorporation | Non-Pecuniary | None |
| Director/Shareholder, Finora Management Services Ltd | Non-Pecuniary | None |

Emeritus Professor Margaret Wilson

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| Deputy Commissioner, Waikato DHB | | | Refer Notes 1 and 2 |
| Member, Finance Risk and Audit Committee, Waikato DHB | | | |
| Member, Hospitals Advisory Committee, Waikato DHB | | | |
| Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB | | | |
| Member, Waikato Health Trust | | | |

Ms Te Pora Thompson-Evans

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| Attendee, Commissioner meetings, Waikato DHB | Non-Pecuniary | None | Refer Notes 1 and 2 |
| Member, Finance Risk and Audit Committee, Waikato DHB | Non-Pecuniary | None | |
| Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Chair, Iwi Maori Council, Waikato DHB | Non-Pecuniary | None | |
| Iwi Maori Council Representative for Waikato-Tainui, Waikato DHB | Non-Pecuniary | None | |
| Iwi: Ngāti Hauā | Non-Pecuniary | None | |
| Member, Te Whakakitenga o Waikato | Non-Pecuniary | None | |
| Director, Whai Manawa Limited | Non-Pecuniary | None | |
| Director/Shareholder, 7 Eight 12 Limited | Non-Pecuniary | None | |
| Co-Chair, Midlands Iwi Relationship Board, Midlands | Non-Pecuniary | None | |
| Deputy Chair, River Plan Taskforce, Hamilton City Council | Non-Pecuniary | None | |
| Maangai Maaori, Community Committee, Hamilton City Council | Non-Pecuniary | None | |
| Director/Shareholder, Haua Innovation Group Holdings Limited | Non-Pecuniary | None | |
| Member, Waikato-Tainui Koiora Strategy Panel | Non-Pecuniary | None | |

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Dr Paul Malpass

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Consumer Council, Waikato DHB | Non-Pecuniary | None | |
| Fellow, Australasian College of Surgeons | Non-Pecuniary | None | |
| Fellow, New Zealand College of Public Health Medicine | Non-Pecuniary | None | |
| Trustee, CP and DB Malpass Family Trust | Non-Pecuniary | None | |
| Son employed by Bayer Pharmaceuticals | Non-Pecuniary | None | |
| Daughter registered nurse employed by Tuwharetoa Health | Non-Pecuniary | None | |
| Daughter employed by Access Community Health | Non-Pecuniary | None | |

Mr John McIntosh

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts) | Non-Pecuniary | None | |
| Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_ | Non-Pecuniary | None | |
| Trustee, Waikato Health and Disability Expo Trust | Non-Pecuniary | None | |

Mr Fungai Mhlanga

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities | Non-Pecuniary | None | |
| Trustee, Indigo Festival Trust | Non-Pecuniary | None | |
| Member, Waikato Sunrise rotary Club | Non-Pecuniary | None | |
| Trustee, Grandview Community Garden | Non-Pecuniary | None | |
| Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross | Non-Pecuniary | None | |
| Volunteer, Ethnic Football Festival | Non-Pecuniary | None | |

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Ms Rachel Karalus

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Chair, Aere Tai Pacific Midland Collective | Non-Pecuniary | None | |
| Member, Waikato Plan Regional Housing Initiative | Non-Pecuniary | None | |
| Chief Executive Officer, K'aute Pasifika Trust | Non-Pecuniary | None | |

Ms Gerri Pomeroy

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Co-Chair, Consumer Council, Waikato DHB | Non-Pecuniary | None | |
| Trustee, My Life My Voice | Non-Pecuniary | None | |
| Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly | Non-Pecuniary | None | |
| Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development | Non-Pecuniary | None | |
| Member, Machinery of Government Review Working Group, Ministry of Social Development | Non-Pecuniary | None | |
| Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health | Non-Pecuniary | None | |
| Member, Enabling Good Lives National Leadership Group, Ministry of Health | Non-Pecuniary | None | |

Mr David Slone

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Director and Shareholder, The Optimistic Cynic Ltd | Non-Pecuniary | None | |
| Trustee, NZ Williams Syndrome Association | Non-Pecuniary | None | |
| Trustee, Impact Hub Waikato Trust | Non-Pecuniary | None | |
| Employee, CSC Buying Group Ltd | Non-Pecuniary | None | |
| Advisor, Christian Supply Chain Charitable Trust | Non-Pecuniary | None | |

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Ms Judy Small

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Consumer Council, Waikato DHB | Non-Pecuniary | None | |
| Director, Royal NZ Foundation for the Blind | Non-Pecuniary | None | |

Mr Glen Tupuhi

| Interest | Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i> | Type of Conflict <i>(Actual/Potential/Perceived/None)</i> | Mitigating Actions <i>(Agreed approach to manage Risks)</i> |
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| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Iwi Maori Council, Waikato DHB | Non-Pecuniary | None | |
| Board member, Hauraki PHO | Non-Pecuniary | None | |
| Board member, Te Korowai Hauora o Hauraki | Non-Pecuniary | None | |
| Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster | Non-Pecuniary | None | |

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Minutes and Matters Arising

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Hospitals Advisory Committee

held on 23 October 2019 commencing at 11.10am

Present: Mr A Connolly (Chair)
Ms R Karalus
Dr P Malpass
Mr J McIntosh
Mr F Mhlanga
Mr C Paraone
Ms G Pomeroy
Dr K Poutasi
Mr D Slone
Ms J Small
Ms TP Thompson-Evans
Mr G Tupuhi
Professor M Wilson

In Attendance: Dr K Snee – CEO
Mr R Dunham – Chief Operating Officer
Mr P Grady – Interim Executive Director Strategy, Funding & Public Health

The Chair opened the meeting by asking the new HAC members to introduce themselves and explain what they considered they could bring to the group.

Dr K Poutasi as Commissioner gave a brief overview of what she would like the members to work towards achieving together.

Points highlighted included:

- Demonstrate a focus on the needs of the individual, and a continuum of care.
- Focus on needs of individual in accessing of services.
- CPHAC and HAC have common membership and will be meeting on the same day so that discussions on relevant issues embrace the perspectives of both and lead to coherent decisions.
- Transform how things are done within budget.
- Need to create less plans but work towards implementing the ones we have.
- Need to address Waikato DHB deficit.
- CPHAC and HAC seen by Commissioners as representing a continuum, as issues raised in one committee often relevant to the other.

ITEM 1: APOLOGIES

Apologies from Mr K Whelan, Crown Monitor were received.

Resolved

THAT

The apologies were received.

ITEM 2: INTERESTS

2.1. Register of Interests

Geri Pomeroy
Trustee of My Life My Voice

Rachel Karalus
Chair, Aere Tai Pacific Midland Collective
Member – Waikato Plan Regional Housing Initiative

2.2. Conflicts relating to items on the Agenda

No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 3: PAPERS FOR DECISION

3.1. There were no papers for decision

ITEM 4: PAPERS FOR DISCUSSION

4.1. Views on matters coming within scope of the committee

Mr N Hablous, Executive Director for CE office attended for this item.

The Terms of Reference for HAC were to reflect coherence across the scope of health.

Committee members provided feedback on HAC Terms of Reference and issues that may be raised at future meetings:

- Community and hospital have not always been seen as part of the same system, need progress on this.
- Use of the word 'hospital' does not just refer to Waikato Hospital, need to be mindful that it relates to all the 'T' Hospitals and it isn't just about the building.
- HAC crosses over with other committees. Members encouraged not to wait until the next HAC to raise questions. Bring to Chair's attention so they can be researched and answered at meeting.
- Example of initial work relevant to both CPHAC and HAC: Need to look at DNA rates and reasons behind them.
- CEO asked to comment on "visibility of culture" at Waikato Hospital. Lakes DHB has a good vibe when you enter the hospital. Culturally welcoming to all ethnicities and in particular Maori and Pacific Islanders. Waikato requires more cultural symbolism to make people feel comfortable.
- Clinical care is good but need better administration especially in rural areas. Some clinical intelligence required with clinical administration.
- Address staffing – more Maori and Pacific Island.
- Peter Jansen, a health sector professional, will be joining the Committee and attending meetings next year; this will give a different perspective on quality.
- Ms R Karalus tabled a paper to share with the members.

**Resolved
THAT**

The committee noted the Terms of Reference for HAC and discussed the group going forward.

4.2. Locality Development Approach

This paper was not discussed at this meeting as discussed in CPHAC meeting

4.3. Mental Health Overview including Waikeria Prison

This paper was not discussed at this meeting as discussed in CPHAC meeting

ITEM 5: PAPERS FOR INFORMATION

5.1. There were no papers for information

ITEM 6: GENERAL BUSINESS

6.1. There were no general business items raised

ITEM 7: DATE OF NEXT MEETING

7.1. February 2020

Chairperson: Andrew Connolly

Date: 23 October 2019

Meeting Closed: 11.40 am

REPORT TO HOSPITALS ADVISORY COMMITTEE 26 FEBRUARY 2020

AGENDA ITEM 4.1

EXECUTIVE DIRECTOR HOSPITAL AND COMMUNITY SERVICES PRESENTATION: ACCESS IMPROVEMENTS

Purpose

A presentation to the Hospitals Advisory Committee focusing on initiatives to improve access to hospital and community services.

Recommendations

It is recommended that the Committee:

- 1) Offers feedback on the various initiatives that are underway to address access.

LEENA SINGH

EXECUTIVE DIRECTOR – HOSPITAL AND COMMUNITY SERVICES

APPENDICES

Appendix 1: Presentation on Access Improvements

SUPPORTING DOCUMENTS

No supporting documents.

REPORT DETAIL

I have been invited to give my early impressions after having been in post for six weeks. Obviously there is a considerable amount to digest and while I have many impressions the majority require validating and testing.

However, I fully endorse the Commissioner's commitment to equity in access generally and also to better geographical access. I have given this primacy in my early thinking and the following presentation sets out what we are currently doing and intend to do in this regard.

Hospital Advisory Committee

Access Improvements

Leena Singh

Executive Director – Hospital and Community Services

Community Services & Clinical Support

Improving access within the rural community

Improving access within the rural community

1. Increased surgical throughput at Thames hospital and review of mobile surgical bus services in Taumarunui and Tokoroa

- Six month surgical realignment process increasing general surgery, women's health and anaesthetics.
 - The process has yielded an additional 13 theatre sessions, (approx. 50 – 55 additional sessions per four week theatre sessions), centralised general surgery triage and booking, and increased visibility of Thames theatre utilisation and staffing resourcing within the DHB's theatre master schedule.
- Plan in place to improve utilisation of the mobile surgical bus in Taumarunui and to commence the use of the mobile surgical bus in Tokoroa.
 - Taumarunui utilisation review underway to ensure effective use of the available resource, ie full procedural/ surgical lists at every visit.
 - Mobile surgical bus services at Tokoroa hospital estimated start date July 2020. Potential specialties (Dental, ENT and Plastics) to safely utilise the mobile theatre being worked through.

Improving access within the rural community

2. Inpatient mental health services at Thames hospital

- Working with the adult mental health service to support introduction of a new service to provide a **local step up /step down mental health inpatient care model**. The service model has been designed to prevent admissions of higher level care at HRBC (step-up) and earlier discharge from HRBC (step-down).
 - Targeted patient cohort are low acuity mental health patients who will be cared for in the Thames adult inpatient unit; shared nursing staffing model with mental health services; patients admitted under the care of mental health services with telehealth options to HRBC for out of hours contact; planning day with staff and consumer engagement scheduled for 12 March.
 - Start date May/June 2020.

- **Review undertaken** of the **alcohol detox bed model** following physician concerns mid-2019.
 - Thames inpatient nursing team will manage care with support from CADS (community alcohol and drug service) workers daily; each patient has a LOS of seven days; plan for two patients per week admitted on concurrent days.

Improving access within the rural community

3. Outpatient and Outreach Infusion Service closer to home

- Model established with GPs and district nurses to develop an outreach infusion service based in Mercury Bay Medical Centre to service the needs of those domiciled in the peninsula and as part of a larger rural wide initiative to move infusion services closer to home (in collaboration with primary care) to reduce the need for care at Waikato hospital.
 - Patient group identified, ie limited to disease modifying infusions and simple non-high risk infusions.
 - Service will be provided by current team of DNs based in Whitianga with a Nurse Coordinator from Thames OPD Infusion service (no additional FTE required); initial schedule is for one day per fortnight with a review at three and six months; start date planned for May 2020.
- In collaboration with **renal medicine** an **outpatient service** (FSA and subsequent visits) will now be provided once a month at Tokoroa hospital by a visiting renal physician; and bi-monthly MDTs.
- Currently investigating in collaboration with **Plastic Surgery**, the logistics of using **telehealth for Waitomo** domicile patients requiring regular complex wound management. Te Kuiti based district nurse would provide local patient contact and expertise.
- In mid March the **Thames general medical physicians** to commence **GM telehealth appointments** for Whitianga and Coromandel domicile patients.

Cancer and Regional Services

Improving the patient journey and improving the access to services for Māori diagnosed with cancer

Dedicated support in Oncology to improve equity

Oncology services employ a dedicated Equity and Access CNS who undertake the following roles:

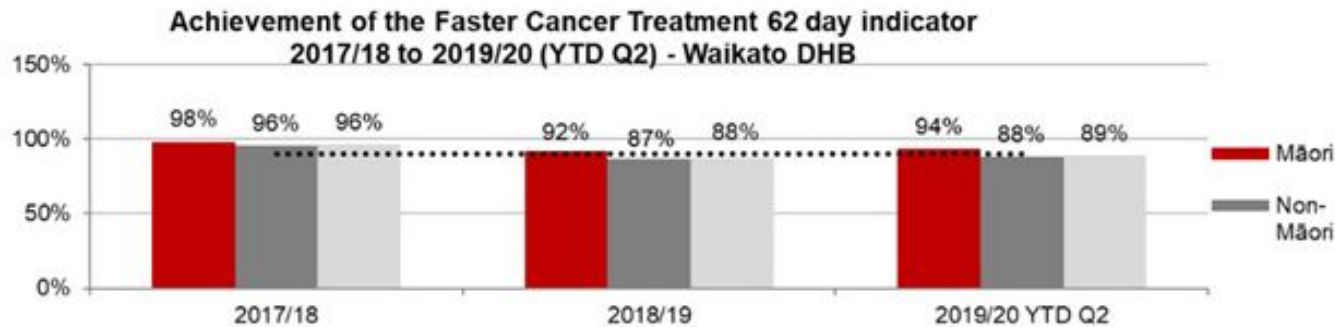
- Proactively identifies patients close to breaching 62 day timeframe and intervenes where mitigation of breach can be achieved
- Demystifies critical health information with patients and enables multiple self management and self-management support services as tools for the patient. This involves working with the 'Screening for Distress' programme, undertaking home visits and ensuring proactive liaison with care partners, whānau, NGO's and others occurs.
- Resource for many services and colleagues where a pragmatic solution is required, or a complex issue is to be resolved. Where contextually appropriate population health screening is encouraged, engaged and supported as part of holistic care delivery.
- Develops community relationships with whānau ora services, and district nurses or public health nurses to facilitate communications with hard to reach patients ("District Nurse Door Knock")

Outcomes being delivered

- DNA rates are vastly better in Oncology:

| | Māori DNA rate | Non-Māori DNA rate |
|-------------|----------------|--------------------|
| Oncology | 6% | 3% |
| Waikato DHB | 19% | 7% |

- Timeliness of treatment for Māori is similar to Pākehā once they are referred in:



- Developed, in conjunction with the Midlands Cancer Network, a Cancer Kōrero information booklet for sharing with all patients

Next steps

- Work with and support the recently appointed Paediatric Māori DNA CNS to ensure sharing of best practice
- Seek guidance from the new Cancer Agency regarding outcomes for Māori in terms of late referral for treatment.
- Incorporate into future space reconfigurations increased capacity for whānau to be able to accompany their loved ones whilst receiving treatment

Womens and Childrens Services

Improving clinic attendance for paediatrics

Improving Clinic Attendance for Paediatrics

- High rate of missed appointments overall
- Highest rates of missed appointments for Māori and Pacific children
- Reasons for missed appointments:
 - Incorrect contact details (phone and address)
 - Did not receive letter of appointment
 - No longer required appointment
 - Moved out of area
 - Child or other children unwell
 - No transport available

What we are doing to improve attendance

- Text reminder message - day before appointment and Sunday, Response options now include - Yes, No, No longer required
- Changed clinic phone number to 0800 KIDZDR
- Amended appointment letter based on consumer / whānau feedback
- Contact details checked at all appointments / confirm details and seek 2nd contact number
- Piloting in Paediatric Surgery (due to smaller volumes) a reminder phone call for Māori whānau the day prior to appointment and offering flexibility in timing of appointment (patient focused booking approach)

Next Steps

- Review the project in Paediatric Surgery of phoning Māori whānau to make appointments and offering flexibility in time / day of appointment
- Formal audit to evaluate the overall performance and the changes that have been implemented
- Continue to check contact details are correct at all appointments
- Discharge child back to GP if whānau think specialist appointment is no longer required

Cardiology

Improving access both locally and regionally

Midlands region – equity of access to tertiary cardiac services

- Regional DHB growing demand for tertiary cardiac services within the midland region.
- Nationally agreed standard – 70% of patients admitted with **acute** coronary syndrome (ACS) should have diagnostic coronary angiography within 72 hours.
- ANZACS- QI reported KPI show – Lakes, Tairāwhiti and Taranaki fall below the national average.
- Given the base population of these regions, this is an identified equity access issue for Māori.

Cardiology Regional Unit (CRU)

- Phased initiative with initially 6 beds in CCU ring fenced for in-patients from regional hospitals.
- Intended to improve transfer, treatment and discharge to base hospital / home within 48 hours - rapid turn over short stay unit.
- Phase 2 – minor refurbishment work to add additional 2 bed space and 2 lazy boy chairs to CRU.
- Staffed by dedicated nursing resource to streamline patient flow through cath lab.
- Patients in CRU are prioritised to the cath lab for procedures to ensure there is rapid turn over.
- A 4th cath lab initiative with associated increase in SMO, nursing and allied health staff resources.
- Intended equity of access to be evaluated in 6 months.



Decisions



Discussion



Information



General Business

Date of Next Meeting: 22 April 2020