

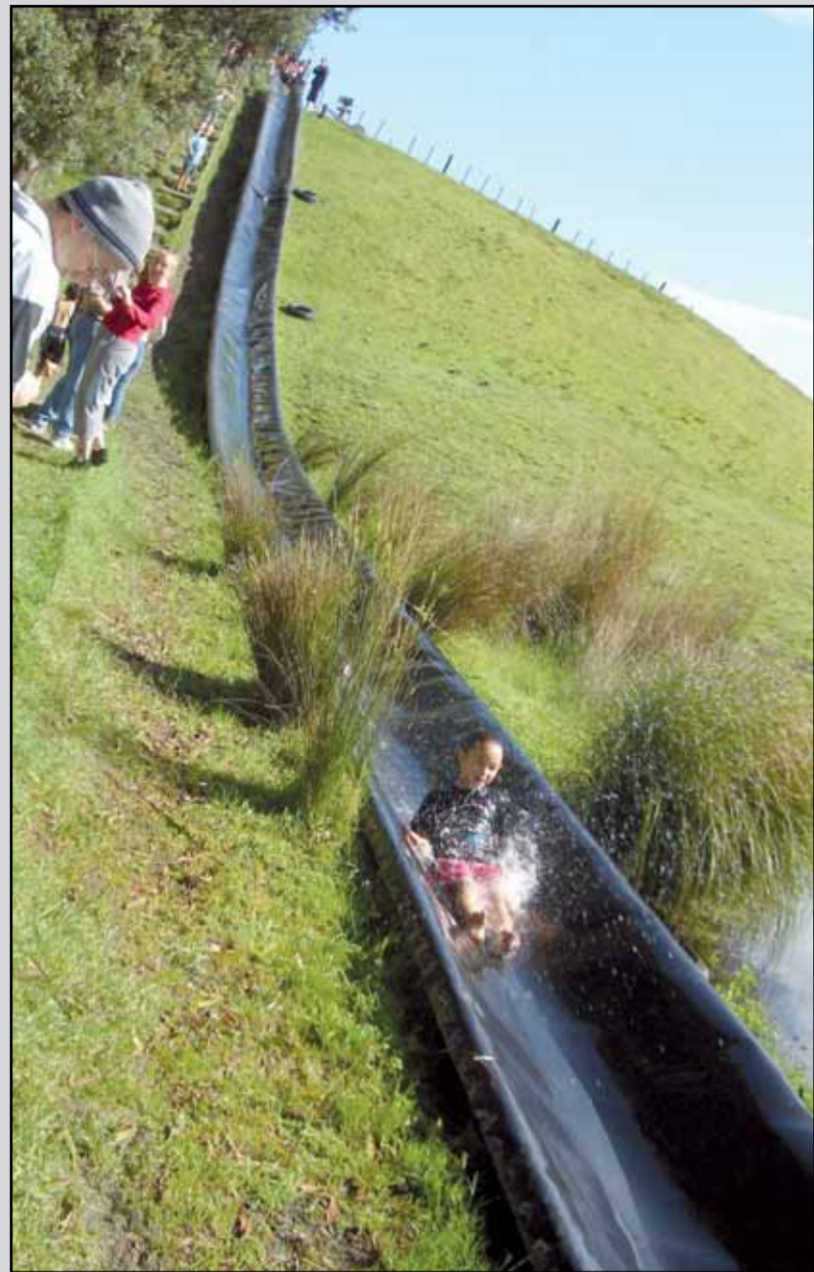
DIABETES remains a priority



Water slides, go-carting, and canoeing are some of the pursuits youngsters affected by diabetes get up to through the Manawatu Horowhenua Tararua Diabetes Trust.

Under contract to MDHB, the trust provides support and education as well as activities designed to allow young people and their families to connect with others who face similar challenges brought about by diabetes. This year, the Trust has worked with approximately 250 children and youth throughout the district.

The Get Checked programme, where people with diabetes get a free annual top-to-toe check, is also proving its worth by picking up small health changes and giving people the opportunity to address them before they become serious. Just on 4,249 MDHB people – close to a 30 percent increase over last year – took up the opportunity in the year to June 2009.



Pictured above: Baden Stone speeding down the waterslide at a Diabetes Trust event.

Below: Instructor John Menzies puts kids through their paces.

CONTACT:

Diabetes Trust – contact Youth Manager, Adrian Coombes (06) 357 5992.

Get Checked programme – contact your GP or Practice Nurse.



VOLUNTEERS FOR SPECIAL OLYMPICS

Physiotherapists, nurse and doctor volunteers are required for Special Olympics New Zealand's 2009 National Summer Games in Manawatu from December 2 to 5.

Anyone interested is asked to contact Dina Cole, the Games' Medical Services Manager, on (06) 350 8839 or 0274 488 983.



More help on the way for people who smoke

More than one in five people in the region smokes, and MDHB is committed to providing better help for them to quit. The benefits of quitting smoking are huge, for all concerned, and surveys have shown that most smokers want to quit but need support.

The initial emphasis will be on patients admitted to hospital. MDHB aims to offer advice and help to quit for the majority of people coming to hospital who smoke.

If you are coming to hospital, you can expect to be asked whether you smoke. If you do smoke, staff will offer you advice on quitting, and may offer you nicotine patches to help. You can be referred to our small but dedicated team of Quit Coaches to help you kick the habit.

* Quit smoking assistance in the community is available through your health provider or 0800 Quitline (0800 778 778).

Former smokers who've tapped into the Quit Smoking programme say:

"I used the patches and found them useful."

"Thanks so much for all your follow up and encouragement."

"I am very grateful to my mentor for the success I have got from the Quit programme."

"It's easier on my wallet – I feel a lot better too."

"Great service and many thanks."

www.midcentraldhb.govt.nz

QUICKER X-RAYS

A reduction in the x-ray examination reporting turnaround time from 11 days to three, highlights one of the significant benefits from the installation of RIS/PACS at MidCentral District Health Board.

And that turnaround may improve even further, according to Medical Imaging's Team Leader, Di Orange, with the recruitment of further radiologists.

RIS/PACS is a three-phase initiative incorporating the Radiology Information System, a Computed Radiography component and the Picture Archiving and Communications System, with the whole package completed in mid-June.

Patient benefits centre on reporting and examination times and the availability and accessibility to images and reports, and are coupled with increased efficiencies in the viewing, reporting and distribution of images.

OUR HEALTH DISTRICT

NEWS FROM MIDCENTRAL DISTRICT HEALTH BOARD

ISSUE 14 NOVEMBER 2009

Dental Clinics take service to a new level

Small numbers of people with good ideas turned out when MidCentral District Health Board (MDHB) held seven engagement meetings in the district recently, to discuss the sites and timetables for the new oral health service for children and adolescents, due to start in the New Year.

Under the Ministry of Health (MoH) framework, MDHB is joining the other 20 DHBs in New Zealand to implement a new dental service initiative – the Child and Adolescent Oral Health Services Plan.

MDHB and the Ministry of Health, have consulted with those involved in the dental service to implement the plan that will result in many old school dental clinics being replaced with mobile or fixed dental clinics. The plan aims to increase the number of people under 18 years having free dental care.

At the seven engagement meetings, members of public suggested a number of places the mobile units could work from including marae, using BreastScreen Coast to Coast stopping points, and local parks. They also had a number of suggestions about providing disability access to the mobile clinics, including existing loading bay arrangements or building sunken bays the clinics could be backed into. For fixed clinics in Palmerston North, one person suggested a child one, and a separate adolescent clinic at opposite sides of the city.

All suggestions were warmly welcomed and were taken into account.

About 23,000 children between the ages of 2½ years and 13 years, and 2,700 adolescents, currently receive dental care from MidCentral Health. Under the new plan, around 33,000 children and adolescents up to the age of 18 will receive dental services in 2011 – an increase of about 25 percent.

Of the estimated 33,000 children/adolescents, about 30 percent are expected to have high requirements – needing up to six monthly recalls. The total expected appointments per year are estimated to be 44,000.

The Government has put aside more than \$116 million for the upgrade of school dental service facilities throughout the country. In the MDHB district, MoH funding of \$3.976million in additional capital funding, and more than \$1.2million a year in additional operational funding, has been secured to implement the project.

The new configuration will see some services carried out in mobile clinics at schools and on community sites, and others provided at fixed clinics.

In the MDHB district, there will be five fixed clinics, with the number of mobile clinics increasing from three to eight.

Mobile clinics will improve access by reducing travel times for the majority of children, particularly in rural areas. Dental therapists will see 1,300 children a year at each single-chair clinic and 2,600 at each two-chair clinic.

Under the new plan, children and adolescents will be able to get dental care over school holidays and for more hours each day.

MidCentral Health is also exploring local options for access to the mobile clinics by people with disabilities. The spaces inside the mobile dental clinics are disability-friendly. Disability access to fixed clinics will be provided.

MDHB expects its first 7.5m long single-chair mobile clinic (weighing 4.5 tonnes) to arrive in December, with the first two 11.5m double chair mobiles (weighing 9.42 tonnes) arriving in January and February 2010. The remaining two double-chair clinics are expected in August 2010.

Completion of the changeover to the new arrangement is expected by December 2010.

Three fixed two-chair dental clinics will be located in Palmerston North and it is proposed that there will be fixed chairs (two in Palmerston North and another possibly in Feilding) co-located with other health and social service agencies.

Lynnette Field, Wairarapa DHB's Oral Health Clinical Team Leader, who helped design the new clinics, was delighted that the first of 94 new state-of-the-art mobile oral health clinics being built nationally, arrived in Masterton in late October.

"I'm so thrilled our design is now a reality," she said. "This is the culmination of three years' work and is an innovative and exciting project that will shape school dental services throughout the country."



Inside one of the two-chair state-of-the-art mobile school dental clinics, similar to ones coming to the MDHB district.



Pictured is the dental instrument cleaning and packing area known as the instrument reprocessing area. Current clinics do not have reprocessing areas that meet the standards required for infection control which is a key component in ensuring patient safety through reducing the risk of body fluids or material passing from one person to another.

"Our oral health team is looking forward to using the new facility, knowing it has been designed with their needs in mind, and as they move from location to location they will know the equipment they're using is the same wherever they work."

More information is available on MDHB's website: www.midcentraldhb.govt.nz/oral-health or freephone line service – 0800 TalkTeeth.

Project milestones from 2006/10

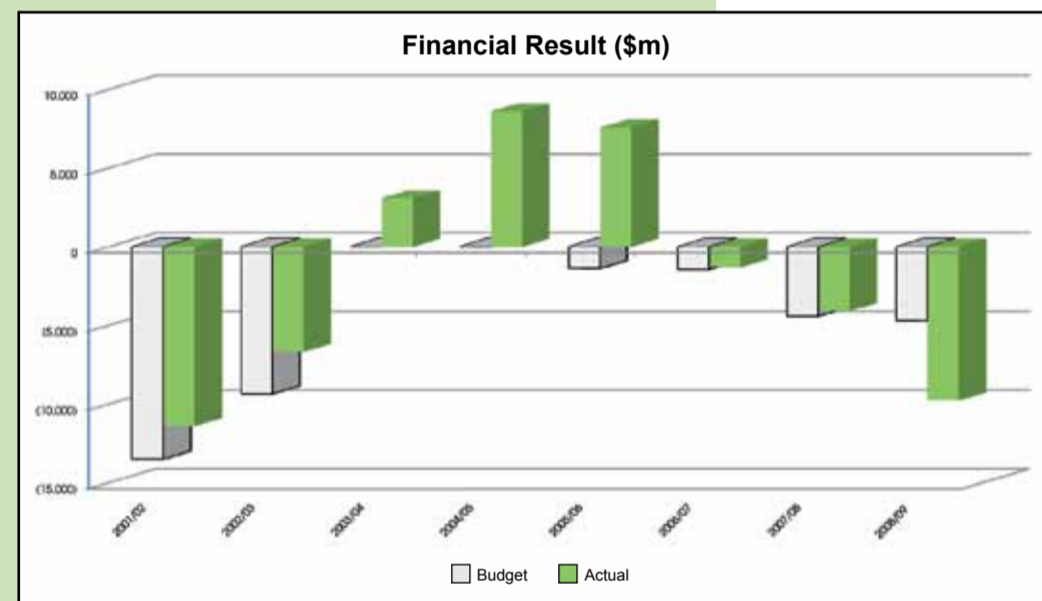
MILESTONES	Due Date
MoH announces Strategic Vision for Oral Health in New Zealand – Good Oral Health, for all, for life	Aug 2006
MDHB Business case developed	Dec 2007
MDHB accepts MoH funding offer	Nov 2008
Complete mobile dental clinic orders	Aug 2009
Community engagement for locations of clinics	Nov 2009
First single-chair mobile due in MDHB district	Dec 2009
Change management with staff to confirm their terms of employment preferences	Dec 2009
Finalise sites for mobile and fixed facility equipment	Dec 2009
First of two double-chair mobile units expected to arrive	Feb 2010
Lease agreements with sites that mobile and fixed facilities will be going to	Mar 2010
Work with other health and social service providers to plan how to work together to ensure that people who have difficulty accessing or receiving services can achieve their entitlement	Mar 2010
Resource consents for fixed and mobile sites as required by the local councils	Mar 2010
Exit 90% dental clinics	Jul 2010
Fixed facility builds	Aug 2010
Last of two double-chair mobile units expected	Aug 2010

Hospital's financial health gets a check up

For the first time in eight years MidCentral District Health Board (MDHB) did not meet budget. The deficit of \$10m was almost double that budgeted for the 2008/09 financial year to June 30.

"This was largely due to rising cost structures within our hospital division, MidCentral Health, and the growing acute demand," MDHB Chief Executive Officer, Murray Georgel, says. "Plans are in place to reduce costs and better manage demand for both this year and in the longer term."

MidCentral Health's expenses are rising at a rate well in excess of funding increases, and it must reduce costs by \$10m – or four percent – this financial year. To address the situation the workings of the hospital have again come under close scrutiny.



"Clinicians are working together with management to build efficiencies and work smarter, while maintaining the quality of patients' experiences," Mr Georgel says.

MDHB is already making headway, in particular, on improving the number of elective procedures which are directly tied to funding dollars – MidCentral Health has reconfigured Palmerston North Hospital to make more beds available. Minimising cancer and emergency department wait times, and increased provision of smoking cessation advice to inpatients who smoke are also priorities.

MDHB and Whanganui DHB have established the centralAlliance. Through a combined approach to all aspects of business, like planning, purchasing, support services and governance, both DHBs will achieve improved health outcomes for their communities.

Longer term, hospital services will be structured regionally, under the Regional Clinical Services Plan developed by MidCentral DHB and the five other DHBs in the central region. The plan, which promotes clinical networks and centres of excellence, will be implemented progressively over the next five years.

MDHB's ability to progress these long term plans will be influenced by the time and resource necessary to achieve the short term gains in elective and financial performance.

Extra surgery being performed as changes made

MidCentral Health has plans to improve Emergency Department (ED) waiting times and, by changing the configuration of bed use in hospital wards, it has increased medical and surgical bed numbers, and increased the number of elective (non-urgent) procedures it performs.

ED clinical staff investigated ways of meeting the national health target of having 95 percent of patients discharged, admitted or transferred within six hours of arrival. MidCentral Health reached 75.1 percent for the first quarter of 2009/10.

Initially the focus was on seeing which patients requiring what health services waited longer than six hours, and why, and seeing how waiting times for patients waiting for admission to those wards could be improved.

Part of the improvements involved MidCentral Health setting up a 15-bed Acute Medical Assessment and Planning Unit, in an existing ward, to manage the growing demand for medical beds and relieve ED of medical patients requiring initial assessment.

Based in Ward 27 at Palmerston North Hospital, this service is staffed and equipped to receive medical patients for assessment, care and treatment before transferring them to medical wards or releasing them to their homes.

The ward takes pressure off ED, helps reduce waiting times and ensures patients receive appropriate care. More than 125

patients used the unit in September, with about 75 of them discharged home. Their average length of stay was 13 hours.

As a result of having dedicated medical and existing surgical beds available, more surgical work is being done in the hospital this year. For example, in September MidCentral Health performed 42 joint procedures – the highest number ever completed in Palmerston North Hospital in a month. Between July and the end of September, 88 joint operations had been performed – well on the way to completing the 364 joint operation target by the end of June 2010.

An eight-bed Women's Surgical Unit was also opened in the Women's Health Unit this year, to improve bed use in the maternity ward and put more focus on better meeting acute (urgent) and elective demand. More than 100 patients used the ward in the first six weeks, with the average length of stay being just over two days. Between its opening in July, to 22 October, the unit has discharged acute and elective surgical patients that attracted more than \$1.2million in revenue.

Another ED service that helps identify 'at risk' patients and gives them an earlier discharge from the hospital is the Post Emergency Department Assessment and Liaison service.

PEDAL has been in place for more than two years and assesses up to 55 patients a month. It reviewed 708 patients last year.

The patients, who are referred by the ED team, have been medically cleared for discharge but are deemed potentially at risk of returning without some additional support.

Such support includes: home help, mobility aids, links to community-based groups and referrals to Primary Health Organisation nurses.

Women's Surgical Unit patient Nola Rogers is cared for by staff nurses Angela Mark (left) and Sarah Harwood during her stay. "I found them excellent here," Nola says.



New health services setup closer to patients' homes

MidCentral District Health Board (MDHB) has been introducing new initiatives that will bring more health services closer to patients.

One of those initiatives was the MDHB launch on World Stroke Day (October 29) of New Zealand's first diagnostic tool to help identify and treat at-risk stroke patients who have experienced a transient ischaemic attack (TIA).

A TIA is a short episode of partial brain impairment due to temporary blockage of an artery and is most associated with impaired vision, speech, strength or sensation.

MidCentral Health's clinical director of neurology, Dr Anna Ranta, with local GPs and medical software company, Best Practice, developed the decision support software which allows GPs to determine the stroke risk of a patient who may have suffered a TIA.

GPs will be able to assess patients and, if clinically warranted, refer them for radiology exams. This will ensure timely diagnosis and treatment without visiting the hospital.

Dr Ranta said the TIA assessment would indicate if the patient required an urgent referral or signal the need for timely diagnostic investigation by way of a CT scan or ultrasound.

"The patient's GP and the hospital neurologist will review the results and work together to manage any subsequent treatment," she said.

Dr Jonathan Morton, of Palmerston North's Central City Medical Limited (one of the practices that piloted the software), said it was an easy tool to use.

"The questions are clear and the results immediate... and the simplifying of a complex matter provides us with a new weapon to make our work more effective, faster, better and convenient."

Another initiative, following on from the success of a Clinical Nurse Specialist Urology Clinic in Palmerston North, has led to a similar clinic planned to start in November at Dannevirke Hospital that will initially focus on urology patients requiring follow-up visits to their original appointment(s).

Benefits include reduced waiting time for patients, and faster access to treatment.

And in Feilding, Manawatu district residents are likely to have a one-stop shop-for-health when an idea being looked at under a Manawatu Community Trust-led initiative goes ahead.

A Request for Proposal will open shortly for developers interested in submitting plans for an Integrated Family Health Centre in Feilding.

A group representing all stakeholders (the District Health Board, Public Health Services, doctors, pharmacists, the PHO, local Iwi and community) is leading the investigation into the feasibility of such a centre.



Dr Jonathan Morton, of Palmerston North's Central City Medical Limited, one of the GPs who trialed the TIA software, says it is an easy tool to use.

Win-win medical student programme

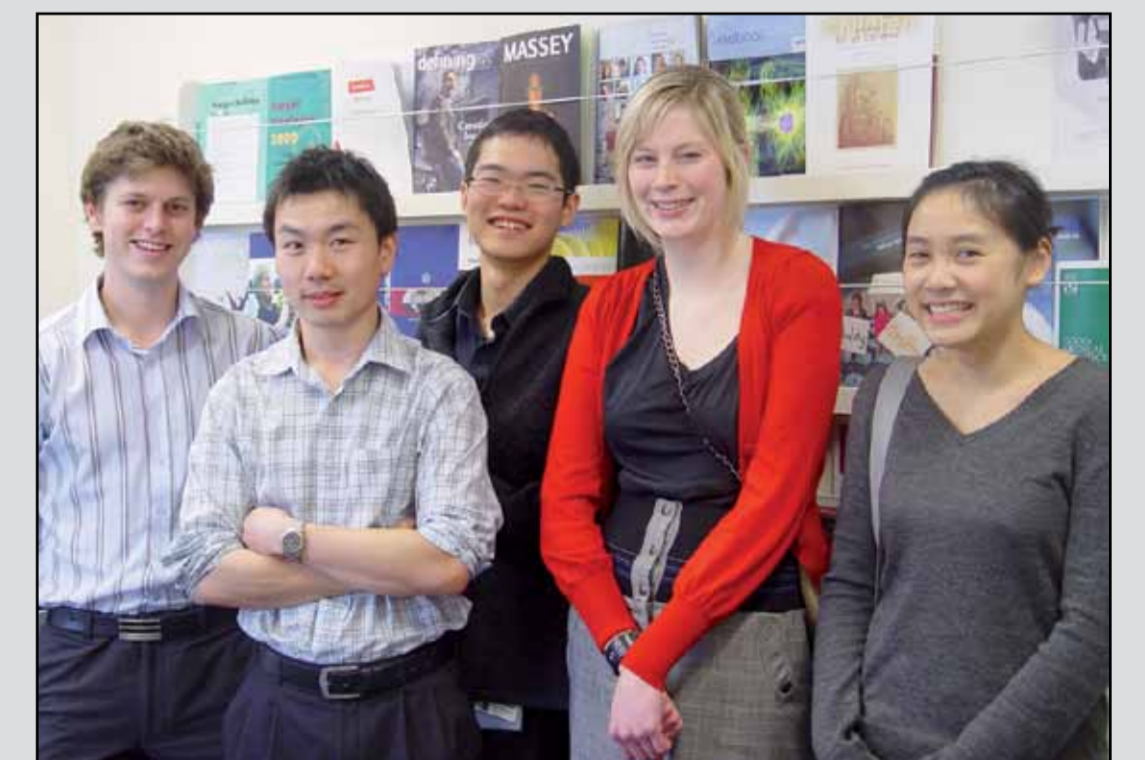
MidCentral District Health Board's final year medical student programme is proving highly successful, with four students signing up for jobs as House Officers at Palmerston North Hospital next year.

The first intake of seven University of Otago undergraduates resulted from an agreement with the Wellington campus. The arrangement means students can learn from a committed team of clinicians

in a provincial hospital setting. This in turn increases job satisfaction and improves retention of senior staff as well as lifting the quality of patient care to higher levels.

Students who choose to stay on at the hospital, as junior doctors, provide the icing on the cake for the programme.

Fen Yang (right) is one of four Trainee Interns who will take up junior doctor positions at the hospital next year. She is pictured with visiting students (from left) Ryan Salter, Daniel Fung, Zhun-Jeat lee and Megan Cole.



VISIT OUR WEBSITE ON: www.midcentraldhb.govt.nz

PLEASE MAKE SURE YOUR KIDS ARE IMMUNISED ON TIME – FOR MORE INFORMATION PHONE 0800 IMMUNE (0800 466 863).



BEDWETTING HELP AVAILABLE through Nocturnal Enuresis Programme

Community Paediatrics now provide a free, alarm-based programme for children eight years and over who have problems with night-time bed wetting. Ask your health provider for a referral.