

**Review of Pisk Recommendations
HAWERA HOSPITAL**

September 2005

Recommendation	Progress	Outcome	
1	That a system of discharge planning be developed at TBH. This system should embrace the principle that planning for patient discharge commences as early as possible during admission.	Discharge Planning commences soon after admission. The Case Manager reviews all admissions on a daily basis or earlier if notified.	In place
2	That dedicated discharge planning for elderly patients and patients with complex co-morbidities is provided for South Taranaki patients managed at Taranaki Base Hospital. This means that these patients should have a care and management plan that can be referred to should that patient be readmitted to Hawera Hospital.	The case manager coordinates discharge planning. The Registrar does the care and management plan. Hawera Hospital has on-line access to electronic medical records which includes discharge summary. Nurse Manager Emergency Dept, keeps track of patients referred to Taranaki Base Hospital directly from ED and feeds back to MOSS on progress / appropriateness	In place
3	That the discharge summary is completed at the point of discharge for South Taranaki patients so that patient notes are returned directly to Hawera Hospital at the point of patient discharge from Taranaki Base Hospital.	Electronic discharge summary now in place. Medical Notes are returned to place where patient resides.	GPs have access to electronic discharges. GPs that don't have it already can apply for access to the Medical Advisor. Manager Hawera Hospital to follow-up
4	That the general medicine physicians ensure that South Taranaki patients managed at Taranaki Base Hospital are transferred back to Hawera Hospital at the earliest, appropriate, opportunity once the appropriate level for provision of medical services is achieved.	Physicians at Base Hospital transfer patients to Hawera Hospital at the earliest appropriate opportunity. Case Managers coordinate this.	Taranaki Base Hospital staff continue to promote transfer back to Hawera from areas outside Taranaki. Duty Managers responsibility. General Manager Hospital Services to raise with Manager Clinical Inpatient Services.

NTR - Nothing to Report

Recommendation		Progress	Outcome
5	That a virtual ward round be conducted daily by teleconference between the Inpatient MOSS at Hawera Hospital and the consultant in charge for the day at the coronary care unit based at Taranaki Base Hospital.	Dependent on skill level of existing medical officer	Not required as Medical officer has appropriate skill level
6	That all MOSS at Hawera Hospital are present at weekly Hawera Hospital care review and business meetings.	All Moss, nursing management and Manager Hawera Hospital meet consistently on a weekly basis.	In place
7	That the General Manager of Hospital Services attends Hawera Hospital at least on a fortnightly basis and participates in quality improvement and business meetings.	The General Manager Hospital Services attends Hawera Hospital on a monthly basis to partake in business meetings The Service Manager attends Hawera Hospital on a regular basis and participates in quality activities and business meetings.. The Hawera Hospital Manager attends Taranaki Base hospital on a regular basis and partakes in hospital and business meeting activities.	In Place
8	That the Medical Advisor of Taranaki DHB attends Hawera Hospital at least on a weekly basis to support the medical leadership at Hawera Hospital, to participate in quality improvement and business activities and the development of clinical policies and procedures for Hawera patients.	Not necessary to attend on a weekly basis as policies and procedures developed. The Medical Advisor attends Hawera Hospital on a regular basis and partakes in business meetings and hospital activities.	The Medical Advisor continues to attend Hawera Hospital regularly . We note the change of reporting relationships that alter the necessity to attend from weekly to on an as needs basis.
9	That a monthly clinical audit be developed that reviews all transferred patients from Hawera Hospital to Taranaki Base Hospital.	Bi Monthly Clinical Management meeting held where management and clinical representatives along with a GP representative meet, clinical audit part of this process as and when required,	GP representative to feedback to GP's any issues after bi-monthly meeting.

NTR - Nothing to Report

Recommendation	Progress	Outcome
10 That a quarterly review of critically ill/emergency patients of South Taranaki that have been transferred to Taranaki Base Hospital Emergency Department be undertaken by representatives of Taranaki Base Hospital and Hawera Hospital Emergency Departments, senior management, ambulance staff and representatives of South Taranaki GPs.	As above. Part of clinical audit.	In Place
11 That the criteria for admission to general medical beds and monitored beds at Hawera Hospital and criteria for the transfer of patients between Hawera Hospital and Taranaki Base Hospital be developed and consulted upon by stakeholders, including general physicians at Taranaki Base Hospital; MOSS; GPs; Southcare doctors; Hawera nursing staff and Hawera management. The following guidelines could be applied to the development of the admission criteria for monitored beds: <ul style="list-style-type: none"> • Uncomplicated myocardial infarcts • Haemodynamically stable cardiology and respiratory patients • No requirement for ventilation • No requirement for invasive monitoring 	Criteria for admission, policies and procedures developed and implemented.	In Place
12 That a range of indicators should be developed that monitor the rate at which a patient may deteriorate prior to the patient becoming a medical emergency, and that these indicators serve as a flag to determine the right time for patient transfer.	Skill level of medical staff and polices and procedures in place determine when patient is transferred	Guidelines/policies constantly developing
13 That the CEO approves the configuration of medical inpatient beds at Hawera Hospital as follows : <ul style="list-style-type: none"> • 2 monitored beds • 10 medical • 9 ATR • 4 Maternity beds 	21 beds in total in the inpatient area with capacity to use three holding beds in the Ed.. Of the 21 beds in the inpatient area 2 have monitoring capacity. Total of 25 beds including 4 Maternity beds	There exists now an approach that consists of flexibility around bed usage to accommodate overflow from various areas of hospital. This is supported by the clinical team and management. It is endorsed by the Recruitment steering committee.

NTR - Nothing to Report

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14 That the 2 monitored beds be opened on the appointment of the third MOSS at Hawera Hospital.	Commissioned February 2003	In place
15 That consideration be given, after a trial period of 6 months after the opening of the 2 monitored beds, to substitute 1 medical bed for 1 other monitored bed.	Not required as monitored bed occupancy low, e.g. 50-60 %.	Telemetry capacity if needed in third bed
16 That the outpatient clinics provided by the Department of Medicine at Taranaki Base Hospital be increased by 5 per month with an aim to provide physician outpatient presence at Hawera Hospital on a daily, Monday to Friday, basis. The day schedule for the physician should include 1 hour availability for ward consultations and 1 hour for GP teleconference consultation and GP referred patient consultation. Any other time available in this 2 hour period should be dedicated towards MOSS CME at Hawera Hospital.	Dr Baker in attendance Tuesday and Wednesday. Other physician clinics Thursday and Friday . Protected Time available to enable the Medical officers consultation time if need be.	Physician available for GP telephone/email consultations as appropriate. Requires continual evaluation
17 That the AT&R service at Taranaki Base Hospital provide a weekly face to face round at Hawera Hospital and a second ward round is provided weekly by teleconference.	ATR MOSS (Dr Stokes) visits every Friday and ward rounds on patients referred by the Inpatient Medical Officer. Available by phone/email for support /advice.	In place and ongoing Development of this service is recommended.
18 That senior management at the Taranaki DHB develop a business plan to establish an occupational rehabilitation service at Hawera Hospital in support of local industry and that this plan should include the appointment of an occupational rehabilitation specialist to conduct a weekly clinic at Hawera Hospital. Funding for this service should be sought by third party payments sourced from the ACC and other insurers.		No longer considered hospital function.

NTR - Nothing to Report

	Recommendation	Progress	Outcome
19	That the anaesthetic service at Taranaki Base Hospital establishes weekly pre-anaesthetic clinics at Hawera Hospital.	Preadmission coordinator in place.	Processes in place to minimise travel for those patients that need to go to Taranaki Base Hospital for pre-anaesthetic check list
20	That the senior management of Taranaki DHB meet with providers of the Ruanui Health Centre on a quarterly basis to discuss issues concerning the provision of health services for the Maori community of South Taranaki.	Taranaki Ki Te Tonga meeting held quarterly with representation from all South Taranaki Iwi and TDHB management representation.	In place and ongoing
21	That a patient logistic co-ordinator based at Taranaki Base Hospital ensures that the appointments for South Taranaki patients are organised appropriately and occur at reasonable times. These include appointment times for diagnostic tests, day surgery and outpatient appointments. It is crucial that appointments allow for appropriate travel time for the residents of South Taranaki that could be up to 1.5 to 2 hours.	Currently there is a patient transport co-ordinator employed at Taranaki Base Hospital. On line booking system for patients using the shuttle bus now implemented, this includes Patea, Stratford Waitara and Base. TDHB staff committed to ensuring appointment times are appropriate for ST patients Drivers and all shuttle booking staff have access to updated and current bookings for the shuttle bus. Appointment times for South Taranaki patients continue to be monitored by the Manager Hawera Hospital.	In Place

NTR - Nothing to Report

Recommendation	Progress	Outcome
<p>22 That transport co-ordination for South Taranaki patients be established such that patients are able to call an 0508 number and be advised of all possible transports (public, private and community) between Hawera and South Taranaki. This advice should include information concerning arrivals and departures of management and clinical staff between both facilities such that patients could accompany these staff in DHB vehicles. This means that staff travelling between Hawera and Taranaki Base Hospital would need to advise the transport co-ordinator such that this information could be appropriately shared with the community of South Taranaki. This transport could also be provided for family and friends of South Taranaki patients cared for at Taranaki Base Hospital.</p>	<p>November 02: Discussion held with Dennis Pisk around the rationale for the 0508 number. Dennis Pisk advised by Wendy Langlands that appointment times for South Taranaki patients were being coordinated with the shuttle bus and that this had improved significantly. Dennis suggested that the patients be the guide and that meantime the 0508 number be put on hold and that management continues to be monitor the situation.</p> <p>No change to above.</p>	<p>Not supported</p>
<p>23 That several mobile phones are provided to South Taranaki low socioeconomic families of patients admitted to Hawera Hospital and Taranaki Base Hospital. Arrangements concerning these phones should provide for no cost to be incurred by the patient for calls made to either health care facility. The respective health care facility would also be able to directly contact the designated family member.</p>	<p>Recommendation not supported</p>	<p>Not supported</p>
<p>24 That accommodation be provided in New Plymouth for families and friends of South Taranaki patients that have been transferred to Taranaki Base Hospital and that this accommodation be at an acceptable and reasonable standard.</p>	<p>Accommodation via hospital flats available to families of patients transferred to Taranaki Base Hospital.</p>	<p>In place.</p>

NTR - Nothing to Report

Recommendation	Progress	Outcome
25 That the CEO and Chairman publicly state that under no circumstances will the option of closing the inpatient unit at the new Hawera Hospital during the next 5-10 years be considered.	NTR	NTR
26 That the CEO visits Hawera Hospital at least on a monthly basis to participate in clinical improvement presentations by South Taranaki health providers.	The CEO visits on a regular basis to partake in hospital and TDHB activities..	In Place
27 That senior management at both Taranaki Base Hospital and Hawera Hospital conduct themselves in a manner such that on the occasion that a staff member speaks disparagingly of the providers of either Taranaki Base Hospital or Hawera Hospital, then that staff member is immediately censored.	NTR	In place
28 That senior management of the Taranaki DHB develop a discussion paper concerning the establishment of a South Taranaki Trust whereby the Trustees are represented by the local community and representatives of Industry in South Taranaki and that the Trust is established with a view to financially contribute to the recruitment and retention of medical staff at South Taranaki, including GPs and MOSS.	Joy comments required	This item to be put on the agenda for the next Hawera Steering Committee Meeting.
29 That senior management of the Taranaki District Health Board meet with heads of industry on a bi-annual basis at Hawera Hospital to discuss issues of concern.	First meeting completed	Overtaken by District Health Board community consultation programme.
30 That senior management of Taranaki DHB undertake a community programme of education concerning the multiple MOSS option and, particularly, the role of the MOSS.	More public information/ education needed.	<ul style="list-style-type: none"> • Hawera Hospital pamphlet developed on services provided at the hospital • Articles in local newspaper. • Planning quarterly advertorial with local newspaper. • Attach Pisk recommendations to TDHB website.

NTR - Nothing to Report

Recommendation	Progress	Outcome
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31	<p>That the Department of Medicine, Taranaki Base Hospital provide the CEO with a workforce plan concerning the Department of Medicine workforce as a matter of urgency and that this plan includes provision for the following :</p> <ul style="list-style-type: none"> • To increase medical outpatient clinics at Hawera Hospital by 5 per month. • To provide one physician in attendance at Hawera Hospital each day of the week to conduct an outpatient clinic and provide consultation as requested by MOSS and GPs. • To identify 4-5 physicians to undertake outpatient work at Hawera Hospital to allow the community, GPs and Hawera Hospital staff to become familiar with these medical officers. One of these positions must be a cardiologist or a generalist with an interest in cardiology. • That the Head of Department of Medicine at Taranaki Base Hospital provide the overview and leadership function concerning MOSS selection and MOSS performance review. 	Protected time available from 1140 -1240 for consultations/meetings/review of ward patients.	In place
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NTR – Nothing to Report

Recommendation	Progress	Outcome
32 That the Head of Department of Medicine, Taranaki Base Hospital, chairs the MOSS Appointment Committee.	HOD closely involved with recruitment and recommends credentialling Steering Committee has agreed process for appointments	In place
33 That the Head of Department of Medicine, Taranaki Base Hospital, oversees the task of co-ordination and development of a skill set/criteria for MOSS concerning skills in medicine, ED and anaesthetics (airway skills). These skills must be approved and signed off by a MOSS credentialling group that would include the Heads of Department at Taranaki Base Hospital for Medicine, Emergency Medicine, Anaesthetics, Surgery and the Medical Advisor, Taranaki DHB.	Dr Paul Koenig oversees Emergency department medical staff and activities. Dr Ian Ternouth oversees Inpatient service medical staff and activities Regular CME activities carried out ie ALS /Pals along with rotation to Base. There is a newly formed rural hospital generalist working party that has been established that is represented by one HH inpatient medical officer. One of the key roles of the working party is to work towards a vocational pathway for MOSS .	In Place
34 That the Head of Department of Medicine is provided with the necessary clerical infrastructure to achieve recommendations 31, 32 and 33.	Extra clerical support achieved	In place
35 That the Medical Advisor, Taranaki DHB, supports and facilitates the Head of Department of Medicine, Taranaki Base Hospital, in achieving the objectives of developing comprehensive systems concerning MOSS CME, peer review and credentialling.	Ongoing	Local framework developed and in place.
36 That the CEO approve the establishment 3 MOSS positions and that these positions are re-badged as positions for Multi-Skilled Medical Officers.	Full complement of staff achieved	Medical Officers in place. Working closely with Medical Council around vocational pathway.
37 That the Human Resource Manager and Medical Advisor, Taranaki DHB, develop a recruitment strategy for MOSS that includes a job description, salary and CME package.	Steering Committee reviews recruitment strategy TDHB recruitment advisor actively involved in ongoing recruitment strategies.	In place

NTR - Nothing to Report

Recommendation	Progress	Outcome
38 That a member of the public participate in the appointment of each of the MOSS positions.	Hawera Hospital Recruitment Steering Committee consisting of a number of community representatives review CVs of potential candidates and decide collectively with TDHB senior management appointment of MOSS positions.	In place
39 That negotiations are undertaken as a matter of urgency with the Clinical Director Southcare which should include the following items : <ul style="list-style-type: none"> • The gradual participation of MOSS on the ED roster. This participation would increase as the MOSS establishment increases. • An on call roster for inpatients should be considered and if implemented this should be a second on call roster with the first on call provided by the doctor on duty in the ED. This action requires careful consideration as it will provide a disincentive for MOSS recruitment. 	Registration Issues currently preclude the progression of the inpatient medical officers on the ED roster and vice versa.	Incorporated into work currently being undertaken by DHB led by Medical Advisor supported by Manager Hawera Hospital, HR and clinical staff from Hawera Hospital. Ongoing.
40 That the Medical Advisor and Human Resources Manager, Taranaki DHB, request the Illawarra Area Health Service (NSW) to provide the Taranaki DHB with a copy of both the Multi-Skilled Medical Officers (MMO) agreement and the clinical skills criteria by speciality group to assess and grade Multi-Skilled Medical Officers at the appropriate level of remuneration. And that this information is examined with the view to improve the salary step structure for MOSS contained in the ASMS agreement and that consultation occurs with the ASMS in consideration that advancement along the salary step scale would be in line with the attainment by MOSS of appropriate clinical skills.	Own Protocols developed	No longer considered necessary
41 That one of the MOSS positions at Hawera Hospital becomes the Medical Advisor of Hawera Hospital. This position provides for 0.1 FTE to fulfill the Medical Advisor function. This role should be jointly shared between a nominated MOSS and the Medical Advisor, Taranaki DHB, until the 3 MOSS are recruited.	Oversight from TBH very good due to good IT infrastructure and regular on site visits from the HOD Medicine and HOD Emergency Services	Refer to General Manager Hospital Services for further discussion.

NTR - Nothing to Report

Recommendation	Progress	Outcome
42 The Medical Advisor and Nursing Director are included in operational meetings that involve senior management of Taranaki Base Hospital and Hawera Hospital.	The Nursing Director visits Hawera Hospital on monthly basis and participates in regular operational business meetings. The Medical Advisor visits Hawera Hospital on a regular basis and participates in regular business meetings and hospital activities.	In Place
43 That 5 weekly rotations for MOSS be organised at Taranaki Base Hospital to occur twice per year in either emergency medicine, surgery, anaesthetics (airway skills), paediatrics and mental health.	Organised according to individual need of Medical Officer	In place
44 That MOSS are guaranteed training in the early management of severe trauma, advanced paediatric life support and advanced cardiac life support courses.	ALS course attended.	In place
45 That each MOSS is reviewed yearly by a Credentials Committee to advise the appropriate training modules for that MOSS in the year ahead.	Medical officer covered by credentialling policy	In Place
46 That the Medical Advisor., Taranaki Base Hospital, evaluates the benefits of MOSS undertaking the Diploma of Rural Hospital Medicine at Otago University by distance learning, and liaise with the CTA and any other funding sources concerning the possibility of scholarships for the Diploma being offered to MOSS.	Essential to look at Career pathway of MOSS. There is none at present. This is the greatest obstacle in team retention because vocational registration leads to Physician or GP. Why stay at Hawera Hospital? ?Diploma of rural hospital medicine not appropriate for Hawera HIP → internal medicine only As above, rural hospital working party has been formed with the view to developing a vocational pathway for MOSS.	No longer necessary. Linked back to legislation issue.

NTR - Nothing to Report

Recommendation	Progress	Outcome
47 That critical care nurse training be provided to nurses at Hawera Hospital such that a pool of ED, monitored bed and patient transfer nurses are available. These nursing staff should have equivalent critical care skills. This should be achieved by rotation of positions to critical care nursing areas at Taranaki Base Hospital.	Ongoing undergraduate and post-grad study/training occurring across the hospital	In place and ongoing
48 That the Medical Advisor, Taranaki DHB, and the Medical Advisor, Hawera Hospital (new MOSS position) organise a monthly education forum at Hawera Hospital designed for South Taranaki GPs and MOSS.	Journal Club due to be commenced shortly by MOSS involving local GPs and hospital staff. MOSS currently attend evening GP peer review meetings	In Place In Place
49 That the Taranaki DHB and South Taranaki Community provide for an excellent standard of accommodation for the family of a MOSS during a 3 month orientation period at the commencement of a MOSS appointment.	Suitable Accommodation provided for medical officers on arrival , Assistance given when and as required for long term accommodation needs	In place
50 That the management of Hawera Hospital ensure that on site duty doctor accommodation is available that includes a study area and bedroom.	Flat 4 now overnight Doctor Accommodation.	In place
51 That a mentorship programme for MOSS be established to provide the oversight required for Medical Council Registration. This mentorship may be provided by a GP and/or specialist.	Regular contact with Supervisor in place. Good IT structure and regular visits by visiting Physicians. Medical Advisor also assists in supporting local Medical Officers	In Place
52 That the senior management of Taranaki DHB facilitate and coordinate in conjunction with the GPs and community of South Taranaki the development of a South Taranaki GP workforce plan.	Discussions ensuing via Steering Group Needs to have MOSS involvement	DHB objective - Workforce Development Plan

NTR - Nothing to Report

Recommendation	Progress	Outcome
53 That the South Taranaki GPs form a group and provide representation so that a South Taranaki GP - Taranaki DHB liaison meeting is held on a monthly basis at Hawera Hospital.	GP representation part of the Clinical Services Management meeting.	In place.
54 That a memorandum of understanding be established between Wanganui DHB and Taranaki DHB, and this memorandum of understanding should include principles of collaboration in strategic planning, resolution of cross boundary issues and where appropriate joint clinical review of patients that have been cared for by the providers of both Taranaki DHB and Wanganui DHB.	Discussions being initiated across a variety of specialties	No longer applicable. General Manager Hospital Services to monitor Inter-District Flows.
55 That a table top exercise in counter disaster planning be undertaken. This exercise should include a combination of a major industrial accident that occurs in South Taranaki involving 300 casualties and simultaneous blocked road access between Taranaki Base Hospital and Hawera Hospital due to a natural disaster.	TDHB and Hospital Emergency Plans currently being reviewed.	In progress. GP's need update on their role General Manager Hospital Services to follow-up
56 That a South Taranaki GP, a relevant Board member and senior manager of the Taranaki DHB visit Dunstan Hospital and arrange meetings with the nursing and medical staff at Dunstan Hospital and the community of Central Otago.	<ul style="list-style-type: none"> • Not applicable now 	No longer applicable
57 That a Steering Committee that includes representation by the South Taranaki Core Health Group and representatives of the GPs of South Taranaki, oversees the implementation of the recommendations including the recruitment strategy for MOSS. This committee will report directly to the CEO.	Recruitment Steering committee meetings held 5-6 weekly	In place.

NTR - Nothing to Report