

Areas for future improvements identified on day 2 of the Gemba workshop held 27-29 April

Agreements

- Integrated Health
- Primary/Community led service
- Early intervention is a priority
- Patient can access records
- The current system must change
- Reducing inequalities
- Siloing doesn't work in South Taranaki
- Care navigators/kaiawhina
- Nurse led clinics
- Shared booking system – Doctors, nurses, outpatients
- Single point of access/referral management
- Expand GP teams
- Time appropriate service
- We are all in this together
- Use of virtual medicine
- ED acute care and GP care to combine
- Improved access to diagnostics
- Standardised clinical and referral pathways
- Primary prevention is a priority
- Ambulance resources are over qualified
- Ambulance staff can be better utilised during “down time”
- Patient/self responsibility
- Services to the patient – not necessarily physical
- Transport partnerships
- Single physical hub

Open issues

- Access to medicines
- Oral health
- Mental health
- What is the Hawera Hospital?
- Where does Base fit?
- Wanganui/Taranaki boundary
- Recruitment and retention and training
- Who does what? Doctors, nurse, Allied Health
- Who owns notes? Privacy advocacy
- Impact on registered nurses and community services
- Cost effective
- Expectations of ambulance service
- Disabilities
- Reducing inequalities
- Location of any beds
- Allocation of resources
- Impact on Maori/venerable
- Sickness/invalid benefit standard

A wide range of health service people all with an interest in improving future service, participated in a workshop held in Hawera on 27-29 April.

Of the participants 58% delivered clinical care in South Taranaki, 37% managed local health services and 5% represented either Iwi or the community.

The following comments were made by participants at the end of the workshop:-

“Productive, positive even better than I expected. Streamlined our thoughts and united service providers so we have a greater preparedness to work together.”

“Everyone seems to be in the same place wanting the same things. We want to make it easier for patients. It is possible. We need to think past protecting patches and look at patient needs.”

“I think we are getting somewhere. We are getting closer to developing a system of better access to appropriate health care for patients. We all want greater access for all.”

“When there’s a will there’s a way – and there is a will. It is the first time we have all been in the same room and we are finding out we are all the same.”

“We identified a lot of duplication of effort. Access was the common theme. We are getting closer to developing a model that will improve access and outcomes to services with people remaining in the communities with appropriate care.”

“A very good workshop. I have felt on the outer before this and have learnt that everyone has the same frustrations and that we all care about the patient. We are a lot closer to ironing out our system.”

“I saw more positive thinking about change as the days have gone on. I see that progress relies on co-operation knowing that everyone is wanting the best for the patients”

“You have done a stunning job. It was brilliant to see how quickly we got down to this level of detail. We applied it to real scenarios and it feels applicable. This is a good step in the right direction.”

Summary compiled 20/05/2011
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