

Recommendations from Hawera Staff

A meeting was held on Tuesday May 31 for Hawera Hospital staff to offer views, opinions and ideas towards a new model of delivering care in South Taranaki

Combined with water cooler chats and emails the following are points the staff who participated would like taken into consideration when designing the new model.

- **Emergency Care**

This should continue to be available 24/7 from the existing facilities

Whatever model is decided, some staff wish to remain TDHB employees

If a private model of ownership resulted in being able to recapitate funding from GP's and access some ACC funding then this should be considered.

Some staff expressed strongly that no private model should involve a cost to patients but rather be used as a means of clawing back funding

At some future point, if changes to Primary care resulted in fewer presentations to an Emergency Care Centre then private ownership would enable delivery of other services eg Lumps and Bumps, to absorb the resulting capacity

It is our understanding that local GP's have not expressed an interest in staffing the ED so a model that can retain and attract Rural Health Doctors is necessary

- **HIP**

Staff would like to see better use of the rehab facilities available in Hawera with earlier discharges from Base of rehab patients

Consider the development of a rehab Dayward, located in HIP, where rehab can continue post discharge with members of the MDT

- **SHORT STAY**

A short stay unit either attached to the ED or HIP for 24 hour stays for patients requiring a brief episode of care eg IV Fluids, IV Antibiotics, Trial of micturition post catheter removal

- **PALLIATIVE CARE**

Care of palliative patients to include the Liverpool care so South Taranaki patients can be in Hawera for end of life care , not in Hospice in NP

- **MATERNITY CARE**

Retain maternity services.

Charge LMC's for using rooms at Hawera for their clinics, they currently do so for free

- **NURSE LEAD CLINICS**

Resources to staff and run a nurse lead clinic in an organised and booked appointment way. Currently these tasks arrive in ED /HIP in an unorganised way that adds to the existing workload of ED/HIP staff

Plaster checks

ECG's & ETT's

IV Infusions
IV Antibiotics
Wound Care
Continence Care
Follow up phone calls
Pre Op assessments
Mobile Surgical Bus recovery

ISSUES THAT NEED FURTHER DISCUSSION

- **OUTPATIENT BOOKINGS**

This matter remains unresolved and continues to cause South Taranaki patients difficulties accessing appropriately timed Outpatient appointments. This was repeatedly highlighted in the community feedback and is puzzling that such an apparently easily managed issue continues to cause problems

- **TRANSPORT**

Non urgent transport between and to the 2 TDHB facilities is an ongoing issue also identified by the community feedback and Hawera Staff fully support any initiatives to resolve this

- **FUTURE SPECIALIST SERVICES**

CT Scanner
Chemotherapy
Renal dialysis
Consideration be given to discussing the possibility of having the above services available in Hawera to South Taranaki people

Thank you for the opportunity to feedback