

South Taranaki

Alive with Opportunities

An Alternative Proposal

31 May 2011

Views contained in this Powerpoint are not necessarily the views of the Taranaki District Health Board. Information that appears throughout this document has been compiled during discussion with Hawera Hospital staff which Dr Sarah Burling has presented on their behalf.

Bishop's Action Foundation

- Waiting time for GP's
- Lack of access to AH GP services and ED wait times too long
- Lack of GP's in Sth Taranaki, locums, retelling the story
- Travel to appointments costly and difficult
- Disjointed service (different GPs, long wait times for specialists)
- Transport from rural areas a major issue
- Rural GP rolls full so people have to travel to get a GP
- Poor appointment management for clinics at the hospital/NP
- Need for ST Crisis team
- Sth Taranaki contracts to be provided from Sth Taranaki
- Affordability
- Increased need for Palliative services in Hawera
- Hawera Hospital is valued and the community wants it retained with LONG TERM assurances

Current Hawera Hospital Doctor Staffing

- Monday to Friday
 - ED Doctor 0800 – 1700 (9 hrs)
 - Float Doctor 0800 – 1800 (10 hrs)
 - Night Doctor 1700 – 0800 (15 hrs)
 - Ward Doctor 0800 – 1600 (8 hrs)
- Saturday/Sunday
 - ED Doctor 0800 – 1700 (9 hrs)
 - Float Doctor 0800 – 1600 (8 hrs)
 - Night Doctor 1700 – 0800 (15 hrs)

Current Hawera Hospital Doctor Staffing

- Total Doctor Hours = 274 per week
 $274 \times 52 = 14248$ hours/year

Current ASMS MECA Provisions for Leave

- Annual Leave: 6 weeks/yr
- CME Leave: 10 working days (~2weeks/yr)
- Secondment 2 weeks every 3 years +
Sabbatical 3 months every 6 years (total 2.83
wks/year)
- Statutory Holidays 11 working days (~2 weeks)

= 12.83 weeks/year

(52 - 12.83 = 39.17 weeks to work)

Notwithstanding sick/bereavement/jury/etc etc leave

Current Hawera Hospital Doctor Staffing

- Current terms of employment:
 - 75 hours/fortnight clinical (37.5/week)
 - 9 hours/fortnight non-clinical/non-rostered
 - 39.17 weeks/year x 37.5 = 1468.875 hrs/year on the floor
- So with 274 hours/week to cover we have:
 - hours per year 14248 hours/year / 1468.875
 - hours per doctor
- = 9.7 FTE (!!!)

- NOT the 5.5 that has been quoted throughout this process...

For the record...

- For the month of May 2011 out of 1377 patients ONE exceeded the “six hour rule” (i.e. only one patient was in the department for more than 6 hours from the time of triage until either admission or discharge)
- Since this target has been in place we have never achieved below 98%

What happened in Horowhenua?

ManawatuStandard

Sunday Star-Times **18 October 2007**

** Different rates apply to busine.*

Stuff Home

Manawatu Standard

News

Kia ora, Gu

Manawatu Business

Feilding Herald

Rangitikei Mail

Tribune

Central District Times

World News

Service is hit as GPs leave new centre

Last updated 00:00 18/10/2007

 Text Size

 Print

 Share

Plans to fill the new Horowhenua Health Centre with GPs and beef up after-hours services continue to challenge the MidCentral District Health Board.

Services have taken a blow with one of the centre's GP tenants, Dara Bogdanovic, and a locum, deciding to move out late this month.

And Horowhenua's re-elected board member Lindsay Burnell got to his feet at yesterday's board meeting in an unusually formal gesture to protest that Horowhenua people weren't getting the after- hours service they'd been promised.

It was a founding principle for the new centre that an after-hours accident and medical service would be provided from the centre, he said.

And board chairman Ian Wilson said that was still the goal.

Funding manager Mike Grant said the district had after hours services, including a GP on call overnight, although

What happened in Horowhenua?



The screenshot shows a news article from the website stuff.co.nz. The page features a navigation menu with categories like Crime, Education, Health, Politics, Weather, Stuff Quizzes, Photos, Videos, Blogs, and Christchurch. The main headline is 'Health centre may lose 24 beds' by Kay Blundell, dated 16/02/2010. The article text discusses the potential loss of 24 hospital beds at the Horowhenua Health Centre due to budget cuts. A sidebar on the left lists other health-related news items.

stuff.co.nz
NATIONAL

Book now for Queen's Birth

Stuff Home National

Crime Education Health Politics Weather Stuff Quizzes Photos Videos Blogs Christchurch

Health centre may lose 24 beds

BY KAY BLUNDELL

Last updated 05:00 16/02/2010

Text Size Print Share

Health

- Anti-smoking bill to go before Parliament
- Cancer sufferer left in agony after morphine stolen
- Bacteria found in Blenheim cooling tower
- Formula marketing alarms Turia
- Young mum's cancer shock
- Mother angry at lack of abortion counselling
- Buying cheap specs is simply short-sighted

Horowhenua's new \$16.1 million health centre may lose its 24 hospital beds as the district health board looks to slash spending.

Under the proposal elderly patients would be forced to travel to Palmerston North or Wellington for treatment.

A MidCentral District Health Board advisory committee discussion document, leaked to The Dominion Post, suggests axing assessment, treatment and rehabilitation beds for elderly patients at Horowhenua Health Centre, which opened 2 1/2 years ago. Axing the beds would save \$2.3 million a year. Four maternity beds would stay at the centre.

With a deficit of \$10.4m posted during 2009-10 and a predicted

17 May 2011

THE
DOMINION
POST

*RaboDirect is a 4 time winner at the
Sunday Star-Times Canstar Banking Awards*

** Different rates apply to businesses*

Stuff Home > Dominion Post > News

Kia ora, Guest

Obituaries Politics National World Local Papers Weather Marine forecasts Traffic Cameras

Firefighters left to tend dying woman

ANTONIO BRADLEY

Last updated 05:00 17/05/2011

10 comments

Text Size

Print

Share



As a 23-year-old mother lay dying from a gunshot wound in Otaki Beach, no ambulances were sent to her aid.

Instead the woman, who was allegedly shot by her partner about 4pm on May 8, waited 41 minutes for a rescue helicopter and paramedic from Palmerston North because St John Ambulance said its local crews were busy.

It is understood the Fire Service has written to St John asking it to explain its delay in treating the woman.

Firefighters and police gave first aid to the woman at the Ngaio St property, but The Dominion Post has learnt the firefighters became so concerned with the St John response they called off-duty paramedics to the scene themselves.

Dannevirke???

31 August 2009

ManawatuStandard



CLICK HERE to v

Stuff Home

Manawatu Standard

News

Kia ora, Gu

Manawatu Business

Feilding Herald

Rangitikei Mail

Tribune

Central District Times

World News

D'virke clinics not spared closure

BY JANINE RANKIN

Last updated 12:00 31/08/2009

Text Size

Print

Share

There'll be no reprieve for the Dannevirke outpatient clinics suspended by MidCentral Health in March.

And despite a promise the community would be kept informed about a review of the clinics, Mayor Maureen Reynolds found out about the decision when told by the media that the information was on the district health board's website.

The promise followed what MidCentral Health accepted was a public relations disaster when the clinics were first transferred and no-one except the affected patients knew about it.

Along with vicar Tim Delaney and Tararua District councillor Roly Ellis, Mrs Reynolds led a deputation to the board's hospital advisory committee in June calling for reinstatement of the clinics.

"I have not heard anything," she said. "They said they would be more pro-active about letting us know."

Mrs Reynolds said she would try to attend next Tuesday's hospital advisory committee meeting to protest the decision.

Are we next? 10 May 2009

Hospital services to get the knife

BY LYN HUMPHREYS

Last updated 05:00 10/03/2009

 Text Size

 Print

 Share

Taranaki's public hospitals are preparing for cutbacks after the Government laid down tough new ground rules.

Minister of Health Tony Ryall told the 21 district health boards last week they must shorten their waiting times, work with less bureaucracy and better value their health workforce all without any extra money.

Taranaki, along with the other DHBs, last week received the minister's "letter of expectation" outlining the minister's future wishlist.

Priorities include increased elective surgery volumes, shorter emergency department and cancer treatment waiting times, better clinical staff retention and greater clinical leadership.

At last week's Taranaki DHB meeting at Stratford on Thursday, chief executive Tony Foulkes said the letter made it clear public health service priorities would be sharply focused on hospital services.

Money could not be spend in areas the board could not afford "and choices need to be made", Mr Foulkes warned.

Not if we can help it....

An Alternative?

Better, Sooner, More Convenient

Better, Sooner, More Convenient

Community Nursing/HITH

Nurse Specialist Services

Transfer Bus

Catering

Pharmacy

Mental Health

GP/IFHN

Rapid Response Team

Nurse Clinics

Allied Health

Maternity

South Taranaki Rural Hospital

Staffed by Rural Hospital Doctors, generalist, autonomous

Administration

Emergency Care Centre

Whanau Ora/
Complex Case Management

Clinics/Interests

Ward Services

Lab/Radiology

AT+R/Stepdown

Dental

Community Nursing/HITH

- Increased at home nursing to take pressure off inpatient services at Hawera and Base
- HITH (IV Abx, DVT, etc etc)
- Increased availability in terms of hours

Pharmacy

- Rely on community pharmacist
- Could they provide Pyxis services with private/current funding (user pays) for outpatients?

GP/IFHN

- Over to you...
- Pts enrolled with own GP (see BAF)
- Each GP keeps acute slots rather than “walk-in”
- ED may move to see and don't treat non-emergency (once GPs able to fit in next working day)
- Acutes triaged by nurse, not reception
- ?alternative therapies
- Visiting specialists/visiting diagnostics ?GP booked
- ?”walk-in” nurse

Nurse Clinics

- Education
- Screening
- Repeat script assessments (eg. BP/chol/SE checks)
- Wound/ulcer
- Continence

Transfer Bus

- Scheduled, staffed appropriately, beds + seated pts + non-pts in front
- Less acute wait till scheduled run
- Very acute use St John
- ?Private business opportunity

Rapid Response Team

- Team of experienced nursing/allied health or other appropriate staff who can visit home/resthme and assess appropriate course of action (e.g. refer, advise, GP next day etc)

Nurse Specialist Services

- As current but combination of services likely to reduce duplication and improve productivity
- Respiratory, Cardiac, Diabetes etc. etc.

Catering

- Increase current service to provide MOW (?user pays)
- Increase/modernise service to attract income/custom (espresso, sushi, etc etc)

Mental Health

- Need crisis service in ST (see BAF)
- Increase training of existing staff to DAO level?

Allied Health

- Increased services in the home
- ?Increased private services to increase income (esp ACC)

Whanau Ora/ Complex Case Management

- As already intended but may also be appropriate to many non-Maori complex cases and already set up to serve same

Maternity

- Watch this space

Emergency Care Centre

- ?DHB owned/Community owned private enterprise
- Re-capitation
- ACC funding
- Referral centre for GPs for those >15 minute cases
- Not a walk-in GP service (?see but don't treat non-emergency)
- Must remain 24 hour
- Rural Hospital Doctor staffed

Ward Services

- Some sort of specialty to keep us viable
 - Young person AT+R
 - Head injury
 - Young person Palliative Care
 - Eating Disorders
 - Day Rehab (intensive)

Local Champions

- Work with the RH Doctors towards better relationship and service

Clinics/Interests

- Minor ops (off wait list, user pays)
- Cosmetics (user pays)
- # Clinic
- Occ health/workforce screening....

Administration

- Better booking systems/communication
- Aim to schedule as a “one-stop-shop”

AT+R/Stepdown

- As per Nth Taranaki Plan???

Dental

- ?more input to the RH doctor so better emergency out of hours (but not requiring dentist immediately) can be provided
- Will they work here if there is no emergency service on site?

Lab/Radiology

- Status quo?
- Increase in radiology access to GPs
- POCT?

Training Centre

- Rural Immersion Medical Students
- Rural Hospital Medicine Registrars
- Great for recruitment and Retention...

Looking Forward:

- Attract a specialist who's after the country life
 - ENT COE/Cardiology COE/Renal COE
.....the possibilities are endless.....
- Insurance/Private utilisation
- Private High Dependency medical beds

And finally...

Building Our Future

2011
BUDGET

Hon Tony Ryall

Minister of Health

19 May 2011

\$2.2b extra to boost public health services

Budget 2011 is delivering an extra \$2.2 billion to public health services over the next four years, including an additional \$585 million in initiatives in 2011/12.

"Vote Health is the biggest recipient of Budget 2011," Health Minister Tony Ryall says. "This demonstrates the Government's strong commitment to protecting and growing our public health services, despite the difficult economic times.

"In the next financial year, we are providing \$585 million for health initiatives – made up of \$420 million of new money, plus around \$165 million from savings going straight back into healthcare."