

C&C DHB Partner Update

November 2010

Capital & Coast DHB will regularly be providing information packs to stay in touch with our colleagues in primary health and to keep everyone up to date with what's going on.

Please help us by distributing this to other Primary Health Care Providers who you think might find this information useful.

This edition and previous editions are available to view on healthpoint.co.nz under the Medical Professional section – News.

Headlines in this edition:

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Attachments to this newsletter are marked as **bold and underlined**

Industrial Action – MRT Strike, November 9 and 10

Capital & Coast DHB has received a strike notice from the radiographers union Apex for November 9 and 10. This is a withdrawal of all labour for 48 hours and means we will not be able to provide the usual X-rays, CT scans and other imaging services. Apex has agreed that its members will provide Life Preserving Services (LPS) which also covers risks of severe disability. We expect to be able to provide radiology for urgent, serious medical and surgical conditions.

We anticipate that patients with musculoskeletal problems will not have access to radiology unless it is a serious injury or condition. Patients will be asked by ED to attend the After Hours Medical Centre on Adelaide road, should their condition require non urgent radiology.

This strike is in addition to ongoing industrial action from Apex members who are “working to set examination times” with during working hours and will only provide CT and MRI for LPS out of hours.

In the first instance please consider if a patient can be managed at the Wellington Accident & Urgent Medical Centre on Adelaide Road, which has radiology support from 8am until 10pm. Alternatively, patients can also be referred to Pacific Radiology, their available services and opening hours for all locations can be found on their website, www.pacificradiology.org.nz .

The Kenepuru A&M will have a radiographer on call but only for serious conditions which meet the Life Preserving Services criteria.

Patients with possible minor fractures/injuries who do come to hospital, may get their limb immobilised and be sent home, to return on November 11 for X-ray.

If you are not sure, please ring the on call consultant for the particular specialty to discuss what to do. You can do this by phoning the hospital switchboard on 385 5999.

We anticipate a large backlog of work for the rest of the week, when a work to rule is still in force, so please try and continue to refer people to the Adelaide Road centre and Pacific Radiology then as well.

Eldernet vacancy register now available

C&CDHB have recently contracted with the Eldernet to provide and maintain a real time, on-line vacancy status register for the Aged Residential Sector (ARC). This is now available to all healthcare providers and to the general public at www.eldernet.co.nz. Anyone can access the vacancy register to see which ARC facilities have available beds at any given time. This will save people from phoning each provider to ask if they have beds available.

The Vacancy Status Register, which has been operating in a number of other DHB regions for several years, gives up-to-date information about all providers' daily bed status in the region. Features include:

- The Vacancy Status Register (VSR) shows the following details:
 - contact details

- bed availability across all levels of care
- the nature of the vacancy e.g. short or long term etc.
- the date and time of the update.
- a text field showing other important information (e.g. 'Female vacancy in shared room')
- It can be sorted by short and long-term vacancy and by district.
- It is in the 'public domain' on the Eldernet website.
- It can be easily printed out and given to clients etc
- All providers are invited to participate in the VSR (providers do not need to be Eldernet members)
- Providers are asked to update the report themselves every day
- There no cost to providers for this service as the DHB annual 'fee for service' covers this.
- The service operates every business day.

The Eldernet service provides timely, relevant, and comprehensive information about services for older people in New Zealand. It is well established and supported by the ARC Sector. The Eldernet website includes a nationwide database directory and comprehensive information about community groups and organisations, home help services, rest homes, retirement villages, residential care, private hospitals, dementia care, public hospitals and other third age services for seniors.

It provides information including:-

- an overview of services and options that may be available to the public
- extensive information (more than an overview)
- links to a range of relevant organisations and services
- how to access services including needs assessment and service coordination (NASC)
- information that will help you support an 'elderly' person
- many of your difficult questions answered.

ED renovations: November 2010 – April 2011

Wellington Hospital's Emergency Department is undergoing renovations from 1st November and will run for approximately 6 months through 5 stages.

ED staff will be continuing to provide clinical services as normal but there may be some delay for less urgent cases and there will be some noise disruption.

The renovations will create a new triage, first clinical assessment, reception area and expanded Ambulatory Care area and the waiting room will be reconfigured, allowing for improved privacy and safety for patients.

The creation of a new 6 bed minor care zone will help us achieve shorter stays for patients who do not need hospital admission and, will contribute to C&C DHB's compliance with the MoH 6 hour targets.

During the renovations, access to the area will be restricted to ED patients and their families only. All other patients and visitors will be required to enter the hospital via the After Hours Entrance next to the new Security Orderlies base or through the hospital's main entrance.

New Chief Operating Officer Announced

C&C DHB have appointed Chris Lowry as our new Chief Operating Officer, effective immediately.

Chris has been Acting Chief Operating Officer since Ken's departure in September and she has been a great support the executive team over this time.

Chris has been with Capital & Coast DHB for nine years, working in a variety of areas, including Medical, Surgical, Organisational Development and Patient Safety and recently as Director of Medicine, Cancer & Community Services. Over this time Chris has also stepped into the role of Acting COO on a number of occasions.

New Eligibility Criteria for Household Management Services (Cleaning)

Throughout 2010, the Capital & Coast District Health Board has been looking at ways to re-focus the way in which we target care and support for people over 65 years of age, to ensure those with the greatest need can access services. In June 2010, the Board made a decision to limit Household Management (cleaning) support to those experiencing greatest financial hardship and who need services most.

The mechanism for determining eligibility for Household Management services is that the client holds a Community Services Card (CSC). From 1 September 2010, all those clients undergoing a **new** assessment for home based support services from 1 September, who have been identified as having a need for Household Management services ONLY (i.e. no Personal Care element required) have been subject to this new means-test. Only those who hold a valid CSC are eligible to receive these services. If clients require any level of Personal Care or other services, the CSC criteria does not apply.

From 1 December, when your patient next have your usual needs reassessment, the assessor will be checking to see if they hold a current CSC.

If your patient does not hold a CSC, then they will no longer be eligible to receive DHB-funded household management (cleaning) services. If you still wish them to receive household management services, your patient will be able to purchase these through a private home based support provider. Details of these organisations will be available through the CCC.

At the time of the next reassessment, a trained assessor from the Care Coordination Centre will contact your patient to make a time to take them through the re-assessment process. This will take about 30 minutes and in most cases will be able to be completed over the telephone.

If you have concerns about the above process and how it may effect your patients, you can contact the Care Coordination Centre directly, phone 0800 28 22 00

C&C DHB Diabetes Health Targets

Diabetes is a key focus for C&C DHB and continues to increase over the years. As per the MOH, in 2010-11 there are estimated to be about 13,340 people in C&C DHB with diabetes. This compares to an estimate of about 12,029 people in 2009-10. The largest proportional increases have been seen in the Pacific and Maori populations.

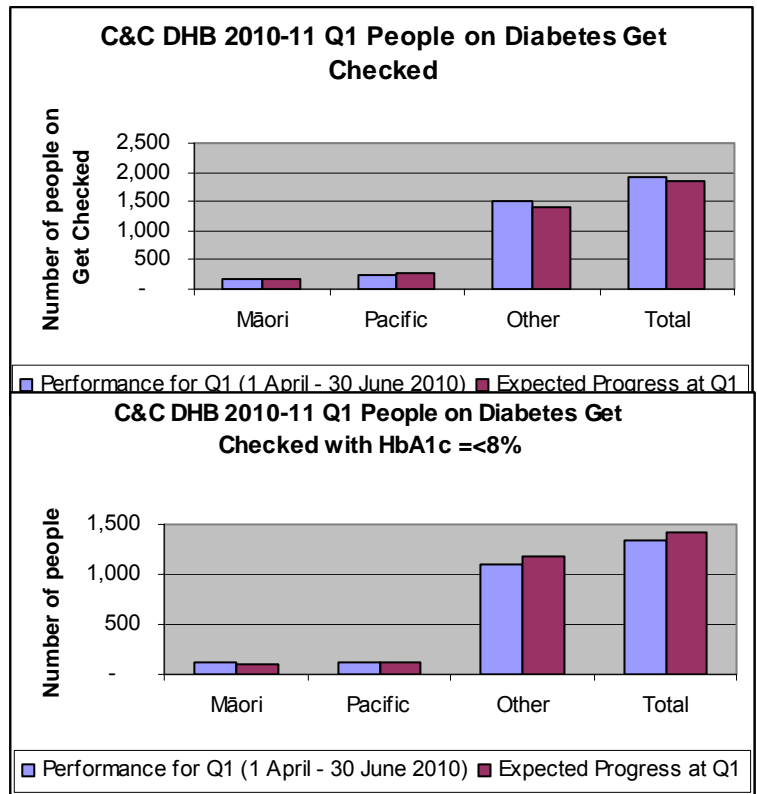
Ensuring that those with diabetes receive regular care and that they are able to achieve their diabetes management goals is vital. The national Diabetes Health Targets aim to monitor this through measuring the number of patients

that have had a Diabetes Get Checked completed and who have achieved HbA1c =<8%.

2010-11 Diabetes Health Targets for C&C DHB		
	% of People on Diabetes Get Checked	% People on Diabetes Get Checked with HbA1c =<8%
Māori	47%	63%
Pacific	53%	50%
Other	56%	79%
Total	55%	74%

The performance for C&C DHB in Quarter 1 of 2010-11 is quite positive. However improvements are still required in getting more Pacific people on the Diabetes Get Checked programme and improving the number of people with a HbA1c =<8% for all populations.

The progress achieved for these Health Targets are through a combination of efforts across primary and secondary care. The DHB would like to encourage the use of the various resources and innovative activities that are in place in the achievement of the Health Targets.



Smoking Cessation pilot

The Respiratory Unit are currently running a smoking cessation pilot using nicotine derivatives as a cessation aid.

This pilot study specifically utilises Snus and Zonnic, which are currently available in NZ only through this research project.

We want:

- Current smokers
- 18 – 70 years
- Current illness related to smoking
- at least one previous quit attempt using Nicotine Replacement Therapy

Snus is an oral form of tobacco, treated to remove most chemicals associated with cancer. It is widely used in Sweden as an aid to stopping smoking, as well as a substitute for smoking.

Zonnic is a pure nicotine form of Snus contained in a pouch of crystalline cellulose. If you have patients who may be suited to this pilot please contact: Vicki Ward (Vicki.Ward@ccdhb.org.nz) or Angela Thie (Angela.Thie@ccdhb.org.nz) Phone 385 5999 ext 80556

Discharge Summaries and GP set up

No GP detail on inpatient admission

When some inpatients are admitted, the GP name field on their admission for ahs been left blank. When this happens, the discharge summary cannot be despatched because of the lack of information - it needs both GP practice and GP name to be completed.

Discharge Summaries ready to be sent to GP practices are being monitored to identify instances where the GP name field is blank, and arranging for these to be sent as soon as possible after identification. Meanwhile the back-up process of faxing discharge summaries is still in place.

Discharge Summary Audits will be restarting shortly. For GP practices that receive the documents electronically we would like to discontinue the fax process, and will review this decision after some audits have been completed. We will need to continue to fax and mail documents where a GP does not use a practice management system and don't receive electronic documents.

Maintaining up-to-date GP details in our patient management system

The Doctor Master file contains names and allocates a unique ID to each healthcare provider (HCP) registered in our systems. We are reliant on the general practices advising any changes in medical personnel.

“Generic” general practitioner

We have set up a generic GP name for many GP practices in our catchment (eg General Practitioner Ora Toa Cannons Creek), and are in the process of setting

these up for all practices. This will assist us to direct electronic documents to GP practices, even if the GP is not set up in our systems.

We need an NZMC number to be able to set up the generic GP name. In order to do this, we will contact GP practices to find out which number to use in the set up. This is a requirement of the HL7 messaging set up.

Diane Stevens – in memoriam

Many of you will already be aware that Diane Stevens passed away earlier this week after a long and courageous struggle with cancer.

Diane, a Nurse Practitioner at Ora Toa, paved the way to a much deeper understanding of the possibilities and potential of our profession. As a healthcare leader, both within her immediate community and more broadly within the nursing profession, Diane had the unique ability to understand and respond to the needs of everyone she came into contact with. She worked with great persistence, patience and passion.

Diane was very highly thought of by us all, she was a leader in her own community and a constant friend. She will be greatly missed.

Capital & Coast would like to acknowledge Diane for her huge contribution to primary health care nursing as well as her work at Kenepuru Accident and Medical.

Our thoughts are with Diane's family and the wider Ora Toa community.

Electronic Health Record 2 - Electronic Healthlink documents

On 14 November 2010 C&C DHB will start sending a number of documents that are currently faxed and/or mailed, electronically via the Healthlink mailbox – the same mechanism as the Discharge Summary. These documents are:

Document	Team/Service providing
AT&R MDT Inpatient Discharge Summary	Allied Health and Nurses on ATR Wards 6 and 7 - Kenepuru Hospital
AT&R Team Discharge Summary	AT&R Team – Capital Coast Rehab
Outpatient Letter TIA Clinic	Stroke Service
Cardiac Rehab Letter	Cardiac Rehab Nurses
EVP Spinal Monitoring Report	Neurology
EEG Test Report	Neurology
Occupational Therapy Discharge Letter	Occupational Therapy
Videofluoroscopic Swallow Study	Speech Language Therapy
Community Nursing Discharge Letter	Community Nursing

Women's Acute Assessment Clinic Letter	Women's Health
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C&C DHB is also implementing a new document management system for dictated documents. This will support improved dictation turn-around times and will also result in consistent formatting of dictated documents. These will not be sent electronically.

Advice re Nurses becoming Quit Card Providers

The New Zealand Nurses Organisation (NZNO) and the Nursing Council of New Zealand (NCNZ) support major health initiatives to reduce smoking in Aotearoa New Zealand, and NZNO is a signatory to the Smokefree Coalition. We also believe that nurses have a key role in leading smoking cessation initiatives such as the Quit Cards. **The attached brief provides information for nurses who intend to be Quit Card providers.**

Next ARC Quarterly Education Session - Nutrition and Hydration in the Elderly

Please find the flyer attached for the dates and venues for the next ARC quarterly education session.

The topic is Nutrition and Hydration in the Elderly.

We are very grateful to be able to have the input of these key speakers:

Presenters:

Julie Hollingsworth: Nurse Practitioner Candidate (Older Adult), C&C DHB

Angela Phillips: C&C DHB Dietetics Team Leader

Molly Kallestan: C&C DHB Speech language Therapist

The session will give an overview of the importance of nutrition and hydration for maintaining social, cognitive, physical and mental health wellbeing.

A component of the presentation will cover the importance of oral hygiene and the key indicators for referral to a dietician and /or speech language therapist.

Please RSVP to Suzanne Miller by email suzanne.miller@ccdhb.org.nz or 0272173701.

HealthPoint

Healthpoint.co.nz has the latest DHB referral and clinical guidelines, protocols and contacts. The site has been updated with a new search functionality and improved links to relevant information for health professionals.

The First Specialist Assessment waiting times on all services are now being updated monthly.

There are an increasing number of health professionals using the Healthpoint site, with over 17,000 visitors to the site in October.

We encourage all healthcare professionals to access this site to get the latest information from C&C DHB on:

- Referral criteria and priority
- Management protocols for common conditions
- New patient waiting times – updated quarterly
- Monthly newsletters and DHB updates

You must register and sign in on www.healthpoint.co.nz to access the referral and clinical information about C&C DHB services.

For GPs and medical professionals, Optometrists registered with the New Zealand Optometrists and Dispensing Opticians Board and Midwives registered with the Midwifery Council of New Zealand please register by clicking on the register at the top of the home page.

You can also register your organisation including GP practices and PHOs by clicking on the register at the top of the home page.

For all other health professionals we would encourage your practice or PHO to obtain a login from info@healthpoint.co.nz.

Second Community Wound Care Clinic now open

Capital & Coast DHB has recently opened its second Wound Care Clinic in the community. After the high user uptake and user satisfaction at the pilot site in Cannons Creek's Ora Toa, a second district nursing clinic has been opened in Strathmore's Pacific Health Services Medical Centre.

C&C DHB District Nurses run clinics on Tuesday and Thursday afternoons. This clinic is for patients who require specialist nursing services in the community. This prevents the need for patients to be treated in the hospital setting and encourages patients to make greater use of their local primary health centre.

The services provided are the treatment of acute and chronic wounds, complex wound care that requires specialist attention and products, IV therapy and indwelling catheter care. However, this is not exclusive and each patient's needs are assessed to ensure the best location to provide care.

The criteria for referral is:

- The patient is ambulant and the location is preferable
- The patient has a wound, which shows no evidence of healing/improvement.
- Complex wound care requiring specialist assessment and treatment such as VAC dressings, compression bandaging

Patient requires specialist nursing serviced unable to be provided by Primary Care, e.g. In-dwelling catheter care, IV therapy, catheterisation

- The patient is an existing patient of Community Health Service but would like to attend the clinic.

The patient is entitled to receive ACC funded services as per regulations and contracts secured.

For any queries regarding access to this service, please phone the Community Health Service team on (04) 385 5821.

If you have a patient that fits these criteria, bookings can be made through the Care Coordination Centre.

If you have any feedback, suggestions or questions regarding these communications please do not hesitate to contact us.

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For C&C DHB information for the general public about Primary Care, visit:
http://www.ccdhb.org.nz/planning/Primary_Care/Primary_Care.htm

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