

## ***C&C DHB Partner Update***

4 November 2009

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.

Headlines in this edition:

- ***MAPU ( Medical Assessment and Planning Unit) Opens*** – See guidelines; Invite to view unit
- ***TIA Clinic Up And Running*** – Referral form attached
- ***New Journal To Increase Support For Cancer Patients*** – New Patient Held Record; Invite to launch
- ***Hospital Departments On The Move*** – See move details
- ***Reassessments of Packages of Care*** – Outline of reassessment process; Copy of letter sent to patients attached
- ***Pain Clinic Appointment*** – New Clinical Leader Pain Management
- ***Changes to Syringe Drivers for Hospice, Oncology and Palliative Care*** – Change from Graseby to the Niki T34 from 1 December
- ***Education*** – Leadership and Management Programme

See below for further details on each of these issues. Documents attached to the newsletter are named in bold and underlined.

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## ***MAPU (Medical Assessment and Planning Unit) Opens***

After a couple of years of planning, the Medical Assessment and Planning Unit **(MAPU) is to open on 17 November.**

While hospital staff will be allowed to find their feet in the new facility for two days before patient assessments begin, there will also be an opportunity for GPs to visit the unit.

**The Royal College of GPs will be having a tour of the Wellington Regional Hospital on Monday, 9 November at 7:30pm.** C&C DHB has arranged a visit to a number of areas, including **theatres, outpatients, CMU, MAPU and the Transit Lounge, as well as a ward** – to get a feel for its layout.

If you would like to be part of this informal tour, you are welcome to join in. We will meet in the new hospital atrium at 7:30pm.

The MAPU is a 24-bed unit, which will include 6 High-Dependency Bay beds, and it is expected that at any one time, another 4 bed spaces will be used for the purpose of medical assessments. The remaining beds will be occupied by short stay patients. It is anticipated that about half of the patients will be discharged home after an assessment and treatment plan, or short inpatient stay in the MAPU.

The other half will be admitted to the medical inpatient wards at Wellington and Kenepuru for completion of their treatment.

Please see the **attached MAPU Admission Processes and Criteria for GPs, and the MAPU Direct Entry Flowchart documents.**

The nursing staff have all completed extensive training and are looking forward to participating in nurse-led assessments, as well as working alongside the medical staff performing technical procedures.

The medical rosters have been revised in order to make best use of the new facility. Most importantly, we expect that the experience for patients referred to hospital will be greatly enhanced as a result of this purpose-designed unit that will allow them to bypass the busy Emergency Department.

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## ***TIA Clinic Up And Running***

**(Referral form attached – called TIA Referral Form)**

The new stroke TIA (Transient Ischaemic Attack) service based at Wellington Hospital is now up and running. **Referral forms as MedTech Outbox document will be available from PHO Managers or from the Compass website for Compass practices.**

**TIA is a MEDICAL EMERGENCY – people with TIA are at high risk of early stroke.** This risk is higher than that for chest pain and TIA therefore warrants urgent attention (NZ TIA Guideline, Stroke Foundation 2008).

The new clinic is based in outpatients and provides an acute telephone advice service from the Stroke Team for suspected TIAs via a **dedicated mobile number during opening hours of Monday – Friday, 8am – 4pm; this number is 027 555 4712.**

A next working day urgent clinic service referred by fax or email for probable TIAs, in accordance with the Stroke Foundation guidelines is also offered.

High risk patients are to be referred directly to the on-call Medical Registrar.

You can use the recommended pre-populating Medtech32 Outbox document referral form. This form includes an ABCD2 score to identify high risk patients.

The new service will provide next day specialist Stroke Physician assessment, priority access to CT and Doppler USS assessment where appropriate and vascular surgery when required.

The inpatient stroke service aims to have six beds in Ward 7 S (neurosciences ward) and 12 stroke rehabilitation beds. Currently two beds are available on Ward 7S.

There have now been two education sessions for GPs and other medical professionals and the key points coming out of these sessions are:

- For GPs who work outside of Wellington (e.g. Kapiti); if you are confident with your diagnosis of a TIA and low risk ie ABCD2 less than 3 – fill in the referral form which will be reviewed the same day and the patient will be brought to clinic the next day for a review. If you are unsure phone the stroke team anytime and have a discussion / get advice over the phone.
- The stroke team may refer patients to other services for further care and investigation if required, if the GP is happy for that to happen. GPs will be kept informed of referrals.
- At present, patient information will get back to GPs via the secure method they choose (most practices have a secure fax). An electronic pathway is being considered with the DHB's ICT department.
- For security reasons, patients must agree to referrals being sent via email to the TIA Clinic. A box can be ticked on the referral form indicating the patient's consent to email referral.
- Outside of opening hours, care teams in all settings should follow their usual protocols for suspected TIAs or stroke – e.g. contacting the Medical Registrar on duty and/or sending the patient to ED.
- It is likely there will be daily clinics to manage demand, rather than open access for GPs to send patients anytime during opening hours.
- It is expected there will be a period of adjustment as GPs become familiar with which are appropriate referrals to make to the clinic. In the meantime, if TIA or stroke is the main problem, no patients will be excluded from the service because of other issues.

A Cerebrovascular Disease working group, including the TIA service and primary care representatives, is being established to support and develop this service. If you have an interest in this area and would like to be involved please contact Adrian Gilliland, Primary Care Clinical Advisor: [adrian.gilliland@ccdhb.org.nz](mailto:adrian.gilliland@ccdhb.org.nz) or Gerry McGonigal, Lead Stroke Physician: [gerry.mcgonigal@ccdhb.org.nz](mailto:gerry.mcgonigal@ccdhb.org.nz)

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### ***New Journal To Increase Support For Cancer Patients***

Newly diagnosed cancer patients will shortly be offered a copy of a new journal which will help them record their journey through treatment.

The A5 sized booklet, called the '**Patient Held Record**' provides patients with a resource to record in their own words, their thoughts and feelings about their cancer journey.

The record also allows for any of those involved in the patient's care, including primary providers, to make notes for the patient.

You can **view a PDF of the journal** at:

[http://www.ccdhb.org.nz/planning/Primary\\_Care/news.htm](http://www.ccdhb.org.nz/planning/Primary_Care/news.htm).

For your information, **attached** is a copy of the letter which will be given to patients when they receive the journal (document called **Patient Held Record – Patient Letter**).

The Patient Held Record has been jointly developed by Capital & Coast DHB Wellington Blood and Cancer Centre and the Wellington Division of the Cancer Society, and is supported by the Wellington Hospitals & Health Foundation.

The journal provides information on common tests and treatments, and gives patients an opportunity to keep their own record of all their appointments, tests, medications and treatment.

**Please Note: It does not replace the patient's official health records held by their primary practitioner and hospital-based specialists**, but rather assists them in understanding and keeping up with everything that is happening in their care.

The journal has been designed to provide space for patients to jot down any questions they have, how they are feeling, side effects experienced during treatment and new or changing medications.

The key aims for the journal are to:

- Provide patients better access to information about their condition, treatment and care
- Facilitate effective communication between patient and health care providers / professionals
- Improve the journey for patients and their family / whanau.

While all new patients will be offered the journal, they can choose whether or not they use it as an additional aid to their care. However, **commitment, engagement and support from all health care groups involved in the patient's care is paramount to the success of the 'Patient Held Record'** in achieving the above objectives.

We would appreciate any feedback from primary providers and patients. A feedback form is provided with every copy of the booklet (**a copy of this form is attached for your use – document called Patient Held Record – Feedback Form**).

All feedback forms should be returned to Paul Smith, Wellington Blood & Cancer Centre: [Paul.Smith@ccdhb.org.nz](mailto:Paul.Smith@ccdhb.org.nz) or fax (04) 385 5984, or phone Paul on (04) 806-2065.

To celebrate the launch of the Patient Held Record, the Wellington Blood & Cancer Centre will be holding **a function hosted by Dr Andrew Simpson (Clinical Director) on Thursday 12 November 2009 from 4pm – 5pm**, in the main reception area on Level 3 of the Wellington Regional Hospital. **All welcome – please see attached invitation called Patient Held Record Launch Invitation**.

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### ***Hospital Departments On The Move***

Over the next few months, a number of departments and offices will be moving to refurbished floors within the old buildings of Wellington Hospital.

All patients affected by these changes will receive maps and directions to new patient areas with their appointment letters.

**Please see below for an outline which departments are moving, when they move and where they will be moving to.**

If you need directions to any new areas, please contact the individual departments. Moves of departments in **November** are as follows:

<b>DEPARTMENT</b>	<b>MOVING FROM</b>	<b>MOVING TO</b>	<b>DATE OF MOVE</b>
CEO & COO Office	Level 2 WRH	Level 13 GNB	13.11.09
Gastroenterology: Phase 1	Level 6 WSB	Level 8 WSB	16.11.09
MAPU	Level E CSB	Level 2 WRH	17.11.09
National Patient Simulation Training Centre: Phase 1	Simulation Suite	Level 9 CSB	18.11.09
Community Health	Community Health, Riddiford, Puketiro, Ewart	Level 1 Ewart	20.11.09

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## ***Reassessments of Packages of Care – Household Management***

C&C DHB, along with several other DHBs, is currently reassessing those clients in receipt of household management services. The reassessment process is being undertaken to ensure clients are receiving the appropriate level of care according to their need.

As part of this, clients were sent letters in July (see a copy of the letter attached – called **Example Packages Of Care Letter**) advising them that they would soon be contacted for a reassessment. The reassessments are, for the most part, being carried out over the phone.

The assessment process is designed to determine client's current health status, their ability to look after their own household needs, and the level of support they currently receive. Additionally, clients are also asked for contact details of a nominated support person who can provide further input and outline any concerns they have about the client's needs.

In order to ensure primary care is well-connected into the reassessment process, the Care Coordination Centre will issue a weekly list in advance to primary care practices of all those clients who will be contacted for reassessment.

Based on the assessment, the care manager will work with the client and their family to identify an appropriate programme of support for their needs.

A letter advising the outcome of this reassessment is then sent to the client with a copy forwarded to the client's GP, and the package of care providers.

If you wish to know more about this reassessment process, please contact the Care Coordination Centre on 0800 28 2200 or Nicky Plant on 3855999 ext 4134.

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## ***Pain Clinic Appointment***

C&C DHB's Department of Anaesthesia and Pain Management is pleased to announce the arrival of **Dr Paul Hardy** to take up the post of Clinical Leader Pain Management Services.

Paul is well qualified (BSc (hons), MBChB, MD, MA, FRCA, FFPMRCA, Dip. Health Law) and has a wealth of clinical experience, from the UK and the US.

He has led a large multidisciplinary service in the west of England and amongst his goals here is to establish a regional service working out of Wellington.

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## ***Changes to Syringe Drivers***

The Syringe Drivers used in the Wellington region by Hospice/Palliative and Oncology services are changing.

The previously used Grasbey pumps were found to no longer meet the International Safety Standards and within the Wellington region are to be replaced by the Niki T34 supplied by REM services. The change over to the Niki T34 in the Wellington community will occur from 1 December 2009

From a practical point of view, for GPs there will be no change to the forms required to set up a syringe driver in the community (available from Mary Potter Hospice or your local District Nursing Service) and no change in the way medications are charted.

For any additional information on using Syringe Drivers, the excellent new Guidelines for Syringe Driver Management in Palliative Care in New Zealand can be found on

the websites of the Ministry of Health [www.moh.govt.nz](http://www.moh.govt.nz) and Hospice New Zealand [www.hospice.org.nz](http://www.hospice.org.nz).

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## **Education**

### **Leadership and Management Programme**

C&C DHB is offering a Leadership and Management Programme (LAMP) for 2010. Although primarily designed for C&C DHB team leaders, the programme also has much to offer team leaders in the primary sector in our region.

The DHB has made two places available to PHO staff from our region at a cost of \$640 (ex gst) to cover materials, catering and administrative costs.

Please see **attached flyer called Leadership and Management Programme 2010 Overview**, for more details on the programme.

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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](http://www.ccdhb.org.nz/planning/Primary_Care/Primary_Care.htm)

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