

Health Highlights

March 2013

From the Chief Executive

Wairarapa and Hutt Valley DHBs are experiencing a period of significant change. Health sector organisations in particular go through such periods driven by changes in patient needs, advances in medical science and global influences.

Both Wairarapa and Hutt Valley DHBs are committed to making necessary change.

Necessary because we need to work together to make patient journeys less complicated.

Necessary because our aging population brings new levels of complexity to health care. And necessary because we can't spend what we haven't got.

My observation is that Wairarapa DHB has a lot of experience to share in 'minding the dollars'. I'm encouraging staff on both sides of the hill to bring their good ideas forward about saving money and making best use of our resources. However, decisions in health can never be based on financial considerations alone. We're committed to New Zealand's Triple Aim of improving the quality, safety and experience of care; improving health and equity for all populations; and getting best value for health system resources, to underpin decisions.

I am interviewing at present to fill the new executive and management roles that will span both DHBs. This will reduce duplicated effort and enable more coordinated services between the two DHBs. The first priority of the new executive and management teams will be to lead the changes that are required. There will, however, be no compromise of patient safety or service quality.

One thing I have learnt in the health sector is the need to look into the future. We need to anticipate where patient demand and service innovation is going. We have to build budget 'headroom' to cope with changes in demand and opportunities for innovation. This means change will become the norm: we will be constantly moving resources to where they are most needed.

It's not always easy, but it is essential to have a modern thriving health service that can adapt to the changing needs of our population.



Graham Dyer,
Chief Executive
Wairarapa and Hutt
Valley DHBs

Both sides of the hill

Working together

Wairarapa DHB (Population approx 40,000)

- performs extremely well against the national health targets,
- has innovative models of care for supporting older people's health
- has an enviable relationship between hospital and community based services.

The big challenges we face are related to our size. Our deficit is hard to reduce because of the need to staff 24 hour clinical rosters even though we support a population base which is not big enough to make that efficient (compared to other DHBs). But we still need our hospital because of our distance from nearest services.

Size and distance mean it's harder for our clinical staff to access collegial support, training and educational opportunities, and ensure consistency of services across the region. A significant benefit of working more closely with our neighbouring DHBs is in sharing education and offering staff new opportunities. We will also be exploring how our capacity could be used to make sure patients throughout the Wellington region can access services quickly. Already, Wairarapa clinicians are undertaking some endoscopy procedures for Capital & Coast DHB and some Hutt Valley people will be offered the choice of having their surgery at Wairarapa Hospital.

Wairarapa and Hutt Valley DHBs (Population approx 188,000)

The new single executive and management structure will largely be in place by early April. This will mean new and in some cases radically different ways of working. We will be more reliant on communication technology like video-conferencing to shrink distance; more able to match resources to needs through real-time data collection and use and patient centred systems like uBook; and will foster more staff involvement in organisational decision making as a feature of our changed management processes.

3DHBs (Population approx 500,000)

Wairarapa, Hutt Valley and Capital & Coast DHBs are working on a number of initiatives, focussed on 'single service, several sites'. These include ENT, gastroenterology, child health, ophthalmology, orthopaedics, non-melanoma skin lesions, palliative care, and radiology services. More recently, work has begun to align the three IT teams to make both patient journeys and working between the DHBs more seamless.

New joint replacement pathway



Physiotherapist Linda Tatton and Orthopaedic Nurse Specialist Doreen McKeever put patient-in-waiting Bill Reid through his paces, at the first Joint Replacement Information Session (J-RIS) last week.

Wairarapa Orthopaedic nurse specialist Doreen McKeever has been on a mission for months to improve the patient experience for patients awaiting joint replacement surgery. She also wanted to improve the quality of information for patients, to empower their participation in their own treatment. "Research shows that if patients are fully engaged in their treatment, the outcomes are better. We got together a group of all the disciplines involved in the pre and post operative care of joint replacement patients and have improved the process. This was not a speedy process, as it was important to get the buy-in of all the people involved, and make sure that all the advice being offered to patients was up to date, evidence based and empowering for the patient."

The new process means that patients will not need to have separate appointments with the various disciplines and this should reduce the number of times they will have to attend the hospital in preparation for their surgery.

At the joint replacement information session (JRIS) they will meet the nurse specialist, physiotherapist, occupational therapist, social worker and if required the smoking cessation co-ordinator and dietician. Patients are encouraged to bring their relatives to the session so they too can be informed.

We have developed 3 booklets for patients. Each one contains information from a variety of health professional groups relevant to that particular stage in their journey. For example the 1st booklet has a tear out home assessment form to bring to the JRIS and a series of strengthening exercises to improve fitness for surgery.

The information session and the booklets were reviewed by the DHBs consumer group and were given a big 'thumbs up'.

Wairarapa staff are already sharing the resources with Hutt Valley staff who are working on a similar project.

Well Wairarapa - better health for all

www.wairarapa.dhb.org.nz



Wairarapa DHB, PO Box 96 Masterton
Te Ore Ore Road
Phone 946 9800
South Wairarapa residents freephone:
0800 946 9800

Your District Health Board Members

Charles Grant Leanne Southey Helen Kjestrup Bob Francis Rob Irwin Fiona Samuel Rick Long
Liz Falkner Janine Vollebregt Janice Wenn Viv Napier

