

# SPECIAL EDITION



News & views about Our Health from Hawke's Bay DHB  
Chief Executive Dr Kevin Snee

IN FOCUS: CEO News Update 3

July 2019



**As expected, it has been an incredibly busy few weeks since the official first day of winter. As we rolled into June, a modified CIMS structure was put in place to support capacity/demand pressures and hospital flow; and various initiatives are being worked through or have already been implemented.**

Monday 2 July was our third-equal busiest day in ED since December 2015, with 165 presentations. These high presentation numbers are of course then translating to high hospital admissions of people who are very unwell and in need of our care. Improvements in our system and further investment in our services across directorates continue, and you'll find some of these updates in this edition.

Relieving pressures in ED, particularly at the front door, opening up more beds and improving flow is an absolute priority, so please take the time to read the updates happening in this space, which includes more investment in staffing.

Last week the Director-General Of Health, Dr Ashley Bloomfield, visited with us. He met with our Executive Management Team, board representatives, took a tour of the hospital and met with various departments and staff on the shop floor, before sitting down with nursing staff, Allied Health and later our Senior Medical Officers.

I'd like to thank Dr Bloomfield for this visit. He listened about the growing demand on our health services and the impacts this is having, and has committed to continue to working with DHB management and the board through this.

He also shared with us more insight around the big picture of the health system. His graphs,

pictured on Page 2, shows the level of investment that has been made in health over recent years in the Health System nationally (capital and revenue).

You will see from the second graph the very low levels of investment in capital before 2018 (most of which went into Christchurch related to the earthquake rebuild). That is why in Hawke's Bay, over that period where there was the least capital available, we were delivering surpluses in order to invest in our infrastructure.

I am of course very mindful and acknowledge there are still vast improvements to be made here, but had we not been able to invest in our own infrastructure back then, we would be under considerably more strain now.

Lastly, I'd like to make mention of my recent announcement of moving on to take up the Chief Executive role at Waikato District Health Board. My last day is 9 August 2019. The Board has appointed new interim chief executive, Craig Climo, who will start on 12 August. We warmly welcome Craig who will remain until a permanent chief executive is recruited after the local elections.

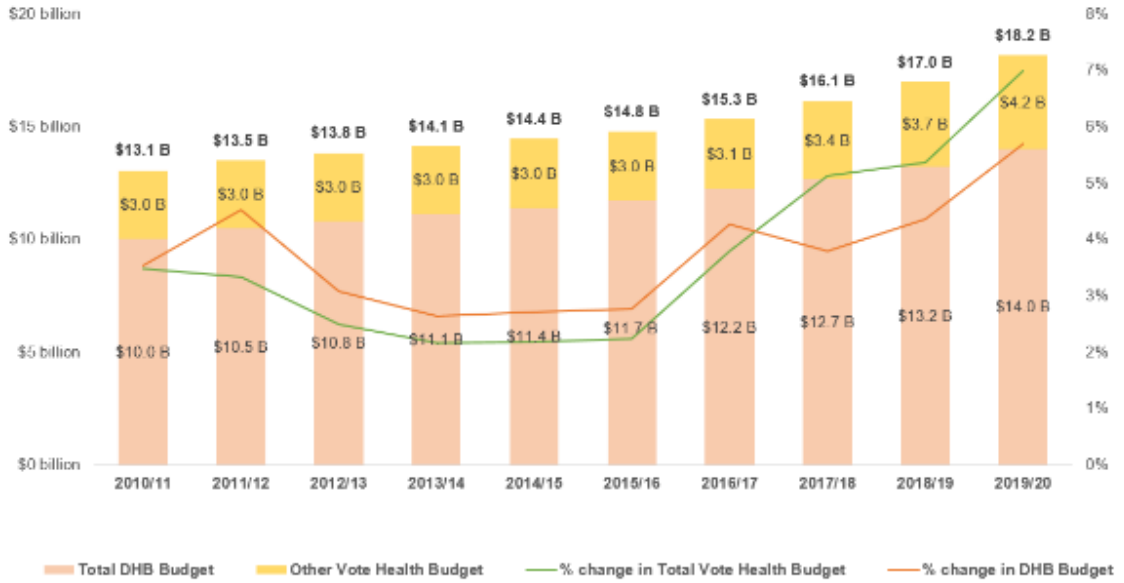
It has been a privilege working with you all. Each and every one of you is incredibly passionate and committed to the work you do, and the community you serve. I applaud you for this. It is good to remind ourselves why we work in health and never lose sight of that.

Keep up the great work. Kia kaha to you all.

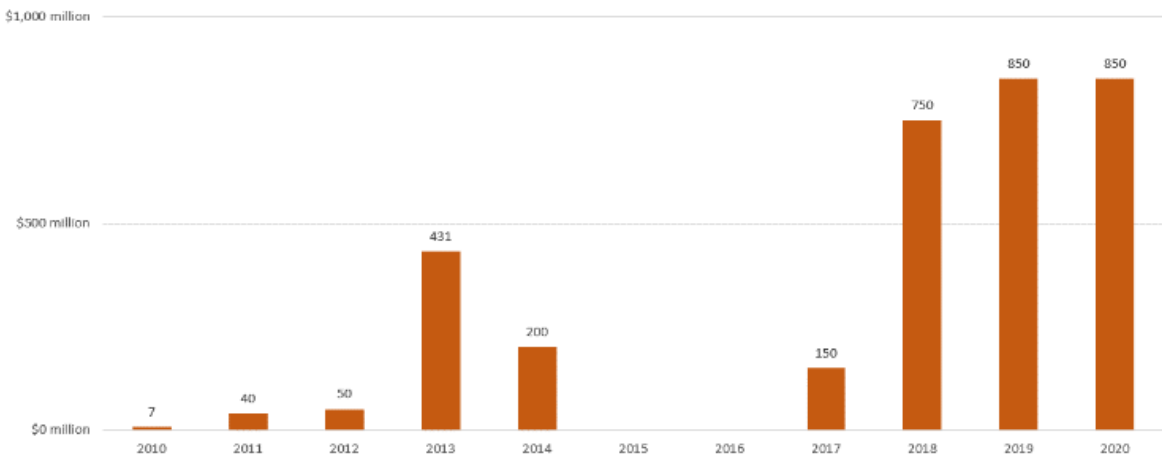
Graphs as supplied by Director-General Of Health, Dr Ashley Bloomfield

Date: 12/6/19  
 Source: Estimates of  
 Appropriation Vote: Health

### Vote Health Estimates - Operating Funding (\$ billion)



### Vote Health New Infrastructure Funding for DHBs by Budget (\$ million)





## Compliments

Amongst all the busyness and pressures, we continue to receive many compliments about our care and compassion.

“My father was admitted to Hawke’s Bay Hospital and later passed away. I and my family would like to pass on our sincere thanks to all the staff involved with his care during his final days. The care he received was exemplary and gave us significant comfort knowing he was in great hands. I was humbled by the manner in which your doctors, nurses and general staff treated him with respect and dignity. I have always been a supporter of our health system and the people that work within it. That faith has once again, proven deserved.”

“My young son, who has special needs, was unwell and we spent some time in ED before transferring to the paediatric ward. ED was very busy, with increasing numbers of quite frail elderly people. The staff were amazing and how they were talking to the patients was very kind and attentive.”

“What a wonderful team you have at Tamatea Community Dental clinic. We have a son with special needs - dentist visits haven’t always been easy! Your dental team at Tamatea have been wonderful... We have come from our son refusing to sit in the chair or even open his mouth, to now running in, jumping in the chair with total trust and even a smile.”

“I recently had an appointment at the respiratory clinic. I wanted to complement the staff on their approach and manner. They were very approachable and made me feel comfortable. They explained everything to me very clearly and even walked me out. The way they dealt with me was fantastic. I think I could quite easily have felt much more anxious leaving that appointment had it not been for their professional and human approach.”

## Matching capacity to demand solutions

To recap, the three targeted areas of focus over the coming weeks are:

- infrastructure
- capacity
- patient length of stay.

These initiatives will help us deliver improved quality of care and patient safety.

## Where are we up to?

### Patient flow navigator trial

In an effort to help further increase efficient patient flow and reduce pressure on ED, two of our very experienced ED nurses, Jess Harrison and Carolyn Hegarty, have moved into trial roles as ‘patient flow navigators’ (PFN).

Jess and Carolyn will be focusing on managing patient flow out of ED and into the Inpatient Unit. Once a patient has been referred from ED

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to the admitting specialty, they will work with the specialties and ED to streamline the flow into the appropriate ward. They will work closely with duty nurse managers and ward coordinators to refine and improve the process.

PFNs are widely used across the health sector in Australasia. Capital & Coast DHB recently established a 24/7 roster of PFNs following a successful pilot programme where the role was very well received. Jess and Carolyn spent a day with the PFNs at CCDHB to see how they operate and learn from them.

Carolyn and Jess started in their roles on Monday 8 July and the trial will run for at least three months. If it is successful, it will be put in place on a permanent basis.

## Capacity

### Emergency Department

Recruitment will begin for the cover of an ED nurse based in the ED waiting room from noon to 10:30pm daily (7 days) for a trial period of six months.

We are also actively working on recruiting an additional surgical registrar to work between noon and 8pm to support ED.

### AT&R beds increased by 10

Our new medical team, physician and registrar along with nursing support is now in place in AT&R which has allowed us to increase medical beds in this area by 10.

### AAU, ICU and Wairoa

Care Capacity Demand Management FTE has been allocated to AAU, ICU and Wairoa and additional Patient at Risk (PAR) nurses for PM shifts are in the pipeline to help increase the workforce to meet demand and clinical safety. Recruitment will continue until all posts have been filled. Our careers page is getting great traction with our new nursing recruitment video receiving more than 22,000 views on Facebook alone.

### Health care assistants

We have increased the health care assistants permanent pool from 5 to 20 FTE. Recruitment is completed and these post will be in place mid-July to support clinical areas particularly with patient watching and engagement. The DHB is also progressing, as part of CCDM, the up-skilling of health care assistants to undertake delegated clinical tasks.

### Temporary PACU expansion to support HDU

It is wonderful many teams are willing to adapt to support others in certain ways. A trial, which gets underway today (8 July) in our Post Anaesthetic Care Unit (PACU), is a testament to this. For the next three months, on Mondays only, two elective post-operative surgical patients will remain in PACU overnight after their surgery if the High Dependency Unit is at capacity.

This will help to support pressures in our High Dependency Unit (HDU), avoiding surgery delays. Our nursing staff have had extra training, the PACU environment has been fitted with extra resource (such as. new medical air and power sockets) and the clinicians have an agreed plan to care for these patients outside HDU.

### Service issues

An additional four surgical beds have now been set up in A2. Staff have been recruited and the full team will be in place within the next few weeks.

### Winscribe

Information Services and representatives from the medical typist team attended a workshop last week with our transcription services vendor (Winscribe). In addition to the technical and integration discussions, they also saw how the new system can be accessed within the Clinical Portal with a demonstration from Waitemata. Chris Petersen, Project Manager, has been meeting with the business and the project is now in the planning stage pre-implementation. The next step will involve the vendor discovery piece of work which aims to confirm existing workflows, user access, template requirements, roles and permissions and technical design which will inform the statement of work to be agreed.

## Hoki Te Kainga

This new service helps to better support older people to leave hospital earlier, and receive more rehabilitation support at home. It is hoped a team leader will be recruited by August. A small working group is doing a fantastic job getting this service underway, which will work out in the community seven days a week.

## Primary care

### Emergency Q – primary care

We are working toward an August start date for Emergency Q to be up and running in our Emergency Department.

We know many people come to our Emergency Department because they know where it is, the care is good, it's always open, and it's free. However, many patients could have accessed care equally safely and more conveniently in primary care. Our investment in the trial of the Emergency Q software will help make it easier for patients to choose the most appropriate option, and for us to support them to make that choice.

Apps on smart phones and screens in ED and many of our urgent care centres will allow patients to select the most appropriate place to be seen and compare waiting times.

## Infrastructure

### Theatres

- Next week we will be piloting four hip and knee replacements on the same day – July 15. If this is successful, we will run these regularly.
- We are also looking at creating ways of handling some of our more common acute general surgery procedures by providing a dedicated theatre time for handling these – such as gall bladder surgery.
- The old endoscopy procedure room has been re-named the Theatre Procedure Room. We are looking at how we may utilise this room as a temporary option for more minor procedures such as dental, epidural injections, general surgery outpatient clinics and Pentrox procedures, until the Surgical Expansion Project is completed.
- Great progress is being made with the Endoscopy team toward fitting out a third procedure room in Ruakopito, which will allow Ophthalmology to temporarily share the same space. This initiative means we'll be able to perform even more elective surgeries in-house.
- The Surgical Expansion Project continues, with the project team working hard to keep the project on track and theatre 8 opening as quickly as possible. The board has approved the project to commence the tender process in order to select a construction firm.

## EMT Update

Great inroads about being made in our digital space toward making things easier for our consumers and our staff – from advanced clinical software, to the trial of apps (such as Emergency Q mentioned earlier). I would formally like to congratulate Anne Speden for leading this digital work. Anne has also extended her role to cover Quality Improvement and Innovation with members of that team now sat with I.T. Formally a specialist advisor to the Executive Management Team (EMT), Anne has been promoted to EMT and now carries the title Executive Director Digital Enablement.

## Ask EMT

Remember, if you have any questions of our EMT team, please remember you can email those questions directly to [askemt@hbdhb.govt.nz](mailto:askemt@hbdhb.govt.nz) and the team will be happy to answer them.

Please give me a call or email if there is anything you would like to address directly with me.



**Kevin Snee**  
Chief Executive,  
Hawke's Bay District  
Health Board