

# New Initiative for Pregnant Women

Pregnant women in their first trimester who are experiencing symptoms such as bleeding or pain are expected to benefit from a Canterbury District Health Board initiative to ensure they are assessed more efficiently.

In March, staff in Christchurch Women's Hospital's Acute Gynaecological Assessment (AGA) unit introduced a system to streamline the care of women who are in the first 13 weeks of their pregnancy and are experiencing symptoms suggestive of miscarriage or ectopic pregnancy.

Obstetrician and Gynaecologist Dr John Short says the unit has liaised with the radiology department to reserve up to six ultrasound appointments on weekdays for these patients.

"Anyone who goes to see their GP or their midwife with pain or bleeding in the first 13 weeks of pregnancy will get assessed by that person and get referred into here. They then usually get an appointment the next working day."

He says women referred to the Acute Gynaecological Assessment unit by their midwife or GP are seen by a doctor or nurse before heading to the radiology department for an ultrasound. After this, they return to AGA where their scan is reviewed by a doctor and a plan for further care is made.

The aim is to ensure that women do not have to return for multiple appointments or wait unnecessarily for investigations to be arranged.

"As much as possible can be achieved in

one visit because the scan time is reserved in advance to coincide with the rest of their appointment," Dr Short says. "Previously, when women arrived, they may have had to wait for staff to become available to assess them or perform their investigations. We're trying to channel the workload into more convenient times to minimise delays and speed up the overall patient journey."

The gynaecology department still offers an emergency service for women who need more urgent assessment.

Chris Webster, Gynaecology Charge Nurse, says an audit will be carried out in six months to determine how long women are visiting the service, whether they have fewer return visits and what impact it is having on other patients in the Acute Gynaecological Assessment unit.

House Officer Harriet Harper, Obstetrician and Gynaecologist Dr John Short and Nurse Shaye Millar are part of the Acute Gynaecological Assessment unit.



## Health Services Planning Underway

The Canterbury District Health Board is undertaking a wide consultation process which will help it to plan its health services for at least the next 10 years.

The CDHB is well underway with its Health Services Planning process, which will plan the way health services will be provided in Canterbury in the next decade and beyond.

The aim is to improve the way health services are provided to ensure the needs of Canterbury's changing population are met.

Four focus areas were selected for the pilot phase of the process, including

Respiratory Health, Eye Health, Child Health and Kaikoura Community Health. Workshops were held for each of these areas during March and April.

The aim of these workshops was to bring everyone together, including consumers, providers and funders, to discuss their experiences of Canterbury's health system, and identify areas where improvements can be made.

The Health Services Planning team will evaluate the pilot phase before embarking on a wider programme across other areas later this year. Feedback received during

this process will help to guide planning process.

The Health Services Planning website is live and can be found at: <http://www.cdhb.govt.nz/health-services-planning>.

The website will provide more background and information about the programme and the progress of the health services planning process.

If you would like to contact the Health Services Planning team please email [healthservicesplanning@cdhb.govt.nz](mailto:healthservicesplanning@cdhb.govt.nz), or call Sue on 364 4174

**Contribute your news to In Touch.** If you would like to contribute articles for **In Touch** or want to suggest potential stories, contact Rachel Solotti, phone (03) 364 4122. The deadline for the next issue is June 28.

**Canterbury**

District Health Board

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# InTouch

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A newsletter for community health providers



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## CDHB Service to Help Older People Stay at Home

The Canterbury District Health Board is funding a new service which will see community support workers working with elderly people in their homes to help them resume daily activities.

The CDHB has awarded contracts for its new Community Supported Independent Living service to Presbyterian Support (Upper South Island) and Healthcare New Zealand.

Both organisations will employ community support workers to work with older people over 65 in their own homes. The aim is to build the older person's confidence, enabling them to begin doing everyday activities again and to become involved again in community activities. The community support worker will also help the client to access other health and welfare agencies and work closely with the older person's family/whanau.

Presbyterian Support has been contracted to provide the service for frail elderly and people with mild to moderate dementia. Healthcare New Zealand has also been contracted to provide the service to these two groups and also to older people with mental health conditions.

The new service is part of the CDHB's Older Persons' Health Services strategy, called Healthy Ageing Integrated Support

– Tautoko Whakahono Hauora Kaumatua. The CDHB already funds other services for older people, including carer support, respite, district nursing and day care.

Carole Kerr, CDHB Portfolio Manager Aged Care, says the aim of the new service is to support older people "most at risk of entering residential care prematurely" who need support to remain in their own homes.

The community support workers will help older people to identify the type of activities they want help to do again and to examine how their goals can be achieved.

Penny Taylor, Business Development Manager for Presbyterian Support (Upper South Island), says 12 part-time staff and three co-ordinators will provide the programme for up to 93 clients in Christchurch, Rangiora and Ashburton, under the name of HomeLink.

She says the aim of the service, which will take its first clients on 28 May, is to boost the client's independence.

"It's not taking the place of residential care. It's about supporting continued independence in the community. The focus is on enabling the older person to do what they have always done."

"We will support older people to carry out activities of daily living. For example, with grocery shopping, it's not doing a client's shopping for them, it's about transport to the supermarket and then walking around with the older person, they made the grocery list, push the trolley and select the groceries but the community support worker may help them to get food off the shelf and carry heavy bags from the car to the kitchen."

Max Reid, Healthcare New Zealand Area Manager for the Upper South Island, says the organisation's programmes will be delivered by six part-time staff, who will have eight to 10 clients each. The service will cover the area from Ashburton to Kaikoura.

A registered nurse will oversee the services for frail elderly and people with mild to moderate dementia while a mental health co-ordinator will supervise the third service.

He says the CDHB's contract allows the organisation to employ staff on permanent part-time contracts and provide higher levels of training and support - a boost for a sector that traditionally has had a more casual workforce.

To access the service, older people must be referred by their GPs for a needs assessment at Older Persons' Health, based at The Princess Margaret Hospital.

## Burwood Theatres Officially Opened



Burwood Hospital's new \$21.5 million Surgical Services Unit was officially opened by Health Minister Pete Hodgson earlier this month.

The unit consists of four operating theatres, which will be used predominately for elective orthopaedic surgery. The first operations were carried out in the unit on April 16.

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Minister of Health Pete Hodgson, Canterbury District Health Board Chair Syd Bradley, Christchurch East MP Lianne Dalziel and CDHB Chief Executive Gordon Davies.

## New Health Targets



Gordon Davies

I have been in Wellington recently where I have been a DHB representative working with the Ministry of Health, the treasury and State Services Commission on a set of new health targets for Vote:Health.

These new health targets will be set for the 2007/08 year through the DHB annual plans.

The targets have been introduced to ensure we progress more rapidly on key aspects of the Minister's priority areas. They are the joint responsibility of the Ministry and the DHBs, with each DHB being asked to work with key Ministry staff to set local targets

that demonstrate progress towards the national target, while taking into account local conditions and baselines.

The Minister's priority areas include:

- improving immunisation coverage
- improving oral health
- improving elective services
- reducing cancer waiting times
- reducing avoidable hospital admissions
- improving diabetes services
- improving mental health services
- improving nutrition, increasing physical activity and reducing obesity
- reducing the harm caused by tobacco
- reducing the percentage of the health budget spent on the Ministry of Health

This work is being monitored by a Cabinet Committee as Government has made significant additional funding

into health, but there is concern that measured service volumes have not risen anywhere near as significantly. As a result, improvements in key health outcome measures and some effectiveness objectives are being sought. This recognises that a "judgement" on current measured outputs which are incomplete is not entirely appropriate but progress on matters that will assist longer term health outcomes are a better way to analyse effectiveness of investments in health and its associated inter-sectoral work on New Zealanders' health status.

Gordon Davies  
CEO  
Canterbury District Health Board

## Assessors Wanted for the 2007 CDHB Quality and Innovation Awards

Are you interested in quality and patient safety? Would you like to be involved in a programme that is focused on improvement, innovation and excellence?

Do you enjoy assessing projects against established guidelines?

We are looking for people with experience in quality systems, project work or audit activity. If this sounds like you - then how about becoming an Assessor for the 2007 CDHB Quality and Innovation Awards?

The CDHB Quality and Innovation awards were first introduced in 2003 and to date 71 projects have entered into the annual awards programme, many of which have received national and international acclaim. From over 100 nationwide entries, 21 projects have been invited to submit a finalist application in the 2007 New Zealand Health Innovation Awards, 4 of which are from the CDHB.

By becoming involved in our awards programme as an Assessor you will have the opportunity to learn more about the wide variety of quality and/or innovation activities taking place throughout the CDHB. You will also be assisting these projects to heighten their profile, gain recognition and share their work across the CDHB.

All assessors receive training on the assessment criteria which covers best practice in awards assessment, principles and an insight into the CDHB assessment process. Assessors are also provided with guidance notes, additional support and operate within a network group of Assessors.

For more information about the CDHB Quality and Innovation awards please refer to <http://www.cdhb.govt.nz/qualityawards.htm> or contact Gillian Pearce at [gillian.pearce@cdhb.govt.nz](mailto:gillian.pearce@cdhb.govt.nz)

## The Impact of Winning a Quality and Innovation Award



Pamela Williams, Chair of the CDHB Quality and Patient Safety Council, Alison Calder and CDHB Chief Executive Gordon Davies at last year's awards.

Allyson Calder says winning a category in last year's Quality and Innovation Awards has increased the profile of the brain injury rehabilitation service where she works and boosted staff morale.

The Burwood Hospital physiotherapist entered the ward's circuit training programme, which aims to decrease physiotherapy outpatient waiting times, in last year's awards, winning the Hospital and Specialist Services category.

She says winning the award has had a positive impact on staff and helped to give the service a higher profile. "Physiotherapists reported enhanced morale and quality of life in the workplace,

it has raised the profile of the brain injury rehabilitation service and the money that was won will be used for the team's professional development."

The aim of the circuit training programme, which was introduced to the ward between May 2005 and January 2006, was to improve patients' lower limb movement and strength and to improve their quality of life.

Allyson says physiotherapists can now offer patients a more flexible service that is evidence-based. Patients can also access the outpatient physiotherapy service with decreased waiting times.

## Burwood Theatres Officially Opened

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The unit also has an admitting unit, a sterile services unit where surgical equipment and instruments are cleaned; a post operation recovery area and a 42-bed post surgery ward, which includes a 12-bed special care area.

A major catalyst for the project - which is the second stage of a proposed three-stage development at Burwood Hospital - has been the Government's Orthopaedic Initiative, which has provided funding to double the number of elective major joint operations undertaken each year.

With its four new theatres, the hospital will increase the number of operations it performs. Major joints, for example, will increase from 550 a year to 1100 and it is expected around 3000 operations overall (both major joints and other procedures) will be carried out in the first year.

Project Manager Alistair Cory-Wright says the new unit was needed because the three original theatres, which opened in 1963, were outdated and too small.

He says the development is a huge improvement for patients. "The new facility houses all stages of surgery under one roof and on one floor, allowing each patient a smooth transition from admission, through the operating theatre and on to recovery and the surgical ward. Previously, patients were wheeled along a public corridor and via a lift to get from theatre to ward."

Vince Barry, the General Manager responsible for Burwood Hospital, says the development is further evidence of



Christchurch East MP Lianne Dalziel and Pete Hodgson chat to orthopaedic patient Denise Moore.

the CDHB's commitment to the Burwood Hospital site. "The theatres and new surgical unit now put Burwood Hospital at the forefront of elective services provision. The commitment of the orthopaedic surgeons to this development has been hugely influential in what we see today."

The design of the new unit, which was carried out by Christchurch architects Sheppard & Rout and Auckland-based Klein Architects, incorporates bold colours, glass and welcoming gardens, which are accessible from most ward bedrooms.

The old surgical ward was demolished in December 2005 to make way for the new buildings. For the past year, post-operative patients have gone to the Orthopaedic Rehabilitation Unit (ORU) at Burwood Hospital, which was temporarily located at The Princess Margaret Hospital until early this month.

The third, and final, stage of the Burwood redevelopment project is expected to comprise an improved orthopaedic outpatient department and an expanded radiology department.

## CDHB Provides Guidance for Nursing Programme

The Canterbury District Health Board has agreed that the Nurse Maude Association can use its professional development programme which recognises competence and expertise among nurses.

The Professional Development and Recognition Programme (PDRP) being developed for Nurse Maude Association nurses has been modelled on the CDHB's course, which was introduced in July 2005.

The aim is to ensure that nurses who take part in the voluntary programmes are accredited across both organisations, with the Nurse Maude course due to be introduced on 2 July.

The CDHB Professional Development Programme, which is based on a national framework and has been endorsed by the Nursing Council, was designed by nurses and aims to promote and reward nursing expertise. It is also designed to recognise nurses' contribution to quality patient health outcomes. Some 260 nurses have participated in the CDHB programme since it began almost two years ago. Becky Hickmott, CDHB's PDRP Nurse

Co-ordinator, has been working alongside Nurse Maude staff to develop a framework for the organisation.

She says two Nurse Maude staff trained as assessors last September and have been assessing CDHB portfolios since then. "When the first portfolio is received for Nurse Maude, the CDHB assessors will help with their assessment, which is an excellent way to look at care across the healthcare continuum."

Sheree East, Nurse Maude's Director of Nursing Practice, says the organisation had decided to use the CDHB model to ensure the qualification was transferable across both organisations.

"It's about using available resources. It meant that we didn't have to start from scratch because we knew the DHB was already doing it. It means that if a nurse is proficient or expert here, we will accept each other's assessment because they are the same."

She says establishing a PDRP for Nurse Maude will benefit both individual nurses and the organisation. "For the Association

it means we are in a stronger position to recruit and retain nurses. For individual nurses, it means recognition, acknowledgement of their contribution to patient outcomes and recognises their commitment to ongoing learning and development."

Nurses, including new graduates and experienced staff, are endorsed for three years on the programme once they produce a successful portfolio, which ensures they are exempt from the Nursing Council's audit process.

Four levels of the programme will be offered, including Beginning Nurse, Competent Nurse, Proficient Nurse and Accomplished Enrolled Nurse or Nurse Assistant and Expert Registered Nurse.

At each level, a range of core competencies will have to be met, including 60 hours of professional development, 450 hours of clinical practice over three years and verification of competency.