



Moving up, moving out

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Transfers

Transfer of patients to tertiary hospitals is a daily reality for any rural hospital. Patients are transferred for a variety of reasons, always based on clinical recommendations.

When you think 'transfer' you tend to think "emergency", but this is not always the case. Patients may travel for specialist investigations like MRI or bone density scans, or for high technology treatments not available in a secondary level hospital.

Let's look at the statistics for October this year. 50 patients were transferred by ambulance to another hospital. 25 of those needed a nurse escort, so it's fair to assume these were acute, rather than routine transfers. Those 25 transfers took 3,500 kms and 107 nurse hours to complete.

In the last year (July 03 – June 04) there were 325 ambulance transfers requiring nurse escorts, and 48 air transfers.

The decision to transfer by ambulance or air is always a clinical one. There are many factors for clinicians to take into account – the condition and stability of the patient, the availability of transport and staff, the facilities and staff available in both our hospital and the receiving hospital.

One thing has become clear – there is a small but significant trend towards more air transfers, making the relocation of our new heliport an important milestone as we start construction of the new district hospital.

The Change Team	
Noeleen Hill	Clinical and Process Change Manager
Sueanne McGlashon	HR Advisor, Site Development
Jenny Prentice	Organisation Development Manager
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The new heliport

Work is well advanced on our new heliport – which had to be relocated before building can start on the district hospital.

Nothing easier - turn the sod, and pour the pad. But change of location also means adherence to compliance.

As part of Civil Aviation requirements the plan called for 16 special 'Helicopter landing lights'. Simple! No. The only apparent approved lights available were to come from Europe at Euro prices and with a 16-week delivery wait.

This was a real problem for Facilities Manager Peter Clayton. Not only because of the cost and the wait, but also because the DHB has a commitment to trying to source materials for the new hospital from within NZ.

Then Peter had a chance discussion with 'Industry Capability Network NZ's', Ian Mallett (their task is to foster and encourage the use of NZ sourced products for large projects such as ours).

Yes! There is a small obscure NZ company who has developed and is manufacturing purpose made approved Helipad lights! This enabled both the pricing and delivery time to be cut by almost half. The product looks good and subject to final engineering checks, we will install them.

This is a great example of an item we would normally expect to import having a home-grown alternative. What an encouragement for us to investigate further the not-so-obvious products that could be purchased from NZ manufacturers first.

continued....



The first helicopter to land at the new heliport.

Honest. It is.

(The fact that it could only take a gnome as a passenger has nothing to do with it.)

Actually, we persuaded Gary Ireland, IT Manager and keen student of remote controlled flight to give us a 'demo' in the interests of a good story!

Thanks for the feedback

Thanks to the senior nurse who contacted the Change Team about the last InSite newsletter, concerned that the averages used for bed occupancy did not cover the busier than anticipated months of July-September this year. We've invited her to come and talk with us about her concerns.

It's useful to remember, too, that new practice innovations like the Acute Assessment Unit behind the Emergency Department in the new hospital will 'siphon off' some patients who currently are admitted for observation or short-term interventions, reducing pressure on ward beds.

Time frame extended for Clerical and Allied Health consultation documents

There was a later than planned start for the groups working on the workforce development models for clerical and allied health staff. The groups are now well into the process, but will now be presenting their discussion documents at the end, rather than the middle, of November.

Coming soon.....

The Case for Change

Process mapping – what is it and why are we doing it?

Ambulance Service moving out

Many of you will have caught up with the fact that the Wairarapa DHB ambulance service is moving out, to share premises with the Masterton Fire Service.

The big move is due to take place on Friday 17 December, with the service fully operational from the new site on Saturday 18th.

"Right now, we have electricians cabling for computers, and Telecom are due in soon to do all the phone connections," say Marie Long, Ambulance Service Manager. "We'll be moving in to the old Fire Chief's accommodation - the house between the station and the Jubilee Fire Museum."

Ambulance staff are using whatever down-time they have to both pack and do a huge spring-clean.

"It's a great opportunity to look at what we've accumulated, and do a big sort out," says Marie. "Staff are really enthusiastic - it's a great morale booster to be having our own clearly identified station, like other similar services."

The other advantages of the move are secure parking for all the ambulances, closer proximity to town, and the ability to share expertise and resources with the FireService.

"I need to stress that there will be no operational change in our relationship with the DHB," says Marie. "We'll be maintaining the close links with the hospital that have benefited both services so well over the years."

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