

Making a **Difference**

2008/09 plans and actions for Well Wairarapa

More efficient hospital services

Reduce hospital admissions

- Review the use of Acute Assessment Unit
- Develop strategies to reduce unnecessary hospital admissions
- Change practice in the Emergency Department to ensure patients who could be followed up in primary care are not recalled to ED
- Develop advanced care planning to be put in place for those who wish to avoid unnecessary or unwanted acute interventions

Hospital services and primary care providers working together

- Increase the use of home IV service
- Provide GPs with timely access to specialist advice without the long wait for a clinic appointment through 'Virtual First Specialist Assessment' ensuring many patients not accepted for assessment have some access to specialist advice
- In partnership with primary care, develop programmes and action plans to reduce admissions of 'high intensity' service users
- Develop and implement protocols for management of chest pain, cellulitis, and DVT in ED and primary care
- Work with PHO Long Term Conditions project to develop district-wide care for those affected by chronic illness, to reduce need for hospital level services
- Develop protocols for acute event management in rest homes

New ways of working

- Complete and implement new model of staffing for junior doctors



These plans and actions are part of national health targets 5 (see summary sheet)

FOR MORE INFORMATION



See the full version of the *District Annual Plan* at: wairarapa.dhb.org.nz

Hospital at home

There are several key 'junctions' when it comes to improving the patient journey through hospital services. If they get 'congested', the 'traffic' can back up for long distances. Admission and discharge are two such junctions.

"The new Community Nursing and Health Service can be with patients for quite a lot of their health journey," says manager Ilana Burt. "Hospital is just one stop on the patient's journey, and if we do our job well, we can prevent or minimise the number of return trips. This has the effect of freeing up hospital services for care that could happen in a person's home, or another community setting."

John Jackson's experience exemplifies the new approach. A long-term sufferer of chronic respiratory disease, he described himself as a 'frequent flyer' – destination the emergency department and often the inpatient ward. When John agreed to be interviewed and photographed this year, he was recovering from yet another acute respiratory infection. In the past, that could have meant a week or more in a hospital bed, receiving intravenous antibiotics and other medicines to stabilise his condition. Over the last three admissions, however, he never got further than the Emergency Department, where he was referred to the CNHS to receive IV therapy at his home in the Metlife Care village. "I was the first person to take up the new service, and I'm a real fan of it," he said. "I'd rather be here comfortably at home with the security of my registered nurse coming to visit and give me my IV antibiotics, than in a hospital bed. I really appreciate



being able to have all my normal routines at home – I always reckon you have to 'use it or lose it' at my age, and sitting in a hospital bed just doesn't keep me moving. It's hard for someone my age to keep going back to hospital every day just for the treatment, too, so having the ability to have it at home is great."

Community Nurse, Mary Norman, agrees. "A big worry with elderly people with chronic respiratory disease is also the bugs that they may come in contact with just by being in hospital," she says. "It's not just about better use of hospital beds - it's about the best solution for each patient. Providing 'hospital at home' services is a great extension of our roles. It's a winner for all the parties involved."

Over the next year CNHS will continue to work with hospital staff to both prevent avoidable admissions, and encourage early discharge.

John died in June this year, an appreciative supporter of the 'IV at Home' service to the last.