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Turanganui PHO's Fortnightly Newsletter, Issue 53, January 21, 2009.



Pictured in Turanga Health's gym are Cardiac and Pulmonary Service team members including Tracy Low (TDH), Shelley Mitchell (TPHO), Daniel Gerrard (Sport Gisborne Tairawhiti) and Natasha Ashworth (TDH). Image [Brett Mead Photography](#).

Cardiac and Pulmonary Rehabilitation Service in Community

By Hayley Redpath

Gisborne Hospital's existing Cardiac Rehabilitation Service will run in the community in conjunction with Turanganui Primary Health Organisation, Turanga Health, and Sport Gisborne Tairawhiti.

It will be joined by a new community-based Pulmonary Rehabilitation Service.

The community-based programmes will emphasize goal setting and wellness, education and exercise. General practitioners will be familiar with the Cardiac Rehabilitation Service however there have been some changes to ensure patients are managed in the community, and do not fall through the cracks.

Referrals for patients who have had heart surgery, angina, heart interventions and valve surgery, are initially referred to a nurse-led clinic at Gisborne Hospital with Clinical Nurse Specialist – Cardiac, Tracy Low.

While most patient referrals come from Waikato District Health Board and Gisborne Hospital, general practitioners can now also refer patients who are not already in the service.

Tracy will assess patients and then where appropriate refer them to Turanganui PHO HealthRight Lifestyle Coordinator Shelley Mitchell who can see them at home, their workplace, or the Turanganui PHO office in Grey St.

After a Flinders Assessment patients will be managed with input from Sport Gisborne (Active Health Manager Toni Hoskin) and Turanga Health (Disease Statement Management Nurse Sarah Timmins).

Shelley and Tracy say a key component of the Cardiac Rehabilitation Service is "wellness," so shifting the support focus away from the hospital and into the community will help with patient perception, access, and success.

The revised Cardiac Rehabilitation Service consists of eight-week sessions for groups of six to eight people. Groups will meet once a week at Turanga Health. Some of the physical education component will be carried out in the Turanga Health gymnasium.

Meanwhile, referrals for the new Pulmonary Rehabilitation Service can be made to Clinical Nurse Specialist – Respiratory, Natasha Ashworth, at Gisborne Hospital.

This service is still being developed, but will most likely be an eight week course for six to eight people each time. It will be run four times a year, and the first one starts on 9 February.

Natasha says referral criteria is: diagnosis chronic respiratory condition causing dyspnoea at MRC level 3 or above, spirometry within three months, not palliative.

Turanganui PHO Chief Executive Keriana Brooking said positioning rehabilitation services in the community encourages greater access, and ensures patients are better tracked and monitored as they move between secondary and primary care.

"It enables us to make sure all the lifestyle options available to a patient have been offered, such as Green Prescription, smoking cessation, and other services."

Keriana says by the end of a rehabilitation "term" unless there is a good reason to remain under secondary care, the patient may well become a HealthRight patient under Turanganui PHO.

Natasha, who did most of the preparatory work seeking Tairāwhiti District Health funding for the Pulmonary Rehabilitation Service, says positioning it in the community is fairly unique in this country. Feedback from the Heart Foundation of New Zealand has been positive.

Referrals and questions around the Cardiac Rehabilitation Service can be directed to Tracy Low, Clinical Nurse Specialist – Cardiac, Tairāwhiti District Health, (06) 869 0539 , 021 226 3414 , Tracy.Low@tdh.org.nz.

Referrals and questions around the Pulmonary Rehabilitation Service can be directed to Natasha Ashworth, Clinical Nurse Specialist – Respiratory, Tairāwhiti District Health, (06) 869 0539 , 021 2242 418 , Natasha.Ashworth@tdh.org.nz.

Have YOUR say about Healthright

By Hayley Redpath



HealthRight. It's working for patient Ed Tamatea.

Is it working for you?

Image [Clare Webber Photography](#).

General practice staff can tell the PHO how HealthRight is working for them, during a review of the programme next week.

HealthRight is the groundbreaking risk assessment and lifestyle case management programme funded by Turanganui Primary Health Organisation. It was rolled out in three of the six Turanganui PHO-funded medical centres in September 2007. By early this year all six medical centres are expecting to offer the service.

HealthRight manager Diane Williams says a review of the programme is warranted given the length of time it has been running, and the issues still to be ironed out.

"We are going to take stock of various areas of the service such as the electronic system used, patient access, communications, and workload."

Diane says she is under no illusion that for some staff, programme implementation has been "trying". She says it wasn't an "even start" for the clinics as individual clinicians had varying cardiovascular disease knowledge, IT skills, and time to devote.

She says while longer consultations with high need patients have been warmed to by staff, the more comprehensive assessment and treatment planning has brought with it its own issues. A further confusing issue has been the inclusion of "the simultaneous percentage CVD score component from the Pinnacle QP12 program".

"New programmes like this are always complicated but thanks to the navigation sites we have learnt a good deal along the way."

Leadership was an area which could help make or break change innovation, and Diane congratulated the leaders at each navigation site medical centre who helped implement the new HealthRight ideas.

Diane wants the review evening, on Thursday 29 January, 6pm, to be a "think tank" and encourages staff to come "armed with solutions".

"We have no preconceived views on what is the best as each clinic works to its own rhythm. We all want a user-friendly programme."

Diane said Turanganui PHO has been a willing "guinea pig" for the Pinnacle-developed HealthRight programme. No other Midland PHO has rolled out HealthRight as fully as Turanganui. She says the review process is a necessary step.

Turanganui PHO Chief Executive Keriana Brooking will facilitate the meeting which will open with a presentation from Diane. Staff will be given plenty of time for feedback, discussion, and brainstorming. Notes will be taken and within a week, a spreadsheet of the issues, tasks, and those responsible for completing them, will be distributed. Staff with tasks will have four weeks to finish the work.

HealthRight Review: Thursday, 29 January, 6pm, followed by a discussion on After Hours Options and general practice sustainability, at 7.30pm. Pirates Conference Centre, 15 Anzac Street, Gisborne. A light meal will be served at 7.15pm.

Pinnacle staff Anton Richter-Visser and Maree Munro will run the discussion on After Hours Options. This portion of the meeting has been organised as a result of a Tairāwhiti District Health offer to the region's general practices for provision of after-hours GP services in Gisborne Hospital's Emergency Department. Anton encourages GPs to attend this meeting to

Community News

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HealthRight Review and After Hours Meeting Inviting all general practice staff. A review of HealthRight is to be held Thursday, 29 January, 6pm, followed by a discussion on After Hours Options and general practice sustainability, at 7.30pm. Pirates Conference Centre, 15 Anzac Street. A light meal will be served at 7.15pm.

Keriana Brooking – Turanganui PHO Chief Executive will facilitate the HealthRight section of the meeting. Diane Williams – HealthRight Manager will open discussion.

Anton Richter-Visser – Business Development Manager, and Maree Munro – General Practice Support Manager will speak during the After Hours section of the meeting.

RSVP to robynem@pinnacle.org.nz.

CPR Training For Level 4 training (IMAC required level) St Johns have now confirmed the following: ACLS Level 4, St Johns, Gisborne, Friday 30 January 2009, 5.30pm–9.30pm. Maximum number of participants is 10. For more information contact [Diane Williams](#).

TDH have also opened their CPR training to all, and have a bigger range of training available: Level 5,6 and 7 courses (suitable for GPs). Price for doctors is \$200, and \$150 for nursing staff for Level 5/6. Dates include: Level 4, 3 February, 17 February, 12 March, 26 March, 7 April.

Level 5-7, 26 February, 17 March, 2 April. Contact [Jo Whibley](#) to book your place with TDH.

Tairāwhiti District Health Board Meeting, Tuesday 24 February, 9am, Morris Adair Building, Gisborne Hospital.

Community and Public Health Advisory Committee/Disability Support Advisory Committee Meeting Tuesday 17 February, 9am/11am, Morris Adair Building, Gisborne Hospital.

ensure they have input into the future of after hours services for the area.

Hospital Advisory Committee Meeting,
Monday 23 February, 10am, Morris Adair
Building, Gisborne Hospital.

Visit www.tdh.org.nz for all TDH meeting
agendas.

Hospital Doc Recommends General Practice Experience to Peers

By Hayley Redpath



Dr Cathryn O'Sullivan valued her GP experience
Image [Clare Webber Photography](#).

All junior doctors should spend at least a month working in general practice, says a former Gisborne Hospital house surgeon.

Twenty-five year old medical practitioner Cathryn O'Sullivan spent five weeks at Desmond Road Medical Centre (DRMC) in December, and is actively recommending the experience to others.

"Most of my peers know I don't want to be a GP, but they do know I am vocal about this."

Cathryn says people with even a "zero" interest in primary health, should spend time working as a GP.

"I think it is important to get a wide range of experience. It gives the doctor a better perspective of the health system. It also gives a doctor an idea of the other things a patient has been through, or experienced, before they arrive at hospital."

Cathryn was enticed to DRMC by one of its senior practitioners, Dr Pauline Smale. Earlier in the year DRMC had farewelled Dr Paul Tervit, and there was a staffing gap. Pauline says she filled it during an unplanned visit to Gisborne Hospital.

"I was trawling through the Emergency Department looking for my patient when I saw Cathryn. I didn't go to the hospital for that reason, but I spied her and asked what she was doing."

Some would say their meeting was fate. Far more pragmatic, Pauline says it was a natural culmination of networking and the right channels.

"We've tried to advertise on the open market and it is hopeless. It gobbles up your time and money. Recruiting can usually be more successful with word-of-mouth."

When approached by Pauline, Cathryn says she was coming to the end of an enjoyable two-year stint at Gisborne Hospital; summer was approaching, and she had no immediate plans.

"Pauline recruited me there and then, sold it hard, said it was great, and I thought 'well why not?'".

Both parties have been thrilled at the arrangement. For Pauline, Cathryn's recruitment saved the practice time, and money, and delivered them "a gift from heaven".

"Cathryn has been brilliant. She is reliable and gets on with the job. We couldn't believe she agreed to come."

Cathryn also enjoyed it, but was struck by the lack of knowledge the primary and secondary care sectors have of each other. She gives an example:

"I used to be irritated when general practitioners referred patients with suspected deep vein thrombosis. I used to think surely this can be managed in GP-land." She learned at DRMC that GP requests for ultrasounds take weeks longer than requests from hospital doctors, and so to speed things up, a GP might refer to secondary care.

She says two things going for Gisborne, and primary/secondary relationships, is Tairāwhiti District Health's GP Liaison Dr Patrick McHugh, and the ongoing Post Graduate Society social and educational events. "They both allow for regular and valuable interaction between the sectors."

Having spent Christmas in Auckland with family, Cathryn is now in Wellington completing her Masters degree. She hopes her thesis can be developed from the research she carried out last year for a Tairāwhiti District Health project on childhood skin infections.