



# Service Level Alliance, Workstream and Regional Activity updates

SLAs, Workstreams and regional activities based in SIAPO have provided a brief summary of achievements in 2017/18, opportunities in 2018/19, response to inequities, and identification of challenges or barriers to progress.

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# Southern Cancer Network

Chair: Mr Todd Hore, CDHB

Manager: Nicholas Glubb

## Achievements from 2017/18

- Excellent progress with the progressive adoption of the **South Island cancer multidisciplinary system (SIMMS)** incorporating both support to the functioning of MDM meetings and using the new electronic tool which is accessed via Health Connect South
- Five service improvement projects to achieve **Faster Cancer Treatment** across the South Island were successfully completed. Findings from these projects will inform further local and regional service improvement activities, such as more patient centred co-ordination of appointments, sharing of information across disciplines, and better understanding of pathways to cancer diagnosis.
- The **South Island Radiation Partnership Group** undertook work to address unnecessary variation in Radiation Oncology. A revised standard of care for patients with early stage breast cancer, which describes treatment planning, dose and delivery requirements for patients across the region was developed and has been approved and implemented.
- SCN has worked to enable **increased clinical leadership** and wider sector involvement across SCN work. This includes the development of a SI Radiation Oncology Partnership Group and regular engagement with Clinical, Operational and FCT Leads, South Island Cancer Nurses Network, Māori and consumer advisory groups.

## Opportunities for 2018/19

- Bringing the remaining cancer MDMs onto the new system will continue in 18/19 with a focus on aligning tumour specific proformas and associated workflows across DHBs, as well as provision of local and regional reporting back to the clinical teams. Greater alignment across the South Island is the key opportunity.
- Completing the rollout of MOSAIQ, the oncology and haematology treatment planning and delivery information system, is a priority. Once in place it will enable consistent oncology and haematology clinical information to be accessible across the South Island, support electronic prescribing and enable safer delivery of chemotherapy and clinical haematology treatment.
- Options for an end of treatment regional service initiative to improve quality of life for people who have recently completed cancer treatment will be explored.
- The South Island Radiation Partnership Group will continue its work addressing unwarranted variation, and engage on stage 2, 3 and follow-up care in breast cancer, and initiate work on rectal cancer.

## Addressing equity

- An equity assessment framework is being developed so it can be applied across the development of new regional initiatives, with a particular focus on Māori and Pacific.
- The findings from the 2017/18 Routes to Diagnosis FCT project will be used to target improved access to detection, diagnosis and treatment for high needs and high risk patient groups, particularly Māori. This will focus on supporting earlier diagnosis, and engaging with DHBs to understand the findings, identifying opportunities and supporting them to implement actions.

## Challenges/barriers

- Delivering meaningful action on equity remains a challenge, where it is necessary for the network to work beyond the traditional focus areas of secondary/tertiary care. Finding the means and securing the necessary engagement to facilitate and support local activities to improve access and outcomes for Maori/Pasifika is a focus.

## Cardiac Services Workstream

Chair: Dr John Edmond, SDHB

Facilitator: Alan Lloyd

### Achievements from 2017/18

- Out-of-hospital STEMI pathways for the South Island have been developed in conjunction with St John to apply across three agreed (but flexible) zones. STEMI coordinators at each PCI capable hospital will play a key role and pre hospital fibrinolysis will be administered in accordance with St John protocols, with rapid retrieval to PCI capable centres.
- The planning for South Island Sustainable Cardiac Services report was completed and approved. The South Island Cardiac Model of Care is being developed based on the recommendations of the report.
- The region continues to perform very well against Acute Coronary Syndrome (ACS) targets and intervention rates for angiography, angioplasty and cardiac surgery.
- The Accelerated Chest Pain Pathway has been adopted including an accepted rural approach as the best interim solution until POC hsTn assays become available.

### Opportunities for 2018/19

- The implementation of the SI cardiac model of care plan has been factored into the 2018/19 workplan. The delay is concerning, yet it will be important to agree on a model that is well accepted and feasible to implement across the region. The workstream has agreed the main components of the plan, including more focus on primary care and governance groups in each DHB. Plans have been shared with the National Network as there will be national, regional and local elements to address in different ways.
- The regional ECG repository project, including transmission through St John's Lifenet will improve efficiency of diagnosis and reduce duplication of ECGs.

### Addressing equity

- An initial ethnicity summary for South Island ACS patients recorded on ANZACS QI Registry has been prepared and reported and will be added to during Q1 of 2018/19. The SI region compares favorably against other regions.
- Preparation of the model of care plan has identified that more attention should be given to monitoring Maori access particularly in the primary care setting.
- It has been noted from analysis of ANZACS QI data that there is some degree of inequity between the metropolitan centres and the rural communities, which is being addressed through improved bed management, transport and communication where appropriate.

### Challenges/barriers

- The regional ECG repository project, including completing test transmitting of ECGs from St John ambulances to EDs has suffered from lack of resource allocation from the CDHB IS Group as staff have been assigned to other priorities.
- Workforce and the availability of specialist staff eg sonographers remains an issue regionally and nationally. Similarly, echo audits show a lack of resources particularly for the rural sectors.

## Child Health SLA

Chair: Dr Clare Doocey, CDHB

Facilitator: Vacant

### Achievements from 2017/18

- The uptake of the regional e-growth charts in secondary care continues to increase with over 72,000 recorded entries. E-growth charts provide clinicians an accessible record of a child or baby's growth, irrespective of where in the South Island they are receiving secondary care, as well as providing comparison with the population.
- The South Island Youth Alcohol Emergency Department Presentations' Scoping Project report was released (carried out in conjunction with Public Health Partnership and Health Promotion Agency). Work is now underway to implement recommendations from the report.
- BeSmarter, a resource to support healthy weight in childhood, has been translated into Tongan and Samoan.
- South Island paediatric HealthPathways have been updated.

### Opportunities for 2018/19

- Initiating project with Public Health Partnership and Mental Health and Addictions SLA around infant mental health and supporting months.
- Supporting DHBs to understand and respond to information reported from e-Prosafe, including identifying further regional work.
- Investigate broadening accessibility to eGrowth Charts to community users, such as LMCs, WCTO.

### Addressing equity

- Across a range of health indicators, Maori children have poorer health outcomes than non-Maori. While there are some measures, such as immunisation, where Maori and non-Maori rates are very similar, across a range of other indicators, Maori children have poorer health outcomes than non-Maori.
- The SLA's focus on healthy weight, youth alcohol emergency department presentations and family violence are intended to address some of these disparities.

### Challenges/barriers

- Much of the work of the Child Health SLA is tied to social determinants of health and will require building relationships beyond the health sector. We have a strong relationship with the Public Health Partnership and will look to engage with the cross-sector Hauora Alliance as one avenue for pursuing shared outcomes that will improve child health.
- Resignation of Regional Programme Facilitator will stall work for 2-3 months whilst recruitment and orientation of new person takes place.

## Elective Services Workstream

Facilitator: Janice Donaldson

The South Island Alliance Operational Group provides oversight to the Elective Services workplan. The excerpt below is from TOR to provide context around the approach:

The group will take a system approach to:

1. Analyse the capacity and demand for South Island health services, with a particular focus on identifying vulnerable services and priorities for investment and disinvestment.
2. Support integrated working across the South Island DHBs to address and resolve operational challenges that will benefit from a shared approach
3. Develop, monitor and review a plan(s) to ensure services are operationally sustainable
4. Consider and prioritise new treatments and technologies and develop an implementation pathway for South Island DHBs
5. Work with the Alliance Leadership Team [ALT], the SI Strategic Planning & Integration Team [SPaIT], the SI Workforce Development Hub [SIWDH] and other relevant groups, to ensure the appropriate operationalisation of the agreed Alliance strategies
6. Work with information management systems to ensure they support current and future directions.

SIAOG is comprised of DHB GMs planning and funding, operational hospital GMs and representatives from chief medical offices, directors of nursing and directors of allied health.

### Achievements from 2017/18

**Colonoscopy Waiting Times Indicators:** supporting SI DHBs to manage symptomatic demand so they can be ready for the Bowel Screening programme (managing ~45% in colonoscopies over past 5 years and ~ 20% increase in demand as word of BSP goes around)

**Bowel Screening Programme:** rollout in Southern DHB (April 2018) and NMDHB (August 2018), as well as establishment of the SI Bowel Screening Regional Centre, development of equity approach and participation in the national BSP Pacific and Maori networks

**Small Services:** Focus on small specialist services which will benefit from DHBs working together to plan and deliver e.g. ICU, Maxillofacial, Dermatology

### Opportunities for 2018/19

- Continued focus on above (engaging with Central region where NMDHB has a service relationship)
- Urology HPs review (re-engaging SI teams with CDHB acting as lead)
- Urological Cancers Indicators (with SCN)
- Implementation of Vascular Model of Care
- Refresh of SI HealthPathways approach

### Addressing equity

Each project within programme considers: Maori incidence and prevalence and attendance/treatment data, NZ research to identify what focus is required. For example, in the Bowel Screening Programme equity is the key driver; for smaller specialist services achieving a sustainable service which is equitably accessible to all South Islanders including Maori may be the key focus

### Challenges/barriers

Sustainable South Island services across the spectrum of care: agreeing which services should be delivered close to home, and which require specialist centre(s).

# Health of Older People SLA

Chair: Dr Val Fletcher, CDHB

Facilitator: Jane Large

Achievements from 2017/18
<ul style="list-style-type: none"> <li>• <b>Dementia</b> <ol style="list-style-type: none"> <li>a. Focus is on having Primary Care teams (supported by Secondary Care) to diagnose and manage 'straight forward' dementia.</li> <li>b. The Goodfellow NZ specific online education has been developed – promoted for use in Primary Care</li> <li>c. Dementia requires a shift in the way we do things – 'Dementia is Everybody's Business - SI Dementia Model of Care' – describes this shift.</li> </ol> </li> <li>• <b>Advance Care Planning</b> <ol style="list-style-type: none"> <li>a. HOPSLA facilitated clinicians from all 5 DHBs to develop the electronic ACP and print version eACP</li> <li>b. Supporting local teams to finalise the district Health Pathway for ACP</li> <li>c. Development of a SI quality verification process with members from 4 DHBs – so that all plans are screened (5 minute process) to ensure they are clinically interpretable.</li> </ol> </li> <li>• <b>Delirium</b> <ol style="list-style-type: none"> <li>a. Delirium is under recognized, serious, costly and preventable in a third or more cases.</li> <li>b. HOPSLA has put together local and international resources into one 'toolkit' and added a seven item 'stock-take' tool.</li> <li>c. The stock-take tool assesses the 'system of care' in a ward/department or age residential care home</li> </ol> </li> </ul>
Opportunities for 2018/19
<ul style="list-style-type: none"> <li>• <b>Dementia</b> - Health Navigators are needed – working in each DHB to identify 'who' the health navigator is and at what point of the journey.</li> <li>• <b>Advance Care Planning</b> <ol style="list-style-type: none"> <li>a. Launch the agreed SI quality verification process – so that all newly written plans are screened (5 minute process) to ensure they are clinically interpretable.</li> <li>b. Most DHBs will be ready to 'go live' late October 2018 (the e ACP is on HCS/H1)</li> </ol> </li> <li>• <b>Delirium</b> - Work is underway to promote the use of the stock-take by inpatient teams and age residential care teams on World Delirium Day – 13 March 2019.</li> </ul>
Addressing equity
<p>HOPSLA has completed an analysis of known equity issues for all HOPSLA workstreams. There is a lack of data to support further identification.</p> <ul style="list-style-type: none"> <li>• <b>Dementia</b></li> </ul>

<ol style="list-style-type: none"> <li>a. Variable availability of dementia services (district to district) across the SI</li> <li>b. Inequitable access to dementia services for Māori and other ethnic groups, people living rurally, people with early onset dementia/long term conditions/intellectual disability</li> </ol> <ul style="list-style-type: none"> <li>• <b>ACP</b> <ol style="list-style-type: none"> <li>a. Variable levels of system development across the SI - two DHBs have dedicated ACP resource to support change management/embedding ACP, three do not</li> <li>b. There are limited culturally appropriate resources available (being developed nationally).</li> <li>c. Cost barriers to access general practice may impact on the numbers of ACPs being completed by Maori (and other ethnicities and low socio economic groups)</li> <li>d. An understanding is required on the best way to promote ACP to Maori and Maori Health Providers</li> </ol> </li> <li>• <b>HOPSLA action and equity</b> <ol style="list-style-type: none"> <li>a. HOPSLA Supports 'broadly similar' service delivery of each workstream across the South Island, for example restorative care, person-centred care; WiAS; ACP; Dementia Navigation.</li> <li>b. Dementia Model of Care highlights the known inequity and seeks to have a plan to address.</li> <li>c. Use of interRAI – Infographic reviewed each quarter (limitation in that the information pertains to those who have had an assessment).</li> </ol> </li> </ul>
Challenges/barriers
<ul style="list-style-type: none"> <li>• <b>Dementia</b> - There is currently significant unmet need with regard to services for people who have dementia. In the next 30 years there will be a quadrupling of people with dementia and there is no plan of how SI will respond.</li> <li>• <b>Monitoring for Equity in Health of Older People Services</b> <ol style="list-style-type: none"> <li>a. It is not clear whose role it is to monitor for equity across HOP services (i.e. wider than HOPSLA reach) e.g.                             <ul style="list-style-type: none"> <li>- Monitoring Maori access to community services; Monitoring Maori access to restorative care; Identifying barriers to access; Identifying any differences in service delivery.</li> </ul> </li> </ol> </li> <li>• <b>ACP - Change Management and Embedding ACP System – SI Approach</b> <p>There is now a stepped increase in ACP activity across the SI and there are several projects that will benefit 5 DHBs that cannot be undertaken due to limited regional resource to support the regional activity.</p> <p>e.g. Establishing common processes and measures; Development of electronic ACP progress notes (of benefit to record discussions that do not result in ACP); Development of electronic Medical Care Guidance (for those who lack capacity to complete an ACP) ; Use of Fridge magnets to connect eACP to paper document for users with no access to HCS/H1</p> </li> </ul>

# Hospital Dental Health Workstream

Chair: Lester Settle

Co-ordinator: Matthew Wood

The Workstream was formed to support DHBs to develop a model of care for clinically and financially sustainable hospital dental services, enabling equity of access to hospital dental services across the South Island.

The aims of the Workstream are to ensure:

- Investment in hospital dental services delivers agreed outcomes
- Equitable access to hospital dental services regardless of ethnicity, socio-economic status or where they live in the South Island
- Hospital Dental Services in the South Island work together to improve service equality and safety through better coordination and integration of existing and new services.

Achievements from 2017/18
<ul style="list-style-type: none"> <li>• Agreement on developing common patient pathways.</li> <li>• Caries management for otherwise fit and healthy children.</li> <li>• Treatment for inherited dental anomalies.</li> <li>• Workforce planning.</li> </ul>
Opportunities for 2018/19
<p><b>Future Demand.</b> - Requires the analytical understanding of what the impact of National policy, demographics and utilisation may have on the delivery of the service to enable future planning.</p> <ul style="list-style-type: none"> <li>• Agree and develop a standard set of regional reporting information that can be used to monitor regional utilisation.</li> <li>• Agree a set of regional data that can be used to identify growth ( demand and service change) area's,</li> <li>• Agree on sub populations to watch, (e.g. Older Persons, Refugees etc.)</li> </ul> <p><b>Alignment of Services</b> - Support the delivery of consistent service delivery to patients across the South Island and improve the equity of service delivery.</p> <ul style="list-style-type: none"> <li>• Share policies of service delivery (entry, service provided and exit) for populations serviced.</li> <li>• Identify, agree and develop common policies where appropriate.</li> </ul> <p><b>Information Systems</b> - The goal is to support better service planning and to support the availability of patient information for the patient no matter where the patient presents across the South Island.</p>

- Agree on a common set of KPIs the region can use to monitor their service delivery.
- Scope out the ability to establish a regional data base in the interim of regional IT solution.
- Agree on an annual report for the SI Regional Hospital Oral Health Services.

**Alignment of Patient Management System** - One patient management system and data repository across all SI DHBs. That is supported by central point of expertise and has the ability to supply business reporting to all SI DHBs as required.

- Comment: The work stream acknowledged the current national activity in this space and agreed to continue with a south island solution that will support the delivery of both a regional solution and national requirements.
- Engage with Spark "Titanium Solutions" to determine appetite for contract alignment.
- Agree a set KPIs and service requirements for a proposed new contract with "Titanium Solutions".

**Common System Codes** - Align current patient and treatment codes between the DHBs to enable consistency of data and a first step towards a regional electronic oral health record, including agreeing a common set of Payor codes as a first step, and developing common set of treatment codes.

### Addressing equity

- Equity is a driver for the next evolution of the collaborative delivery of regional oral health services and the work plan for the next 12 – 24 moths is aiming towards the improvement in data and systems that will enable the SI Hospital Oral Health Services to understand and dynamics of the populations and the pathways of care they are engaged with. This will:
  - Identify gaps in service
  - Areas of unmet need
  - Outcomes from service

### Challenges/barriers

- Information and technology challenges are the main challenges for the Workstream to deliver their workplan for the next 12-14 months. The challenges require improving patient information flow, a single site for data and connectivity to the single patient record.



# Information Services SLA

Chair: Graham Crombie (independent)

Regional Director: Paul Goddard

## Achievements from 2017/18

- Two significant milestones for the **South Island Patient Information Care System** programme achieved:
  - Completion of implementation across the Burwood facility (CDHB)
  - the first full DHB implementation was completed at Nelson Marlborough DHB.

SI PICs connects DHB staff with coordinated, consistent access to a single region-wide solution, resulting in improved quality and safety systems, and a more streamlined patient journey from the community to the hospital and beyond.
- The launch of the **HealthOne** portal to patient information in Nelson Marlborough has resulted in all South Island DHBs having a comprehensive picture of an individual’s health history information electronically. General practice teams can view a person’s test results and discharge summaries, and hospital physicians can access information about allergies, long-term conditions and current medications.
- The South Island has formalised a five year **Strategic Partnership agreement with Orion Health**, giving access to dedicated Orion Health resources and products for the ongoing development, enhancement and support of the Health Connect South platform.
- The **IS SLA and South Island PHOs** held an engagement workshop in September 2017 as a first step to foster an integrated IS environment across primary and secondary care, and develop a shared vision and principles to reduce system complexity. The IS SLA has subsequently strengthened the PHO representation and now has two General Practitioners and one of the PHO CIOs as members of the IS SLA.

## Opportunities for 2018/19

- Progressing the South Island Regional Service Provider Index (RSPI) – as a single source of truth for identity management of the South Island health workforce, this is a key foundation block for the region. The SI has entered into a collaborative partnership between the MoH to upgrade and extend the national Health Provider Index (HPI).
- Implement ePharmacy into the South Island DHBs to enable the hospital pharmacy management of medications. ePharmacy is one component of a suite of IT solutions that will improve and provide greater accuracy of medication management across the South Island health sector.

- Preparation for WCDHB, SCDHB and SDHB SI PICS Implementation including the completion of the implementation business case and initiation of project planning.
- Complete the final stages of remainder of the Canterbury DHB campus transition onto SI PICS.
- Extending the single regional instance of eOrders and eSignOff, for hospital radiology services to implement a fully electronic radiology ordering process .Electronic ordering ensures accuracy and efficiency for the ordering clinician and the diagnostic test provider.

## Addressing equity

- The IS SLA as an enabler acknowledge that information systems/technology are tools for the wider model of care/service delivery change that is required to address equity of access and outcomes.
- Shared clinical information available “at the right time, right place to the right person” via our regional platforms of Health Connect South and HealthOne
- Through the implementation of key regional systems (such as HCS/HealthOne/SIPICs) the SI will access to better quality, standardised, consistent and comparable datasets that will enable disparities to be more easily identified and responded to where need is indicated.
- Supporting the National Bowel Screening project, in particular the delivery of the information system/technology ensuring equitable and timely access to services
- Supporting the delivery of the Cancer information Strategy to ensure equitable and timely access to services

## Challenges/barriers

- Access to resources (financial, people) to support the regional IS programme delivery
- Financial constraints/pressures impacting on the DHB ability to progress regional programmes within timeframe
- Completing local priorities impacting on the delivery of agreed regional IS programme
- Size, scope and complexity of programmes delaying programme delivery
- Delays to progressing programme delivery due to protracted approval processes

## Major Trauma Workstream

Chair: Dr Mike Hunter, SDHB

Facilitator: Alan Lloyd

### Achievements from 2017/18

- The New Zealand Major Trauma Registry and National Clinical Network Annual Report 2016-2017 acknowledged that *“The South Island Region has made significant progress since the previous report and all DHBs are now entering data on the National Registry.”*
- The Ministry of Health feedback on the 2017/18 Q4 report includes: *“We commend the South Island region’s achievement of timely data collection and submission to the National Registry, outperforming other regions.”*
- The region has a network of motivated trauma nurse coordinators in each DHB who are responsible for the data and encouraging initiatives in trauma care and education.
- The ACC incentive fund which recognizes data input for the region is a significant amount and is available for nurse education.
- Coordinated efforts are being built and maintained with St John for transporting patients according to agreed destination policies.

### Opportunities for 2018/19

- The National Network’s \$5m Business Case with ACC has been approved for implementation and will provide opportunities for the regional networks.
- A review of NZ trauma services by the Royal Australasian College of Surgeons has highlighted areas where improvements can be made to trauma services in South Island hospitals.
- A robust system for data recording, reporting and analysis is under investigation for the South Island to have meaningful information to act on. National and regional options will be explored.

### Addressing equity

- Data collected and recorded for major trauma cases includes ethnicity. As the quantity of data available increases, it will be analysed for trends. Should resources allow the recording and analysis of all admitted trauma cases this will provide a much more meaningful picture of equity and will allow consideration of any necessary changes.

### Challenges/barriers

- Currently, DHBs are providing very limited resources to meet the basic requirements of data collection, let alone work towards a satisfactory trauma service in each major hospital.
- Trauma Nurse Coordinators are not being given adequate administration or back up support for their roles, and only one South Island hospital has formally appointed a Trauma Lead (on a limited basis).

# Mental Health & Addictions SLA

Chair: Heather Casey, SDHB

Facilitator: Martin Kane

Achievements from 2017/18
<p><b>Substance Addiction Compulsory Assessment and Treatment</b></p> <ul style="list-style-type: none"><li>The regional advisory group of key stakeholders has worked closely with MoH and Matua Raki on the requirements of the new legislation and has established and operationalised the new national treatment centre in Christchurch</li></ul> <p><b>Youth Forensic Hub-and-Spoke</b></p> <ul style="list-style-type: none"><li>The youth forensic pathway is a live document being implemented across all South Island DHBs. Smaller DHBs with limited forensic staffing can access the support of a bigger team which the hub offers.</li></ul> <p><b>Adult Forensic transitions</b></p> <ul style="list-style-type: none"><li>A gap analysis of forensic transitions has been completed this year. The forensics transitions workgroup will make recommendations to the sector next year.</li></ul>
Opportunities for 2018/19
<ul style="list-style-type: none"><li>Support the DHBs to develop district pathways to address the needs of people identified under Supporting Parents Healthy Children</li><li>Scope the opportunity for DHBs to develop a network for Mental Health and Intellectual Disability services</li><li>Pathway recommendations for transitions between adult forensic community services and general adult community mental health services</li></ul>
Addressing equity
<p>MHASLA note the following equity challenges:</p> <ul style="list-style-type: none"><li>There are a variety of access rates for Maori across different service types</li><li>Limited partnerships with Maori</li><li>Limited indigenous leadership</li><li>Lack of data to inform decision making, alongside the need to develop an understanding of 'Māori data sovereignty' for the South Island, its ownership, interpretation and purpose.</li><li>The need to describe the community specifics and define an approach to equity for the South Island Alliance, not SLAs</li><li>continue to pursue resources for the regional workforce development role to assist with workforce development and cultural responsiveness.</li><li>showcase innovation designed to address equity</li></ul>

<p>To address these, the MHASLA is or will:</p> <ul style="list-style-type: none"><li>support the direction of the Government Inquiry into Mental Health and Addiction (which is focused on inequities for Māori and Pacific) where regional collaboration can assist DHBs.</li><li>collaborate with Health Quality and Safety Commission regarding Mental Health and Addiction Quality Improvement work. One of the key priorities of the work is minimising restrictive care, an area where Maori are over-represented.</li></ul>
Challenges/barriers
<ul style="list-style-type: none"><li>Second guessing the content of the report of the Government Inquiry into MHA</li><li>Current burden of care</li><li>Equity</li><li>Workforce challenges in the face of negative media coverage and the domino effect of multiple pay settlements</li></ul>

## Palliative Care Workstream

Chair: Dr Kate Grundy, SDHB

Facilitator: vacant

### Achievements from 2017/18

#### Palliative Care Surveys

- Following the undertaking of a suite of surveys to benchmark palliative care provision across hospitals, hospices, and community settings (including aged residential care) since 2015, a summary of findings paper was released in May.
- The summary paper identified eight key themes that are now being discussed, tested and potential solutions suggested at a Palliative Care Roadshow. This will visit 8 centers across the 5 South Island DHBs, over 10 weeks.
- Chair, Kate Grundy, is meeting with senior DHB staff, hospice staff and interested clinicians, holding workshops with people from across the health sector, and presenting at Grand Rounds.

#### VOICES

- The VOICES survey of family/whanau experience of care at the end of life is underway, in conjunction with University of Canterbury, expected to be completed by the end of 2018.

#### St John

- The Workstream have partnered with St John to support training for staff to be more confident when caring for people receiving palliative care or at end of life.

#### Lippincott Procedures

- The full set of Lippincott procedures have been assessed from a palliative care perspective by the Workstream. Those relevant to palliative care have been amended and made fit for purpose in the NZ setting. This process is now complete and a maintenance phase has commenced whereby this subset of procedures will be reviewed regularly and updated as required.

### Opportunities for 2018/19

- An Allied Health Working group is being established to evaluate the status of education and support for allied health staff in the delivery of palliative care as part of their work in both the acute setting and in the community (including ARC). The group will then design a framework where the Allied Health workforce is better prepared to assist with the delivery of quality palliative care.

- It is expected that further regional initiatives will be agreed as an outcome of the South Island Palliative Care Roadshow and following the release of the VOICES survey results. Following sessions in each district to understand local progress and challenges, a regional workshop of interested people will be held to develop an action plan for next steps.

### Addressing equity

- It is well known that there are significant inequities around end-of-life care, in terms of access to and consistency of care, depending on geography, ethnicity, age, access to hospice services, health literacy etc. While it is not possible to quantify these disparities with available data, from a service provision level, the inconsistencies are clearly articulated in the survey results. It is also expected the VOICES survey will provide valuable insight into family/whānau experience of end-of-life care and inform our understanding of inequities.
- The Palliative Care Workstream vision articulates our commitment to achieving equity of care for all the population, and our activities are focused on improving equity of access to services, including for Māori.

### Challenges/barriers

- A palliative approach is not embedded in all health organisations: Initial feedback from the Roadshow highlights education and understanding around palliative care being a significant barrier to ensure high quality, patient-centred care.
- Outdated models of service provision: The survey findings and Roadshow feedback indicates that traditional service models are not integrated or flexible enough to provide appropriate, sustainable care, particularly after-hours.

## Public Health Partnership

Chair: Dr Keith Reid, SDHB

Facilitator: Ruth Teasdale

### Achievements from 2017/18

- **Hauora Alliance** Facilitated the establishment of the Hauora Alliance cross-sector collective impact initiative following a series of co-design workshops. Hauora Alliance includes leaders from Te Pūtahitanga o Te Waipounamu, the Social Equity Network, Oranga Tamariki and the Ministry of Education. Members of the SI PHP are active members of the Hauora Alliance steering group. The SI Public Health Partnership provides on-going facilitation support to the Hauora Alliance.
- **Population health report** Commissioned, facilitated and supported the development of *The First Thousand Days – A South Island report for the Hauora Alliance*, which was prepared by Community and Public Health, with the guidance and leadership of a SI PHP Steering Group. This will be available in some form for the Strategic Workshop.
- **Healthy Eating and Active Lifestyles** Established the SI PHP Healthy Eating and Active Lifestyles (HEAL) working group. The working group has identified three regional priorities for action and is actively sharing resources and learning.
- **Strategic Framework** Developed both a South Island strategic framework and a single planning template for Public Health Units, thus providing shared and consistent ways of understanding planning and progress.
- **After-hours on call arrangements** Undertook an initial review of the out of hours, on call arrangements for both Health Protection Officers and Medical Officers of Health across the South Island. The process identified possible opportunities and feasibility of making out of hours, on call cover more sustainable and aligned across the South Island. The Alliance Operational Group subsequently approved the initiation of a formal co-design process to identify and agree regional actions to improve the systems supporting out-of-hours health protection response delivery.

### Opportunities for 2018/19

- To actively contribute to cross-sector capacity development and initiatives to promote equitable outcomes in the first thousand days via Hauora Alliance.
- To partner with Te Herenga Hauora to contribute towards equitable outcomes for Māori.
- To facilitate a *Health in All Policies* approach towards the social determinants influencing oral health, safe and warm homes and environmental sustainability through the development and promotion of position statements.

- To design, implement and monitor consistent and coordinated regional strategic and operational approaches to key public health concerns. This will include a formal co-design process re identifying and agreeing regional actions to improve the systems supporting out-of-hours health protection responses. Regional approaches to alcohol harm reduction and healthy eating and active lifestyles will also be addressed.

### Addressing equity

- Māori are disadvantaged in relation to all social determinants of health, therefore the work being undertaken in the areas of oral health, healthy eating and active lifestyles, warm homes and environmental sustainability relates directly to equity issues of Māori.
- Addressing equity is the key focus of the Hauora Alliance, with the project to support the Mokopuna Ora initiatives that have been contracted by Te Pūtahitanga being a practical expression of this. As outlined earlier, all social determinants link to equity issues for Māori. Hence the work being undertaken in the specific areas of alcohol harm reduction, healthy eating and active lifestyles and environmental sustainability all contribute towards addressing equity challenges.

### Challenges/barriers

- Lack of understanding across the health sector of the value of public health approaches in addressing underlying demand for health care.
- Culture – the need for a shift in emphasis to pre-emptive engagement and tailored approaches and working through effective partnerships, not direct delivery.
- Capacity - achieving critical mass in key areas – intelligence, health protection. Shortages of appropriate skilled workforce to lead and support collaborative and collective impact ways of working.
- Building public health capacity outside the health sector.
- Collaboration – there is a need to clarify the roles and ways of working together for SLAs and workstreams with shared foci.

## Quality and Safety SLA

Chair: Mary Gordon, CDHB

Facilitator: Martin Kane

Achievements from 2017/18
<p><b>Reportable Events</b></p> <ul style="list-style-type: none"><li>• A successful pilot of South Island DHB training on reportable events was held in April. DHBs will roll this training out.</li></ul> <p><b>Serious Adverse Event Investigations</b></p> <ul style="list-style-type: none"><li>• NMDHB Improvement Advisors are now co-ordinating reviews. A Nurse Consultant is now in place in CDHB where Quality Teams follow-up on recommendations emerging from reviews.</li></ul> <p><b>Deteriorating Patient</b></p> <ul style="list-style-type: none"><li>• NMDHB acted as the ED pilot site for part of this Health Quality and Safety Commission project and CDHB switched over to the NZ Early Warning Scores in September. Models were developed using a large observations dataset. The system developed includes InterRAI as part of the nursing assessment.</li></ul>
Opportunities for 2018/19
<p>QSSLA agreed with Health Quality and Safety Commission to continue the same focus from 17/18 into 18/19. Key projects include:</p> <ul style="list-style-type: none"><li>• Application of the new national reportable events policy</li><li>• Support DHB approaches to the deteriorating patient programme</li><li>• Support the South Island DHBs in their work on the Health Quality and Safety Commission Pressure Injury Prevention work by sharing experiences and learnings across all SI DHBs</li><li>• Support ongoing development and review of Safety1st</li></ul>

# Stroke Services Workstream

Chair: Dr John Fink, CDHB

Facilitator: Jane Large

## Achievements from 2017/18

- Stroke Inter- D Education - Acute and Rehabilitation
  - a. Regional Study Day held Nov 2017 – 150 attendees in person 100 attendees by VC across SI
  - b. 49 percent saying they have gained 1-3 new ideas for their practice
  - c. 51 percent saying they have gained more than 3 new ideas for their practice
- Telestroke Project Plan
  - a. Project funding from MOH (one off funding)
  - b. Hub is Christchurch Hospital, Spokes at 6 sites across SI
  - c. St John, Management, Radiologists, Neurologists & spoke site staff - collaborated to identify project plan
  - d. Hardware and software costed, increased hub resource and ongoing cost – approval from AOG
- Building Regional Stroke Clot Retrieval Service
  - a. Christchurch has a stroke clot retrieval service 85% of days
  - b. There is a plan to build the service to extend to all SI DHBs as soon as resources are in place
  - c. Telestroke is key to transfer protocol
- Implementation of organized stroke services (OSS)
  - a. review/alignment of hospital stroke guidelines/pathways
  - b. appointment of stroke CNS Invercargill & Dunedin to meet NSN criteria for OSS
  - c. AROC stroke rehabilitation audit

## Opportunities for 2018/19

- Stroke Inter- D Education by VC
  - a. Regional Study Day planned for 1 November 2018 – already 140 registrations
  - b. Participants are evenly represented from across primary, acute, rehabilitation, residential, and community.
- Implement Telestroke Project Plan
  - a. Christchurch as hub; Grey Base, Timaru, Dunedin, Invercargill, Oamaru and Dunstan as spokes.
  - b. Now ready to place order for carts and i-pads; and organize installation
  - c. Education and process plan is being finalized – Neurologist to visit each site and walk through the process.

- Building Regional Stroke Clot Retrieval Service
  - a. Telestroke is being embedded; Clot retrieval service is being progressed.
  - b. St John transport policies are being finalised
  - c. Working jointly with MOH & Other regions – so that services remain broadly similar across NZ.
- Data collection
  - a. MOH require regional and DHB reporting of key measures
  - b. Regional data collection method is being streamlined

## Addressing equity

- Data collection and review each quarter
  - a. Numbers admitted to Organised Stroke Service, thrombolysis numbers and transfers to rehab are recorded by ethnicity
  - b. Very small numbers so trends are difficult to detect
- Evidence based practice supported in each DHB
  - a. Rural v urban variation – being monitored with data review and addressed through shared policies & education.

## Challenges/barriers

- Organised Stroke Service is key to support service delivery across the stroke service spectrum  
Need for teamwork - there are key gaps in service - minimum is Lead Stroke Nurse (LSN) and Lead Stroke Physician (LSP) both must be in place and supported with non-clinical hours in each SI DHB.
- Data collection – accuracy of data has been an issue; also un-coded medical discharges causes erroneous data and need for re calculations and new reports.
- Acceptance that stroke clot retrieval is extremely effective, albeit costly, new service
- There are some limitations access /equity due to geography because of time windows for acute services
- Immediate access to stroke expert assessment 24/7 across SI sites including smaller centers: depend on Telestroke implementation to achieve.
- Access to specialized stroke rehabilitation from smaller centers: vulnerable workforce



# South Island Workforce Development Hub

Chair: Mary Gordon, CDHB

Regional Director: Kate Rawlings

## Achievements from 2017/18

### eLearning

- Elearning is now available across the South Island. There are currently 106 learning packages available on healthLearn with 74 in development. Over 23,000 users (was 2104 users in 2013)
- A national workshop was organized with all 20 DHBs participating, agreement was reached to develop content nationally for 8 identified priority areas.

### Calderdale Framework

- Implementation continues to grow across the South Island with 26 trained facilitators, and two practitioners. 300 have attended Foundation Training in the South Island. We are also supporting Northland and Central Region with their implementation of CF
- The use of the allied health assistant/Kaiāwhina workforce to deliver increased patient-centred care has resulted in outcomes such as increased access to receive key pieces of equipment and increased rehabilitation provision.

### Clinical Simulation

- Membership now includes St John's and the New Zealand Defence Force. Boston Train the Trainer course hosted in Christchurch with regional participation for 20 people.

### Māori Workforce

- Acknowledging that our workforce should reflect our population, a South Island Māori Workforce Workshop was held with attendees agreeing to work together on a number of actions towards increasing the number of Māori working in health.
- Māori workforce data is being collated and trend analysis now possible with data set.
- Te Herenga Hauora have developed a position statement to support Māori workforce development.

### Nursing

- A South Island policy and framework for Registered Nurse prescribing was approved by Executive Directors of Nursing. This included participation from acute and primary care, NZNO, Ara & University of Otago. The South Island has 29 RN Prescribers working in rural, primary care, family planning, oncology, cancer care, chronic conditions and diabetes.
- Sustainable Nursing: have finalised the handling health concern guidelines. Allied Health have asked for the scope of these guidelines to be extended to include them.

- Lippincott (clinical procedures) are in use in 14 DHBs, and work continues to refine and improve the fit for NZ.
- Nurse Practitioners: South Island now has 44 up from 11 in 2010

### Medicine

- Community based attachments (CBAs) for PGY1/2s - In 2017/18 54% (58 actual placements) of the total required in the South Island by 2020 were undertaken.
- PGY 1 employment (New Zealand citizens and permanent residents) - 111 FTE PGY1s commenced in November 2017. This is the South Islands fair share.

## Opportunities for 2018/19

### Rural activity

- Rural clinical simulation; rural midwifery, rural network, Rural Hospital Medicine training co-ordination regionally

### Māori workforce

- Work with the University of Otago, Kōhatu Unit to grow the South Island Māori health workforce

### Allied Health professional networks

- Support Physiotherapy, Occupational Therapy, Dietetics and Social Work networking to improve regional service delivery and staff retention

### Calderdale Framework

- Train 2 new CF practitioners, we will then have a sustainable model
- Train nursing facilitators which will allow for the expansion of the CF framework

## Addressing equity

SIWDH is supporting the growth and retention of the Māori workforce to better reflect the South Island population (with GMs Māori) through:

- Project to research experiences of Māori workforce in South island DHBS (University of Otago Kōhatu Unit)
- Cultural competence education – support frameworks which ensures it is embedded into practice
- Ethnicity Data – annual update with revised data, including trend analysis from HWIP data.
- Monitoring of Māori workforce numbers

## Challenges/barriers

- Lack of whole of sector South Island workforce data



# WellChild Tamariki Ora Quality Improvement Project

Chair: Michael McIlhone, Pegasus Health

Project Manager: Anna Foese

## Achievements from 2017/18

- Well Child Tamariki Ora quality improvement indicator South Island 2017/18 improvements include:
  1. Indicator 5: Infants are exclusively or fully breastfed at discharge from LMC
  2. Indicator 13: Children are fully immunized for age at 5 years of age
  3. Indicator 14: Before School Checks are started before children are 4 ½ years
  4. Indicator 16: Children with a BMI >98<sup>th</sup> percentile are referred
- Child Health and Maternity education sessions offered in most DHBs across the South Island with very positive feedback. The application of knowledge into practice has enabled improved service delivery across different child health and maternity services.
- A South Island breastfeeding stock-take/report was completed to provide an overview of the South Island primary and secondary care activities aimed to promote, protect and support breastfeeding. A finding of this report indicated that consumer voices were required to address the inequitable breastfeeding rates across the South Island. Consumer face-to-face interviews have commenced.
- Quarterly newsletter publications continue to encourage and promote SI collaboration and information sharing processes to support quality improvement
- New-born multi enrolment process has been implemented across all South Island DHBs to monitor and follow-up on children that are not enrolled or engaged with the universal child health services.

## Opportunities for 2018/19

- Improved collaboration with Mental health, Public health, SUDI and Child health SLA to progress activities and achieve improved child and maternal health outcomes e.g: first 1,000 days priority
- Transfer/sharing of information/NHI level data between DHBs to improve the engagement of children and their families into the WCTO programme including 'new families to the district' and inclusion of Police, MoE, MSD and community organisations to work more collaboratively.
- Publication of the WCTO QIF data quarterly

## Addressing equity

- Equity is a fundamental aspect of the national project/programme of work. The governance group has equitable representation/membership.
- Key outcome of the national programme 'All Children, in New Zealand from Birth until five years of age have equitable access to the Well Child Tamariki Ora Programme'- new-born multi-enrolment process implemented to achieve this outcome.
- Exploring Maori and Pasifika experiences' of breastfeeding (regional project)

## Challenges/barriers

- Inaccurate and infrequent WCTO quality improvement framework data publication
- Differing levels of engagement and DHB priority
- Lack of collaboration at a regional SLA level-improvement needed

***"All improvement requires change, but not all change results in improvement. It is important to measure what parts of the system are working well and what is not"***

## Regional Activities

### South Island Emergency Planning Coordination for Primary Health

Emergency Planning Co-ordinator: Barry Simpson

Role
<p>The Emergency Planning Coordinator role is to support the work of the Planning and Funding activities within the South Island DHBs by assisting primary and community care organisations to develop and maintain emergency response plans that:</p> <ul style="list-style-type: none"> <li>• Address its arrangements and processes for managing resources;</li> <li>• Ensure it responds appropriately during an emergency;</li> <li>• Ensure it has the ability to productively engage and communicate with their enrolled population in regard to emergency planning;</li> <li>• Contain elements that:               <ul style="list-style-type: none"> <li>○ Protect its enrolled population;</li> <li>○ Protect its staff and continuity of business;</li> <li>○ Demonstrate its ability to respond to the Ministry's emergency planning requirements;</li> <li>○ Provide an integrated response framework for an emergency situation, both at individual practice level in PHOs, and at each independent GP practice level where they are not aligned with a PHO.</li> </ul> </li> </ul> <p>The service provides emergency preparedness assistance across:</p> <ul style="list-style-type: none"> <li>• Seven South Island Primary Health Organisations (PHO)</li> <li>• Approximately two hundred and fourteen general practices</li> <li>• One hundred and ninety-six aged residential care facilities</li> <li>• Approximately Two hundred and fifty community pharmacies</li> </ul>
Activities
<p>This work results in:</p> <ul style="list-style-type: none"> <li>• <b>All organisations – PHOs, general practices, aged care facilities and pharmacies - are supported to develop a Business Continuity Plan</b></li> <li>• PHOs are supported to establish Local Emergency Groups (LEGs) throughout the South Island</li> <li>• Coordinated Incident Management System are being introduced into PHO's, larger GP practices, and ARC facilities to assist with managing unplanned events</li> <li>• Working with ARC facilities to undertake scenarios that test emergency preparedness, in particular Evacuation Plans</li> </ul> <p>The service is provided by 1.0 FTE and reports to the 5 South Island District Health Boards.</p>
Service Evolution
<p>Over the next 12 months the service will be developing Elearning modules, initially for ARC facilities, based on evacuation. This will extend later to general practices and pharmacies.</p>

### Aged Care Certification Monitoring Team

Elizabeth Lear & Margaret Roigard

Role
<p>The function of the Aged Care Quality Assessment Team is to monitor and follow-up all requirements arising from the certification of aged care facilities for the South Island District Health Boards. While the team is based in SIAPO, the team is a service arm of each of the SI DHBs and are embedded into the service delivery of SI DHBs. This allows for a consistent service across the SI DHBs and the monitoring of service provision across DHB boundaries.</p>
Activities
<p>The key functions of the team are to</p> <ul style="list-style-type: none"> <li>• Liaison with and support of DHB staff, health providers, contract auditors, and other health organisations with an interest in Aged Care Certification Monitoring.</li> <li>• Monitoring and reporting on health providers' progress in meeting certification requirements.               <ul style="list-style-type: none"> <li>○ A total of 196 ARC facilities in the South Island</li> </ul> </li> <li>• Providing guidance to health providers on interpretation of audit outcomes.</li> <li>• On site visits (to evaluate evidence on site).</li> <li>• Contribute to DHB service meetings:               <ul style="list-style-type: none"> <li>○ ARC Forums at each DHB,</li> <li>○ Gerontologist Nurse Specialist's meetings (CDHB only).</li> <li>○ MoH DHB HOP Managers meetings and forums</li> </ul> </li> </ul> <p>Over the 2017 – 2018, the team have been engaged in:</p> <ul style="list-style-type: none"> <li>• Monitoring 141 audit reports.</li> <li>• Reviewing 396 corrective actions.</li> <li>• 2 number of site visits,</li> <li>• Presentations at ARC Forums: CDHB, SDHB (Dunedin and Invercargill)</li> </ul> <p>The service is provided by 1.5 FTE and reports to the 5 South Island District Health Boards.</p>
Service Evolution
<p>Over the next 12 months will be the development of Elearning modules for ARC facilities.</p>

## Sudden Unexpected Death in Infants Prevention Programme

Regional Programme Coordinator: Ann Shaw

### Achievements from 2017/18

- A series of workshops were held in November and December 2017 to explore providers' perception/understanding of the SUDI prevention work happening across the South Island and what/where there were gaps or improvements could be made.
- These workshops informed not only the South Island regional plan but also the DHB district (local) SUDI prevention plans ie, priorities for action and key areas of focus
- A collaborative approach with the South Island portfolio managers is adding to their engagement in the programme; regular visits to each DHB district to meet with key personnel and clinicians, follow-up phonecalls, participation in Steering Group (or their equivalent) meetings etc, as appropriate.
- A single meeting with Ngai Tahu personnel to discuss the registration process and wahakura provision for newborn Ngai Tahu babies, resulted in their process being amended so that wahakura are provided at 36 weeks gestation instead of postnatally.

### Opportunities for 2018/19

- Continued support for DHBs as they review their priorities for action and key areas of focus and operationalize the same.
- Continued collaboration and connectedness with other programmes of work such as the Maternity Quality and Safety Programme (MQSP), First 1000 Days and the WCTO Quality Improvement Framework (QIF).
- Provision of a schedule of workshops in each DHB district for health professionals and other workers who have direct engagement with pregnant women and new parents, to explore and discuss SUDI risk factors and preventative actions/behaviours, with safe sleep being the key part of the discussion (in conjunction with Dr Nick Baker, Paediatrician).
- Review of the South Island Alliance Safe Sleep Policy template and Audit Tool and support stakeholder organisations (including early childhood learning centres) to adopt and apply the policy template to their organisation. Safe Sleep Policy to be available (readily accessed) on HealthPathways.
- Strengthening the Safe Infant Sleep champion role across DHBs and stakeholder organisations.
- A close working relationship has been formed with the lower North Island (Central Region) Regional Coordinator and this is enabling opportunities for regional collaboration, for example the South Island Safe Infant Sleep Policy review and the development of a Safe Sleep Champion role description.

### Addressing equity

Equity as a priority in the local SUDI prevention plans and DHBs are partnering with Iwi/Māori and Pasifika providers and communities to provide cultural integrity to SUDI prevention interventions. The plans may include:

- Kaupapa Māori pregnancy and parenting education (PPE) for Māori and pregnant women at increased risk
- Wahakura weaving or hapū mother wananga
- All babies identified as being at risk of SUDI have access to an safe sleep device (SSD, pepi pod or wahakura), with particular emphasis on babies who are Māori, Pasifika and or born to young women age less than 25 years or women who smoke
- Increased registration with an LMC in the first trimester of pregnancy with particular emphasis on Māori, Pasifika and young women aged less than 25 years
- Increased or equity of access to community-based breast feeding support services beyond the 6-week postnatal period with particular emphasis on improving rates across all ethnicities, but particularly for Māori
- Improved screening and referral for drug and alcohol use throughout pregnancy and maternal mental health and family harm (violence intervention) referral and support

### Challenges/barriers

- Consistent SUDI prevention and safe infant sleep messaging by a broader range of service providers and stakeholders.
- Variable engagement by Māori and Pasifika women and young women aged less than 25 years in pregnancy and parenting education (PPE) classes. Kaupapa Māori and PPE tailored to Pasifika and young mothers are not readily available across the South Island
- Variable access to wahakura across the South Island and insufficient wahakura wananga to meet demand.
- Breastfeeding targets at two weeks, six weeks, and three months postpartum are largely unmet, and limited and or inequitable access to community-based breastfeeding support services outside of the main urban areas.
- South Island Safe Infant Sleep Policy has been largely hospital based, and not always transferring to practice settings and auditing is inconsistent.

## Telehealth Strategy

Chair: Dr John Garrett, CDHB

Facilitator: Keith Todd

### Development of the Strategy

The South Island is developing a Telehealth Strategy that outlines the vision for a well-connected, fully utilised, virtual health platform for the region that is easy to use for both patients & clinicians.

The primary objective of the Strategy is to increase the availability and use of telehealth to the point where it is offered to all patients who would benefit from it.

Achieving this goal will deliver equity by upholding the right of patients to timely access to health care as close to home as possible and ensure health care is delivered with a focus on the needs of the whanau. It will reduce professional isolation, provide education opportunities for staff and ensure telehealth approaches align with current best practice. This strategy will ensure a telehealth funding system is in place that is transparent, cost neutral and sustainable. It will improve the quality and effectiveness of telehealth services through review, audit and analysis.

The Strategy considers governance, change management, and embedding telehealth in clinical practice, and monitoring and evaluating use. Although the Strategy is yet to be finalised, if it is approved, it is expected that a working group will be established to progress implementation of the Strategy.

## Medical Imaging Workstream

Chair: Dr Sharyn MacDonald, CDHB

Co-ordinator: Matthew Wood

### Progress of the group

The Medical Imaging Workstream was established in 2017. The Workstream will support medical diagnostic imaging services across the South Island to:

- collaborate and cooperate to achieve consistency and reduce unnecessary duplication of resources where possible
- agree regional and local service improvement initiatives aimed at delivering clinically effective and cost efficient services

As an enabler of other services and initiatives, the Workstream will also engage with other SLAs and regional workstreams to align service improvement and achieve shared outcomes.

The group, led by Dr Sharyn MacDonald, Chief of Radiology (Canterbury DHB) is still developing its workplan and topics that are currently being discussed as potential areas of work for the group are:

- Workforce: regional workforce and support for training?
- Pathways (consistent) consistent access for primary care across the SI.
- Guidelines (Consistent)
- Ultrasound solution (POCUS, point of care ultra sound)
- Fair and consistent triage/ consistency and transparency of approach.
- Value adding radiology (HP clinical Suit , decision support )
- Demand management (tumour streams, chest x rays)
- Continuous service improvement
- Develop a strategy for cost sharing for systems
- Health Pathways (hospital): Looking towards regional consistency in protocols.
- Regional sign off of orders (roll out)
- Improving access to southern/ connectivity/ visibility of reports