

Waitaki Review Group

Communication Update 8 June 2016

The Waitaki Review Group met on 2 June 2016 to discuss patient journeys in Waitaki. The Review Team process mapped six typical patient journeys to understand what happens now and what could be improved to achieve the best outcomes and patient experiences. These patient journeys were chosen because the data show that these are the most frequent causes of admission and use of hospital services. This process has started to identify common themes for service redesign.

Patient Journeys Considered:

- How can people living with chronic and long term conditions be enabled to self manage their condition in order to stay well?
- How can we keep ED for emergencies and make sure people get the right care in the right place when they have urgent health needs?
- How can we ensure timely access to mental health services?
- How can we make sure access to care is as close to home as possible and people only travel when they need to?
- What support services are required to enable people to stay at home longer?

Common Themes Identified:

1. Need for community prevention programmes delivered by community providers to maintain good health and prevent exacerbation of long term conditions, etc., including
 - a) Prevention/health promotion programmes
 - b) Greater coordination of community services working as a team and the patient to support good health
 - c) Coordination of services to prevent admission to hospital
2. Need for streamlined first response system aiming to ensure people access the right services at the right time
 - a) Alternative services available when someone needs to access care urgently
 - b) Coordination with GPs and other community care providers
 - c) Use of alert and information systems
3. Post discharge services and enhanced community support services to avoid readmission
 - a) Care coordination
 - b) Delivery of home based care
 - c) Post discharge short term supports
 - d) Improved post discharge follow up to avoid readmission

4. Services delivered closer to home
 - a) Increased specialist service access in Waitaki
 - b) Only travelling outside of Waitaki when needed
 - c) Use of telehealth

5. Communication and coordination between providers
 - a) Use of telehealth and shared electronic health records to improve communication between providers
 - b) Team approach – wrap around services for patients

6. Workforce

What's Next?

The Review Team will hold a workshop on 16 June 2016 using identified themes and issues and challenges identified at the workshop held on 2 June to ask how services might change and what this would look like. This workshop will form the basis of recommendations for the final report.