



2 February 2017

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Kevin Burrows

President

Kapiti Coast Grey Power

E-mail: kburrows@vodafone.co.nz

Dear Kevin

I write in response to your Official Information Act request regarding the STAR 4 facility in Levin.

I attach relevant Board papers and correspondence (internal and external) as requested.

Yours sincerely

Lyn Horgan

Operations Director

Hospital Services

Encl

TO All Staff, STAR 4

FROM Mike Grant
General Manager Clinical Services &
Transformation



MEMORANDUM

DATE 6 October 2016

SUBJECT Project Scope Summary and Terms
of Reference: STAR 4 Medical
Services

Attached for your information and feedback is the Draft Project Scope Summary and Terms of Reference for a review of medical services provided to STAR 4, the 20 bedded Assessment, Treatment and Rehabilitation (ATR) ward at the Horowhenua Health Centre, Levin. The background section of the document identifies the current challenges in terms of providing clinically and financially viable medical coverage for STAR 4, and the Horowhenua region in general.

The primary focus of the project is on the model of medical care, but recognizing of course, that any changes in this model may have some impact on the overall multidisciplinary model of care. The key deliverable of this project will be a report on STAR 4 medical services for internal planning, funding and investing purposes. Staff and stakeholders will be fully involved in the project, and staff will be advised of the project later this week.

Unions have been advised and their feedback sought. If you have any questions in relation to this project, please do not hesitate to let me know. Your feedback is welcome.

Mike Grant
General Manager
Clinical Services and Transformation

COPY TO: Lyn Horgan, Operations Director
Sarah Donnelly, Service Manager
Syed Zaman, Deputy Clinical Director

**Clinical Services &
Transformation**
MidCentral Health
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Palmerston North 4442

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PROJECT SCOPE SUMMARY AND TERMS OF REFERENCE

Project Title	Horowhenua STAR 4		
Project Sponsor	Mike Grant, GM Clinical Services & Transformation		
Project Manager	Sharon Bevins		
Project Start Date	October 2016	Project End Date	February 2017

PROJECT DEFINITION

Background	<p>The MidCentral District Health Board (MidCentral DHB) Provider Arm MidCentral Health, provides secondary level Assessment, Treatment and Rehabilitation (ATR) services for patients at Palmerston North and Horowhenua.</p> <p>STAR 4 is a 20 bedded unit based within the Horowhenua Health Centre (HHC). The unit currently provides secondary level ATR services and inpatient hospice services. The occupancy of the unit has been dropping over the last 3 years with the largest drop in 2015/16. The unit was previously 24 beds; 4 beds were closed in 2015.</p> <p>Medical staffing consists of 2.3 FTE medical officers (MO) providing medical cover 24/7 on Star 4, 0.5 FTE MO in outpatients and performing home visits and a 0.5 FTE consultant providing clinical and professional oversight to these staff members. The 2.3 FTE on Star 4 comprises two MOs working full-time and a 0.3 FTE MO providing annual leave cover for the other MOs and contributing to the out of hours roster. The 0.3 FTE MO signalled his intent to retire at the beginning of the year, however, recruitment has been unsuccessful given the small amount of FTE. The retirement date has been extended several times however from the end of December there will be only two MOs providing out of hours cover. This situation will require contingency arrangements which is not ideal from a service continuity perspective and is not clinically or financially sustainable.</p> <p>This team of medical officers is costly for the DHB, costing \$800k in the 2015/16 financial year. Options discussed have included spreading FTE more evenly amongst the existing MOs and utilising the workforce in different ways; both in the Star 4 environment, and also across the district. A satellite renal service is expected to commence in Star 4 in the coming months and there is opportunity for procedures such as transfusions to be performed locally rather than in Palmerston North. There are issues with medical care more broadly, Horowhenua has difficulty recruiting and retaining general practitioners (GPs) to the region and is struggling to provide cover to the 5 aged residential care (ARC) facilities after the recent loss of the virtual GP service. A review of the current model of medical care is urgently required and clinical leaders in primary and specialist services propose there is opportunity to work collaboratively towards a solution that will benefit older people across the whole Horowhenua district, by developing a more integrated model of medical care across a spectrum of facilities.</p>
Goal / Objectives	<p>Goal To ensure Star 4 medical services are appropriately configured and are sustainable</p> <p>Objectives</p> <ul style="list-style-type: none"> To complete a current state analysis in order to understand the service context, pressures and opportunities To determine possible models of medical care for Star 4 within the national context of medical care provision for older people

	<ul style="list-style-type: none">• To assess models against triple aim criteria• To make recommendations for action												
Key Deliverables	The project will deliver a report on MDHB Star 4 medical services for internal planning, funding and investing purposes												
Key Stakeholders	<p>Below in the left hand column are the stakeholders initially identified for this project, others will be added as necessary.</p> <table><tr><th>Stakeholder Role / Area</th><th>Suggested contact</th></tr><tr><td><i>Management</i> Chief Medical Officer Elder Health CD/Medical Head Operations Director Service Manager – Adult Inpatient Services Portfolio Manager ARC Horowhenua Facility Manager</td><td>Dr Ken Clark Dr Syed Zaman Lyn Horgan Sarah Donnelly Jo Smith Craig Fleury</td></tr><tr><td><i>Star 4 and Horowhenua</i> Geriatrician Medical Officers Nursing Elder Health Allied Health Administrative</td><td>Dr Kirsten Holst Drs Marty Gray and Sherry Martin Diane Hague (Charge Nurse) and nursing staff Michelle King (CNS Lead) and Jane Richards Judy Boxall</td></tr><tr><td><i>Primary Health</i> Central PHO Horowhenua IFHC</td><td>Chiquita Hansen (CEO) Deborah Davies (Nurse Director) Dr Paul Cooper (GP) Dr David Le Page</td></tr><tr><td><i>Unions</i></td><td>ASMS NZNO PSA</td></tr></table>	Stakeholder Role / Area	Suggested contact	<i>Management</i> Chief Medical Officer Elder Health CD/Medical Head Operations Director Service Manager – Adult Inpatient Services Portfolio Manager ARC Horowhenua Facility Manager	Dr Ken Clark Dr Syed Zaman Lyn Horgan Sarah Donnelly Jo Smith Craig Fleury	<i>Star 4 and Horowhenua</i> Geriatrician Medical Officers Nursing Elder Health Allied Health Administrative	Dr Kirsten Holst Drs Marty Gray and Sherry Martin Diane Hague (Charge Nurse) and nursing staff Michelle King (CNS Lead) and Jane Richards Judy Boxall	<i>Primary Health</i> Central PHO Horowhenua IFHC	Chiquita Hansen (CEO) Deborah Davies (Nurse Director) Dr Paul Cooper (GP) Dr David Le Page	<i>Unions</i>	ASMS NZNO PSA		
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	Project Team	Provide information, data and analytical expertise.	Data Quality & Health Information, Business Support, Human Resources,																
Project Linkages	MDHB District Annual Plan Central Region Clinical Services Plan																		
Critical Success Factors/ Benefits	<i>Critical Success Factors</i> The following critical success factors have been identified: <ul style="list-style-type: none">• Participation and engagement of key stakeholders• Communication is timely and effective• Information is available and accurate• Sufficient understanding of the service requirements is achieved <i>Benefits</i> <ul style="list-style-type: none">• An evidence based approach for planning• Supports the goal of long term planning necessary for future clinical and financial sustainability• Will provide clarity and a shared understanding of the current state of services for older people in the Horowhenua district																		
Scope Inclusions/ Exclusions	<p>The following defines what is and what is not in the scope of the project:</p> <table><tr><th>What is in scope</th><th>What is out of scope</th></tr><tr><td>Star 4 services and model of medical care</td><td>Other roles within Star 4 (linkages and responsibilities are in scope)</td></tr><tr><td>Workforce and infrastructure (related to Star 4 services)</td><td>Other services and infrastructure within the Horowhenua Health Centre (except as related to scope inclusions)</td></tr><tr><td>The Horowhenua context - in particular services for older people provided by specialist secondary services and primary care</td><td>Consumer perspectives</td></tr><tr><td>Description of current state –statistical trends, activity data, financial and funding data, performance and quality information</td><td>Implementation of recommendations</td></tr><tr><td>Perspectives of stakeholders - critical issues and opportunities</td><td></td></tr><tr><td>National context, regulatory environment and direction for medical care in rural communities including the Dannevirke model</td><td></td></tr><tr><td>Future – Demand, challenges and capacity to respond</td><td></td></tr></table>			What is in scope	What is out of scope	Star 4 services and model of medical care	Other roles within Star 4 (linkages and responsibilities are in scope)	Workforce and infrastructure (related to Star 4 services)	Other services and infrastructure within the Horowhenua Health Centre (except as related to scope inclusions)	The Horowhenua context - in particular services for older people provided by specialist secondary services and primary care	Consumer perspectives	Description of current state –statistical trends, activity data, financial and funding data, performance and quality information	Implementation of recommendations	Perspectives of stakeholders - critical issues and opportunities		National context, regulatory environment and direction for medical care in rural communities including the Dannevirke model		Future – Demand, challenges and capacity to respond	
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Key Assumptions	<p>The following assumptions have been made:</p> <ul style="list-style-type: none">• Stakeholders and staff are available to participate during the timeframes identified in the review• An inclusive, open style of engagement will be used throughout the project• Analytical, financial and human resource and any other support needed will be provided during the project as needed																		

Key Constraints	<ul style="list-style-type: none">• The need to resolve the situation quickly• Finite financial resources	
Key Risks	Risk	Risk Mitigation Strategy
	<i>Timeframe</i> Project not delivered on time due to more work required than anticipated or lack of stakeholder availability	<ul style="list-style-type: none">• Identification of all resources required and impact of other projects and issues• Realistic timeframes
	<i>Inputs</i> Information required to complete analysis is incomplete, not useable or not provided in time	<ul style="list-style-type: none">• Senior management endorsement of project with stakeholders• Requests for information are clear, realistic and uncomplicated• Identify issues in final report
	<i>Staff</i> Anxiety about the project and concern about impact on individuals	<ul style="list-style-type: none">• Involvement of staff throughout the process
	<i>Stakeholders</i> <ul style="list-style-type: none">• Lack of stakeholder support for project	<ul style="list-style-type: none">• Early engagement of stakeholders and appropriate participation in the project
PROJECT APPROACH		
Project Plan/ Milestones	<p>The accountability for project delivery rests with the project sponsor</p> <p>Steps in this project will include:</p> <ul style="list-style-type: none">• Preparation of a project scope and terms of reference document• Research<ul style="list-style-type: none">◦ Engagement with stakeholder participants (interviews)◦ Information gathering – key documents, service statistics, selected DHBs• Evaluation and analysis• Development of a range of possible actions• Submission of report to oversight group, consideration of feedback and amendments to ‘final draft’	
Reporting and communication	<p><i>Reporting</i></p> <p>Provision of regular updates to the project sponsor and line management. The Oversight Group is to be kept informed of project progress by email and will meet to review the draft report.</p> <p>Communication with stakeholders will include a range of channels including face-to-face, e-mail and phone depending on stakeholder preference and available time.</p>	

Project Milestones	Milestone	Week beginning
	Terms of Reference signed off	19 September 2016
	Project commencement	31 October 2016
	Document review, stakeholder interviews completed	21 November
	Statistics reviewed	28 December
	Research completed including follow-up work	5 December
	Evaluation and analysis completed	19 December
	Draft report to Project Sponsor and Oversight Group	To be confirmed
	Oversight group meets to discuss report	To be confirmed
Project Cost	Project manager	

Document Control	Draft V1.1	Date	22 September
	Draft V1.2		30 September
Approved by		Date	

3 October 2016

John Shennan
Organiser
PSA Palmerston North
PO Box 12116
Palmerston North 4444

E-mail: John.Shennan@psa.org.nz

Dear John

Project Scope Summary and Terms of Reference: STAR 4 Medical Services

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Yours sincerely

Mike Grant
General Manager
Clinical Services and Transformation

Encl

3 October 2016

Ian Weir-Smith
Industrial Officer
ASMS
PO Box 10763
Wellington

E-mail: asms@asms.nz

Dear Ian

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Yours sincerely

Mike Grant
General Manager
Clinical Services and Transformation

Encl

3 October 2016

Donna Ryan
PO Box 1642
Palmerston North

E-mail: DonnaR@nzno.org.nz

Dear Donna

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Yours sincerely


Mike Grant
General Manager
Clinical Services and Transformation

Encl


Maggie Oulaghan

From: Sharon Bevins
Sent: Thursday, 26 January 2017 11:21 a.m.
To: Maggie Oulaghan
Subject: FW: E-News Issue 2016-22 | 24 November 2016

From: Jordan Dempster
Sent: Thursday, 24 November 2016 4:24 p.m.
To: ALL MIDCENTRAL USERS
Subject: E-News Issue 2016-22 | 24 November 2016




ENEWS




MidCentral District Health Board

Issue 2016-22 | November 24, 2016

Welcome to the staff E-News update




A new medical model for Horowhenua Health Centre is being considered by local staff, GPs and others involved with the Centre. As an integrated family health centre, Horowhenua Health Centre's role continues to grow with more services being provided locally. Next year, renal services will be provided from the facility. These developments, together with the recent resignation of a medical officer and GP changes, are the drivers behind this initiative. If we get the model right, it will support us to attract doctors to Horowhenua. Today's medical staff are looking for an innovative work place, contemporary models of care and teamwork, and also work-life balance .




With the resignation of Dr Gear, and Dr Beale's pending departure, the provision of rheumatology services has been a point of community concern. A new rheumatologist (full time) is due to start in February and arrangements have been made to cover the service in the interim. Based on clinical assessment, a number of patients receiving annual reviews have been referred back to their GP who is better placed to manage their ongoing pain management and condition. Liaison on this has occurred with general practice.

Rollout of new phones a success

The rollout of the new phone system at Health on Main, as part of the pilot for our telephony project, has been very successful. With this now completed, the rollout will begin in the hospital. The first areas planned to receive the new phones are cardiology outpatients and ambulatory care.



Now that our Strategy is in place, it's time to turn our minds to our organisational development plan, which will outline the type of work environment we seek to provide for our people to enable them to be successful in their roles, and in their careers, and to maximise their contribution to providing better health outcomes



The new board term starts on 5 December. Seven members were elected in October as part of the local body elections. The remaining four positions on our Board are Ministerial appointments. We expected to receive news of the appointments for the 2016-19 term this week, but the Ministry of Health advises there has been a delay and

and better healthcare for our communities. We want to ensure that our work environment supports all of our people to be happy, healthy and high-performing. Over the next few days more information will come out about this work, but in the meantime [find out a bit more about it.](#)

we should know next week. Appointments include Chair and Deputy Chair roles.

E-News is a fortnightly Executive Leadership Team communication initiative

Kathryn Cook | Mike Grant | Scott Ambridge | Dr Ken Clark | Chiquita Hansen | Janine Hearn | Craig Johnston
Stephanie Turner | Michele Coghlan | Neil Wanden | Gabrielle Scott

Please send any comments/feedback to: communications@midcentraldhb.govt.nz. [Back issues are also available.](#)

MEDIA RELEASE

MIDCENTRAL DISTRICT HEALTH BOARD - MEDIA RELEASE

New health services planned in Horowhenua

8 December 2016

New services are planned for Horowhenua Health Centre – the main one being the establishment of three renal dialysis chairs. This means suitable patients will be able to dialyse locally instead of people travelling to Palmerston North. Horowhenua staff will be involved in setting up the service.

With this new development in mind, and the retirement of a Horowhenua Health Centre medical officer, together with GP recruitment and retention and workload issues, the DHB is working with the Central Primary Health Organisation (PHO) to look at medical service delivery in the district.

Speaking today, General Manager, Clinical Services & Transformation Mike Grant said: “The number of services being provided in the community, particularly from Integrated Family Health Centres such as the Horowhenua Health Centre, is increasing and will continue to grow.

“It is important that these are supported with strong medical leadership and a model which enables a growing range of services to be delivered locally. The increasing older population is a particular focus and our goal is for the majority of care to be provided in the community, supported by hospital specialists working in partnership with general practice. It is not just about supporting services provided in the IFHC, but also those delivered in the community, like our Health of Older Persons Team and local rest homes.

“If we get the model right, it will support us to attract doctors to rural areas like Horowhenua. Today’s medical staff are looking for an innovative work place, contemporary models of care, a teamwork environment and good work/life balance.”

While the project is primarily focused on medical services for the centre’s inpatient service, other opportunities are being looked at a more integrated community approach for the Health Centre medical staff, and GPs working from it.

At present data is still being collected, taking into account the growing Horowhenua population, and discussions are taking place with many groups including the primary health organisation (Central PHO), GPs, aged residential care providers, MidCentral Health staff (medical, nursing, allied health), Supportlinks, St John, palliative care (hospice) and others. Models used in other rural areas in New Zealand are being explored.

Mr Grant said: “The feedback so far has been very positive. Everyone would like to see a solution which addresses the current vulnerabilities, and supports both local residents and doctors going into the future.

“One of the biggest issues being looked into is how to ensure there is sufficient medical coverage for the district. Over coming years, many of the current doctors will be thinking about retirement plans and it is important that we try and get ahead of this. Having an integrated model which has support and work/life balance will be attractive.

“The Central PHO is very supportive of our approach, and we are very appreciative of having their support to look toward sustainable solutions for the district.

“Until June this year, general practice support for five of the eight rest homes in Levin was provided by an Auckland based firm. Horowhenua Community Practice is now providing this support for four of these rest homes. Rest homes contacted say that regular GP medical rounds work well, but there is limited ability for the GPs to provide after-hours and urgent care (especially at their facilities) given their other workload. We need to get ahead of this growing issue, and support both general practice and the rest homes so that older people in our district get the care they need.

“We heard of a recent case of a rest home resident who had a strongly expressed wish to die at the rest home where she was living. There was a plan in place to enable this, but when she suddenly took a turn for the worse she needed an urgent medical assessment for pain relief and things didn’t go to plan. As it was outside the general medical round, there was difficulty getting a GP to come to the rest home, and the alternative of calling an ambulance to take the woman to Palmerston North Hospital was against her wishes. We just don’t have the local medical cover to be able to accommodate these acute situations. In this case, the rest home finally managed to get her medical assistance.”

It is hoped a new way of working together to provide a more integrated approach will be in place next year.

Contact: Communications Unit (06) 350-8945