

Minutes Public session

Whanganui District Health Board's Joint Committees' Workshop – Health of Older Persons

held in the Board Room, Fourth Floor, Ward/Administration Building
Wanganui Hospital, 100 Heads Road, Whanganui
on Friday 8 May 2015, commencing at 11.30am

In attendance

Ms Jenny Duncan
Ms Kate Joblin
Mr Stuart Hylton
Ms Maria Potaka
Mrs Judith MacDonald
Dr Alan Mangan
Ms Dot McKinnon (board chair)
Mr Allan Anderson
Mr Ray Stevens
Mr Phil Sunderland
Mrs Julie Nitschke
Mrs Tracey Schiebli, General Manager, Service and Business Planning
Mrs Andrea Bunn, Senior Portfolio Manager, Health of Older People
Mrs Jennie Fowler, Strategic Advisor, Health of Older People
Mrs Jevada Haitana, Acting Director of Nursing
Ms Karen Anderson, CEO, Hospice Whanganui
Ms Clare Randall, Arohauni Hospice Palmerston North
Ms Tina Van Bussell, Quality Co-ordinator/Enhanced Care Nurse, Aramoho Health Centre
Mr Matt Power, Funding Manager

Apologies

Mr Matthew Rayner
Mr Frank Bristol
Ms Harete Hipango
Mr Richard Orzecki

Purpose

The joint meeting of the Community and Public Health and Hospital Advisory Committees is to consider a number of related topics under the Health of Older Persons umbrella. These include dementia, advanced care planning and palliative care, acknowledging that palliative care is not limited to older persons.

Background reading was provided for committee members and was supported with presentations. Committee members were invited to provide input for the future direction of these important health planning areas.

The workshop discussion papers are attached to these minutes as **Appendix one** for easy reference.

Whanganui Dementia Pathway

The paper was taken as read and discussion included:

The Health of Older People's senior portfolio manager addressed the meeting prior to the presentation, introducing the NZ Framework for Dementia Care and outlined the significant contribution which was made from the Whanganui region.

The Aramoho Health Centre quality co-ordinator spoke to the presentation and outlined the streamlined processes which lead to a standardised approach to assessment within the community and hospital services, both through MedTech and the Map of Medicine.

The Dementia Pathway for Whanganui was launched 3 March 2015, developed to enable clinicians to feel confidence in diagnosing cognitive decline earlier and having the tools available to support that.

It was emphasised that all community agencies are in agreement with the pathway and having everyone on the same page is a huge advantage.

The feedback from less than three months down the track is that the referrals coming in have reduced and those that are coming in contain much improved information. The conversations are being held much earlier in the community regarding Enduring Power of Attorney and Advanced Care Planning.

Hawkes Bay, MidCentral and Whanganui do share regional workings toward developing the Maps of Medicine and acknowledgement was made of the substantial input from the leaders of the pathway's introduction from MidCentral, Whanganui Regional Health Network and primary care.

Palliative Care – setting the strategic context

The paper was taken as read and discussion included:

The general manager service and business planning introduced the regional hospice CEOs who will answer queries regarding the changes which are occurring in palliative care service development.

It is hoped the local needs will be adapted to deliver services within the framework and the purchase units.

There are still some significant issues to be addressed and these included:

- Expanding the rural service for patients who choose to die in their own homes, as this is an increasing choice.
- A high number of inpatients from residential care die in hospital, a consequence of being referred to hospice services too late. GPs need to recognise their patients' needs for hospice care earlier.
- We must become innovative regarding putting services in place which enable a patient to remain in the community for care.
- The District Nursing Service enables Manawatu to have a 24/7 palliative care service, Whanganui currently has a service only until 9pm. It is recognised a 24/7 service should be explored, primarily to prevent ED admissions and also provide back-up to the palliative care team.

- Practice nurses in Manawatu undergo palliative care training and an education programme is supplied to aged residential care nurses.
- Advanced Care Plans (ACP) are still very low in numbers, which would suggest that more conversations about ACP need to occur.
- It is suspected a review of repeat presenters would not have changed a great deal from the last, which showed referral to hospice was made after multiple presentations, not from GP care.
- Pre-empting situations which may happen to a patient in the community after-hours and planning for those eventualities proves in most cases that sending a nurse would not have alleviated the situation.

Conclusion

- The conversations are ongoing between hospice and the DHBs, which enables any issues which arise to be managed.
- The relationships are functional and good, so developing that relationship is the way forward and there are some exciting opportunities ahead.
- A palliative care nurse practitioner will be appointed by the end of next year and how that role will work within the community is yet to be developed.
- Topics from this workshop will be included in the Strategic Planning Meeting between the DHB and Hospice, to be held 20 May.

The meeting closed at 12.42pm.