

TE MANAWA TAKI TELEHEALTH NEWSLETTER

Our Newsletter

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Keeping you up to date with what is happening in Telehealth throughout the Te Manawa Taki Region



Patient Centric Care

Lakes Speech Language Therapy Initiative



David L Giles



Kia ora, and greetings from the SW side of the shores of Lake Taupo. I am in my second to last day of a four-week Tele-health programme.

Firstly, I wish to state how enjoyable and absolutely beneficial the Tele-health approach to running the 'LOUD Intensive Voice Therapy' programme has been for me. As a professional, the confidence I now experience when presenting, teaching and meeting with individuals and groups, has left me very much encouraged to continue with the exercises at home and I expect to make even greater progress throughout 2021. The Therapists have made these energy-zapping sessions something to look forward to and reflect positively on. Their skill, personable involvement and encouragement contributed to the enthusiasm with which I approached the Tele-health therapy.

The Tele-health programme has worked for me because I face a number of challenges should I have to attend all sessions (4, 1-hour sessions per week for 4 weeks) on-site. My wife and I reside in a rural area, which requires about a 2-hour round trip to Taupo, and a 5-hour return trip to Rotorua. I have a Parkinson's condition and am recovering from a back injury. Therefore, sitting in a car for long periods exacerbates the associated symptoms. There is a need to stop along the way, at least every 100km. My point here is, that the actual time taken for a round trip is more than just the expected ETA based on kilometres. As a consequence, it is difficult to arrive in full readiness for therapy and can, for me, reduce the effectiveness of a session.

Attending in Rotorua requires overnight accommodation as it is too tiring to do in one day. There is a cost involved, both financially and time-wise. Although in our 60's, we are self-employed and time matters. We travel together, as my wife is the main driver these days. Less time on the road also has safety implications.

I would lament missing out on this wonderful Tele-health opportunity, which has equipped me for further growth in my ability to be an effective communicator. Such a life-changing gift! Our sincere thanks.

David L Giles, Emeritus professor in Education and Relational Leadership 4/02/2021

Telehealth Phase 1 Trial

Video Appointments Using MS Teams



Chanel van Straaten — MS Teams Project Lead for Waikato DHB

Originally from South Africa, Chanel is the IS Project Manager for the MS Teams implementation which has reached the end of Phase 1

Telehealth and the concept is not new to Waikato DHB or nationally. After COVID hit in 2020, we recognised the need to change the way we deliver healthcare to patients under challenging circumstances. Before writing the Business Case (BC) or proposal, we started with workshops that included people from all backgrounds from both the hospital and community. The key objective was to understand the entire patient journey from start to finish. Once the workshops were completed, it was clear that whatever solution we chose, it was definitely not going to be a quick fix, and as a DHB we were embarking on a journey which needed to be broken down into phases. We divided the journey into three main categories: People, Processes and Technology.

For *Phase 1*, the decision was to first consider the technology we should use to deliver telehealth consultations. But here is the big game changer, we did not want to start a project that was going to take a year (or more). We recognised the need to deliver a solution quickly; which is easy to implement (and if it is not easy to use, remove); and something that will fit into our existing processes.

A BC was approved to deliver a Telehealth Solution with the product being MS Teams, which is integrated into our Patient Administration System (PAS) and Outlook by leveraging a product known as Open Health Connect (OHC). We also received approval to deliver the project by following *Agile Methodologies*. I guess this is where some might be asking, what is Agile?

Agile is a project delivery methodology which in short means, you can deliver a product quickly through breaking down a project into sprints (a sprint being 2 weeks). You also have a more dedicated project team, and use certain tools such as *Daily Stand Ups* (where the team meet each day and review on the planner “what have you done, what are doing today, do you have any obstacles that need removing”), *Retrospectives* (reviews on what we did right, wrong or can do better) and *Showcases* (being transparent with the community to show what we achieved at the end of each sprint). Each and every requirement, was captured in a *Product Backlog* (PB). Not everything on the PB was identified as a “Must” for *Phase 1*, but it gave a good understanding what we should consider for future phases.

We can probably go on and on about all the lessons learned and obstacles we had to overcome, but they key message to bring across – one of the primary reasons for the success we achieved by going live after 6 sprints, is team work and embracing change. The project team, who were collaborating each day. The clinical team, who were actively involved throughout the delivery from planning, design, build and test. The support from our supplier DXC and our wider community, was definitely a critical success factor. Our journey is far from over, and the team is already getting ready to gear up for *Phase 2* and what that will look like – we welcome any input and questions to anyone who wants to join in, on our Telehealth Journey.

Chanel van Straaten 26/01/2020



AGILE



New to the Telehealth Community

Ray Pitch joined Hauora Tairāwhiti in late November as their Telehealth Project Manager, taking over from Natcha Blattes.

Ray brings an extensive and varied Project Management career to Hauora Tairāwhiti. Trained as a corporate mergers and acquisition specialist with PWC, he has held transitional CIO and Finance management roles, and was software development manager for two of New Zealand's leading software vendors. Ray was a founding member of the NZ chapter of the Project Management Institute and is Prince 2 and Agile certified.

Ray's experience in Telehealth includes time as St John's IT Operations Manager, and PM of the facilities set-up for the Homecare Medical / National Telehealth Service in 2015. Ray holds a Paramedic Degree and served on front-line Ambulances in Tauranga and Auckland. He has a current NZRC and NZQA L3 Resuscitation instructors certification. He is also a member of the NZ Red Cross Disaster welfare support specialist Emergency Operations and Psychosocial Support Teams.



Ray Pitch



Drew Sommerville

What does your job involve?

I'm a member of the Taranaki DHB ICT Leadership Team reporting to Steven Parrish, ICT CIO. I manage a team of 16 ICT professionals responsible for managing and providing solutions for TDHB's ICT portfolio of projects. These include Clinical, Corporate, ICT and Regional Projects. We also support the vast majority of TDHB's many system applications.

My role ensures the team is functioning well to provide solution delivery, our customers' needs are being met, and any application issues are resolved in a timely manner. I also work to ensure priority projects are resourced adequately, both from within my team, other ICT teams and the users. And I'm a member of several application and business area governance groups.

Current major projects?

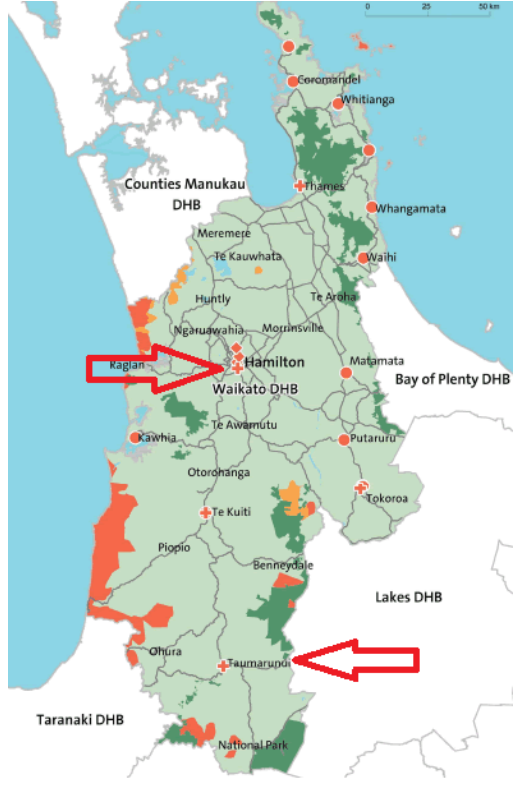
Citrix Upgrade; South Taranaki Model of Care; Windows 10 Upgrade; Overnight Letters; e-Referrals; Project Maunga.

What's your background?

Originally from Scotland, I arrived in New Zealand young and schooled here, went to university in Scotland and worked in ICT there. I returned to NZ, married, and now have two grown up children (one in New York who's recently given birth to my first grandchild and another in Australia). I've been a developer, operations analyst, business analyst, tester, project manager, consultant and a manager for all those groups



A Rural Perspective Taumarunui Hospital



For Taumarunui and surrounding district patients an outpatient appointment at Waikato hospital is a whole day event.

Two hours travel each way, appointment time, petrol and parking costs (which are only subsidised if person meets criteria) and a whole days work leave if the patient is employed. Childcare for any children left at home can be another barrier. Patients without transport have access to the hospital bus, however this leaves town at 0800 and does not return until approx 6pm, with a lot of waiting around either side of any appointment.

Telehealth reduces the impacts on patients and family by eliminating most if not all of the travel issues, reduces need for childcare and time off work for patients and support persons. Taumarunui hospital staff would love to see a greater up take of telehealth by clinical services and patients to support improved access to healthcare for our community.

Lynnette Jones , CNM Taumarunui Hospital 2/01/2021

Telehealth Benefits

Renal InCentre

We had patient in Whakatane hospital who we needed to talk to about continuing dialysis and issues around this. The patient was unable to travel here (unless by an ambulance). We arranged for the patient to bring his family into Whakatane hospital to a room where they could video link with us here at Waikato. This was quite effective and much better than phone meetings as we could see each other. That was a reasonable way of doing a family meeting.

We have had similar situation in our transplant service when a family wanted a meeting to discuss donation while one family member was in Australia and another member was in another area in NZ so we did a videolink. Essentially it was a three-way meeting.

We utilise phone meetings also where we can include family members in other cities with a group of us including the patient at this end. This is easily arranged and no technology required really.

During the Covid lockdown we were continuing to provide Chronic Kidney Disease (CKD) education and choices for patients. To limit the spread of infection we only allowed 2 people to come here physically, but then used the phone to include other family members to ensure wider family was still included.

Of course we also use videolink for patient reviews if they are in other areas such as Gisborne.

Examples provided by Nicky Hagan, CNM, 29/01/2021

Ward M3

From a ward perspective we have carried out family meetings via face time/voice calling which has been really helpful. Through COVID there were numerous Zoom meetings with families which included the patients and appeared to work really well (NB: carried out in the ward meeting room for privacy). It is possibly a new way forward as its often difficult for people to travel and balance work and home commitments.

We don't have any flash technology on the ward, it's all been carried out via the computer/camera and/or personal/work phones for FaceTime/video calling methods.

Examples provided by Liz Courtney CNM, 29/01/2021

LifeCurve™ is coming!

Age well, live better, reduce decline.

Quickly discover how you are ageing by using the LifeCurve™ app

The **Bay of Plenty DHB** has purchased the Healthy Ageing Digital Service (HADS) from ADL Smartcare in the UK. The HADS includes the LifeCurve™ app and two websites, the Citizen Access Website and the Staff Access Website. The Citizen Access Website and the app give users access to the LifeCurve™ and empowers them to self-manage their own ageing. The Staff Access Website provides the data behind all of the LifeCurve™ use and is only available to DHB staff and LifeCurve™ community partners that have been given permission by Bay of Plenty DHB. Not only does this data provide us with an outcome measure but also a baseline measure of how older people are functioning and therefore can assist us in planning services for older people to make sure we are providing the right intervention by the right people at the right time. Partnerships are currently being formed in the Bay of Plenty which will hopefully include primary health providers, as well as community based services such as Sport Bay of Plenty. Age Concern Tauranga is already an established partner.

The LifeCurve™ is an evidence based framework from researchers at Newcastle University with the objective of improving outcomes for older people so they can live independently and with dignity in their own homes and communities for as long as possible. As Project Lead in this role I am working in partnership with Māori co leads for LifeCurve as well as the AWESSoM and Centre for Health research teams. The LifeCurve™ in the Bay of Plenty is very closely aligned with NZ based research. One of these research projects is the AWESSoM study, led by Professor Ngaire Kerse from Auckland University. Part of the AWESSoM research will involve using the LifeCurve™ app with cohorts from Tauranga and Howick. Another research project is taking place in the Bay of Plenty, this is to determine the appropriateness of using the LifeCurve™ for Māori. This research is being led by Dr Anna Rolleston (Ngāti Ranginui / Ngāi TeRangi) and the Kaupapa Māori research team at Manawa Ora / The Centre for Health. This research project is being implemented by Leigh Haldane, NZRPT, and Mariana Hudson with support from Dr Sarah Mitchell, Executive Director Allied Health Scientific and Technical, Bay of Plenty DHB, and Roimata Timutimu, Toi Oranga Tikanga Change Leader.

The LifeCurve™ app gives users a measure of how well they are ageing by looking at their ability to do functional activities. This knowledge empowers people to manage their own health. There are evidence based activities recommended at each level of the LifeCurve™ to directly improve someone's ability to complete functional activities and it also provides advice and links to NZ sources of information such as local walking groups, falls prevention information, and community resources like Age Concern or SuperSeniors.

The big picture goal for the LifeCurve™ in the Bay of Plenty is for it to be fully integrated:

- LifeCurve™ app is fully accessible to everyone in the Bay of Plenty and used routinely by LifeCurve™ partners and people in the community
- LifeCurve™ is accessible in all GP practices
- Information on LifeCurve™ provided to patients as part of the admission / discharge process at Tauranga and Whakatane hospitals
- LifeCurve™ integrated within the DHB including Community Orthopaedic Triage Service, Keeping Me Well, Community Care Coordination

The LifeCurve™ app will be available to download in New Zealand in March 2021

Kathy Everitt, Project Lead LifeCurve™, Bay of Plenty DHB 03/02/2021

