

# Media Release

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BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

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## **Aiming high with health targets**

With 100 per cent of planned elective procedures being performed and an improvement in ED waiting times, BOPDHB is making steady progress toward achieving the health targets set by the Minister of Health.

“We have worked very hard to reduce ED waiting times and health professionals from GPs to ward clerks are involved in strategies to make this a faster service for patients,” says CEO Phil Cammish.

“Having a full hospital can create a backlog at times and we are working on a ‘whole of hospital’ system that will help us reach the 95 per cent target for ED waiting times by June 2011.”

The benefits of opening an extra operating theatre dedicated to acute surgery in February has helped the DHB improve its standing in the elective surgery tables this quarter.

“The extra theatre has meant acute patients are no longer ‘bumping’ elective patients down the list,” he says.

The DHB acknowledges there is room for improvement in targets related to immunisation rates, better help for smokers and better diabetes and cardiovascular services.

“Immunisation is something we are working closely with our primary care partners to improve. Opportunistic immunisation in hospitals and B4 School Checks have become part of the drive to ensure as many of our children are immunised as possible,” says Mr Cammish.

While the target tables show Bay of Plenty at the bottom for helping smokers to quit, a marked improvement to over 40 per cent during April shows a promising turnaround, and Mr Cammish is confident the Bay will be shown more favourably in the next quarter.

“There is a big push planned for World Smokefree Day on May 31 and partnerships with Maori quit providers and extensive staff training have started to kick in now.”

A move to ban smoking in the mental health inpatient units at both hospitals is another step forward, and mental health patients will join other patients in being offered support, nicotine patches and access to quit programmes while in hospital from the end of May.

Mr Cammish is disappointed at the ranking for better diabetes and cardiovascular services and says the DHB will be working with GPs and the primary health sector to see why there hasn't been more progress. “It may be as simple as records for diabetes and CVD interventions not being accurately collected and passed on to the Ministry for inclusion in the statistics,” he says.

Meanwhile DHB diabetes teams continue to work on raising diabetes education levels of key health workers. The DHB has partnered with the Bay of Plenty Polytechnic to offer the first NZQA Level 4 diabetes course for caregivers, community health workers and health care assistants starting in July.

Diabetes clinical nurse specialist Isobel Raimhan has been providing diabetes education among practice nurses and primary care nurses, to strengthen services offered in the community.

“The tables reflect a point in time and we are actively working on improving our DHB's performance across the various targets. It's a work in progress but I am confident we will get there,” he says.

ENDS

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