

Media Release

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Tauranga Hospital Emergency Department refurbishment includes latest resuscitation equipment in New Zealand

The recently renovated Emergency Department (ED) at Tauranga Hospital includes three resuscitation bays, one procedure room and an isolation room. The renovations are designed to assist the treatment of critically injured people.

Tauranga Hospital ED Clinical Director, Dr Derek Sage, said the old resuscitation areas had less space to work, particularly in major emergencies which would result in overcrowding.

“The ED teams working in the new resuscitation areas report they are finding their work easier, with space and options available when dealing with critically injured or ill people.”

He said the resuscitation monitoring equipment is the latest technology in New Zealand which allows ED staff to remotely monitor patients within the hospital campus.

“For example, we can continually monitor patients while they are down at x-ray. This was not possible in the past.”

Dr Sage said the new equipment and work space has contributed to making what is often a frightening experience for patients and whānau as positive and pleasant as possible.

He said all staff, including anaesthetists and surgeons, like the modern workspace.

Tauranga Hospital ED Nurse Manager, Marama Tauranga said nurses are receiving positive compliments from patients and whānau about the facilities and the emergency care.

And, recent arrival to the BoP District Health Board, ED Business Leader Neil McKelvie said he rates the renovated ED as the best of its kind in New Zealand.

He said he also appreciates the can do attitude among staff and says that while ED work is stressful and pressured the new workspace and equipment is contributing to the positive vibe in ED.

Dr Sage said ED is a really busy part of the hospital and is frequently working at capacity.

“With high levels of occupancy in the ED over the winter, this work load creates delays with all arrivals having to be triaged (coded according to severity of illness) which means that the less sick are having to wait for attention.” Dr Sage said this is a concern for staff as they like to treat patients as soon as possible.

“We do recognise that some patients come to the ED for routine and urgent health care which should be provided by their general practitioner (GP). We know that GPs do provide excellent after hours and urgent health care, and in addition the patients are known by their GP and their follow-up healthcare is provided by the same doctor or medial centre.”

Dr Sage explained that the hospital-based ED provides episodic ‘crisis’ care for people who require acute or urgent care including hospital admission.

“ED is the place for people with urgent or life-threatening health problems. For anything else we suggest that people see their GP or attend one of the walk-in clinics in either Mount Maunganui or Tauranga,” Dr Sage said.

Marama Tauranga said the number of people arriving at ED has increased substantially over the years and continues to do so. In year ending 30 June 2005 33,568 people presented at ED and in the year ending 30 June 2010 it had increased to 42,225 people.

She said staff are always mindful that they must provide the best patient experience possible.

“Our work requires that we work across the hospital. Any delays getting an x-ray or laboratory tests done, or a bed not being available in a ward means a hold-up so we can’t move a patient along. While ED could never be likened to a conveyor belt because of the individuality of each patient’s treatment, we must always have the next step in patient care ready so their treatment can continue without delays.

The ED teams in Tauranga and Whakatane are working hard to achieve the Government’s six-hour target and 14 innovative ideas to unblock ED have been identified.

A Surgical Admissions and Planning Unit (SAPU) has been set up to help streamline the process for GP referred surgical patients as well as reduce pressure on ED. While in SAPU patients are assessed and a healthcare management plan is written. This plan sets out further tests required, any surgery, any medication and plans for discharge and support which could be required by the patient in their own home when they are discharged from hospital.

Patients who have been referred to ED by their GP go immediately to either the Surgical or Medical Assessment and Planning Unit, without having to pass through ED for diagnosis. Dr Sage said GP referrals result in a speedier admission for the patient. He said GP referrals are also better for the patient and for ED as the patient receives their specialised treatment immediately on arrival, from the appropriate specialist or surgeon.

Diana Marriott
Communications Manager
Telephone: 021 227 0452