



BIG BUILDING: When built, Waikato Clinical Centre will link into the new carpark building, improving access into the hospital.

Big build to start at Waikato

Visiting Waikato Hospital will be a whole lot easier when the Waikato Clinical Centre opens in 2013.

Most of the outpatient clinics, theatres and day procedures will be there with direct access from the hospital's carpark building.

The \$118 million clinical centre is the most significant part of Waikato DHB's \$300 million Service and Campus Redevelopment (SCR) project, and is the biggest hospital project ever built in the Waikato and Bay of Plenty regions.

All 'day work' including outpatient clinics and the Same Day Admissions Unit will move into the Waikato Clinical Centre. Operating theatres will also be inside with the first stage to open in early 2012.

"It will be the new hub of the hospital with space also available for a café, florist, consumer health centre or retail pharmacy," SCR project director Ian Wolstencroft said.

"Each department will have more space, brand new facilities and ultimately, it will move a bunch of key services into one convenient place that is easy to find."

The construction programme includes demolition of a number of buildings and refurbishment of two levels of the Waikato Waikato Centre for a new Intensive Care Unit,

High Dependency Unit and Radiology Department.

The five-level building will occupy a large piece of Waikato Hospital, Australasia's largest hospital campus site.

Mr Wolstencroft said work is already underway to prepare for this large construction site.

Demolition of old buildings will start in February, followed closely by construction.

"We will also close the existing red corridor during this time because of how close it is to the site so we're currently building a new temporary red corridor to replace the existing one during this time," he said.

Mr Wolstencroft said the temporary red corridor will be the new main route for all patients and visitors during construction.

"Signage and updated patient information will point everyone in the right direction," he said.

The Waikato Clinical Centre was part of the original SCR plans, approved in 2004, that also included the already completed carpark building, Newborn Intensive Care Unit, refurbished Delivery Suite and the new Emergency Department underway now.

Plans for a second carpark building, by the Emergency Department, are underway.

Travel to health care on the agenda

A large transport project has been at the centre of Waikato District Health Board's presentations to various community health forums this year.

A team within Waikato DHB's Planning and Funding Unit led the presentations, and say the ultimate goal is improved access to hospital care for Waikato residents.

Latest developments in the project include the creation of a needs matrix, which looks at distance and travel time required to get to the nearest hospital clinic and Waikato Hospital.

"The needs matrix is weighted to recognise groups that generally have the most trouble getting to hospital; such as Maori, Pacific

people, older people, those living in low socio-economic areas and under 18-year-olds who are reliant on others for travel," said Planning and Funding general manager Brett Paradine.

"The matrix has allowed us to identify which communities need our help." Transport project staff visited community health forums throughout the region earlier this year to present the matrix findings and seek feedback on the approach.

"The project is two-pronged. It looks at overall gaps in transport services throughout the Waikato DHB region, as well as ways to improve awareness of the National Transport Assistance (NTA) Scheme."

The NTA Scheme is a ministry-governed fund which can be accessed by people who either travel a long way to get to hospital appointments, or have to travel to hospital clinics very frequently.

"There are a lot less people accessing this fund than we think are eligible.

One reason for this may be because the scheme is not well publicised locally so we are working on that."

Areas such as Meremere, Huntly West, Raglan and Te Kauwhata require greater access to information on whether they are eligible to have their travel costs to hospital clinics refunded.

"We found the information about how to access the NTA Scheme funding is confusing and people often would not bother to go any further with the application due to this," said Mr Paradine.



BRETT PARADINE

"We need the public – the users of the scheme – to tell us whether or not we are on the right track."

"We took a step back and reworded all our promotional material such as the brochures, posters, and website to make them easier to understand and more relevant."

Mr Paradine said samples of the newly designed brochures went to the community health forum members for their feedback.

"There is no point in us doing all this work and telling people how they will best understand the information; we need the public – the users of the scheme – to tell us whether or not we are on the right track."

Mr Paradine said he would now encourage people who have to travel a long way, or frequently to hospital clinics, to ask clinic staff about the NTA Scheme.

"We are holding training sessions for staff, because in some instances, they aren't sure of how it works either. Increasingly that will not be the case and if people want help, they should ask because it is there."

To view the revised eligibility criteria for the fund, visit the patients and visitors section of Waikato DHB's website www.waikatodhb.govt.nz

A chaplain's work at Waikato Hospital

When someone arrives at hospital, it can be a traumatic time, and that person may need to tell their story to someone in an environment of trust and confidentiality.

At Waikato Hospital, there is a team of five full-time chaplains who offer 24/7 care and cover Roman Catholicism, Maori and Ecumenical faiths.

What do hospital chaplains do?

September 21-27 is National Hospital Chaplaincy Appeal Week and it is a good time to find out.

"Hospital chaplains are part of the staff team and offer support and encouragement to patients, families and staff through difficult emotional times," said Rev Margaret Parsons.

"We are there to listen and help people find a solution.

"The person who seeks our help sets the agenda and the chaplain listens and to respects that person's beliefs and values, even when they may have no religious faith."

Waikato Hospital chaplains, at the patient's request, are available to take bedside communions and other sacra-

ments such as anointing, prayer or baptism for babies.

They carry out room blessings when someone has died or blessings on wards or new areas and buildings.

"Support and encouragement is important for families as well, as the ill health of a loved one can cause enormous stress," said Rev Parsons.

"Someone who is there to share the burden can help to alleviate the pressure of the situation."

A chapel service is held in the hospital chapel every Sunday at 10am in English and at 11am in Maori.

Fifty per cent of the funding for hospital chaplains comes from the Ministry of Health, while churches and the community resource the balance.

Donations towards the Interchurch Hospital Chaplaincy Appeal can be made by donating online at www.beingthere.co.nz or posted to Hospital Chaplaincy Appeal, ICHC, PO Box 6427, Marion Square, Wellington.

You can choose whether you wish your donation to go to a specific hospital or region.



CARING TEAM: Waikato Hospital's chaplaincy team (front row l-r) Margaret Parsons and Sister Carmel (back row) Dr Jan Calvert, Reverend Raumiria McRoberts and Reverend Young Yu.

Six things you need to know



Your district health board and the national health system will focus on The Six Health Targets for the next few years.

- Shorter stays in emergency departments:** The aim is that within six hours, 95 per cent of patients who go to hospital emergency departments receive treatment and are admitted into a ward or are sent home. The length of time people spend in ED is an important measure of the quality of care in our hospitals because EDs should provide urgent healthcare; timeliness of treatment delivery (and any time spent waiting) is important for patients.
- Improved access to elective surgery:** The aim is for New Zealand hospitals to do an average of 4000 more elective (not urgent) surgeries every year than they already are. The Government wants the public health system to deliver better, sooner, more convenient healthcare to all New Zealanders. This will mean more people can get their surgery when they want it and should achieve a decrease in surgery waiting times.
- Shorter waits for cancer treatment:** The aim is that everyone needing radiation treatment will have this within six weeks (by the end of July 2010) and within four weeks by December 2010. Radiotherapy reduces the impact of different cancers and waiting for treatment is likely to lead to worse results for patients.
- Increased immunisation:** The aim is that 85 per cent of two-year-olds are fully immunised by July 2010; 90 per cent by July 2011; and 95 per cent by July 2012. Immunisation can prevent many diseases and is a cost-effective way of preventing health problems. Immunisation gives protection not just for one person, but also for whole populations by reducing disease circulating in communities.
- Better help for smokers to quit:** The aim is that 80 per cent of hospitalised smokers get advice and help to quit by July 2010; 90 per cent by July 2011; and 95 per cent by July 2012. Smoking kills about 5000 people in New Zealand every year. Most smokers want to quit, and there are simple methods to help them that can be provided in hospitals.
- Better diabetes and cardiovascular services:** The aim is that more of the adult population who should be checked for cardiovascular disease (heart disease such as heart attacks or strokes) will be; more people with diabetes will get free checks every year and have better diabetes management. These sorts of health problems are the leading cause of death in New Zealand, and affect more Maori and Pacific Island people than any other ethnic group.