Services for Older People

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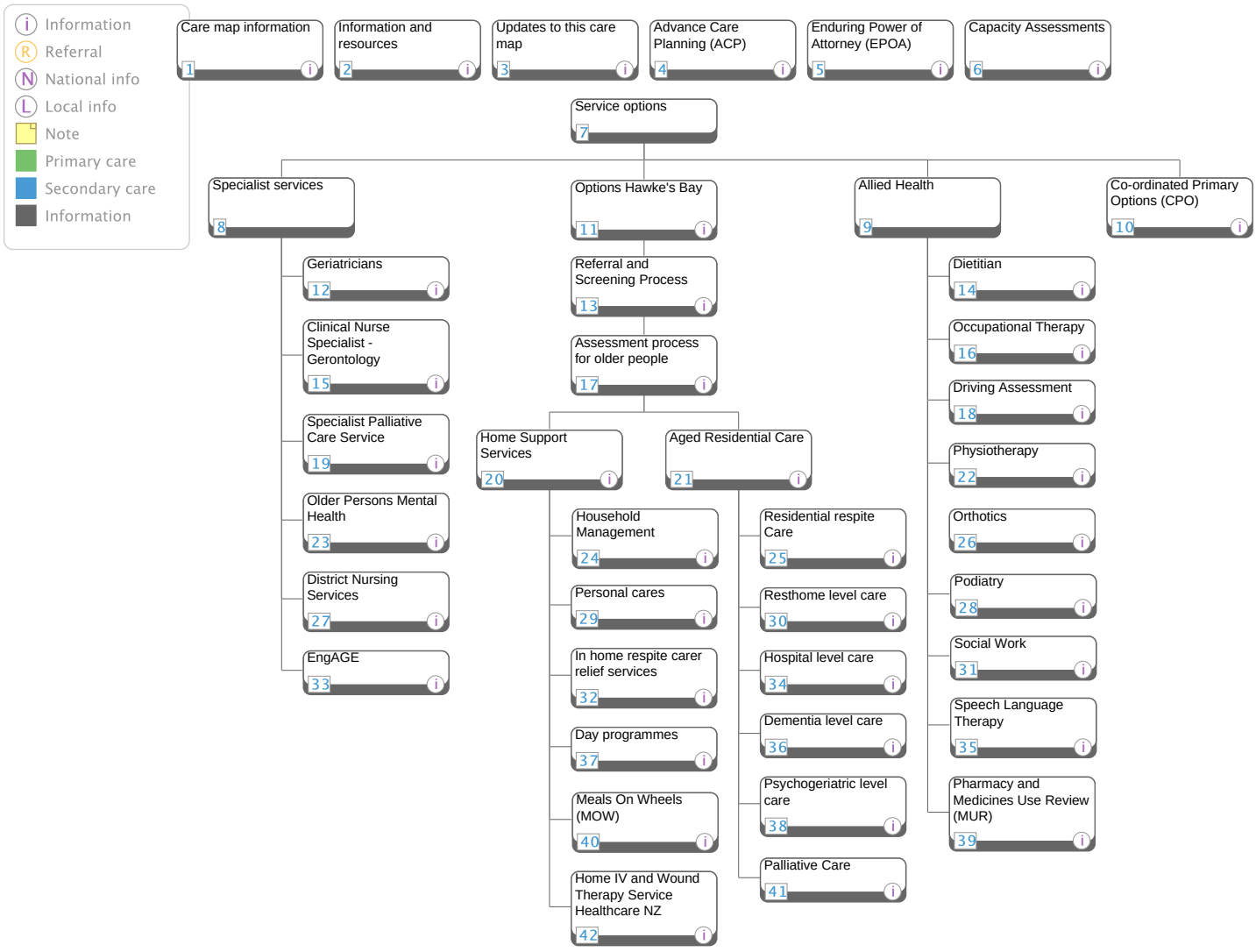

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Services for Older People

1 Care map information

Quick info:

Scope: to promote appropriate referrals and facilitate appropriate care. The content of this map is based on referral guidance and practice based knowledge provided by contributors with front - line clinical experience. The referral information is formatted to ensure continuity of care and a quick reference for referrers to avoid fragmentation and duplication of referral processes.

2 Information and resources

Quick info:

Our Health. Hawke's Bay health information for older persons (HBDHB and Health Hawke's Bay).

Maori health information and resources:

- clinicians acknowledging Te Whare Tapa Wha (Maori model of health) when working with Maori whanau

Maori Providers:

- Central Hawke's Bay: Central Health
- Hastings: Te Taiwhenua o Heretaunga and Kahungunu Health Services (Choices)
- Napier: Te Kupenga Hauora
- Wairoa: Kahungunu Executive

Pacific Peoples information:

- The FonoFale Model (Pacific model of health)
- Cultural protocols and greetings
- Building relationships with your Pacific patients
- Involving family support and religion during assessments and in the hospital
- Home visits
- HBDHB interpreting service 06 8788 109 ext 5805
- Pacific Navigation Services LTD. 027 9719199
- Health education resources in Pacific languages

Alzheimers Society

Disability Resource Centre Hawkes Bay

The Ministry of Social Development's Senior Services

National Repository for aged residential care facilities - Eldernet

3 Updates to this care map

Quick info:

Date of publication: December 2015.

Date for review: December 2016

This care map has been updated in line with consideration to evidenced based guidelines.

For further information on contributors and references please see the care map's Provenance.

4 Advance Care Planning (ACP)

Quick info:

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Advance Care Planning Advance care planning is a voluntary process of discussion and shared planning for future health care. It involves the person who is preparing the plan, and usually involves family/whanau and health care professionals.

Advance Care Plan An Advance Care Plan is the outcome of Advance Care Planning. It is formulated by the person and sets out their views about care towards the end of their life. It may also include views about medical care and a wide range of other matters. An Advance Care Plan may include an advance directive.

Advance Directive An Advance Directive is a statement a person makes about their medical care in the future and becomes effective if a person ceases to be competent to make decisions for themselves. An advance directive is legally binding if made in appropriate circumstances.

Competency and Advance Care Planning Competent people have the right to make autonomous decisions that as medical professionals we may regard as imprudent, and sometimes professionals we may regard as imprudent, and sometimes such decisions are a reflection of the patient's longstanding personality, beliefs or lifestyle. This right is described in the Health and Disability Consumers Rights Act.

According to the ACP - A Guide for the NZ Health Care Workforce -"in the context of ACP, competency relates to an individual's ability to make a decision regarding their own health care (that is, competence at decision-making or decision-capacity). At a minimum, decision making capacity requires the ability to understand and communicate, to reason and deliberate, and the possession of a set of values".

Helpful websites:

- The code of rights.
- Advance care planning guide Ministry of Health
- Advance care planning resources.

5 Enduring Power of Attorney (EPOA)

Quick info:

An Enduring Power of Attorney is a power given by an individual to a person appointed to make decision on behalf of that individual if, and when they cannot make, or communicate, those decisions for themselves. Family members of cognitively impaired patients often (erroneously) believe that if they have EPOA for their relative they are legally entitled to act on their behalf. However until the patient is declared incompetent, they are not entitled to make decisions for the patient (unless the patient specified at the time of setting up the EPOA that it would take effect immediately) . As such, it is important for medical staff to obtain copies of the relevant documents to ascertain what specifics they contain in order to safeguard a patient's autonomy.

Guidelines for health practitioners completing certificate of mental incapacity, enduring power of attorney in relation to:

- property
- personal care and welfare

Useful websites:

- Age Concern and EPOA website
- Ministry Social Development EPOA

For other useful information refer to Hawkes Bay Dementia clinical pathway Dementia - Assessment

6 Capacity Assessments

Quick info:

Capacity Assessment, information and resources:

- The New Zealand Medical Journal. Review of capacity assessments and recommendations for examining capacity
- Ministry of Justice, Family Court. Helpful information and forms
- report of registered medical practitioner (in application for property and welfare orders) form
- RNZCGP CME article, Feb 2002, Vol 29. C Perkins Assessing Capacity

For other useful information refer to Hawkes Bay Dementia clinical pathway Dementia - Assessment

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10 Co-ordinated Primary Options (CPO)

Quick info:

CPO is a service that assists to safely manage an acute illness by funding a range of services in the community, as an alternative to referring to hospital. These services can include:

- intravenous therapy
- radiology investigations
- extended services at GP's surgery
- short term respite care
- transport to/from urgent services

Patients pay for first visit with the GP practice as per normal procedure. Once placed under the CPO programme, all services related to the acute illness will not cost anything.

Patient remains on the CPO programme until no longer acutely unwell. This is assessed by GP and generally will be no longer than 3-5 days.

If clinically appropriate, a GP can refer to the service when patients has an acute illness that would normally require an acute hospital referral.

11 Options Hawke's Bay

Quick info:

Options Hawkes Bay Needs Assessment Service Coordination (NASC) provides assessment and ongoing support for older people to promote recovery wellbeing and independence.

For an older person to receive funded support, a referral to Options HB and a subsequent assessment must be completed and eligibility criteria met.

Older adults being referred (generally over the age of 65) must meet three of the following seven criteria (n*ote: safety factors can override these*). The HBDHB criteria for referrals to long-term funded supports include the following:

- memory/cognitive concerns
- uses a mobility aid indoors e.g. walking stick
- not able to drive
- not able to access general community services
- on home oxygen
- has complex or multiple health concerns
- lives alone and limited/no family or community support available

12 Geriatricians

Quick info:

Referral for Geriatrician assessment should be made through practice e-referral process, or via letter with all necessary information sent to:

Older Persons Health, HBDHB.

13 Referral and Screening Process

Quick info:

Access to Options Hawke's Bay is through referral from the following sources:

- clients can phone directly
- a Doctor, Practice Nurse or District Nurse may refer
- other support networks may contact the Options Hawke's Bay office

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The screening process will determine the clients complexity:

- non-Complex (ie home management only is required) the referral is forwarded to one of two provider agencies (Healthcare New Zealand or Access Homehealth). A Registered Nurse from the Provider Agency will complete an InterRAI eligibility screening assessment
- complex, the referral is given to an Options Hawkes Bay Care Manager who is attached to the client's GP Practice. The Care Manager will complete an interRAI Homecare assessment
- short term package of care for urgent 4 weeks recovery

Options HB referral coordinators:
Phone: 0800 339 449 06 870 7485
Fax: 06 870 7481
Email: Options@hawkesbaydhb.govt.nz
Office Hours: Monday to Friday 8 am to 4.30pm
Physical Address: 1st floor, Cnr McLeod Street and Omahu Road, Hastings
Postal Address: Options Hawke's Bay, Private Bag 9014, Hastings 4156

Use medtech e-referral to Options or complete the Options HB referral form and email to options@hbdhb.govt.nz
Click on this link to open an Options Hawke's Bay referral form: Options HB Referral Form 2013

If email not available, fax to 068707481

14 Dietitian

Quick info:

Referral should state:

- general medical history
- current concern
- current medical treatment
- relevant clinical information
- weight history
- MUST score required. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.

Other specific referral information (if applicable):

- history of eating disorders
- history of coeliac disease
- food allergies/intolerance
- newly diagnosed diabetes
- history of renal disease
- respiratory conditions
- dysphagia
- ongoing gastrointestinal symptoms

Meals on wheels Hawkes Bay contact:
Meals.onwheels@hawkesbaydhb.govt.nz

15 Clinical Nurse Specialist - Gerontology

Quick info:

CNS community services under development

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16 Occupational Therapy

Quick info:

The primary goal of occupational therapy [whakaora ngangahau] is to enable people to participate in the activities of everyday life.

Services provided:

- outpatients stroke rehabilitation
- problem solving, concentration.
- return to work vocational – non acc
- hand therapy and hand function
- upper limb interventions
- splinting
- burns and scar management
- driving assessment (see separate driving considerations section)
- education and interventions
- fatigue, stress management and energy conservation
- home visits and outpatient attendance

Referral should include:

- name, DOB, NHI/UR number
- contacts details
- brief medical history
- primary concern
- relevant clinical information
- occupational impacts and concerns

Contact/ referral:

- Occupational Therapy, Outpatients Department, Regional Hospital, Private Bag 9014 Hastings
- email - margaret.boyle@hbdhb.govt.nz fiona.mcleod@hbdhb.govt.nz
- phone 06 8788109 extn 2527
- fax/scan 06 8781380

Community Occupational therapy:

- help learn new ways of doing things following illness or injury
- support to live life to the full whilst managing a long-term condition
- make changes to the living or working environment to help undertake occupations
- support people to access ways to manage pain and cope with changes and disability so can still do things they need and want to do
- support people to feel better about themselves, what they do and how they do it
- develop peoples self-confidence, coping skills, resilience and recovery in their lives with their families

Referrals:

- phone Duty Therapist 06 8788109, Community OT, pager #3147
- email: communityoccupational.therapy@hbdhb.govt.nz

17 Assessment process for older people

Quick info:

Hawke's Bay District Health Board uses the InterRAI assessment tool that is mandated by Ministry of Health to improve and provide consistent assessment of older adults accessing long-term funded support.

The InterRAIassessment is designed to identify a person's health and physical deficits and enable a clinical process to be put in place to support an older person's desire to maintain their full potential.

For further information refer to Assessment processes for older people from the NZ guidelines group

18 Driving Assessment

Quick info:

Occupational Therapy (OT) assessment of medical fitness to drive (**Non ACC**) refer to OT Outpatients for an off road OT assessment (no cost to the patient).

This may lead to a referral for an on road assessment with a private OT (cost approx. $370). Some funding options are available for the on road assessment (WINZ loan, lotteries etc), the private OT assessor can assess for these options.

Referrals for HBDHB OT assessment sent using linked form - Referrals and sent to outpatient referral center or through e-referral system.
Phone enquiries via hospital switchboard 06 8788109

Or can refer directly to the private OT for on and off road assessment all funded privately at between $500-$600.

Private providers:
1. Drive Ability HB does private medical **and** ACC on and off road assessment including minor or major car modifications (hand controls, left foot accelerator etc). Drive ability HB contact:

- Tel 06 874 2894 / 027 6556 400
- Fax 06 874 2894
- e-mail drive-abilityhb@xtra.co.nz

2. Colleen Naughton

- Phone 0212300901
- email cenaughton@hotmail.com

If the client is ACC it is fully funded by ACC and GPs should refer to ACC case manager to arrange assessment.

Criteria for referral is spelled out in NZTA medical aspects of fitness to drive document.

An area that causes some difficulty is the medical fitness to drive of the older person who GP or the family have general concerns about. In this case NZTA state: "Examination of the older driver has particular problems, especially in respect to cognitive skills and reaction times. Factors to check for older drivers are outlined in section 9. Whenever there is doubt about a person's abilities and fitness to drive, the person should be assessed by an occupational therapist with training in driver assessment."

SIMARD is a tool specifically designed to help health professionals decide when to refer to OT for reasons of general cognitive decline.

19 Specialist Palliative Care Service

Quick info:

Refer Cranford Hospice for information around palliative care services for Hawkes Bay

Cranford Hospice: 06 8787047

Some residential care facilities can offer palliative care services. To view facilities that offer this service see Eldernet

20 Home Support Services

Quick info:

Home based support services provide support with essential tasks of daily living under a restorative model of care. This may include a number of services (packages of care) including household management, personal care, respite care, and carer relief.

Three agencies provide home-based support services for Hawkes Bay DHB. They are:

Access Homehealth Ltd:

- phone: 0508 473337
- address: PO Box 38139, Lower Hutt, 5010

Health Care of New Zealand:

- phone: 0800 001 997
- local Contact: 8344214
- address: PO Box 953, Napier, 4110

Enliven:

- provides specialist restorative services for high needs and complex clients
- phone 06 8778193

21 Aged Residential Care

Quick info:

There are four levels of aged residential care, catering for different needs:

- rest home care
- dementia care
- hospital continuing care
- Psychogeriatric care

A Care Manager from Options Hawkes Bay and/or specialist clinician determine the right level of care a person needs. Contact Options Hawkes Bay;

- 06 8707485
- 0800339449
- email options@hbdhb.govt.nz
- fax 06 8707481

The decision which facility to choose is left with the older person and their family/whanau.

An older person entering residential care may be eligible for a residential care subsidy or residential care loan. For more information on this contact Work and Income on freephone 0800 999 727 or WINZ website

For information regarding aged residential care facilities and vacancies go to Eldernet

22 Physiotherapy

Quick info:

Physiotherapy service may be outpatient, or home based if patient is home bound or better managed in own home.

Services include but are not limited to:

- amputee rehabilitation
- arthritis - hip/ knee scoring clinic
- cardiac rehabilitation
- continence rehabilitation, male and female
- dermatology - UVA and UVB treatment

- frail, falling, mobility assessment and rehabilitation
- haemophilia management
- heart failure rehabilitation
- hydrotherapy
- lymphoedema management
- musculo skeletal assessment and treatment, including arthritis, pain
- neurological assessment and treatment
- respiratory assessment, treatment, rehabilitation, provision of suction unit on referral by specialist only
- vestibular assessment and treatment

Facility includes:

- hydrotherapy pool
- two gymnasiums; neurology and musculo specialities
- 1:1 treatment rooms and cubicles
- education room for groups

Hand therapy is managed through Occupational Therapy. Acupuncture is not available.

Referrals for child developmental delay should be made to Child Development service. Physiotherapy services available to GPs through referral:

- by fax 878 1380
- or letter to Physiotherapy Department Hawkes Bay Hospital

Hours 8 to 4.30 Monday to Friday excluding public holidays.

If there is any doubt in value of referral please contact Team Leader on 878 8109 x 2532.

23 Older Persons Mental Health

Quick info:

Refer to Hawkes Bay Dementia clinical pathways for information:

24 Household Management

Quick info:

Household Management Services (if the person is eligible) are provided in the following instances:

- the person has a current community services card
- the person has no other means of support and health would be undermined if this service was not received
- there is no other able bodied person in the home

Household management allocation includes assistance with heavy household tasks such as vacuuming, cleaning bathroom, changing bed linen. This service may be provided alongside personal care tasks.

Limited meal preparation support may be provided, but initially every effort must be made for:

- the purchase of meals via meals on wheels or other meal providers
- light meal assistance may be provided

Referral form for Options HB or use your referral form within your practice management system.

25 Residential respite Care

Quick info:

Respite care is intended to provide carer relief and is provided only in the instances where:

- the person has been assessed as requiring the services
- carer stress is identified
- carer relief, including residential respite, is part of the package of funded support that may delay entry into long-term care
- a maximum of 28 days per year is generally allocated unless there are exceptional circumstances
- people who live alone are not eligible for residential respite
- the full-time carer and or the disabled person will choose a contracted ARC provider in the Hawke's Bay DHB area to provide care the allocated level (Resthome, Dementia, or Hospital level)
- the full time carers and the person manage their own allocation of days (when and where)
- respite care cannot be used as part of a permanent residential care placement

Referral form for Options HB or use your referral form within your practice management system

For information regarding aged residential care facilities and vacancies go to Eldernet

26 Orthotics

Quick info:

Orthotic services are available at Hawkes Bay Hospital, Waipukurau Hospital has a visiting Orthotist clinic. Services include:

- assessment and advice for orthotic devices/footwear
- provision of appliances:
  - inpatients are provided with appliances for the first 6 weeks post discharge
  - beyond 6 weeks if patients are covered by ACC, WINZ or War Pensions, funding approval may be sought by them, before any item is provided or manufactured
  - patients can also purchase from the orthotic service
- approved prescribers can provide a 5 year referral where the patient has a permanent condition which requires on going use of appliances (e.g. callipers)
  - these patients are asked to self-refer for repairs and maintenance, and replacement of appliances
- provision of footwear criteria is limited to:
  - patients who have pronounced physical disability needs and meet the prescription requirements and client specifications.
  - referral through an authorised prescriber (see below)
  - if patient is a permanent resident of Intellectual Disability service provider, orthotic service is free
  - other patients who meet the clinical criteria will be charged a part payment
  - orthotic service must modify patients' own shoes as a first approach and only provide specialist shoes once simple strategies have failed.

Authorised Prescriber. Is a registered specialist, is employed by Hawke's Bay District Health Board and who works within the specialty of the patient's condition. Orthotics service does not manage artificial limbs but can often assist with urgent repairs.

Wellington Limb Centre also runs 3 clinics per year for HBDHB patients at HB Regional Hospital.

All referrals to Orthotic Service, Hawkes Bay Hospital , fax 878 1324. Hours 8 to 4.30 Monday to Friday excluding public holidays.

27 District Nursing Services

Quick info:

Specialist Community Nursing Service (District Nursing Service DNS) provides assessment and nursing interventions.

Services include:

- wound and skin integrity care – acute/chronic
- continence enhancement and management
- medication administration (consult prior to referring)
- gastrotomy management
- home based palliative care

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- pain management
- intravenous medication administration
- screening and prevention of unnecessary or long term complications
- improving the health of Maori and Pacific peoples
- prevention or reduction of acute exacerbations of chronic disease and/or acute admissions
- shared care of people with chronic disorders between primary care and disability support services
- improving function to participate in usual age related roles and activities

Specific referral Information:

Referrals are accepted from health professionals in general practice or hospital services:

- general history of current problem, services in place, risks/hazards to patient, family or visiting health professionals, current treatment, relevant investigations
- interventions requested
- wounds history and current treatment and products
- continence: MSU results, current treatment and any other relevant investigations
- IV Therapy - consult DNS to discuss. Phone 06878 8109 ext 5744
- medication - where administration is requested a prescription must accompany the referral (consult prior to referral)

28 Podiatry

Quick info:

Podiatry is funded for those determined to have high risk. This is based on the need to prioritise treatment for patients with high risk foot conditions which, if left untreated, would lead to a serious deterioration of their health or functional status, which would in turn jeopardise the ability of the person to safely remain in the community.

Patients can be referred to Podiatry to be triaged at Villa 16 HBDHB or Fax 06 8732169.

Referral and risk stratification form. To be used to assess patient risk and assist with triage.

29 Personal cares

Quick info:

Personal care services (if the person is eligible) are provided in the following instances:

- assistance or supervision with showering, washing/bed sponge, dressing
- supervision with medications that are in a blister pack
- when no other appropriate person living in the home who could provide this support

Referral process:

- refer to Options Hawkes Bay Referral form
- Options HB Referral Coordinators screen the referral for complexity
- an Inter RAI assessment is completed by a health professional from Options HB or a provider agency
- support will be allocated as per clients goals and clinical needs within 5 working days

Referral form for Options HB or use your referral form within your practice management system.

30 Resthome level care

Quick info:

Resthome Level Care entry criteria:

- brittle or no supports
- needs overnight care

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- requires supervision with mobility
- high safety risk
- poor cognitive function
- self neglect/elder abuse
- management of essential equipment or activity of daily living (ADL) support needed three or more times a days

Approval required by Options Hawkes Bay Manager.
Referral form for Options HB or use your referral form within your practice management system
For information regarding aged residential care facilities and vacancies go to Eldernet

31 Social Work

Quick info:

Community Health Social Workers work with adults 18 years and over who may have social and or emotional needs associated with their illness, health need or long term condition.
A health social worker can:

- help promote client independence, autonomy, and self management
- check that clients are supported, have the services and information they need including advocacy and education
- offer support in a crisis
- assist with Advance Care Planning (ACP)
- provide short term counseling around adjustment to changes in health and support clients as they make important life decisions
- support carers and families/whanau. Facilitate family/whanau meetings
- provide help/advice in situations of suspected abuse and neglect
- provide case management and care co-ordination

Social Workers work in partnership with other health professionals including GPs and Practice nurses, other Allied Health Professionals, Options HB, Mental Health Services, Residential Care Facilities, Iwi Service Providers, Cranford Hospice, and other Non-Government Organizations.

Referrals should be faxed to:
Attn: Social Worker 06 8781310
Referral form

32 In home respite carer relief services

Quick info:

Formal carer support (carer relief services):

- provision of a carer to come into the home to relieve regular carer
- allow the primary caregiver to have a regular or intermittent break from the caring role

Informal carer support:

- informal carers are people who provide relief care in the home
- engaged directly by the full-time carer, to provide this relief support
- carers are typically friends, neighbours or some family members who provide relief support outside the umbrella of a formal provider organisation
- days per year are allocated as per the client's and carer's needs.

Respite is not available for individuals who live alone.
Information on carer support
Referral form for Options HB or use your referral form within your practice management system.

33 EngAGE

Quick info:

Services offered:

- cross sector MDT working to support GPs looking after frail older people and support older people to remain living at home independently for as long as possible
- weekly MDT meeting
- 7 day rapid response Allied Health team (ORBIT) to respond to acute change in function (only available in ED/AAU at present)
- access to intermediate care beds within Aged Residential care to either prevent or shorten admissions to the acute hospital

Referrals received and actioned in hours (Mon - Fri 830 - 430) only. Not a rapid response service. No out of hours service.
EngAGE referral form

Members of the MDT include; GPs and practice nurses, Geriatricians, Gerontology CNS, Physiotherapist, Occupational Therapist, Social Worker, Options Care Managers, Older Persons Mental Health, Dietitians, Clinical Pharmacy Facilitators, Care Agency RNs and Aged Residential Care RNs.

Our Health. Hawkes Bay health information for older persons (HBDHB and Health Hawkes Bay).

34 Hospital level care

Quick info:

Hospital level care entry criteria:

- brittle or no supports
- needs overnight care
- mobility dependent
- poor cognitive function
- self neglect/elder abuse
- management of essential equipment or activity of daily living (ADL) support needed three or more times a days
- unable to regulate temperature
- unable to manage dietary needs
- unable to self mobilise and needs assistance of two people for mobility, including hoist
- unable to control bladder/ bowel
- dependant on essential equipment
- high level of nursing input required/often complex

Approval required by Options Hawkes Bay Manager plus HBDHB Geriatrician
Referral form for Options HB or use your referral form within your practice management system

For information regarding aged residential care facilities and vacancies go to **Eldernet**

35 Speech Language Therapy

Quick info:

Speech Language Therapy services for people aged 16 or over:

- aphasia
- cognitive communication disorders
- apraxia of speech
- dysarthria
- dysphonia (following ENT assessment only)
- dysphagia (oral, oral transit and pharyngeal phase - not esophageal phase which should be directed to Gastroenterology)
- dysfluency

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Referrals are prioritised by clinicians based on risk (e.g. aspiration risk) and impact of communication disorder on ability to participate in communication activities of daily living. Information in the referral should include full patient history and full details of current problem and reason for referral.

Referrals through e-referral process or sent on the ongoing community services Referral form

Outpatient clinics are held at Hawkes Bay Regional hospital and Napier Health Centre, and home visits in Hastings and Napier on a weekly basis. Outpatient clinics and home visits in Wairoa and Waipukurau are on a bi-monthly basis.

Further information on Aphasia

36 Dementia level care

Quick info:

Dementia Level Care entry criteria:

- needs overnight care
- requires supervision with mobility
- poor cognitive function
- self neglect/elder abuse
- management of essential equipment or activity of daily living (ADL) support needed three or more times a days
- at risk of harm to self and others
- lack of insight and wandering
- inappropriate or antisocial behaviours (e.g. invading others' personal space or belongings)
- resistive to cares – unable to cooperate

Approval required by Options Hawkes Bay Manager plus HBDHB Older Persons Mental Health Service.

Referral form for Options HB or use your referral form within your practice management system

For information regarding aged residential care facilities and vacancies go to Eldernet

37 Day programmes

Quick info:

The aim of the Day Programme service is to assist the older person to maintain independence, especially for those who are socially isolated.

There are many funded day programme providers including:

- Alzheimer's Society
- Enliven dementia specific and general day programmes
- resthome day programmes

Day Programmes can also form part of a respite package for carers of the older person. Allocations are generally at one day per week but may be up to five days per week.

Non funded programmes are available e.g. Age Concern. see Our Health website for further information.

38 Psychogeriatric level care

Quick info:

Psychogeriatric Level Care entry criteria:

- needs overnight care
- mobility dependent
- poor cognitive function
- self neglect/elder abuse
- management of essential equipment or activity of daily living (ADL) support needed three or more times a days
- unable to regulate temperature
- unable to manage dietary needs
- unable to indicate need
- unable to self mobilise and needs assistance of two people for mobility, including hoist
- unable to control bladder/ bowel
- high level of nursing input required/often complex
- aggression, violence
- inappropriate/anti social behavior
- not able to be managed safely in other settings – needs specialised support

Approval required by Options Hawkes Bay Manager plus HBDHB Older Persons Mental Health Psychogeriatrician

Referral form for Options HB or use your referral form within your practice management system

For information regarding aged residential care facilities and vacancies go to **Eldernet**

39 Pharmacy and Medicines Use Review (MUR)

Quick info:

Medicines Use Review (MUR).

A four part review which assesses the patient's use, understanding and adherence to their medication regimen. This service has been aligned with the NZ Pharmacy Council competency standards and titles.

Hawkes Bay Community Pharmacies MUR

Community based Pharmacy services

40 Meals On Wheels (MOW)

Quick info:

MOW service can be accessed via referral based on the need of the person. Referrals may be accepted from GP practice, community providers or self referrals.

Referral for meals on wheels through email:

Meals.onwheels@hawkesbaydhb.govt.nz

41 Palliative Care

Quick info:

Some residential care facilities can offer palliative care services. For further information contact Contact Options Hawkes Bay;

- 06 8707485
- 0800339449
- email options@hbdhb.govt.nz
- fax 06 8707481

Or Cranford Hospice - 06 8787047

42 Home IV and Wound Therapy Service Healthcare NZ

Services for Older People

Quick info:

To access this home IV service can be accessed by:

- calling the following numbers to discuss with Nurse re: treatment
  - Phone: 06 8344214
  - Fax: 06 8344215
- written prescription from GP faxed to Pharmacy and Health care NZ
- to start the IV service same day, fax **must be** received before 2pm

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Older Person Directory Provenance Certificate

Overview

This document describes the provenance of Hawke's Bay's District Health Board's Older Persons Service **Directory** Pathway. It was developed in September – December 2015 and first published in December 2015. A review of the Pathway is due in December 2016.

The Collaborative Clinical Pathways programme (CCP) is one initiative stemming from the *Transform and Sustain* agenda. The main aims of CCP are to:

- → Identify opportunities to improve how health and disability care is planned and delivered within the district to improve patient access to a wider range of health services that are both closer to home and reduce avoidable hospital admissions.
- → Provide health professionals throughout the Hawke's Bay district with best practice, evidence-based clinical pathways that are available at the point of care.

Outcomes we expect to achieve include faster access to definitive care, improved health equity and outcomes, better value from publically-funded resources, and better patient experience through clear expectations, improved access and greater health literacy. These outcomes are clearly aligned to the NZ healthcare *Triple Aim* and *Better, Sooner, More Convenient* policy directions.

Editorial methodology

This Pathway was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of Medicine editorial methodology. It was developed by individuals with front-line clinical experience (see Contributors section of this document) and has undergone consultation to gain feedback and input from the wider health sector.

An update to this directory pathway is scheduled for 12 months after first publication. However, feedback is welcomed at any time, with important updates added at the earliest opportunity within the Map of Medicine publishing schedule (the third Friday of each month).

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