

What's New 13/02/12

Online Course in Infection Prevention and Control

What does the course cover

This course will focus on best practices for health care workers to prevent infection transmission. It covers three key areas:

- Hand Hygiene
- Personal Protective Equipment (PPE)
- Environmental Management

As a result of this course, you will be able to:

- Identify best practice
- Practise best practice infection prevention and control
- Create safe environments for patients/residents and staff
- Identify any improvements that may be needed at work in order for you to practise best practice infection prevention and control.

Who Should Use This Course

This course is designed for nurses and other health care workers working in:

- General primary care settings eg, general practice, school nurses, prison nurses
- Residential care for people with disabilities including intellectual disability
- Aged residential care

<http://learnonline.health.nz/>

Health Quality & Safety Commission New Zealand

Consumer participation involves consumers being actively involved in decision making about health and disability services at every level including governance, planning, policy development, setting priorities, and highlighting quality issues in the delivery of health services.

The Commission is beginning a programme to improve consumer participation through a National Consumer Network.

The programme will include:

- undertaking a needs assessment of consumer organisations and individuals undertaking consumer representative roles in the health and disability sector
- developing and maintaining a database of consumer organisations and individuals
- development of resources, tools and information.

Stocktake and Needs Assessment of Consumer Organisations, Groups and Individuals

This report presents the results of a research programme that was completed, between June and October 2011, to assist the Health Quality & Safety Commission develop a directory of consumer organisations, groups and individuals undertaking consumer representative roles in the health and disability sector, and to conduct a stocktake and needs assessment survey of these organisations, groups and individuals.

The Commission will use the results of the stocktake and needs assessment survey and the directory to inform its planning and decision-making with respect to:

- promoting and enabling connections or communications between services and consumers
- profiling and helping to identify support groups for consumers to access
- providing a place for professional associations and societies to access consumers with an interest in their issue/discipline
- assisting/enabling the integration of consumers into service design and development.

Directory of consumer organisations

On behalf of the sector, the Commission has developed a directory of consumer organisations, groups and individuals in the health and disability sector - including links to DHBs and other government organisation that have a role in advising or seeking feedback from health and disability consumers. PDF and Word versions are attached.

The purpose of the directory is to:

- promote and enable connections or communications between services and consumers
- profile and help identify support groups for consumers to access
- provide a place for professional associations and societies to access consumers with an interest in their issue/discipline.

The directory can be updated or added to by sending an email to info@hqsc.govt.nz

Ministry of Health

Health Targets

Health Targets are a set of national performance measures specifically designed to improve the performance of health services. They provide a focus for action.

2011/12 health targets

Information on the 2011/12 Health Targets: shorter stays in emergency departments; improved access to elective surgery; shorter waits for cancer treatment; increased immunisation; better diabetes and cardiovascular services / more heart and diabetes checks.

Mental Health and Addiction: Service use 2009/10 (provisional)

Published online:

13 February 2012

This publication provides information on mental health and addiction services provided by secondary organisations in the 2009/10 financial year (July 2009 to June 2010). Also, this publication includes information on mental health and addiction service users (clients) seen in 2009/10. The information provided in the publication is provisional (and therefore subject to change).

This is the first publication in this series to use data extracted from the Programme for the Integration of Mental Health Data (PRIMHD). Earlier publications have used data from the Mental Health Information National Collection (MHINC).

Key facts

- The age-specific rate of clients aged 15–19 was higher than the rate of any other age group.
- The male age-standardised rate was almost 1.5 times higher than the female rate.
- The Māori age-standardised rate was higher than all other ethnic groups.

Between 2001/02 and 2009/10 the crude rate of clients seen increased.

During the same period, the number of contacts, received in community or outpatient settings, increased. In comparison, the number of nights spent in inpatient or residential settings decreased.

Sourced from the Programme for the Integration of Mental Health Data (PRIMHD).

This summary provides information on the care (service) provided between July 2009 and June 2010 (2009/10) by district health boards to people with a mental illness or addiction.

This summary aims to answer the following questions:

- Who received care in 2009/10?
- How many people received care in 2009/10?
- Has the number of people who received care changed over time?
- What type of care did people receive?
- Is the number of bednights and contacts increasing or decreasing over time?

This summary does not provide information on care provided by general practitioners or non-governmental organisations. This summary has been released early to make the information available quickly. This means that the information may change due to data quality improvements when the final version is released in 2012.

Regional Services Planning: How district health boards are working together to deliver better health services

This booklet contains examples of how the new regional approach is already giving New Zealanders better health services.

Published online:

07 February 2012

This booklet provides an early indication of progress from clinicians and the sector. It demonstrates the intended value of Regional Service Planning in its first transitional year. It contains examples of how the new regional approach is already giving New Zealanders better health services.

Briefing to the Incoming Minister of Health, December 2011

Published online:

02 February 2012

Following the general election, the Ministry of Health produced a Briefing to the Incoming Minister, as is usual practice. There are seven themes in the Briefing about how we can lift the quality of the health system, improve health outcomes for all New Zealanders, and maintain a sustainable funding path.

The New Zealand Health and Disability System: Organisations and Responsibilities document outlines how the different parts of the health system fit together.

Mental health Foundation

Mental Health Awareness Week 2012: 8-14 October

Winning Ways To Wellbeing

Simple strategies to try in your everyday life to boost mental and physical health. The more you practise and reflect on them, the better you will do and the better those around you will do.

CONNECT

People are stronger when they pull together. Who could you connect with today?

GIVE

It feels good to give. Everybody has something to offer. How will you play your part?

TAKE NOTICE

Savour the moment. What are the simple things that bring you joy?

KEEP LEARNING

Seek out new experiences and challenge yourself.

BE ACTIVE

Do what you can, enjoy what you do, be active and move your mood

Mental Health Commission

Moving forward

Crown Entities Reform Bill - Select Committee Process

The Crown Entities Reform Bill had its first reading on 4 October 2011 and has now been referred to the Government Administration Committee.

Included in the Bill are details of changes that will see the Mental Health Commission disestablished and its functions transferred to the Health and Disability Commissioner. A new Mental Health Commissioner will be established within the HDC.

There is currently no closing date for submissions on the Crown Entities Reform Bill. At this stage, submissions can still be made to the Committee until mid February. The Committee is then due to report to the House at the end of February. Please [contact us](#) if you need more details on where to send your submissions.

When Parliament reconvenes after the summer recess, more advice will be given and posted on [Parliament's website](#).

Moving forward

The Commission will be disestablished and its core functions transferred to the office of the Health and Disability Commissioner (HDC) in June 2012. Read more about this on the [Ministry of Health website](#).

The Commission's revenue for 2011/12 is 25 percent less than the previous year, reflecting the Government's approach to reduce public expenditure and seek increased value for money.

During this financial year the Commission will continue to strengthen its independent monitoring and advocacy functions while focusing on five key projects, including the development of a new Blueprint ([Blueprint II](#)) that will guide sustainable investment in mental health and addiction services. Between now and May 2012, consultation on the new Blueprint will be critical as this advice will inform mental health and addictions service development in the future.

In order to ensure the Commission can deliver on our work programme for the year, and to manage the transition to the office of the Health & Disability Commissioner in 2012, the

Commission has undergone a number of changes to internal staff and Commissioner time, including changes to the consumer and family, whanau advisor positions.

The Commission fully recognises the importance of consumer and family engagement in systemic monitoring and advocacy to inform service planning and delivery.

In moving towards transferring its functions to the office of the Health & Disability Commissioner, we will be considering options on how to strengthen participation of consumers and family, whanau in the delivery of services and how to facilitate their input to inform monitoring and advocacy functions in the new environment.