Conclusions

Zol prevents fractures in osteopenic older women, substantially broadening the target population for pharmaceutical intervention to prevent fractures. The beneficial effects seen on cancer and vascular disease are consistent with data from previous studies and suggest that zol should be formally trialled for the prevention of these conditions.

WDHB Skin Service: GP Surgeon Scheme (GPSI), an effective model of care

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Aim

Waitematā District Health Board has implemented a new approach to the management of skin cancers by triaging lesions to specialist-trained general practitioners with the aim of reducing patient wait times and treatment costs. The primary outcome was to determine positive margin rates for general practitioners, with complication and infection rates as secondary outcomes.

Method

A retrospective audit was conducted on all excisions (n=2,705) performed between 1 January 2016 and 31 December 2016 by the 13 WDHB GPSI general practice surgeons. Electronic patient records were accessed to review histology reports, microbiology reports and prescribing information. Each lesion was classified into benign/non-invasive and malignant categories and surgical margins analysed. Infection rates were determined via prescribing information.

Results

The general practice surgeons performed 2,705 excisions, 1,887 (69.8%) of which were malignant lesions. Among malignant lesions, a positive surgical margin was observed in 66 (3.5%) excisions, and 165 cases (8.7%) had margins that were either positive or had less than 1.0mm of surrounding healthy tissue. There were 321 (11.9%) cases of infection in 2,705 excisions.

Discussion

New Zealand papers from the last two decades estimate NMSC positive margin rate among primary care physicians to vary from 16 to 31%; recent papers have published rates ranging from 6.8 to 9.5%. Publications from Europe describe variable general practice surgeon performance, ranging from a 13.9% to 33.5% positive margin rate. These impressive key performance indicators used to assess quality of care for WDHB general practice surgeons validate their position as part of the multidisciplinary team dealing with skin cancer. The KPI's show WDHB general practice surgeons have significantly improved at NMSC excision compared to their previous colleagues, locally and internationally.

Conclusion

This study validates the use of general practice surgeons and shows their integral role in managing the enormous volume of skin cancer in New Zealand.

What factors predict the confidence of palliative care delivery in long-term care staff? A mixed-methods study

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Background

Palliative care delivery has become central to the role of healthcare staff in long-term care internationally, yet research has indicated that clinical staff in long-term care often lack self-confidence in palliative care delivery.

Objectives

This study 1) examined the impact of age, palliative care education, palliative care work-related experience and psychological empowerment on perceived confidence in palliative care delivery for long-term care staff and 2) qualitatively interpreted the social reality which shapes each of the predictors of palliative care delivery confidence for long-term care staff.

Setting

Twenty long-term care facilities in New Zealand.

Method

Utilising an explanatory sequential design, the current study includes: 1) a cross-sectional survey with a convenience sample of 139 clinical staff conducted in 20 long-term care facilities and 2) individual semi-structured interviews with a purposive sample of six clinical managers, 15 registered nurses and 18 healthcare assistants who cared for residents in their last month of life. Quantitative data analyses included descriptive and inferential statistics including hierarchical multiple regression. Qualitative data generated from the semi-structured interviews drew on constructivist grounded theory approaches for the analysis.

Results

Results of the quantitative analysis indicate that older age, (β=.349) previous experience (β=.298) and psychological empowerment (β=.291) are the most important predictors of palliative care delivery confidence. Findings from the analysis of semi-structured interviews revealed four themes as underlying factors impacting on palliative care delivery confidence, namely: 1) mentorship by hospice nurses or colleagues 2) contextual factors such as organisational culture, resources, death experience 3) maturity and 4) formal education.

Patients ≥80 years of age admitted to intensive care and high dependency unit at WDHB: a retrospective analysis of outcomes

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Background

The 80-plus year population admission rates to intensive care are increasing annually by 5.6% across Australia-New

Zealand. Current epidemiological data is insufficient, with a call for New Zealand-specific studies in this area.

Aims

to study ≥80-year-olds admitted to intensive care or high dependency unit (ICU/HDU) in Waitematā District Health Board in terms of admission characteristics, discharge and six-month post-discharge outcomes including place of residence, community supports and mortality.

Methods

Patient demographics and admission data were sourced from the North Shore Hospital ICU/ HDU database (gender, ethnicity, admission type (elective vs emergency), length of stay, mortality and illness severity using the Acute Physiology and Chronic Evaluation (APACHE) system. Electronic hospital records were also reviewed (comorbidities, medications, residence on admission/discharge, mortality, readmissions and community support services prior to admission, upon discharge, and six months post-discharge).

Results

One hundred and seventeen patients 80 years and over were admitted between August 2015–June 2017, representing 10% of all admissions to ICU/HDU over this period. Age range 80–95 years, 48 (41%) female, seven (6%) Māori, 92 (79%) were emergency admissions, median APACHE III score 69.0, mean Charlson Comorbidity Score 6.29. Survival to HDU/ICU discharge was 101 (86%), to hospital discharge 92 (79%) and to six months was 84 (72%). One hundred and sixteen (99%) were residing at home at index admission, 84 at discharge (91% of survivors), and 79 at six months (94% of survivors). Community supports were utilised in 33 (28%) at admission, 36 (39%) at discharge and 34 (40.5%) at six months. While overall those requiring community supports increased, in nine (11%) support needs decreased at six months.

Conclusion

This single-centre study shows those still alive at discharge and six months are likely to be living at home independently. Systematic comparisons between different ICUs, and analysis of patient centred long-term outcomes are needed.

The real costs of swallowing complaints in a public health system

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Objective

Difficulty swallowing may lead to aspiration pneumonia and death. In a hospital setting where patients are admitted for other causes, we hypothesised that the additional burden of a swallow problem would increase length of stay, rate of pneumonia, cost, readmissions and morbidity compared to those without dysphagia.

Method

Retrospective case control analysis of patients admitted to Waitematā DHB over three years with hip fracture. Two groups were identified and compared—those with a coded diagnosis of dysphagia (n=165) and an age- and gender-matched group without (n=2,455). The number of in-patient days, cost per patient, diagnosis of pneumonia, 30-day readmission and mortality rates were compared.

Results

For those in the hip fracture with dysphagia group (HF+D) the mean age was 85 years compared to 78 years ($p<0.05$) and length of stay was 32 days, more than twice that of the hip fracture without dysphagia (HF-D) group (14 days) ($p<0.05$). Mortality within 30 days of admission was significantly different (18% vs 4%) but 30-day readmission rate was similar (8% vs 11%). Rate of aspiration pneumonia was 10 times greater in HF+D (6.7%) vs HF-D (0.7%). Average admission cost was $36,698NZD (HF+D) vs $22,028NZD (HF-D) ($p<0.05$).

Conclusion

Complaint of dysphagia, in addition to hip fracture, lengthens inpatient stays and cost per patient. It is associated with increased aspiration pneumonia and greater mortality. Dysphagia screening at admission to hospital allows early identification of swallow compromise and may prevent complications and reduce costs.

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