

Manawanui Whai Ora Kaitiaki *(MWOK)*

“Pathway to Wellness Support Team”

‘MWOK’ Model of Care

Michelle Hopley
Respiratory Nurse Specialist
RN, MN (Hons)

Paulette Winiata
MWOK Team Leader

**HAURAKI
PHO** HAURAKI
PRIMARY
HEALTH
ORGANISATION
NETWORK



*Matua
Rōpu
Haurora*

April 2018

Hauraki Primary Health Organisation

Mission

“To continually strive for excellence in the way we provide our services to our people and in the way we involve people”

Purpose

“At HPHO we work in partnership with practice partners to enable equitable access to primary care. We support growth, prosperity, resilience and health within whanau and we strive for excellence and fiscal prudence in all we do”



Hauraki Primary Health Organisation

Vision

“Hanga te mana a te whānau”
“Empowering wellness and mana in
whānau/family/communities”

Values

Pukengatanga (Foundations)

Whanaungatanga (Whānau/patient-centric relationships)

Tika (Doing what is right with integrity)

Aroha (Love and respect)

Rangatiratanga (Empowerment)

Pono (Working in an ethical way)



MWOK background

- Founded in July 2014
 - Te Whiringa Ora
- Manager, RN x3, Kaiāwhina x1
- Practice Partnership
 - Quality Plan Launch
- Development of forms
- HCNZ & Te Whiringa Ora partnership
- Gifting of Name from Kaumātua

Te Whiringa Ora: person-centred and integrated care in the Eastern Bay of Plenty, New Zealand. Carswell, P. International Journal of Integrated Care 2015, Volume 15, 23 September



MWOK Teams



HPHO Areas of Coverage September 2017

HAURAKI
PHO
HAURAKI PRIMARY
HEALTH
ORGANISATION
NETWORK



Matua
Ropu
Hauraki

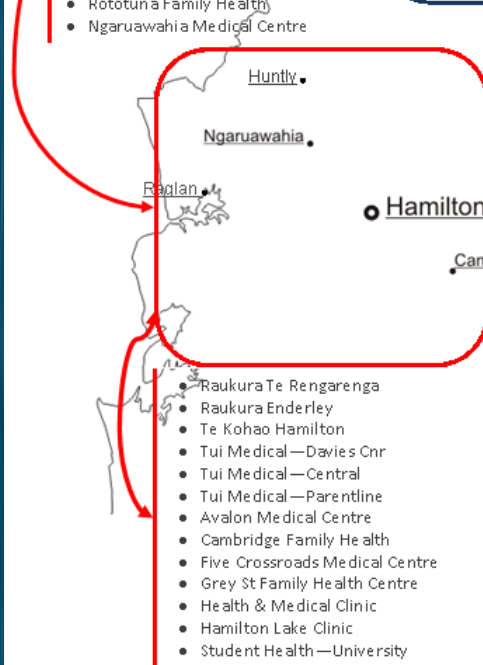
88,936 Population
4x Registered Nurses
1x Mental Health
3x Kaiawhina

- Tui Medical—Huntly
- Raukura Waahi
- Raukura Ngaruawahia/Nga Miro
- Te Kohao Raglan
- Tui Medical—Rototuna
- Tui Medical—Te Rapa
- Drs @ 42, Huntly
- Rototuna Family Health
- Ngaruawahia Medical Centre

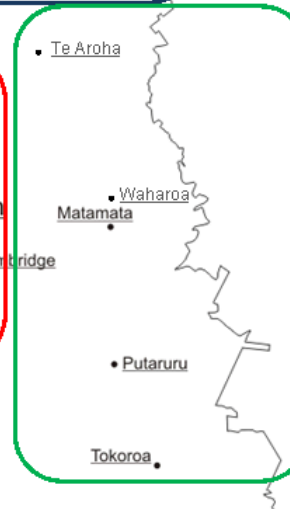


- Colville Community Health Centre
- Te Korowai Hauora O Hauraki—Coromandel
- Doctors Surgery Whitianga
- Te Korowai Hauora O Hauraki—Thames
- Te Korowai Hauora O Hauraki—Paeroa
- Paeroa Medical Centre
- Waihi Family Doctors
- Waihi Health Centre

23,158 Population
1x Nurse Practitioner
2x Registered Nurses
2x Mental Health
2.2x Kaiawhina



- Raukura Te Rengarenga
- Raukura Enderley
- Te Kohao Hamilton
- Tui Medical—Davies Cnr
- Tui Medical—Central
- Tui Medical—Parentline
- Avalon Medical Centre
- Cambridge Family Health
- Five Crossroads Medical Centre
- Grey St Family Health Centre
- Health & Medical Clinic
- Hamilton Lake Clinic
- Student Health—University



- Te Korowai Hauora O Hauraki—Te Aroha
- Matamata Medical Centre
- Raungaiti Marae Clinic
- Putaruru-Tirau Family Health
- Tokoroa Family Doctors

26,192 Population
2x Registered Nurses
2x Mental Health
2x Kaiawhina



Matua
Ropu
Hauraki

MoH Vision for Long-Term Conditions

New Zealanders living with Long Term Conditions can expect high quality, patient focussed care that is integrated across the health system and to be regarded as leading partners in their care .

The benefits of primary care (person-focused, comprehensive, and coordinated) are greatest for people with high morbidity burdens.

The focus on disease management has not proven useful in improving health due in part to lack of integration with primary care and a whole of person approach.

Even the chronic care model will not be useful unless it is carried out in the context of good primary care.

(Mangione et al, Ann Intern Med 2006;145:107-16. Tsai et al, Am J Manag Care 2005;11:478-88)

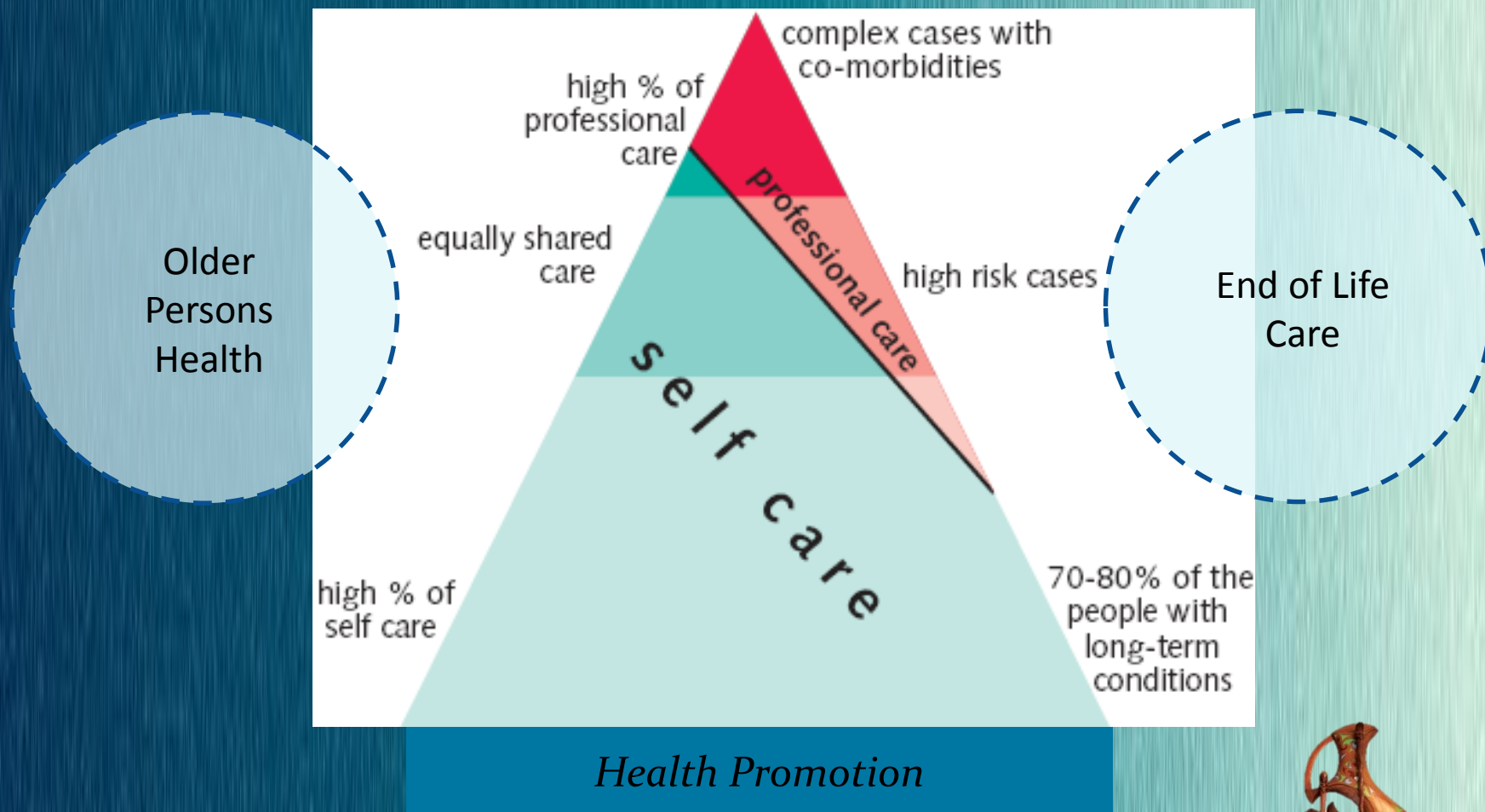


MWOK Approach

- Providing proactive support to high-needs, hard-to-reach individuals and their whānau with long-term conditions(LTC's) (including mental health issues) through mobile nurses and kaiāwhina
- Empowering whānau to increase wellness/independence
- Working collaboratively with HPHO practice partners, WDHB community and hospital services, community agencies, inter-governmental services and allied health professionals
- Equal access for all



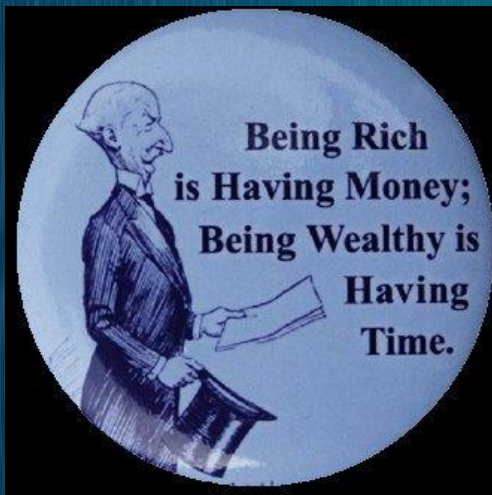
Self-Care Critical Component



MWOK Model



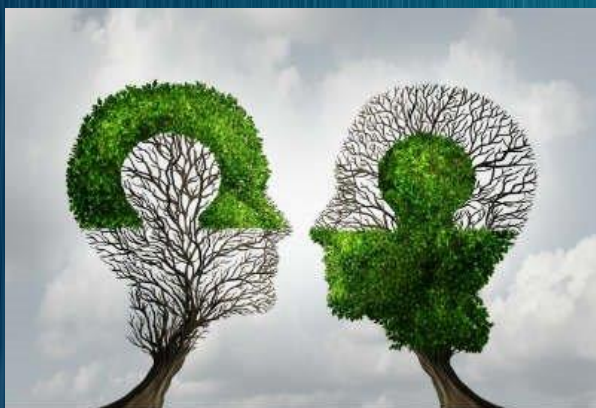
Whanaungatanga



cabotwealth.com



myageingparent.com



globalnlptraining.com



hereoora.tiki.org.nz

HAURAKI
PHO
HAURAKI
PRIMARY
HEALTH
ORGANISATION
NETWORK



Matua
Rapu
Haurora

Manaakitanga



homeandlongtermcare.ca



macalicomm.com



motheringmattersblog.wordpress.com



trystanowainhughes.wordpress.com



helprace.com

HAURAKI
PHO
HAURAKI
PRIMARY
HEALTH
ORGANISATION
NETWORK



Matua
Rapu
Haurora

Kotahitanga



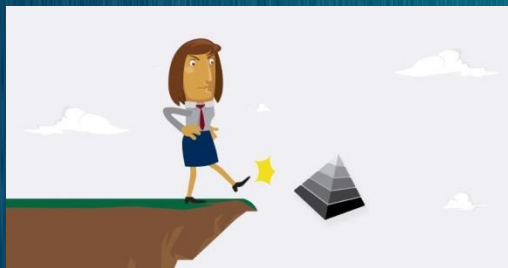
pamelatripp.com



rgbstock.com



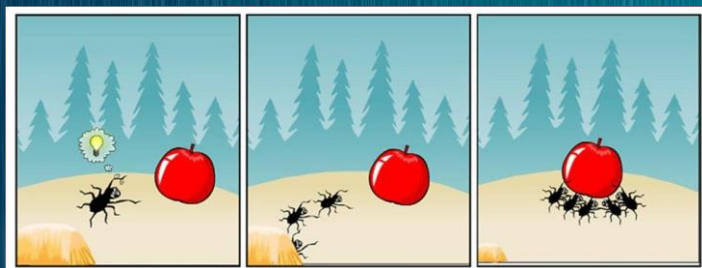
dreamstime.com



tuw.edu



dancearchives.net



meds.queensu.ca

HAURAKI
PHO
HAURAKI
PRIMARY
HEALTH
ORGANISATION
NETWORK



Matua
Rapu
Haurora

Mātauranga



thinkspace.csu.edu.au



pulse.ng



nurseonlineph.blogspot.com



flyingstart.scott.nhs.uk



freepik.com

HAURAKI
PHO
HAURAKI
PRIMARY
HEALTH
ORGANISATION
NETWORK



Motua
Ropu
Haurora

Tino rangatiratanga



events.d.umn.edu



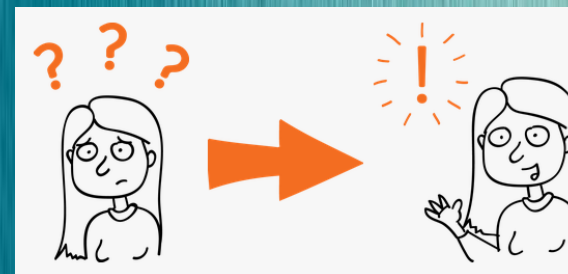
biopsy.wordpress.com



vacaza.com



americaninno.com



greaterunderstanding.com.au

HAURAKI
PHO

HAURAKI
PRIMARY
HEALTH
ORGANISATION
NETWORK



Matua
Ropu
Haurora

PREDICTED OUTCOMES

- Reduced acute episodes due to education/early support/intervention in the home/community
- Reduced hospitalisations/ED visits due to proactive individual and whānau support
- Increased target achievement through focus on high-need, hard-to-access whānau and individuals
- Increased whānau empowerment and perception of wellness through education and support
- Appropriate utilisation of all services by reducing access barriers



MWOK Model in Action

‘John’



Classifications

- Dilated cardiomyopathy – Ejection Fraction 15-20%, severely dilated R/ventricle and severely impaired contractility with moderate mitral regurgitation. Severe pulmonary hypertension
- Paroxysmal atrial flutter – declined implantable cardioverter defibrillator
- Hypertension
- Rheumatic fever in childhood



Classifications continued

- Chronic renal failure, stage 3, eGFR extremely labile and very sensitive to ACE inhibitors
- Type 2 Diabetes Mellitus
- Chronic Obstructive Pulmonary Disease
- Asthma
- Bronchiectasis
- Obstructive Sleep Apnoea
- Obesity



Classifications continued

- Mononeuritis Multiplex
- Gout
- Rheumatoid Arthritis
- Hx of Schizoaffective Disorder
- Non drinker
- Ex-smoker 14 years– 60 pack year history
- Perforated R/tympanic membrane – never corrected
- R/leg ulcer
- Eczema



Medications

- Warfarin
- Bisoprolol 2.5mg BD
- Gliclazide 80mg TDS
- GTN spray 1-2 sub-lingual PRN
- Frusemide Forte 500mg mane and 500mg midi
- Allopurinol 100mg OD
- Span K 600mg 1 TDS
- Bendrofluazide 5mg mane if 2kg over target weight (120kg)



Medications continued

- Vannair 200/6ug 2 BD via spacer & haleraid
- Spiriva 18ug OD
- Salbutamol 100ug 1-2 puffs PRN via spacer & haleraid
- Clonazepam drops 3-5 drops nocte
- Codeine 30mg, 2 nocte
- Paracetamol 500mg 2 QID
- Flucloxacillin 500mg 1 TDS for 2/52
- Colchicine 500ug OD



Medications continued

- Diasip 1-2 daily

Alternative imported medications:

- Black Diamond (not FDA approved)
- Phytoplex herbal supplement from Russia
- Sytinol – for rubbing on arm wounds and ‘washing’ over leg ulcer
- Strauss heart drops – European mistletoe, cows colostrum and Manuka honey



Summary of Medical Conditions

- End stage heart failure
- In and out of hospital with fluid overload
- Heart Failure Clinical Nurse Specialist (HF CNS) visited on an as needed basis
- Close liaison between HF CNS, MWOK, GP & Practice Nurse
- Target weight 120kg
- 1-2/52'y Urea & Electrolytes, renal function tests
- Weekly review of clinical status +/- manipulation of HF medications



Summary of Medical Conditions continued

- Atrial Flutter
- Episodic occurrence associated with shortness of breath & chest pain – evaluated with ECG at the time
- Chronic renal failure
- Closely monitored
- Type 2 DM
- Rarely tested, too painful
- Poor nutrition and at risk of hypos



Summary of Medical Conditions Continued

- HbA_{1c} 65 mmol/mol, we tested his BGL once weekly
- John's guide was: "When I see black spots in front of my eyes I'm high and when I'm tired I'm low"
- COPD/Asthma/bronchiectasis/OSA
Appropriate inhalers via spacer
- Little sputum
- Choking feeling with CPAP



Summary of Medical Conditions Continued

- Obesity but in later stages cardiac cachexia
- Poor nutrition, not interested in many foods
- Ate poor choices, wasn't a priority for him to discuss
- Diasip supplement often used as a replacement for food
- Dietitian input
- Gout
- Initially on Allopurinol AND long term Colchicine
- Ongoing diarrhoea likely due to Colchicine
- Faecal samples NAD



Summary of Medical Conditions Continued

- Painful R/leg ulcer
- Being dressed by DN's, issues with relationship
- Healed pressure area sacrum
- Past hx schizoaffective disorder
- Very unusual theories about things:
- Govt have dropped infected condoms (HIV) and have given people expired meningococcal vaccines from Japan
- Family also believe theories and reinforce his beliefs



Summary of Medical Conditions Continued

- Eczema
- Scratched to the extent that he had bleeding sores on his arms
- Had tried sudocream, foban, chrystaderm, fatty cream, bactroban, locoid, soap & disinfectant, eventually effectively controlled with zinc & castor oil cream and sorbolene



Patient Summary

- Multiple end stage medical conditions
- Complex whanau dynamics
- Strong personality that challenged us at every turn
- Multiple services involved in his care



Closing Statement

The MWOK Nurse and Kaiawhina team approach provided collaborative care with the support of the Hauraki PHO in enabling us to provide holistic integrated care with this patient and his whanau



References

- Synergia MWOK Evaluation Report:
<https://www.haurakipho.org.nz/about-us/management/hauraki-pho-reports>
- Hauraki PHO information
<https://www.haurakipho.org.nz>
- Healthcare NZ & Te Whiringa Ora
<https://www.healthcarenz.co.nz>



QUESTIONS??

