

2015 Quality Account

Bay of Plenty District Health Board



**Frontline ownership
driving a reduction
in harm from falls**
– pg 9



Health literacy
– pg 11



**Monitoring
Māori health**
– pg 15



**Quality Improvement
residency for junior
doctors**
– pg 21





944,995

hours of home support services for over 65s

a year

— IN THE LIFE OF THE —
BAY OF PLENTY
DISTRICT HEALTH BOARD

413
CONTRACTS

with health care providers for health services to the Bay of Plenty community



6,905
CHILDREN

enrolled in the Well Child Tamariki Ora service



Serves a population of

221,000

25%

identify as having Māori ethnicity

32.4%

are under 25 years of age

18%

are aged 65 or over



21,841

people who smoke have been seen by a GP and provided with advice to quit smoking

3.4

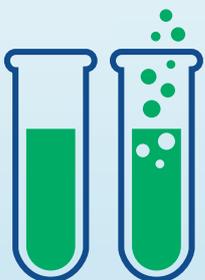


community pharmacy prescriptions



2,533 BABIES

delivered in hospital facilities



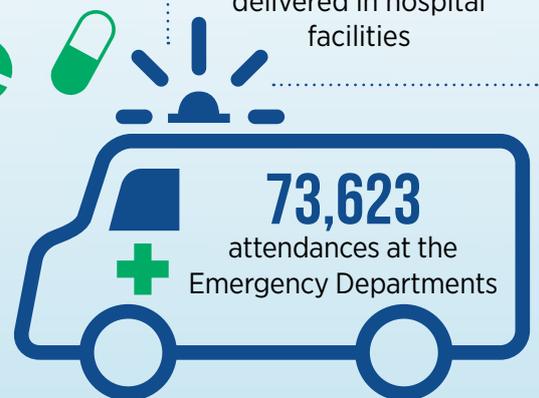
1,325,307

community

laboratory tests have been undertaken

School dental services to an enrolled population of

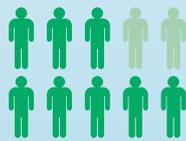
38,545



73,623

attendances at the Emergency Departments

80%



of people are seen within 21 days for alcohol and drug services



86,898

district nurse visits



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

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Welcome to our Bay of Plenty District Health Board's 2015 Quality Account

"Health is very much about people – the people who receive care and the people who give that care." Bay of Plenty District Health Board Chair Sally Webb.

It is with great pleasure that we present this year's Quality Account. At the Bay of Plenty District Health Board (BOPDHB), patients are at the very heart of everything we do. We work hard to continually improve our health service by collaborating with our staff, patients, family, whānau, carers and community.

This report demonstrates our commitment to providing safe high quality healthcare, shows how we monitor quality and safety, and how changes are made as part of a continuous quality improvement approach.

The achievements, highlighted in this report, have been accomplished through strong leadership with a focus on patient and family participation, risk management and quality improvement systems. Such achievements also rely on building capacity by providing training and support for our staff. These are just a few of many quality and patient safety initiatives that we continue to support.

Our vision and values

Values

CARE is the acronym of our values.

Compassion
Attitude
Responsiveness
Excellence

Vision

Healthy, thriving communities
Kia Momoho Te Hāpori Ōranga

Leadership Statements

In this Quality Account you will read many stories of success which are the stepping stones along a path to the future. In 2015 the BOPDHB has continued to build on the initiatives outlined in its 2014 Quality Account, with the Board and Executive taking a keen interest in the efforts of staff to improve the quality of the services we offer.

Starting in late 2015, members of the Board will periodically move through the DHB's facilities creating a direct interaction between the Board, staff and patients to highlight and discuss patient safety and quality initiatives.

To create a common language for quality, many members of staff, including the CEO and Executive, have taken up the challenge to complete the IHI (Institute for Healthcare Improvement) quality programme including, for the first time, members of our House Officer staff. Five of these House Officers have completed quality programmes as part of a three-month quality run incorporated into their core training.

It has been fascinating to see how approaching their work with a quality eye has found them having to create new interactions and relationships and use new tools, such as PDSA (Plan-Do-Study-Act) cycles, to solve care quality issues.

This DHB remains committed to following a quality pathway and encouraging and empowering its staff to do the same. Our goal, as always, is to ensure that patients have the optimum health experience through the delivery of high quality care.

Keeping you in the loop

The Quality Account will be published on our website and can be located under: Your DHB > A-Z Publications > Quality Account.

How to give feedback

Your feedback is essential in helping us make these annual accounts engaging and relevant to our readers.

We continue to take on board your ideas, so if you would like to contribute feedback you can do so by contacting the Quality and Patient Safety Team in the following ways:

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Email: qualityandpatientsafety@bopdhb.govt.nz
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Quality and Patient Safety Administrator
Private Bag 12024
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Attestation Statement

We can attest that the content of this account is accurate and represents the quality performance over the past year as well as the improvement goals for the year ahead.



Sally Webb
Chair
Bay of Plenty District
Health Board



Phil Cammish
CEO
Bay of Plenty District
Health Board

PATIENT VOICES



We brought a very sick, highly dependent 80 year-old in to be assessed. Your triage nurse received us warmly, empathetically and professionally. She was quick to find a wheelchair and personally assisted us to transfer our friend into the unit. We wish we could remember her name. Lucy was working in the waiting room and quickly assessed our friend's need to be lying down. In spite of the huge pressure on your department that evening, she managed to find us a suitable comfortable space to park a bed. She was cheerful, empathetic and kind though also very efficient and professional. It didn't end there. Toni painlessly popped a luer in, no sweat, despite his very difficult, invisible veins. The young house officer was extremely thorough and professional but also warm, friendly and personable. It was a long wait before we saw the registrar but that was very understandable given the circumstances. You listened attentively and respectfully to us at all times and we felt safe and secure throughout the whole process. Thank you and well done team.

Ministry of Health targets

The Government sets six annual health targets for New Zealand's 20 DHBs. These targets focus on improving the health sector's performance in key areas and results are published on a quarterly basis.

Below we take a look at the BOPDHB's year-end position (as at 30 June, 2015) for all six targets.

Shorter stays in Emergency Departments	Improved access to Elective Surgery	Shorter waits for Cancer Treatment
Better help for Smokers to Quit	Increased Immunisation	More Heart and Diabetes Checks

Surgery targets exceeded and more smokers helped to quit in the Bay of Plenty

Bay of Plenty residents are waiting less time for surgery and more and more smokers are being helped to quit. That was the news revealed by the final quarterly national health target results of 2014/15.

The BOPDHB performance came despite record numbers of people accessing its health services.

Each of the nation's 20 District Health Boards is measured against six targets and the BOPDHB has either improved or maintained its performance in all six (the results covered the April-June quarter and complete the 2014/15 financial year).

In the Improved Access to Elective Surgery target, patients are experiencing shorter waits for operations as the BOPDHB continues to exceed its contracted surgery volumes. It has exceeded these in every quarter over the last two years.

"We again performed more than our contracted volumes of elective surgery in the April-June quarter which has enabled us to reduce the amount of time people wait for their operations," said BOPDHB Chief Operating Officer Pete Chandler.

Health Minister Jonathan Coleman said 51% more elective surgeries were now being performed in the Bay of Plenty compared to seven years ago.

"In the last financial year 9,424 Bay of Plenty patients received elective surgery, compared to 6,255 in 2007/2008. That's a 51% increase," he said. "These improvements are a credit to the hard working health professionals in the Bay of Plenty."

The BOPDHB has risen to become the nation's second best performing DHB for the Better Help for Smokers to Quit target.

"For the third quarter in a row the primary health aspect of the tobacco target has been achieved," said BOPDHB Health Equity/Public Health Portfolio Manager Brian Pointon.

"The Better Help for Smokers to Quit target states that 90% of enrolled patients who smoke and are seen by a GP health practitioner should be offered advice to quit. The results demonstrate a commitment by all general practices to raise smoking with their patients as a key part of their health and for the benefit of their entire family."

The public hospitals portion of this target showed its fourth successive quarterly increase in performance and rose to 94%, to end the year just 1% shy of the 95% target.

"The DHB is expecting to achieve the target for the period from July to September 2015," said Mr Pointon. "The sustained improvement has come about through system modifications which ensure each smoking patient is given advice and support to quit smoking for their overall health and recovery."

Performance was maintained in the Shorter Stay in Emergency Departments target (95% of patients to be admitted, discharged or transferred within six hours) at 94% despite increasing numbers of people presenting.

"Almost 50,000 people presented at Tauranga ED in 2014/15," said BOPDHB Decision Support Manager Trevor Richardson. "That equates to nearly six people every hour of every day and night for the entire 12 months."

"This target measures the flow of acute (urgent) patients through a hospital but the huge growth in patient numbers, especially at Tauranga, in recent years has made this a challenging one to

meet. Whilst not quite achieving the 95% target for the whole of 2014/15 it was achieved for the combined Tauranga and Whakatāne hospitals for the first time in quarter two."

In the Increased Immunisation (95% of eight-month olds to have immunisations at six weeks, three months and five months) target the BOPDHB improved its performance by 1% to 89%.

"A lot of work has been undertaken with a focus on early registration of babies in general practices so that the six-week immunisation is given on time," said BOPDHB Health Equity/Public Health Portfolio Manager Brian Pointon. This then sets the pattern for ensuring the three-month and five-month immunisations are also given on time."

Similarly, the More Heart and Diabetes Checks (90% of eligible population to have cardiovascular risk assessed) target result improved by 1% to 89%.

"Performance has been improved through the concerted efforts of the PHOs and their provider networks," said Personal Health/Chronic Conditions Senior Portfolio Manager Mike Agnew. "Promotions, particularly around men's health, have been a feature with targeted activities at sporting and social events."

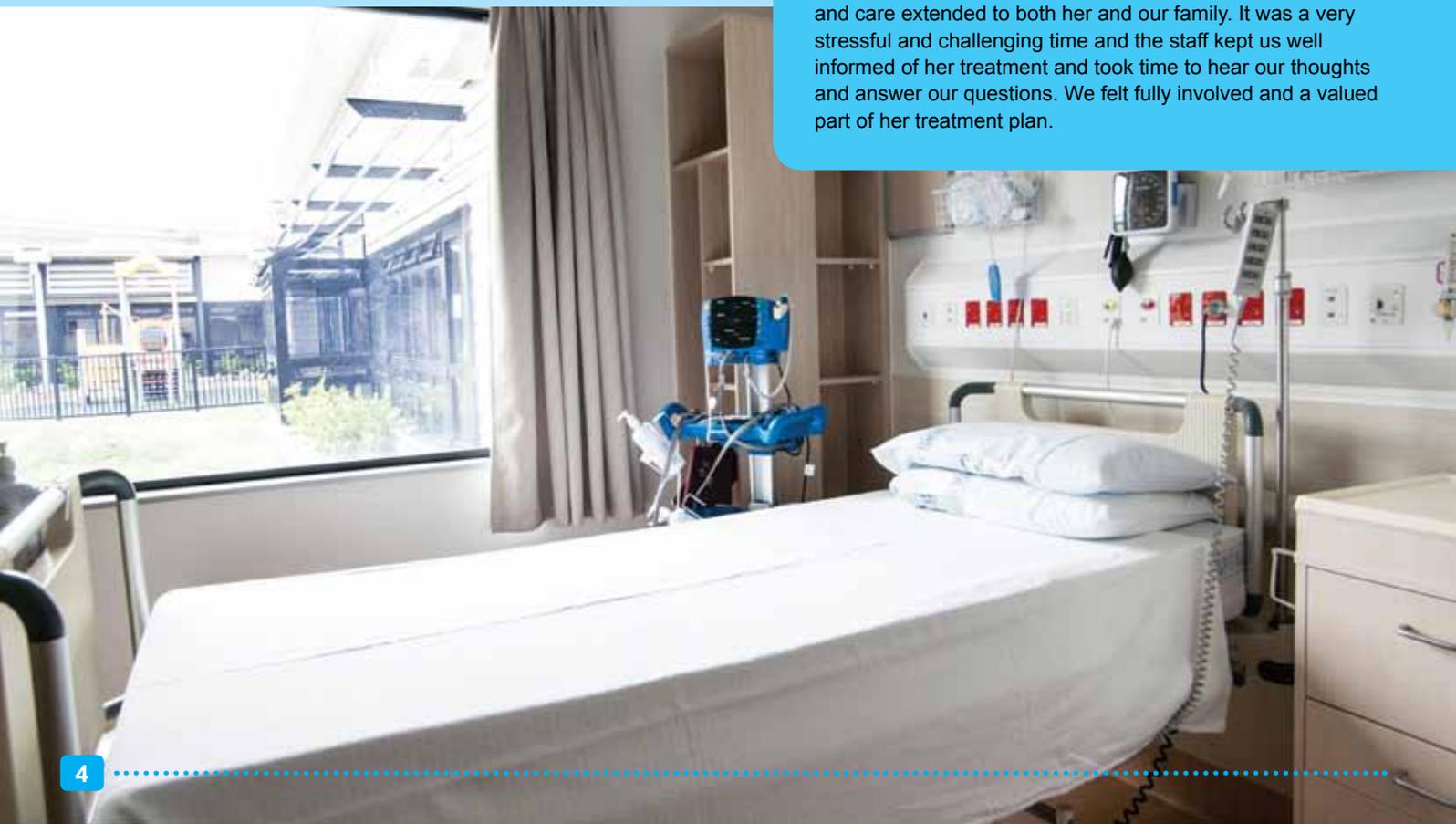
The Faster Cancer Treatment target is a new 'projected' target which must be met in July 2016. The target at that point is 85% of patients receiving their first cancer treatment (or other management) within 62 days of referral.

The BOPDHB is tracking well to meet this target with a second successive large quarterly gain, up 8% from the previous quarter, and received an 'achieved' status for the April-June period from the Ministry of Health.

PATIENT VOICES



We would like to acknowledge and thank the amazing staff on Children's Ward at Tauranga Hospital. Our daughter was admitted for seven weeks earlier this year and we are so grateful for the support and care extended to both her and our family. It was a very stressful and challenging time and the staff kept us well informed of her treatment and took time to hear our thoughts and answer our questions. We felt fully involved and a valued part of her treatment plan.



Reporting serious adverse events

A serious adverse event (SAE) is one which has led to significant additional treatment, is life threatening, or has led to an unexpected death or major loss of function.

DHB providers are required to review these events and report them to the Health Quality & Safety Commission (HQSC). We always aim to deliver the best care but we know that, despite our best efforts, we do not always get it right. We review all events to try to understand how they happened and what we need to do to prevent or reduce the chance of them happening again.

“Serious adverse events are important red flags that indicate possible opportunities for improvement notwithstanding the distress such events cause to our patients,” said Medical Director (MD) Hugh Lees.

“They come from a number of sources including patient complaints as well as more formal processes such as the regular “Morbidity and Mortality” and “Mortality Review” meetings. Capturing these opportunities for improvement and imbedding them in our culture are important goals for my role as MD.”

As in previous years the majority of the BOPDHB’s SAEs, 12 of 13, were as the result of harm from a fall in hospital and all were addressed.

Eight women and five men



Aged 64 - 94



You can review the BOPDHB 2014/2015 hospital Serious Adverse event report on our website at www.bopdhb.govt.nz

BOPDHB reported falls resulting in serious harm.



Improving quality and safety in Aged Related Residential Care

Working together to improve quality and safety in the Bay of Plenty's aged care facilities is the focus of a newly developed role.

Any of the 32 Aged Related Residential Care (ARRC) facilities the BOPDHB works with - stretching from Athenree to Opotiki and down to Kawerau – can now call on the expertise of new Clinical Quality Facilitator (Registered Nurse) Claire Cherrill.

“The facilities have to invite me in,” said Claire. “That can happen whenever you get quality improvement issues coming up. It’s a partnership with the DHB to improve quality; my role is not punitive. It’s about working together to get the best outcome for the residential care patients at the end of the day.”

Claire, who started her role in April 2015, said her reception had been positive and expected that would grow with time once people realised the position was a positive and collaborative one.

“Requests can be on any of a number of things,” she explained. “They can be related to training or to audits; I can help implement new processes, or review a system which has just been implemented. It’s all about facilitating professional collaborative leadership, knowledge and education across the aged care sector within the Bay of Plenty.”

Clair’s role has a predominately nursing focus and has a number of key focus areas: improving compliance with sector standards; identifying and highlighting areas for improvement; working alongside ARRCs to identify corrective actions resulting from external audit processes; improve systems and processes to decrease the number and seriousness of risks, and complaints made in respect to care.



PATIENT VOICES



Our 95 year-old mother recently spent time in Tauranga Hospital after she had a fall and needed a skin graft. We were overwhelmed with the wonderful treatment she received. As well as excellent medical care she was treated with dignity and kindness by all staff. We appreciated how they recognised that, despite her age and physical issues, she was mentally very alert and they did not patronise her. They also gave her confidence that she would make a full recovery. She is now back home and living independently. Thank you so much.



Claire Cherrill (second from right) and BOP ARRC providers.

Quality and safety markers

The purpose of quality and safety markers (QSMs), which were developed by HQSC (Health Quality & Safety Commission New Zealand), is to assist in improving patient safety in New Zealand and make the best use of healthcare resources.



What are QSMs?

QSMs are a way of tracking change in practice in the areas covered by the national patient safety campaign 'Open for better care'. They estimate the effect of changed practice by looking at outcomes which are measured by harm to patients and cost to the health system.

The QSMs are based on four focus areas:

1. Patient falls
2. Healthcare associated infection (HAI)
 - a. central line associated bacteraemia (CLAB)
 - b. compliance with hand hygiene
 - c. surgical site infection (SSI)
3. Perioperative (surgical) harm
4. Medication safety

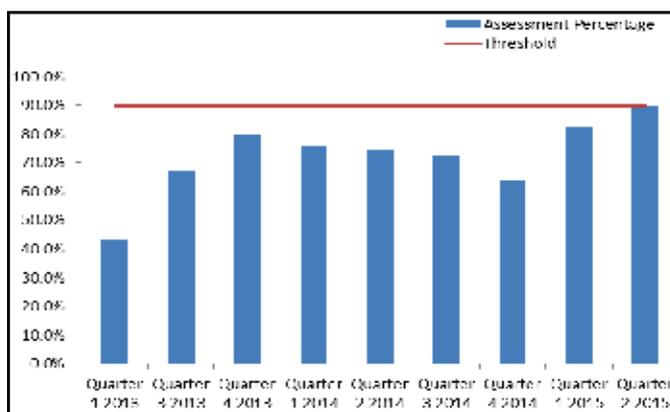
International evidence suggests that with the right interventions we can achieve significant reduction in falls that result in a fracture, central line associated bacteraemia rates, surgical complications and potentially adverse drug events.

We aspired to reach the thresholds that had been set for these QSMs and have made good progress (as seen in the following graphs):

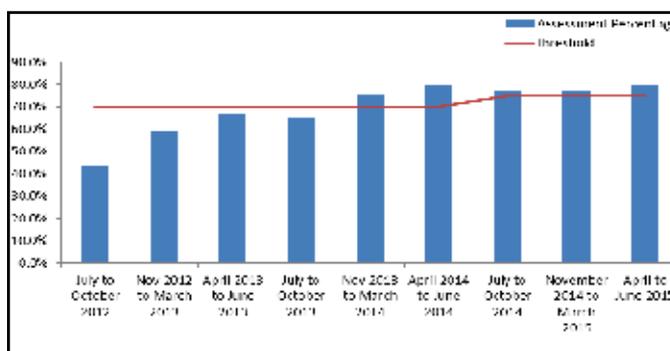
- 90% of older patients are given a falls risk assessment
- 90% compliance with procedures for inserting central line catheters
- 70% compliance with good hand hygiene practice, changed to 75% in 2015
- all three parts of the WHO surgical safety checklist used in 90% of operations.

The QSMs have given visibility to how we are performing and have driven or sustained improvement. We are pleased to report we achieved the threshold for falls in quarter 2 2014/15 and maintained our improvement for hand hygiene. We have made good strides with falls risk assessment although we have not yet met the threshold.

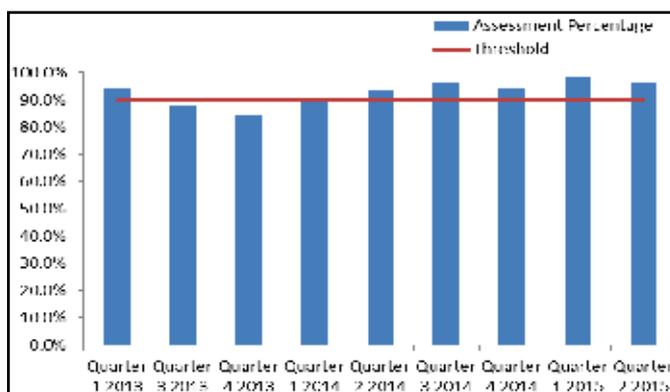
Falls risk assessment compared with threshold



Healthcare associated infections Hand hygiene compliance compared with threshold



Safe surgery checklist





The BOPDHB's 'Hand Hygiene Champions'.



Hand hygiene performance improves

Teamwork and perseverance have been the buzzwords behind the BOPDHB's improved hand hygiene performance in 2014/2015.

The 80% compliance target was met in the April to June 2015 audit period and numerous groups in both Tauranga and Whakatāne hospitals were behind the achievement says Director of Nursing Julie Robinson.

"Whakatāne is our continual good performer, in the last audit achieving 91%, while collectively Tauranga Hospital got to 77%."

Julie said the doctors have shown a marked improvement, their compliance increasing from 59% to 68% while the domestic staff have increased from 28% to 42%.

"The standout performance for the year has to be for Level 2 (Wards 2A, 2B and 2C) of Tauranga Hospital. These wards have embraced the principles of FLO (Frontline Ownership) and they achieved 85%, 91% and 86% respectively."

Hand Hygiene New Zealand describes FLO as involving and encouraging frontline staff to develop their own solutions, to improve hand hygiene in their areas, which have relevance and are highly applicable to their own specific work context.

"Engaging teams and helping them to overcome the barriers that present in their local setting is also likely to result in more resilience when new challenges show up," Hand Hygiene New Zealand says.

Julie said the challenge for the BOPDHB now is to sustain and keep improving hand hygiene rates.



Kaupapa Ward Registered Nurse Traci Adams and CEO Phil Cammish promote the "Five Moments of Hand Hygiene".

Front line ownership the driving force in reducing harm from falls

Healthcare assistant and falls champion Josie Bidois is passionate about preventing the harm caused by falls. She does so by starting with a simple premise, how would she like to be treated?

"If I'm asked why I am a falls champion, I say it's because I'm a future client of the hospital," says Josie who works in Tauranga Hospital's Health in Ageing (HIA) ward.

"Controversial as it is, the demarcation age for 'high falls risk' is 65 and older. Today we enjoy a longer life expectancy but for some this is disrupted by falls. I am a self-appointed advocate for senior citizens so, on behalf of the sandwich generation (baby boomers), I say that it's not acceptable to believe falls are a part of ageing."

Josie and Health in Ageing Nurse Manager Fay Mattson marked the launch of the annual falls awareness month April Falls by touring the Tauranga Hospital wards dressed in orange talking to frontline staff and patients. As they did so they played a recording of a falls song, composed and performed by HIA staff for the campaign.

"I asked Healthcare assistant Gail McInnes if she would compose a song about intentional rounding and falls and she did a wonderful job," says Josie. "It was fun but with a serious message and we got some great feedback."

Josie, who has been working at the hospital for 12 years, is keen on promoting practical falls solutions.

"The highest rates of falls are in the bathroom, so we put up simple signs in the HIA bathrooms saying "Stop, Call Don't



Champion: Josie Bidois is passionate about reducing the harm from falls.

Fall" and the rates dropped. You are never going to stop falls completely but through education and awareness we can help minimise them and the harm they cause."

Fay Mattson says Josie's passion and energy is the driving force behind a lot of HIA innovation and initiatives.

"Josie lives and breathes falls, she is my absolute leader on it and is constantly looking for ways to make things better," said Fay. "We have made falls a frontline ownership issue and Josie embodies that."



Quality, safety and patient experience of care

As we strive to provide the highest quality and safety in care, the most valuable tool we have for ongoing quality improvement and patient safety is the voice of our patients and community.

We have seen some significant service delivery and patient experience improvements this year, based on the comments we receive in our fortnightly patient experience survey. One goal for the coming year is to increase the survey response rates by encouraging patients to supply us with their email addresses.

Our Board continues to hear a patient story at their meetings and find these invaluable in understanding the quality and safety of the healthcare delivered.

Medication safety

Sharing information brings benefits for all

Sharing medication information between community pharmacies and the DHB's hospitals will mean faster more efficient patient care under a new project.

The newly-launched BOP MedCheck uses a secure online record that allows healthcare providers to access details of a patient's community pharmacy dispensed medicines. The information can be viewed in context, alongside lab results and other hospital clinical information on the patient electronic health screen.

"BOP MedCheck has changed our way of working as pharmacists in the hospital for the better," said hospital pharmacist Tamsin Roper. "It improves patient care and medication safety by enabling us and doctors to access patient's community records at all hours of the day and night.

"Questions about a patient's medication can be answered in a matter of seconds, reducing interrupting phone calls to community pharmacies and eliminating delays whilst waiting for other healthcare providers to provide information. Some patients I've spoken to were amazed that this information wasn't already available."

It makes good sense for people who treat and care for patients to have all the information they need, at the right time, in order to provide the right care says Whakatāne Medical Lead, Dr Matt Valentine.

"Often several different health professionals may need to share information so they can work together and co-ordinate care, especially for people who need emergency care or who have complex medical needs," said Dr Valentine. "At times this can be difficult because personal health information is often collected in

PATIENT VOICES



I recently had surgery and I had to compliment your incredible staff. From the time I was taken into the cubicle for the start, I was blown away by the care, compassion and gentleness given to me by all the members of staff. The only criticism I can offer is with the food: Seeing the hospital is meant to set the example of healthy eating, why do you give patients white sugar, white bread, instant puddings and rubbish like that? It is well known that these are very unhealthy for us, and should be banned from your menu. All in all, I give your hospital a 100% perfect score for care and making me feel so special and cared for.



different settings and environments, by a variety of people and stored in different computer systems that are unable to 'speak' to each other."

Participating community pharmacists are also delighted with the system as they can now see patient hospital discharge summaries and a subset of lab results. They are finding this hugely helpful, particularly in fulfilling their long-term conditions management roles.

People can opt out of the scheme if they wish to but the benefits of the system mean few are expected to take that option.



Health literacy

Transferring knowledge and skills to people and whānau.

Do you ever struggle to understand the medical information you are given? You are not alone, and a new BOPDHB initiative aims to do something about it.

'Health Literacy' is the ability to access, process and use information to make appropriate and informed decisions. People with a good understanding of their health condition, and who receive information they need in a way they can understand, often manage those health conditions better.

"People have told us that the health system and the information we provide is sometimes complex," said BOPDHB Integrated Healthcare Programme Manager Sarah Davey. "Often the information is given in 'medicalese' using medical terms that are not common, or may have a different meaning in everyday life. Sometimes it is not provided in a format that people understand or engages them, there is too much information or it's conflicting.

"We are changing this and seeking to ensure that every service offered or funded by the DHB contributes to the transfer of knowledge and skills to whānau/family that enables them to self-manage their health conditions."

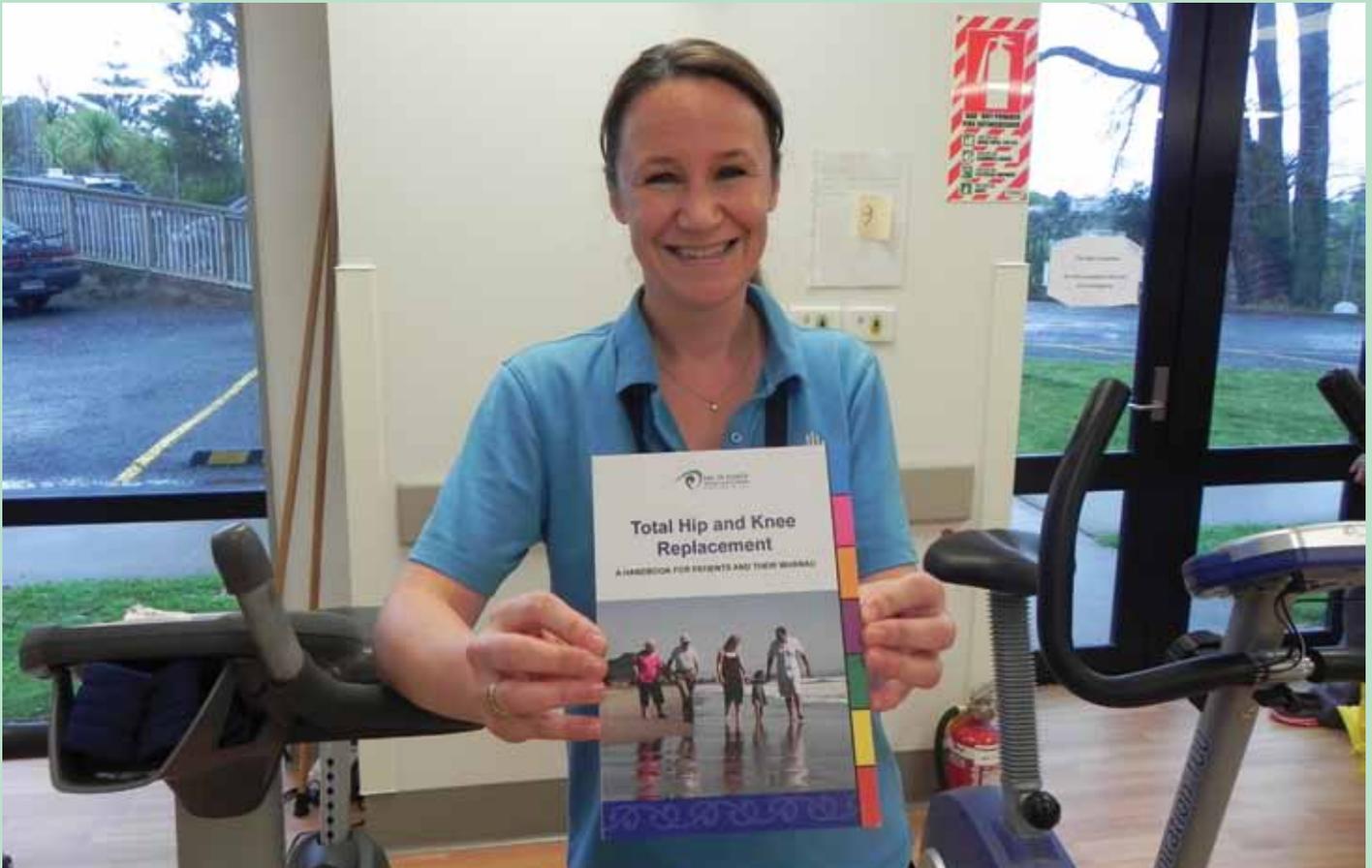
The BOPDHB has agreed on a work plan for improving Health Literacy which is aligned with guidance provided in the Ministry of Health's Health Literacy Framework. This plan has been developed alongside the three primary health organisations with input from a broad range of stakeholders across the Bay of Plenty.

"An example of a recent improvement in our information is the Total Hip and Knee Replacement Handbook," said Sarah. "The book now replaces information that was being provided in a multitude of loose leaf brochures and pamphlets."

The book was developed with input from patients, patient advocates, clinicians and a health literacy advisor. It has translations in Te Reo Māori and the books have proven very popular. Now all patient information is reviewed in this way and with the assistance of a health literacy advisor.



Before – information was provided in several different brochures.



After - The new Total Hip and Knee Replacement Book.



Participants listen to Wiremu Matthew's presentation at the two day wananga on respiratory health at Pirirakau Hauora 'Te Oturu Oranga' in February 2015.

Engaging with whānau to improve respiratory health

Improving Māori respiratory health and health literacy was the focus of a successful two-day Wananga in the Bay of Plenty.

"Māori have much poorer respiratory health and health literacy skills compared with non-Māori, regardless of age or gender and this is likely to have a negative impact on their health status," said Nga Mataapuna Oranga Chief Executive Officer Janice Kuka.

Respiratory conditions are a leading cause of avoidable admissions to hospital in the Bay of Plenty. A two-day event was held at Pirirakau Hauora 'Te Oturu Oranga' to address the issue in February 2015.

"The focus of the wananga was to help improve the respiratory health and health literacy of our workforce and whanau through a collaborative approach in producing a local community respiratory health literacy action plan," said Janice.

Wananga organisers Nga Mataapuna Oranga Whanau Ora Collective (NMO) aim to empower the workforce with knowledge and skills so they can in turn assist whanau to better manage

their health and prolong life expectancy. The event featured key speaker presentations and six breakout workshops over the two days. The three key speakers were: Strategic Advisor to the Ministry of Health – Māori, Dr Tristram Ingham; Registered Nurse and Māori Health Researcher, Bernadette Jones; and President Māori Pharmacists Association, Wiremu Matthews.

The kaupapa and content of the Wananga attracted a high quality audience, all of whom contributed positively and played a key role in determining four priorities for action in the following 12 months.

These priorities were to: establish a community working group (made up from participants who attended the wananga); engage in workforce development (health literacy training in respiratory health); develop a local directory; and develop a community respiratory plan.

"Participants came away from the Wananga with a better understanding of the impact of respiratory conditions on Māori and the importance of training people who work with whanau to support and empower them understand their own health," said Janice.

Why I became a consumer representative

Dorothy Stewart describes being part of this year's Quality Account working group



Why did you decide to become a consumer representative?

This is a role I have undertaken for various organizations. I draw on the broad community networks I belong to in addressing issues from the perspective of the consumer. I have been a Volunteer Community Coordinator (VCC) working with the Office of Senior Citizens, a member of the Consumer Representative Network (MCA), the Tauranga Elders Forum and the Health Information Consumer Forum with the Health Information Strategy Action Committee and represent the National Council of Women on the Tauranga Community Health Liaison Group. I have been involved with Age Concern at a national level and continue to be locally in Tauranga and through them, as well as the Tauranga Community Health Liaison Group, I keep abreast of issues affecting our community, particularly those concerning the older person.

Tell us a little about your role and what you do

Some examples include attending a forum on Engaging Consumers conducted by the Health Quality and Safety Commission, and a forum with schedulers discussing how to reduce non-attendances at Outpatients Clinics at our DHB. More recently I accepted an invitation to join the Quality Account Working Group as a consumer representative. This group reviews and reports annually on quality and safety activity within our DHB. Already I have found it enlightening and hope my contribution will present and argue the consumers' point of view. I certainly feel my voice and those I speak for is heard in this working group.

How do you feel about the feedback you are able to provide?

I have wide community networks and am therefore connected with many people from diverse backgrounds. By listening and being aware of their issues and concerns I believe I can bring a grass roots perspective to matters usually addressed by those from within the medical establishment. I hope, therefore, to enhance decision making through consumer engagement.





From left: BOPDHB Chair Sally Webb, Occupational Therapist Nick Stanley, Registered Nurse Kim Winters, Consultant Stroke Physician Mohan Datta-Chaudhuri, Pharmacist David Mansell, Social Worker Caron Nuttall, Speech Language Therapist Natalie Oakley, Nurse Leader Medical services Sandra Fielding and Clinical Nurse Manager SHSOP Fay Mattson.

Stroke Unit

Stroke Unit Innovation - Implementing Evidence in Practice for Patients Benefit

Giving stroke sufferers the best chance of long-term recovery was the driving force behind the creation of a Stroke Unit at Tauranga Hospital.

Stroke affects 9000 New Zealanders every year and is the nation's third largest cause of mortality. From the moment a stroke hits a patient it is a race against time game to determine how that person will emerge the other side.

60,000 stroke survivors live in New Zealand and many are disabled needing significant daily support. Research demonstrates that patients admitted to a well-organised acute stroke unit (ASU) are more likely to be alive, independent, and residing at home one year after stroke.

It was this background which prompted the development of a dedicated ASU at Tauranga Hospital. Six beds in the Health in Ageing (HIA) Ward were identified to form the new ASU; the number of beds being based on stroke incidence and previous stroke patient bed utilisation. The ASU opened on 21 January 2013 with the aim of:

- enabling stroke patients the best chance of survival
- optimising functional outcomes
- facilitating appropriate thrombolysis in ischaemic stroke
- implementing education and ongoing training of staff.

The ASU's performance was assessed after six months and the results showed Tauranga's ASU was equivalent to that of the top half of hospitals in the UK.

"These patients are benefiting from a dedicated and extremely passionate multidisciplinary team (MDT)," said Consultant Stroke Physician Mohan Datta-Chaudhuri. "This innovation facilitates the transition of evidence-based care into practice allowing all stroke patients the chance to achieve the best possible outcome."

There has been significant progress in the two years since the Stroke Unit opened and this includes broad-ranging and ongoing education.

"Regular multidisciplinary education for staff has been introduced to enhance the knowledge and skills of both medical and other MDT staff," said Registrar Dr Gemma Helme. "The lead consultant took the initiative to expand stroke education to GP practices and covered about 20 practices in the BOP. There has been regular stroke education for the Emergency Department staff to raise stroke awareness including thrombolysis.

"The Stroke Team has also introduced a patients and carers education programme in the day room on the ward. Former patients from the stroke unit participate as speakers and are inspirational in the recovery and rehabilitation of current patients."

A co-ordinated thrombolysis service was also introduced in Whakatāne towards the end of 2014, with a small stroke care ward with two beds.

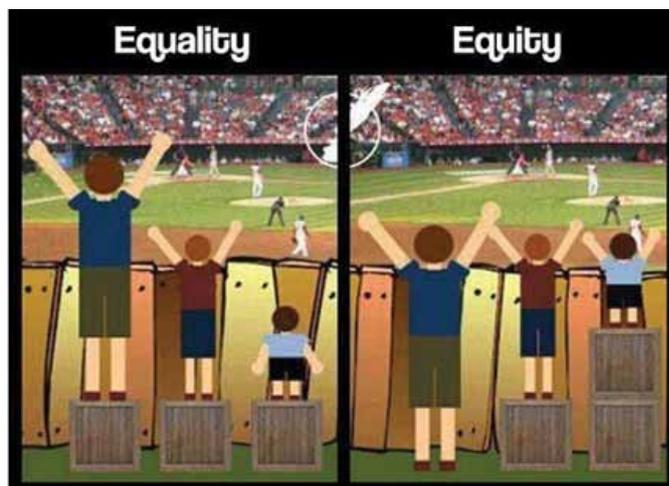
Health and equity for the population

Overview

Health equity is a measure of the differences in health status between different population groups. Differences based on gender, age, ethnicity, income, education, geography, or disability can be caused by many factors. Inequity implies the gaps in health status between different population groups are preventable and are therefore unjust and unfair.

In the New Zealand healthcare setting, the starkest inequities have been between Māori and Pacific, and other ethnic groups. This section highlights two areas where the BOPDHB is providing leadership and new service development to reduce health inequities:

- Development of the Māori Health Plan Innovation Tool.
- Establishment of a range of initiatives to reduce the numbers of Māori (and Pacific) children and young people diagnosed with acute rheumatic fever.



Monitoring Māori health

New national monitoring tool aims to accelerate Māori health improvement.

A new web-based monitoring tool which seeks to speed up Māori health gains by increasing access to health performance information has been launched.

The Māori Health Plan Monitoring Tool is the brainchild of BOPDHB doctor George Gray said Riki Nia Nia, Chairman of the national Māori General Managers Group Tumu Whakarae.

“All DHBs must now have a mandatory Māori Health Plan,” said Dr Gray. “Those plans indicate what each DHB is going to do to progress performance against a set of 16 health indicators relating to Māori. Until now DHBs have had a number of mechanisms, of varying quality, which checked ongoing performance against those indicators. Standardising the DHBs approach to monitoring is a gap that this tool fits.”

“There are multiple examples of Māori having poorer health system experiences and that flows on to poorer outcomes and poorer life expectancy. To change that requires ongoing performance improvement.”

The monitoring tool works on a similar basis to the Ministry of Health’s quarterly Health Targets, which give greater visibility and accountability to how a DHB is performing.

Similarly, Māori health information on all 20 DHBs will include

performance trends, rankings against other DHBs, disparities between Māori and non-Māori, as well as links to seminars on ‘best practice’ by the nation’s top performers.

Graphs are colour-coded to show how a DHB is performing against each of the 16 health indicators. The tool is updated every 24 hours with the latest available Ministry of Health data.



“We’ve tried to keep it as simple and visual as possible,” said Dr Gray. “Anyone can access this information at any time and it’s a user-friendly, intuitive interface. The aim is to encourage change and improved performance by increasing the availability of health information.”

“This tool will give transparency to performance. DHBs can see whether the initiatives they are using against a certain indicator are working and if not they can try others,” added Dr Gray.

Mr Nia Nia said the development of the monitoring tool would assist in accelerating Māori health improvement. The development of the Māori Health Plan Monitoring Tool has been sponsored by Tumu Whakarae and funded by the Bay of Plenty, Capital & Coast, Hawke’s Bay and Waitemata DHBs. Access to the Māori Health Plan Monitoring Tool is available at www.trendly.co.nz

Rheumatic fever prevention and the Healthy Housing Programme

The Government has set an ambitious Better Public Services target to reduce the number of new cases of acute rheumatic fever in New Zealand by two-thirds by June 2017. The BOPDHB has had a moderately high number of cases for many years (on average eight cases per year from 2009/10 to 2011/12) and is striving to reduce that number to three by 2016/17.

A broad range of preventive programmes have been put in place in recent years:

- addressing housing and social risk factors
- preventing sore throats from Group A Streptococcal infection affecting the heart; improving access to healthcare in schools or by GPs for children and young people with sore throats
- improving the delivery of the Bicillin injection programme, so those diagnosed with acute rheumatic fever do not have further infections which can impact even more on their heart
- ensuring children and young people hospitalised with acute rheumatic fever, or rheumatic heart disease, are given the best treatment and follow-up to monitor their ongoing health.

We take a closer look at one of these initiatives – the Healthy Housing Programme.



Healthy Housing Programme

People's living conditions are a recognised factor in contracting rheumatic fever.

Acknowledging this, the Ministry of Health has funded the BOPDHB for a programme to improve the housing conditions of families with youngsters at risk of getting, or already diagnosed with, acute rheumatic fever.

“Living in crowded housing conditions is more likely to spread the Group A Streptococcal bacterial infection amongst family members,” says BOPDHB Health Equity/Public Health Portfolio Manager Brian Pointon.

“Crowding can be ‘structural’ if there are more occupants in the house than can be easily accommodated with the number of bedrooms available. Or the crowding could be ‘functional’ where the house is cold, damp and mouldy, and the family sleeps in fewer rooms than they can afford to keep warm.”

After consent has been received by the family, their home and availability and use of heating are assessed, and then a range of solutions recommended. These could include:

- placement in a larger, drier and mould free home if they are renting privately or with Housing NZ
- installation of ceiling and underfloor insulation
- provision of firewood, or portable or fixed heaters. Because of the dangers from un-flued gas heaters these are removed
- installing mechanical ventilation in the bathroom and/or kitchen to prevent condensation and the growth of mould
- supplying bedding, carpeting, beds, or curtains
- referring to Work and Income and Budget Advisory Services to ensure that the family is receiving its full entitlement to benefits or other Government subsidies.

All services are free to the family. The programme is delivered in the Western Bay by Tauranga Community Housing Trust and in the Eastern Bay by Sustainability Options Ltd. It began in March 2015, with 43 referrals received up to 30 June. The programme will continue until at least 31 December 2016.

PATIENT VOICES



[Patient] was dying of cancer and was moved to the whānau/Palliative room which provided better support for both [the patient] and the increasing whānau members arriving to the hospital as the whānau distress was being sent out into the community. Later that night the patient, his partner and family expressed their wishes “to go home”. The team sprang into action to make this happen for the patient and whānau. [The patient] passed away at 2.40am and his wishes were met. Thank you so much to you all. His passing at home was as important as the day he was born.

Value for public health system resources

How the BOPDHB is ensuring maximum health benefit from available resources

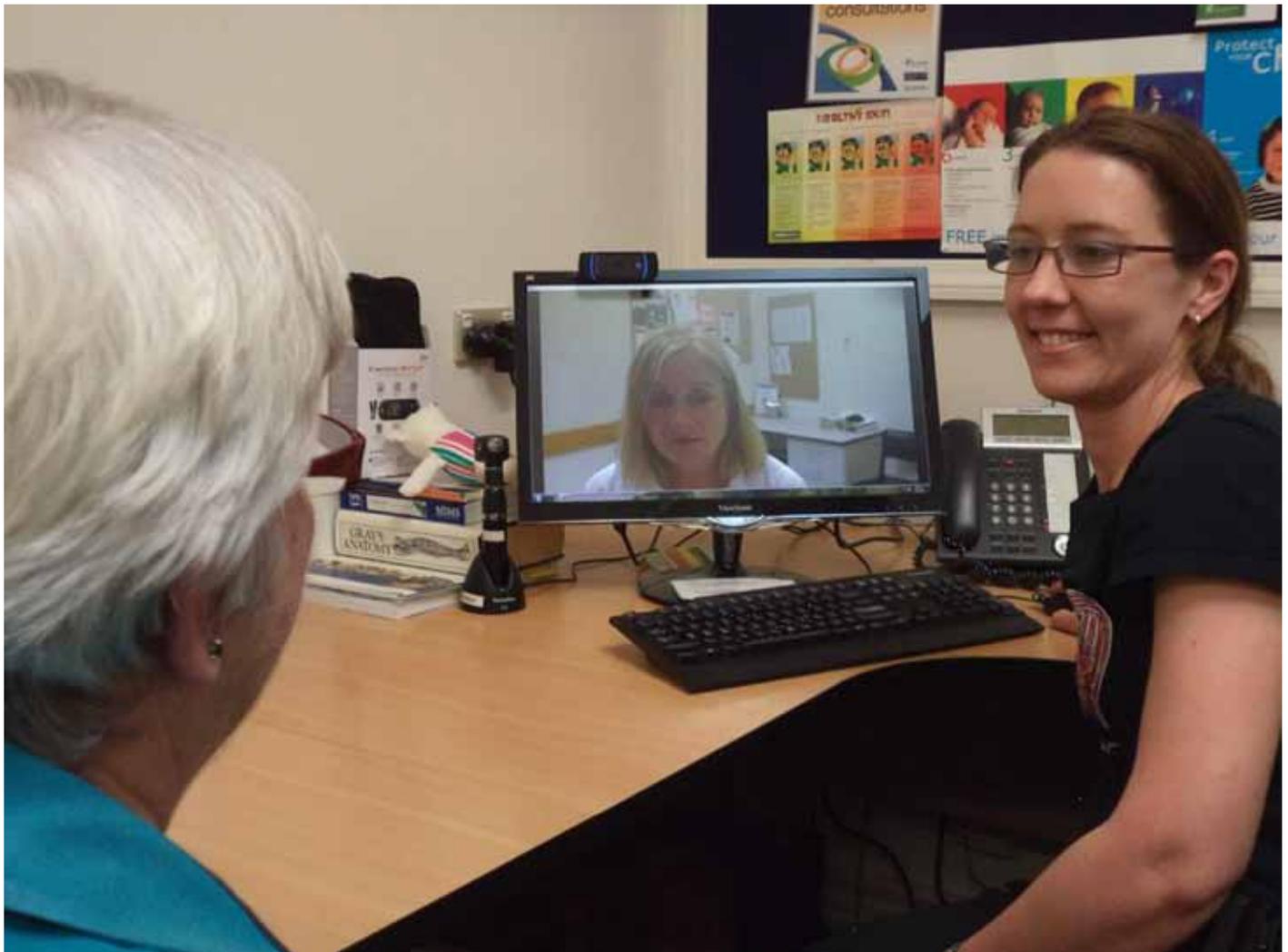
The BOPDHB strives to deliver high quality health services to the Bay of Plenty community in the most efficient way possible. Our Integrated Health Care Strategy (detailed in the following pages) is an essential part of this, helping us identify opportunities for integration with our partners and community.

As our DHB has one of the fastest growing populations in New Zealand, including a large number of elderly and Māori people, there continues to be a growing need for the services we provide.

This, coupled with a climate of fiscal constraint, makes it even more critical that we prioritise value for money, be innovative and focus on system improvement.

Over the last year, a number of initiatives have been underway to improve the way we deliver services in a resourceful way, including the Telehealth Demonstration project (a joint initiative with the Ministry of Business Innovation and Employment and the National IT Health Board).

“Telehealth services allow doctors to make patient assessments via video links when patients and doctors are not in the same physical location,” says Planning and Project Manager Sharlene Pardy. “The technology enables services to more easily reach rural and remote parts of the region in a cost effective way and helps to better align finite clinical resources with need.”



Nurse practitioner Isabel Raiman (on screen) and registered nurse Ellen Walker (right) conduct a telehealth consultation with a patient.

Priorities for improvement

For the BOPDHB, 2015/16 is about focussing on delivery of the vision of the Integrated Healthcare Strategy with a particular focus on coordinated care, health literacy and access to patient information. At the centre of this work are the needs of people, their families and whānau.

We will also continue to focus on meeting the needs of the Minister, the Ministry of Health, the Board and Rūnanga, and our population with a specific focus on children and youth, health of

older people, reducing health inequalities through the delivery of our Māori Health Plan and closing the disparity gap, and improving the treatment of long-term conditions.

Relationships with other agencies are central to the achievement of our outcomes. Underpinning what we do as an organisation is our Health Excellence Quality Framework. This framework sits firmly aligned to the New Zealand Triple Aim and was adopted to assist us to achieve the highest quality healthcare and manage all the components of the organisation as a unified whole, so that our plans, processes, measures and actions are consistent.

Integrated Healthcare Strategy

Making integrated healthcare a reality

Ensuring the Bay of Plenty's huge and complex healthcare sector works as one for the benefit of the patient and their families is the ambitious goal of the BOP Integrated Healthcare Strategy 2020 (IHS).

Introduced in last year's Quality Account, the IHS is a plan to foster the whole Bay of Plenty health system to work together to integrate their services and co-ordinate care better.

"Our vision is that by 2020 Bay of Plenty health services will be centred on the needs of people, their families and whānau," said Integrated Healthcare Programme Manager Sarah Davey. "People will be able to easily access services when required; healthcare workers will be able to seamlessly transfer care between settings when needed; and people will be empowered to manage their own health and to share in decision making."

The Strategy, developed collaboratively with the three Primary Health Organisations, and associated action plan encompasses seven interlinked themes (as shown in the following diagram).

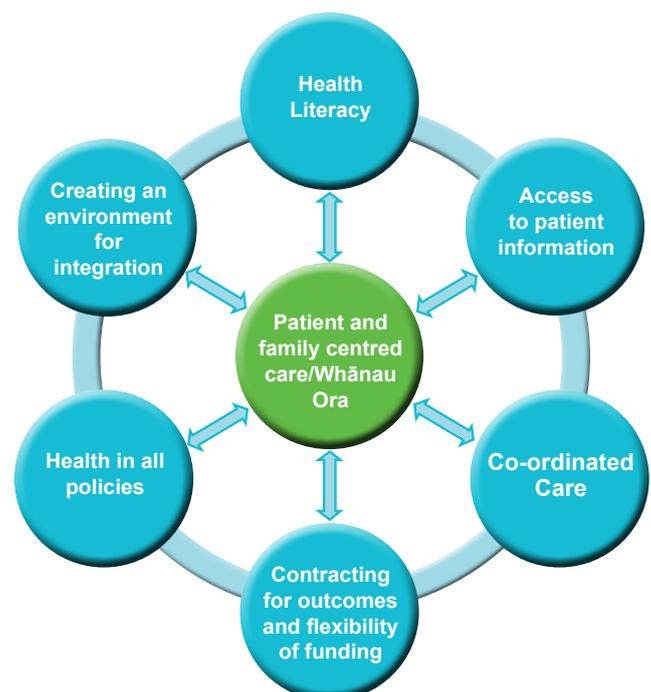
Over the last 12 months, progress has been made across all seven themes and actions. Highlights include:

1. BOP amongst top DHBs in National Patient Experience results.
2. Primary care and BOPDHB working together to make health language easier to understand.
3. More than 390 community-based health professionals can provide safer and more co-ordinated care with the ability to view patient records and notes stored in the hospital clinical data repository, Éclair.
4. Data governance group established and providing oversight of information sharing initiatives;
5. Bay Navigator set to broaden its focus to be the leading mechanism and brand for connecting and communicating change across the health system;

6. More healthcare workers engaged in learning about quality improvement through the IHI Open School.

In addition to the system level improvement, the Strategy is being used as a 'lens' that can be applied to service level improvement initiatives prioritised by the Bay of Plenty Alliance Leadership Team. Highlights include:

1. A new integrated Model of Care is approved for Community Nursing.
2. Opotiki Locality Planning project closer to agreement on future integrated service model.
3. Acute Demand Management network agrees on top initiatives for action to reduce demand in the Emergency Department for care that can be managed in general practice.
4. PHOs and the DHB radiology department have worked together to deliver a more integrated community referred radiology service resulting in a more stream-lined service.



1. The Health Quality and Safety Commission works towards the New Zealand Triple Aim for quality improvement, which is defined as improved quality, safety and experience of care, improved health and equity for all populations and best value for public health system resources.

Community nursing

Community Nursing Services aim for better integration

Avoiding unnecessary duplication leading to a more efficient service for patients is the goal of a community nursing services integration project.

“It has long been recognised that there are opportunities to reduce duplication, enhance services in the community and provide services closer to home,” said Integrated Healthcare Programme Manager Sarah Davey.

There is presently a wide range of nursing services delivered in the community including district nursing, school-based nursing programmes, long-term condition management, rheumatic fever, health target related activity, cancer care, Well-child Tamariki Ora, GP outreach services for high needs patients, and advanced Kaupapa Māori Nursing Services.

“The responsibility for the management and delivery of district nursing has been a widely debated discussion point at local, regional and national levels for a number of years,” said Sarah. “In 2014, the BOPDHB with the Primary Health Organisations signalled their intent to work together to explore and maximise service improvements in community nursing services. The Community Nursing Service Level Alliance Team (CNSLAT) was established to explore and develop recommendations.”

The aims of the project are:

1. Development of a more integrated, patient-centred model of care underpinned by a Whānau Ora approach;
2. Better coordinated care for people in their homes;
3. Strengthening general practice as the patient’s medical home; and
4. Making best use of nursing workforce and resources to release time to care, maximise impact and reduce administration.

Input and advice was sought from a range of stakeholders and patients, providers, advocacy groups, professional clusters and unions. Feedback was collected through: two open forums in Tauranga and Whakatāne; group-specific workshops; an online



Attendees sharing their ideas at the Open Forum in Whakatāne in February 2015

survey; and patient brochures.

“We heard lots of comments from people about how valued the nursing services were but also a number of opportunities to improve,” said Sarah.

The vision and paper outlining the Model of Care developed can be viewed at: <http://www.bopdhb.govt.nz/your-dhb/community-nursing-integration-project/>

“We are optimistic that the improvements proposed for the next three years will foster a more joined up way of working together, improved experience of care for patients, improved health and equity for the population, and better value for the public health system,” added Sarah.

Faster cancer treatments

Improving cancer treatment pathways and health outcomes for Māori is the aim of an exciting project set to be launched in 2015/16.

“Cancer continues to have significant inequalities with higher Māori incidence (20% greater) and higher Māori mortality (80% higher),” says BOPDHB Personal Health/Chronic Conditions Senior Portfolio Manager Mike Agnew. “Māori are also more likely than non-Māori to have their cancer detected at a later stage of disease spread.

“Residents of more socio-economically deprived areas are more likely to develop cancer, less likely to have their cancer detected early, and have poorer survival rates than residents of less deprived areas.

“Our project will initially focus on barriers to access in the Eastern Bay of Plenty with the aim that what is learnt there can be applied to improve access across the entire region.”

Improving outpatient attendance

Missing outpatient appointments can impact on a patient's health and wastes valuable public funds, no wonder combatting DNAs (Did Not Attends) is a focus area going forward.

"Failing to attend an appointment may mean a patient does not get the care and advice they need," says BOPDHB Service Improvement Unit Programme Manager Jen Boryer. "Some patients don't want or think they don't need an appointment. Some are unable to make the time or date. But if they don't cancel or change their appointment - it is a lost opportunity for another patient to have that appointment."

The BOPDHB is keen to open up the conversation around DNAs and explore what can be done to improve the situation from both the patient's and the DHB's perspective.

"We are focused on reducing the things that make it hard for patients to attend appointments," said Jen. "We are talking with our patients to hear from them what changes we need to make to ensure it is clear when and where their appointments are."

A variety of options are being explored including:

- Trialling a system whereby patients decide if they need a follow-up appointment when their condition is largely resolved and we would usually offer a "last check" appointment. Patients can then choose and ring for a final appointment if they feel they need it
- Ensuring text reminding is in place
- Trailing a customer service centre to address patient questions or requests from a central point
- Developing a dedicated webpage to make information about appointments easier to find.

"We are looking to be more flexible in the way we contact patients and are developing systems to suit e-mail, text and direct calling rather than relying on letters," says Jen. "The way we write our letters and e-mails is also a focus to ensure the most important information is clear and easy to understand."

"Some GP Practices are also supporting their patients to attend by ringing them in the week before their appointment."

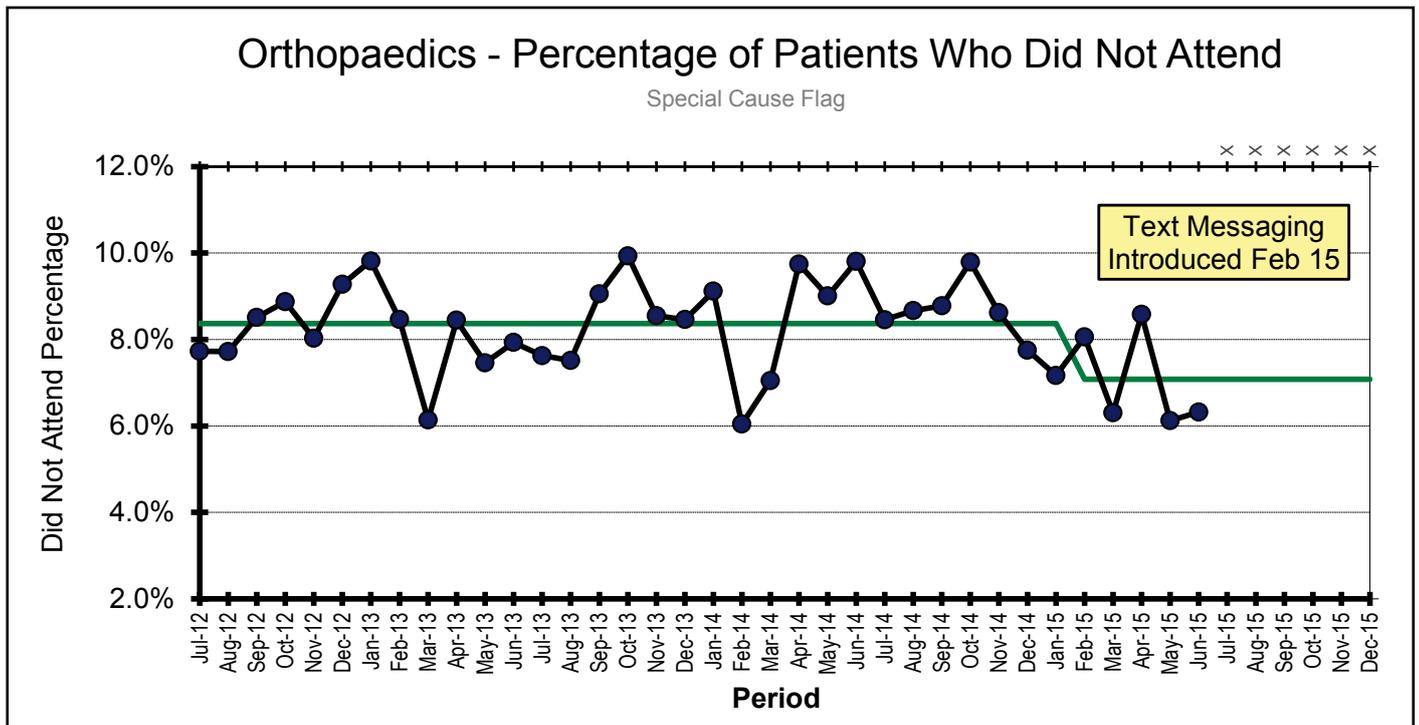
"This is valuable as the relationship for some patients with their GP means that they feel more comfortable to ask more questions or change appointments to suit them."

Patients who did not attend their appointments are also being surveyed to find out why, a process which could further highlight areas for improvement.

PATIENT VOICES



I recently attended a Pain Management Programme at Tauranga Hospital. I have been a chronic pain sufferer for over 15 years now. I cannot speak highly enough of the team, Prya Beharry, Clinical Psychologist, Heather Griffin Physiotherapist, Marg Harvey, Occupational Therapist, that provided this course. It was very well planned and executed. We were treated with respect, compassion and patience. I found the course to be very beneficial to me and the follow up phone calls for the following three months were useful in keeping me on track and having the ability to ask any questions I had. It has really helped me to take control of my pain and I now have the tools to be able to deal with it going forward.



Strengthening quality improvement capacity

“I have realised that it is not enough just to be a good doctor. To be effective there needs to be a good system and I can play a part in improving it.” Jack He, House Officer, Whakatāne Hospital

To improve the health experience and quality of care provided at the BOPDHB whilst ensuring we make the best use of resources, it requires all of us; our staff, patients and their families and whānau, and our communities to be involved.

At the BOPDHB, we aim to create an environment that empowers healthcare professionals to improve the way they work and to

improve patient care, not only within their departments but also across the healthcare setting and within our communities. Over the last two years, more than 1200 hours of training has been completed by 250 staff providing practical skills and access to a range of tools on quality improvement and patient safety. The training adopts the Institute for Healthcare Improvement (IHI) Model for Improvement, an approach that uses a simple way of identifying areas for improvement and then testing innovative ideas on a small scale.

The development of a dedicated Quality Improvement (QI) Residency for junior doctors is an example of our future focus and intends to be extended across other healthcare staff groups.

Quality Improvement Residency for junior doctors

In November 2014 the BOPDHB launched a new Quality Improvement (QI) Residency for junior doctors, giving them dedicated time to learn quality improvement leadership skills and explore new ways of delivering patient care.

Dr Holly Donnelly was appointed the BOPDHB's first QI Resident.

“Being the first participant in the QI Residency, it would be fair to say I was naïve to what it fully entailed,” said Holly. “Quality Improvement’ was but a vague memory from medical school where a total of one assignment was completed on quality improvement in six years of study.

“Nonetheless, I was eager to learn something new that I could add to my practice (and CV). The protected day from clinical ward work was something different and added an additional incentive.”

The residency provides a dedicated day each week for junior doctors to spend time alongside the Service Improvement Unit, to learn new skills and to develop and test ideas with their colleagues. The opportunity to develop the QI Residency with junior doctors was led by Dr Hugh Lees, Medical Director using existing workforce capacity with no impact on clinical care.

“The residency itself was laid out in a relaxed and self-directed way with little in the way of deadlines, which I really enjoyed,” said Holly. “This allowed me to take ownership of my own learning and project – something that has encouraged me to continue my project after completion of the residency.

“My understanding of quality improvement gained considerable new meaning and purpose from the Model for Improvement learning modules. The regular input and mentoring I received from my clinical mentor, Dr Joe Bourne and quality improvement mentor Suzanne Round provided a genial and thought provoking learning environment.”

Quality improvement initiatives delivered by the QI residents



have included improving the documentation of patients' treatment requirements as part of their hospital admission, preventing low blood sugar levels in at-risk new born babies, and reducing waiting times for women with a post-menopausal bleed.

“In addition to learning new skills and undertaking my own quality improvement project – the residency itself has opened other opportunities up for me which have made it all the more worthwhile,” added Holly. “I was grateful to be offered the opportunity to attend and present my project at the Health Roundtable conference in Brisbane on End of Life Care. In addition to this, the QI residents and I recently presented at our internal Grand Round and the response we received was very encouraging for further movement in this area.

“I feel the residency has provoked awareness amongst junior doctors and perhaps others about the relevance of quality improvement in our everyday practice and I'm very happy I signed up.”

Over the last eight months, five junior doctors have completed the QI Residency including: Dr Holly Donnelly, Dr Guy Fisher, Dr Jack He, Dr Anna Timmings and Dr Georgina Hodgson (all pictured below excluding Georgina).

Antenatal
Audiology
Neurophysiology (EEG & EMG)
Occupational Therapy
Physiotherapy
Sleep Services (Studies & CPAP)
Social Work
Speech & Language Services
Surgical Pre Assessment Unit
Aukati KaiPaipa - Quit Smoking Clinic



Radiology
Orthopaedic Outpatients
Chapel



Glossary of terms and abbreviations

Term or abbreviation	Meaning
ACP	Advance Care Planning
APU	Admission and Planning Unit
ARRC	Aged Related Residential Care
ASU	Acute Stroke Unit
Bacteraemia	An infection of the blood; sometimes called Septicaemia
BOPDHB	Bay of Plenty District Health Board
cardiovascular	Involving the vessels of the heart
Cefazolin	This is a type of antibiotic
CL or CVL	Central Line or Central Venous Line - a type of tubing that is inserted into a main vein.
CLAB	Central Line Associated Bacteraemia
Clinical pathway	Refers to a patient's journey from referral through to treatment, follow-up and surveillance, including any testing required; also known as patient pathways.
CNE	Clinical Nurse Educator
CVD	Cardiovascular disease
DHB	District Health Board
DNAs	Did Not Attends
ED	Emergency Department; sometimes called Accident and Emergency Departments (A & E).
Elective surgery	Planned surgery rather than emergency or acute surgery
ERAS	Enhanced Recovery After Surgery
FLO	Frontline Ownership
FSA	First Specialist Assessment
Non-contact FSA (ncFSA)	Refers to an assessment and written plan of care based on health records and test results.
GP	General Practitioner; your local doctor
HHNZ	Hand Hygiene New Zealand
HIA	Health in Ageing
HQSC	Health Quality & Safety Commission
ICU	Intensive Care Unit
IHI	Institute for Healthcare Improvement
IHS	Integrated Healthcare Strategy
Indicators	Refer to information that is collected to measure key points along a patient's clinical pathway
IPIF	Integrated Performance Improvement Framework
MDT	Multidisciplinary Team
MoH	Ministry of Health
MoH Targets	Key national performance targets that are set by the MoH
Orthopaedic	Involving the musculo-skeletal system (muscles and bones)
Opioid medication	Medication that relieve pain
Patient pathway	See clinical pathway
PDSA cycle	'Plan, Do, Study, Act' cycle refers to a method of testing changes for improvement.
Post-op or post-operative	After a surgical operation
Pre-habilitation	Physiotherapy aiming to physical readiness for surgery
Pre-op or pre-operative	Before a surgical operation
PHO	Primary Health Organisation sometimes referred to as primary healthcare
Q1, Q2, Q3, Q4	Refers to quarters of the financial year; quarter 1 is the first quarter of the financial year = July, August, September.

QSM	Quality and Safety Marker
RN	Registered Nurse
SAE	Serious Adverse Event
SSHW	Safe Staffing Healthy Workplaces
SSI	Surgical Site Infection
Tumour specific standards	National standards of care for cancer patients
Ultrasound	Ultrasound scanning involves exposing part of the body to high-frequency sound waves to produce pictures of the inside of the body.
VPAC	Volunteer Patient Advisor Committee





This Quality Account has been prepared by the Bay of Plenty District Health Board's Quality & Patient Safety Service in association with senior management and with input from the Patient Advisory Committee and Consumer Representatives.

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