



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Bay of Plenty District Health Board 2014 Quality Account



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

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Welcome to our Bay of Plenty District Health Board's 2014 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.

Set out in this Quality Account are only a few of many quality and patient safety initiatives that we continue to support. We are proud of our achievements but acknowledge there are still opportunities for improvement. In this report we also outline some of the priorities for improvement that will provide a focus for our quality and patient safety work in the coming year. These include a number of patient safety programmes that are operating as part of the national Patient Safety Campaign 'Open for Better Care'.

Others also reflect a growing understanding - at a local, national and international level - about the important part that family can play in the ongoing wellbeing of patients and the medical decisions that may need to be made. Those who have received healthcare also provide a valuable resource in helping to shape our future.

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

Sally Webb

Chair
Bay of Plenty District Health Board

Phil Cammish

CEO
Bay of Plenty District Health Board



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Welcome to Tauranga Hospital

Nau Mai Ki te Whare Tūroro o Tauranga



Whaiā ngā tohu i raro iho nei mō te Tari e
hiahiaia ana e Koe

Please follow the directions below to the
department you are visiting.

Cafeteria (Whare Kai)
Chapel (Whare Karakia)
Credit Union
Kaupapa Social Workers
Lifts
Medical Day Stay
Orthopaedic Outpatients
Outpatients Department
Pharmacy
Public Toilets (Whare Paku)
Radiology, General X-ray,
Ultrasound, CT Scanning,
Barium Studies
Surgical Admission Unit
Wards



Leadership Statement

The Board and Executive have continued to provide guidance and oversight in the development and implementation of the BOPDHB's quality and patient safety activities.

A key feature of the development of this Quality Account has been the input of members of our staff, including those who have direct involvement in our many quality activities. The Board and Executive are heartened by our staff's drive to create an environment in which quality and safety are at the heart of everything we do and also one where our CARE values are reflected in all our services.

Progress continues to be made not only in the key areas defined and described in this report but also in creating an appropriate physical and emotional environment for our patients, staff and those with whom we interact.

We commend the Health, Quality Safety Commission's (HQSC) initiative and look forward to continuing to build on our gains to date.

We endorse the efforts highlighted within these pages, as a reflection of the ways in which we strive to treat you as an individual, to understand your experience and to meet your expectations of receiving expert and compassionate care in a clean, safe, friendly and comfortable setting.

By listening to you, we've been able to make significant improvements to the care we give and we're including you in our decision making from the top of the organisation down. We hope you enjoy reading our 2014 Quality Account and find it informative and interesting.

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:

Phone: (07) 579 8176

Email: qualityandpatientsafety@bopdhb.govt.nz

Website: <http://www.bopdhb.govt.nz/>

Postal address:

Quality and Patient Safety Administrator
Private Bag 12024
Tauranga 3134

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

Acute Care Reception Childrens Ward

Te Whare
Whakarata
Whakarata

Introduction

The 2014 Quality Account aims to provide both a retrospective and forward-looking report of the quality and safety of service and the improvement plans in place at our DHB. We look at how we performed in relation to national programmes that are aimed at improving New Zealand's healthcare system as well as local activities to improve safety, quality and patients' experience.

Nationally these include:

- the Ministry of Health's six health targets
- reporting serious adverse events (SAEs)
- the Health Quality and Safety Commission's quality and safety markers (QSMs).

In addition we report on local initiatives that relate to:

- quality, safety and patient experience
- health and equity for the population
- value for public health system resources.

In the last section we look at our priorities for improvement for the coming year, and report on our systemic approach to building workforce capacity in quality improvement.

Glossary of terms and abbreviations

To support health literacy, we have included a glossary of terms and abbreviations in this year's Quality Account. Readers can find the glossary at the back of the publication.

Patient voices

Reflecting our increasing understanding of how important our patient's voices are, we have included Patient Voices throughout this year's Quality Account. Whilst it is important for us to understand a wide range of experiences, these have been selected from the many complimentary expressions of appreciation we receive.

PATIENT VOICES



Last week I suffered a heart attack and was admitted to the unit at Tauranga Hospital where stents were inserted in my arteries. The purpose of this communication is to express my appreciation for the care which I received in hospital and the quality of the facilities.

We are very fortunate to have such a facility which is manned by staff dedicated to providing superior healthcare to patients. I was continually impressed as staff exceeded expectations in caring for myself and other patients and the way in which they provided it. Everyone displays a happy disposition and nothing is a problem for them. It is a very happy environment which makes recovery that much easier.

Staff displayed true team spirit and appear happy in their work. On more than one occasion I saw staff go out of their way to assist another staff member who was under pressure. Even since I have returned home I have been contacted by the hospital to make sure I know what to do in case I suffer another event.

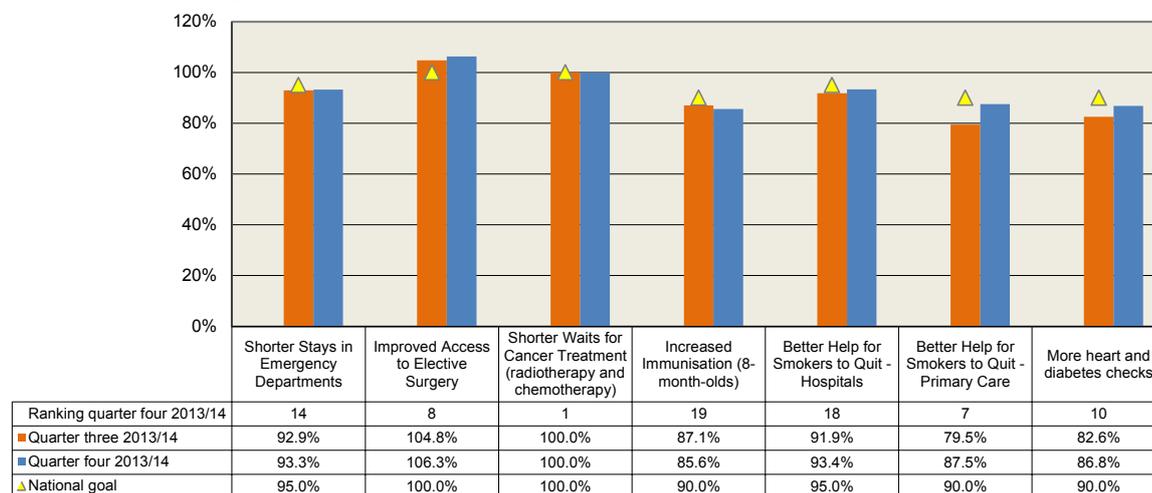
My experience was limited to the pre-admission ward and the cardiac care unit but given the experience in those wards I am confident the standards are replicated in other wards. It is a facility to be proud of and I thank all concerned for the care which I received.

Ministry of Health Targets

Ministry of Health's six key targets - performance improves significantly for Bay of Plenty population.

Health Targets are set by the Government for New Zealand's 20 DHBs and are reviewed annually to assess alignment with health priorities. The six targets focus on improving the health sector's performance in key areas:

Bay of Plenty health targets quarter four 2013/14 results



Target results are as at 30 June 2014.



Health Target 1 - Shorter Stays in the Emergency Department

The target: 95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.

The BOPDHB maintained its performance of 93% in Q4 against the ED six-hour target despite increasing patient numbers at both Tauranga and Whakatāne EDs. The Q4 and Q3 results of 93% follow successive quarterly performance improvements in the first half of the financial year (Q2: 92% and Q1: 90%). A number of projects, including one evaluating the availability of resources and their responsiveness to demand surge at night, have helped sustain this performance.



Health Target 2 - Improved Access to Elective (Planned) Surgery

The target: an increase in the volume of elective surgery by at least 4000 discharges per year.

New Zealand's 20 DHBs planned to deliver 152,287 discharges for the 2013/14 year, and have delivered 9646 more. The BOPDHB met and exceeded this target meaning more elective surgeries for the people of the Bay of Plenty. It delivered 2418 elective surgeries in Q4 against a target of 2198, exceeding the target by 220 procedures.



Health Target 3 - Shorter Waits for Cancer Treatment

The target: all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy.

The BOPDHB met the 100% target for access to both radiotherapy and chemotherapy in all four quarters, meaning every patient that was ready for treatment received that treatment within four weeks.



Health Target 4 - Increased Immunisation

The national immunisation target of 90% relates to eight-month-olds having their primary course of immunisation at six weeks, three months and five months on time by July 2014 and 95% by December 2014.

A Q4 result of 86% represented a 1% decline on the 87% Q3 result. The BOPDHB is working with the Ministry of Health and key stakeholders to identify and address all areas that could progress performance towards the attainment of this target.



Health Target 5 - Better Help for Smokers to Quit

The target: 95% of patients who smoke and are seen by a health practitioner in public hospitals, and 90% of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

Public Hospital Target

A Q4 result of 93% against this target represented the second successive increase in performance, following Q3 and Q2 results of 92% and 90% respectively.

A Hospital Smokefree Coordinator has been recruited who will work with clinical staff to help attain the target of 95% of patients receiving the appropriate advice and support to quit.

Primary Care Target

The Primary Care target is another which showed consistent improvement and one for which the BOPDHB tracked 2% above the national average. A Q4 result of 88% followed Q3, Q2 and Q1 results of 80, 77 and 74% respectively."



Health Target 6 - More Heart and Diabetes Checks

The target: 90% of the eligible population will have had their cardiovascular risk assessed in the last five years - to be achieved by July 2014.

The performance of our primary and community health partners improved four percentage points from 83% in Q3 to 87% in Q4, moving the BOPDHB up to a ranking of 10th against other DHBs.

As well as an improved performance, what the result meant was that more and more people had their CVD risk assessed, putting them in a positive position to be able to manage and make choices about their personal health.

Trevor Richardson
Manager – Decision Support Unit

PATIENT VOICES



I was admitted to your hospital on the 19th of January 2014 due to damage to both my lower legs, these have now healed. I would like to thank all the staff involved and commend you for running a first-class facility. I was very apprehensive on arriving in hospital but your nursing team put me at ease with their caring concern assuring me all would be well. I don't know where one finds these caring people and I consider them a good example to the rest of us.

What can I say about your surgical team? Well they were very professional in a very sensitive caring manner and I am very impressed by the whole team.

Good News for Bay Of Plenty Cancer Patients

Bay of Plenty cancer patients will no longer have to travel for their radiotherapy as more cancer treatments become available in Tauranga towards the end of 2014. BOPDHB Chair Sally Webb said a state-of-the-art \$32 million radiotherapy facility is being built on the Tauranga Hospital campus.

“This is such good news for our cancer patients who require radiation treatment as they will get their treatment closer to home, while still benefiting from being part of the wider Midland Cancer Network. The new facility has been developed by the BOPDHB in partnership with Bay Radiotherapy Services Ltd, and will allow us to offer a more complete cancer service to the people of our region.” Sally Webb, BOPDHB Chair.

Managing Director of Bay Radiotherapy Services and BOPDHB clinician Mark Fraundorfer described the environmentally-advanced facility that will accommodate two linear accelerators and a state-of-the-art CT scanner used for planning patients' treatments.

“We all agreed this building would be an example of sound and innovative environmental and clinical planning. Solar panels on the roof will provide energy for the linear accelerators, with the cooling and heating systems also solar driven,” he said.

PATIENT VOICES



I am writing to let you know how much I appreciate the care I have been receiving at Tauranga Hospital over the last six months. I had never been admitted to any hospital before mid-November last year when my GP sent me to the Emergency Department. That started an ongoing process and I have been most appreciative and happy with the care and attention I have received in Emergency, Surgical, Oncology, Day Stay and the Eye Clinic as I have been treated for diverticulitis, a cancerous tumour on the bowel and a badly torn retina.

The staff - doctors and nurses - have been great, treating me and seemingly everyone else in a friendly, informative and highly professional way. Without their attention to detail the potentially fatal tumour would not have been found. I (hear) there are some criticisms of Tauranga Hospital at various times but in my experience the opposite is the case and praise is deserved and earned, not just for the medical staff but also for the support staff. While I wish I had not needed to use the services of the hospital, I am more than happy with the treatment I have received at Tauranga Hospital over the last six months.



Reporting Serious Adverse Events (SAEs)

Keeping our patients safe and reducing harm.

“Reporting SAEs is another important step in improving health outcomes for patients. Being open when care fails is key to learning how to ensure that the next person who enters our system is less likely to be exposed to the same risk. The reporting of SAEs is not about apportioning blame, it is about learning from incidents that happen in order to prevent a recurrence, where possible.”

BOPDHB CEO Phil Cammish.

Serious adverse events (SAEs) are events which have generally resulted in harm to patients. A serious adverse event is one which has led to significant additional treatment, is life threatening or has led to an unexpected death or major loss of function.

DHBs are required to review these events and report them to the HQSC. The Serious Adverse Event Report supports our continuous quality improvement, focussing on shared learning to improve systems and minimise the possibility of future incidents.

You can review the BOPDHB’s annual Serious Adverse Event Report by going to our website www.bopdhb.govt.nz. It is located

under: Your DHB > A-Z Publications > Serious Adverse Event Report. You can also view the annual nationwide reports on the HQSC’s website www.hqsc.govt.nz. They are located under: Our Programmes > Reportable Events > Serious Adverse Events Reports.

Nine serious adverse events met the criteria for reporting in this period. Of those eight related to falls in hospital and one related to a death as a result of sepsis secondary to peritonitis.

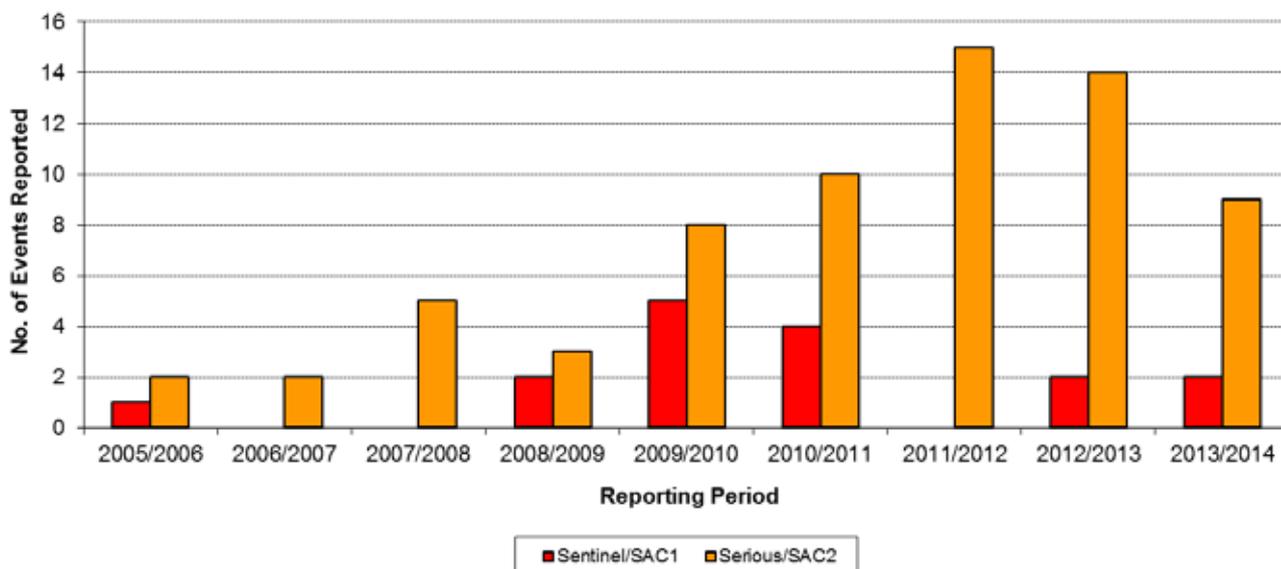
A significant amount of work has been done to reduce harm caused from falls with specific focus on completing and documenting a falls risk assessment. When required, this can include documenting early recognition of patients who might fall and ensuring they have a falls care management plan to minimise the risk of them falling.

Debbie Brown
 Manager – Quality and Patient Safety



Overview of Serious Adverse Events - 1 July 2013 to 30 June 2014

National Event Reporting 1 July 2005 - 30 June 2014



Quality and Safety Markers

QSMs were developed by the HQSC in 2012. The purpose of QSMs is to assist in improving patient safety in New Zealand and make the best use of healthcare resources.

QSMs are made up of process markers and outcome measures, developed for a specific health quality and safety area. 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:

- falls that result in fractures can be reduced by up to 30%
- central line associated bacteraemia rates can be reduced to fewer than one per 1000 bed days
- surgical complications can be reduced by about a third
- potentially adverse drug events can be reduced by around a quarter.

Formal reporting on the QSMs commenced in June 2013 when baseline data for falls, perioperative harm, CLAB and hand hygiene were reported. We aspired to reach the thresholds that had been set for these QSMs:

- 90% of older patients are given a falls risk assessment
- 90% compliance with procedures for inserting central line catheters

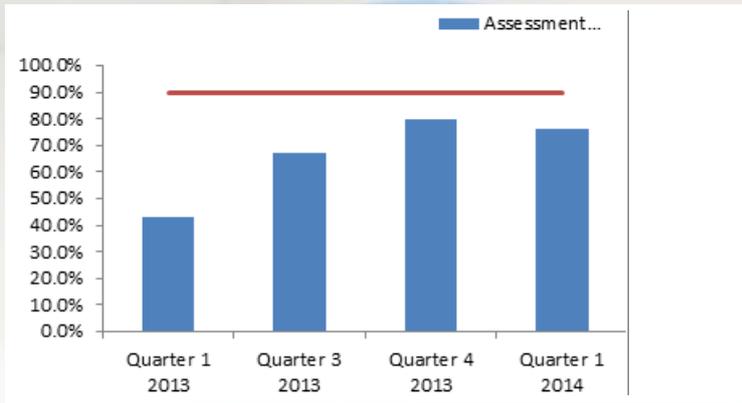
- 70% compliance with good hand hygiene practice
- all three parts of the WHO surgical safety checklist used in 90% of operations.

Since that time surgical site infection (SSI) measures have also been collected and reported on. The QSMs have given visibility to how we are performing and have driven or sustained improvement. Our biggest success has been a 35% improvement with hand hygiene and the biggest challenge is with falls risk assessment although we have made good strides, we have not yet met the threshold.

Process markers are best practice processes or interventions known to lead to reduced harm and improved outcomes for patients.

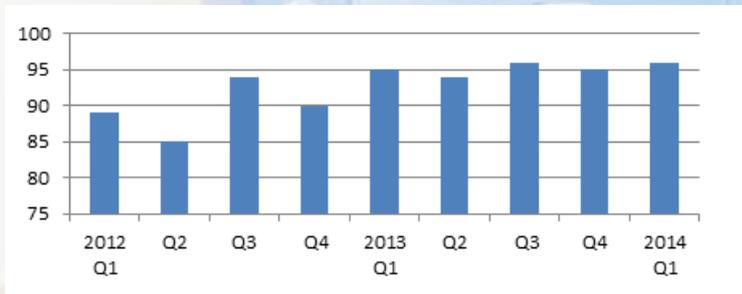
Outcome measures capture the expected reduction in harm, improvement in health, and associated cost savings from the interventions put in place.

1. Falls risk assessment compared with threshold

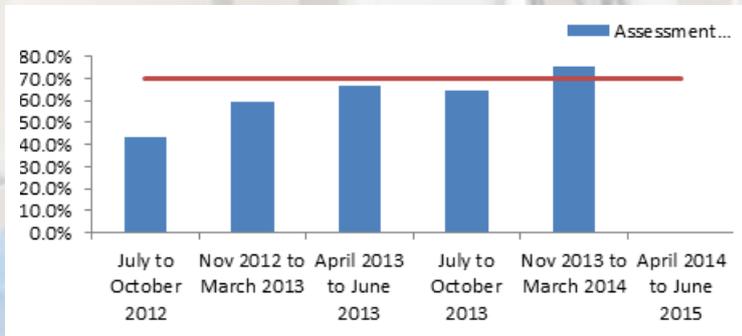


2. Healthcare associated infections

a) Compliance with best practice for the insertion of central venous lines:



b) Hand hygiene compliance compared with threshold



DHB name	2013		DHB name	2013	
	Q3	Q4		Q3	Q4
Wairarapa	50	100	Capital & Coast	100	98
Waikato	86	99	Lakes	96	95
Auckland	97	98	Bay of Plenty	72	93
Lakes	100	98	Auckland	85	93
Mid Central	91	98	Tairāwhiti	100	92
Canterbury	94	97	Wairarapa	88	92
Capital & Coast	93	96	Northland	47	90
Whanganui	90	93	Hutt Valley	0	89
Waitemata	87	92	Counties Manukau	74	78
Tairāwhiti	90	91	Waikato	76	77
Taranaki	93	91	Waitemata	65	72
Bay of Plenty	96	90	Whanganui	9	69
Northland	98	89	Nelson Marlborough	26	69
Hawkes Bay	95	88	West Coast	13	61
Nelson Marlborough	92	87	Canterbury	46	54
Hutt Valley	99	86	South Canterbury	77	50
South Canterbury	96	83	Southern	22	45
West Coast	87	83	Hawkes Bay	11	36
Counties Manukau	50	70	Taranaki	15	21
Southern	77	68	Mid Central	2	0
New Zealand average	85	90	New Zealand	55	68

Using the Safe Surgery Checklist

The safe surgery checklist is a common sense approach to check that the correct surgery is being performed on the correct patient.

Harm associated with operations can impact on the emotional and financial wellbeing of patients, cause longer hospital stays, ongoing health effects, preventable deaths, and extra costs for the health system. The safe surgery checklist is a common sense approach to check that the correct surgery is being performed on the correct patient.

Over 300,000 surgical operations are performed in New Zealand's public hospitals each year and in most cases excellent care is provided and no problems are encountered.

The checklist covers key safety checks to be performed by the surgical team at specific times before and during every operation. It includes things like checking that the surgical team has the right patient and that they are intending to perform the correct operation and it provides a structure to assist teams in good teamwork and communication.

Surgical teams at our DHB have responded positively to the challenge of consistently using the checklist. They are supported by senior and executive staff who endorse and promote the use of the checklist.

Our Clinical Nurse Educators (CNEs) provide training material and information about the checklist to all new staff as part of their orientation to the perioperative department where it is now mandatory for all nursing staff to complete the training every 12 months. The CNEs also provide follow up sessions to staff involved whenever a checklist is found to be incomplete.

Each quarter we audit how well we are doing by looking at how the checklist was used for over 110 operations across both Tauranga and Whakatāne during that period. The graph below includes our results for the most recent quarter which ended on 30 June 2014

when we reported 92% compliance. This is above the national target of 90% which appears as a red line on the graph below.

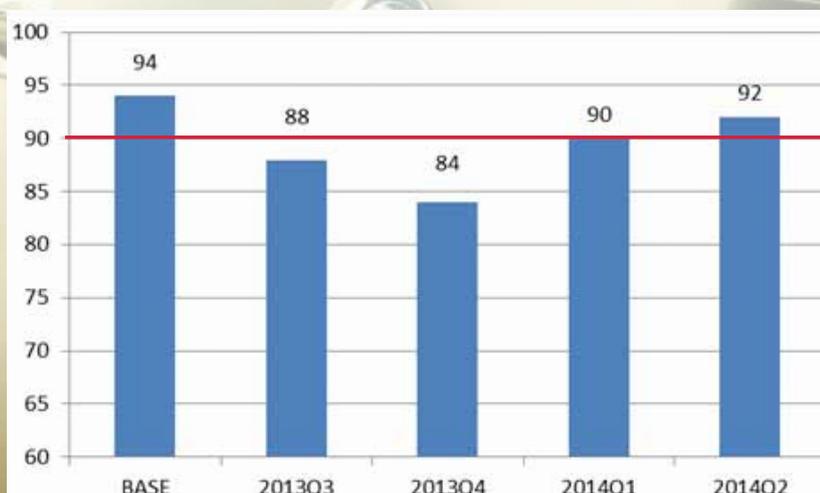
The HQSC's (Health Quality and Safety Commission) patient safety OPEN campaign is currently focussing on reducing harm from surgery and this provides a further level of endorsement by highlighting the issue nationally and by providing resources. Perioperative staff have taken the opportunity to review current practice and to improve staff engagement with the checklist as a tool for supporting a team approach and improving patient safety culture.

Ros Jackson
Nurse Leader Anaesthesia, Radiology and Surgical Services

Troy Browne
Medical Leader Anaesthesia, Radiology and Surgical Services



Above: Patient Safety Leaders Ros Jackson and Troy Browne.



Organisation Compliance Report - Bay of Plenty DHB

Start Date: 2014-04-01

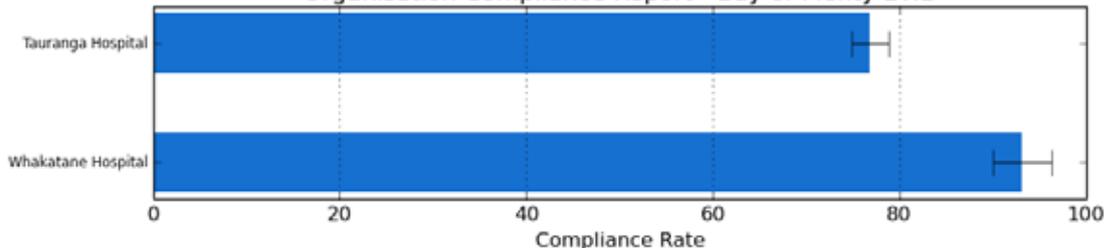
End Date: 2014-06-30

Audit Period: HHNZ National Audit June 2014

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Bay of Plenty DHB	1,682	2,114	79.6%	77.8%	81.2%

	Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1	Tauranga Hospital	1,356	1,764	76.9%	74.8%	78.8%
2	Whakatane Hospital	326	350	93.1%	90.0%	95.3%

Organisation Compliance Report - Bay of Plenty DHB



When gloves are taken OFF, the proportion of Moments that were MISSED is: 7.3%

When gloves are put ON, the proportion of Moments that were MISSED is: 16.7%

Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene 27.0% of the time

When healthcare workers correctly performed hand hygiene, the proportion of Moments where alcohol based hand rub was used was 89.0%

Preventing Healthcare Associated Infections (HAIs)

Complying with the 5 Moments of Hand Hygiene

The HQSC is driving improvement in the safety and quality of New Zealand's healthcare through the national Patient Safety OPEN campaign. Hand hygiene has been selected as a QSM although BOPDHB commenced the programme in 2009.

Auditing of hand hygiene compliance in District Health Boards (DHBs) throughout the country is also a key component of the Hand Hygiene New Zealand (HHNZ) programme. Auditing takes place three times a year and data submitted to the HQSC via HHNZ. The national threshold for compliance with the five moments of hand hygiene is set at 70%.

At the end of the March 2013 audit period, BOPDHB achieved 59% compliance and was rated 18th of 20 DHBs. However, by the end of the audit period April 2014 to 30 June 2014 BOPDHB had achieved 79% compliance and rated 2nd of 20 DHBs. This improvement was the outcome of considerable focus by all staff including the work of the Hand Hygiene steering group, the gold auditors and Hand Hygiene champions.

*Julie Robinson
Director of Nursing*



Preventing Surgical Site Infection

In hospitals around the world surgical site infection (SSI) is the second most common type of healthcare associated infection (HAI) and occurs in around two to five per cent of patients who undergo surgical procedures. Many SSIs are considered to be preventable however, until recently, there was no standardised national approach towards preventing them in New Zealand.

BOPDHB has undertaken SSI surveillance using international methods since 2010 and contributed to the development phase of the national programme during 2013. In the latter half of 2013

the national programme was rolled out to DHBs across New Zealand with the aim of driving SSI prevention practices and continuous quality improvement, as well as contributing national and international efforts to improve patient safety.

HQSC has concentrated on improving practice in three key areas to prevent SSI and we encourage patients to play a role in improving patient safety around preventing SSI as well.

Lorraine Wilson
 Coordinator – Quality and Patient Safety

Key area	How we are doing
Rather than shaving an area of skin to prepare for surgery, hair should be clipped so as not to cause cuts and abrasions to the skin.	Policies and practices that reflect this best practice have been in place since around the mid-1990s.
Before some operations, patients are given preventative antibiotics and we now collect information on whether the right dose was given at the right time.	Right dose: 90% and now 100% following review and update of antibiotic policy. Right time: 100% compliant.
Before some operations, the area of skin is prepared by painting with an antiseptic solution prior to the surgeon cutting into the patient and we now collect information on whether the right solution was used.	Tauranga: 100% compliance Whakatāne: 68% and now 100% compliance following changes to remove less effective solutions from our stock shelves.

After your operation:

- clean your hands with soap and water or an alcohol-based hand rub
- if you're worried a doctor, nurse or other health care worker may have forgotten to clean their hands, it's OK for you or your family/whānau to remind them.

What do I and my family/whānau need to do before I go home from hospital?

- Ask your doctor or nurse to explain everything you need to know about taking care of your wound.
- Before you go home, make sure you have the name and contact details of the health provider or hospital to call if you develop signs or symptoms of an infection.

Name of health provider/hospital:

Contact number:

Always clean your hands before and after caring for your wound.

What hospitals are doing to prevent

...doctors, nurses and other health

Hands and arms up to their elbows with

...just before the operation

...gloves, masks, gowns and gloves during

...to keep the surgery area clean

...hair around the operation site using

...ers – not a razor, which could irritate the

...it easier to develop an infection

...tics before your surgery starts

...the operation site with an antiseptic

... (germs)

... with soap and water or an alcohol-

...before and after caring for you and

What can you and your family/whānau do to help prevent SSIs?

Before your operation:

- Tell your doctor about other health problems you might have, such as diabetes – these could affect your surgery and your treatment
- If you smoke, talk to your doctor or ask to be referred to your local smoking cessation programme for support to stop smoking before your surgery – patients who smoke get more infections
- don't shave where you will have surgery.

At the time of your operation:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved rather than clipped
- ask if you will get antibiotics before surgery.

FOR PATIENTS

...Patients with SSIs also need more surgery to treat the infection.

Quality, Safety and Patient Experience

A critical voice in making healthcare services safe and in improvement processes is the patient and/or their family.

Keeping patients safe from harm is a top priority for staff at the BOPDHB. Every point in the process of care-giving contains a certain degree of inherent risk. Whilst we do our very best to ensure patients are not harmed sometimes they are. Our focus in these instances is on understanding what went wrong and how we can improve our systems and processes to make sure it does not happen again.

A critical voice in making healthcare services safe and in improvement to processes is the patient and/or their family. Their experience/stories help us understand what happened, what is important to them and guide what we need to do to improve things.

Our Board now regularly opens its meeting with a patient story. These are presented either in person, video or written format.

Debbie Brown
Manager – Quality and Patient Safety

PATIENT VOICES



.....arrived by ambulance about 6pm to A&E at Tauranga Hospital. Twenty minutes later was met by a doctor who took time explaining how serious his condition was. From that point on surgery was scheduled for the evening. The two anaesthetists and Mr Thwaite took time to reiterate the possible outcomes. This amazing and professional information and treatment continued after surgery care in ICU. I cannot thank all the staff enough for the care and may I say the professional concern in meeting my needs.....the overall experience was one of the highest professional standard. ICU staff outstanding. Doctors informative in the most part. I would love to name many staff in person, however Julia in ICU was the most outstanding, understanding and of the highest professional standard. Thank you Julia.

PATIENT VOICES



My sister was recently in Tauranga hospital for surgery. Needless to say it is not usually a pleasant experience to be in hospital.

I live in Christchurch so there is very little I could do for her except to send my thoughts, love and best wishes. Whilst searching the Tauranga hospital website for a florist (which does not exist), I stumbled upon the "email a patient" button. What a fantastic idea and wonderful opportunity to be able to efficiently pass on my message. My sister received the email in recovery when she woke up.

I just wanted to pass on my thanks to the clever little technology team.



Partnering with Patients and Families – Better Together

Isolating patients at their most vulnerable time from the people who know them best places them at risk for medical error, emotional harm, inconsistencies in care, lack of preparedness for the transitions of care, and unnecessary costs. The BOPDHB has made changes to involve patients and family members in care planning and decision making as much as they would like to be.

The BOPDHB has eliminated restrictions on visiting for a patient's most important nominated support person. Making our patients and their families feel welcome and included in care decisions is very important to us, and the change from restrictive visiting policies means families are no longer treated as visitors, but are valued as members of the healthcare team. Families and loved ones can help improve care. Studies show that patients who have access to family and loved ones have reduced complications and stress, and improved experience of care while in hospital.

We started making changes early in 2014 by piloting open visiting hours in three wards and then rolling the changes out to other areas. A project team was assembled; including patient and family advisors, doctors, nurses, security personnel and receptionists. The team addressed staff concerns about new policies, training staff, changing signage language to make families feel welcome.

While the new approach means a nominated support person will have open access, that does not mean there are no boundaries. Consideration of patient safety and patient preference are paramount but now having a family member or loved one by the bedside will become the norm, instead of the exception, in every unit of our hospitals.

The BOPDHB is encouraging patients' family members and loved ones to be involved in planning and decision-making and in the transition to home. Not only do families and loved ones provide much-needed emotional support, they can help us do our jobs better and understand more about the patients than we could ever know.

A brochure has been developed for patients and their support person to provide helpful information in how they can be involved and to encourage them to trust their knowledge and insights about their loved one's values, daily life and past medical history. Their role as a spokesperson, advocate and supporter, can provide comfort and assistance for staff by sharing information and participating in aspects of care, especially if patients are too sick or overwhelmed to do this for themselves.

Averil Boon
Coordinator – Quality and Patient Safety

PATIENT VOICES



My wife was recently admitted to Tauranga Hospital in a very critical condition....I feel compelled to write this letter, as the commitment, dedication and attitude of all staff we came into contact with was outstanding. To say I was impressed would be an understatement. I can only describe the treatment, the care, compassion and consideration shown by all concerned, as nothing short of exceptional, and first-class plus. We also want to include the nurses that attended our home, to check on her, and administer antibiotics. Please pass on our gratitude to all staff concerned.

Health of Older People - Entry to Aged Residential Care

The Aged Residential Care service is a service that DHBs purchase for those over 65 who have health and disability related needs, and are assessed as needing aged residential care. Approximately 5.2% of people over 65 in the Bay of Plenty live in an aged residential care facility. This compares to a range of approximately 5-7% nationally.

Our DHB recognises the importance of supporting older people to remain in their own homes, healthy and independent, for longer and have supported this through the provision of home-based support services.

Home-based support services are traditionally delivered in people's homes as either personal care; for example showering, or household management; for example help with meal preparation, cleaning. This aligns with the BOPDHB strategic objectives to promote, improve, and support healthy independent and dignified ageing.

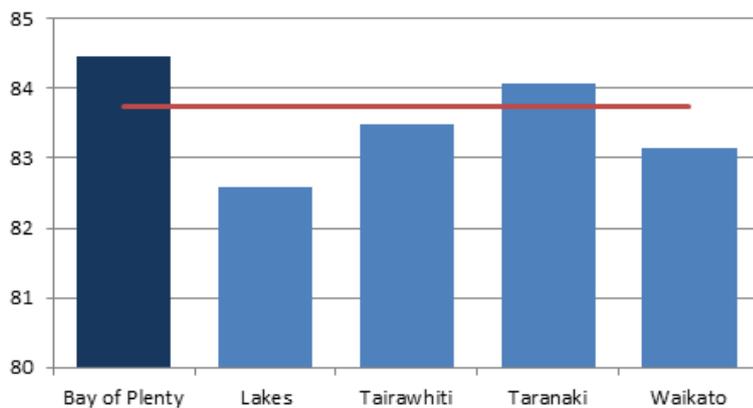
As a result of this we are seeing the number of people entering aged residential care declining overall, particularly at rest home level. The average age of Bay of Plenty residents entering aged residential care is also increasing. People often enter aged residential care requiring higher levels of care for psychogeriatric, hospital and dementia-type conditions.

One of the measures of success for the BOPDHB is ensuring that the proportion of the population over the age of 65 that is supported in long-term aged residential care is reduced. We are achieving this through the ongoing commitment into home and community-based support services.

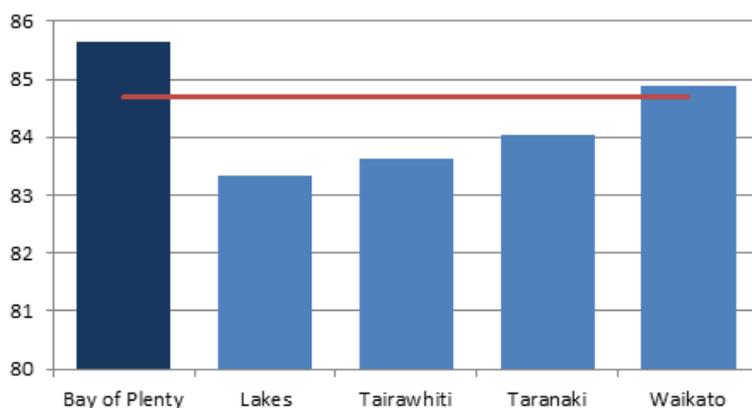
We are managing to keep older people in their own homes for a longer period of time before they are requiring residential care. The average age of people entering aged residential care at hospital level in the BOPDHB is 84.46 years in comparison to the Midland DHBs average of 83.5 years. The average age of people entering aged residential care at rest home level in the BOPDHB is 85.5 years in comparison to the Midland DHBs average of 84.2 years. Keeping older people in their own homes longer is suggestive of a healthier ageing population.

*Anna Thurnell
Portfolio Manager – Health of Older People & Palliative Care
Planning and Funding*

Average Age of Entry to ARC 2012/13 - Hospital Level



Average Age of Entry to ARC 2012/13 - Rest Home Level



National Orthopaedic Enhanced Recovery after Surgery (ERAS) Collaborative

By implementing ERAS for these groups we expect that our patients and their families will be more educated and engaged in their care and recovery, be happier with their care experience, have improved outcomes and reduced length of stay with fewer complications and less readmissions to hospital.

ERAS is an evidence-based approach to care. It is designed to prepare patients for, and reduce the total impact of, surgery helping them to recovery quickly. It is being implemented as part of a national collaborative improvement programme throughout 2014-2015 for patients undergoing hip or knee joint replacement and for patients with fractured neck or femur.

ERAS principles of care are focused on three key areas:

- **Preparing the patient for surgery**
Ensure the patient is in the best possible condition for surgery, identify any risks and start 'pre-habilitation' before admission or as soon as possible. A preoperative care plan is one of the most important parts of ERAS.
- **During surgery**
Close, proactive management reduces post-operative complications and enables patients to recover faster. It includes, but is not limited to, spinal anaesthesia with sedation, reduced use of opiates and close attention to fluid management.
- **After surgery**
Proactive management that eases pain, nausea and vomiting helps patients recover and mobilise as soon

as possible after surgery. ERAS reduces the time that patients spend in hospital while maintaining quality. It allows patients to return home and to normal activities quickly.

Patients are actively involved during all three phases. They are given information that lets them know what they can expect while in hospital as well as what is expected of them. By implementing ERAS for these groups we expect our patients and their families will be more educated and engaged in their care and recovery, be happier with their care and experience improved outcomes and reduced length of stay, complications and readmissions.

The project is being implemented using the Institute for Healthcare Improvement (IHI) model of improvement. This means changes are tested through small tests of change using Plan, Do, Study, Act (PDSA) methodology. Within the 2013-2014 financial year the focus for the project team was to identify the improvements that would be required to move from current practice to implementation of ERAS. This analysis then provided the team with action points. Throughout the first six months of the project there have been 11 different PDSA cycles tested. Some of these are still active, but most have been tested and subsequently implemented. This testing has been essential prior to protocol development and the patient information resources that are currently being developed.

Patient input is valued (patient satisfaction data has been collected as a benchmark) and a patient advocate is included on the project team.

Measures of progress are collected on a monthly basis and reported to the Ministry. These include milestones for the patient such as mobilising, and project milestones which

include implementation of components of ERAS, as well as organisational targets such as length of stay and readmissions. The patient profiles for the three groups have been developed and these also provide baseline statistics.

The ERAS orthopaedic project is building on the previous work completed during 2012-2013 implementing ERAS for a colorectal patient's project and the redesign of the elective orthopaedic pathway.

Wendy Carey
Project Manager- ERAS
Service Improvement Unit

PATIENT VOICES



Recently I had a fall necessitating my immediate admission to Tauranga Hospital. I am writing this because I wish to express to you, the Board, and the staff concerned, my appreciation and admiration for the prompt attention I received. From the Triage Department through to APU, Ward 2B, my needs received rapid, professional and courteous attention. At the risk of sounding emotional I might add that I was also impressed by the compassionate, personal care I received. Top marks!!



Kirsty French physiotherapist and Sophie Fox patient.

Patient Safety OPEN Campaign

Reducing harm to patients and improving their experience of healthcare.

The OPEN campaign represents the National Patient Safety programme of work which is funded by the Ministry of Health.

In striving for excellence, there is still more we can do to make healthcare safer for patients and their families. The HQSC chose four key areas that healthcare services in New Zealand are committed to making improvements in. These are reducing harm from falls, surgery, healthcare associated infections and medication safety.

The campaign aims to change staff behaviours and processes that will lead to improved care for patients in these areas.

Each DHB submits information to the HQSC about improvements we are making in hand hygiene practices, surgical site infection, reducing harm from patient falls and reducing perioperative harm. This information is displayed so each DHB can identify and learn from one another's successes.

The Midland DHBs are working together to share resources and promote safer care for patients across our region. For example, non-slip socks have been promoted nationally and are used by our patients to make it safer for them when getting out of bed.

Further information is available on www.hqsc.govt.nz/open

Ros Jackson
Nurse Leader – Surgical Services



One of our patients wearing non-slip socks.

Health Equity for the Population

“Health equity needs to be widely understood. It affects everyone, whether as a prospective parent, employer, employee, political leader or welfare beneficiary. Everyone working in a service delivery occupation needs to be able to alter their practice to reduce health inequities.”

From: Fact and Action Sheets on Health Inequities (2011), prepared by Tony Blakely and Don Simmers for the New Zealand Medical Association.

Health equity is about addressing the health gap between populations, specifically Māori and non-Māori. These gaps are seen when we start to look at the data and see there are alarming differences between different populations. It is important for the BOPDHB to ensure each of us can lead healthy thriving lives and by closing this gap we are bringing everyone to a place of optimum wellbeing. We will achieve this by having a targeted focus on helping those with the most need.

Last year we said we would improve the health gap, in particular between Māori and non-Māori in three key areas: addressing oral health rates in our children and youth; reducing breast cancer through more screening; and developing a pathway for those people living in the community with dementia and their whānau/family that care for them. It is good to see over the year that:

- oral health rates got better due to initiatives such as improving access to services and getting better information flow between services, which in turn helps our children to be seen more quickly
- more breast screening was undertaken: for example due to better access to Bay Radiology in Whakatāne, which meant more women could be seen and appropriately diagnosed
- the Uncomplicated Dementia Clinical Pathway was launched (February 2014), which meant there were more initiatives being identified to help people with dementia.

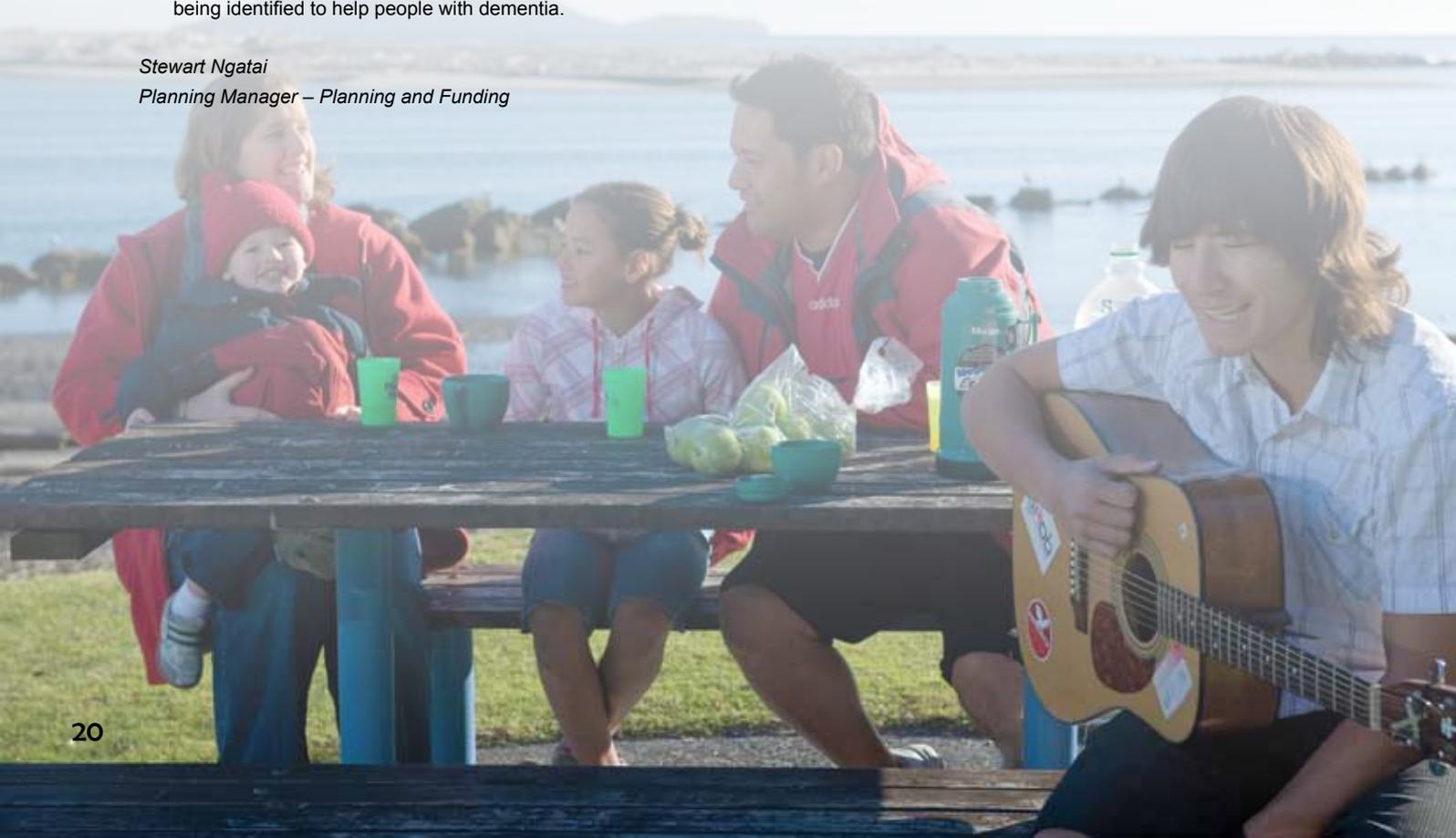
Stewart Ngatai

Planning Manager – Planning and Funding

PATIENT VOICES



Kia Ora. In April my husband was transferred from Whakatāne to Tauranga Hospital. He was taken to HDU and cared for whilst he awaited further surgery and of course later for about two-to-three days after. To the team of nurses who work in this department they are exceptional, so very professional and so very respectful. To Lindy and Yuhnm, their sharpness to detail for the care of my husband was outstanding. Thank you!! They were so reassuring and forthcoming in talking my husband through every detail of their care. For him although in pain and afraid of having two major surgeries within three weeks of each other in his whole 50 years of life was very frightening. But these ladies knew their job. So professional. To the doctors of that department also a big thank you. To Denise at reception you are awesome too!! I thank them for allowing me also the opportunity to attend to his personal care. Thank you.



Child and Youth – Promoting Oral Health

Good oral health is an important part of lifelong health and impacts on a person's eating and quality of life.

Dental caries (also known as tooth decay) is a complex, multifactorial disease, and is the most common chronic disease in childhood. Oral health is recognised as an important part of general good health. Promoting and improving oral health outcomes for the youngest members of our society will have lifelong benefits. Improvements can be measured by the percentage of Bay of Plenty children, both Māori and total, who have no cavities, fillings or teeth lost due to caries by age five.

What are we doing?

- Improving enrolment and access to our DHB-funded oral health services from birth and looking at ways of streamlining our enrolment processes, especially for pre-school aged Māori children.
- Ensuring that DHB-funded oral health services, including our Kaupapa Māori Dental Service, are accessible and responsive to the needs of all pre-school aged children, especially Māori.
- Pre-school administration will continue to liaise with clinical staff, communicate with parents/caregivers and will schedule appointments into preferential clinic times.
- Our oral health promotion team will continue to work with, and strengthen our links with, providers of pre-school health and pre-school education services.

Targets

We are working on increasing both enrolment and utilisation by pre-school aged children in the Bay of Plenty. We recognise that fundamental to the prevention of oral diseases in pre-schoolers, is the need to promote oral health at the earliest

opportunity. By linking all providers of pre-school health services in the community, this will ensure good oral health is collectively promoted, improved and maintained. Pre-school enrolments have improved over the past six months. We will also continue to ensure that oral health services are accessible, appropriate and address the needs of our pre-school aged children.

Rudi Johnson

Principal Dental Officer – Community Dental Services

PATIENT VOICES



My family and I express love and gratitude to all those members of staff who care for my husband during the last 10 years of his life. From admission to discharge he was given the best of care. He felt so comfortable coming to hospital that I would often send him in by ambulance alone (we had a grandson with ADHD to send off to school). Each person he came in contact with did their very best to meet his needs - then we do know you can't please everyone! Thank you to you all. I can truly say that going to hospital brought help that was so welcome. Aroha nui and God bless.



Māori Health - Reducing the Disparities in Breast Cancer

Breast cancer is the most common cancer in Māori and non-Māori women. However, breast screening rates for Māori women have lagged behind those of non-Māori in the BOPDHB and nationally. Breast screening aims to detect cancers at an early stage; with early treatment ensuring the best chance of a successful outcome. One of the key reasons why breast cancer rates are worse for Māori is that they are more likely to be diagnosed at a later stage.

Aim

The aim of the programme is to improve breast screening coverage and reduce the inequalities between Māori and non-Māori screening rates. By carrying out more breast screenings we increase the chances of being able to help and treat women much earlier. The methods of detection are improving with the ultimate in early detection known as 'predictive genetic diagnoses'. Survival rates are a reasonable indicator and some treatments such as Herceptin may provide a good outcome by treating breast cancer.

Did you know?

- Māori women are 14% more likely to develop breast cancer than non-Māori and have a 71% higher chance of dying from it.
- The risk of developing breast cancer increases with age.
- For older women, breast screening using mammography (breast x-rays) followed by appropriate treatment is the best way of reducing the chance of dying from breast cancer.

Changes in the breast screening service delivery model

The mobile service to Opotiki and Kawerau ended in late 2013 because it was decided that a comprehensive mammography and breast ultrasound service provided through one facility - based in Whakatāne - was a better long-term option for the people of the Eastern Bay.

A mobile digital mammography service can provide only part of what a community needs. The new facility at East Bay Radiology in Whakatāne provides access to a comprehensive breast imaging service. The service includes:

- screening mammograms for women who are eligible for the Breast Screen Aotearoa (BSA) programme
- screening mammograms for high risk women who fall outside the BSA programme criteria (for example criteria related to age), or who require more frequent imaging than they are eligible for through the screening programme
- diagnostic mammography and ultrasound; a higher proportion of breast cancers are diagnosed outside of the screening programme. General Practitioners (GPs) and private specialists refer women with symptoms to the DHB for investigation. These women have their diagnostic studies and

work-up performed at East Bay Radiology where services include mammograms, ultrasound, and biopsy procedures.

To ensure no women are disadvantaged, there are additional supports in place to assist any who need help to get to their mammogram appointment. This includes transport. Extra appointments and times are also available to accommodate any necessary changes (for example late nights and Saturday appointments) to make it more convenient for women who work full-time.

The Opotiki performance rate for women aged between 50-69 years has lifted by 5.5% in the 12 months to 30 June, 2014, however there is a lot of work that needs to be done. Breast screening performance has improved for eligible women in the Kawerau district which is shown in the data for 18 months ending June 2014.

Independent service providers and Primary Health Organisation (PHO) champions continue to support General Practices, in particular those practices that have a large population of patients who have high needs. The role of these champions is to help contact eligible women who are due or overdue for screening. Although performance over the past three years (June 2011 to June 2014) has increased by 15.3% the challenge is to maintain and improve on this gain. Priority focuses in 2014/15 are:

- working with General Practice to enrol and book eligible women
- working with employers, particularly those with a high Māori and Pacific employee base
- supporting mobile visits
- establishing key stakeholder groups to support mobile visits, as well as recruitment and awareness.

Kiri Peita

Portfolio Manager – Māori Health

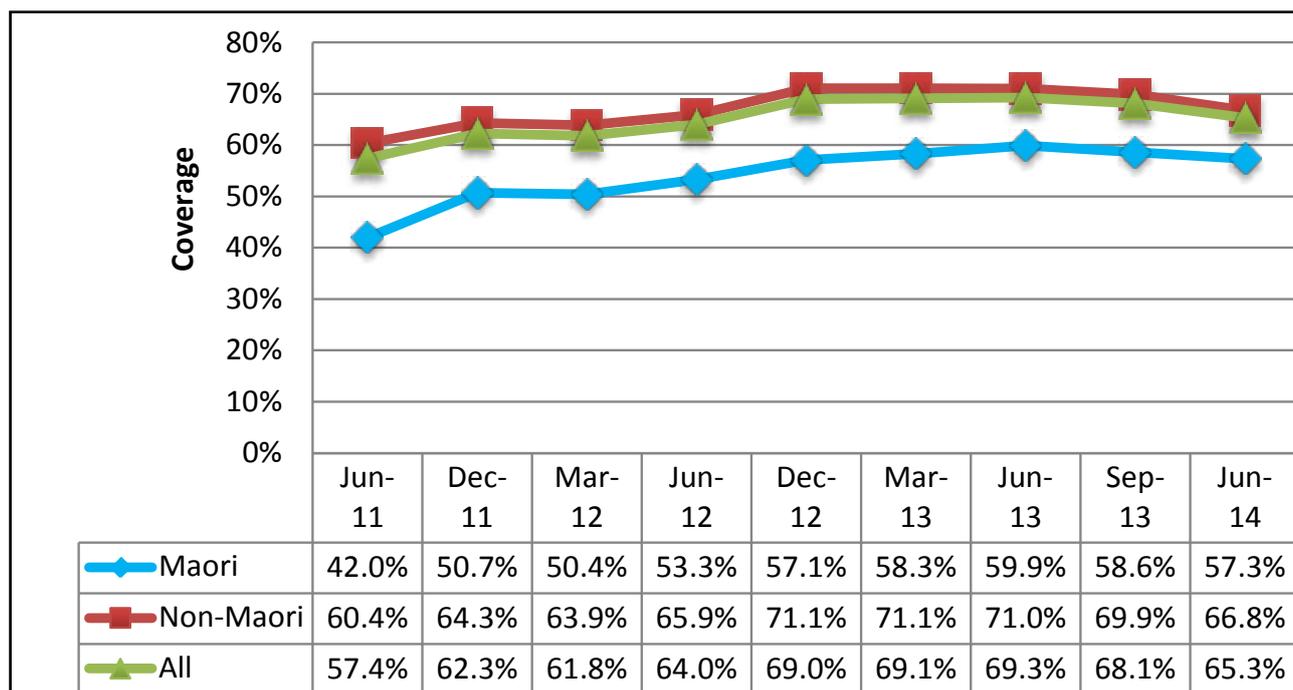
Māori Health Planning and Funding

PATIENT VOICES



Kia Ora, I would like to provide feedback on an amazing service provided by Cheryl Griffiths (Reception - Paediatrics) on two occasions in the past two weeks. I had the pleasure of seeing Cheryl explain the cultural sensitivity to an Indian family on how Māori do not sit on tables and they were very receptive and moved their child from doing this and positive about learning this Māori tikanga. I was impressed at how Cheryl explained this to them in such a positive manner helping her to grow by speaking with her directly and enabling conversation. Cheryl has a great manner and a lovely face of the hospital when we visit and I hope she is acknowledged for the great work she is doing. Hei Koha Mai.

Women Screened (50-69) from June 2011 – June 2014 Bay of Plenty District Health Board



(Source: Breast Screening Aotearoa Coverage report 14-July-14)



Health of Older People – Pathway for People with Dementia

The Uncomplicated Dementia Clinical Pathway was launched in February 2014. A number of initiatives have been identified and affected as a result of the implementation of this pathway. In order to help support General Practice the BOPDHB has developed a nurse educator role for training doctors and registered nurses in the use of the pathway. This role has worked across the Bay of Plenty providing education to health professionals.

Since the development and implementation of the pathway BOPDHB has continued with ongoing support for dementia respite care within the community, and dementia day programmes for people living with dementia and their carers.

The BOPDHB has also contributed to the development of the Midland Dementia Clinical Pathway. The content and format of the BOPDHB pathway was instrumental in the development of the Midland pathway. Across the Midland region there has been the introduction of training requirements for staff working in home and community support services with people with dementia.

All of these initiatives have been implemented to signal ongoing recognition and support from BOPDHB for those people living in the community with dementia and their whānau/family that care for them.

*Anna Thurnell
Portfolio Manager – Health of Older People & Palliative Care
Planning and Funding*

PATIENT VOICES



Was admitted by ambulance on the 1st of April. After being assessed taken to Ward 4B and operated on very quickly. After a few days taken down to Rehab and Health in Aging on ground floor. I would like to say I have nothing but praise for every one of the staff. Ambulance Driver - I think his name was Steve had to climb through a window at my place, he was so good. All the tea ladies were lovely along with every one of the nursing staff. A BIG thank you.

Value for Public Health System Resources

How the BOPDHB is ensuring its population receives the maximum health benefit it can from the resources available.

The BOPDHB has a strong focus on ensuring that our people receive the maximum health benefit possible, within the resources we have available to us.

Underpinning the success we have seen in this area is the role that all of our staff play in ensuring we are delivering services as efficiently and effectively as we can. The BOPDHB has worked with staff through the various unions to ensure that there is a strong partnership between the unions and the DHB. This means we have a common vision that we are all working towards. Equally important to our success in this area is our clinical leadership model. The BOPDHB's Provider Arm operates under a cluster leadership model. This means each of our clusters (for example Medical, Surgical or Mental Health) is led by a doctor, a nurse and a business leader, working alongside one another to effect positive change. It is through this partnership approach, and through clinical leadership, that we have been able to achieve the productivity gains we have.

Our DHB has one of the fastest growing populations in New Zealand, which means there is a growing need for the services we provide. In addition, our population, having a high number of elderly people and a high number of Māori people, is a high needs population, so there are strong motivators to ensure our resources are used as effectively as possible. Over the course of the last year, there has been a focus on improving value in four specific areas described below.

1) Average Length of Stay (ALOS)

ALOS is the amount of time our patients stay in hospital on average. Over the last year, we worked hard to ensure our patients returned home as soon as they safely could. It meant that there were 4,000 bed days which were not required as a result. In addition to the savings attained, the cost of building the next inpatient bed floor at Tauranga has been safely deferred, pushing the \$5m cost further into the future.

Some key contributing factors to ALOS reductions have been:

- full implementation and maintenance of the Stroke Unit in Health in Aging
- implementation of the new model of medicine
- focus on discharge barriers which still has further potential
- ERAS (Enhanced Recovery After Surgery) and other elective clinical pathway developments
- CCDM (Care Capacity Demand Management) focus.

2) The Ministry of Health's Shorter Stays in Emergency Departments Health Target

The 2013-14 six-hour target (that 95% of patients will be admitted, discharged, or transferred from an emergency department within six hours) result at Tauranga Hospital improved from 86% to 93%.

3) Operating Expense Reduction

Although we have experienced significantly higher inpatient volumes our operating expenses excluding salary and wages have remained the same as last financial year. Total year-to-date spend on clinical supplies and outsourced services are the same as two years ago.

One single key operating expense efficiency gain has been blood product usage reductions, such as Intragam and Red Cells which together account for annual expenses of \$3.2m. These reductions have been achieved through the Transfusion Committee, which is a clinically lead group with the aim of enhancing patient safety and optimising blood product use. Several key initiatives led to these reductions.

4) Increases in Non-Contact First Specialist Assessments (FSAs)

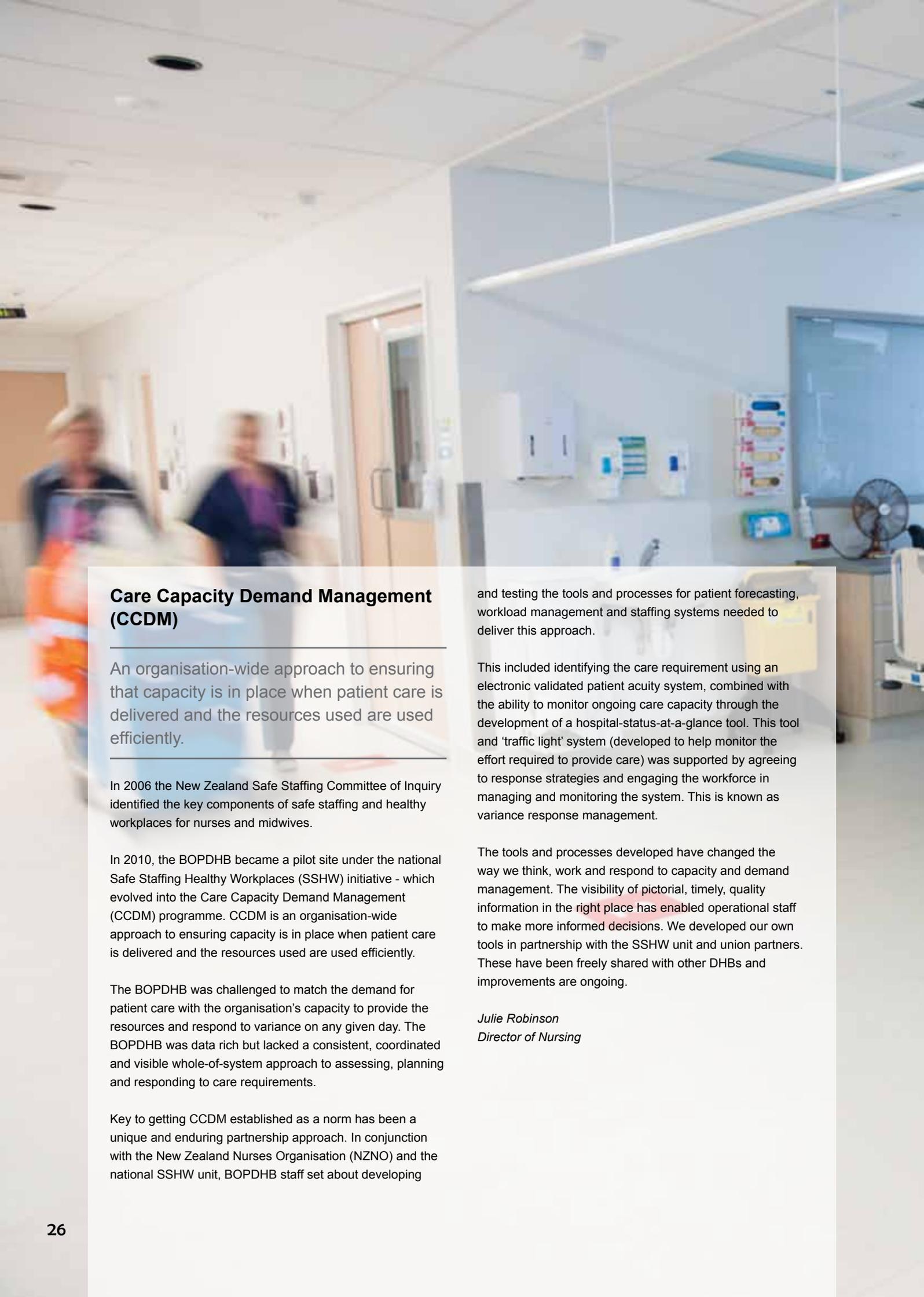
There has been an increase of 273, or 25%, in non-contact First Specialist Assessments in the year-to-date compared to 2012/2013. This process enables a care plan to be provided by the specialist and is more efficient for the patients as they do not need to take up half a day of their time to attend a clinic.

Helen Mason
Acting Chief Operating Officer



Helen received the Harkness Fellowship for New Zealand for 2014 providing her with an opportunity to spend the next year in the United States carrying out research into improving end of life care. She will be specifically focusing on Advance Care Planning which supports patient-centred decision-making, usually toward the end of life. Helen will be based at the Institute for Healthcare Improvement (IHI) in Boston, working with leading US policy experts and senior policy makers, and getting a first-hand look at innovative US health programmes.

The Harkness Fellowship also provides the opportunity for recipients from other participating countries to work study and travel together. This will enable Helen to learn about the Australian, Canadian, Dutch, German, Norwegian, Swedish and United Kingdom healthcare systems.



Care Capacity Demand Management (CCDM)

An organisation-wide approach to ensuring that capacity is in place when patient care is delivered and the resources used are used efficiently.

In 2006 the New Zealand Safe Staffing Committee of Inquiry identified the key components of safe staffing and healthy workplaces for nurses and midwives.

In 2010, the BOPDHB became a pilot site under the national Safe Staffing Healthy Workplaces (SSHW) initiative - which evolved into the Care Capacity Demand Management (CCDM) programme. CCDM is an organisation-wide approach to ensuring capacity is in place when patient care is delivered and the resources used are used efficiently.

The BOPDHB was challenged to match the demand for patient care with the organisation's capacity to provide the resources and respond to variance on any given day. The BOPDHB was data rich but lacked a consistent, coordinated and visible whole-of-system approach to assessing, planning and responding to care requirements.

Key to getting CCDM established as a norm has been a unique and enduring partnership approach. In conjunction with the New Zealand Nurses Organisation (NZNO) and the national SSHW unit, BOPDHB staff set about developing

and testing the tools and processes for patient forecasting, workload management and staffing systems needed to deliver this approach.

This included identifying the care requirement using an electronic validated patient acuity system, combined with the ability to monitor ongoing care capacity through the development of a hospital-status-at-a-glance tool. This tool and 'traffic light' system (developed to help monitor the effort required to provide care) was supported by agreeing to response strategies and engaging the workforce in managing and monitoring the system. This is known as variance response management.

The tools and processes developed have changed the way we think, work and respond to capacity and demand management. The visibility of pictorial, timely, quality information in the right place has enabled operational staff to make more informed decisions. We developed our own tools in partnership with the SSHW unit and union partners. These have been freely shared with other DHBs and improvements are ongoing.

*Julie Robinson
Director of Nursing*

Health Excellence: Our Continuous Quality Journey

In 2006 the BOPDHB made a commitment to a continuous quality improvement path using the Baldrige Criteria for Performance Excellence (CPE) in healthcare and joined the New Zealand Business Excellence Foundation (NZBEF). The aim was to submit an application for an external evaluation for an award by NZBEF in 2015.

Seven critical aspects of managing and performing as an organisation bring together a unique, integrated performance management framework. Answering these questions helps us align our resources; identify strengths and opportunities for improvement; improves communication, productivity, and effectiveness; and moves us closer to achieving our strategic goals.

As a result we deliver ever-improving value to our patients, other customers and stakeholders. This contributes to organisational sustainability; we improve our organisation's overall effectiveness and capability; our organisation improves and learns; and our workforce members learn and grow.

Due to the commitment and engagement of the BOPDHB Health Excellence Steering Group an evaluation was able to be undertaken in September 2013, two years ahead of time.

The BOPDHB became the first DHB to be recognised at New Zealand's toughest and most prestigious business performance awards by receiving a bronze award.

The award recognises the advances our employees have made in pursuing this path through the Health Excellence programme. Whilst a great achievement in itself, it is but another step in our quality improvement journey. The award was evaluated by a rigorous four-month assessment process that included a three-day site visit. Scoring was against the NZBEF international Criteria for Performance Excellence.

The DHB received a 60-page feedback report which included our strengths and opportunities for improvement. There are a number of key issues and opportunities for improvement including connectivity, defining key processes, prioritisation, consolidation and consistency. The key issues and opportunities for improvement have assisted in developing the draft 2014-2017 Health Excellence Strategic Plan. The strategic plan will guide the quality improvement priorities and direction for the BOPDHB until 2017.

Suzie Buchanan-Welch
Coordinator – Health Excellence

The Criteria for Performance Excellence (CPE) are a set of questions about seven critical aspects of managing and performing as an organisation:

1. Leadership
2. Strategic planning
3. Customer focus
4. Measurement, analysis, and knowledge management
5. Workforce focus
6. Operations focus
7. Results



CELEBRATING EXCELLENCE: (Left to right) NZBEF CEO Mike Watson, BOPDHB Communications Advisor James Fuller, BOPDHB Health Excellence Coordinator Susie Buchanan-Welch, BOPDHB General Manager Property Services Jeff Hodson, BOPDHB Quality & Patient Safety Manager Debbie Brown, BOPDHB General Manager Governance & Quality Gail Bingham, NZBEF Chairman Neil Whittaker, BOPDHB Decision Support Manager Trevor Richardson, BOPDHB Nurse Leader Clinical Support Paediatrics/ED Maurice Chamberlain, and BOPDHB Acting Chief Operating Officer Helen Mason.

Priorities for Improvement

“Without continual growth and progress, such words as improvement, achievement and success have no meaning.”

– Benjamin Franklin (18th Century scientist, politician and one of America’s Founding Fathers)

Over the coming year, the BOPDHB is looking at several key initiatives to help support us in providing a greater quality of care and experience for our people.

There are four key focuses which will help us improve the way we go about our work for 2014-2015, and importantly how we can continue to provide quality patient care and experience. Each of these areas has been endorsed by the Board and the Māori Health Runanga. Part of developing the annual plan is to work with the two Boards to identify and develop key areas or themes. Over several months the Board and key staff work with our many stakeholders, such as Primary Healthcare Organisations (PHO) and other health providers, in developing the priority area into a service or how the health system can change to better deliver healthcare. These themes are aligned and reinforce the expectations driven by the Health Minister.

The key priorities for the coming year are:

1. Integrated Healthcare Strategy (IHS): taking a whānau, patient-centred approach to better joining up care across the health system.
2. Māori Health Excellence Seminars and web tools: sharing knowledge and experience to improve health.
3. Cardiovascular Risk Assessment (CVRA).
4. Advanced Care Planning (ACP).

Each of these priorities helps us address the many facets of the health system and the impacts on a person’s wellbeing. By looking at continually improving the health system we can achieve our vision of healthy, thriving communities.

Stewart Ngatai
Planning Manager – Planning and Funding

PATIENT VOICES



Throughout my stay I have been treated with total respect and at times felt like a queen. The nursing staff are fantastic and at all times go out of their way to make certain your care and wellbeing is paramount. I can’t say enough about the welcoming smiling attitudes of all concerned. Never once was I made to feel left out of any information as regards my medication and ongoing care, awesome. This of course was also shown by my senior doctor and juniors alike, total professionalism.



Integrated Healthcare Strategy – what matters to you?

The BOP Integrated Healthcare Strategy 2020 (IHS) outlines our shared vision and approach to foster the whole Bay of Plenty health system to work together for the benefit of the people of the Bay.

The BOPDHB and Primary Health Organisations (PHOs) collaborated together with a broad range of stakeholders to develop our vision and approach to better integrate healthcare for the people in the Bay of Plenty.

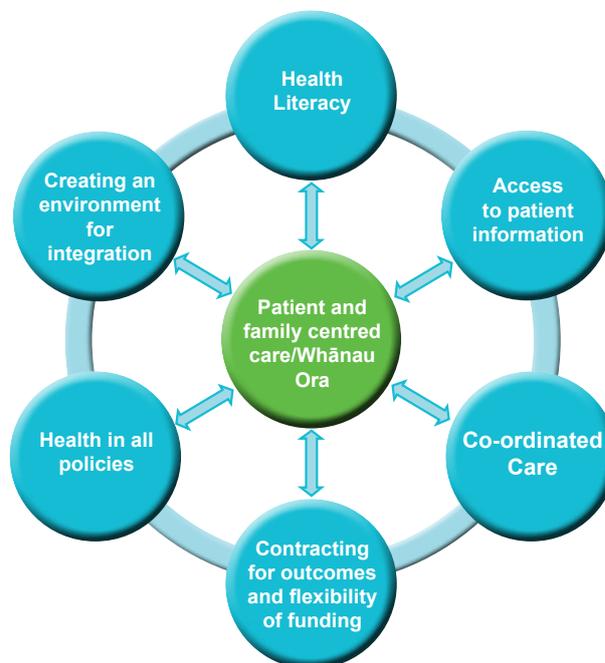
Our shared vision is that by 2020 Bay of Plenty health services will be centred on what matters most to people, their families and whānau. People will be able to easily access services when required and healthcare workers will be able to seamlessly transfer care between settings when needed. People will be empowered to manage their own health and share in decision making.

Health and disability services are delivered by a complex network of organisations and people. People living with multiple health and social care needs often experience highly fragmented services which are complex to navigate, leading to less than optimal experiences of care and outcomes. Integrated healthcare is seen as essential to transform the way care is provided and enable people to live healthy, fulfilling, independent lives.

The IHS is designed to be a lens that can be applied to all healthcare related activity, both current and future, so we can be

certain activity is systematically and deliberately building towards an integrated healthcare system.

Our approach to integrated healthcare, and the activity designed to progress our vision, is encompassed in the seven themes which are depicted below:



1. Patient and family centred care/Whānau Ora.
2. Health literacy.
3. Access to patient information.
4. Coordinated care.
5. Creating an environment for integration.
6. Contracting for outcomes and flexibility of funding.
7. Health in all policies.



William's story is an example of the benefits of integrated healthcare:

William lives in the Eastern Bay of Plenty and has been visiting his GP frequently for recurring bronchial symptoms. During the consultation, the GP asks, "How are things at home?" William mentions that the whole whānau is always getting sick – the kids aren't going to school because they are always sick. He reports that his wife is always sick and William has to take time off work, which is starting to really annoy his boss. The GP decides to refer William into a Whānau Ora service. The Whānau Ora service receives the referral and a navigator (kaimanaaki) visits William at home. While there, the navigator notices the home has no curtains or insulation. The navigator then contacts William's landlord to seek out options for insulation and curtains. The navigator contacts William's children's school to find out how they are doing at school and if they need additional support.

The navigator sits down with William and his whānau and asks them: "What are your goals/aspirations for your whānau? What matters most to you?" Together they work out a whānau plan.

That was three months ago. Since then, the house has been insulated and has new curtains. The health of the whole whānau has improved. William has not needed to visit the doctors as much, his sick leave has reduced at work, the school has provided extra support for the children to catch up on the lessons they missed, and his wife is now also much better and able to attend study on weaving (raranga).

Throughout the coming year we are implementing the first phase of the IHS. We will know we are successful when we can demonstrate improved quality, safety and experience of care; better value for public health system resources; and improved health and equity for all populations.

Stakeholder engagement forums were valuable in developing the IHS and are an essential part of implementing the agreed vision and actions.

Sarah Davey
Programme Manager – Integrated Healthcare
Planning and Funding



Māori Health Excellence Seminars

Introduction

The Māori Health Excellence Seminars are a collaborative venture between Māori health providers and DHBs in the Midland region, and is supported by the Ministry of Health. The purpose of the seminars is to share information on a range of health system performance measures. In particular, the seminars sought to identify and learn from the best performing organisations in the country so other providers may learn from their service delivery models, organisational culture, and leadership lessons. Doing so can help accelerate performance improvement in other organisations which in turn will improve health outcomes, and contribute to a more productive society.

Aim

The seminars aim to operationalise the triple aim for quality improvement in health in New Zealand:

Improved quality, safety, and experience of care. The organisations we promote through the Health Excellence Seminars have achieved performance results which lead a particular health indicator or field. In parallel, these organisations will have achieved safe practice and improved the patient experience.

Improved health and equity for all populations. Seminar presenters represent organisations which have eliminated inequalities in health performance for their populations. Equity may be assessed by ethnicity, gender, age, socioeconomic status and other measures.

Best value for public health system resources. Presenting the experiences of the leading organisations will assist others to replicate their achievements. This will lead to improved performance with existing funding. In effect, health providers learn how to achieve better results by using their existing resources more effectively.

Goals

The seminar goals align with the purposes of the New Zealand Public Health and Disability Act 2000. The seminars seek to improve health outcomes for all New Zealanders and to reduce disparities. The seminars are offered to live audiences and are also made available for live viewing over the internet. Attendees are able to join the seminars from each of the Midland DHBs but also from other DHBs around the country. Streaming the seminar over the internet helps to reduce barriers to quality information imposed by distance for providers within the BOPDHB district and others around the country.

Topics delivered to date include: reducing ambulatory sensitive hospitalisations; reducing tobacco use; improving mental health outcomes; and improving cardiovascular health. These seminars were accessed by both mainstream and Māori health providers.

Dr George Gray

Public Health Physician – Māori Health Planning and Funding

PATIENT VOICES



The ease that I was received in the Kaupapa Ward was marvellous. The nurses were easy to talk to and the doctors were good too and explained things so that I could understand what was happening to me.





Improving Cardiovascular Risk Identification and Management

Improving your heart's health through earlier identification and better management.

The 'More Heart and Diabetes Checks' Health Target, is about getting at least 90% of our most at-risk populations, also classified as high needs which are predominantly Māori, Pacific and Asian males over the age of 35; Māori, Pacific and Asian females over the age of 45; and all other ethnicities over the age of 55, seen by their GP or nurse and to have heart and diabetes check at least once every five years.

In 2013, the target was 75%. Now that it has been increased to 90% we are seeing greater leadership through our PHOs and their clinicians, driving improved performance to achieve the target, through prioritising of resources and funding to support the journey. Initiatives include providing financial incentives for GPs and creating greater awareness in our communities. Reaching the target is just one way of achieving our main goal which is healthy, thriving communities.

We track our performance on a quarterly basis through performance monitoring and improvement frameworks, such as the PHO Performance Programme (PPP) and the Integrated Performance and Improvement Framework (IPIF). From this information we are able to work with our key stakeholders to collaboratively identify issues and develop solutions to keep moving towards 90%.

It is good to see that the work we put in last year has effectively contributed to improving performance from 71.61% to 86.79% for total population (an improvement of 15.18 %); and from 63.73% to 83.15% for Māori/high needs (an improvement of 19.24%) between July 2013 and June 2014. This effectively reduced the disparity gap by more than 46%.

*Phil Back
Portfolio Manager – Planning and Funding*

Advanced Care Planning

Advance care planning (ACP) is the process of thinking about, talking about and planning for future health care and end of life. Planning in this way enables people to understand what the future might hold and to say what treatment they would and would not want.

Research from the New Zealand Advance Care Planning Co-operative found people are thinking about and talking about their future health needs but most do not know their preferences can make a difference and influence outcomes.

Research also indicated people want their clinicians to bring up the conversation. It is important, therefore, that clinicians are willing and prepared to participate in advance care planning. There are a variety of ways to capture information from an advance care plan conversation and captured information must be readily accessible. Advance care planning must be legally and ethically sound.

Aims

We are working on a number of national initiatives as a member of the leading national body in this field which is the Advance Care Planning Cooperative. These national initiatives aim to increase awareness of advance care planning in primary and secondary healthcare services across the Bay of Plenty. They include: providing or supporting training for clinicians; developing a region-wide ACP form and working to make advanced care plans accessible.

Measuring

One measure of how we are doing is the number of newly-trained Level 2 ACP trainers in the Bay of Plenty. As a baseline to this measure, we supported training for nine ACP trainers in the previous year.

Progress to Date

An ACP multi-disciplinary work group was formed with representatives from across the sectors including aged care facilities, hospice, primary care services, hospital clinicians, and BOPDHB Planning and Funding management. Work has begun on the region-wide ACP form. In addition, representatives from the BOPDHB attended monthly meetings of the Advance Care Planning Cooperative during the year. Tauranga Hospital set up an information table on *Conversations that Count Day* which was manned at key times during the day.

Future Plans

In the coming year our plan is to consolidate efforts towards the region-wide ACP form and to increase awareness of ACP across the region by supporting more clinicians to complete their Level 2 Trainers training.

Dr Prue McCallum
Specialist – Palliative Medicine

EMPOWERMENT AND FULFILMENT FOLLOW CONVERSATIONS THAT COUNT

In April 2014, the BOPDHB focused attention on *Conversations that Count* by manning a stall and providing information about Advanced Care Planning (ACP). Talking about dying can pay huge dividends for the way we live our lives says Fiona Hewerdine, a therapist who works with BOPDHB palliative care patients.

“The national day focuses on raising the profile of ACP,” she says. “It’s about being comfortable with having conversations about the closing chapters of your life and how you want those to unfold; communicating what is meaningful to you spiritually, physically, emotionally and in terms of healthcare.”

“The process makes it easier for families and healthcare providers to know the person’s wishes and preferences, particularly if they can no longer speak for themselves. That often reduces anxiety and stress and gives a sense of control.”

Adult Inpatients

Strengthening Quality Improvement Capability Across the Organisation

Building capability and capacity through a shared understanding of quality improvement methodology across the organisation to improve patient care.

The BOPDHB is committed to building capability and capacity through a shared understanding of quality improvement methodology across the health system to improve patient care. Healthcare professionals are trained in the principles, methods and tools of quality improvement using the Institute for Healthcare Improvement (IHI) Open School. The approach can then be applied to process and system enhancements that contribute towards better patient care and improved patient outcomes.

In June 2013, the BOPDHB established a Chapter with the IHI Open School, an internationally-recognised and renowned framework for quality and patient safety training and education for staff working in healthcare. Within the BOPDHB, over 150 health professionals including doctors, registered nurses, midwives, Allied Health, the Executive and senior managers are using the IHI Open School to learn about the principles, methods, and tools of quality improvement, on which to build capability and capacity in the workforce.

The Improvement Capability course is centred on improvement science using the Model for Improvement and provides practical examples and tools that can be directly applied to the healthcare environment. The Model for Improvement uses a simple, yet powerful, approach to achieving rapid and significant improvements in care delivery and outcomes by ensuring it is delivered in a measurable, manageable and focused way.

The BOPDHB Service Improvement Unit has taken on responsibility for promoting and facilitating access to the IHI Open School, and to mentor healthcare professionals as they apply the training to quality improvement initiatives. A recent example is the Clinical Physiology Department from Tauranga and Whakatāne Hospitals. Staff in the Department were taken through a series of workshops that consisted of training and practical tips on how to apply the model for improvement to process enhancements that can contribute towards better patient care and management.

Healthcare professionals are invited to grow their skills in quality improvement as part of individual performance and development reviews, with a view to contributing towards improving the service and care they provide to patients.

For the coming year, 20 IHI Open School training opportunities are being offered to staff working in the Primary Care Sector. Demand for this course will be monitored and numbers reassessed as required. This will encourage the spreading of a consistent methodology across the Bay of Plenty health workforce.

Suzanne Round
Project Manager – Service Improvement Unit

Improving Patient Flow in the Clinical Physiology Department

Clinical Physiology staff in Tauranga and Whakatāne hospitals have completed the Institute of Healthcare Improvement (IHI) Open School course to improve their skills in quality improvement with immediate and surprising results.

“We completed the course through a series of workshops and found that one idea or new perspective, which on the surface can look insignificant, can in practice dramatically change someone’s approach to their work and departmental workflow,” says team leader Michelle Bayles. “All of the team were interested in the quality improvement course. As a team leader it has given me a snapshot into how my team copes with change and how well new ideas are received, implemented and shared.”

“The training encouraged me to get on with making changes to things that we can influence and make a difference to for patients and staff,” says echocardiographer Ian McLeod.

“Changes to processes in the department are already underway. We used to have a delay in written echo request forms arriving at the echo department at Tauranga Hospital because the forms were hand delivered by the doctors involved. This resulted in an increased wait time for the patient, the possibility of wasted inpatient echo appointments in the interim, and wasted time and effort on the part of the medical staff who were having to often make multiple trips throughout the day to hand in requests.

“As a result of the course we have introduced a process that

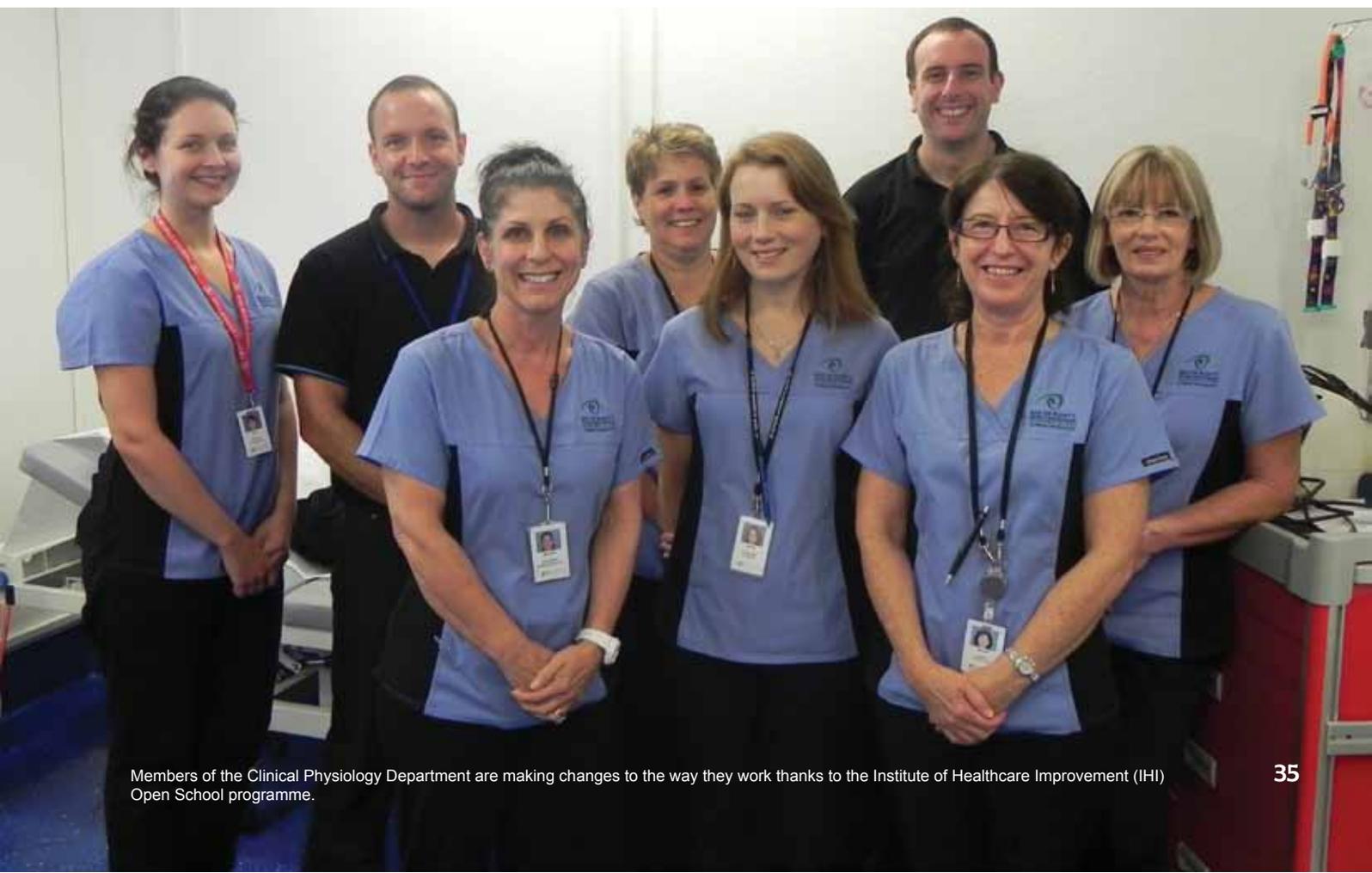
takes less than 30 seconds. By scanning the forms and sending them to a dedicated email address the medical team members can send the requests during rounds.

“In the months since we introduced the system 14 requests have been sent via the new system, which assuming a round trip on behalf of the medical team to APU, will have saved 6720 steps or 58 minutes. An added benefit of the new process is the reduced chance of requests being misplaced, and the potential to audit the referrals from APU.

“Hopefully this system will soon be put in place in CCU and ICU to further streamline the process involved in requesting an echocardiogram.

“We heard about the IHI course through the Medical Business Leader Neil McKelvie and invited Suzanne Round from the Service Improvement Unit to attend our team meeting to give an overview of the courses available, the benefits and relevance to our work.”

*Michelle Bayles, Team Leader
and Ian McLeod, Echocardiographer
Clinical Physiology Department*



Glossary of Terms and Abbreviations

Term or abbreviation	Meaning
ACP	Advanced Care Planning
ALOS	Average Length of Stay
APU	Admission and Planning Unit
ARC	Aged Residential Care
Bacteraemia	An infection of the blood; sometimes called Septicaemia
Biopsy	A biopsy is a procedure to remove a piece of tissue or a sample of cells so that it can be analysed in a laboratory
BOPDHB	Bay of Plenty District Health Board
Cardiovascular	Involving the vessels of the heart
CCDM	Care Capacity Demand Management
CCU	Coronary Care Unit
Cefazolin	This is a type of antibiotic
CIRCA	Care Improvement Recognition Criteria Awards
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
Colorectal	Involving the colon or rectum, which are parts of the large intestine
CPE	Criteria for Performance Excellence
CVD	Cardiovascular disease
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
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
Herceptin	Herceptin is a prescription medicine used to treat breast cancer
HDU	High Dependency Unit
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	Refers to information that is collected to measure key points along a patient's clinical pathway
IPIF	Integrated Performance Improvement Framework
Mammogram	An x-ray of the breast

Term or abbreviation	Meaning
MoH	Ministry of Health
MoH Targets	Key national performance targets that are set by the MoH
NZBEF	New Zealand Business Excellence Foundation
Orthopaedic	Involving the musculo-skeletal system (muscles and bones)
Opioid medication	Medication that relieves 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 aimed at ensuring 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 year; Quarter 1 (Q1) is the first quarter of the year (ie January, February and March)
QSM	Quality and Safety Marker
RN	Registered Nurse
SAC	Severity Assessment Code
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
YTD	Year-to-date

