

# HealthNews

What's happening in Taranaki's healthcare community



TARANAKI DISTRICT HEALTH BOARD

Taranaki District Health Board Quality Accounts 2015-16

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# Introduction

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The Taranaki District Health Board (Taranaki DHB) is the Crown entity responsible for planning, funding, and in some instances, delivering health and disability services for its district.

Taranaki DHB employs more than 1800 people and is responsible for planning, funding and providing hospital and healthcare services for the people of Taranaki. The majority of health services in our district are funded or provided by Taranaki DHB. We receive this funding from the Government in order to provide services to improve the health of our community and reduce health inequalities.

Quality is an integral component of health in New Zealand. The Health Quality & Safety Commission (a standalone Crown agency) in its Statement of Intent 2014 - 2018 (June 2014) aims to achieve improved quality, safety and experience of care, improved health and equity for all populations and achieve the best value from public health system resources.

Taranaki DHB has a culture of high expectation in regard to standards, with a focus on quality processes and systems and strives to ensure that the best patient care services are funded within available resources.

Quality assurance systems and procedures are in place to ensure services undergo performance measurement (usually focused on service content, delivery specifications and patient/client outcomes). Both quality assurance and continuous quality improvement are key objectives of this quality activity and supports the vision of the Board – Taranaki Together, A Healthy Community/Taranaki Whanui, He Rohe Oranga.





On behalf of Taranaki DHB and all our staff, we are delighted to present Health News, our fourth annual quality account. This document continues the DHB's quality journey and allows us the opportunity to share stories that reflect our commitment and passion to support and continuously improve services, safety and the quality of care we provide.

While we have had successes, we know that we don't always get it right. There is still much to learn and a lot of work to be done. Success is reliant on the commitment of our staff at all levels of the DHB working in the hospitals, and just as importantly, those staff working within the Taranaki community. We are very grateful for the effort and hard work staff do every day, now and into the future.

We view Health News as an important opportunity to further engage with the Taranaki community and welcome your feedback by email to [qualitycounts@tdhb.org.nz](mailto:qualitycounts@tdhb.org.nz).

We trust that you enjoy reading Health News and gain an understanding of how our local health system works, the staff that provide services and how this impacts on patients and their families.



**Pauline Lockett**  
Chair



**Rosemary Clements**  
Chief Executive



**Dr Greg Simmons**  
Chief Medical Advisor



**Catherine Byrne**  
Director of Nursing

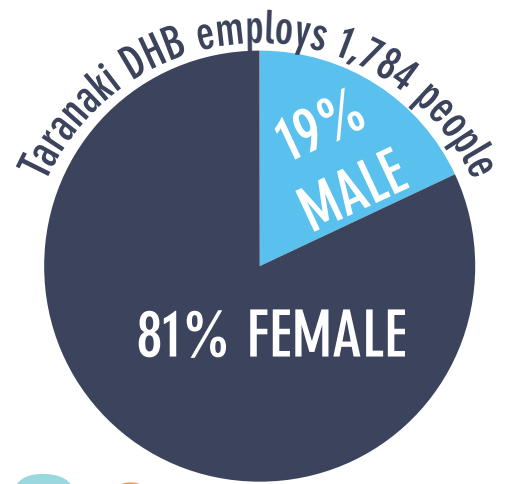






# Our people

Healthcare is about people helping people. In Taranaki we have a great team of health professionals and support staff working together for our community.



149 staff identifying themselves as Māori, 12 Pacific Islanders, 124 Asians, 1199 European

**44**  **midwives**



**695** **nurses**



**172** **doctors** 

**25** occupational therapists

**34** Physiotherapists



**128** health care assistants

**22** social workers



**44** cleaners



**29** orderlies



**25** Pharmacy employees

**18** 

dental therapists

**41** 

Laboratory employees

 Doctors 172

 **Allied health 313**

 Non-health support 118

 Management 31

 Administration 283

**Nursing 867**  
(Nurses, midwives & health care assistants)



## Senior medical officer recruitment

There continues to be success in recruiting senior medical officers (SMOs) into long term and permanent positions. Six SMOs started in the last 12 months, including:

- 1 Consultant general surgeon
- 1 Consultant psychiatrist
- 1 Consultant, Emergency Medicine
- 2 Medical officers, Emergency Department
- 1 Medical officer, General Medicine

## Scholarships awarded

Taranaki DHB health scholarships were awarded to 23 students in 2016 studying a range of areas including dental surgery, dietetics, medicine, mental health and addictions support, midwifery, nursing, occupational therapy, oral health, pharmacy and physiotherapy.

Of the recipients, 60.9% identified as Māori.



# Profiling Taranaki

## Population profile

According to Statistics New Zealand, in 2015/16 Taranaki DHB served a population of 118,560\* people.

The Māori population is projected to increase to 20.6% of the total population by 2026. The European, Māori, Pacific and Asian populations have grown since 2006, as at the 2013 Census. Taranaki has 86.2% identified as European and other, 17.4% as Māori, 1.6% as Pacific and 3.5% as Asian.

Note: Where a person reported more than one ethnic group, they have been counted in each applicable group. As a result percentages do not add up to 100%.

## Age structure

Our population is ageing. The total number of people over the age of 65 is 19,896 (16.8%), with 6.7% of these being Māori.

A total of 38,545 people are under the age of 24 (32.5%). The number of Māori in this age group is 11,060 which represents 28.7% of Māori in the region.

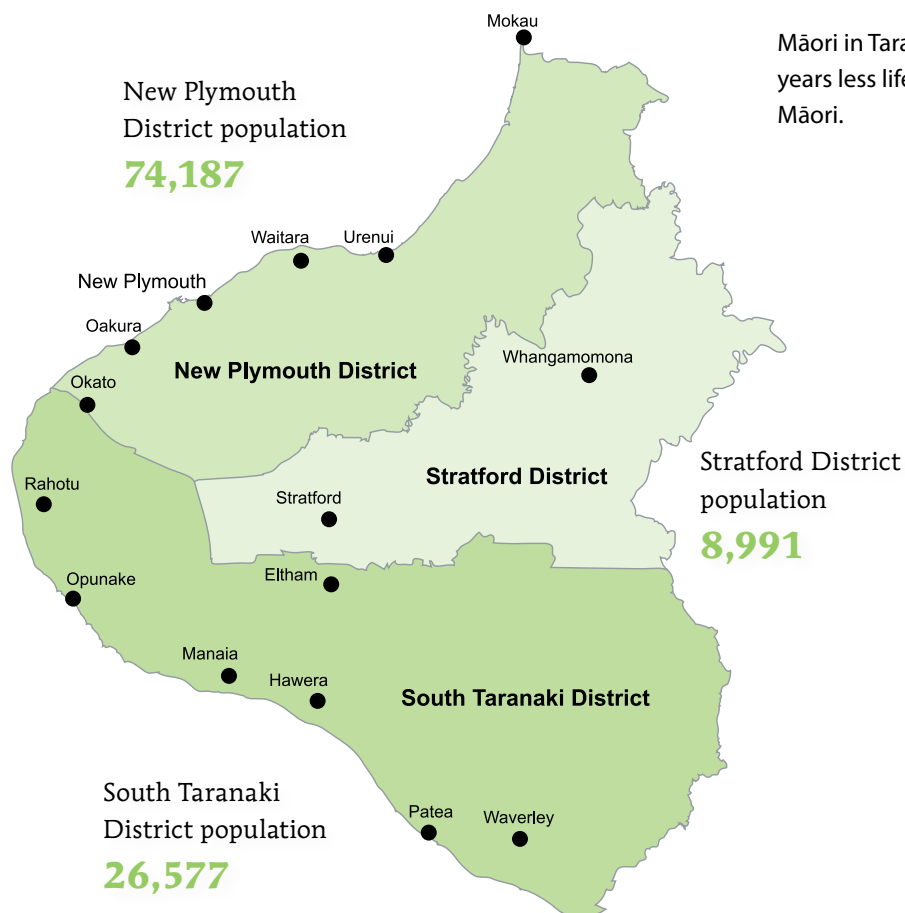
## Socio-economic indicators

The Taranaki population sits around the centre of the socio-economic range.

Around 43% of the Taranaki population live in NZDEP2013 Decile 6, 7 and 8 compared to 30% nationally. Non-Māori are over-represented in the wealthiest socio-economic deciles and Māori are over-represented in the lowest socio-economic deciles.

Within Taranaki, 32% of Māori live in the most deprived 20% of areas compared to 14% of non-Māori. In contrast, 7% of Māori live in 20% of the most affluent areas compared to 16.3% of non-Māori.

Māori in Taranaki have six to seven years less life expectancy than non-Māori.



\*Based on updated information received from Statistics New Zealand Population Projection released November 2014.



# Highlights

In 2015 - 2016, Taranaki DHB...



Welcomed  
**1439**  
babies into  
the world.

Worked with Jonathon Crane (the parent of a patient in the Children's Ward) and Roadshow Entertainment to introduce three new **children's movie channels** for our TV.  
See page 51

Introduced  
**free**  
GP visits for  
children under 13  
years.



Introduced the '**Safer use of Opioids**' programme, resulting in a  
**30%**  
reduction in patient harm  
from opioids.



Opened the first ever **Mobility Garden** at Taranaki Base Hospital.  
See page 62

Supported the **Taranaki Alcohol Harm Reduction Group** to create a toolkit, enabling the public to submit objections to alcohol licence applications. This is the only resource of its kind in the country.



Launched a review of **Taranaki DHB's Visitor Policy**.  
See page 44

Administered

**126**



free **flu and whooping cough immunisations** for pregnant women at our weekly drop-in immunisation clinics.

Implemented a new **Healthy Food and Beverages Environments Policy**, which involved:

- removing sugary drinks like Coca-Cola from our premises;
- providing appropriately portioned food; and
- making the healthy choice the easy choice.



We are now utilising a traffic light system as 'better choices' (green), 'other choices' (amber) and products that will not be sold' (red).

See page 52

Developed a **Suicide Prevention and Postvention Action Plan** to reduce suicide and the impact it has on our community.

Gained ownership of **Fulford Radiology Services Ltd** to provide a high quality, effective radiology service to the people of Taranaki.



Celebrated **Patient Safety Week** in November with more than

**500 visitors**

filling in a 'What's important to me in healthcare' speech bubble for display.  
See page 52

Accredited

**4**



new '**Breastfeeding Welcome Here**' sites in Hawera and Opunake, enabling women to breastfeed anywhere and anytime.

Initiated the '**Releasing Time to Care**' quality improvement programme to

**free up time**

in our nurses' days from unnecessary duplication of tasks. This increases the amount of time they have for direct patient care and improves the safety, reliability and efficiency of care delivered to the patient.



Was the first DHB in the Midland region to launch **Datix**, an electronic reporting system designed to improve the ownership and management of risks, hazards, incidents and complaints.  
See page 29



Ran the first ever **Parent Hub** at the WOMAD festival, catering to parents and parents-to-be.  
See page 42

**4**

Kōhanga Reo from around the region took part in Taranaki's first ever **Tupeka Kore** (tobacco-free) **Challenge** to create a tobacco-free community and future for their children.  
See page 51



Launched an **Emergency Department campaign** to redirect patients with non-urgent health issues to other health services around Taranaki.

**CaY-C**

Launched the **National Child Health Information Platform** (NCHIP) and Child and Youth Health Coordination Service (CaY-C) to improve the coordination of children's health and early childhood health services.







**National  
performance**

# Health Targets

Taranaki DHB continues to work hard towards the national health targets as set by the Ministry of Health. These targets are indicative of a wide range of services and efforts in priority areas and are measured quarterly.

**Quarter 1 - July to September 2015**

**Quarter 2 - October to December 2015**

**Quarter 3 - January to March 2016**

**Quarter 4 - April to June 2016**

Shorter stays in



Emergency Departments

## SHORTER STAYS IN EMERGENCY DEPARTMENT

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

**Quarter 1**

94%

**Quarter 2**

96%

**Quarter 3**

94%

**Quarter 4**

95%



Target 100%

Improved access to



Elective Surgery

## IMPROVED ACCESS TO ELECTIVE SURGERY

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

**Quarter 1**

115%

**Quarter 2**

113%

**Quarter 3**

114%

**Quarter 4**

114%

Faster



Cancer Treatment

## FASTER CANCER TREATMENT

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.

**Quarter 1**

70%

**Quarter 2**

74%

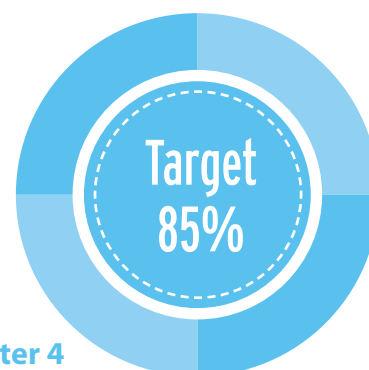
**Quarter 3**

84%

**Quarter 4**

77%

Target 85%





### INCREASED IMMUNISATION

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time.

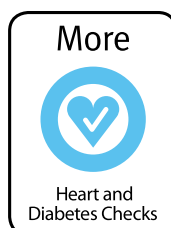
Quarter 1	Quarter 2	Quarter 3	Quarter 4
91%	91%	94%	94%



### BETTER HELP FOR SMOKERS TO QUIT

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. This target has a new definition shifting the focus to the entire enrolled population of people who smoke and not only those seen in primary care.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
85%	85%	86%	87%



### MORE HEART AND DIABETES CHECKS

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
92%	92%	92%	92%



# Health Quality & Safety Commission

To set the scene, the following information demonstrates Taranaki DHB's vision, missions and aims, the Health Quality & Safety Commission's Triple Aim, our defined dimensions of quality that are then supported by clinical governance behaviours, our Quality & Risk Management Framework and the Treaty of Waitangi principles.

## OUR AIMS

### A Matou Wawata

- To promote healthy lifestyles and self responsibility.
- To have the people and infrastructure to meet changing health needs.
- To have people as healthy as they can be through promotion, prevention, early intervention and rehabilitation.
- To have services that are people-centred and accessible, where the health sector works as one.
- To have a multi-agency approach to health.
- To improve the health of Māori and groups with poor health status.
- To lead and support the health and disability sector and provide stability throughout change.
- To make the best use of the resources available.

## How We Work Together and with Others

### Nga Tikanga

Me Pehea nga mahi ngatahi me etahi atu

The actions and behaviours described below are how we aim to contribute to all our relationships including those with our patients, clients, whanau, funded agencies, staff and members of the public.

We will work together by:

- Treating people with trust, respect and compassion.
- Communicating openly, honestly and acting with integrity.
- Enabling professional and organisational standards to be met.
- Supporting achievement and acknowledging successes.
- Creating healthy and safe environments.
- Welcoming new ideas.

## OUR MISSION

### Te Kaupapa

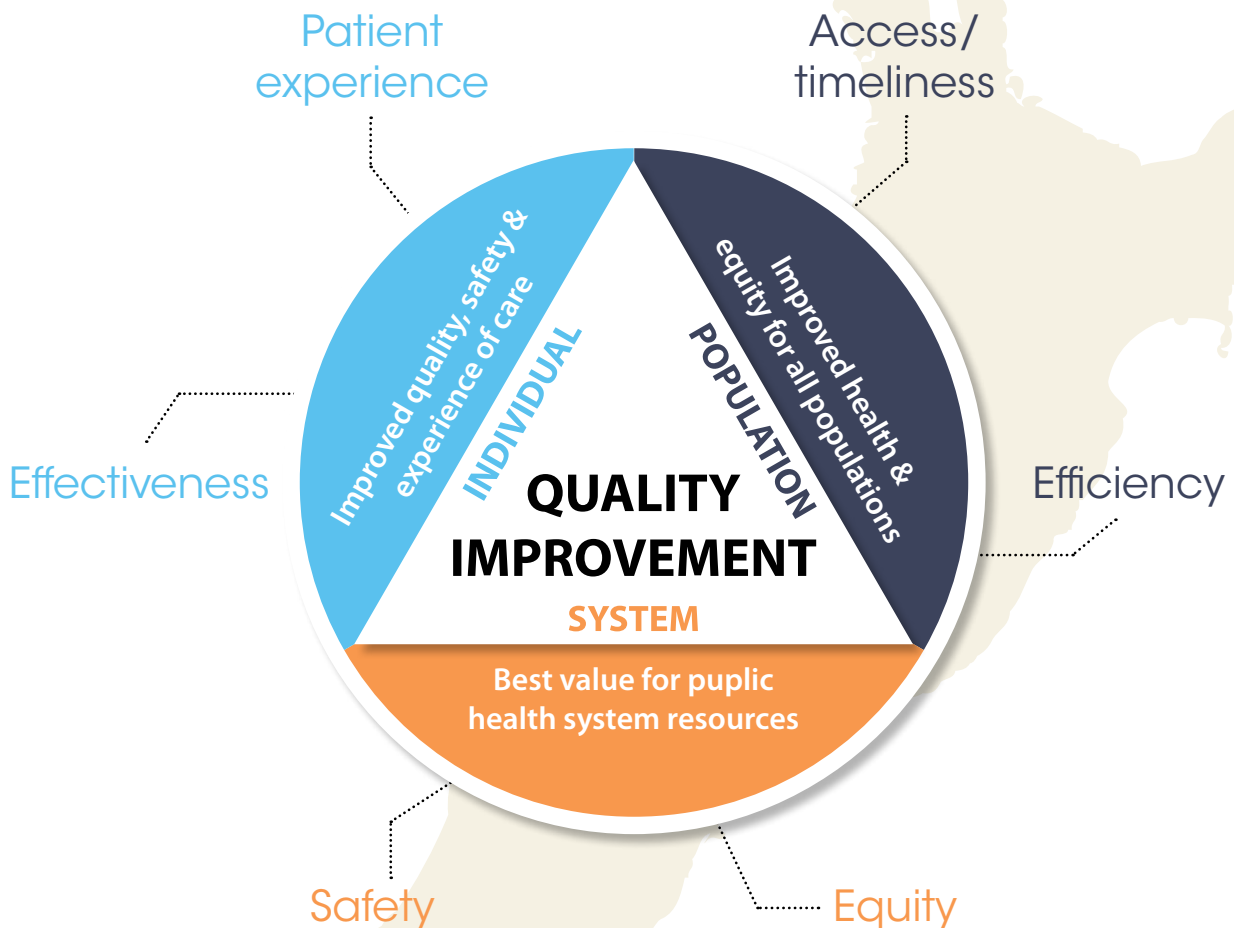
Improving, promoting, protecting and caring for the health and wellbeing of the people of Taranaki.

## Our Shared Vision

### Te Matakite

Taranaki Together, a Healthy Community.  
Taranaki Whanui, He Rohe Oranga.

## Health Quality & Safety Commission Triple Aim



## Taranaki District Health Board Strategic Quality & Risk Plan

### **Taranaki Together, a Healthy Community, Taranaki Whānui, He Rohe Oranga**

This plan facilitates the progressive achievement of the DHB's vision through focused continuous improvement activities (process and outcome related) identified under each dimension of quality.

## Clinical governance

Communication

Systems approach

Accountability

Leadership

Professional behaviour

# Quality and safety markers

The Health Quality and Safety Commission's (HQSC's) Quality and Safety Markers (QSMs) have been in place since June 2013 and are part of the national patient safety campaign "Open for Better Care". Each marker has a set of indicators that are designed to track progress with the ultimate aim of improving health care and reducing patient harm.

Results in the tables below show the percentage rates of change in practice that have occurred in relevant indicators as compared to the threshold. (e.g. the percentage of older patients who had a falls risk assessment completed and a care plan developed for them).

## 1. Preventing falls

Patient safety is an ongoing priority, with more than 90 percent of older patients having a fall risk assessment when they are admitted into one of our hospitals.

Staff at Taranaki DHB work hard to prevent patient falls. This continues to be a major focus for both Taranaki Base and Hawera Hospitals with a number of new falls prevention initiatives introduced in 2015/16. These include:

- A 15% reduction in hip fractures in the 50+ age group for the Taranaki region (ACC report).
- A successful simulated pet therapy trial for patients at risk of falling. This trial is now being expanded across other relevant wards.
- Approval (in principle) by ACC for a Taranaki Falls Prevention Service. This service will provide in-home strength and balance programmes for people at risk of falls.
- This year April Falls Week focused on a balance and exercise challenge and an online quiz. The physiotherapy gym provided staff with an opportunity to test their balance. Local businesses sponsored prizes during the week allowing staff who entered the challenge or quiz to go into a draw for one of the sponsored prizes ([see page 50 to read more](#)).
- The purchase of specialty floor cleaning equipment to reduce the risk of falls on wet floors for patients, staff and the public.

### In 2016/17 we will:

- Continue to work with other DHBs in the Midland Region on falls prevention and management.
- Ensure all patients have a falls risk assessment completed on admission.
- Explore the use of the patient TV channel in the Acute Services Block wards at Taranaki Base Hospital for educational material.
- Trial the 'Falls through Education' Programme via Taranaki DHB physiotherapy students.
- Continue to work closely with New Plymouth Injury Safe and the Aged Care sector on preventing falls in the community.

Marker	Threshold	30 June 2013	30 June 2014	30 June 2015	30 June 2016
<b>Preventing Falls</b>					
Percentage of patients 75 and over (Māori and Pacific Islanders 55 and over) given a falls risk assessment	<b>90%</b>	91%	92%	86%	83%
Percentage of patients 75 and over (Māori and Pacific Islanders 55 and over) who received an individualised care plan that addressed their risks	<b>90%</b>	95%	97%	95%	96%





Taranaki DHB staff member Carly Innes takes part in the balance and exercise challenge during April Falls week.

## 2. Reducing healthcare associated infections

Hand hygiene compliance has improved over the last few years and we have increased the number of areas being audited. We aim to continue to increase the number of areas audited over time.

In relation to the QSM indicator surgical site infection; timing and skin preparation, our performance is consistent over time and, as of 2016, skin preparation will no longer be a QSM as all DHBs (including Taranaki DHB) have met the required standard.

### In 2016/17 we will:

- Work with relevant services and clinicians to increase our compliance with the dosage of preventative antibiotics given before surgeries.

Marker	Threshold	30 June 2013	30 June 2014	30 June 2015	30 June 2016
<b>Reducing Healthcare Associated Infections</b>					
Percentage of staff complying with good hand hygiene practice	<b>80%</b>	65%	68%	77%	79%
Percentage of antibiotic given 0 - 60 minutes before 'knife to skin'	<b>100%</b>	Quality Safety Marker introduced in 2014*	97%	78%	91%
Percentage of the correct dose of antibiotic (2 grams or more of Cephazolin or 1.5 grams or more of Cefuroxime) given	<b>95%</b>		31%	65%	57%
Percentage of patients who receive appropriate skin preparation prior to surgery	<b>100%</b>		100%	99%	100%

## 3. Reducing perioperative harm

Recent studies have shown that poor teamwork and communication in the operating theatre has a negative impact on performance and patient safety. Improving these within surgical teams is critical to the success of reducing perioperative harm. As a result, the HQSC introduced three interventions to be implemented in all DHBs over a period of time (July 2015 – January 2017). These three interventions are:

- **Briefing**
- **A paperless surgical safety checklist**
- **Debriefing**

In August 2015 a group travelled to Auckland for a learning session with regard to these interventions and how to implement them.

The **briefing** takes place before the operating list commences and enables the whole team to meet and fully discuss the entire list. This sharing of information promotes teamwork, mitigates any hazards to patients, reduces preventable harm and ensures all equipment is available.

The **paperless surgical safety checklist** is about refining the use of the paper checklist we previously used. This is about the theatre team performing key safety checks at different times, the sign-in when the patient is awake and on the table led by the anaesthetist, the time-out led by the surgeon and occurs before any incision is made, and the sign-out led by nursing staff at the end of the procedure. There is a checklist on the wall which acts as a memory aid for the person leading each section of the checklist and this is used as a discussion guide rather than a "tick box" exercise.

The **debriefing**, carried out at the end of the list, is used to discuss what went well, what did not go well and suggestions for improvement.

We implemented the briefing/debriefing in October 2015 and the paperless surgical safety checklist in February 2016. The briefing has improved communication within the theatre team and has saved time as any potential issues are resolved before the list starts. Moving to the paperless checklist has also improved the team's involvement in the process.

Moving into 2017 we will continue to ensure that these are embedded into usual practice.

## 4. Medication safety

Taranaki DHB is committed to ensuring the right patient gets the right medicine in the right dose at the right time, by the right route and that it is correctly recorded.

The HQSC introduced a QSM for medication safety in September 2014. It focuses on medicine reconciliation – a process by which health care professionals document all medicines a patient is taking and their adverse reactions history (including allergies). The information is then used across health care. An accurate medicines list can be reviewed to check medicines are appropriate and safe. Medicines which should be continued, changed, stopped or withheld can be documented on the list. Doing this reduces the risk of medicines being:

- omitted
- prescribed at the wrong dose
- prescribed to a patient who is allergic
- prescribed when they have the potential to interact with other prescribed medicines

There is a national programme to roll out an Electronic Medicines Management (eMM) system throughout the country. Five DHBs have implemented the system to date, including Taranaki DHB which is the lead DHB for medication management in the Midland region. The eMM programme is currently being rolled out across our DHB. The introduction of Electronic Medicine Reconciliation (eMedRec) within the eMM system allows medicine reconciliation to be done more routinely, including at discharge.

The results below reflect the need in 2015/16 to focus pharmacy staff resources on high priority patients, resulting in lower percentage results for some indicators. In 2016/17 we will work to further embed medication safety systems within Taranaki DHB.

Marker	30 June 2013	30 June 2014	30 June 2015	30 June 2016
<b>Reducing Healthcare Associated Infections</b>				
Number of relevant wards with eMedRec	8%	50%	50%	50%
All eligible patients on eMedRec wards** <b>Medication History Form</b> initiated	68%	71%	63%	38%
Priority Patients* Medication History Form initiated		82%	76%	59%
• Medication History Form initiated within 24 hours of ED admission	21%	41%	33%	24%
• Medication History Form initiated within 72 hours of ED admission		75%	69%	51%
All eligible patients on eMedRec wards** <b>Medication Reconciliation Form</b> completed	65%	67%	57%	32%
Priority Patients* Medication Reconciliation Form completed		68%	69%	51%
• Medication Reconciliation Form completed within 24 hours of ED admission	20%	21%	17%	11%
• Medication Reconciliation Form completed within 72 hours of ED admission		53%	51%	33%
All eligible patients on eMedRec wards** <b>Discharge Medication Summary</b> completed		54%	53%	30%
Priority Patients* Discharge Medication Summary completed		65%	61%	46%
• Discharge Medication Summary completed within 24 hours of ED admission		1%	1%	0%
• Discharge Medication Summary completed within 72 hours of ED admission		13%	14%	9%

\*HQSC Prioritisation Criteria for Priority Patients - All Patients 65 years +, and Māori & Pacific Island 55 years +

\*\* Patients with a length of stay greater than 24 hours admitted to ICU, Medical, Surgical, Orthopaedic, Older Peoples Health Service

# Adverse events

An adverse event is one in which patient care has an unintended consequence resulting in harm.

The majority of our patients are treated safely and successfully. Nonetheless, some do suffer an unintentional outcome resulting in serious harm, or on occasion, death. All adverse outcomes and deaths are regrettable and we sincerely acknowledge the great distress to patients, their families/whānau and to our staff when these tragic events occur. Our staff are very competent and professional and come to work each day to save and improve lives. But sometimes, despite our best efforts, things do go wrong.

Taranaki DHB is committed to ongoing improvement in the quality and safety of the services provided. We recognise that the ongoing benefits of learning from our experiences are significant in terms of saved lives, harm prevented and resources freed up for the delivery of more, improved care.

Furthermore, we are committed to providing and promoting a culture in which all staff are able and encouraged to recognise, report and participate in the review of events without fear of blame and most importantly, to ensure improvements are made to prevent recurrence.

Nationally, reporting of serious adverse events has increased each year since reporting began in the 2007-08 year and suggests that we are getting better at identifying these events rather than an increase in the number of events.

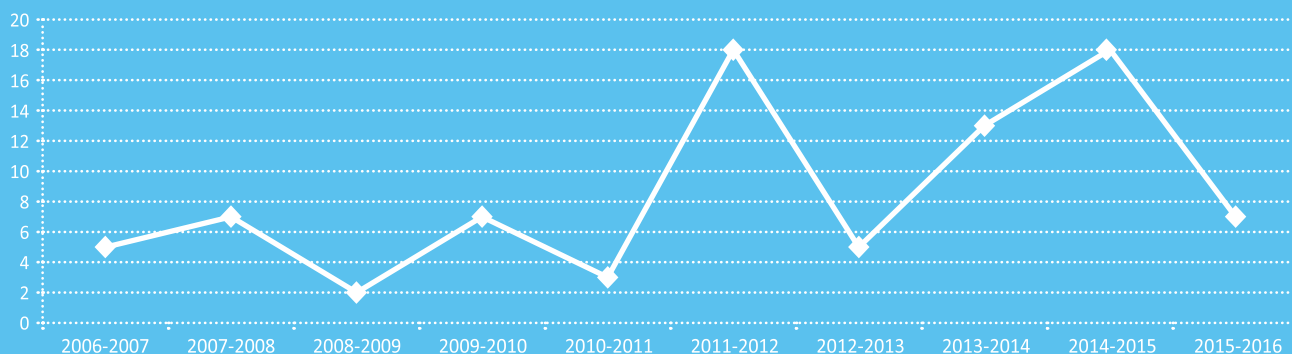
With the introduction of our new electronic integrated quality and risk system (Datix) last year, we know our number of reported events will continue to increase due to the system making it easier to record events, enable analysis and meaningful reporting at both a unit and organisational level.

Specific patient safety programmes continue and include the Health Quality and Safety Commission's service safety and quality such as preventing falls, preventing hospital acquired infection and increasing medication safety as well as local quality improvement programmes focusing on the management of patient results, and ensuring accurate and timely information about patient allergies is available.

**We reported seven serious adverse events out of more than 29,000 patients treated during the 2015-16 year.**

**This is a decrease on last year and can be attributed to less falls.**

TARANAKI DHB SERIOUS ADVERSE EVENTS



The Health Quality and Safety Commission generates an annual report outlining serious adverse events from DHBs and other health providers and these are available on the Commission's website - [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

Taranaki DHB also publishes their annual serious adverse report on the DHB's website - [www.tdhub.org.nz](http://www.tdhub.org.nz)





# Our services around the maunga

# Our services around the maunga

Taranaki DHB delivers health services in Taranaki and in the Mokau area, which is part of the Waikato District Health Board. The district covers more than 7,000 square kilometres.

There are a few densely populated centres in Taranaki which include New Plymouth, Stratford and Hawera. The rest of the population is scattered in and around small rural centres.



**Community,  
laboratory and  
radiology services**



**Support services  
for people with  
disabilities**



**Hospital services at Taranaki Base  
Hospital and Hawera Hospital**



**7**

**Community-based mental  
health, and alcohol &  
addictions service providers**



**26**

**community  
pharmacies**



**BASE HOSPITAL**





Key relationship with Taranaki's Primary Health Organisation (PHO), Pinnacle Midland Health Network, which oversees 32 aligned GP practices

28

Residential facilities and rest homes



Access to tertiary and more specialist hospital healthcare in other parts of New Zealand



16 Providers of community health services and home-based support for older people



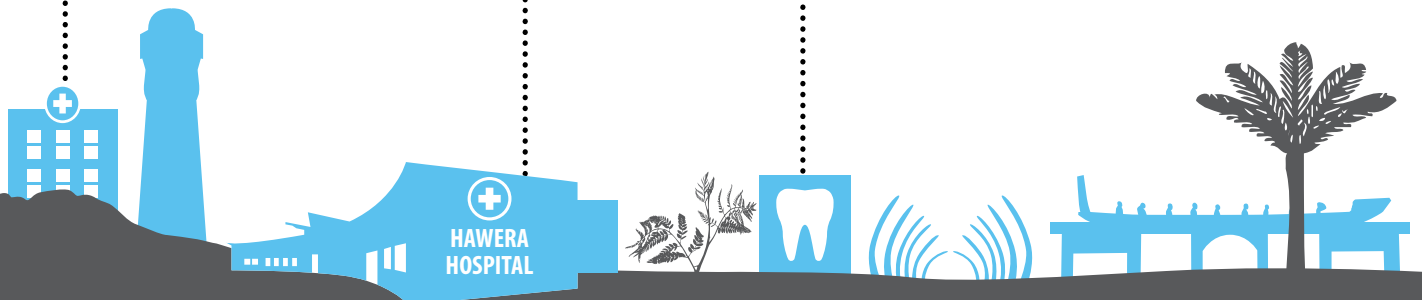
Māori Health providers in North and South Taranaki



Well Child/Tamariki Ora health services

Community health centres in Mokau, Waitara, Stratford, Patea and Opunake

21 Dental practices



# Taranaki DHB Clinical Board

## What is a Clinical Board?

The Clinical Board, on behalf of the DHB's Chief Executive, is charged with ensuring our healthcare facilities have appropriate systems in place for good clinical governance.

Clinical governance is the system by which staff are accountable for good patient care, identifying and mitigating risks, and continuously monitoring and improving the quality of care. It involves aspects of quality assurance, quality improvement, patient safety and staff safety.

## Who is on the Clinical Board?

The chief medical advisor chairs the Clinical Board and the director of nursing assumes the deputy chair role.



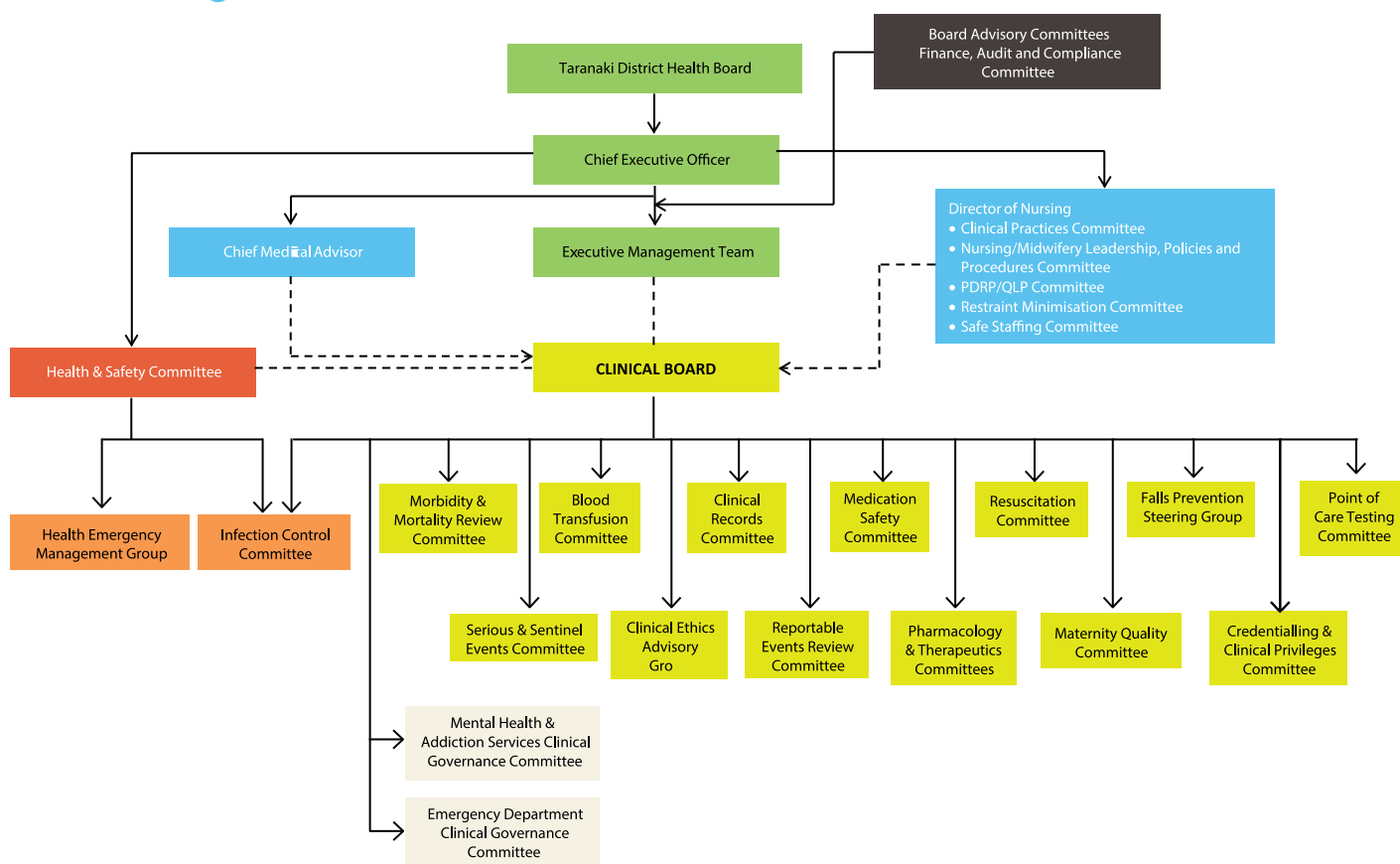
There are 11 members of the Clinical Board from a range of professional backgrounds including allied health, nursing and medical, as well as a non-clinical consumer representative. The chair, deputy chair and members are supported by a part-time (0.2FTE) Clinical Board co-ordinator and a secretary.

## What do we do?

The Clinical Board oversees the function of the 16 clinical committees, all of which report to the Clinical Board. These committees meet from monthly to quarterly and provide the Clinical Board with annual reports documenting progress with their projects and plans.

The Clinical Board also receives annual reports from each of the medical departments which includes highlights from the year, any issues they are encountering and progress made against the recommendations of the departmental committees conducting their five-yearly credentialing.

## Clinical governance structure

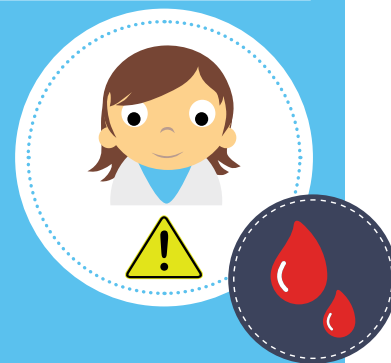




# Learning from adverse events

Taranaki DHB is committed to ongoing improvement in the quality and safety of the services provided. We recognise that the ongoing benefits of learning from our experiences are significant in terms of saved lives, harm prevented and resources freed up for the delivery of more and better care.

A recent example of this is the review of alerts that identify patients who are at risk of bleeding if they experience a fall. The review resulted in clearer identification, alerts and documentation, enabling staff to implement greater safety measures and care for patients.



## DATIX - Improving incident management

Taranaki District Health Board (DHB) was the first of the five Midland DHBs in New Zealand to introduce Datix, an electronic reporting system designed to improve the ownership and management of risks, hazards, incidents and complaints.

This system provides simpler recording of adverse and near miss events and enables analysis and meaningful reporting at both a unit and organisational level. Management can now look at trends, including the identification of issues and risks we need to address in

order to increase safety and minimise adverse events.

Healthcare is demanding and Taranaki DHB staff do an excellent job at providing very competent and professional care to improve the health of our patients.

Over the past year 29,618 people were admitted and cared for at Taranaki Base and Hawera hospitals and the vast majority were treated without incident.



## Keeping Taranaki kids safe

Taranaki DHB health promoters and paediatricians, in conjunction with various Taranaki community groups, carry out ongoing work as trustees of the Kidsafe Taranaki Trust. This group is a national leader in addressing child injury issues at a regional level.

Consistent involvement from Taranaki DHB paediatricians who, as experts in child health and those on the ground dealing with the aftermath of child injuries, are in an ideal position to provide guidance and leadership to the trust.

In early 2016 the trust completed a report on child injury hospitalisations. The report, which has been collated every three years since 1996, has enabled the trust to identify local injury priorities, track trends and develop evidence-based local strategies that work to prevent child injuries.

Following the publishing of this report, Taranaki DHB paediatrician and Kidsafe

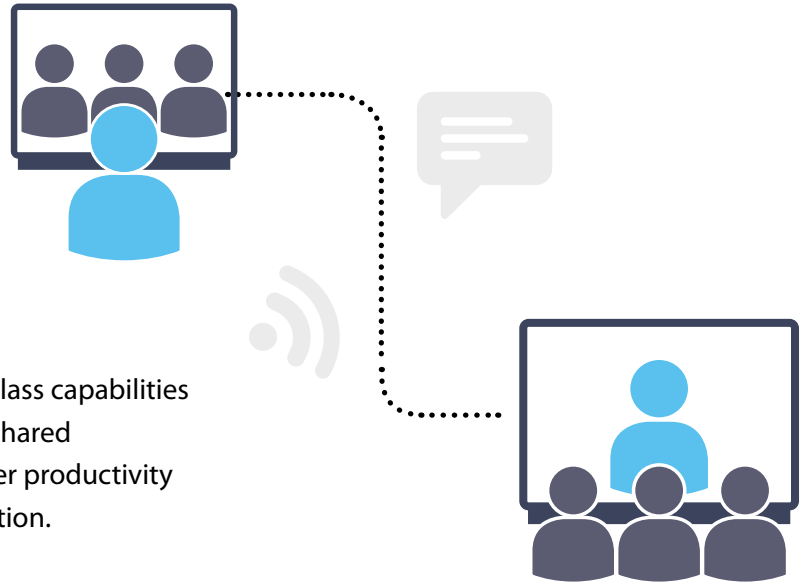
Taranaki Trust member Dr Stephen Butler was invited to give a presentation on it (and the details of projects currently delivered in Taranaki to address child injuries), at the Injury Prevention Aotearoa national forum in Wellington on behalf of the Trust.

The report and associated work being carried out was well received by those in attendance, clearly reiterating the KidSafe Trust's value as leaders in the child health sector.



# Connecting to greater health outcomes

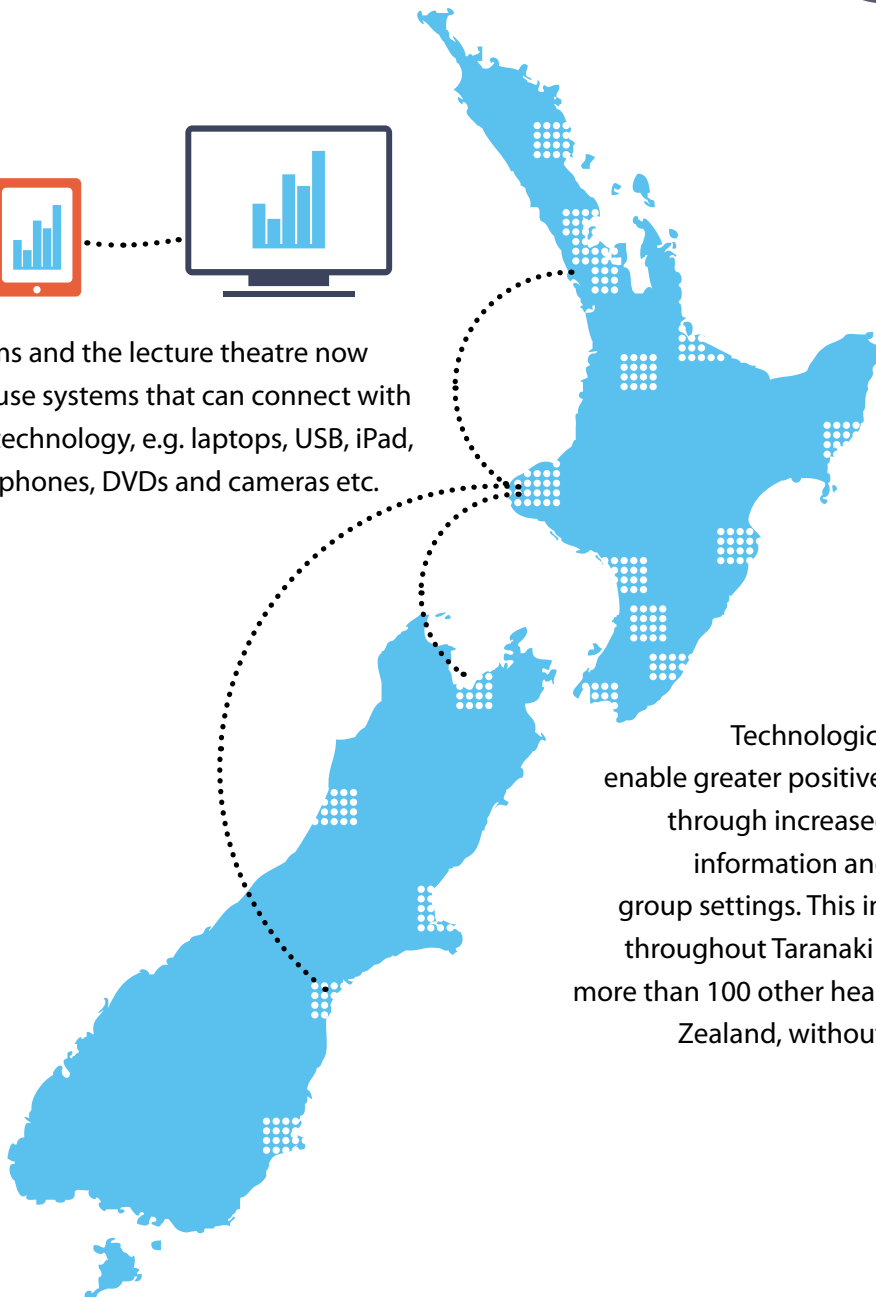
Taranaki DHB undertook a comprehensive upgrade of the video conferencing (VC) facilities available throughout both Taranaki Base and Hawera Hospitals.



This has resulted in first class capabilities for communication and shared learning, as well as greater productivity throughout the organisation.



Meeting rooms and the lecture theatre now have easy to use systems that can connect with virtually any technology, e.g. laptops, USB, iPad, iPod, tablets, phones, DVDs and cameras etc.

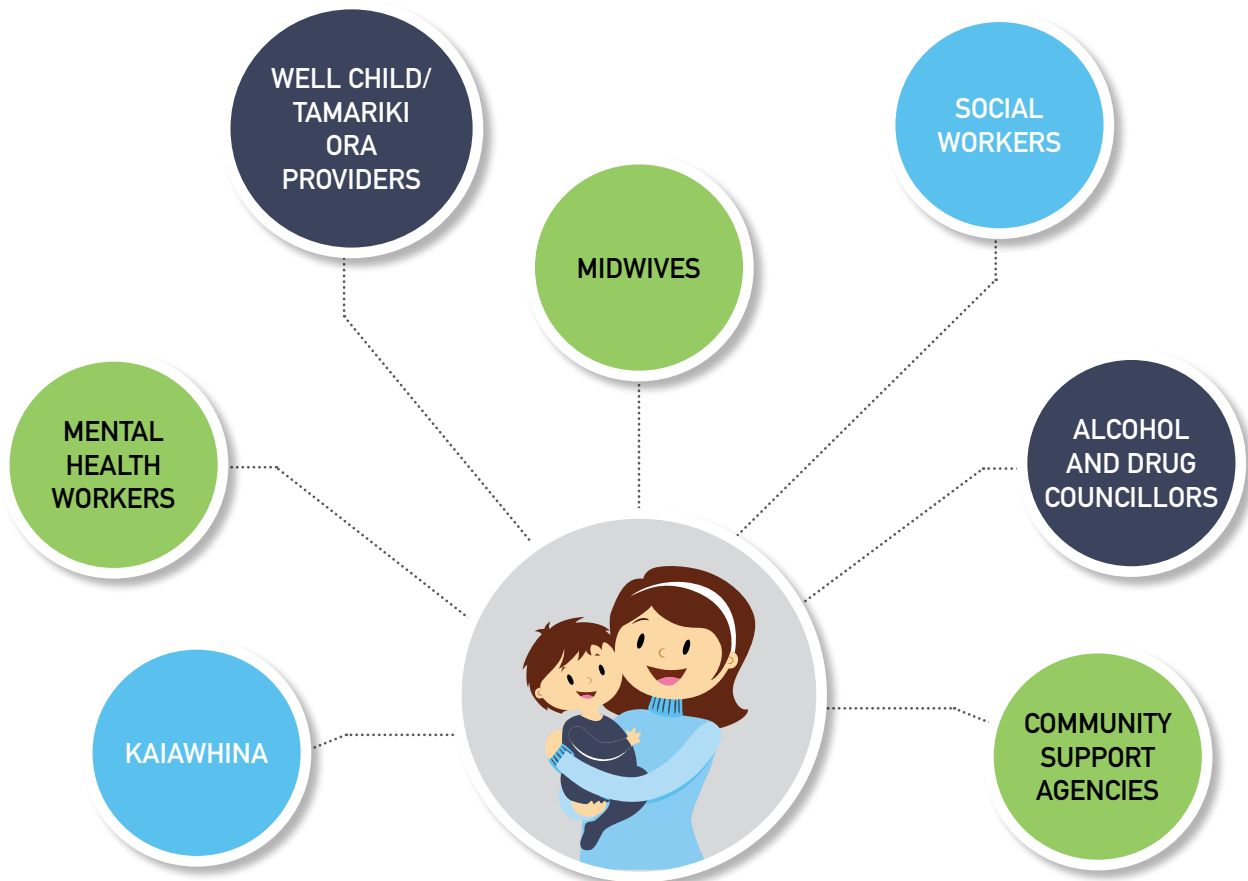


Technological upgrades like this enable greater positive medical outcomes, through increased capability to share information and to study images in group settings. This includes connections throughout Taranaki DHB, as well as with more than 100 other health providers in New Zealand, without the need for travel.

# Protecting our mums and babies

The Maternity Quality Committee implemented the Maternal Wellbeing and Child Protection Group, whose purpose is to strengthen families by providing wrap around support for infants and pregnant women where required.

The group is made up of healthcare workers from a range of Taranaki DHB departments, community and Government departments. These include midwives, social workers, alcohol and drug counsellors, Well Child/Tamariki Ora providers, mental health workers, kaiawhina and community support agencies, who all work together to support the family and key care givers.



## Paediatric early warning system

**P**

In 2016 the team at the TSB Children and Young People's Ward (2B) implemented the Paediatric Early Warning System (PEWS). This new system, re-developed by our staff, is an organised and standardised way for nurses to identify if unwell children are deteriorating and will need extra medical assessment and care.

**E**

The PEWS was trialled on Ward 2B for three months, re-adapted and the final version agreed. The PEWS has since been rolled out to other services that children use including the emergency departments at Taranaki Base and Hawera hospitals, ICU and the Post-Anaesthesia Care Unit (PACU 2).

**W**

**S**

Paediatric nurses have found that PEWS makes care safer for children because the rating scale is so clear and understandable for all. For example, new staff or nurses who may be working temporarily in a clinical area all know exactly what to do in this emergency situation. Nurses also said that it makes their jobs easier because documentation is quicker, freeing up time to spend with their young patients.





The Maternity Quality Committee (MQC) was established in 2012 to monitor and manage the standard of maternity care within Taranaki DHB and its contracted health care providers.

The Committee has had great success in 2015/16, gaining 'excellence' in the most recent assessment from the National Maternity Monitoring Group. As a result, the MQC was been chosen to pilot a new project aimed at growing the capacity and capability of community maternity care providers with a focus on midwifery leadership, as well as support and promotion of the associated IT infrastructure.

This year a second consumer representative was appointed to the MQC to provide direction and advice to our maternity services from a consumer perspective. Our consumers provide the link between our services and those in the community and allow us to reach other consumers via the Taranaki Maternity Quality Safety Programme Facebook page and consumer surveys.

## Looking ahead to 2016/17 we will:

- Examine data and case reviews to identify areas where outcomes can be improved.
- Work with other key stakeholders to help reduce the number of pregnant women who smoke by providing better support for pregnant women and their families to quit.
- Explore how we can better meet the peaks and troughs of maternity care in relation to safe midwifery and medical staffing.
- Hold community events such as the Parent Hub at WOMAD and a new project for our consumer representatives, the Maternity Services Roadshow, which will help establish relationships between maternity service providers and those who use the services.
- Explore how we can improve management of the 'mother and baby journey' when caesarean section is required.
- Continue to work on the promotion of vaginal births where appropriate, by providing key messages, health education, displays, practitioner updates and positive actions.
- Continue to strengthen the model of care at Hawera Hospital maternity unit for low-risk birthing and to meet the needs of the local population.
- Introduce standardised neonatal resuscitation trolleys in all areas that neonatal resuscitation is likely to be required throughout Taranaki DHB.
- Examine cases of small for gestational age (SGA) babies born between 40-42 weeks, to explore how actions can be implemented to reduce the number of cases.
- Progress the audits planned and identified in the Maternity Annual Report for 2016/17.



Expecting  
Pregnant  
Hapu

## TOP 5 things to do in the first 10 WEEKS

- ☐ Find a Lead Maternity Carer
- ☐ Consider early pregnancy screening
- ☐ Take iodine and continue folic acid
- ☐ Eat well and exercise
- ☐ Avoid smoking, drinking and other drugs

# Helping our elderly regain independence

Following time spent in hospital, older patients are often faced with the prospect of rest home care in order to receive the support they need in their recovery. This loss of independence can be stressful and can impact a patient's mental wellbeing.

In order to help older people successfully regain independence after spending time in hospital, Taranaki DHB began trialling intensive home-based support packages. Services include home help and personal care, with regular follow up by a registered nurse and an occupational therapist.

The packages have so far been successful for our patients. An example is Mrs P, who despite a lengthy hospital stay which left her with very reduced mobility, is now living independently with minimal support. Prior to treatment in hospital this patient had a very active social life and a number of hobbies which meant she was willing to do whatever it took to regain her independence

The patient diary kept during the four-week service trial showed that Mrs P was 'overwhelmed and unsettled' when she first returned home, but with the support of her family and support workers over the next four weeks she had stabilised at home and had made significant lifestyle changes to adapt to her reduced mobility. She was extremely happy to be home and grateful for the support and encouragement she had received along the way.

The trial will continue into 2016/17 and the findings of this service trial will be used to decide whether we offer this as a service option in the future.



# Providing comfort in end of life care

When people in rest homes and the community become ill and require palliative (end of life) care, they're often required to spend the end of their life in hospital in order to receive the appropriate care.

This year extra funding enabled Taranaki Hospice (which is contracted by Taranaki DHB to provide palliative care services) to employ additional Palliative Care Liaison nurses to specifically support Taranaki's Aged Care community in delivering high quality care to those in need. This includes provision of support to staff within rest homes, Hospice and community nursing services.

A recently admitted patient in a rest home became very unwell (palliative). He needed intravenous fluids and the level of knowledge and skills required to manage this was beyond that available within the rest home. A liaison nurse was called and was able to support the staff to deliver the treatment needed, meaning that the man did not need to go to hospital for his care and could spend his final days in the comfort of his home.

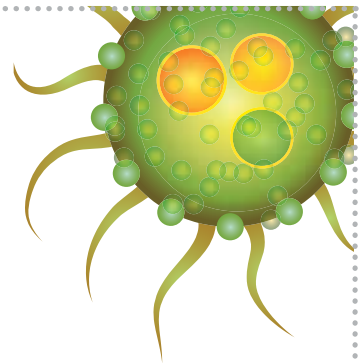


# Improving the way we identify allergies

Taranaki DHB's Clinical Board launched an allergy management project aimed to improve the way allergies are identified and documented in order to increase patient safety. This is also a focus for both the Ministry of Health and the National Health Information Technology Board.

The project team surveyed Taranaki DHB health professionals in order to better understand the issues and possible solutions. 134 responses were received from nurses, doctors and allied health, scientific and technical staff.

Among issues identified, some staff reported that "Patients can't always remember their allergies or what they are allergic to". Many suggestions to improve the current system were received. The project has now moved into the next stage of work.



To keep yourself safe when receiving healthcare, it is important to note down what you are allergic to and tell your health care team. This helps us keep you safe and ensures your records are up-to-date.

## In 2016/17 we will:

- Review clinical procedures related to allergies.
- Streamline the allergies verification and documentation system.
- Improve the integration of IT systems in relation to allergies.
- Establish an improved audit programme.





## Treatment pathways for urology cancers

The Ministry of Health has funded a Taranaki DHB \*urology improvement project which commenced in July 2015. The aim of the project is to ensure a more smooth and consistent pathway for patients with a urology cancer.

This followed on from a project in 2014/15 to improve the coordination of services for people who are diagnosed with a urological cancer in Taranaki. As a result of the project a new uro-oncology coordinator position was established, which has greatly assisted people with urology cancers. According to one patient "Every time I went for a consult I was dealing with a different doctor. The Uro-oncology coordinator was the link to sort this out."

Recent developments have helped to improve wait times for patients having tests and appointments, in order to meet treatment timeframes. Thanks to the generous donation of a \$45,000 transrectal ultrasound (TRUS) machine from Rotary Taranaki, we can now offer Taranaki men prostate cancer diagnosis and treatment much faster than before. Prior to the DHB having its own TRUS machine, a machine was leased which meant the service was limited to one Uro-oncology session per month.

"Every time I went for a consult I was dealing with a different doctor. The Uro-oncology coordinator was the link to sort this out."

The project team has actively engaged with consumers to better understand what their needs are and how they experience the service. As an example, the team held a focus group with Māori men who have had cancer treatment. The information the men provided was extremely helpful in developing patient information and the pathway.

### In 2015/16 we:

- Developed two clinical pathways for the management of urological cancers.
- Developed patient information resources for all urological cancers using the principles of consumer co-design. That is by working in partnership with the service users and staff.
- Improved patient experience.
- Made sure that people stayed in hospital after surgery for as short a time as possible.

### In 2016/17 we will:

- Test and implement the clinical pathways.
- Test and implement the patient information resources.
- Develop a plan to make sure improvements are maintained.
- Reduce inequities and improve access to services for Māori.

*\*Urology is the branch of medicine that focuses on surgical and medical diseases of the male and female urinary tract system and the male reproductive organs*



# Influenza – Don't get it, don't give it!

Throughout influenza (flu) season, Taranaki DHB offered free flu vaccinations to all employees, contractors and volunteers. Taranaki DHB views influenza immunisation as a requirement for ALL staff, as a measure to limit the spread of the virus to vulnerable patients and the community in general.

A significant promotional campaign was run to increase staff immunisation rates. This included a 'Flu HQ' where staff could pop in for a flu vaccination when it suited them. "Roving vaccinators" were also available across all shifts to bring flu vaccination to those who found it difficult to leave their areas.

Staff immunisation rates increased by 12 per cent in 2016 and we urge everyone in the Taranaki community to get immunised to protect yourself, your colleagues, your family/whānau and your community.

*Taranaki DHB Board members and managers receiving their flu vaccinations*

If you have any questions or queries about influenza vaccination, speak to your pharmacist or GP.

**FLU**  
**CAN BE**  
**ANYWHERE**



# Endoscopy quality improvements

Endoscopy documents are the foundation of an endoscopy service. Throughout 2015/16 the endoscopy team has developed and implemented several documents and patient information booklets to improve processes and better prepare patient for their endoscopy experience.

## In 2015:

- Patient information booklets for specific endoscopy procedures such as colonoscopy, gastroscopy, flexible sigmoidoscopy as well as combination booklets for double procedures, e.g. gastroscopy/colonoscopy & gastroscopy/flexible sigmoidoscopy.
- Split bowel preparation patient instructions for morning and afternoon colonoscopy procedures.
- Nurse-led prioritising of direct access referrals.
- Telephone pre-admission for endoscopy procedures.

## In 2016:

- Endoscopy day patient procedure record.
- Nurse-led consent policy, competency assessment and endoscopist delegation of authority for endoscopy registered nurses.
- Revised endoscopy-specific consent form.
- Held an endoscopy 'hands on' session for Taranaki DHB & Southern Cross staff.
- Patient feedback questionnaires via ProVation reporting tool.
- Taranaki DHB endoscopy electronic referral form.

The first service improvement project for 2017 will be the Endoscopy Inpatient Procedure Record to enhance documentation of the patient requiring an endoscopy procedure having been admitted to hospital.

*Quality improvement never ends, but is a continuous journey.*







# Consumer engagement

# Quality Accounts public consultation

In early 2016 a consultation process was undertaken to seek public views about Taranaki DHB's 2014/15 Quality Accounts publication.

A survey was sent to members of Taranaki DHB reference groups; we spoke to members of the Community Health and Disability group (CHAD); we also distributed copies of the publication and telephoned some members for feedback.

Additionally, a display was set up in the New Plymouth's Puke Ariki Library for one week and members of the public were asked their views. Information provided by the public has helped guide the content and layout of this year's publication and we sincerely thank those who talked to us.

The feedback received throughout the consultation process was used in the development of the 2015/16 document.

## Here's what three people told us:

"Consistency of headings: Need to establish three (maybe four) clear heading types and use them consistently – I counted at least 10 different heading styles – used "interchangeably" throughout the document."

"I thought how valuable it is to have the facts and figures of DHB. Overall, an excellent publication. A lot of people wonder what happens (in health), this gives you a better idea of what's up there and how the facility services the public."

"First impression was that information was fragmented and cluttered. Liked the colour of the 2013-14 document – much easier on the eye – therefore easier to read."





## Connecting with Taranaki's new mums

At the end of August 2015 the Midland Maternity Action Group (MMAG) which Taranaki DHB is part of, launched a free phone app called BreastFedNZ, designed to help support and encourage women with their breastfeeding goals.

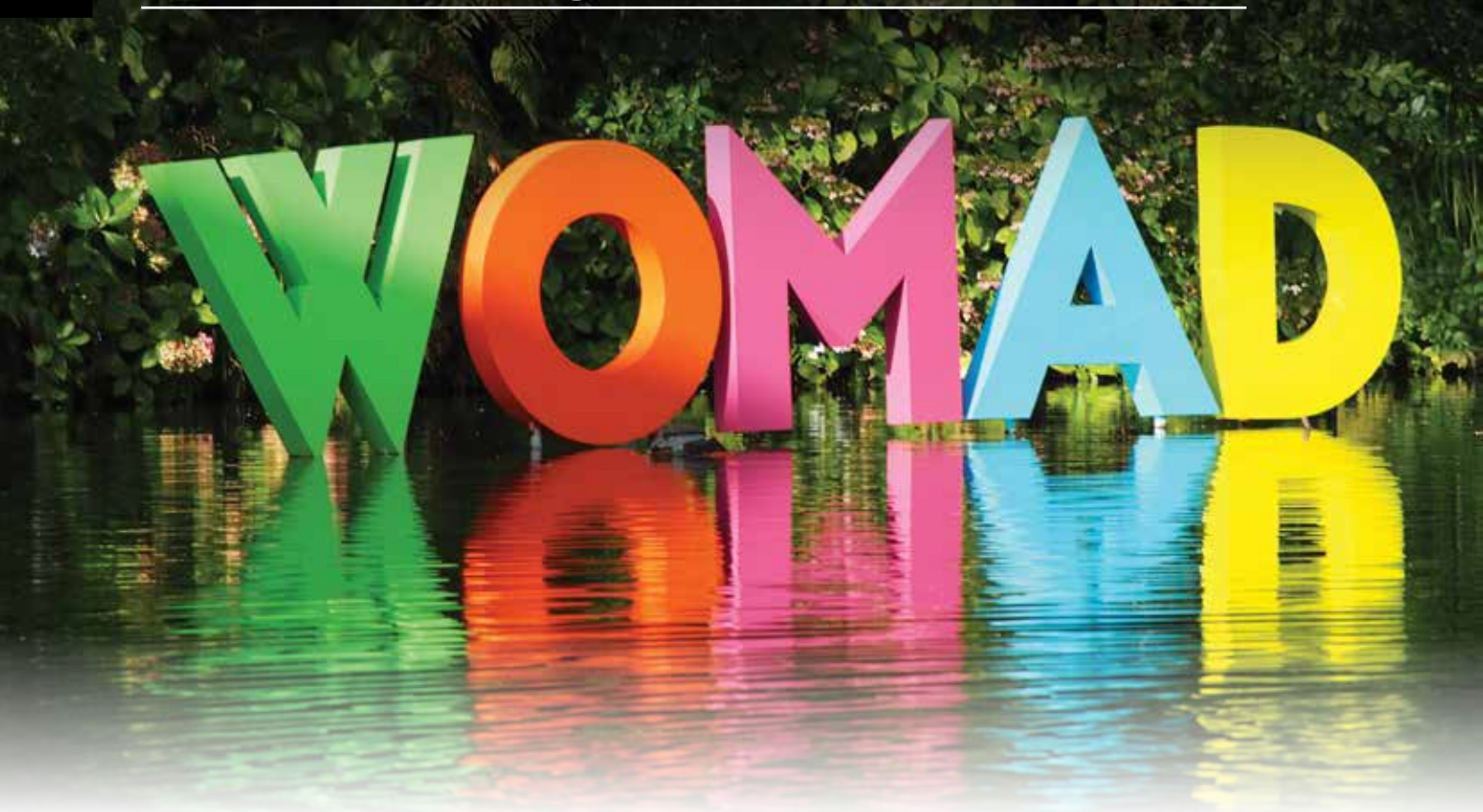
The app provides simple, consumer-focused information, illustrations, photos, video clips, web links, and personal stories aimed at supporting pregnant women and new mothers alongside the care of their midwife or Well Child provider.

The app can be downloaded for free from both iTunes and the Google Play store.





# Taranaki DHB goes to ...



It's no secret WOMAD is a family-friendly festival and this year it took that atmosphere a step further by teaming up with the Taranaki DHB Maternity Unit to offer a Parent Hub at WOMAD 2016.

The Parent Hub was a great success, with a constant stream of families visiting the tent throughout the entire weekend. It was a relaxed and welcoming space where Taranaki DHB maternity staff were available to discuss any questions festival-goers had about their baby or one that might be planned or on the way.

The Parent Hub included a change table, toys and a lounge area with furniture and lamps kindly donated by Hospice Taranaki. Parents came to the hub to feed and have a rest with their babies in comfort.

There was also a range of information available including the top five things to do when you discover you are pregnant as well as information on how to ensure your baby gets the best start in life.



# Feedback from our patients

"Cannot thank staff enough for care during labour and afterwards. Support during a tricky situation gave us confidence that everything was OK. **Midwife was exceptional.**"

"Great support, excellent knowledge, very reassuring. Quick to provide additional expertise if needed. Good facilities and provisions. All round a very **caring and supportive professional service.**"

"Staff at Hawera Maternity are absolutely lovely. They all **took every opportunity to help me** and baby and without their help I never would have gotten so far with my breast feeding."

"I want to say how thankful I am for the excellent care I received recently at Taranaki Base Hospital. The doctors, nurses, and support staff in both ED and the Surgical Ward were so friendly and supportive. The clinical and personal care I received was very good.  
**Thank you so much.**"

"From my unexpected admission via the ED for surgery and overnight in Ward 3A plus visits from home care by the district nurse team, **I received amazing care and attention** from start to finish. I have nothing but praise to all who cared for me. Well done and thank you."

"One of the stand out features of the care we received was the **team effort** by all in the ward, to create a team that works like this is difficult to do and the way you all worked together is very commendable. I could name individuals for their special care but I don't want to detract from the excellent team environment prevailing on the ward. Once again our sincere thanks for all your compassion, genuine care, professionalism, advice and support, it makes all the difference, we are glad we live in Taranaki."

"I am writing to **express my appreciation** for the wonderful care and treatment I received during my recent emergency admission. I visited many hospital departments, ED, X-Ray (3 times), HDU, Ward 3B, CT and ultrasound. Everyone was unfailingly professional, kind and compassionate in what was a frightening experience..."

"I just wanted to thank both the Emergency Department and ICU staff for their care and understanding of my dad when he was brought in critically ill last week. The **compassion, professionalism and 'nothings a problem'** attitude of all the staff in both departments made our journey with dad's sickness a little bit more bearable."

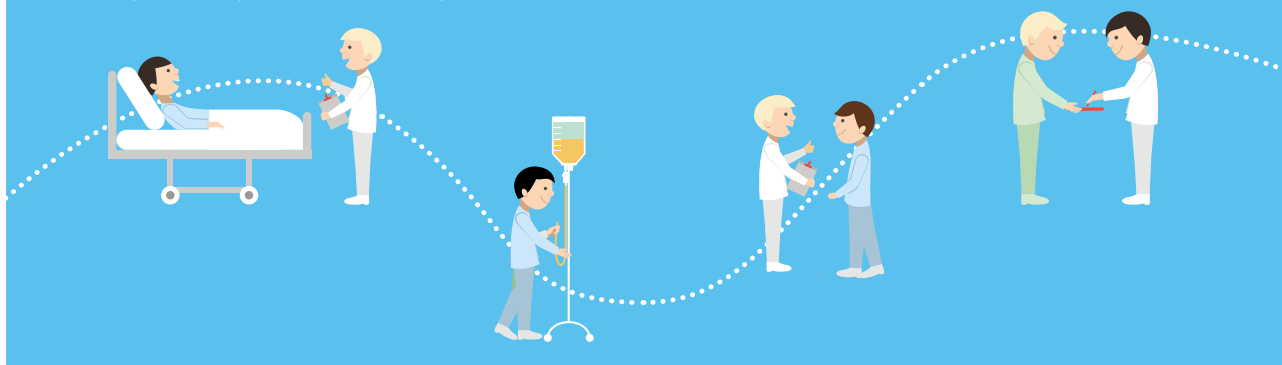
"My mother received terminal care after a stroke on Ward 4B in July. She and our whole family received wonderful care both in ED and subsequently on the ward. Although a very sad time for us, the care shown by both the nursing and medical staff **made a huge difference** and we are extremely appreciative of it."



# Sharing your stories to improve health services

At Taranaki DHB's May 2016 Clinical Board meeting, a patient attended to give his "journey" through the urology service. The Clinical Board found this patient's story to be extremely useful and informative, with a number of learnings.

Sharing of patients' stories in this setting enables the Clinical Board to work in partnership with the Taranaki community to make improvements. These accounts are set to become a regular occurrence at Clinical Board meetings and may extend to a variety of other forums.



## Taranaki DHB Visitors' Policy review

Ensuring patients are able to receive safe clinical care at all times, while being appropriately supported by their loved ones is of the utmost importance to Taranaki DHB.

Following feedback from patients, families/whānau, visitors and staff, Taranaki DHB launched a review in 2015 of the organisation's current organisation-wide Visitor Policy. This policy review was part of an ongoing project called Health Together: Hauora Huihui (see page 46), which promotes consumer engagement and works to promote patient and family/whānau-centred care.

The policy review was carried out using a co-design\* approach and working in partnership with consumer representatives who were included in the project team. As part of the review, the project team surveyed more than 330 patients, visitors and staff. Consultation from these groups was critical in determining views

on the current visitor policy, as well as finding out what works for both clinical and non-clinical staff to ensure the provision of safe clinical care at all times.

Survey results indicated that for general visitors, current visiting hours met the needs of a large majority of those surveyed. However there was strong support that family and close support people should be able to visit at any time, subject to the patient's consent and the need for clinical safety.

As a result we changed the policy and are implementing the nominated support person role to enable people to be at the bedside for their loved ones.

Recommendations were made to the Executive Management Team that promotion to staff and patients of the use of support people (usually family members nominated by the patient)

was required, as well as testing of how this was managed in clinical areas.

The policy has been renamed the **Taranaki DHB Visitor and Nominated Support Persons' Policy**. Work is now underway to develop and test resources and a procedure to implement the policy starting in Ward 2A.

"If I was able to come at any stage to feed my mother she would be more settled, less confused and would comply with carers - at present staff are struggling to get her to do stuff I know she would do for me."

In 2016/17 we will implement the policy in all wards at Taranaki Base and Hawera Hospitals.

\* Co-design is a way of bringing consumers, carers, families and health workers together to improve health services. Giving people an equal voice as active partners in health care improvement leads to better outcomes for all.





## Improving access to elective surgeries

A major project for our perioperative\* team this year was to improve elective surgery access, by increasing the number of day-surgery cases (patients receiving surgery and being safely discharged on the same day) for laparoscopic cholecystectomy, skin lesions, breast surgery and hernia repairs.

Staff, patients and their support people (family/ friends) were surveyed in order to find out what factors resulted in patients having to stay in hospital overnight following these surgeries (e.g. need for in-hospital pain management; the patient lived far away; or for other medical reasons). The project team then collectively reviewed the feedback and devised ideas that could remove these barriers.

Approved ideas from the feedback, combined with evidence-based practice from other healthcare providers from around the world were then trialled in the theatre and post-anaesthetic care (PACU 2) departments.

\*Perioperative - the time period describing the duration of a patient's surgical procedure; including ward admission, anaesthesia, surgery, and recovery.

The project resulted in a number of significant improvements:

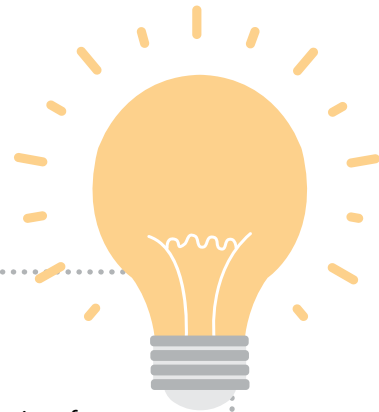
- Number of day-surgery cases in the chosen categories increased from 25% to 60.5% over the course of the project.
- Greater availability of beds for patients needing to stay overnight in the inpatient wards.
- Reduction in the number of people being readmitted after surgery.
- Patient safety improvements made as a result of feedback provided.
- Substantial decrease in costs for these specific procedures.

Although the target of 75% was not met within the time frame of the project, positive progress continues and is closely monitored. Patients, their support people and their welfare were the main concern of this project. As a result we have seen great improvement in positive patient experiences and outcomes reported.

A new initiative introduced as a result of the project was to phone patients at home (or other nearby accommodation) the day after their surgery. Patients said they "really appreciated the call and felt valued."

# Involving consumers in designing our services

The Health Together - Hauora Huihui Interim Council is a group of consumers and staff working to improve consumer engagement within the DHB at all levels and continued to meet monthly in 2015/16.



## In 2015/16 we:

- Recruited eight additional consumers to the council.
- Hosted Dr Lynne Maher, Director of Innovations at Ko Awatea, Counties/Manukau DHB for a series of presentations about patient-centred care for the council, senior management and staff.
- Provided 35 consumer engagement resource packs to hospital wards and units.
- Carried out a census of consumer participation (*see next page*).
- During Patient Safety Week asked the public "What matters to you in healthcare?" and shared the results with staff.
- Continued to include consumer representatives in improvement projects.
- Provided training sessions about patient-centred care to staff groups.
- Held a successful consultation meeting for council members about the draft National Health Strategy.
- Distributed the new HQSC Patient Safety Card to all appropriate inpatient beds.
- Provided advice to senior management as requested.
- Delivered presentations about the interim council to consumer reference groups.
- Held a workshop for council members to plan for the future.
- Carried out a co-design evaluation of the Health Together-Hauora Huihui Interim Council.

## In 2016/17 we will:

- Participate in the HQSC "Partners in Care" co-design in health and care services training in order to improve staff capability
- Establish a consumer engagement lead role for Taranaki DHB
- Establish a Taranaki DHB-wide consumer council
- Establish a consumer remuneration policy
- Increase the numbers of consumers on project teams in service improvement projects
- Routinely use co-design methods to design services – we will listen to our users and include them, where possible, in the design of services
- Review the Taranaki DHB Patient & Family/Whānau-Centred Care Framework 2014-2017 using co-design principles
- Decide how to use the results from the National patient experience inpatient survey to make improvements.

## What matters to patients?

(Kings Fund & Kings Collage England 2011)



Feeling  
informed and  
being given  
options

Being  
treated as a  
person, not  
a number

We undertook a census on 1 August 2015 that indicated there are 115 consumers working in partnership with staff in the following groups:

<b>Mental Health and Addictions Service consumer advisor</b> 	<b>Mental Health and Addictions Service family/whānau advisor</b> 	<b>Alcohol and Drug Service family/whānau advisor</b> 
<b>Diabetes Service meeting</b> 	<b>Taranaki Cancer Network</b> 	<b>Clinical Board</b> 
<b>Clinical Ethics Advisory Committee</b> 	<b>Alcohol and Drug Service Advisory Group</b> 	<b>Health Together: Hauora Huihui Interim Council</b> 
<b>South Taranaki Health Forum</b> 	<b>Project team consumers</b> 	<b>Mental Health and Addictions Service South Advisory Group</b> 
<b>Older People's Consumer Reference Group</b> 	<b>Mental Health and Addictions Service E-Group</b> 	<b>Mental Health and Addictions Service North Advisory Group</b> 
<b>Disability Action Group</b> 	<b>Maternity Quality Committee</b> 	<b>Credentialling Committee</b> 

This is what Taranaki consumers have to say about working with us:



"Being on the project team means I can be a voice for the consumer"

*Kerin Fairweather, Evolve Radiology Project*

"Having consumers involved in hospital service groups just makes sense and helps to get the service right."

*Members of the South Taranaki Advisory Group, Mental Health and Addictions Service.*

"Staff must not be afraid as it's about involvement and better understanding."

*John Cunningham, Older People's Consumer Reference Group*

"Involvement in hospital service groups is vitally important as together, we are a partnership."

*Agnes Lehrke, Older Peoples' Consumer Reference Group*

"Consumers bring an essential and unique perspective by providing a balance to the views of health professionals and policy-makers."

*Angela Walters, Taranaki Cancer Society*

"Unless one has walked in our shoes, the probability is low of fully understanding our needs, our reservations, our fears and our expectations."

*Christine Windle, Disability Action Group*

"The governance group in which I am involved has been supportive and helpful. I see my consumer role as a bridge between hospital governance and consumers."

*Christine Strydom, Maternity Quality and Safety Committee.*



Efficient processes

Being involved in care and being able to ask questions

The value of support services, for example patient and carer support groups

Staff who listen and spend time with me/ patients



# Reducing diabetes DNA rates

Nationally, 'did not attend' (DNA) rates are problematic and a considerable amount of work has been undertaken to reduce these. In Taranaki, diabetes has the second highest DNA rates for our DHB. To combat this a project group of experts has been formed to help reduce DNA rates in diabetes clinics and to ensure patients are getting the best possible support to manage their condition.

One of Taranaki DHB's health targets is to improve the number of eligible people having diabetes checks. This includes working with primary health (community-based) organisations in developing their diabetes care improvement packages and management of long-term condition programmes.

The project group piloted a patient survey to identify reasons why patients do not attend their appointments and have developed improvement goals to address these. The current processes have been reviewed, as well as determining if the DNA letters sent to patients are effective.

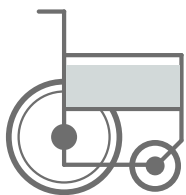
Taranaki DHB has Diabetes Education Units operating from Taranaki Base Hospital, Hawera Hospital and Stratford Health Centre covering the New Plymouth, Mokau, Waitara, Stratford, Eltham, Opunake, Patea and Waverley districts. Referrals are accepted from general practitioners, specialist consultants, midwives, hospital wards and departments, community agencies and include patient self-referrals.

## What are the aims for the project group in 2017?

In 2017 the project group will be recruiting a consumer representative who will join the project group to assist with insight into why people do not attend. Preferably this person will have a history of non-attendance themselves.

A review of the booking and notification process is currently being conducted, with predictions that components of the process will require improvement and will become a focus for the project group.

Areas for improvement will emerge from the patient surveys undertaken at the end of this year and are likely to provide the basis for work to be addressed in 2017.



## Making health care accessible for all

NEED AN  
INTERPRETER?

The Taranaki Disability Action Group worked with Taranaki DHB staff to improve the patient and visitor information on the website – [www.tdhub.org.nz](http://www.tdhub.org.nz). Group members advised about what was helpful for people with disabilities to know when they are admitted to hospital, attend an appointment or when supporting and visiting a patient. The information includes the location of mobility parking, how to access a wheelchair and assistance, and how to arrange an interpreter.



[www.tdhub.org.nz/patients\\_visitors/disabilities.shtml](http://www.tdhub.org.nz/patients_visitors/disabilities.shtml)





# Partnerships *for a* healthy community

Children from Taranaki DHB's Whānau Pakari programme with Sam Rapira from Boxfit New Plymouth. Whānau Pakari is a whānau-based healthy lifestyle programme that supports Taranaki children and adolescents who are struggling with weight issues.



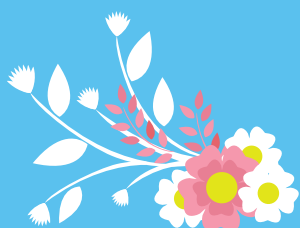
## April Falls awareness week

In late April 2016, Taranaki DHB partnered with New Plymouth Injury Safe (NPiS) and ACC to celebrate April Falls awareness week, which is part of the Health Quality and Safety Commission's (HQSC's) national patient safety campaign.

This awareness week highlighted the issue of falls and their impact on our community, as well as the many ways in which people can reduce their risk of falls and associated injuries. With a focus on building and maintaining strength and balance, physiotherapy students developed an online quiz and a physical challenge for staff to participate in, with prizes donated by local businesses.

Information and resources were distributed within the DHB and publicly via social media, as well as [coverage in the Taranaki Daily News](#).

## Supporting families at times of loss



Taranaki families who suffer the loss of a baby in pregnancy or early infancy now have the opportunity to spend more quality time with their deceased baby, thanks to the donation of a Cold Cuddle Cot from Linda and Don Mackie via the Emerikus Land Foundation.

The Cold Cuddle Cot is a relatively new piece of equipment in New Zealand and is the first of its kind at the Taranaki DHB, giving families time to share special moments, bond and form memories with their baby.

The cot is being used in Taranaki Base Hospital's Willow Suite, a facility that has been set up with the support of SANDS New Plymouth (a pregnancy, baby and infant loss support group).

# Working towards smokefree Aotearoa 2025



**Smokefree Aotearoa 2025 is the Ministry of Health's vision for New Zealanders to empower people to quit smoking and enjoy tobacco-free lives. Smoking and tobacco use is the single biggest preventable cause of illness and early death for Taranaki people. Taranaki DHB continues to work on a range of initiatives in partnership with community health providers to support our region in becoming smokefree.**

## Supporting local businesses

One of those initiatives focuses on local businesses, more specifically supporting them to provide 100% smokefree premises for their customers.

The Cure Café in New Plymouth was one of the first to get on board with this initiative. Mieke Verschoor, manager of The Cure Coffee said, "When we were approached by Taranaki DHB about going smokefree we knew we wanted to be part of the move towards a healthier, smokefree community but were also wary of what some of our customers would think."

"To the contrary, our customers, including the smokers, have been supportive of our decision to become a smokefree cafe," added Ms Verschoor. The Cure Coffee's smokefree stance means they join their neighbours the Hospice, the Hospice Shop and Taranaki DHB campus which are also smokefree.

## Supporting our people

Kōhanga Reo from around Taranaki have taken on the Tupeka Kore Challenge to create a tobacco-free community and future for their children. The Tupeka Kore Challenge is a tikanga (tradition) based programme designed alongside Kōhanga Reo for the Kōhanga Reo environment. The aim is to reduce smoking and smoking-related illnesses in Māori children and their families, while normalising a tobacco-free culture.

Kōhanga were able to choose which of the available resources were incorporated into their curriculum based on their individual needs and aspirations. This enabled them to continue teaching the Tupeka Kore message and supporting children and their families in this way after the DHB's involvement in the programme finishes.

Teaching and supporting the Tupeka Kore messages in the Kōhanga environment will have a flow-on effect to other aspects of the community's health and wellbeing, as it will regularly expose children to the concept of leading an active lifestyle that will create opportunities around health, work force and education.

## New movie channels for the Children's Ward

The TSB Children and Young People's ward at Taranaki Base Hospital is now better equipped to entertain young patients, with the installation of a new hard drive with special software that plays movies on three channels to all 22 television sets throughout the ward.

The new software was introduced thanks to a collaboration between Roadshow Entertainment and Jonathon Crane, whose son Jake spends several days a year in hospital having medical tests and treatment. The software has enabled the ward to provide not only entertainment, but also another way to distract the children when they are not comfortable or feeling a bit scared during their treatment.





# Nutrition Policy review

Taranaki DHB reviewed its nutrition policy and decided to make changes to the food and drinks available for sale at Taranaki Base and Hawera Hospitals.

The changes ensured that all commercially prepared packaged snack products available fit within the 'Better Choices/Other Choices' guidelines. All snack products were then classified via a traffic light system, with all products classified as red not being served.

With direction from the Ministry of Health these changes were well supported from Taranaki DHB, the Executive Management Team (EMT), Medirest (hospital food service provider) and the Taranaki DHB Workplace Wellness Group.



## National Patient Safety Week 2015

The Health Quality and Safety Commission's National Patient Safety Week (PSW) was held from 1 - 7 November 2015, with the week's focus being on good communication and consumer engagement.

The public were encouraged to share what mattered to them in healthcare, with over 500 people filling in speech bubbles that were displayed in both Taranaki Base and Hawera Hospitals. PSW was busy with activities and education for staff, patients and visitors, with resources also delivered to the Aged Residential Care sector, aligning with Advanced Care Planning in Taranaki.

Another important part of PSW at Taranaki DHB was acknowledging our staff's great work with patients every day. The public nominated 131 staff members for "Star Communicators" awards. Hannah Sidler from Physiotherapy and Sophie Munro from Occupational Therapy were winners of the award, having been nominated by the wife of one of their patients. Their nomination reads



### Let's talk

**PATIENT  
SAFETY  
WEEK**

"During my hospital stay Hannah and Sophie were outstanding communicators because they found a notebook I had left in my husband's room and have been writing daily updates of what Tony has done, what improvements they see and goals going forward. This is wonderful.

I photograph their notes and send to our children who live out of New Plymouth. This was an initiative from the physios – not something they were asked to do. It has made a huge difference in enabling us to know how my husband is doing on a regular basis."

**PATIENT  
SAFETY  
WEEK**



BETTER CARE STARTS HERE



# Integrated healthcare for Stratford

In August 2015 the Stratford Health Trust, Taranaki DHB and Pinnacle Midlands Health Network (Pinnacle - Taranaki's primary healthcare organisation) established a joint project to explore options to better integrate and expand services delivered from Stratford Health Centre (SHC).

A project steering group was established with representatives from the three partner organisations. The steering group included a Pinnacle project lead and a Taranaki DHB service improvement advisor, who worked together with staff and service-users in order to understand the issues, their experience of services and to identify potential improvements.

A public meeting was held and a wide range of centre users and staff were interviewed and surveyed to identify issues and opportunities.

## Opportunities fell into six areas:

- 1 administrative support, reception, telephones and photocopying;
- 2 patient information systems;
- 3 centre management and space utilisation;
- 4 leases and maintenance;
- 5 developing the Health Hub campus; and
- 6 extended hours general practice.

Following consultation and a number of changes to the draft report, the final version was endorsed by the steering group in 2016. This group has now assigned responsibility for each recommendation to one or more of the principle organisations. Timeframes for implementation will align with wider integration work.

Decisions on changes to how the centre runs are not made lightly. The Steering Group is confident that the recommendations, once implemented, will maximise health services for the Stratford community.

## Public feedback

"Two reception counters can be confusing for first-time visitors to SHC services. Visitors are naturally drawn to the DHB reception; ideally, this should be staffed at all times."

"There is the potential to make better use of SHC clinic space capacity through better coordination/bookings. Access should be available to all clinic rooms through centralised coordination/booking."



## Keeping our women cancer-free

The Regional Screening Unit (RSU) has been working alongside a South Taranaki healthcare provider to improve access to cervical screening for Māori women throughout Taranaki.

This collaboration has helped to increase service coverage which was made a priority. Through the support/tautoko of navigators, clinical staff, administration, management and the RSU, Māori women were given more opportunities to be screened.

Navigators phoned, visited, provided transport to clinics, sent promotional letters and made clinic bookings for women. A new night clinic option was also offered, with two night clinics operating between 1 August – 30 September. The RSU also supplied health promotion resources and incentives for women who completed their smears during this period, including cervical screening high visibility jackets and singlets, He Wahine He Taonga t-shirts, pens, notepads and hand creams.

A total of 344 Māori women had a smear between July 2015 – June 2016, a significant improvement on previous years. Another positive outcome is the growing number of women in the South Taranaki/Hawera districts who now proudly promote 'He Wahine He Taonga' cervical screening. These proactive women are positive walking billboards for women's health in their community and for their whānau.

In planning for the future, the RSU aims to continue to work with high needs practises to support and promote new initiatives. There will be a strong focus on working collaboratively with public health organisations and community providers. Improving ethnicity data quality with data-matching will be of high importance.

A beautiful wahine was standing at the main maternity entrance of Taranaki DHB when a screening unit staff member said to her "love the jacket."

She yelled out VERY LOUD and very proud:

**"YES, I HAD MY SMEAR AT NGATI RUANUI YESTERDAY!"**

This wahine had not had a smear in 20 years, but with advice and support from the clinical navigators, the barriers for this patient were discussed and worked through.

**HE WAHINE  
HE TAONGA  
EVERY WOMAN IS A TREASURE**



# Planning *for our* future



# Taranaki DHB scholarships

During the 2015/16 financial year Taranaki DHB awarded scholarships to 29 students, from a total of 60 applicants, focusing on health professions where there are known critical shortages. The scholarship programme was established to increase the supply of and retain highly trained and skilled health

professionals in the Taranaki region by providing financial support during their academic years.

Two types of scholarships were available. The first, a financial award of \$2,500 for the duration of the undergraduate degree and a (minimum) three-week work

experience placement. The second, a one-off financial award of \$750 for that year of study only.

Scholarships were awarded to students training in 16 different occupational areas, including nursing, medicine, health sciences, university preparation, business studies, medical imaging technology, pharmacy, physiotherapy, social work, occupational therapy, psychology, dental surgery, dietetics and midwifery.

*Back: Rosemary Clements (chief executive), Joshua Manukonga, Natalia Hunt, Tanaka Utete, Hannah Andrews, Angela Worthington, Emma Ternouth, Micah Hintz, Dr Greg Simmons (chief medical advisor).*

*Front: Toni Redpath, Natalie Bedwell-Curtis, Alarna Stratton.*

## Taranaki DHB has...

# 867

NURSES, MIDWIVES & HEALTH CARE ASSISTANTS

# 172

DOCTORS

# 118

NON-HEALTH SUPPORT

# 313

ALLIED HEALTH WORKERS

# 314

MANAGEMENT & ADMINISTRATION WORKERS

## For 2016 we recruited:

# 17

NEW GRADUATE NURSES

# 12

FIRST YEAR HOUSE OFFICERS

# 13

MEDICAL STUDENTS FROM AUCKLAND UNIVERSITY



# New state-of-the-art Angiography Suite

With heart disease being the biggest killer of men and women aged over 40 years, the Taranaki Health Foundation and Taranaki DHB have been working hard to gain a new Angiography Suite to give more Taranaki residents access to angiography diagnostic services locally rather than travelling to Waikato. With many health issues contributing to heart disease, 41% of Taranaki's population are at risk and this is growing due to our ageing population.

The old angiography machine at Taranaki Base Hospital had reached the end of its life, so to meet the growing demand for angiography services in the region a new sustainable machine and the associated technology was needed. With a new angiography machine we will be able to increase the range of cardiology procedures we undertake here in the future.

The new Angiography Suite is purpose-built offering Taranaki residents' greater access to a wider range of health services, including coronary angiography,

endoscopic services, interventionist radiology and epidural pain injections. Over time the suite will allow more procedures to be done locally, more quickly and at a reduced cost. It will also make it easier to attract and retain highly skilled staff and train young doctors in up-to-date cardiac technology.

At the end of the 2015-16 financial year 98% of funds had been raised toward the new suite, with \$85,000 left to raise towards the total amount of \$3.6 million.

The Taranaki Health Foundation and Taranaki District Health Board have had a huge amount of support from the Taranaki community to fund the new suite, with more than 1.2 million dollars of generous sponsorship and donations to the We Heart Taranaki campaign. Local businesses, community organisations, individuals, Taranaki Electricity Trust and Methanex have all contributed towards the new suite and fundraising is now on the home stretch.



**41%**  
of Taranaki at risk of  
heart disease



# Increasing our Māori workforce

## WhyOra

Māori students in Taranaki are gaining valuable work experience throughout secondary and tertiary education. In turn, this is contributing to the aim of decreasing Māori health inequalities thanks to the WhyOra employment pathways programme run through Whakatipuranga Rima Rau (WRR) at Taranaki DHB.

Tanya Anaha, WhyOra Operations Manager said, "Taranaki Māori are disproportionately represented in negative health statistics, most specifically death from all cancers, cardiovascular disease, suicide, children's oral health and respiratory disease."

"Research shows people are more inclined to use and respond better to services where there is cultural concordance between patients and their healthcare professionals. That is why the vision of WhyOra is for Taranaki to have a competent, skilled Māori health and disability workforce equal in proportion to its population who can provide culturally appropriate services," said Mrs Anaha.

WhyOra identifies and facilitates pathways to employment for Māori within the health and disability sector. Since its introduction in 2010, Why Ora has worked with over 300 students from throughout Taranaki and assisted 48 Māori into a range of roles within the health and disability sector.



## Case study: Natasha Stanton - Nga Rauru

Natasha Stanton, a first year student at the University of Waikato and member of Nga Rauru iwi, worked in a five-week internship at Taranaki DHB's Health Protection Unit, facilitated by the WhyOra programme.

"I started in the WhyOra programme as a year 13 student at (Waitara High School). Since then the staff at WRR have supported me in applying for courses and provided a number of opportunities to gain invaluable experience in public health services throughout my studies," said Miss Stanton.

During her internship, Miss Stanton worked on an environmental health project which aimed to review the range of warning signs used by local authorities to warn people of the risk to water safety. Natasha travelled throughout the region visiting popular recreational water sites and determining whether signs were identifiable and easy to understand from the general public's perspective.

"Māori have a connection to water, particularly as a symbol of health and wellbeing, so it's really great to have the opportunity to influence the way that connection is considered within Public Health policies and guidelines," said Miss Stanton.



## Case study: Chris Lousich - Registered nurse

In 2015 Chris completed the Bachelor of Nursing degree and was offered a job as a registered nurse at Taranaki Base Hospital. Unfortunately leading up to the Nursing Council state final exam he received an additional workload and stressors which prevented him from adequately preparing for the exam. Subsequently he had to re-sit state finals and missed out on the registered nurse role.

"After taking time out I was supported by WhyOra to refocus on reaching my goals; I re-sat state finals and passed. WhyOra then liaised with management at Taranaki DHB to negotiate a contract as a registered nurse, which I was fortunate to obtain," said Chris.

"Taranaki DHB management who were involved in the process were very supportive and have helped me integrate into our great team. While continuing on with my journey as a medical professional, WhyOra have assisted me wherever they can and offer support when needed," Chris added.

The table below summarises the performance of the sector during the year to improve Māori health status, as measured by 21 Māori health indicators.

The data presented is as at June 2016 with the exception of Oral Health and Smoking, due to the end of year data being unavailable at the time of writing this report.

#### INDICATOR LEGEND

Target attained

Within 10% of target

10 - 20% away from target

Greater than 20% away from target

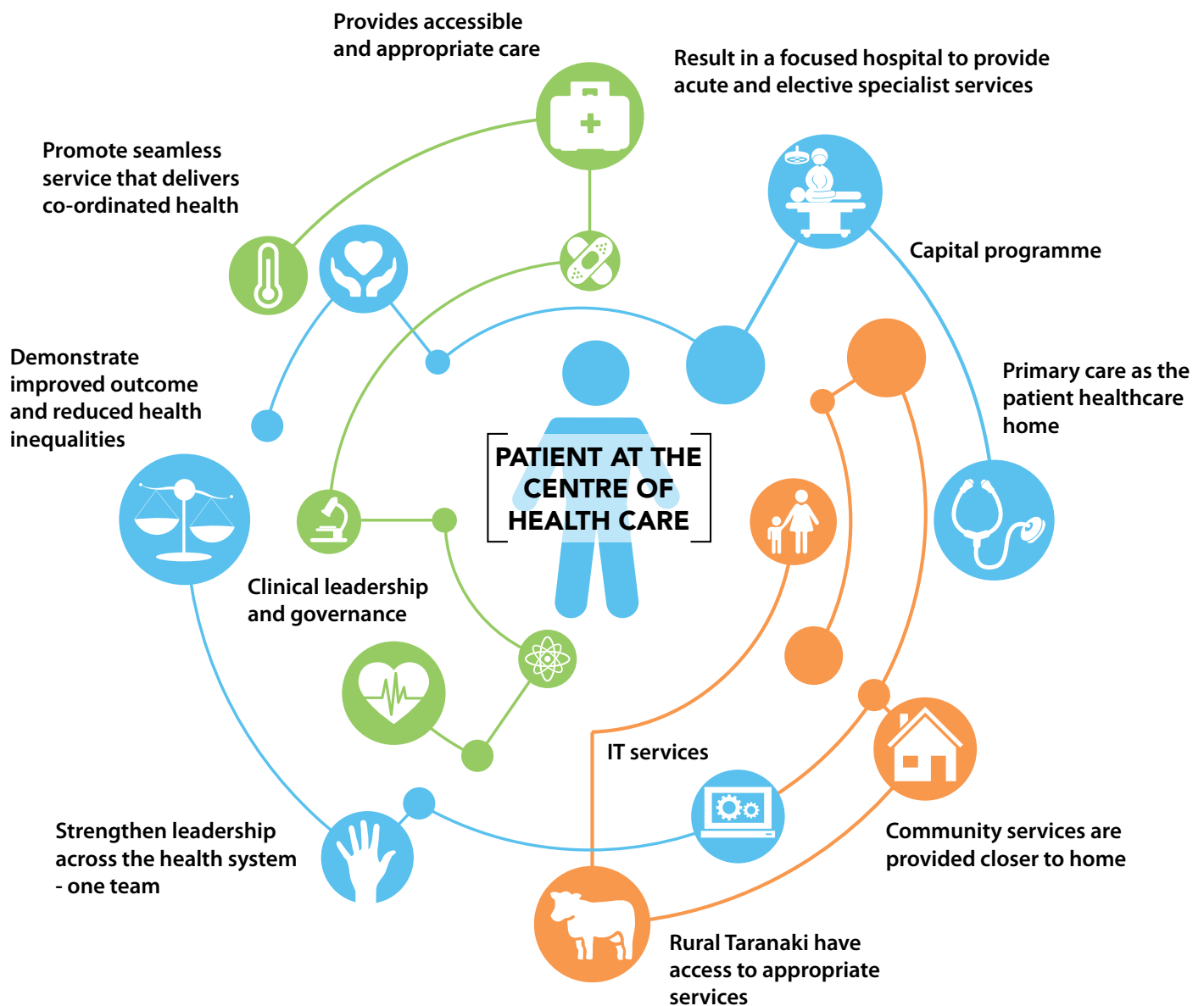
SYMBOL	KEY
☒	No progress or worsening
?	Further info or work required
↑	Increasing gap
↓	Decreasing gap
😊	Eliminated gap

	Health issue	Indicator(s) target	Target	Māori	Non-Māori	Closing the Gap
<b>National priorities</b>						
1	<b>Data Quality</b>	Ethnicity data accuracy in Public Health Organisation (PHO) registers	98%	83%	95.8%	☒
2	<b>Access to care</b>	Percentage of Māori enrolled in PHOs	98%	83%	95.8%	☒
		Ambulatory Sensitive Hospitalisations rates per 100,000 for the age group 0-4 years	95%	112.8%	83.8%	↓
		Ambulatory Sensitive Hospitalisations rates per 100,000 for the age group 45-64 years	95%	200.7%	98.2%	↑
3	<b>Child health</b>	Exclusive breastfeeding at six weeks	75%	50%	67%	↑
		Exclusive breastfeeding at three months	60%	41%	59%	↑
		Receiving some breast milk six months	65%	47%	68%	↑
4	<b>Cardio-vascular disease</b>	1. Percentage of Māori men 35-44 who have had their CVD risk assessed within the past five years (Health Target)	90%	74%	No data	?
		2. 70 percent of high-risk patients will receive an angiogram within three days of admission. ('Day of Admission' being 'Day 0')	70%	50%	63%	↑
		3. Over 95 percent of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days	95%	75%	94%	↑
5	<b>Cancer</b>	1. Breast screening, among eligible population	70%	61.5%	74.8%	↓
		2. Cervical screening, among eligible population	80%	68.4%	81.3%	↓
6	<b>Smoking</b>	Percentage of pregnant Māori women who are smokefree at two weeks postnatal	95%	71%	84%	?
7	<b>Immunisation</b>	1. Percentage of infants fully immunised by eight months of age	95%	91.8%	94.9%	↑
		2. Seasonal influenza immunisation rates in eligible population	75%	No data available		?
8	<b>Rheumatic Fever</b>	Number and rate of first episode rheumatic fever hospitalisations for the total population	0.4/100,000	0%		
9	<b>Oral Health</b>	Preschool dental enrolments	95%	79%	102%	↓
10	<b>Mental Health</b>	Mental Health Act: Section 29 Community Treatment Order indefinites comparing Māori rates with other (as per reporting to the Office of the Director of Mental Health)	No target set	96	63	↓
<b>Local priorities</b>						
11	<b>Access to Services</b>	Did-Not-Attend (DNA) rate for outpatient appointments	5%	17%	6%	↓
12	<b>Access to Services</b>	Access by Taiohi Māori – receiving HEADSSS assessment from secondary school risk registers	No target set	111	79	
13	<b>Workforce Development</b>	Percentage of Māori employed by Taranaki DHB	11%	8.55%	N/A	N/A

# Bringing health services closer to home

During 2016 Taranaki DHB and Pinnacle Midland Health Network (Pinnacle) have been working together along with healthcare professionals and our region's consumers to look at how we can improve the way we deliver health services in our community. The aim of the project is to provide a seamless health service, coordinating GP and hospital care around the patient as well as providing care closer to the patient's home.

The decision to move to an integrated care model reflects a shared view that greater levels of quality clinical integration, with more proactive and coordinated care, delivered closer to the patient's home, is generally better for the patient, better for the population and better for the health system. Taranaki DHB and Pinnacle initiated a project to complete a business case to assess the costs, benefits and implementation options of a new model of integrated care. All going to plan, this project will commence in 2017.





## Developing our workforce

Earlier this year a pilot was run for ten Taranaki DHB health care assistants (HCAs) to obtain a NZQA Level 3 Certificate in Health and Wellbeing. This industry recognised course offered the HCAs an opportunity to recognise and develop their knowledge and skills within the healthcare team.

This six-month course used the Waikato DHB framework and was offered through Career Force. The HCAs attended two study days and successfully completed the three workbooks to obtain the qualification. This is the first time Taranaki DHB has offered this qualification for HCAs, and with such a good response from this enthusiastic group the course may be offered again next year.



## Managing our documents

Taranaki DHB launched a new document management system in 2015, to effectively house all of the organisation's key corporate documents such as policies, procedures, guidelines, work instructions, clinical care paths and clinical forms.

Effectively housing all key documents in one integrated system, further strengthens Taranaki DHB's ability to deliver safe, exceptional care to our community.





We would like  
to thank our  
sponsors and  
supporters:

Clelands Group, Novotel  
Hobson Hotel, Mitre 10 Mega  
New Plymouth, AWE, John Rae  
Insurance, McKechnies Aluminium  
Solutions Ltd, Boon Goldsmith  
Bhaskar Brebner Team Architects,  
Rivet, Taranakipine, Chain  
Resources, Phoenix Shipping, BW  
Offshore, Big Jims Garden Centre  
and The Blind Foundation.

## Providing a better rehabilitation environment

The Taranaki Health Foundation and Taranaki DHB opened the first ever Mobility Garden at Taranaki Base Hospital in December 2015, thanks to the generous support of our partners, business and community supporters.

The Mobility Garden provides on-site rehabilitation to allow patients to practice mobilising in an outdoor setting that poses similar challenges to real-life situations. It also provides a warm and welcoming environment for visitors and staff, an inspirational design and a covered area to allow greater use of the space in any weather.

The Garden was designed by local architect and Foundation trustee, Murali Bhaskar of Boon Goldsmith Bhaskar Brebner Team Architects. Many people and organisations have been involved in making the Mobility Garden a very user-friendly and attractive space for our community, including the Blind Foundation who gifted a 'sensory garden' to mark the 125th anniversary of the Blind Foundation.

This has been a very special project that everyone who worked on is proud of. We hope patients will enjoy spending time in the garden during their rehabilitation, as well as visitors and staff using it to relax and enjoy.

# Ensuring capacity to care meets patient demand

The Care Capacity Demand Management (CCDM) programme continued to run throughout 2015/16 and was a priority project for Taranaki DHB's Executive Management Team.

The programme offers an evidence-based method of matching service demand with service capacity to ensure the right number and skill mix of staff are available at the right place and the right time, to meet patient needs and deliver safe, effective and efficient care.

## CCDM involves:

1. 'Mix & match' - assessing patient demand over time and determining what staffing levels are needed to meet this (capacity).
2. Variance response management (VRM) – putting processes and alerts in place to manage variations in predicted demand or capacity requirements to ensure safe, effective and efficient care is maintained.

Mix & match helps set up staffing levels but of course not every day will match the prediction. VRM is 'Plan B'. It's about making sure that if there is a problem it can be managed quickly with pre-planned resources ready for when they are needed.

The 'mix and match' process has been completed in three wards, resulting in a new coordinator position being introduced into Ward 2A; establishment of an extra registered nurse to cover Winter night shifts on Wards 3A and 3B; and increased registered nurse cover for weekend shifts on Wards 4A and 4B. Hospital duty managers are also now alerted via automatic text message when clinical areas are under stress, allowing them to respond immediately.

In addition to these improvements, an audit of the flow of patients from the Emergency Department to the wards was completed. The CCDM project group also designed and tested new variance response Indicators and response plans across the organisation, and introduced a new 'Capacity at a Glance' (CaaG) app to the staff intranet home page.

This app indicates the capacity/demand management status for every clinical area so staff can see which areas are busy and require support (Variance Response Management).



## In 2016/17 we will:

- Introduce the 'mix & match' process into two new areas.
- Introduce large CaaG screens on the wall in every clinical area by 2017.
- Implement the new variance response indicators and response plans across the organisation.
- Develop new patient flow guidelines.
- Introduce an integrated daily operations meeting to improve the way that we manage patient bed flow in the organisation.
- Develop essential care guidelines to guide care rationing.
- Merge this project with the 'Releasing Time to Care' project and relaunch to staff as 'Working Together 24/7'.



# Should you be at ED?



## ED is for Emergencies

If your local GP or pharmacist is unavailable call 0800 Healthline or visit MediCross or Phoenix Urgent Doctors in New Plymouth (charges apply).

If you arrive at ED with a non-urgent health concern, you may be redirected to your GP.



For advice now:



Call Healthline on  
**0800 611 116**

Ask Your GP  
or Nurse



**Phoenix**  
URGENT DOCTORS  
ACCIDENT & MEDICAL CLINIC