



QUALITY COUNTS



**Taranaki District Health Board
Quality Accounts 2012-13**

VISION, MISSION, AIMS

Our Shared Vision / Te Matakite

Taranaki Together, a Healthy Community

Taranaki Whanui, He Rohe Oranga

Our Mission / Te Kaupapa

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

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, whānau, 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

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Quality management/performance improvement and risk management processes can only be effective when those delivering the care and service take ownership of the data and processes for improvement and risk management.

Taranaki District Health Board and management endorse and encourage the innovative activities of staff that bring about improvement and risk mitigation of the services provided to consumers.



INTRODUCTION

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

Quality is an integral component in health in New Zealand. The Health Quality & Safety Commission (a stand alone Crown agent) in its Statement of Intent 2013-2016 (June 2013) 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. "This means doing the right thing, and doing it right, first time."

The Taranaki DHB has a culture of high expectation in regard to standards, 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). Continuous quality improvement is the objective 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 pleased to present our first annual Quality Accounts. This document is a small beginning that we expect to evolve over the coming years into an 'all of our DHB' account. It allows us the opportunity to give you, the people of Taranaki, a snapshot of how the DHB has been supporting and improving service provision and quality of care and acknowledging that on occasion, we don't always get it right.

We trust that you enjoy reading our Quality Accounts and gain an understanding of how our hospitals work, the staff that provide services and how this impacts on patients who receive our services.

We welcome your feedback. Please contact us by email on qualitycounts@tdhb.org.nz.

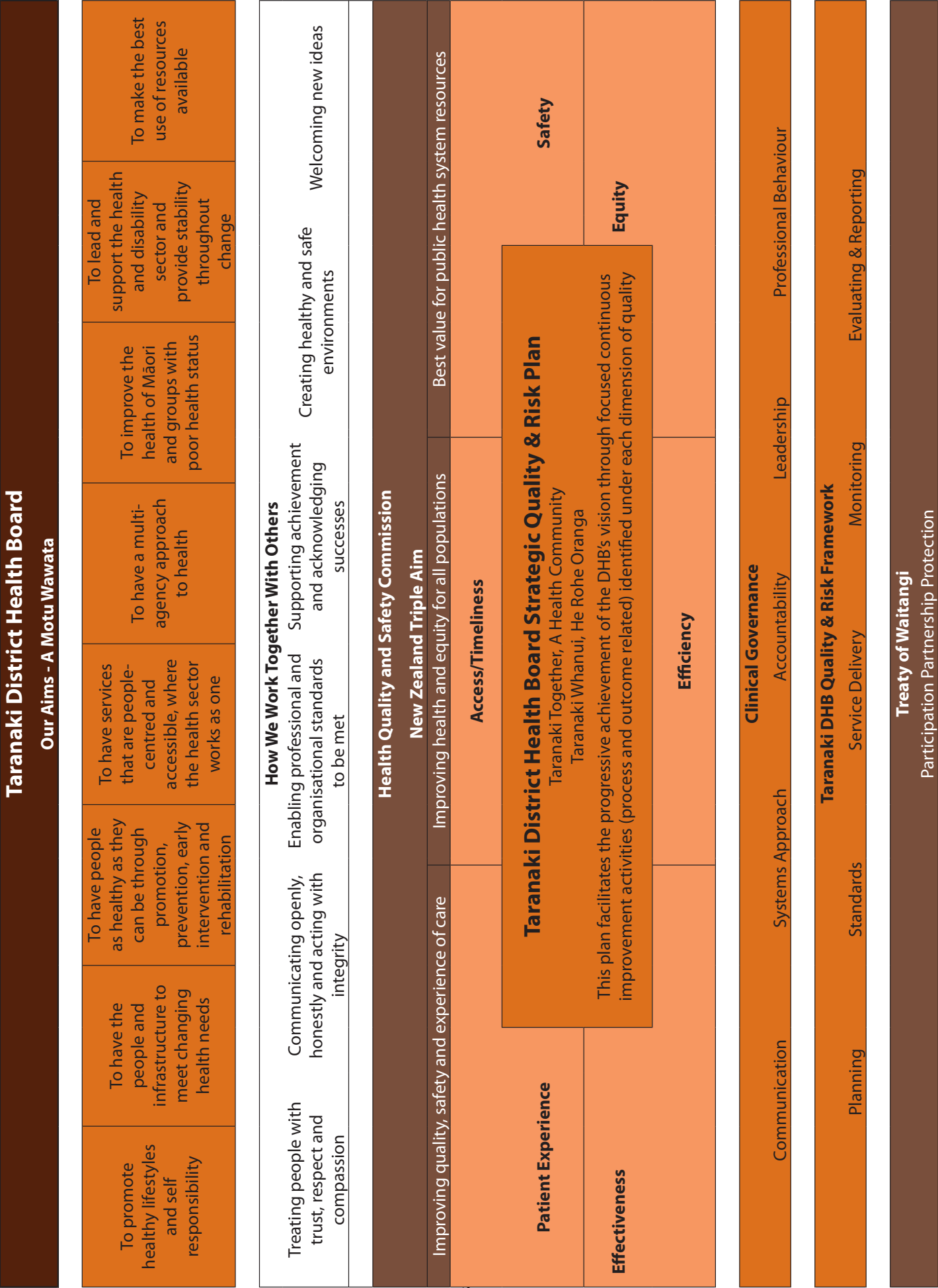
Pauline Lockett
Board Chair

Tony Foulkes
Chief Executive

Dr Greg Simmons
Chief Medical Advisor
Clinical Board Chair

Rosemary Clements
Chief Nurse Advisor
Clinical Board Deputy Chair

To set the scene, the following diagram demonstrates the relationship between 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.



HEALTH TARGETS

Taranaki DHB continues to work hard towards the six national health targets that are designed to improve the performance of health services. The targets are reviewed annually and set by the Minister of Health to align with the government's health priorities.

Shorter Stays in ED

The percentage of patients admitted, discharged or transferred from the Emergency Department within six hours. **Target 95%.**

- The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.
- Improvement of this target over the last year has been realised due to the committed effort by the Emergency Department and a 'whole of hospital' approach.
- The introduction in 2012 of a clinical nurse specialist role in the Emergency Department has benefited patients and staff, aiding rapid assessment, treatment and discharge of patients presenting with minor injuries and minor illness and freeing up the Emergency Department doctors to see more complex patients.
- As part of the Relief Roster, a Senior House Office position has been introduced that is based in the Emergency Department between 2pm and 11pm, seven days a week. This has assisted with shorter stays in ED and provided better continuity of care for the admitted patient.

Shorter stays in



Emergency Departments

Improved Access to Elective Surgery

The number of elective surgery discharges. **Target 100%.**

- The target is an increase in the volume of elective surgery by at least 4,000 discharges per year.
- It is pleasing to see continuous achievement in this target with staff working tirelessly to accomplish good results.
- Of note, Taranaki DHB was the first DHB in the country to meet the five month wait time which means our patients that qualify to see a specialist will do so in five months and if they require surgery, that will be done within five months too.

Improved access to



Elective Surgery

Shorter Waits for Cancer Treatment

The target is that all patients who are ready for treatment will wait less than four weeks for radiotherapy or chemotherapy. Our regional cancer centre is in Palmerston North. **Target 100%.**

- We continue to maintain our strong performance for this target and our collaborative relationship with MidCentral DHB.
- The appointment of a dedicated Cancer Nurse Co-ordinator acts as a single point of contact and support for patients and their families. The impact of this role has vastly improved the treatment experience for patients by reducing delays, stress and duplication.

Shorter waits for



Cancer Treatment

Better Help for Smokers to Quit

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

- 2012-13 has seen the achievement of the public hospital target in quarters three and four which is very pleasing.



More Heart and Diabetes Checks

The **target is 90%** of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The current stage was to achieve **75% by July 2013**.

- The Taranaki DHB continues to work with Primary Health Organisations in developing their Diabetes Care Improvement Packages and Long Term Conditions programmes to meet this target.
- Diabetes and cardiovascular disease continue to be among the main causes of ill health in Taranaki.



Increased Immunisation

The national immunisation target is **85% of eight month olds** have their primary course of immunisation at six weeks, three months and five months on time by **July 2013, 90% by July 2014 and 95% by December 2014**.

- Increasing immunisation rates are a priority in order to reduce the incidence of preventable disease in our community. This requires Primary Health Organisations, hospital services, outreach immunisation services, National Immunisation Register and Well Child Providers to work collaboratively on strategies to improve immunisation uptake, including the early enrolment of newborns with a general practice.
- We are very pleased to have exceeded the target of 85% of all eight month olds immunised.
- A new 'drop-in' clinic for pregnant mums opened in 2013 and enables pregnant mums to have free immunisation from debilitating diseases.



Health Target	2011/12 Performance	2012/13 Target	2012/13 Performance	Achieved
Shorter Stays in ED	90%	95%	96%	✓
Improved Access to Elective Surgery	120%	100%	112%	✓
Shorter Waits for Cancer Treatment	100%	100%	100%	✓
Better Help For Smokers to Quit				
Percentage of smokers hospitalised given advice to quit	90%	95%	97%	✓
Percentage of smokers enrolled in Primary Health Organisations given advice to quit		90%	65%	✗
More Heart and Diabetes Checks	54%	75%	73%	✗
Increased Immunisation	91%	85%	89%	✓



Hawera Clinical Nurse Manager, Nicola Tanner and Base Hospital Emergency Department Clinical Nurse Manager, Cam Grant-Fargie.



Aotea Māori Women Welfare League members with Immunisation Coordinator Mel Hurliman at an opportunistic vaccination clinic in Waitara.

Clinical Nurse Specialists aid ED patient flow

In 2012 the Base Hospital Emergency Department investigated the likely benefit to our patients of having Clinical Nurse Specialists in the department.

The body of evidence supported the benefits of the role due to rapid assessment, treatment and discharge of the minor injury and minor illness patients on the patient flow through the department. It also assisted the release of Emergency Medicine Doctors to see the higher complexity medical problems which have a longer length of stay.

After a business case was accepted, four candidates undertook intensive training at the Auckland DHBs and class time at the University of Auckland. This work was supported by the Emergency Medicine Senior Doctor Group, where after the Clinical Nurse Specialist saw the patient, the case was presented and findings and treatment planned and discussed. This hard work paid off with all Clinical Nurse Specialists coming away with ideas and knowledge to assist in performing the role.

The Clinical Nurse Specialists in Hawera and New Plymouth are seeing the lower acuity, minor illness and injury patients to avoid long waiting times.

Our Emergency Department Clinical Nurse Specialist Group largely focuses on musculoskeletal injuries, fractures and sprains, minor head injuries, dental pain and soft tissue problems. However, soon the scope will broaden to likely manage deep vein thromboses, minor ear, nose and throat problems and minor medical problems that are frequent presentations to the Emergency Department.

"It is fair to say that the group have performed really well and have quickly come to grips with the responsibility and knowledge required for the job," said Clinical Nurse Manager Cam Grant-Fargie. "They are month on month seeing more patients per shift; the patient satisfaction is truly outstanding and full credit to them."

"They are actively contributing to the District Health Boards significant improvement in the Shorter Stays in ED target," said Mr Grant-Fargie.

'Drop-in' clinic protects pregnant mums and their babies

A new 'drop-in' clinic for pregnant mums to have free immunisation from debilitating diseases opened for the first time during Immunisation Week in 2013.

New Plymouth woman Dee Miller, who was 36 weeks pregnant, was one of the first to take advantage of the service, receiving her whooping cough vaccination. Mrs Miller said she was very keen to have the shot after being made aware of the epidemic through the antenatal clinic and seeing distressing videos and television advertisements about the effects of whooping cough on small babies.

Taranaki DHB, Primary Health Organisations, plus outreach services, and local Plunket branches are committed all year round to help keep our families healthy by encouraging immunisation.

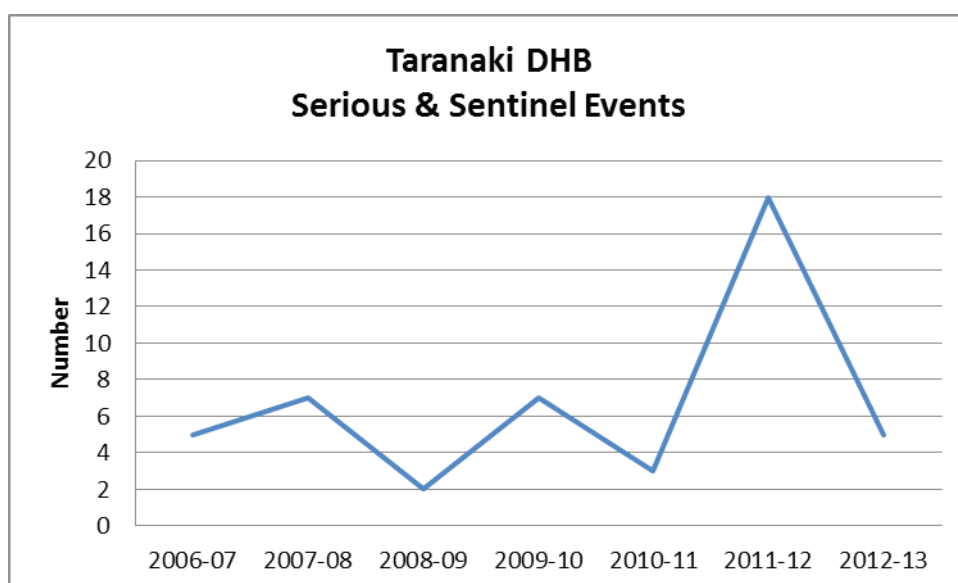
SERIOUS AND SENTINEL EVENTS

A serious or sentinel event is an adverse event which has generally resulted in harm to a patient not related to the natural course of the patient's illness or underlying condition.

A serious event is one which has led to significant additional treatment but is not life threatening and has not resulted in major loss of function while a sentinel event is life threatening or has led to an unexpected death or major loss of function. Not all events are preventable but many involve mistakes that should not have happened.

The Taranaki DHB is committed to ongoing improvement in the quality and safety of the services provided. We recognise that the potential benefits from 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. Furthermore, the DHB is committed to providing and promoting a culture in which all staff are able and encouraged to recognise, report, participate in the review of events, to ensure improvements are made to prevent recurrence, without fear of blame.

We reported five serious and sentinel events that occurred in the 2012-13 year. This is a decrease of 13 events when compared to the 2011-12 year.



Notably, the biggest decrease in type of events reported related to inpatient falls resulting in a fracture. We reported six of these events in 2011-12 and just one in the 2012-13 year.

The other four events included incorrect blood given, delayed or missed diagnosis and failure to action a referral. The 2012-13 serious and sentinel event report is available on the Taranaki DHB internet site: www.tdhub.org.nz

IMPROVING PATIENT CARE AND SAFETY

The Health Quality and Safety Commission was established in November 2010 as a Crown Entity under the New Zealand Public Health and Disability Act 2000 to lead and co-ordinate work across the health and disability sector.

The purpose of the Health Quality and Safety Commission includes:

- Monitoring and improving the quality and safety of health and disability support services
- Helping providers across the whole sector to improve the quality and safety of services.

The Commission's Triple Aim for the New Zealand health and disability sector is:

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value for public health system resources.

The Health Quality and Safety Commission have identified reducing harm from:

- patient falls,
- hospital acquired infections,
- surgery, and
- medications

as key areas for focus over the next few years and is enabling this through the National Patient Safety Campaign launched in May 2013.

For more information, go to: www.open.hqsc.govt.nz



Preventing falls in hospital is everyone's business

That was the message of the 2013 April Falls promotion at Taranaki DHB. Dr Greg Simmons, Chief Medical Advisor, says falls are an ongoing and serious cause of patient harm. "We take patient safety very seriously and are doing all we can to prevent harm from falls," he says.

Taranaki DHB marked April Falls month through a number of initiatives including displays, flyers, patient information pamphlets, and raising staff awareness. Data collected on patient falls shows that many of these falls occur around meal times and some are related to people walking in socks and no shoes on lino floors. A trial to issue non-slip socks to patients who have been assessed as benefitting from using this type of sock was completed in 2013. Through the Releasing Time to Care Project, nurses have also worked to ensure the Electronic Whiteboards and Patient Status Boards identify patients' mobility status and falls risk.

A fall-related injury often means a longer hospital stay and extra medical tests and treatment. It is one of the main reasons patients are admitted earlier than expected to an aged residential care facility. "Many falls are preventable and it's up to us all to make sure we work as a team to prevent harm from falls. Our staff are working hard to make sure patients are assessed for their risk of a fall, care plans are developed with patients and family to help keep them safe on their feet, and to make sure that the environment is safe."

New Plymouth Injury Safe treated four rest homes in New Plymouth to morning tea during April Falls this year, in appreciation of their work to prevent falls among their elderly residents.

Falls are a particular issue for older people living in aged residential care. ACC, DHBs and Primary Health Organisations are supporting a programme aimed at reducing falls in residential facilities by ensuring Vitamin D supplements are available to residents. Molly Ryan, Maida Vale, Rhapsody and Tainui Rest Homes all achieved 100% prescribing rates for Vitamin D supplementation, compared to a regional average of 70%.

Taranaki DHB Physician Laird Madison has been instrumental in encouraging the use of Vitamin D supplement for older people. "A fall can have a devastating impact on elderly people and their loved ones," said Dr Madison.



We take patient safety very seriously and are doing all we can to prevent harm from falls.



Hawera District Nurse Claire Cottrell receives her Influenza vaccination.

“Vitamin D offers a cost effective and simple way of reducing this risk of falls. Vitamin D supplements are available to anyone living in a residential care facility and all it takes is one 1.25mg tablet once a month to boost your Vitamin D levels,” he said.

While it is not possible to prevent every patient from falling in hospital, many falls can be prevented. The Falls Prevention Steering Group, established in October 2012, takes overall responsibility for the management and monitoring of falls prevention strategies, practices and education with the aim of reducing the incidence of inpatient falls or where they are unavoidable, reducing the harm occurring from falls.

Committee activities include:

- Introduction, following a successful trial, of non-slip socks for suitable inpatients.
- Utilisation of the Falls Risk Assessment tool and instigation of prevention initiatives such as very low beds, use of alarm systems to alert staff that the patient is attempting to move, specialising* of patients at high risk, identifying patients at risk and alerting staff through patient bedside indicator boards and electronic whiteboards.
- Development and introduction of a patient information leaflet on reducing the risk of falls in hospital.

Our focuses for improvement in 2013-14 include:

- Development of an on-line falls prevention training course for staff.
- Utilising information technology to record completed falls risk assessments and enable reporting and analysis of the information.
- Refinement of measures used locally and across the Midland DHBs.
- Increasing our falls risk assessment and individualised care plan in place rates to 100% for the “at risk” population.
- Reducing the number of patient falls with a serious/sentinel outcome by 10%.

Reducing Healthcare Associated Infections

Improving hand hygiene compliance

The national hand hygiene programme aims to improve hand hygiene practice within hospitals in order to reduce healthcare associated infections. The programme is based on the World Health Organisation’s Five Moments of Hand Hygiene and includes staff education and auditing to check the level of compliance with the five moments and encourage improvement. Undertaking the hand hygiene observation audits has been challenging for the DHB as it is labour intensive and a demand on resources.

Preventing Central Line Associated Bacteraemia (CLAB) Infections

A blood stream infection (bacteraemia) is a serious but preventable complication arising from the insertion of a central line (a catheter that is inserted into a main blood vessel near the heart). Taranaki DHB has implemented the programme within its Intensive Care Unit. To date, we have not had any CLAB infections identified.

*One on one, 24-hour direct observation by a staff member.

Our focuses for improvement in 2013-14 include:

- Increasing our pool of trained hand hygiene auditors.
- Expanding the hand hygiene audit programme to other clinical wards.
- Increasing our hand hygiene compliance to at least 80%.
- Maintain our CLAB rate at <1 per thousand line days in the Intensive Care Unit.
- Participation in the Preventing Surgical Site Infections programme that forms the focus of the National Patient Safety Campaign between October 2013 and March 2014. We expect to maintain a rate of < 5% of infections in surgeries surveyed.

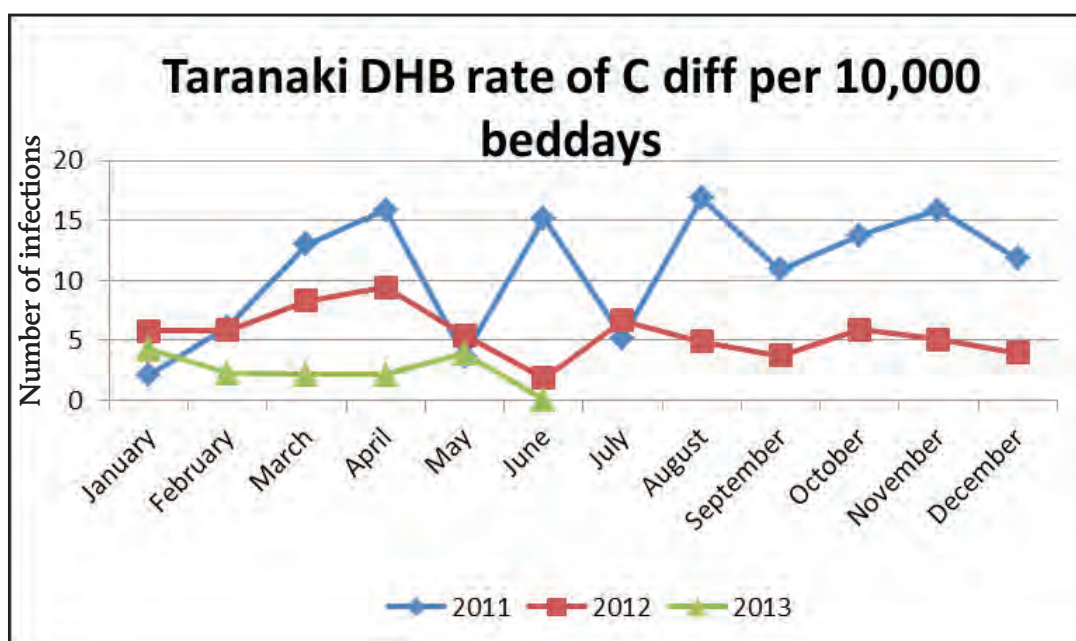
Decreasing Hospital Acquired Clostridium Difficile Infection

Clostridium Difficile is a Gram-positive bacterium that naturally resides in the body. The Clostridium Difficile becomes overpopulated when competing bacteria are wiped out by antibiotics. The bacteria then release toxins that can cause bloating and diarrhoea with abdominal pain, which may become severe, especially among the elderly.

We noted an increase in Clostridium Difficile infection within the DHB in late 2010 and a small working party, under the auspices of the Infection Control Committee, was formed to look at national and international trends, nursing practices, cleaning practices, antibiotic prescribing trends and laboratory results.

Key actions taken included:

- Adoption of the Australian definition of health care identified Clostridium Difficile infection.
- Reminders about the importance of hand washing and using soap rather than using alcohol based hand rubs.
- One on one talks with staff undertaking cleaning duties.
- Development of resources for staff including a quick reference poster.
- Tightening the use of some specific antibiotics.
- Implemented a monitoring/evaluation programme.



Reducing Peri-Operative Harm

The World Health Organisation's Surgical Safety Checklist was introduced in all DHBs in 2009. The checklist enables the team to undertake a set of patient safety checks and facilitates teamwork and communication. The checklist has three distinctive parts:

- 'Sign in' - before anaesthesia occurs
- 'Time out' - before incision of the skin occurs, and



Taranaki DHB first year house surgeons for 2013.

- ‘Sign out’ – before the patient leaves the operating room
- Taranaki DHB has been using the checklist for all surgical procedures that require an anaesthetic (except extreme emergencies) since March 2010.

Our focuses for improvement in 2013-14 include:

- Increasing our surgical safety checklist completion compliance to 100%
- Implementing a more robust venous thromboembolism prevention programme within the hospital services

Quality and Safety Markers

The Health Quality & Safety Commission has developed Quality and Safety Markers in order to evaluate the success of the Patient Safety Campaign and determine whether the desired changes in practice and reductions in harm and cost have occurred. There are process measures (which show whether the desired changes in practice have occurred at a local level) and outcome measures (which focus on harm and cost that can be avoided). The first set of Quality and Safety Markers were published by the Commission in June 2013.

Marker	National Target	Our Baseline Result
Preventing Patient Falls		
Percentage of patients aged 75 and over (Māori and Pacific Islanders 55 and over) that were assessed for the risk of falling.	90%	91%
Percentage of patients assessed as being at risk of a fall that have an individualised care plan which addresses their fall risk	90%	95%
Reducing Healthcare Associated Infections		
Percentage of staff audited who comply with the five moments of hand hygiene	70%	65%
Percentage of staff audited who comply with the procedures to prevent central line associated blood stream infections	90%	81%
Reducing Peri-operative Harm		
Percentage of operations where all three parts of the surgical safety checklist are completed.	90%	92%



House Surgeon, Greg Taylor uses the e-Whiteboard in Ward 4B.



Medical Ward staff celebrate achieving a Medication Reconciliation Target.

e-Whiteboard reduces risk of errors

The touch-screen inpatient e-whiteboard enables Taranaki DHB's clinicians to work more effectively by providing a standardised user-friendly method of viewing and updating patient clinical information, using a large touch-screen in each ward's Nurses Station as a centralised patient data entry point.

Prior to this implementation, manual whiteboards were used which differed in format and required duplication of information between each of the wards, increasing the risk of error.

The challenge therefore was to provide clinicians with a beneficial tool they could use easily and with minimal fuss in a high pressure environment. Clinicians now update patient information in real-time by simply touching the large screen and selecting from patient data options, such as status, current patient movements, referrals and alerts.

Improving Medication Safety

Everyone will take a medicine at some point in their lives. Managing medicines is a complex, error prone process that often results in adverse outcomes for patients. It is thought that around 60% of adverse medication events are preventable, so it is imperative that the right patient gets the right medicine in the right dose, at the right time, by the right route and correctly recorded.

Analysis of our medication event database is completed on an annual basis. For the 12 month period ending November 2012, there were less medication events reported and of those reported, there was a noted decrease in the amount of events that resulted in a moderate patient adverse effect. 'Inadequate checking' remained the most common primary cause of events with 'omissions' being the most common type of event although the latter has significantly reduced when compared to previous years.

Our focuses for improvement in 2013-14 include:

- Encouraging ward staff to develop and implement strategies to minimise distractions when undertaking the medication administration process.
- Exploration of further targeted auditing activities.
- Progression of the electronic medication programme.
- Introduction of the national paper medication chart.

Reducing medication harm to patients

Electronic Medication Management initiatives such as e-Medication Reconciliation (eMR) and e-Medication Prescribing and Administering (ePA) focus on reducing medication harm for Taranaki DHB patients.



Ward 2A patient with staff



Hospital Play Week - April 2013

It is very common for a patient's medicine to be changed when handed from one health professional to the next, such as from a hospital emergency department to a hospital ward. These changes can sometimes be unintentional through lack of communication or the correct change isn't documented clearly, and this can result in a medication error and/or patient harm.

eMR captures a patient's medication history from two or more sources and the medicines are then matched to the patient's medicines on admission and any differences are electronically reconciled. When the patient is discharged, the medicines on the admission list are reviewed to include any changes during the patient's hospital stay, and a summary that shows changes in medicines, and the final list of medicines on discharge is sent to the patient's GP. Medicine reconciliation is everybody's responsibility and collaboration and teamwork between all health professionals involved in the patient's care is vital for success. Patients and their whānau are also encouraged to bring all the patient's medication in to the hospital with them to help with this process.

Taranaki DHB Physician Campbell White believes medication reconciliation in the hospital has been very useful. "The increasing age of our patients and complexity of prescriptions has increased the chances of missed prescriptions, duplications and interactions. The electronic medication reconciliation system has helped considerably in the management of these issues and safety has improved as a consequence," said Dr White.

Taranaki DHB baseline data has shown that eMR has improved completion rates by 23% and has reduced un-reconciled discrepancies by 85%.

Patient Experience

The best person to answer how health and disability services could be improved is the user of those services. We need to find out what people think of our services and where improvement should be made.

Although there is a national move to change the way of measuring patient experience, the Taranaki DHB continues to send out Patient Satisfaction Survey forms twice a month. These forms are addressed to a sample of both inpatients discharged and outpatients seen since the previous survey selection. Individual patient satisfaction responses are converted to percentages for the purpose of analysis.

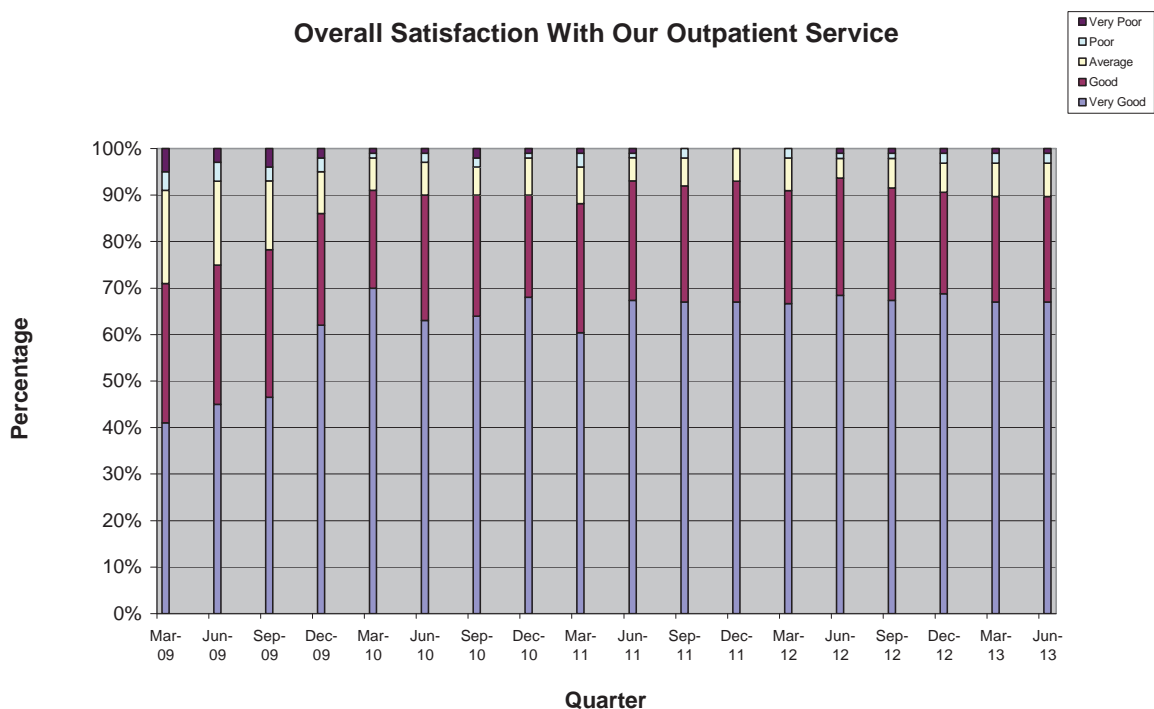
In relation to the overall satisfaction with our inpatient and outpatient services, we continue to achieve 90% or over for the 'good' and 'very good' responses for both services as detailed above.

Our focuses for improvement in 2013-14 include:

- Development and approval of a Taranaki DHB Patient and Family/Whānau Centred Care Framework.
- Staff attending the Co-design Partners in Care Programme where consumer engagement using the National Health Service Institute for Innovation and Improvement Experience Base Design Programme is a focus.
- Participating in the Health Quality and Safety Commission's three work streams: increasing health literacy, improving consumer participation and developing leadership capability for both providers and consumers.
- Continuing to utilise our consumer groups and participants.

Positive feedback from our patients

- “The help and support provided by the midwives was great and made me feel more confident before going home with our new baby.”
- “I was really impressed with the care that I received from the nurses. I admire our nurses hardworking attitude and energy they bring to the job. Overall, I think they are very passionate in what they do.”
- “Every staff member encountered was 100% attentive to any request. Each and everyone is a credit to Taranaki DHB.”
- “The preadmission attention was most informative and helpful. The surgical team for their expertise in all counts but especially for their wonderful attitude. Top class nursing care again on all counts.”
- “Thank you for taking exemplary care of both myself and son. The Doctor was very thorough, talked me through what he was looking at and why. Actions taken last night had immediate impact and he is no longer in pain. Safe and sound at home now with knowledge on what to expect and what to look for...on the way to recovery, thanks a lot.”





Breastfeeding Week is celebrated at Parihaka Pa.



Midwife - Grace Maha

Maternity Quality Committee

This committee was established in December 2012 and is a clinical governance group that has been set up to monitor and manage standards of clinical care within the maternity service and to work with the national Maternity Quality and Safety Programme.

The focus for the 2012-13 year has been on setting up the framework for the committee and key initiatives include:

- Establish the Taranaki Maternity Quality Committee.
- Implement the new referral guidelines and maternity specifications.
- Establish a framework for multidisciplinary quality audit and a reporting framework for maternity.
- Set up communication for the wider community to inform them about access and obtain feedback on maternity services.
- Communicate with Maternity Providers to identify any concerns and collaborate to action improvements.
- Engage consumers in the programme.
- Review data for the first annual report.

Map of Medicine

Map of Medicine is a General Practice and hospital care initiative that will commence in the 2013-14 financial year. The Map of Medicine consists of approximately 1,100 clinical patient pathways, which can be tailored to local services and providers. The Map of Medicine website is a central hub of patient pathway information that health practitioners can access while the patient is in front of them, which is clinically sound, up-to-date, and includes local information on service provision.

It is a great resource for General Practices and hospital physicians to use. It ensures that primary care works to its full potential and helps to prevent unnecessary referrals to hospital. It also provides consistent clinical pathways for patients going into hospital and again when they move back into the care of their primary health team.



Tamariki enjoy a new playground and sandpit at Te Hunga Ririki Te Kohanga Reo, Waverley.



Wikitoria Michalanney receives her Influenza vaccination during Immunisation Week, at an opportunistic immunisation clinic in Waitara.

IMPROVING MAORI HEALTH

Taranaki DHB is working hard to make improvements to be able to gauge how well we are doing to improve the health of whānau living in Taranaki. In particular, reducing health inequalities between Māori and non-Māori is the primary focus and is based on addressing and monitoring key 'indicators' of health.

Some highlights from the year include:

- An outcomes based contracting framework was agreed between the Taranaki DHB and Te Kawau Maro alliance (Tui Ora and the National Hauora Coalition) and began on 1 July 2013. With the added advantage of a five-year term, the contract marked a major milestone in enabling provider innovation to accelerate improvements in Māori health status.
- The year saw the conclusion of 71 projects that supported communities from through-out Taranaki resulting in the implementation of a range of activities aimed at improving nutrition and increasing participation in physical activity.
 - 69 of the 71 grants went to groups that had Māori as the majority of participants.
 - Pasifika groups benefitted from the other two projects.
 - 'Training the trainers' projects made up 70% of all the Community Action projects.
 - Marae, Iwi, Māori Health Providers, Church and education groups were grant recipients.
 - The majority of projects related to setting up gardens and orchards and involved workshops to pass resources and knowledge to participants.
 - The projects were fairly evenly distributed throughout the Taranaki region with 20 projects implemented in South Taranaki, six in Central Taranaki and 32 in North Taranaki. 13 projects covered were implemented Taranaki-wide
- Nga Kete workshops - A series of workshops for parents and caregivers on topics that contribute to Tamariki Ora were delivered in the communities of Patea, Opunake and Manaia. A total of 23 workshops or initiatives were held, with a total of 383 participants, 88% of which were Māori. All of the workshop topics were identified by members of each community.

Menemene Mai

Taranaki DHB has a dedicated programme office working with staff and consumers to improve the way we do things. A number of projects are now underway and being implemented within our services. One of those projects is Menemene Mai.

The project aims to improve the oral health of preschool Māori children by promoting early enrolment from birth with the Community Oral Health Service. The Menemene Mai project will see whānau with a new born identified and contacted by the Community Oral Health Service, given brief oral health information and encouraged to enrol with a dental service early.

The earlier children are enrolled with a dental service, the more education their mothers, caregivers and whānau receive about good oral health practices. These steps at a younger age can help prevent problems in their oral health as they grow up. Feedback from new parents on the project's messages and goals has been positive.





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

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