



QUALITY COUNTS



Taranaki District Health Board Quality Accounts 2013-14

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

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

OUR MISSION Te Kaupapa

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

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Our Shared Vision / Te Matakite

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



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

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.

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





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 of health in New Zealand. The Health Quality & Safety Commission (a standalone Crown agent) 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. "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 delighted to present our second annual Quality Accounts. 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 service, 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 staff at all levels of the DHB within the hospitals and just as importantly those staff working within the Taranaki community. We are very grateful for and thank staff for their efforts now and into the future.

We see the annual creation of the Quality Accounts as another step along our journey of delivering patient and family/whanau centred care. We view this as an important opportunity to further engage with the Taranaki community and welcome your feedback by email on: qualitycounts@tdhb.org.nz.

We trust that you enjoy reading our Quality Accounts and gain an understanding of how our local health system works, the staff that provide services and how this impacts on patients who receive them.

Pauline Lockett
Board Chair

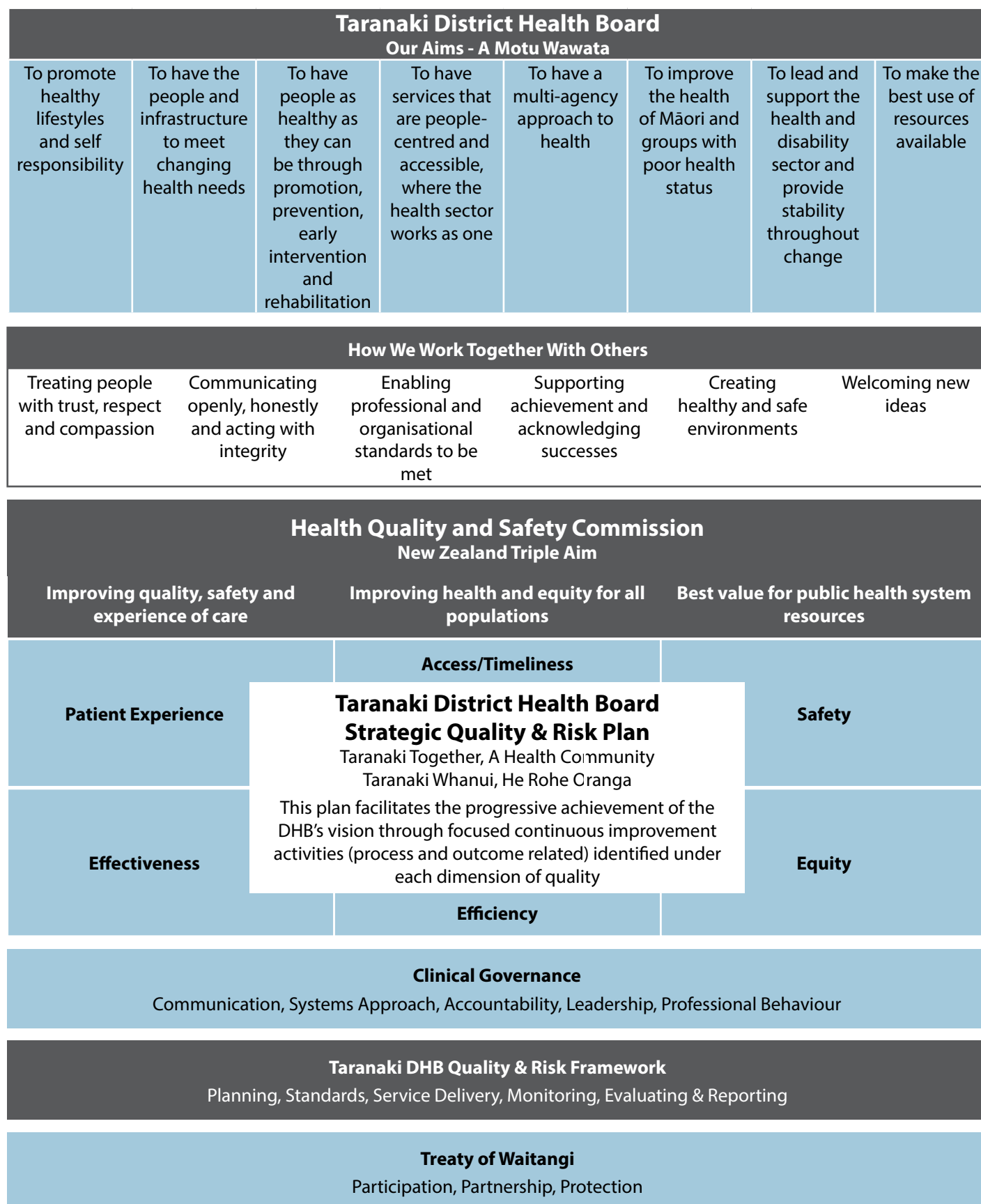
Tony Foulkes
Chief Executive

Dr Greg Simmons
Chief Medical Advisor
Clinical Board Chair

Rosemary Clements
Chief Nurse Advisor
Clinical Board Deputy Chair

SETTING THE SCENE

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. All DHBs are expected to report quarterly on progress against these and the results are publicly available.



Shorter Stays in ED

The target is 95% of patients will be admitted, discharged, or transferred from an emergency department within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through our hospitals, and home again.

Taranaki DHB continues to focus on improving the flow of patients through our emergency departments. This has been an enormous effort by staff within our emergency departments and beyond.

The number of patients presenting to the emergency department with minor injuries and illnesses continues to impact on this target. We are actively working with the Midlands Health Network Primary Care Organisation (PHO) to look at models of service delivery to support patients being seen in the most appropriate setting, such as General Practitioners (GPs).



Improved Access To Elective Surgery

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

Taranaki DHB continues to achieve this target, across a wide range of surgical specialties. Our staff work hard to improve elective surgery results and this year has included a full review of preadmission services and the implementation of our Enhanced Recovery After Surgery (ERAS) programmes.

We are also pleased to continue to achieve our goal of no patients waiting over five months for a First Specialist Assessment. This means patients who qualify to see a specialist will do so within five months, and if they require surgery that will be done within five months too.



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.

Every patient ready for cancer treatment continued to receive it within the target of four weeks. Taranaki DHB plans to continue our strong performance, and our collaborative relationship with the MidCentral DHB, to maintain this achievement.

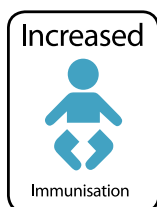




Ngati Ruanui Health Care Centre GP Dr Meyer receives his influenza vaccination



World Smokefree Day celebrations



Increased Immunisation

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

The target of 90% of eight-month-olds fully immunised, protecting them from illnesses such as whooping cough was achieved.

The Taranaki DHB works closely with primary care (community) organisations, hospital services, outreach immunisation services, the National Immunisation Register and Well Child providers on strategies to improve our immunisation uptake, including early enrolment of newborns with a general practice.



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.

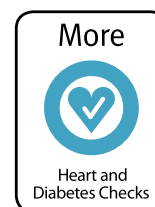
Hospital Target

All Taranaki DHB buildings and grounds remain smoke free/auahi kore and staff are proud of a workplace and environment that encourages smokefree lifestyles.

We continue to work hard to ensure patients and visitors to our hospitals are given advice about quitting smoking.

Primary Care Target

Taranaki DHB has made impressive progress on this target. Over 37,000 Taranaki patients were offered help to quit smoking during a visit to their GP in 2013/14.

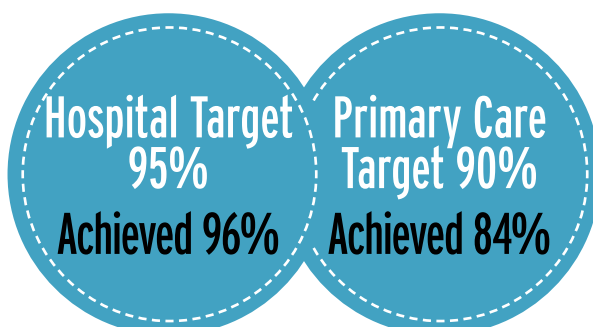


More Heart and Diabetes Checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved by July 2014. A diabetes test is included as part of the overall cardiovascular risk assessment.

Taranaki DHB continues to work to improve the number of eligible population having heart and diabetes checks. This includes working with primary health (community-based) organisations in developing their diabetes care improvement packages and management of long term conditions programmes.

Diabetes and heart disease continue to be among the main causes of ill health in Taranaki.



Health Targets Summary

| Health Target | 2013/14 Target | 2012/13 Performance | 2013/14 Performance | Achieved |
|---|----------------|---------------------|---------------------|----------|
| Shorter Stays in Emergency Departments | 95% | 96% | 94% | N |
| Improved Access to Elective Surgery | 100% | 112% | 113% | Y |
| Shorter Waits for Cancer Treatment | 100% | 100% | 100% | Y |
| Increased Immunisation | 90% | 89% | 90% | Y |
| Better Help for Smokers to Quit <i>Percentage of smokers hospitalised given advice to quit</i> | 95% | 97% | 96% | Y |
| Better Help for Smokers to Quit <i>Percentage of smokers enrolled in Primary Health Organisations given advice to quit</i> | 90% | 65% | 84% | N |
| More Heart and Diabetes Checks | 90% | 73% | 88% | N |



Allied Response Team from left Gabriella Chitty, Charlotte Beer, Andrea Rowe and Maree Marchant

"It has been shown that the provision of allied health staff support in the emergency department enables the timely and safe discharge of patients to the community, or earlier identification of the steps required for those that require admission to hospital," added Gabriella.

Enhanced Recovery After Surgery (ERAS) Programmes

Significant benefits have been realised from the implementation of Enhanced Recovery After Surgery (ERAS) programmes for patients having bowel surgery and hip and knee replacement surgery.

ERAS is designed to prepare patients for, and reduce the total impact of, surgery thus helping them to recover more quickly and improving outcomes. It results in significant benefits to both patients and staff.

Focus is placed on ensuring patients are active participants in their own recovery. We have introduced pre-surgery education sessions and redesigned all patient literature to ensure patients and their families/whanau are empowered to realise most benefit from their surgery.

Under the ERAS programme, patients for hip and knee joint replacements can now expect a three-to-four day stay instead of a six-to-seven day stay. There are lower complication rates, including readmission to hospital and high levels of patient satisfaction have been reported.

For patients undergoing bowel surgery, the length of stay in hospital is now well below the national average, with nearly all patients admitted on the day of surgery. Again, lower complication rates and higher levels of patient satisfaction have been reported.

Allied Response Team Supports Emergency Department

This year, an allied health response team was introduced to the Base Hospital emergency department. The team aims to help facilitate safe patient discharge or to support patients' admission to hospital.

Allied Response Team Physiotherapist Gabriella Chitty said, "The allied response team is made up of a physiotherapist, occupational therapist and a social worker. We work together to provide a comprehensive assessment to determine the patient's social situation, mobility, functional capability and equipment needs. This involves working with patients, their families/whanau, emergency department staff and community support services throughout Taranaki."

SERIOUS AND SENTINEL EVENTS

A serious or sentinel event is an 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.

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.

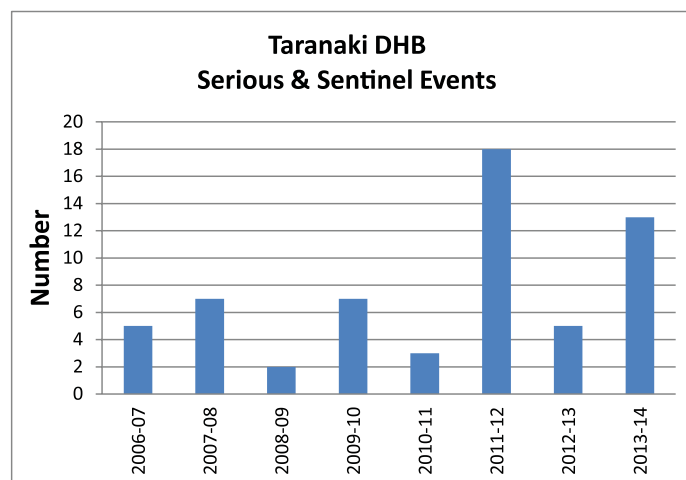
All adverse outcomes and deaths are regrettable. We acknowledge the great distress to patients, their families/whanau and to our staff when these events occur. Our staff are very competent and professional and come to work each day to save and improve lives, but sometimes, despite our best efforts, things do go wrong.

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, 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.

We reported 13 serious and sentinel events that occurred in the 2013-14 year. This was an increase of eight from the 2012-13 year where five events were reported. However, this was a decrease of five from the 2011-12 year where 18 events were reported.

Nationally, reporting of serious and sentinel events has increased each year since reporting began in the 2007-08 year. This increase does not necessarily mean an increase in actual events but reflects a higher safety focus amongst staff and our commitment to identifying serious and sentinel events.



Nationally, as in previous years, events involving serious harm from falls were the most frequently reported. In Taranaki, we reported eight falls resulting in a fracture in the 2013-14 year. This was particularly disappointing given that we reported just one serious harm fall in the 2012-13 year. In the 2011-12 year, six serious harm falls were reported.

In addition to the eight falls, the other five serious and sentinel events were:

- Potential delay in lung cancer diagnosis where a recommended repeat chest x-ray was not actioned for a patient
- Patient's fractured humerus advanced to a compound fracture
- Patient was discharged from our emergency department with a diagnosis of urinary tract infection and re-presented two days later with a perforated bowel
- A very unwell child with asthma stopped breathing, was successfully resuscitated but suffered neurological damage
- Patient was discharged from our emergency department following a fall and later deteriorated with a brain bleed. The patient did not survive.

More information of the 2013-14 serious and sentinel events is available on the Taranaki DHB website at: www.tdhub.org.nz/news/documents/media_release_2014_10_30.shtml



Click here to for more on serious & sentinel events on the Taranaki DHB website

IMPROVING PATIENT CARE AND SAFETY

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

The purpose of the Health Quality & 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 & Safety Commission has identified the following as key areas for focus in reducing harm for patients over the next few years:

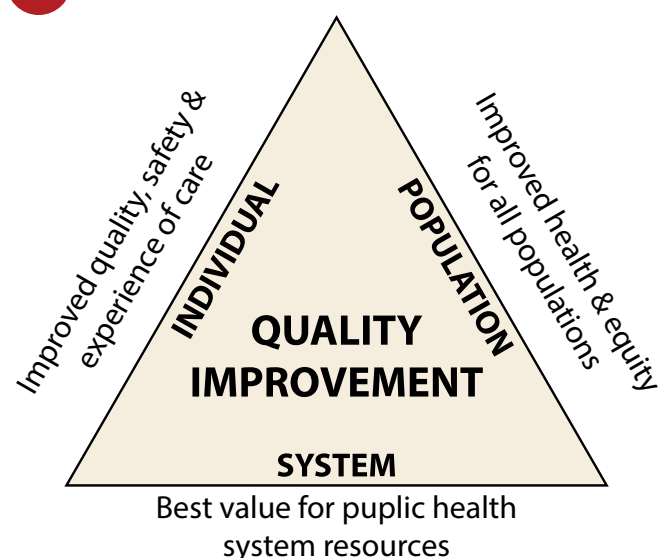
- Prevention of falls
- Reducing healthcare associated infections
- Reducing harm from surgery; and
- Safer use of medications.

The vehicle for managing this is the National Patient Safety Campaign launched in May 2013.

For more information, see the Health Quality & Safety Commission website at: www.open.hqsc.govt.nz



www.open.hqsc.govt.nz



Preventing Falls

Chief Medical Advisor Dr Greg Simmons said, "Taranaki DHB takes patient safety very seriously and we are doing all we can to prevent harm from falls."

"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 all of us 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 their families to help keep them safe on their feet, and to make sure that the environment is safe," added Dr Simmons.

Taranaki DHB urges all inpatients to ask for assistance when they need it - staff would rather help patients, even on busy days, than have a patient fall and possibly sustain injury which may be serious.

Patients who are at risk of falling are also provided with a pamphlet that provides information on when they may be at risk of falling and what to do, as well as information for relatives and carers.

Is your footwear safe?

That was one of the key messages of the 2014 'April Falls' promotion at Taranaki DHB. "One way to prevent falls is to ensure people wear well-fitting non-slip footwear," said Dr Simmons.

The Taranaki DHB marked national 'April Falls' month with a display in the Base Hospital main entrance and an online quiz about what makes footwear safe or unsafe.

New Plymouth Injury Safe supported the month by providing pens for staff completing the quiz and a shoe amnesty stall in Centre City Shopping Centre. Members of the public could surrender their 'bad' shoes (ones that may cause a trip or fall) for a discount voucher to purchase new 'good' shoes at Overland Shoes. The discount vouchers and the main quiz prize were donated by Overland Shoes.

Some of the tips provided by a podiatrist during the week included; "No-one can see what size shoe you're wearing - don't buy them too small for vanity's sake" and; "Spend as much as you can afford on shoes - good shoes are not a waste of money, they carry you around."



'Staying On Your Feet' banner



Non-slip socks

Non-slip socks

Some inpatient falls are caused by people walking in socks (without shoes) on smooth floors. Taranaki DHB has been providing red non-slip socks to patients at Base and Hawera Hospitals since late 2013, after a successful three-month trial earlier that year.

Vicki Bellringer, a senior physiotherapist in the Older Persons' Health and Rehabilitation Service ward said, "The non-slip socks initiative involves identifying patients who potentially need the socks and then using a flow chart to determine whether they would be a good option for them."

This personalised approach echoes a key message of the Open for Better Care campaign, in that falls prevention requires an individualised approach that takes each patient's needs into account.

"I introduce the socks to patients as 'lucky socks' after the red socks New Zealanders started wearing to support Team New Zealand's 1995 America's Cup campaign."

"Most people giggle when I tell them they're being given lucky socks," added Vicki. "They really like the socks because they're brand new and they can take them home with them, so it feels like they're being given a present."

You don't have to go into hospital to get these socks, they are available in shops as well for anyone to purchase.

Vitamin D

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 care facilities by ensuring Vitamin D supplements are available to residents. Annie Brydon, Te Mahana, Molly Ryan, Maida Vale and Rhapsody Rest Homes all achieved 100% prescribing rates for Vitamin D supplementation, compared to a regional average of 74%.

Taranaki DHB Physician Dr Laird Madison has been

instrumental in encouraging the use of Vitamin D supplements for older people. "A fall can have a devastating impact on elderly people and their loved ones," said Dr Madison.

"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. "You can also ask your GP if Vitamin D might be right for you whether you live in a residential care facility or live at home. People over 50 should be considering this option."

Falls Prevention Steering Group

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.

The group's activities and improvement progress in the 2013-14 included:

- The purchase of a "Staying on Your Feet" banner, which gives useful information for the public on preventing falls
- Encouraging increased utilisation of the Falls Risk Assessment Tool and the instigation of prevention initiatives such as alarm systems to alert staff that the patient is attempting to move, as well as one-on-one, 24-hour, direct observation by a staff member of high risk patients
- The design of patient bedside indicator boards which identify patients who are at risk of falls to alert staff. This information is also included on the electronic whiteboards in the wards
- Monitoring the effect on our falls rates of moving to the new hospital wards, which include a higher number of ensuite bathrooms (there has been no increase)
- Falls are now reported to the Board each quarter, so the whole organisation is working towards reducing harm from falls, from the top down

- Increasing the number of falls risk assessments undertaken and putting individualised care plans in place for the 'at risk' population
- Using raised bed rails appropriately, thus reducing the number of inpatient falls involving these
- Raising staff awareness of falls prevention through promotions and education sessions
- Promotion of Vitamin D prescription in residential care homes and in the community for frail elderly housebound people
- Promoting strength and balance exercise programmes in the community in order to help people stay on their feet.

Focuses for improvement in 2014-15 include:

- Introduction of 'intentional rounding'. This is where nursing staff make regular visits to patients to see if they are in need of anything. For example a visit to the toilet, pain relief, a glass of water, their reading glasses etc. Some hospitals have shown this reduces the rate of falls
- A trial and proposed implementation of the electronic TrendCare Falls Risk Assessment Module that allows nurses to assess each patient for falls risk, then create an individualised care plan
- The Falls Prevention Steering Group plans to improve its liaison with residential care homes to support them to reduce harm from falls
- Use of the patient television system to broadcast falls prevention messages
- Exploring the feasibility of a Taranaki Integrated Falls Prevention Service in conjunction with ACC.

Reducing Healthcare Associated Infections

Improving hand hygiene compliance

The national Hand Hygiene New Zealand Programme is based on the World Health Organisation's Five Moments of Hand Hygiene. These are the five times when it is most important for staff to wash or sanitise their hands to decrease the risk of infection for their patients and themselves.

The hand hygiene programme includes auditing and education, as well as monitoring and investigating infections that occur.

We are currently using the hand hygiene programme in our high risk units – the Intensive Care Unit (ICU) and Renal Unit – and are planning to roll out the programme to other areas as resources and capacity becomes available in the 2014-15 year.

Improvement progress in 2013-14 included:

- Increasing our hand hygiene compliance to at least 70%. This was achieved in the March 2014 audit at 70.8% and the June 2014 audit was close at 68.4%
- We trained one more gold hand hygiene auditor this year; however there is a need for more across our hospitals.

Focuses for improvement in 2014-15 include:

- Training more gold hand hygiene auditors, with training scheduled for December 2014
- Increasing the number of hand hygiene audits, as well as the number of areas audited.

Preventing Central Line Associated Bacteraemia (CLAB) Infections

A central line is a catheter that is inserted into a main blood vessel near the heart. A bacteraemia is a serious, but often preventable complication where there is infection in the blood stream.

Taranaki DHB uses CLAB 'bundles', which are groups of interventions that are shown through research to decrease the chances of infection, for insertion and maintenance of these lines. Since the introduction of these bundles there have been no infections identified in ICU patients.

Improvement progress in 2013-14 included:

- We maintained our CLAB rate of less than 1 per thousand line days in ICU. There were no CLAB infections this year.

Focuses for improvement in 2014-15 include:

- Improving our documentation of CLAB maintenance bundles in ICU
- Rolling out the maintenance bundle process to other parts of the hospital.

Surgical Site Infection Surveillance programme

As part of the national Patient Safety Campaign the Health Quality & Safety Commission rolled out the Surgical Site Infection Surveillance programme in August 2013. The programme focuses on:

- The use, timing and dose of prophylactic (preventative) antibiotics
- Hair removal by clipping rather than shaving the site of surgery; and
- Using chlorhexidine (antiseptic) for skin preparation before surgery.

Focuses for improvement in 2014-15 include:

- Continuing to embed the Surgical Site Infection Surveillance programme and increasing compliance
- Exploring options for automatic audit data collection for the programme
- Including more operations in the audit as the programme expands.

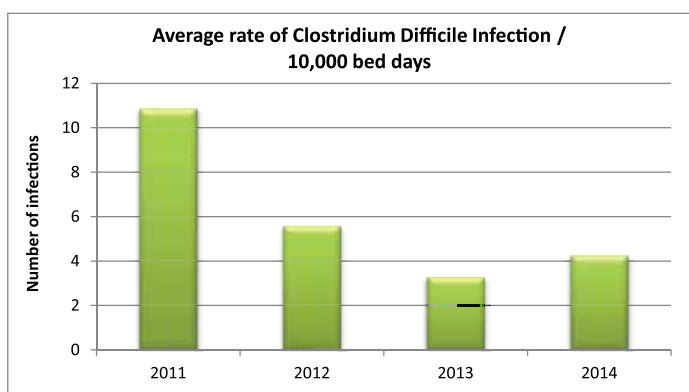
Decreasing Hospital Acquired Clostridium Difficile Infection

Clostridium Difficile Infection is also called antibiotic associated diarrhoea. Clostridium Difficile is a bacterium that naturally resides in the bowel, usually in balance with other bacteria.



When people are exposed to antibiotics, naturally occurring bacteria can be killed as well as the 'bad' bacteria. This situation can lead to Clostridium Difficile 'taking over' the space of the balancing bacteria. Clostridium Difficile produces toxins which are irritating to our bowels and these cause bloating and diarrhoea with abdominal pain. This can be a severe and serious infection - especially in the elderly or extremely unwell.

Taranaki DHB noted an increase in Clostridium Difficile Infection in late 2010 and has taken (and continued) several key actions that have resulted in a significant and sustained improvement in our Clostridium Difficile Infection rates. As a result of our success, our Infection Control Nurse Specialist has presented our experience, findings and actions to other DHBs as well as presenting at the Infection Prevention and Control National Conference in 2013.



Focuses for improvement in 2014-15 include:

- Investigating options for an Antibiotic Stewardship programme
- Continuing to monitor the rate of infection.

Reducing Harm from Surgery

Taranaki DHB has been using a checklist for all surgical procedures that require an anaesthetic since 2006. In 2010, we changed to using the World Health Organisation's (WHO) surgical safety checklist, allowing us to be consistent with other DHBs and to follow global best-practice.

The checklist enables the surgical team to undertake a set of patient safety checks and facilitates teamwork and communication. It has three distinctive parts:

- 'Sign in' - before anaesthesia occurs
- 'Time out' - before incision of the skin occurs; and
- 'Sign out' - before the patient leaves the operating room.

Improvement progress in 2013-14 included:

- Working towards increasing our checklist completion compliance to 100%
- Providing regular reporting on the checklist compliance to the Health Quality & Safety Commission for publication on their website of national results
- The Health Quality & Safety Commission sets a threshold of 90% compliance with the checklist. We achieved the threshold for the whole of this year, and in most areas compliance has been over 95%
- A group was established to implement a more robust venous thromboembolism (VTE) prevention programme within the hospital services (VTE are harmful blood clots such as deep vein thrombosis). To date, the group has made some good progress
- We have developed an e-admission form for some departments. This includes a risk assessment of each patient with clear indication of whether medication is needed and prescribed
- We have also put in place a policy to govern practice, and are working towards improving procedures on risk assessment and prescribing.

Focuses for improvement in 2014-15 include:

- Continuing to focus on achieving 100% checklist completion compliance
- Improving handover from the Post Anaesthetic Care Unit to wards by using a standard patient status assessment tool e.g. SBAR (situation, background, assessment and recommendation). This clarifies the information that should be communicated between team members. It also helps develop team work and fosters a culture of patient safety
- Looking at how we can implement a briefing session at the beginning of each theatre list.



Safer Use of Medications

Everyone will take a medicine at some point in their lives. While most medicines have a large margin of safety, a small number can potentially cause significant harm, even when used as intended. The medicines most frequently involved in serious adverse drug events are called high-risk medicines. Special attention is needed when they are prescribed, dispensed, supplied, stored, administered or taken.

It is thought that around 60% of adverse medication events are preventable. 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 this is correctly recorded.

Analysis of our medication safety events database is completed on an annual basis. The 2013 calendar year saw an overall reduction in events reported with an increase in the number of 'near miss' events recorded. 'Inadequate checking' remained the most common cause of events with 'incorrect dosage/strength' surpassing 'omissions' as the most common type of event.

Improvement progress in 2013-14 included

- Ongoing encouragement of ward staff to develop and implement strategies to minimise distractions when administering medicines
- Development of an Audit and Continuous Quality Improvement Strategy
- Measurement of medication related patient harm using the Institute in Healthcare (IHI) Trigger Tool. This tool provides help when reviewing patient records to identify harm caused by medication
- Increasing Electronic Medication Reconciliation (eMR) from five wards to six
- Preparing to roll out the electronic Medication Prescribing & Administration (ePA) programme to other wards
- Increased initiation and completion rates of Electronic Medication Reconciliation (eMR)
- Implementation of the national paper medication chart across all inpatient areas (that do not currently use electronic prescribing).

Focuses for improvement in 2014-15 include:

- The roll out of Electronic Medicines Management (eMM) to both medical wards at Base Hospital
- Using the results of the Institute in Healthcare (IHI) Trigger Tool and medication safety events database to identify areas for focus and improvement
- Participation in the Health Quality & Safety Commission High Risk Medication Campaign, with a focus on the safe use of opioids (opioids are a class of medicines that include morphine, methadone and oxycodone)
- Improving the uptake of Vitamin D prescribing for residential care patients to help reduce injuries resulting from falls.

The Electronic Medicines Management (eMM) programme focuses on reducing medication harm for Taranaki DHB patients.

Taranaki DHB is the lead DHB for medication management in the Midland region. The Electronic Medicines Management (eMM) programme is slowly being rolled out across our DHB and will eventually be in place across the region.

Electronic Medicines Management (eMM)

- Through the electronic medicines management (eMM) programme we are working towards an electronic system that will give all healthcare providers access to a person's medication information and will enable them to manage their medicines more effectively. This includes prescribing, administering, reconciling, dispensing and tracking medicines.

Electronic medicines management includes:

- **Electronic Medication Prescribing & Administration (ePA)** - allows medication to be prescribed and administration to be recorded electronically in hospitals aided by decision support.
- **Electronic Medication Reconciliation (eMR)** - an electronic system for hospitals that ensures a patient's medication information is accurate on admission, transfer and discharge.



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.

The first set of Quality and Safety Markers were published by the Commission in June 2013. What follows are our results as at the 30 June 2014.

| Marker | Threshold | 30 June 2013 | 30 June 2014 |
|--|-----------|--------------|--------------|
| Preventing Falls | | | |
| Percentage of patients 75 and over (Māori and Pacific Islanders 55 and over) given a falls risk assessment | 90% | 91% | 92% |
| Percentage of patients 75 and over (Māori and Pacific Islanders 55 and over) who received an individualised care plan that addressed their risks | 90% | 95% | 97% |
| Reducing Harm from Surgery | | | |
| All three parts of the surgical safety checklist are used in operations | 90% | 92% | 96% |
| Reducing Healthcare Associated Infections | | | |
| Percentage of staff complying with good hand hygiene practice | 70% | 65% | 68% |
| Percentage of staff complying with procedures for inserting central line catheters in Intensive Care Unit | 90% | 81% | 82% |

| The following Markers commenced in October 2013 | | | |
|--|-----------|-------------|--------------|
| Marker | Threshold | 31 Dec 2013 | 30 June 2014 |
| Surgical Site Infection prevention compliance: | | | |
| • Timely antibiotics | 100% | 93% | 97% |
| • Correct dose of antibiotic | 95% | 15% | 31% |
| • Correct skin preparation | 100% | 63% | 100% |

Improvement has been made in all Markers over the 2013-14 year. Work is ongoing in relation to the 'correct dose of antibiotic' Marker. This includes clarification around prescribing according to the patient's weight.

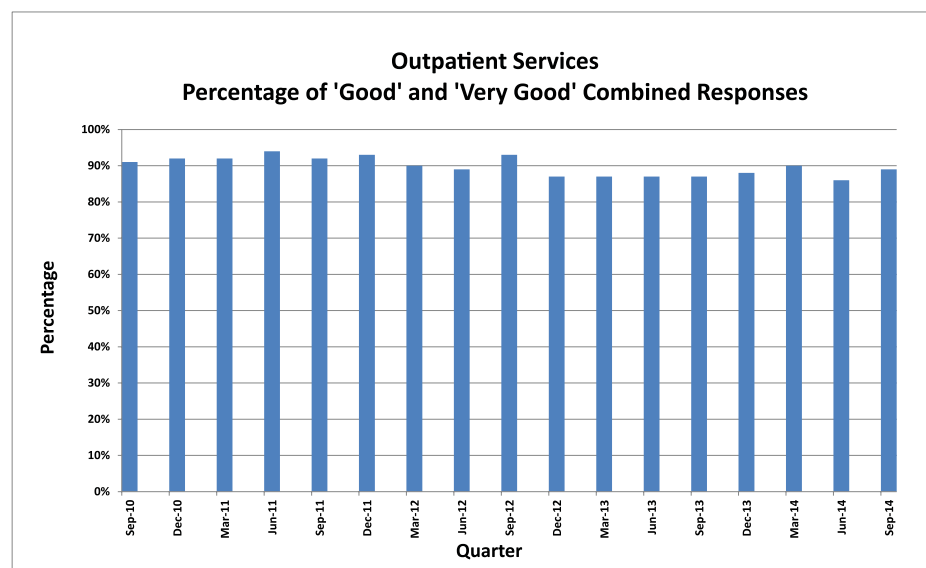
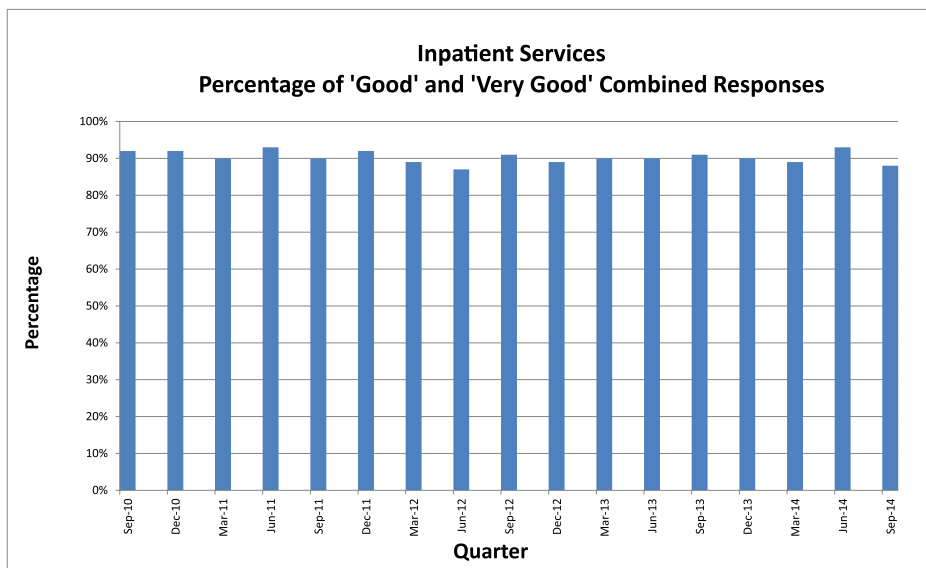
PATIENT EXPERIENCE

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.

While we are moving towards a national electronic inpatient experience survey early in the 2014-15 year, throughout 2013-14 we continued to send out Patient Satisfaction Surveys twice a month. These forms are posted out to a sample of both discharged inpatients and outpatients seen since the previous survey selection. Individual patient satisfaction responses are converted to percentages for the purpose of analysis. Response rates for the inpatient and outpatient postal surveys are 33% and 34% respectively.

In relation to the overall satisfaction and in particular 'good' and 'very good' responses received, we continue to consistently achieve over 86% in both inpatient and outpatient services as shown here.

In addition to routine surveying of patients through our Patient Satisfaction Surveys, Taranaki DHB has been testing the use of Patient Experience Questionnaires in a number of hospital and specialist services. Patient Experience Questionnaires are a useful tool to capture and understand the patient experience. The information gained from these questionnaires is being used to better inform work across a number of projects.



Feedback from our Patients

In response to the question 'Were you impressed by anything in particular', some replies were:

"The doctor we saw, as she explained everything in our language, not medical terms."

"Text sent to my cellphone [appointment reminder], followed by a card in the mail."

"The friendly and cheerful attitude of all staff I had contact with."

"I was impressed with the outstanding care and attention. Everything was explained in detail. In fact I was made to feel they [the staff] were there especially for me. Keep up the good work."

"I would have loved to stay there [in hospital] longer. Nothing I want changed."

"The ambience of the new ward area and convenience of having ensuite facilities."

"The emergency staff, nurses and doctors were very prompt and kept me advised at all times. The follow up on the phone by the doctor was excellent."

"Nurses do an amazing job. Beautiful clean hospital. Proud to be from Taranaki."

"The attentiveness of the nurses and related staff who went out of their way to make sure I was comfortable and that the procedures all went well. The doctors were very informative and had the time to answer all of my questions thoroughly."



Improvement progress in 2013-14 included:

- Launch of the Taranaki DHB Patient and Family/Whānau-Centred Care Framework. The framework aims to promote patient/consumer and provider partnerships in order to improve health quality and safety of patients/consumers and families/whanau at all levels of care and in all health settings.
- Surveying participants on the launch of the new Family/Whānau-Centred Care Framework
- Participation in the Health Quality & Safety Commission's three work streams:
 - o Increasing health literacy
 - o Improving consumer participation; and
 - o Developing leadership capability for both providers and consumers.
- A continued focus on consumer participation, including:
 - o Each project run by the Taranaki DHB programme office including a consumer representative
 - o Training on consumer engagement for Taranaki DHB project leads and on-going support to ensure the consumer voice is included in their projects
 - o Continued work towards strengthening the partnership between our consumer groups and clinical staff.
- Clinical Board-sponsored presentations to staff by the Health and Disability Commissioner and Deputy Health and Disability Commissioner
- Staff and consumer partnership and participation in the Health Quality & Safety Commission Partners in Care Programme. This programme is designed to support and enable patient and consumer engagement and participation across the health and disability sector.

Focuses for improvement in 2014-15 include:

- Implementation of the national electronic inpatient experience survey
- Continuing to establish a structure and sustainable mechanisms to enable the Taranaki DHB to meet the vision of promoting patient/consumer and provider partnerships in order to improve health quality and safety
- Identifying current good practices of patient/consumer participation and collaboration at individual clinician, service and governance levels within the DHB
- Developing and implementing an annual work plan that aligns with the 'People Experience' goals of the new Taranaki DHB Quality and Risk Strategic Plan 2012-2015
- Providing further staff training on consumer engagement with a Clinical Board sponsored presentation by Dr Lynne Maher, Director of Innovation, Ko Awatea. Ko Awatea is the Centre for Health System Innovation and Improvement for the Counties Manukau District Health Board.



MATCHING STAFFING TO DEMAND FOR PATIENT CARE

Taranaki DHB is working to better match staffing to the demand for patient care through two initiatives - Care Capacity Demand Management (CCDM) and Releasing Time to Care.

Care Capacity Demand Management (CCDM)

Taranaki DHB is introducing CCDM as a way of matching service demand with service capacity, to ensure the right number and skill mix of staff are available to meet the needs of patients.

Associate Director of Nursing Glenda Butturini said, "CCDM is all about balancing demand vs capacity. It means a safer environment for patients and staff, improved and more timely patient care, and increased staff satisfaction."

"The first part involves our staff collecting data, which is then used to produce a report to improve matching the workload with staffing required," added Glenda.

Initial work on CCDM began at the Taranaki DHB in July 2012 and the programme was re-launched in June 2014 with a series of workshops and unit-based sessions for staff. The first ward to re-start the process was the Older People's Health and Rehabilitation Services (Ward 2A).

Focuses for 2014-15 include:

- Continued roll out of CCDM throughout the Taranaki DHB
- Developing the Core Data Set. This means analysing data which measures whether we are constantly meeting the demand for services with what we can provide
- Re-launch of Variance Response Management (VRM). When the demand for services exceeds the capacity, VRM provides a plan of action to cope with the situation.

Releasing Time to Care

Releasing Time to Care is a programme that aims to create time in the normal nursing working day so nurses can increase the time they have for direct patient care - improving safety, efficiency and reliability of care provided to patients.

Releasing Time to Care Co-ordinator Kareen McLeod said, "Taranaki DHB has been working to implement Releasing Time to Care since 2011 and it currently includes the wards in our new hospital building and the Intensive Care Unit."

"One initiative is having the location of equipment and stores (like linen) in the same place in each ward, allowing nurses to easily move between different areas."

"The Releasing Time to Care Patient Status at a Glance teams work also helped to influence the content of the new electronic whiteboards," added Kareen. *Read more about the electronic whiteboards on page 22.*

Other improvement progress in 2013-14 included:

- Wall mounted photos of equipment to make it easier for staff to return items to the correct areas, and to know what needs to be restocked and cleaned
- Staff are now alerted to patients that require full assistance with their meals by having these delivered on a different coloured (red) tray
- Medication teams have created 'no interruption zones' in their work areas to help reduce interruptions and potential medication errors
- The implementation of Patient Status Boards. These boards allow staff, patients and visitors to quickly identify important information. For example, the need for assistance mobilising a patient or and whether they are 'nil by mouth'.

Focuses for improvement in 2014-15 include:

- Work to standardise the bedside handover routine. This will include a video demonstrating the standard handover and education, beginning in early 2015.



Connector bus service launch



Professional Boxer Sam Rapira and Rynan Gooch at the Whanau Pakari graduation

IMPROVING MAORI HEALTH

Taranaki DHB is working hard to make improvements to be able to better gauge how well we are doing to improve the health of whānau living in Taranaki.

Implementation of the Taranaki DHB Māori Health Plan is our main Māori health improvement focus. The plan focuses on addressing the 18 national and four local priority indicators of Māori health status. These are based on the leading causes of morbidity and mortality for Māori nationally.

Highlights from the 2013/14 year include:

Reducing 'Did Not Attend' Appointment Rates

A new project steering group and operations team were set up to help find out why patients did not attend their appointments. Of the 35 different outpatient specialty clinics, the group undertook in-depth analysis of four of the specialty clinics that contribute to 'did not attend' rates, including colposcopy, cardiology, diabetes and children's dental.

Our Kaimahi Hauora (community health workers) made contact with Māori booked into outpatient clinics to help overcome any barriers that may prevent them, or their children, attending their appointments. Common issues include timing of appointments and transport problems.

One initiative to help patients get to their appointments is the Connector bus, a collaborative project between the Taranaki DHB and WITT Polytechnic. The bus transports people from throughout Taranaki to Base Hospital or WITT.

Teaming up with Midland Health to Provide Better Help for Smokers to Quit

Good relationships with the Midland Health Network Primary Health (community) Organisation are crucial to the delivery of services that will address the priorities in the Māori Health Plan.

One of the areas where the Midland Health Network excelled this year was in providing smokers with advice and help to quit smoking. The network undertook a centralised campaign which included:

- Offering brief advice to smokers that had not been seen within the year
- Support and assistance to individual GP practices to catch up on missed opportunities
- Appointment of smoking co-ordination champions in each practice to co-ordinate smoking cessation activities
- Setting smoking targets within the Midland Health Network Quality Plan, which were met by 70% of practices

- 99% of nurses and 91% of GPs trained in smoking cessation
- Developing further systems and processes within practices to manage smoking cessation activities, including the alignment of Patient Management Systems
- Strengthening networks with Aukati Kai Paipa (smoking cessation service for Māori and their whanau) providers and other stakeholders to provide a range of intervention options for patients on referral.

As a result of this concerted effort, the percentage of smokers in primary care who were provided with advice and help to quit increased by 20% over the year.

Working with Our Communities

This year, we continued to deliver projects that supported communities throughout Taranaki to implement a range of activities aimed at improving nutrition and increasing participation in physical activity. Just a few of these included:

- Re-launch of 'Snack Facts' resource in te reo. Since 2001, the popular 'Snack Facts' pamphlets have highlighted the fat and sugar contents of popular snack foods and drinks. This year, the resource was re-launched in English and, for the first time, in Te Reo. New Plymouth kura kaupapa Māori, Te Pi'ipi'inga Kakano Mai i Rangiatea, assisted in the translation, enlisting the support of teachers and parents, some of whom work for the local Māori language trust, Te Reo O Taranaki
- Continuation of Whanau Pakari. Whanau Pakari started as collaboration between Sport Taranaki and Taranaki DHB to provide a multidisciplinary support package for children and adolescents with weight issues in Taranaki. Ambassador and professional boxer Sam Rapira joined forces with the Whanau Pakari team to provide support and inspiration
- Taranaki DHB's Taiohi Tu Youth Programme and Te Korimako o Taranaki joined together to create a live monthly radio show called the 'The Parauri Panel'. The show aims to get young people to talk and think about their health, as part of a wider campaign to increase positive messages for young people.

Chief Advisor Māori Health Ngawai Henare said, "While there is no systematic measure of the impact of the wide range of community action projects, changes in practice are clearly visible."

"One example is the types of meals that have become normalised at Marae throughout Taranaki and other community events."

"It is also evident through active participation of Māori in a wide range of sporting codes, like the increased and participation of more Māori in events such as Iron Māori at home and elsewhere," added Ngawai.

Introducing Bilingual Signage at Base Hospital

As part of Project Maunga, our Base Hospital redevelopment, signage in both English and te reo Māori has been installed, including the internal wayfinding, door labels and directory boards.

The outdoor entrance signage for the whole hospital has also been updated. Each sign includes a Māori welcome and the name of the entrance, which represents the waka or canoes that brought iwi to Taranaki. For example 'Aotea' is the Tukapa Street entrance. The outdoor signs were blessed by Taranaki Kaumatua in August 2013.

The signs have generated positive feedback and are a talking point for staff and visitors, said Chief Advisor Māori Health Ngawai Henare. "They raise awareness of the local Māori context and language, which in turn contributes to the ability to provide more culturally sensitive care."

"Staff quickly came to use entrance names such as 'Aotea' as a meeting place or as a route to get to certain parts of the hospital."



Focuses for improvement in 2014-15 include:

Our focuses for the coming year are the 18 national and four local priorities and their associated indicators as described in the Māori Health Plan 2014-15.

For example, two focuses for the coming year aimed at children and young people are:

- Improving the dental health of Māori children. This will be achieved by working with maternity services to ensure all children are enrolled in dental services at birth and working with providers such as Tamariki Ora and Plunket to ensure all pre-school children are enrolled with the dental service
- Ensuring our taiohi (young people) are emotionally and mentally well and are achieving their best possible educational outcomes. To achieve this we will aim to increase the uptake of counselling vouchers for Māori taiohi through schools and primary care. We will also improve pathways for earlier intervention of young people identified with mild to moderate mental health and addictions issues. We will also work with the social sector trial in South Taranaki to increase the interventions available to youth.



One of the new four-bed rooms



Mobility garden

PROJECT MAUNGA – BASE HOSPITAL REDEVELOPMENT

Over the 2013-14 year Project Maunga, the Taranaki Base Hospital redevelopment, was completed. Staff and patients moved into the new hospital building in August 2013 and the official opening was held on 27 June 2014.

Project Manager, Steve Berendsen said, "Project Maunga is more than a new building; it's a new way of doing things."

The new building has:

- a more efficient design and layout
- improved privacy, dignity and comfort
- better facilities for disabilities and rehabilitation
- improved infection control; and
- state of the art technology.

More Efficient Design and Layout

The new building has been 'future proofed' with two additional theatres to allow us to manage current and future demand. It also has an expanded day surgery area to accommodate increased cases, as well as day medical procedures.

The theatres, day surgery and endoscopy are all located on the ground floor to enhance our focus on reducing the time patients need to spend in hospital.

The wards use a 'race track' design to maximise staff efficiency. All of the rooms used by staff are also located in the centre of the ward to minimise the walking distances.

Improved Patient Privacy, Dignity and Comfort

In the old hospital there were 32-36 patients per ward, six patients per room, sharing as little as five bathrooms. This caused privacy issues and from a confidentiality point of view, was problematic.

In the new building there are double the number of single rooms and no more than four patients per room. Each room has its own ensuite toilet and separate shower. Needless to say, the reaction from patients has been extremely positive.

Part of the new building design includes large windows and low sills as well as head boards angled towards the windows, allowing patients to soak up the fantastic views of the mountain or sea from their beds.

The introduction of personal televisions above each bed has also proved popular. The live broadcast of hospital chapel services was the first use of the available channels. Patients who are not well enough to move to the chapel can watch the service from their bed, or from one of the whanau rooms.

Better Facilities for Disabilities and Rehabilitation

The accessibility features of the ensuite bathrooms in the new building have drawn considerable praise. One feature is the bi-fold, double action doors, which allow a person in a wheelchair or using a walking frame to push the door open when entering and exiting the bathroom.

The new Older People's Health and Rehabilitation Services (Ward 2A) includes a large gymnasium, fitted out with parallel bars and an extended ceiling hoist, to assist in the initial mobilisation of some of our rehabilitation patients.

'Home environments' - including a fully equipped kitchen and dining room and a step-up shower and bathroom – also feature on the ward. These environments allow rehab patients to re-learn or test their capabilities in a supported environment, as well as providing a way for those with permanent disabilities to learn new strategies for managing at home.

A new outdoor mobility garden has also been created. The garden provides patients with an environment that replicates what they might encounter when they leave hospital, giving them the opportunity to practice with the help of our allied health staff. A few additions will be added to the garden and it is expected to be completed in 2014-15.

For the vision impaired, all of the lifts in the new building have talking directories advising passengers which floor they are on.

Improved Infection Control

The increased number of single rooms and the four new negative pressure rooms in our general medicine ward and two in our children and young people's ward has improved our ability to manage infectious patients, or those requiring additional protection from infection.

Personal protective equipment (PPE) holders have also been installed around the new building.

State of the Art Technology

Electronic whiteboards help to discharge patients on time

State-of-the-art electronic whiteboards are being used to update patient details, with the patient's particulars popping up on the appropriate screen from the moment they are admitted.

Nurses, doctors and other health professionals can then add

various notes and referrals to patient details using the touch screen options.

The electronic whiteboards have been instrumental in carrying out a new system of trying to discharge patients by 11am each day. When a patient is admitted to the hospital, an estimated date of discharge is highlighted on the screen. All staff involved in the patient's care can then prioritise their workloads to achieve the discharge date.

Discharging patients by 11am each day frees up beds, avoiding a back-log of patients waiting for a bed.

Wireless technology provides easier access to patients' notes

Wireless technology in the new hospital reduces the need for clipboards, folders and paper to organise patients' medical notes. Instead, nurses are equipped with computers on wheels (COWs) meaning some electronic information can be updated at the bedside. Specialists and house surgeons also carry their own smart phone/pad technology to update patient information wirelessly.

This wireless environment and the introduction of COWs has been instrumental in allowing us to begin the roll out of Electronic Medication Prescribing & Administration (ePA). This was introduced to the Older People's Health and Rehabilitation Services (Ward 2A) this year.

Added to the technology, is a feature on the intranet allowing ward staff to communicate to the rest of the hospital how busy they are, using a green, orange and red traffic light colouring system. This allows for nursing staff in a 'green' ward that is experiencing a quieter time, to assist in a busy 'red' ward.

Focuses for improvement in 2014-15 include:

- Putting the finishing touches on Project Maunga, including work to strengthen the main entrance and link corridors. The corridors currently meet the required standards and are very safe to use, however we want to go beyond these base standards. The temporary links used during the construction will also be removed
- Beginning work on the development of a new angiography room within the operating theatre suite
- An upgrade to the electronic whiteboards to display patient alerts and warnings from our patient management system and ePharmacy system
- Completion of the additions to the mobility garden.



Merry Sorensen (left) with Agnes Limon and baby Luke in a pepi-pod



Celebrating Safe Sleep Day in Centre City

IMPROVING QUALITY AND THE PATIENT EXPERIENCE

Our Stories

Taranaki DHB work hard to continually improve the quality of the services we provide and the experiences of our patients. Some stories and examples of our work from 2013-14 are included below.

Maternity Quality Committee

The Maternity Quality 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.

Examples of achievements in 2013-14:

- Inclusion of consumers in the programme, including input into a media policy, consumer survey and the implementation of a Facebook page to provide a forum for information, discussion and feedback
- Continued work towards improving access to, and early registration and engagement with, a lead maternity carer for pregnant women
- Introduction of education programmes for safe sleep and smokefree pregnancy, as well as promotion and support of breastfeeding
- Establishment of a maternal mental health referral pathway for pregnant and perinatal women to provide access to perinatal mental health services
- Implementation of a maternity obstetric outcomes protocol, case review and event analysis to help evaluate the quality of maternity care delivered and to assist in action planning for any identified improvements in care.

Goals for 2014-15 include:

- In 2014-15 the work of the Maternity Quality Committee will move to 'business as usual'
- Improving screening, support and services for vulnerable pregnant women, infants and families. A national toolkit is due out in early 2015
- Continued work on promoting access, and increasing early registration and engagement with, a lead maternity carer for pregnant women
- Examining the variation in length of pregnancy with a focus of investigating cases where labour is induced, babies are born by caesarean section and babies are born too early.



The programme office team, from left: Mary Bird, Elizabeth Disney and Jacqui Herrett



Physiotherapists Gabriella Chitty and Alana Bright

Map of Medicine

The Map of Medicine website was rolled out in October 2013 by the five DHBs in the Midland region.

The website is a central hub of patient pathway information that both GPs and hospital clinicians 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 GPs and hospital clinicians to use. It ensures that primary care (e.g. GPs) works to its full potential and helps to prevent unnecessary referrals to hospital. It also reduces inappropriate variation in clinical management and provides consistent clinical pathways for patients going into hospital and again when they move back into the care of their GP and other community health team members.

Taking a Scientific Approach to Improvement

In early 2013, Taranaki DHB was fortunate to gain a scholarship place for the programme office's Elizabeth Disney to complete the Institute for Health Care Improvement's (IHI) Improvement Advisor Training - a 12 month programme of training and practical learning.

"The training teaches a scientific approach to making improvements – like undertaking a science experiment at school," said Elizabeth. "You start by thinking about your problem and what you want to achieve and then test solutions/new ideas to see what works."

There are now four IHI trained improvement advisors in DHBs in the Midland Region. The advisors work together to build the improvement capability and skills both within their own DHBs and regionally.

The programme office was established in mid-2013 and helps run improvement projects throughout the Taranaki DHB – projects which ultimately help us to provide a better service to our patients. This year, improvement science training was offered to all programme office project leads, to help accelerate the pace of improvement within the Taranaki DHB.

Focuses for improvement in 2014-15 include:

- The programme office plans to offer a 12-month training programme to staff interested in embarking upon an improvement project in 2014/15
- Further collaboration between the programme office, the quality risk unit and the nursing directorate on quality and patient safety events.

"Your Place or Ours?"

In 2013 a community 'ambulatory' (consultation, treatment, or intervention using advanced medical technology services) project titled "Your Place or Ours?" commenced. The project is focused on medical/oncology and surgical outpatient (community) services, district nursing and specialist educator services.

Service Improvement Advisor, Mary Bird said, "Work so far has included the development of improvement ideas by outpatient and community clinical and non-clinical staff, and the establishment of a new direction for the service. We used a number of tools including patient experience questionnaires and patient stories."

"Specific projects have also been established - including work on a one-stop Community Ambulatory Centre that delivers patient-centred care," added Mary.

National Patient Flow – A Better Understanding of our Patients' Journey

The National Patient Flow programme is a multi-year programme of work led by the Ministry of Health aimed at measuring the patient journey through hospital services.

As part of the project, which began in early 2014, all DHBs are required to undertake standardised data collection to provide information on patients referred for specialist services, the outcome of referrals and the time it takes patients to access care.

Service Improvement Advisor Jacqui Herrett said, "Phase 1 of the programme involved the collection of First Specialist Assessment (appointment with consultant) referral information. To prepare for this, we needed to make changes to our electronic patient management system to allow us to collect the right data in the right way. This has been successfully completed."

The data collected through the National Patient Flow programme will contribute to a better understanding of the patient's journey so that patients can receive the most appropriate services, in the right setting and in a timely way to improve overall health outcomes.

The next two phases of the project will be completed over the next two years and involve the addition of different types of data collection.

Integrated Community Service for People with Long Term Conditions

High risk/high needs people with diabetes and/or cardiovascular disease (called 'long term conditions') can now access care from a wider multidisciplinary team via their GP or practice nurse.

The multidisciplinary team is made up of the patient's GP as well as dieticians, pharmacists, podiatrists and health social workers.

Service Improvement Advisor Mary Bird said, "The team works together with the patient and their family/whanau to provide multidisciplinary, patient-centred care. Patients are now able to access more services which are individualised and 'wrapped around' them to improve their self-management of their long-term condition."

The care provided by the multidisciplinary team is linked in with hospital services through the professional leadership, location and systems of our allied health services.

The long term conditions service is a joint initiative between the Midland Health Network and the Taranaki DHB.

Evaluation of the service is planned for March 2015.

More Time for Complex Cases for Occupational Therapists and Physiotherapists

This year, Taranaki DHB started a project to enable more efficient use of our allied health assistants by enhancing their work scope.

The project involves assisting occupational therapists' and physiotherapists' assistants to complete a NZQA level 3 qualification. Work is also underway to allow assistants to complete extra tasks that would have previously been performed by a registered allied health staff member. This frees up the time of our occupational therapists and physiotherapists, allowing them to focus on more complex patient care. They can see more patients, and are maximising the use of their training and qualifications.

Advisor/Co-ordinator Physiotherapist Vicky Lee said, "A three month trial of a generic occupational and physiotherapy assistant on our orthopaedics ward (Ward 3B) began this year. We will be looking to expand these trials in the future."

Allied Health for the Future

Over the last year-and-a-half, work has been undertaken to better understand how the expertise of our allied health staff could be enhanced to improve the quality of patient care as well as performance against relevant health targets and indicators. This project is called 'Allied Health for the Future'.

The project team is made up of allied health clinicians from occupational therapy, physiotherapy, social work, dietetics and speech and language therapy, with the assistance from the Taranaki DHB programme office.

Key achievements this year included:

- Development of a plan for an allied health hub, which would bring our allied health services together in one location over time. This has been submitted to the Taranaki DHB Facilities Committee
- Beginning work to replace the 20 different allied health referral forms with one generic form, as well as work to simplify the allied health guidelines for each service
- The commencement of an advanced physiotherapy practitioner pilot. This involves a physiotherapist undertaking patient hip or knee replacement follow up instead of a surgeon or registrar. This frees up surgical time, allowing more patients to be seen.



Back Beach, New Plymouth

PROFILING TARANAKI

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 such as New Plymouth, Stratford and Hawera. The rest of the population is scattered in and around small rural centres.

Population Profile

According to Statistics New Zealand, Taranaki DHB serves a population of 110,773* people, or 2.5% of New Zealand's population. Between the 2006 and 2013 Census, the population usually resident in the region increased by 5,481 or 5.3%. 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 88.2% identified as European and other, 17.4% as Māori, 1.6% as Pacific and 3.4% 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 proportion of people over the age of 65 is higher than the national average. The proportion of people aged between 15 and 39 years is lower than the national average. A total of 21.1% are aged under 15 in Taranaki, while 45% of the Māori population is under 20.

Socio-Economic Indicators

The Taranaki population sits towards the centre of the socio-economic range. There are higher percentages of people living in deciles 5, 6, 8 & 9 and lower in decile four compared to the New Zealand average. Approximately 74% of the Māori population is resident in deciles 6-10 compared to 57% of non-Māori. Māori in Taranaki have 6-7 years less life expectancy than non-Māori.

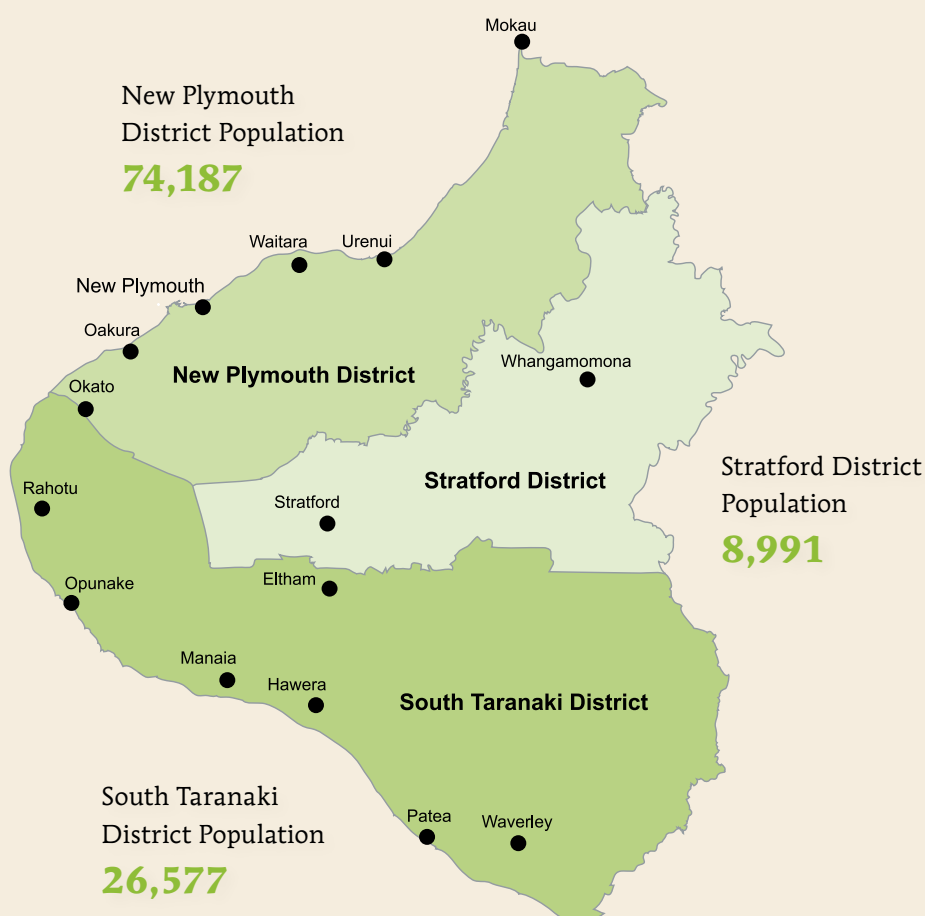
*Based on updated information received from Statistics New Zealand Population Projection 2013



King Edward Park, Stratford



Patea Jetty

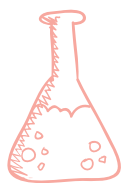


We have...

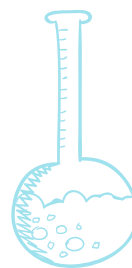
- Relationships with one Primary Health Organisation
- 32 GP practices
- 21 dental practices
- 25 pharmacies
- 19 community personal health providers
- Providers of community laboratory services and radiology services
- Eight community based mental health and alcohol & addictions service providers
- One Māori mental health and alcohol & addictions service provider
- Support services for people with disabilities, including 28 residential facilities
- 16 providers of community health for older people services
- One hospital provider - facilities include Taranaki Base Hospital, Hawera Hospital and five community health centres in Waitara, Stratford, Opunake, Patea and Mokau.

OVER THE 2013-14 YEAR WE HAD...

921,790 LAB TESTS



42,526 X-RAYS, CT AND MRI SCANS



16,442 meals on wheels

19,274 treatments for people under urgent and planned services

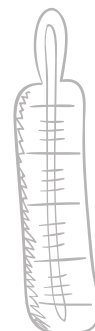


47,477 PATIENTS IN OUR EMERGENCY DEPARTMENTS

239 ANGIOGRAMS



1412 BIRTHS



22,458 SURGICAL OUTPATIENT ATTENDANCES

33,469 DISTRICT NURSE VISITS



37,949 children enrolled in the school dental programme



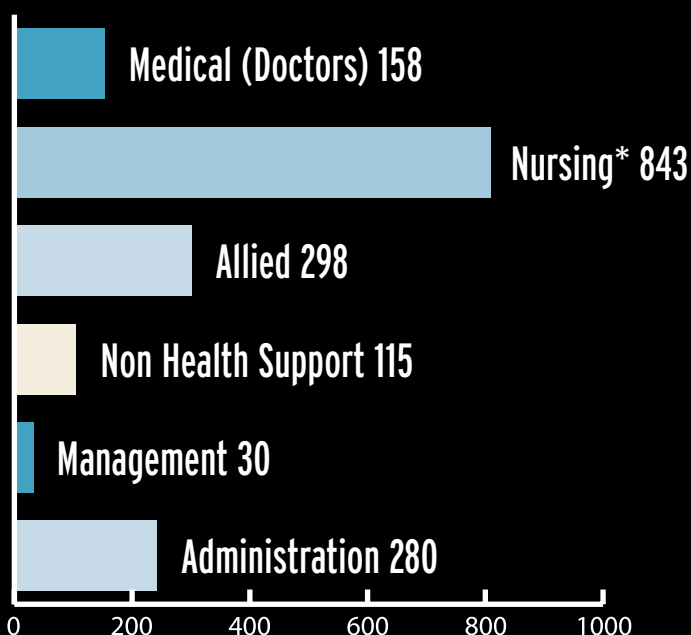
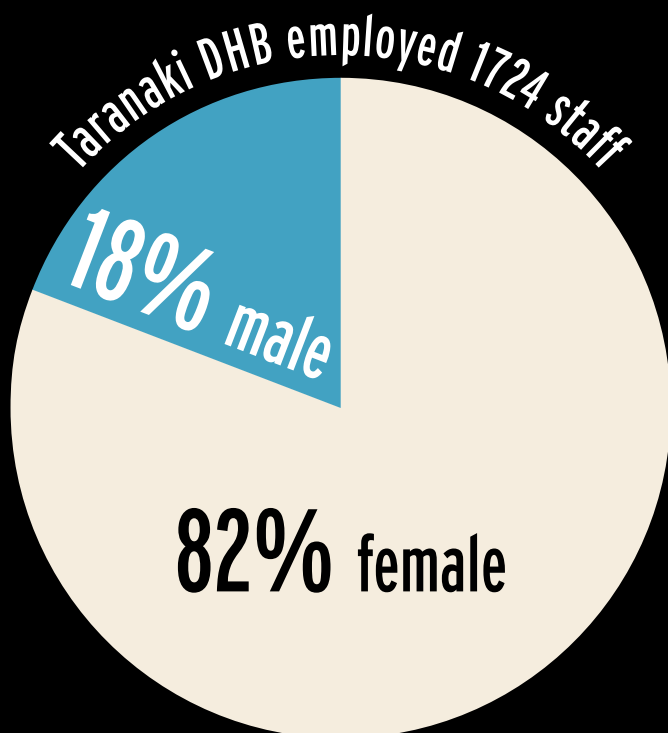
7,172 PEOPLE TREATED UNDER THE TOTAL ELECTIVE SERVICES

26,446 TOTAL HOSPITAL DISCHARGES



OUR PEOPLE 2013-14

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



*This figure includes midwives and health care assistants

Scholarships Awarded

Taranaki DHB health scholarships were awarded to 30 students in 2014 studying a range of areas including nursing, medicine, dental surgery, midwifery, social work, physiotherapy, speech language therapy, dietetics, pharmacy, occupational therapy, psychology, dental therapy and medical imaging. Of the recipients, 33% identified as Māori.

702
Nurses

102 Health Care
Assistants

27 Physiotherapists

21

Social
Workers

39 Midwives **31** Occupational Therapists

30 Orderlies

18 Dental Therapists

42 Cleaners

41

Laboratory
Employees

19

Pharmacy
Employees

Senior Medical Officer Recruitment

There continues to be success in recruiting senior medical officers into long term to permanent positions. In the last 12 months this included:

- 2 Consultant General Physicians
- 1 Consultant Anaesthetist
- 1 Consultant Psychiatrist
- 5 Consultants Emergency Medicine
- 1 Consultant Obstetrics and Gynaecology
- 3 Medical Officer Hawera Hospital
- 1 Medical Officer Sexual Health
- 1 Medical Officer Paediatrics

