QUALITY LIVING Kia pai te noho
HEALTHY LIVES Kia ora te tangata
WELL COMMUNITIES Kia ora te hapori

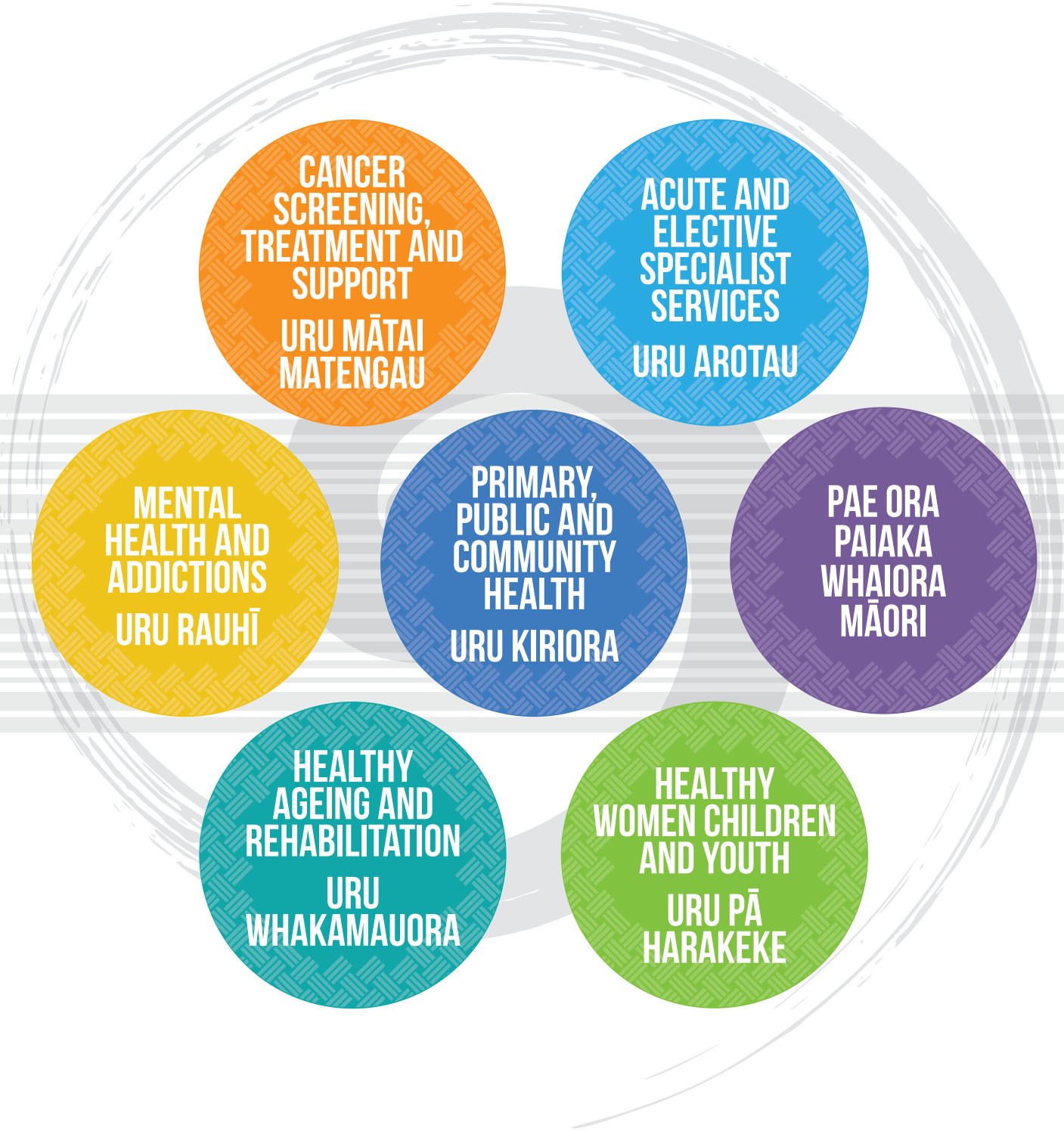
MidCentral District Health Board | Te Pae Hauora o Ruahine o Tararua

THINKHauora
Connecting Communities for Wellbeing

MidCentral District Health Board

Quality Account

2018/2019


CANCER SCREENING, TREATMENT AND SUPPORT
URU MĀTAI MATENGAU
ACUTE AND ELECTIVE SPECIALIST SERVICES
URU AROTAU
MENTAL HEALTH AND ADDICTIONS
URU RAUHĪ
PRIMARY, PUBLIC AND COMMUNITY HEALTH
URU KIRIORA
PAE ORA PAIAKA WHAIORA MĀORI
HEALTHY AGEING AND REHABILITATION
URU WHAKAMAUORA
HEALTHY WOMEN CHILDREN AND YOUTH
URU PĀ HARAKEKE

Introduction

MidCentral District Health Board (MDHB) and Think Hauroa (Primary Health Organisation) are proud to present their Quality Account for 2018/19.

The Account is an opportunity to showcase the work that our staff and other providers in our district are doing to improve the quality and safety of care for the communities we serve. The document outlines a number of quality improvement activities which have been launched or achieved within the 2018/19 year. It also includes a summary of our published results for the quality and safety markers that we report on to the Health Quality and Safety Commission (HQSC). In addition it includes a summary of the serious adverse events within the DHB over the 2018/19 year, which are reported to the HQSC and a summary of some of the improvement activities undertaken to improve safety as a result of the reviews into these events.

During 2018/19 MDHB refreshed its clinical governance framework which is titled The Quality Agenda. This document is based on the HQSC guidance and introduced the Institute of Medicine's six dimensions of quality to all of the work we do. The framework is data driven and is supporting the importance of measurement for improvement. The document also introduces a vision of a shared governance model which will support our workforce across our district to come together to drive quality and excellence by design. This is aligned to our Workforce and Organisational Development Plan where we aspire to distributed leadership so all in our workforce can thrive and support one another in the use of improvement methods and other tools to work towards our vision of Quality Living, Healthy Lives, Well Communities.

This year MDHB fully implemented the new integrated service model building on the previous work towards service integration. To recognise the vision we have organised our services into "clusters" which are each responsible for the planning, commissioning, delivery and evaluation of health services for a population group/s. As our model develops each Cluster will support the delivery of quality and excellence by design through innovation and co-design with our communities and workforce. The Quality Account provides examples of some of the specific initiatives that our teams across the district have been engaged in to improve quality of care visualised through the cluster arrangement.

Working together

Staff promote Mahi Tahi Better Together by asking patients if they wish to have their Kaimanaaki or Partner in Care (PIC) with them in hospital. Kaimanaaki (or PIC), is the name given to someone who provides support to, takes care of, protects, looks out for another. A Kaimanaaki (or PIC) could be a whānau member, friend or a caregiver, and is not the same as a visitor, or someone who provides care professionally or through a voluntary agency.

Mānuka (the healing tree), is the emblem chosen to represent Mahi Tahi Better Together. Mānuka, an unassuming shrub, is considered the backbone of the Te Wao Nui a Tāne (the great forest) for it is a hardworking healer, tenacious yet humble, quietly supporting the land and the people in the background. This emblem beautifully represents the unique contribution and significant value that Kaimanaaki (or PIC) bring to supporting and promoting wellbeing for our patients, not only during their hospital stay but ongoing after discharge.

The essence of Mahi Tahi is that we welcome, respect, foster and empower the key role that Kaimanaaki (or PIC) wish to have in their loved ones health care journey. This includes removing barriers by not limiting, but instead enabling them to access the ward whenever they wish to be with their loved one; providing a comfy chair for those wishing to stay overnight; and inviting – indeed encouraging and educating – Kaimanaaki (or PIC) to play a greater role in the physical as well as the psychosocial care of their loved one on the ward.

Mahi Tahi places high emphasis and value on Manaakitanga (hospitality, kindness, reciprocity, generosity and support). As part of this, Kaimanaaki (or PIC) needing to spend extended periods of time on the ward may choose to receive a Mahi Tahi breakfast, lunch or dinner option and vouchers to assist with parking costs. In addition to Kaimanaaki (or PIC), all patients' visitors can freely access tea and coffee refreshments on the ward.

It is through the expression and practical application of these principles by all members of the care team that Mahi Tahi comes to life – and without the whole care team's support and engagement the initiative cannot flourish. Every staff member plays a vital role in its success; including, but not limited to, the Charge Nurse, Food Service Assistant, Ward Clerk, Health Care Assistant, Cleaner, Nursing team, visiting medical, specialist nursing and allied therapy staff.

Key to equipping wards and staff with the material and cognitive resources to express and apply these principles has been the ongoing support, guidance, leadership and education received from Pae Ora, Chaplaincy, and Consumer Liaison and Experience staff as well as from Operational and Professional Leadership.

"My learnings from your amazing team has been invaluable. Thank you all so much."

"The fact I felt supported to stay with Mum at her weakest periods was a blessing. Not having to leave her for food and drink during this period was an unbelievable help."

R2G in STAR 2

Dr Yih Harng Chong and Charge Nurse Sarah Donnelly have championed the new Red to Green (R2G) system, a clinical tool designed to reduce unnecessary waiting time in the patient's journey. The system was designed in the UK by Dr Ian Sturgess, has been used successfully in other New Zealand hospitals and is now being used daily in STAR 2.

Traditionally colour denotes patient status, with red meaning that various actions need to be taken to progress the patient's care. Green means the patient is receiving all necessary actions to progress their care as an inpatient for that day.

STAR 2 is a rehabilitation ward and every day patients receive necessary care, so the focus of the system was amended to look at what constraints stopped patients going home when they were able to be discharged.

The theory is simple, but in practice being able to 'see' the status on a screen is critical to the process. With a simple update on the Miya Patient Flow board a list of actions is recorded for a 'red' patient and the MDT team know immediately what constraints there are on that day.

The visual depiction of status not only helps staff to see at a glance where work is needed, it provides an estimated date of patient discharge and assists with wider planning processes.

Staff are enthusiastic about the new system.

Sarah said: "The system has helped us to focus on the patient journey. We've been better able to articulate the barriers experienced by some patients where discharge is more complex.

"R2G will help us identify potential future models of care in rehabilitation practices."

Yih Harng said: "It's been a way of bringing the whole team together and giving everyone on the team an equal voice."

From left: Quality Improvement & Assurance Co-ordinator Lee Welch, Sarah Donnelly and Yih Harng.

The Blokes Book

It had become apparent to the National Mental Health 'Manline' that there was no local health and wellbeing information available for males within the MidCentral District Health Board region. On finding this gap in the service, Peter Crosland contacted MidCentral DHB's Mental Health and Addictions Service.

A comprehensive booklet titled 'The Blokes Book' to promote men's health and wellbeing, had been produced for the men in Canterbury post the 2008 earthquake. The booklet 'supports and encourages men to stay well and if help is needed, they are able to find this locally.'

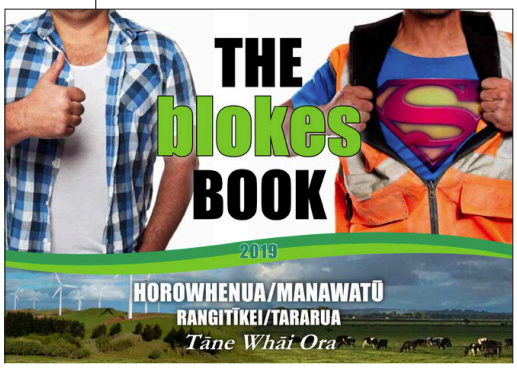
The comprehensive directory was very successful and led to another local version developed for men in the Wellington area.

Acting on the feedback and building on the success of the Christchurch and Wellington directory, Mental Health staff assisted locally to support the original developers. MidCentral DHB acknowledge and thank Stuart Miller and Peter Crosland for their working partnership in producing this booklet for our region.

Both men are now working for 'Kidz Need Dadz Trust Wellington. Together we gathered support of local and national organisations to ensure the sponsorship enabled the booklet to be free.

Ten thousand copies were printed and made available throughout the district in January 2019.

Demand for the booklet has been such a success that the Mental Health and Addictions Service is looking at printing more copies after just six months.



10,000
copies printed

MENTAL HEALTH AND ADDICTIONS

Uru Rauhī

Women in labour

The MidCentral Health District Health Board maternity service identified that women in labour for the first time, had high labour induction rates, high caesarean rates and a long length of induction labour rate which could lead to the mother becoming exhausted, poor outcomes for the baby and a very busy delivery suite.

On identifying the problem, the team then sought feedback from their consumers regarding the impact of the current 'induction of labour' practice on them and how it made them feel. The answers received confirmed that the existing practice was not a good experience.

Audits and literature searches for the best method of inducing labour also confirmed the staff concerns.

Once finding what needed to be improved, they then wanted to take an innovative approach to solving the problem with the overall aim of avoiding a woman having her first caesarean.

A specially formed team then identified several potential solutions including ensuring there was an 'evidence based approach' to managing the woman's labour, moving to different type of drugs, adjusting the way they used current drugs and monitoring the baby with a more inclusive multidisciplinary team approach.

This included definitions such as 'established labour' and 'labour progress', communication requirements and agreed approaches.

Consultation was held with National groups, Maternity groups, Maternity staff, Consumers, Lead Maternity Carers (LMCs) and the Chief Pharmacist. The team created and designed agreed guidelines and definitions, trained midwifery champions, developed consumer information and adapted the way and type of drugs to be used for induction of labour.

Following implementation of the new practices, the rate of caesarean section for first time mothers being induced, has dropped from 38 to 23%. Midwives had increased time with the mother from six hourly contact to two hourly contact which was 'enjoyed' by the consumer.

Feedback also indicated the different use of an existing drug was easy to tolerate, it was not invasive, almost painless and most women were able to sleep well over night.

This change of practice has been shared with other DHBs, national and international midwifery groups and has received two Australasian awards for the improvements they were able to achieve.

2

hourly contact – midwife with mothers

23%

rate of caesarean sections for first time mothers being induced


LARGE

Whānau Engagement

Sometimes things don't always go how they should. How we respond when things don't go well is just as important in our aspiration to excellence. Pae Ora Paiaka Whaiora Māori has had a number of complex cases where we have supported Clusters with complaint – conflict resolution and processes for re-engaging whānau with services. This account shares some of our lessons we have been gifted from the whānau we have worked with.

A key challenge in supporting whānau to re-engage has been around booking of and access to appointments or treatments. At times we have engaged directly with service areas to advocate for special appointments and flexible work approaches to support whānau access. Partnering across MidCentral DHB services has actively supported better engagement and compassion on our journey to improved equity for Māori, being truly consumer and whānau-focussed and centred.

Pae Ora Paiaka Whaiora Māori advocates, through integrating tikanga and Māori Worldviews in the way MidCentral DHB engages with whānau and services, further supports cultural confidence to delivering the best care possible for whānau including conflict resolution.

Our experience with whānau has been that it is fundamental to understand the perspectives of the whānau, their unique challenges, beliefs and values. Through doing this we as health care providers are demonstrating our cultural responsiveness.

Whakawhānaungatanga is used to first establish a relationship through authentic engagement and appropriate communication practices, thus a partnership is formed. This lays the foundation in assisting to assure that whānau feel supported and safe in an environment that may be unfamiliar and intimidating. Our experience with whānau is if this step is not done correctly the person and their whānau will not trust the clinicians or service and they will potentially disengage with their treatment and/or care.

Initial engagement via email, telephone conversations or face to face meetings prior to the hui are as important to connect with the whānau to create a conduit in building trust in us to be able to support them with their situation or complaint. These engagements happen over a period of time and require a flexible approach. As that support for whānau, often Pae Ora Paiaka Whaiora has negotiated the best place and time to allow whānau to be heard.

Pae Ora Paiaka Whaiora Māori

As the kaitautoko/support person who has been invited by the whānau to share their story, it is first and foremost a privilege. It is for whānau Māori important to ensure that there is a connection through Te Ao Māori to support their wairua (spiritual wellbeing), their hinengaro (emotional and mental wellbeing), their tinana (physical wellbeing) and their whānau (family wellbeing) which are interconnected and interdependent. Although it may appear that an individual has been affected, the reality for whānau is, all members of their whānau have been affected and impacted upon in some way. Key in this interaction is also acknowledgement that kaimahi/staff are also directly affected through the sharing of compassion, care and knowledge of whānau experiences and reality of life. The healing process is for all and requires compassion integrated with expert clinical and cultural leadership to achieve a positive resolution where whānau feel their voice has been heard and they are respected.

Whānau require a supportive environment to tell their own stories in their own words. The whānau need to receive acknowledgement that we are here supporting them. They require confidence that those who are present are there because they genuinely want to see an outcome. This requires recognition that those in leadership positions would not be aware of these situations happening if whānau were not encouraged to tell their stories.

Culturally responsive approaches and a sense of cultural identity is important through whānaungatanga/interconnectedness which enables us to establish relationships and connections in a short amount of time through to acknowledging wairuatanga (spirituality) thus creating a connectedness through Te Ao Māori processes resulting in kotahitanga/unity in purpose, enabling everyone to be as one to have an open honest conversation.

There has been great success and outcomes for whānau when there has been a partnership approach regaining trust, resulting in improved health outcomes and whānau satisfaction.

Pae Ora Reflection

Thank you for coming over to Te Whare Rapuora and helping us to enable healing to start for the whānau. I was humbled by being able to support everyone to have their say and to support the whānau to be heard. The whānau appreciated your honesty and openness and time that you had given them to talk about their journey and what matters to them.

After you had left there was smiling and laughing. I was surprised since last time I met they had their head hung low and were very quiet.

I can't talk for the whānau but I think that when you lose faith in a system because of an experience it can be hard to feel valued and to have trust in those people who are seen as the experts. Like the whānau said "communication, engagement and education when working with whānau is important". They were also unsure how this process would unfold and if they would have to justify or advocate for whānau to be heard and supported.

Pae Ora are big on values and we have talked about how we can bring our shared values at MidCentral DHB into this space and what are our responsibilities as staff and as whānau so we can be courageous as family to speak out when we are concerned.

Te Uru Arotau – Acute Services Reflection

The support and involvement Pae Ora Paiaka Whaiora has had with family has been positive and influential. We greatly appreciated the help in facilitating the process with the whānau. The family's experience is a powerful message and it will be great to share the learnings that we as a DHB have gained. We felt quite humbled by the response of the whānau and we were concerned that they did not expect an apology. The ability for our service to meet afterwards and reflect on the meeting allowed us to identify positive solutions which provided further examples of how we can collectively work together.

Better outcomes

Improving the cancer treatment journey

Accessing radiation therapy is a multiple step process that requires many different appointments, often at different locations. Prior to June 2017, patients from across the region attended their first specialist appointment (FSA) and then waited up to four weeks to have a CT scan for the planning of their radiation therapy in Palmerston North. This often resulted in multiple trips to Palmerston North for patients living in the regions.

In June 2017, the 'Centralised FSA' initiative was implemented. With this, patients are offered individual packages of care, where FSA appointments at times occur locally (Whanganui, New Plymouth, Hastings) and at other times are centralised to Palmerston North and coordinated with a planning CT scan on the same day. This has allowed the service to group appointments into one package of care with specialist appointments, CT scan, discussion with specialist nursing, radiation therapists, supportive care services as well as the opportunity to view accommodation options occurring in one visit.

The average days from FSA to planning CT scan has decreased from 24.6 days in 2016/17 to 11.8 days 2018/19 – a reduction of 12.8 days. This has also had an impact on the time between FSA and starting radiation therapy treatment, with the average days between these appointments reducing from 41.09 in 2016/17 to 27.43 in 2108/19 – a reduction of 13.66 days. These results show an equitable, patient focussed system that allows patients faster access to cancer treatment.

The new computed tomography (CT) scanner cost just over $2 million and replaced a 12-year-old machine.

Preparation for the National Bowel Screening

New Zealand has one of the highest rates of bowel cancer in the world. Currently, 3,000 New Zealanders are diagnosed with bowel cancer every year and 1,200 die from it with bowel cancer more common in those aged over 60.

The National Bowel Screening Programme (NBSP) is being progressively rolled out throughout New Zealand with MDHB to be the 10th DHB to 'go-live' with the free national screening programme. The screening programme is for eligible men and women aged 60–74 years who are entitled to receive public healthcare, and who are not currently receiving treatment, or surveillance for bowel cancer.

This free programme will save lives through detecting pre-cancerous polyps, or finding bowel cancer early, when it can often be successfully treated. Those eligible will receive an invitation letter, home testing kit and consent form through the mail. The test detects minute traces of blood in a sample of faeces (poo). This can be an early warning sign for bowel cancer, alerting health providers that further investigation is required, typically through a colonoscopy procedure.

As MDHB prepares to start the programme we are working with the Ministry of Health (National Screening Unit) to ensure we will meet all the required standards supporting this national screening programme. A fundamental component is having a quality framework to support the programme. The Ministry of Health have endorsed a number of MDHB's quality tools of the framework that have been developed for the NBSP. The Ministry is looking to work with MDHB to adopt and adapt these to make available for other DHBs involved in the programme across New Zealand.

3,000

New Zealanders are diagnosed with bowel cancer every year

Specific testing

Medlab Central, which is contracted by MDHB to provide laboratory testing, had a computer system which restricted the gender identifier on tests like cervical smears, prostate markers or pregnancy tests. This created a barrier for transgender patients who required tests that did not align with their gender marker.

Former MDHB Clinical Services Programme Lead Steve Carey said he looked into current processes within his portfolio to see whether they enabled true inclusiveness.

"Our team identified a significant barrier to access for the LGBTIQ+ community – that testing that was sex-specific meant that those who were transitioning, or had transitioned, were presented with unnecessary, and sometimes unmovable, barriers to get some necessary testing completed," he said.

MidCentral DHB staff then worked closely in collaboration with Medlab Central staff to review the issue and, following discussion, Medlab Central staff rewrote components of their software to allow for the change.

Clinicians can now select the appropriate gender group based on their knowledge of each patient's personal circumstances.

"As a result of the change, those within the gender diverse community have access to the testing that they need, when they need it, regardless of how they identify. Not only does this enable better healthcare for those individuals, but it empowers them to be a participant in their own healthcare journey," said Mr Carey.

It is believed MDHB is the first to implement such a change.

From left: Former MDHB Clinical Services Programme Lead Steve Carey, Health Promotor Advisor Sigrid Lindbom and Medlab Central Chief Executive Dr Cynric Temple-Camp.

Clinical audit & research week

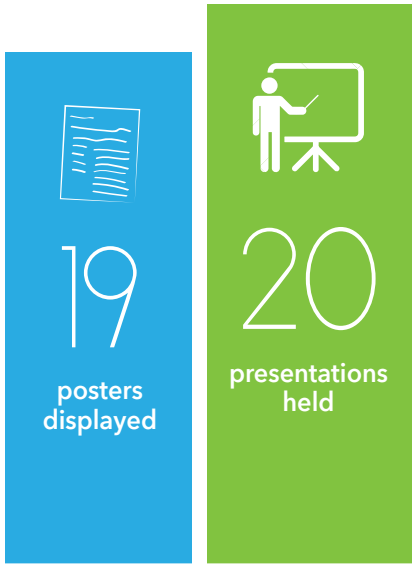
Clinical Audit & Research Week, held the week of 17 June, was an opportunity for staff to present their work to other staff. This was the first time staff had been able to come together for the purposes of presenting their clinical audit and research within the hospital. Presentations were made and clinical and research posters were displayed around the hospital.

Opening the event, Chief Medical Officer Dr Ken Clark said: "This is the first time I can recall our research being presented in one place. And it is a very good thing, as it enables the focus to go on our whole body of research, and there is a lot of it. In the past we have just heard about one-off projects and having them all together is very satisfying.

"It is my belief that in the provinces we have a lot to offer from our clinical research, perhaps not so much on the basic science side, but most certainly from the clinical processes employed throughout the DHB. Our work here is very valuable."

All staff were given the opportunity to apply to present at one of the five lunchtime sessions available and/or contribute a poster. Posters were displayed in the corridor leading to the Administration Block and presentations were held through the week.

The event was well attended and feedback from was very positive.



From left to right: General Manager Quality & Innovation Judith Catherwood; Research Support Officer Kelly Butler; Chief Medical Officer Dr Ken Clark; Clinical Audit Facilitator Nicola Buckland and Research Support Officer Natasha Baker.

Consumer Experience

Revised Complaints Management Framework

At MidCentral DHB we believe that consumer experience is much more than managing complaints, in accordance with the Health and Disability Commissioner Act, ie "facilitate the fair, simple, speedy and efficient resolution of complaints".

We want to ensure that we understand from our consumers and whānau, what matters to them and how we can identify opportunities for continuous improvement.

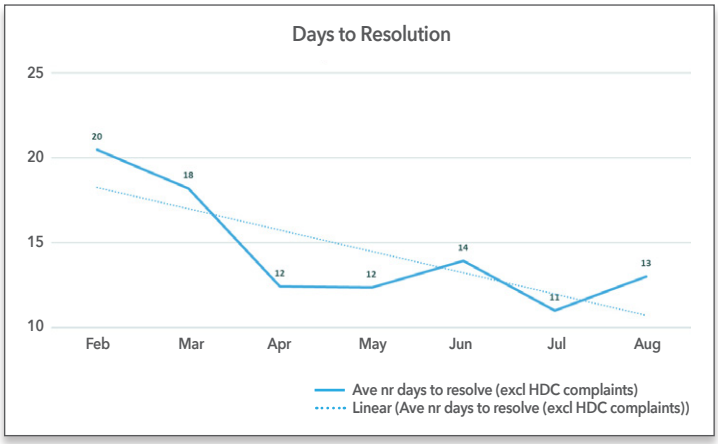
As part of the quality improvement process, the complaints management framework was updated and implemented in May 2019. This has resulted in a number of improvements with regards to the timeliness of responses to our consumers as well as ensuring that the overall tone and quality of responses are all of the same standard.

Complaints are routinely classified into minor, moderate and major categories and a suggested response time has been allocated to each classification. This work is ongoing and has seen some improvement.

Timeliness to close complaints

The average number of days to close a complaint has been exceeding the 15-day target. However, since the implementation of the new complaints management framework, there has been significant improvement and the average number of days to respond to a complaint has shown a marked decrease.

The improvement in response timeframes is illustrated in the graph below.



Consumer Information Day

The Consumer Council has led an initiative to increase the range and number of consumers who are supported to engage in the work of MidCentral DHB. The Consumer Panel was formed after open advertisement and selection. There are approximately 40 members of the Consumer Panel in addition to the council, and all are able to engage as consumers in the work of the DHB.

The panel is composed of consumers who have expressed interest in co-design of services at MDHB or have already been involved in such work. Clusters and services can use the panel to identify consumers who are willing to participate in focus groups, co-design or service development of governance activities. The panel will be supported by the Consumer Council who will continue to network with members and ensure support to all their joint activities.

The group came together for an Information Day on the 6 June 2019 which was hosted by the Consumer Council Chair. Consumer Council members were also in attendance at the event. The invitation was also extended to the Manawhenua Hauora Board nominations for Cluster Alliance Groups. Twenty-eight new panel members attended.

The Consumer Council Chair welcomed the new Consumer Panel members, and speakers presented on equity and treaty partnership, consumer engagement and the person/whānau-centred partnership and model, health structures and funding mechanisms and MDHB's Integrated Service Model. There was discussion on what supports good consumer engagement and involvement to develop strong consumer partnerships.

The focus was to support consumers to network and feel confident in seeking support on things that matter to them when involved in service development or co-design, change or innovation etc.

The event was evaluated very successfully and will aim to be an annual event in the calendar of the Consumer Council.

Taking primary health care to the next age

The 2018/19 period has seen several significant digital improvement activities introduced into MidCentral district general practices, including:

A cloud-based Shared Electronic Health Record

This is a health summary from your general practice health record such as your prescribed medications, latest blood test results, any allergies you may have and the main medical issues you are (or have) experienced.

This record is available for viewing by other important health services (such as the hospital or after-hours medical clinics) so that they can make safe decisions about your care by having the most up to date set of information about you and your health care needs.

Several general practices in the MidCentral have agreed to let your health summary be available to these services if you require their urgent care. Check if your practice is one that offers this service for you at

www.thinkhauora.nz/general-practices

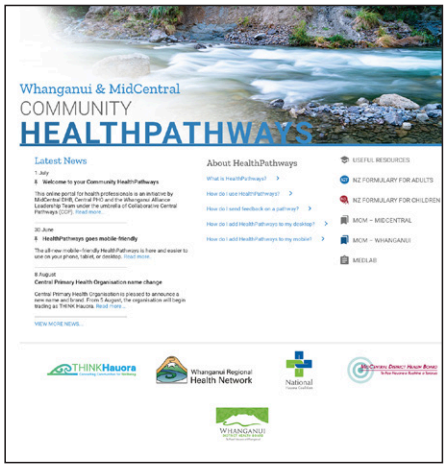
A Single Patient Record

Several practices in the district are now using secure cloud-based technology to manage patients' medical files (the health information that your general practice team write/store about you). The great thing about cloud technology means that, if you are enrolled in one of these practices, and you attend another practice using that same system – all those notes are readily available and visible to your usual health care team. In the past, these medical records would need to be faxed or posted to other providers.

The Ministry of Health, just like THINK Hauora and the MidCentral DHB, are supporting health care organisations to adopt secure cloud-based technology options and more practices throughout New Zealand are expected to shift to a cloud platform over the next two years.

HealthPathways

Earlier this year MidCentral and Whanganui DHB partnered to deliver community focused HealthPathways to our respective districts. HealthPathways is a New Zealand designed and managed tool that is accessible through your health care team's computer system. It is a programme that holds over 600 pathways ('how to' guides) for many of the common medical conditions that general practices manage. These pathways are regularly reviewed against international best practice guidelines and are an invaluable resource for helping your health care team to make the best decisions about your care. For example, they can make it quicker for clinicians to decide what tests are best to order, which ones are not particularly or no longer useful and what the criteria are for getting a referral to hospital departments.



600

pathways – 'how to' guides

Where to next?

Over the course of the last year, each Cluster has been developing a Health and Wellbeing Plan.

These are in the final stages of development. Over the course of the next few months the Quality and Innovation Team will be working with the Cluster teams to develop and build a quality plan for each Cluster aligned to the Quality Agenda.

This will form the basis of future reporting to our Committees and Board on quality improvement activity and we intend to develop reporting to the public on quality initiatives by developing online regular reports to replace the Quality Account.

This will increase accountability and openness and support ongoing consumer engagement within all our quality assurance and improvement activities.

Quality & Safety Markers

Quality and Safety Markers are national measures set by the Health Quality and Safety Commission for all DHBs to ensure we are acting to reduce harm or potential harm to patients. We are doing well in most of the markers, with ongoing improvement initiatives in place.

Marker Definition	NZ Goal	Jul-Sept 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	On Target
Preventing Patient Falls: Percentage of patients aged 75 and over (Maori and Pacific Islanders 55 and over) that are given a falls risk assessment.	90%	99%	95%	96%	93%	✓
Preventing Patient Falls: Percentage of patients assessed as being at risk have had an individualised care plan which addresses their falls risk.	95%	100%	100%	81%	82%	✓
Safe Surgery: Percentage of audits where all components of the checklist were reviewed. • Sign in • Time out • Sign out	100%	96% 94% 100%	98% 80% 100%	98% 96% 100%	98% 93% 100%	✓
Safe Surgery: Percentage of audits with engagement scores of 5 or higher (on a scale of 1–7). • Sign in • Time out • Sign out	95%	100% 100% 100%	98% 96% 100%	96% 100% 100%	100% 98% 98%	✓
Reducing Surgical Site Infections: Right antibiotics in the right dose – 2 grams or more cefazolin given.	100%	96%	94%	97%	97%	✓
Reducing Surgical Site Infections: Antibiotic given (0–60 minutes before "knife to skin").	95%	96%	100%	99%	97%	✓
Patient Deterioration: Percentage of eligible wards using the New Zealand early warning score.	100%	100%	100%	100%	100%	✓
Patient Deterioration: Percentage of early warning score calculated correctly.	100%	91%	94%	91%	90%	✓
Patient Deterioration: Percentage of patients that triggered an escalation of care and received appropriate response.	100%	78%	89%	67%	100%	✓
Improving Hand Hygiene: Percentage of opportunities for hand hygiene for health professionals.	80%	78%	78%	79%	-	✓

Note: * Hand hygiene is audited three times a year, not each quarter.
Unable to provide data due to the introduction of new patient information system.

✓ On target ✓ Close to target ✗ Not on target

To improve our performance, MDHB is taking the following actions:

- The patient deterioration marker – the patient deterioration working group is focusing on documentation and ongoing training of the early warning score to direct patient care.
- Surgical services are promoting the surgical safety checklist to ensure it is embedded into all surgical practices across the hospital.
- The Falls Working Group is undertaking further audit and promotion at work to ensure care plans are completed for all at risk patients.
- The Hand Hygiene Taskforce has implemented a new policy "Free Up The Forearms" which together with further training, audits and PDSA (Plan Do Study Act) cycles, is aiming to improve compliance in hand hygiene audit results. This includes the use of patient stories to increase awareness.

Serious Adverse Events

A Serious Adverse Event (SAE) is one which causes or has the potential to result in a lasting disability or death of a patient, and is not related to the natural course of the patient's illness or underlying health condition.

In 2018/19,

40

SAEs reported by hospital and health services

These are related to the following:

28	10	1	1
Clinical process*	**Consumer/ patient falls**	**Medication management**	**Healthcare associated infection**

**assessment, diagnosis, treatment and general care, including pressure injuries*

In addition, MDHB reported nine SAEs within Mental Health and Addictions Services which are reported to the Health Quality and Safety Commission and the Ministry of Health.

Always Report and Review Events

The Always Report and Review list is a subset of SAEs that should be reported and reviewed in the same way irrespective of whether or not there was harm to the patient. Always Report and Review events are events that can result in serious harm or death but are preventable with strong clinical and organisational systems. Reporting Always Report and Review events can highlight weaknesses in how an organisation manages fundamental safety processes.

5	1	2	2
Total Events	**Retained foreign object post-procedure**	**Wrong site**	**Clinical process**

Every SAE which occurs within our services is thoroughly reviewed to reduce the chance of a similar incident happening again. We report all SAEs and our subsequent actions to the Health Quality and Safety Commission.

Here are some of the actions we have taken to counteract potential Serious Adverse Events:

- Changes made to our electronic patient information system so that flagging of patient results makes them easier to see especially when the results are not within the normal limits
- The peri-operative check list has been updated to include recent tests and investigations the patient has had since their pre-op clinic appointment
- Emergency department implementation of a time-out process prior to procedures being undertaken in the department
- Roll out of the NZ out-of-hospital STEMI pathway which commenced in March 2019.

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