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

CentralPHO
Working together, towards healthy and flourishing communities

MIDCENTRAL DISTRICT HEALTH BOARD

QUALITY ACCOUNT

2017/2018

Introduction

MidCentral District Health Board and Central Primary Health Organisation are proud to present the

QUALITY ACCOUNT FOR 2017/2018

The Account is our opportunity to share the efforts we have made to improve our services and our corresponding achievements over this time.

2018 is an exciting year for healthcare in the MidCentral region. After a period of extensive consultation and planning, we have begun transitioning to an "Integrated Service Model". This means a system which will allow strong connections to develop between all levels of healthcare, from community groups and general practices through to hospital and specialist services.

Integrated care is not a new concept for MidCentral DHB, as shown by some of the initiatives presented in this document. Our goal, however, is to enable and design a seamless experience for all services. This will mean less doubling-up of information, less need for separate appointments, and an improved experience for consumers of healthcare in our communities.

To better enable this vision, we have reorganised our services within "Clusters" – groups responsible for the delivery of healthcare through specific pathways. The Clusters bring together providers, consumers, and staff to facilitate the future design for our services within the Integrated Service Model.

INTEGRATED SERVICE MODEL

A seventh Cluster – Hau Ora Māori – will also become part of the model in future. The scope and purpose of this is currently under development with our partners.

Our stories for this year's Quality Account are presented within the Cluster arrangement. These represent just a snapshot of the many quality improvement initiatives currently happening in the MidCentral region.

Mihia ngā apataki e whai wāhi ana kia whitingia te rā i runga I te Puka Pūkete Kounga 2017-18.

Uru Arotau

EVOLVING OUR CLINICAL MODEL

ACUTE PATIENT FLOW AND DISTRIBUTION

of medical admissions lasting over seven days were reduced

of "bed days" were reduced

Real improvements to the quality of healthcare practice also require changes in the perspectives behind the practices themselves.

To create a more efficient and responsive treatment for medical inpatients required something as simple as changing our focus from:

"What is wrong with the patient?"

to

"What is preventing the patient from getting better?"

Ensuring we work towards enabling patients' independence has informed the development of new systems to improve their experience and outcomes, including changing how we distribute patients and how we review their progress.

Every day, several patients are admitted under the care of our medical inpatient teams. Our new system distributes patients evenly so that more teams are available to see new patients. Rearranging our patient distribution, paired with a focus on seeing all new patients before 9:30am, has reduced patients' length of stay in hospital. Between April and June 2018, the number of medical admissions lasting over seven days was reduced by 27% compared to the same period last year. "Bed days", or days where medical inpatients are required to stay overnight, were also reduced by 15% over this period.

A core initiative to further support these improvements will be the introduction of the "Red 2 Green" (R2G) framework. Inpatients' individual care plans will be assessed daily to ensure they support their path to discharge. Days are considered "Red" if this goal is not being achieved and "Green" if it is. Working to make sure all days for inpatients are Green days will mean less unnecessary intervention and faster, more effective care.

Uru Mātai Matengau

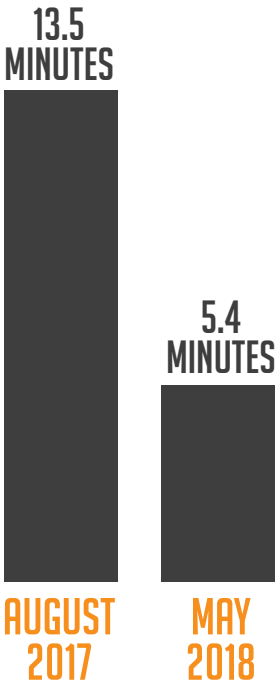
IMPROVING THE PATHWAY

TREATMENT OF HEALTH ISSUES ARISING FROM RADIATION THERAPY

Radiation therapy can bring with it additional related health issues. Cancer patients at Palmerston North Hospital presenting with side effects during radiotherapy could face long wait times before assessment and treatment. The pathway for treating these quickly-arising health problems needed streamlining, with an improved timeliness to assist patients' specific concerns.

Beginning in August 2017, a dedicated Quality Improvement Team set about mapping current processes and transforming inefficient routines. New measures were also introduced: to quickly resolve low-complexity presentations, a framework was developed to enable the administration of simple medicines by radiation therapists. This was met with clinicians' adoption of 'pre-emptive prescribing', empowering patients to obtain certain medicines on an as-needed basis and directly decreasing the need for acute presentations.

The team's efforts have produced some real results. Revisions made to the pathway have seen the average wait time for treatment drop from its initial measurement of 13.5 minutes to 5.4 minutes (as at May 2018). Building upon this achievement, work continues on refining the steps between presentation and treatment – which have already been reduced by a third – to further improve patients' experience and the timeliness of care.



5.4 MINUTES

average wait time for treatment

Uru Whakamauora

GET UP, GET DRESSED, GET MOVING

35%

reduction in medical admissions lasting

7 DAYS

for patients 65-and-over

Did you know that for people over the age of 80, 10 days in bed ages muscles by 10 years?

This was one of the startling facts highlighted by Get UP, Get DRESSED, Get MOVING – a campaign aimed at shifting the perception of frailty from merely a descriptive term to a real condition with real health implications. The campaign targeted both consumers and staff, emphasising the importance of mobilisation for older persons to maintain their independence and vitality.

Along with the distributive framework mentioned earlier in this document, an increased focus on mobilisation has contributed to shorter hospital stays for older persons. Between April and June 2018, medical admissions lasting over seven days for those aged 65-and-over specifically were reduced by 35% compared to the same period last year.

- **EAT**
- **DRINK**
- **MOVE**

Uru Rauhī

THE UNISON NETWORK

The complexities of Mental Health and Addictions (MHA) present a significant challenge for healthcare providers. Perhaps more than in any other field, the factors which influence MHA outcomes go beyond the care itself, including areas such as housing, access to social services, and experience in the criminal justice system. Improving results for consumers relies on recognising and acting upon this reality.

With this in mind, in 2017 MidCentral DHB established UNISON – "Together We Flourish" Whakapuawai Tahi: A network which connects Mental Health and Addictions services with other significant actors in the MHA continuum – from government agencies like MSD, Corrections, Housing NZ and Police, to Kaupapa Māori providers and family/whānau spokespeople.

Representatives from the whole continuum of care meet every month to share information, discuss ideas and concerns, and identify needs in our community. The network works out where improved collaboration is needed and how we can collectively remove barriers to support access to services.

"One of the philosophies adopted by the UNISON network is that no single clinical service, primary care practice, or agency on their own can fully meet the needs of service users and families/whānau. If we want to change the system we must do this together".

– Clinical Director, Mental Health and Addiction Services

UNISON is a working example of an Integrated Service Model and offers a valuable demonstration of how meaningful connections can be made.

TE ARA RAU – PRIMARY MENTAL HEALTH AND ADDICTION SERVICE

As the rise of awareness for mental wellbeing increases, the taboo fades. Talking to and educating whānau and communities about mental wellbeing is our best weapon against it.

Balancing between individual needs and realising whānau/community aspirations is at the forefront of Te Ara Rau – the free primary Mental Health and Addiction Service. Mātanga Whai Ora (experienced clinicians) can help with the ABCs:

Accessing packages of care and other community resources

Brief psychological interventions

Coaching and other educational strategies to self-manage and enhance your wellbeing

Increased brief interventions means increased engagements.

OUT OF 1256 PATIENTS

we have assisted

342	124	560	212
to access care	with referrals to other services	through brief interventions	to self-manage and conduct monthly check-ins

Significant access increases have been found across Māori and Pasifika populations.

What are our stakeholders telling us?

In the January-June 2018 period, compliments from Integrated Family Health Centres (IFHCs) and patients to the Te Ara Rau Service quadrupled from the corresponding timeframe in 2017.

How do we know we are being effective?

Traditionally, we have used a consumer questionnaire on their wellbeing to evaluate our clinical effectiveness. The next phase of work (from August 2018) will involve an extension into other areas of measurement, such as outcome/session rating scales.

Uru Kiriora

SEXUAL HEALTH "XPRESS" CLINICS

Personal sexual health can be difficult for people to want to think and talk about.

Unfortunately, however, rates of Sexually Transmitted Infections (STIs) like syphilis and gonorrhoea are increasing – in fact, between 2015 and 2017 the Ministry of Health's reported rate of syphilis has more than doubled. Early detection and treatment of infection is our best bet to reduce figures like these. To help make this happen, STI testing needs to be easily accessible, fast, and target those most at risk.

Based on a successful overseas model, in May 2018 MidCentral DHB's Sexual Health Service (SHS) introduced its "Xpress" or "Walk-In" Clinic: A no-appointment-necessary clinic where eligible clients self-collect their sample without the need for a consultant or nurse.

To ensure those most at risk are tested at the earliest point after possible infection, the Xpress Clinic is reserved for people who are already enrolled with the SHS and who do not have any symptoms. The increased access and speed of testing for these clients not only enables earlier detection and treatment, but creates an environment which helps counter the stigma surrounding sexual health.

While it is early days for the Xpress Clinic, data on client numbers and feedback is already being collected to inform possible revision and improvements.

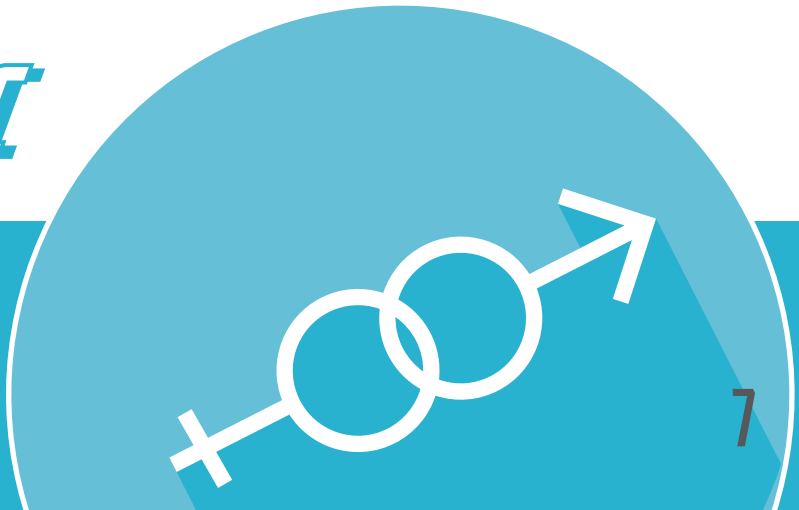
XPRESS CLINIC

RESPIRATORY ACTION PLANS

Respiratory illnesses contribute to a large proportion of New Zealand's health care funding and resource. As part of the System Level Measures implemented by the Ministry of Health, MidCentral DHB and Central PHO instigated a collaborative initiative to improve the health of patients with a respiratory condition.

In general practices, personalised action plans have been introduced to assist identified patients with the self-management of their respiratory health. Action plans provide clear and simple direction for patients about their conditions and any symptoms or decline in their wellness. As agreed and discussed with their health care professional, patients are provided with the skills and tools to continue to be well within their own environment and a plan for when things deteriorate. This empowers patients in their health journey and ultimately reduces the frequency and severity of their respiratory problems.

An objective for 2018 is to implement personalised action plans for patients with Congestive Heart Failure as well. Whilst an ambitious goal for the region, it is important that patients are at the centre of their own care and that they can and do access necessary resources when needed.



Uru Pā-Harakeke

THE TOGETHER PROJECT

An increasing number of babies were being admitted to Palmerston North Hospital's Neonatal Unit (NNU). We looked at the stats – babies born at term without abnormality could account for as many as 76% of monthly NNU admissions. In response, the TOGETHER project was formed – a multidisciplinary group working to reduce preventable term baby admissions – to keep mum and baby together as much as possible.

The project commenced with a base line audit of 160 clinical files. A consumer survey was used to gain understanding of the mothers' knowledge of how to keep baby well, while a staff survey established current practice and areas for change.

A focus of the project has been raising awareness regarding the importance of skin-to-skin contact between mother and newborn. A co-design approach involving Women's Health, operating theatre, and consumers enabled the development of systems to ensure skin-to-skin now occurs in theatre. Other key initiatives include the provision of merino wraps to keep babies warm, the creation of antenatal expressing kits, and a revitalisation of clinical and consumer documentation.

These measures have contributed to a notable decrease in term baby NNU admissions, with 165 fewer term babies admitted in 2017 compared with 2015. Auditing is ongoing and the project is continuing to refine current processes and develop new strategies. This will mean even fewer interventions in future and more time for mum and baby to get to know each other.

KEEPING MUM AND TERM BABY TOGETHER

CHILD HEALTH SCREENING TOOL FOR GENERAL PRACTICE TEAMS

As part of the System Level Measures framework introduced by the Ministry of Health, a Child Health screening tool has been implemented into general practice teams. The screening tool is attached to the immunisation event.

MidCentral Health's Child Health Community Team has worked alongside Central PHO, contributing to the development of the Child Health screening tools to ensure best practice standards and alignment to DHB Child Health priorities. Resources have been developed and an education package to support the screening tools has been delivered. Ongoing facilitation and practice support is required to ensure successful implementation of the tool.

The tool consists of a number of screening questions and provides the opportunity to have some health advice and health promotion conversations in regards to Child Health. One of the key principles of the Child Health screening tool is about making sure infants and children are engaged and accessing appropriate services, so that good foundations are in place to keep kids healthy. The tool is designed to complement existing services for children.

Where to next?

The implementation of the Clusters is supported by a number of other initiatives geared towards the same aim: to create a healthcare system which is more collaborative, innovative, and responsive to the needs of our consumers. Key examples are the ongoing work surrounding locality planning, consumer engagement, and renewing our Clinical Governance Framework.

An overwhelming response was received when we sought consultation from our communities on developing "Locality Plans" to tackle their specific healthcare challenges. Plans for Horowhenua, Manawatū, Ōtaki, and Tararua districts have already been completed, with the finalisation of the Palmerston North City plan currently in process. As the Cluster model takes shape, these documents will be invaluable in informing and guiding the directions our services explore. Follow-up consultation will take place every year and the Plans will be revised if necessary.

MidCentral DHB's Consumer Council was established in July 2017 to embed a consumer perspective in everything we do. Work is currently underway to expand the Council's membership and formalise our framework for "Consumer Engagement". This will guarantee the first-hand knowledge of consumers is elevated alongside the traditional emphasis in healthcare on empirical results, so that a more complete picture of our services can be realised, evaluated, and improved.

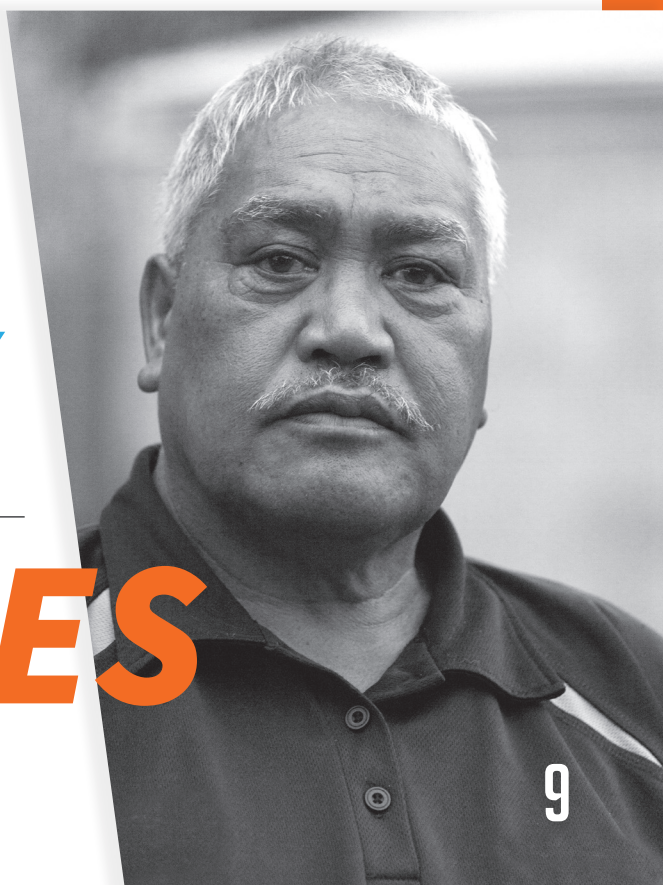
Just as our communities/consumers must have a voice in our decision-making, so too should staff from every level of service provision. That's why we are in the process of renewing our Clinical Governance Framework, which will be implemented over the course of 2018/19. The Framework promotes the importance of our staff members' "on the floor" experience and establishes channels for them to voice their concerns and ideas for improvement. This progresses a new shared governance arrangement to foster cohesion throughout all levels of staff, renewing our commitment to quality improvement across our services and teams.

All of these measures will contribute to a truly integrated model of healthcare where we can achieve better outcomes together.

PLAN

QUALITY

OUTCOMES



Quality and 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-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	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%	95%	No data✶	98%	✓
Preventing Patient Falls: Percentage of patients assessed as being at risk have had an individualised care plan which addresses their falls risk.	95%	100%	No data✶	100%	✓
Safe Surgery: Percentage of audits where all components of the checklist were reviewed. • Sign in • Time out • Sign out	100%	93% 95% 100%	94% 100% 98%	100% 100% 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%	98% 96% 90%	98% 100% 92%	98% 100% 96%	✓
Reducing Surgical Site Infections: Right antibiotics in the right dose – 2 grams or more cefazolin given.	100%	98%	100%	100%	✓
Reducing Surgical Site Infections: Antibiotic given (0–60 minutes before "knife to skin").	95%	97%	98%	99%	✓
Patient Deterioration: Percentage of eligible wards using the New Zealand early warning score.	100%			100%	✓
Improving Hand Hygiene: Percentage of opportunities for hand hygiene for health professionals.	80%	79%	N/A*	75%	✓

Note: ✶ Unable to provide data due to the introduction of new patient information system.
* Hand hygiene is audited three times a year, not each quarter.
Patient deterioration was reported for the first time from 31 March 2018.

✓ On target ✓ Close to target

To improve our performance in the hand hygiene marker, a staff campaign has been dedicated to ensuring the practice of "Bare Below the Elbows". Hand hygiene is also the focus of National Patient Safety Week, happening November 2018.

Click here to see how our performance compares to other DHBs on the Health Quality and Safety Commission website.

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 2017/18,

20 SAEs reported by hospital and health services

1 SAEs reported by primary care services

These numbers exclude serious adverse events in the Mental Health and Addiction Service.

THESE ARE RELATED TO THE FOLLOWING:

14 Clinical process*

5 Consumer/ patient falls

2 Medication management

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

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.

1 Retained foreign object post-procedure

1 Wrong site

1 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:

- Pressure injuries, also known as bed sores, have been a focus for MDHB and ACC this year. To reduce the number of serious bed sores we have improved our risk assessment process, increased the use of pressure relieving equipment, and provided for greater staff training.
- Improvements to our risk assessment for patients at risk of falling and the steps we can take to reduce patient falls have been successfully trialled; we are working to expand these across our wards.
- We have revised our guideline for bladder care in labour and the post-partum period. The revision provides improved guidance for staff to prevent problems that patients may experience when passing urine following the birth of their baby.

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