A year in the life of the Bay of Plenty District Health Board

985,187 hours of home support services for over 65s

38,239 visits to the Well Child Tamariki Ora service were made by 9,612 children aged 0 – 5 years

Serves a population of 223,430

25% (56,020) identify as having Māori ethnicity

32% (71,950) are under 25 years of age

19% (43,160) are aged 65 or over

1,351,553 community laboratory tests have been undertaken

3.6 million community pharmacy prescriptions

24,680 people who smoke have been seen by a GP and provided with advice to quit smoking

2,703 babies delivered in birthing facilities

School dental services to an enrolled population of 39,224

77,233 attendances at the Emergency Departments

80% of people are seen within 21 days for alcohol and drug services

84,189 district nurse visits

381 contracts with health care providers for health services to the Bay of Plenty community

Bay of Plenty District Health Board
Hauora a Toi
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Welcome and leadership statements

CEO Helen Mason

Welcome to our Bay of Plenty District Health Board’s (BOPDHB) 2016 Quality Account. Quality and patient safety are a top priority for the BOPDHB and this Quality Account tells the story of our commitment to continuous evidence-based quality improvement.

One of the bedrocks of quality is having a high quality and patient safety culture in place. All DHB staff, clinical leaders and managers are responsible for improving quality and participating in quality improvement initiatives and projects.

The voice of the patient is crucial in this pursuit of ongoing service improvement and you will see evidence of the feedback we receive from our patients spread throughout these pages. We are always thinking about what we can do to improve the health of our communities. To do that well, we need to really understand what matters to our patients, to their families, and to our communities, through delivering person and family-centred care. Not to be asking them ‘what's the matter with you’, but understanding ‘what matters to them’.

Through reporting and monitoring adverse events we share learnings to ensure ‘no one else has this experience’.

We have a strong Board and Runanga which work closely together to ensure we’re improving Māori Health, a dedicated leadership team, thousands of dedicated staff (including doctors, nurses, allied health and administration staff, orderlies and cleaners) in our hospitals and across all our community providers. Each and every one of us plays an important role in supporting our communities. This is the essence of integrated healthcare, one healthcare system working together for the good of the most important person, the patient.

For us to support our communities to be truly healthy and thriving, we welcome the opportunity of working with a whole range of agencies, local authorities the education and justice sectors and we are now looking for new ways to collaborate.

The Quality Account is prepared annually for our stakeholders and communities using guidelines issued by the Health Quality Safety Commission (HQSC) and community feedback.

The BOPDHB aligns its patient safety programme with the HQSC’s work programmes to deliver on national quality initiatives such as the New Zealand Triple Aim:

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

In doing this we also work collaboratively with the other Midland DHBs to share resources and ideas to improve and meet the targets for Quality and Safety Markers. We report on this regularly to the Ministry of Health.

I feel a deep responsibility for ensuring our communities achieve the best health they can and the initiatives contained within this Quality Account are just a selection of the ongoing work which we are engaged in to help us achieve that.
Our vision and values

Values

CARE is the acronym of our values:
- Compassion
- Attitude
- Responsiveness
- Excellence

Vision

Healthy, thriving communities
Kia Momo Ho Te Hāpori Ōranga

Keeping you in the loop

The Quality Account is published on our website and can be located under: Your DHB > A-Z Publications > Quality Account.

How to give feedback

Your feedback is essential in helping us make these annual accounts engaging and relevant to our readers.

We continue to take on board your ideas, so if you would like to contribute feedback you can do so by contacting the Quality and Patient Safety Team in the following ways:

Phone: (07) 579 8176
Email: qualityandpatientsafety@bopdhb.govt.nz
Website: http://www.bopdhb.govt.nz/
Postal address:
Quality and Patient Safety Administrator
Private Bag 12024
Tauranga 3134

Attestation Statement

We can attest that the content of this account is accurate and represents the quality performance over the past year as well as the improvement goals for the year ahead.

Sally Webb
Chair, Bay of Plenty District Health Board

Helen Mason
CEO, Bay of Plenty District Health Board

PATIENT VOICES

Overall I would give my hospital stay an A-! We all have room for improvement :) Thank you for the thoughtful care and attention I received. I have great confidence that I was well looked after. I was very impressed with the care given to my fellow room patients too. A special mention too for the care and attention received in the Transit Lounge before leaving. A great friendly place to wait.
Introduction

This is our DHB’s fourth annual Quality Account. The purpose of our Quality Account is to provide both a retrospective and forward-looking report of the quality of care and the improvement plans in place at our DHB. We look at how we performed in relation to national programmes that are aimed at improving New Zealand’s healthcare system, and we look at local and regional activities to improve safety, quality and patients’ experience.

Nationally these include:
• The Ministry of Health’s six health targets
• Reporting adverse events (AEs)
• The Health Quality and Safety Commission’s quality and safety markers (QSMs).

In addition we report on local and regional initiatives that relate to:
• Quality, safety and patient experience
• Health and equity for the population
• Value for public health system resources.

In the last section we look at our priorities for improvement for the coming year, and report on our systemic approach to building workforce capacity in quality improvement.

The content for this account has been developed in consultation with members of our staff who work directly within each of the featured programmes. We formed a Quality Account Working Group which is responsible for determining the content and priorities annually. This year’s group was comprised of the following:

• **Executive Sponsor**: Simon Everitt, General Manager (GM) Planning & Funding (P&F)
• **Project lead**: Lorraine Wilson, Quality and Patient Safety Coordinator
• **Communications Advisor**: James Fuller, Corporate Services
• **Graphic Designer**: Christine Clark, Design and Print
• **Consumer Representative**: Dorothy Stewart, Tauranga Community Health Liaison Group
• Janet McLean, GM Maori Health P&F
• Michelle Murray, Chief Executive Officer (CEO) Eastern Bay Primary Health Alliance
• Roger Taylor, CEO Western Bay Primary Healthcare Organisation
• Janice Kuka, Managing Director Ngā Mataapuna Oranga
• Debbie Brown, Manager Quality and Patient Safety
• Sharlene Pardy, P&F Planning and Project Manager
• Sarah Davey, P&F Programme Manager Integrated Care & Service Improvement Unit
• Margret Norris, Midwife Leader
• Maurice Chamberlain, Nurse Leader Clinical Support & Paediatrics

Glossary of terms and abbreviations

To support health literacy, we have included a glossary of terms and abbreviations. Readers can find the glossary at the back of the publication.
Consumer representative

Shirley Waid, member of a highly engaged consumer assembly, describes the Tauranga Community Health Liaison Group.

The Tauranga Community Health Liaison Group (TCHLG) was formed in March 1999 and at present comprises representatives from 20 community organisations, including Age Concern, Ngati Kahu Hauora, Stroke Foundation, Pacific Island Community (Tauranga) Trust, Asthma and Respiratory Management BOP and U3A Tauranga Inc.

Members of the TCHLG are strong advocates ensuring that the BOPDHB designs its health services to be efficient and effective in meeting consumers’ needs. The exchange of ideas at monthly meetings with speakers from the BOPDHB is to be commended and is certainly appreciated by the TCHLG members who are left in no doubt that their input is valued.

Eventuating from these discussions have come wording changes to some of the patient information brochures available at the hospital so that they are written in more user-friendly language and better designed to meet the needs of the patients, caregivers and family/whānau.

The TCHLG is often used as a sounding board when the BOPDHB is considering change in its service delivery with the change planners consulting the group on their initial thoughts.

Members of the TCHLG have also provided consumer representation on BOPDHB committees such as the:

- Quality Account Working Group
- Planning and Funding Panel regarding the Community Support Service
- Advanced Care Planning Advisory Group
- Releasing Time to Care Steering Committee
- ‘Just Book It!’ Booking and Scheduling Improvement Service.

This highlights the respect the BOPDHB and the TCHLG have for each other. Each organisation acknowledges that consumer representation is essential when the BOPDHB is considering change: the TCHLG plays an important role in endeavouring to bring balance to health service decision making which otherwise could be dominated by the health professionals’ perspective.

The group therefore has become an excellent vehicle through which its members can provide valuable feedback to their respective community organisations regarding the provision of healthcare from the BOPDHB.
Reporting adverse events

Adverse events (AEs) were previously known as serious and/or sentinel events and are events which have generally resulted in harm to patients. The Health Quality and Safety Commission (HQSC) describe an AE as one which has led to significant additional treatment, is life threatening or has led to an unexpected death or major loss of function.

Since 2012 DHB providers have been required to not only review but also report these events and the outcomes of event reviews to HQSC. More recently all providers of health care are encouraged to report incidents that have taken place outside of DHB hospitals, for example in healthcare settings such as GP practices and aged care rest homes.

In this report we make reference only to events that have happened within the DHB hospitals but in the future we aim to broaden our reporting to include the wider health and disability sector. In doing this we hope to share learning and reduce the likelihood of a patient being harmed from a similar event in a different setting.

The BOPDHB reported nine AEs in 2015/16, four less than the previous year. Of the nine reported AEs, seven were as the result of harm from a fall in hospital and the other two related to clinical process (for example assessment, diagnosis, treatment, general care).

It is encouraging to see there were four less falls in hospital that resulted in serious harm than reported in the previous 12 months. See the graph below that shows the number of falls-related AEs in BOPDHB hospitals over the past seven years.

In New Zealand and elsewhere a severity assessment code (SAC) is used to classify AEs. SAC 1 events are those resulting in death or permanent severe loss of function that is related to the process of healthcare and differs from the expected outcome of that care. SAC 2 are those resulting in permanent major or temporary severe loss of function that is related to the process of healthcare and differs from the expected outcome of that care.

You can read more about our multi-disciplinary efforts to reduce harm from falls for older people living in our community in Keeping ‘Safe at Home’: a collaboration of CARE highlighted in the following section.

The HQSC is required to report on national adverse events each year, based on information provided by DHBs. Through our contributions we work alongside other DHBs and healthcare providers as well as the HQSC where the aim is to promote better understanding about events that lead to avoidable harm. We make improvements wherever we can to stop such events happening again. The HQSC’s Open Book series shares summary findings and learning from selected adverse events that have occurred in one DHB across to all DHBs. We distribute the HQSC’s Open Book series widely across our DHB, checking to see if we need to make any corresponding improvements in the light of AEs or near misses elsewhere.


 PATIENT VOICES

Although this sort of issue is always a bit tricky to deal with, we really do appreciate the professional and cooperative way that you and all the DHB staff we dealt with, responded to the issues when we formally raised them. We are very pleased to have a positive solution to the issues. Please convey our thanks to the other DHB staff involved in resolving this.

![Serious harm from falls](image_url)

Above: Serious harm from falls in BOPDHB hospitals.
Ministry of Health targets

Health targets are a set of six national performance measures specifically designed to improve the performance of health services that reflect significant public and government priorities. They provide a focus for action.

The impact they make can be measured to see how they are improving health for all New Zealanders. Three of the six health targets focus on patient access, and three focus on prevention.

Health targets are reviewed annually to ensure they align with health priorities. The current targets are listed below.

**Shorter stays in emergency departments**

The target is that 95% of patients will be admitted, discharged, or transferred from an emergency department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals and home again. The BOPDHB's final quarter result for 2015/16 was 94%.

**Improved access to elective surgery**

The target is that the volume of elective surgery will be increased by an average of 4000 discharges per year. The BOPDHB's final quarter result for 2015/16 saw it once again exceeding the target.

"This is the 12th quarter (which equates to three years) in a row in which the elective surgery target has been met and exceeded, which means more Bay of Plenty residents are getting the surgery they need," said Surgical Service Business Leader Bronwyn Anstis. "This represents a fantastic result for the community we serve."

**Faster cancer treatment**

The target is that 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017. The BOPDHB’s final quarter result for 2015/16 was 73%.

Data collection issues meant that although progress was again made towards the target the DHB’s performance for the final quarter was understated.

"Data collection issues have been identified and will be remedied," said Senior Portfolio Manager Mike Agnew. "These have meant that while services were being delivered within target, some of this data was not being captured correctly, thereby understating the DHB’s actual performance."

**Increased immunisation**

The target is that 95% of infants aged eight months will have completed their primary course of immunisation (six weeks, three months and five months immunisation events) on time. The BOPDHB’s final quarter result for 2015/16 was 87%.

"The result of 87% against the immunisation target is disappointing, however we are working with our primary care partners, other stakeholders and the community to see what can be done to improve that performance," said Primary Health Portfolio Manager Andrea Baker.

**Better help for smokers to quit**

The target is that:

- 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.
- 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
- 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

Further improvement was seen in the Better Help for Smokers to Quit target in the last quarter of 2015/16.

"General practices made more progress towards reaching the target in the last quarter with performance across the Bay improving from 79% to 84%," said Health Equity/Public Health Portfolio Manager Brian Pointon.

"Each Bay of Plenty Primary Health Organisation is funded to deliver quit programmes in their practices, or refer smokers to the national QuitLine. A new regional face-to-face quitting service is currently being established by the Eastern Bay Primary Health Alliance. Anybody wanting to quit smoking is encouraged to contact their GP or nurse, who can refer them to this new service."

**More heart and diabetes checks**

The target is that 90% of the eligible population will have had their cardiovascular risk assessed in the last five years. The BOPDHB’s final quarter result for 2015/16 was 91%. The result took it from 17th to 7th on the table of 20 national DHBs.

The target has brought with it the establishment of processes and systems which have made CVD and diabetes risk assessments part of routine practice, meaning more people are getting the early diagnosis they need.
Promoting cardiovascular disease risk assessment

What have we been doing to meet the ‘More Health and Diabetes Checks’ health target?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/2015</th>
<th>2015/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.</td>
<td>89%</td>
<td>91%</td>
</tr>
</tbody>
</table>

Work to achieve this health target is led by our primary care partners. Primary care efforts have been focussed on the hardest to reach populations, specifically Māori males aged 35-44 years. This involves working directly with Hapu and iwi to promote the value of health checks for cardiovascular disease (CVD), and to provide screening opportunities in the workplace and through the Department of Corrections. We’ve worked to improve the quality of data collected so that we can target those most in need of cardiovascular risk assessment.

Financial incentives and recognition have rewarded General Practices for working hard to complete cardiovascular risk assessments. General Practices also use a range of tools to support primary care education, training opportunities and Cardiovascular Champions. Within the community a number of groups have been set up to spread the word and raise awareness about the importance of regular checks.

PATIENT VOICES

I had wonderful nursing care following an unexpected situation arise from a relatively routine procedure. I was informed about what happened immediately on awakening, which was great, but as I was very fuzzy headed, I didn’t retain much. I feel that a second “briefing” when I was more coherent would have been beneficial to my understanding of what happened to me.
Better help for smokers to quit

Smokers are routinely given advice and offered support when they visit their General Practice.

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/2015</th>
<th>2015/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of patients enrolled with a GP who smoke have been offered help to quit smoking by a healthcare practitioner in the last 15 months.</td>
<td>98%</td>
<td>84%</td>
</tr>
<tr>
<td>95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.</td>
<td>94%</td>
<td>96%</td>
</tr>
<tr>
<td>90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.</td>
<td>94%</td>
<td>91%</td>
</tr>
</tbody>
</table>

While the DHB did not achieve the target of 90% of patients enrolled with a General Practice who smoke being offered help to quit smoking, performance has been increasing towards the target. This demonstrates a commitment by General Practices to raise awareness of the risks of smoking with their patients as a key part of their daily clinical practice. Emphasis is around health benefits for both the individual and the entire family. General practices have been placing particular emphasis on the training of staff to ensure that advice and support is made at all opportunities, not only within the practice, but also in appropriate community settings.

General Practices with the lowest target results are supported with a service telephoning patients on their behalf to offer help to stop smoking. Promotion of events such as World Smokefree Day and Stoptober are also used to encourage and support smokers to quit.

The important role of Smokefree Champions within General Practice is acknowledged and those performing well are celebrated. Champions are supported by their peers and encouraged to take up training opportunities. Work is underway to improve and align data systems with the aim of improving reliability of data and targeting those most in need of advice and support to quit smoking. The DHB expects to see further improvements during 2016/17.

EBPHA staff Eleanore McDonald (left) and Lizzie Spence (right) at an Opotiki community event, promoting free help to quit smoking at General Practice for EBPHA enrolled smokers.
Quality and safety markers (QSMs)

Patient safety is about avoiding and reducing harm to patients that could occur as a result of receiving healthcare. We monitor quality and safety markers (QSMs) to help us understand patient safety in our organisation. QSMs were introduced by the Health Quality and Safety Commission (HQSC) and developed in partnership with DHBs. They concentrate on four areas of harm:

- Falls
- Healthcare associated infections
- Perioperative harm
- Medication safety

The QSMs are based on interventions and healthcare practices proven to reduce patient harm. New QSMs related to medication safety were introduced that related to the implementation of Medication Reconciliation (eMR). However the BOPDHB has not yet implemented this electronic system. The BOPDHB’s results for the first quarter of the last two years are as follows:

<table>
<thead>
<tr>
<th>Targeted area</th>
<th>National QSM</th>
<th>1st Quarter 2015</th>
<th>1st Quarter 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing falls and harm from falls</td>
<td>90% of older patients are given a falls risk assessment.</td>
<td>82</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Percentage of older patients assessed as at risk of falling who receive an individualised care plan that address these risks.</td>
<td>89</td>
<td>85</td>
</tr>
<tr>
<td>Preventing healthcare-associated infections</td>
<td>80% compliance with good hand hygiene practice.</td>
<td>77</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>100% of primary hip and knee replacement patients receive correct antibiotics at the correct time.</td>
<td>98</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>95% of hip and knee replacement patients receive 2g or more of cefazolin or 1.5g or more cefuroxime.</td>
<td>99</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>100% of hip and knee replacement patients receive appropriate skin antisepsis.</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Reducing harm from surgery</td>
<td>All three parts of the Surgical Safety Checklist used 90% of operations.</td>
<td>93</td>
<td>96</td>
</tr>
</tbody>
</table>

You can find more information and view the full set of results on the HQSC’s website:

The following two articles highlight efforts in the areas of reducing harm from falls and perioperative harm.
Keeping ‘Safe at Home’: a collaboration of CARE

Front line ownership (FLO) is the driving force in reducing falls and harm from falls and in 2016 a collaboration between Occupational Therapists based in Mental Health and Physical Health, saw the development of a course called ‘Safe at Home’.

Falls are the leading cause of injury-related hospitalization in people aged 75 years and over. For older people living in the community with mental illness such as anxiety, dementia or cognitive decline, the risk is even higher. Because of this, there has been international and national interest in how falls can be prevented. For community dwelling older adults the falls prevention education worldwide has been identified within three areas:

- Exercise-based interventions
- Home modification interventions
- Multifaceted interventions.

We looked at similar programmes elsewhere, for example the Otago Falls prevention programme and the Australian Stepping On programme, a multifaceted falls prevention programme for the community-residing elderly developed by Dr Lindy Clemson. Using evidence-based research we developed the BOPDHB Safe at Home course. This initiative is a collaboration of Occupational Therapists based in Mental Health and Physical Health working together (Gail Morley, OT, Mental Health Services for Older People).

The course is group-based and aims to educate clients on hazard awareness and wellbeing through specialist sessions and exercise. The course runs for one-and-a-half hours once a week for seven weeks and was initiated by Occupational Therapy staff from the Mental Health Community Outreach Service and the Health in Ageing Community Response Team (CRT), who recognised that a number of clients needed guidance to better manage the risk of falls and other hazards at home.

Drawing on their combined experience, as well as resources developed elsewhere, the sessions were developed by Occupational Therapy staff to address hazard awareness, wellbeing, specialist information and exercise.

The late Cilla Kuzmanov (left), Occupational Therapist, MH Community Outreach Service, Tauranga Hospital and Gill Ebbing (right), Occupational Therapist, HIA Community Response Team, Tauranga Hospital.

The course is fulfilling its aims and is now a well-established part of the model of care for the Health in Ageing and Mental Health Services for Older Persons. The team are refining the criteria and referral process for participants, and continue to review the content of the sessions with input from clients.

This work was started with Cilla Kuzmanov who sadly is no longer with us, we pride ourselves in this work and dedicate what we are doing for the community to her; she has been a driving force behind this success.

PATIENT VOICES

This was my first surgery or hospital stay in many years, and to say I was pleasantly surprised would be a gross understatement. I found the Whakatāne Hospital to be spotless and extremely well organized, whilst the doctors, nurses and staff were highly trained, efficient and very approachable.

PATIENT VOICES

My confidence has improved enough to now attend a regular Age Concern exercise group called ‘Steady As You Go’. My husband is now involved in helping lead it!
Improving communication in surgical teams

Improving communication and surgical teamwork is a patient safety priority.

The whole operating team uses the ‘Safe Surgery Checklist’ to take time out to go through safety checks twice before an operation begins and then again before a patient leaves the operating theatre.

By involving the whole surgical team we support all staff to speak up if there are any concerns and to work together across health disciplines (e.g. doctors, nurses, technicians). A multi-disciplinary approach helps to build a strong safety culture across the organisation.

This year we held a multi-disciplinary conference day that was attended by 80 staff from the Perioperative Departments in both Tauranga and Whakatāne.

The workshop was delivered by Kaylene Henderson Project Manager Safe Surgery NZ and Dr Jane Torrie Director of the Simulation Centre University of Auckland. Featured topics included Speaking Up, Briefing/Debriefing, the Safe Surgery Checklist, and Improving Communication.

DHBs across New Zealand started auditing the new national safe surgery process Quality & Safety Marker (QSM) on 1 July 2016. The QSM looks at how well surgical teams are using the surgical safety checklist to support team engagement. We look forward to reporting our progress in future Quality Accounts.

PATIENT VOICES

The purpose of this letter [abbreviated] is to express my most sincere thanks and appreciation for the services of your orthopaedic surgeon, Dr David Bartle. I cannot sing his praises enough, both in terms of how he treated me with gentle kindness and the amazing surgery he performed on me. Thank you for making my life so much of a better place than it has been for several years. I also wish to thank all the staff in the Tauranga Hospital’s pre-med clinic, theatre, post-op recovery and Orthopaedic Ward for their courtesy, kindness, cooperation and encouragement. Your staff perform their duties incredibly well and caringly under demanding and trying workloads. I thank every one of them who assisted in my surgery and recovery.
Quality, safety and patient experience of care

High quality care is something we all strive to deliver. Patient-centred care is healthcare that is respectful of, and responsive to, the preferences, needs and values of patients and families.

A patient’s experience of care sits alongside safety and the use of clinically effective treatments as one of the three pillars of a quality service. The importance of listening to, and evaluating, patient experience cannot be overstated. Patient experience is positively associated with clinical effectiveness and patient safety, and the three pillars of quality should be looked at as a group and not in isolation.

Measuring and evaluating patients’ experiences and improving care as a result is not easy, however listening to and understanding a patient’s experience provides valuable insight and is integral to our efforts to improve patient-centred care. The introduction of the National and BOPDHB Inpatient Experience Surveys, as well as other existing sources of patient feedback, are providing insight into some areas and helping to identify key issues.

Finding new and better ways of doing things that enhance care for patients, improve patient safety and patient experience while achieving even better clinical outcomes is a priority for the BOPDHB. A few examples of the quality improvement projects undertaken in the last 12 months are described in this section.

PATIENT VOICES

It’s very hard to be critical when I have been so well looked after so many times by this hospital. But you have asked so my biggest gripe would be the noise on the wards, hospitals are a place to repair and mend, yet there seems to be absolutely no peace and quiet for the patients. The visiting hours need to be strictly enforced; it’s not a big day out as some visitors seem to think it is. If it’s necessary for there to be visitors after hours at least ask them to consider there are sick people there that need their sleep. I had a poor chap in my ward that had a hacking cough 24/7 so no one got any sleep. (should have been given a side ward). But again thanks for looking after me so well in all other aspects, “Job Well Done Team”.

QUALITY OF CARE 2016 13
Evolving service shows encouraging signs of success

Working together to improve quality and safety in the Bay’s aged care facilities is the focus of a new service showing encouraging early signs of success.

The Aged Residential Care (ARC) sector is growing rapidly and Bay of Plenty District Health Board (BOPDHB) Registered Nurses Claire Cherrill and Louise Fowler are helping it maintain high standards as it does.

Improving residents’ care, reducing the number of hospitalisations from rest homes, and helping compliance with audit standards, were the three key triggers behind the establishment of Claire and Louise’s roles - Clinical Quality Facilitator and Clinical Nurse Specialist ARC respectively.

“It’s about continuously improving the level of care people receive in the ARC facilities,” said Louise. “We’ve been doing that in a number of ways including helping with audit compliance issues, discussing how systems can be strengthened by working together, hosting workshops, assisting with staff education and providing other professional support where necessary.”

The story of one elderly man shows what impact Louise and Claire’s work can have on an individual level.

“I was asked to help staff of one care home manage a patient with hypoglycaemia (low blood sugar) better and in particular they had a case of a man in his 80s who had issues,” said Louise.

“So the first question was why did this person have low blood sugar. Investigations revealed that the mix of medications he was on meant his kidneys weren’t functioning correctly which was causing his low blood sugar. Reducing these improved his kidney function and two weeks after being bedridden, he was walking his visitors outside.

“By helping raise the level of care in the rest homes we are reducing the number of patients who have to suffer the inconvenience and distress of requiring hospital care,” added Louise.

Any of the 32 Aged Related Residential Care facilities the BOPDHB works with - stretching from Athenree to Opotiki and down to Kawerau – can call on Claire and Louise’s expertise.

Claire began her role 15 months ago and Louise 12 months ago.

“We are on a journey and this first year has been an exciting one,” said Louise. “We’re excited about the possibilities and ultimately it’s about achieving a consistently high standard of care for our patients which is what everyone wants.

“We are learning in partnership with the ARC sector and with the support of key DHB and PHO (Primary Health Organisation) professionals. We know we still have so much more to explore and achieve.”

Future care planning

Clarity over care decisions reduces stress of Mum’s final days - “It feels good to know we got it right for mum,” says Rangitawhai Rahiri.

Rangitawhai’s mother Rauhina Moke died in March this year aged just 63. Her diagnosis of terminal cancer, in June 2015, rocked her family but one simple document, a Future Care Plan, helped bring clarity and reduce some of the stress of her last days.

“If you knew my mum you would know that she liked to be in control of things,” laughs Rangitawhai from Te Puke.

“She obviously didn’t have any control over the cancer so this (a Future Care Plan) at least gave her a sense of control over what was going to happen at the end. She was very excited about that.

“She would whip out her care plan to everyone who came in our house, get them to take a look and read it. Pretty much everyone who would listen got to hear about it.”

A Future Care Plan is a document which gives people the opportunity to write down their wishes for their healthcare. This includes things such as: people you would like involved in decision-making, your spiritual or cultural needs, even simple preferences such as a fondness for spicy food or bright rooms for example.

Rangitawhai says for her family, having Rauhina’s wishes written down by her, took away a lot of pressure and helped
Improving access to health information is a benefit for all

Improving the speed and efficiency of care were the drivers behind two major projects which now allow health professionals to access patient information more easily.

Hospital patients invariably receive follow-up care from their GPs, and other community-based organisations, and limited and specific access to the system is beneficial to all.

The Clinical Health Information Portal (CHIP) for GPs was developed and rolled out in 2015 to give secured access for registered health professionals in the community. Currently there are over 650 registered health professionals accessing ‘CHIP for GPs’ in the Bay of Plenty.

“Health professionals need to be as fully informed as they can to give the best care in the shortest amount of time. These systems help that process enormously,” says BOPDHB Information Management General Manager Owen Wallace.

Owen is talking about two new information sharing systems ‘CHIP for GPs’ and ‘Medcheck’. These were developed by the BOPDHB in cooperation with the district’s three PHOs (Primary Health Organisations) and various other health providers. He explains the issue they have addressed.

“People can receive healthcare from several places, such as their GP, pharmacy, or hospital,” says Owen. “Each holds information about that person’s health needs and medications. Until now that information has largely remained with those organisations.

“So when a person goes to their GP they may well have to repeat a lot of information that is already known and held by the pharmacy. ‘CHIP for GPs’ and ‘Medcheck’ have linked up everyone’s systems which speeds everything up.

“Knowing at the touch of a button what medications and dosages a patient is on avoids delays in patient care and gives all the information necessary for decision making.”

Simon Hodgson at Bureta Pharmacy says Medcheck has been a game changer.

“It’s really changed the way we help our patients,” he says. “We now have easy access to discharge summaries to reconcile their medication, in particular if there are changes to their regimen.

“We use it almost every day now. In fact a patient discharged today, without a copy of a discharge summary, was given their blister-packed medication in a timely fashion after we were able to ascertain the reason for medication changes online through Medcheck.”

MedCheck is an initiative involving the BOPDHB and the majority of the community pharmacists in the district. The system allows patient medication dispensing data, held in the pharmacy systems, to be accessed and fed into CHIP and CHIP for GPs.

This enables GPs and hospital staff to see what medications a patient has had dispensed. In so doing, the decisions those health professionals make will be with the knowledge of what medications the patient is likely to be taking. Over 90% of community pharmacies in the district have joined MedCheck.

Throughout these projects the confidentiality of patient information has been paramount and the data accessing arrangements undertaken recognise these essential rights. A range of mechanisms are used to inform patients of the process and they are entitled to “opt out” of the system if they choose.
Improving access to GP after-hours care in the Eastern Bay of Plenty

Removing cost as a barrier to access

Our Aim
To improve access after-hours to GP level services in the Eastern Bay of Plenty (EBOP).

The Problem - A Disjointed Service
The Eastern Bay of Plenty is a rural area in the North Island of New Zealand with a population approximately 47,000, 48% of whom are Māori. There is a 111-bed hospital in the main town, Whakatāne. The hospital has an Emergency Department (ED), as well as general medical, surgical, paediatric, obstetrics, gynaecology and mental health services. General practice services are provided by 11 general practices.

Barriers to access were identified as:
• Opening hours – GP after-hours clinics operated for 1-2 hours on weekends and public holidays.
• Cost – Visits cost $55 during when the clinic was open and $100 outside those times.
• Uncertainty regarding location – The after-hours clinic operated from different GP premises each week depending on which practice was providing the service.
• Access to transport.
A consequence of the access issues was a perception in Whakatāne Hospital ED that many people did not attempt to access the general practice service and simply presented directly to the ED.

A Simplified Service
The new service was developed to address key barriers to access:
• A nurse-led telephone triage service was implemented with access via each practices’ own telephone number. All patients are encouraged to ‘Phone First’.
• The ED identified that it had capacity to deliver general practice services in the evenings and overnight on both weekdays and weekends.
• The GP after-hours clinic operates from within the Whakatāne Hospital ED.
• GP clinics are run from 10am to 4pm on weekends and public holidays.
• GPs provide telephone advice to nurses working in aged residential care and palliative care nurses working in the community.
• Clinical records are kept in Medtech, the practice management system used by all the general practices in EBOP, and a transfer of care letter is sent electronically to each person’s regular GP at the end of the encounter.
• A community pharmacy is open at the same time to dispense medications.
• During GP clinic hours all patients presenting to the emergency department are triaged to either the GP clinic stream or the emergency department stream.
• There are no patient charges. GPs are paid an hourly rate from funding that was previously used to subsidise after-hours consultations.

Revolution and continued evolution
The new GP after-hours service commenced in July 2014. Between 14 and 25 patients are seen in each six-hour GP clinic. The average number of patients being seen has steadily increased through reduced variability in the numbers presenting but the number of consultations has only breached 25 patients on four occasions in two years. In the first year of the new service there were 3261 calls to the Homecare Medical after-hours telephone nurse triage service.

Growing the service
When launched three practices in Opotiki, another town in the Eastern Bay of Plenty, opted to continue operating their own after-hours roster. In 2015 two of the three general practices in Opotiki joined the new after-hours model. A nurse led clinical assessment service is provided in Opotiki with clinical support provided by the Whakatāne ED via video or telephone consultation. Nurses use GP developed standing orders to manage common conditions and contact either the GP covering the after-hours clinic or an emergency department doctor for more complex presentations.

Improved access
The new GP after-hours service has seen a significant increase in the numbers of people accessing general practice care after-hours.

The percentage of patients who are accessing care that are Māori reflects the anticipated need in the community – 43% of the total patients seen in 2014 and 54% in 2016.

What we have learned
• Cost is a barrier to accessing medical care and when removed people will utilise services.
• Major facility developments present opportunities to redesign services.
• Co-locating different service providers helps to build relationships.
• Integrating medical services can improve access for patients.
Patient Information Centre – How can we help?

We want to listen to patients and help them to resolve whatever has prompted them to call us as quickly as possible.

We created a team focused on customer service to take patient calls about appointments because:

• Our patients told us that they were frustrated by not being able to talk to someone when they phoned us about appointments.
• Our schedulers told us they were interrupted by phone calls that were not for them.

We have a large number of outpatient appointments and procedures undertaken in hospital every year. When we spoke with patients about appointments, some of the things that frustrated them the most were being transferred on the phone multiple times and not being able to talk to a person when they had a question. Patients felt uncertain about leaving messages.

When we spoke with schedulers, they were busy with a number of different tasks and were frustrated by the number of calls that came in and were not actually for them. This created distraction and an increase in risk of errors in their work as well as time being wasted.

We decided to create a single team who would answer calls and resolve what they could. For example, to confirm an appointment, explain the next steps in the appointment process, or send a specific message with contact details to the correct scheduler who would then resolve the patient’s request. We started with providing a Patient Information Centre (PIC) for one service, orthopaedics, so we could develop the processes needed and have grown to support a number of other services.

Feedback from patients and schedulers has been very positive and there are a large number of compliments for the PIC staff in relation to their helpfulness and caring attitude.

Feedback has also been positive from GPs who similarly ring the PIC with questions.

More services are asking to join this positive initiative and the PIC team are enthusiastic about supporting more patients to receive an improved customer experience and prompt resolution to their questions.

This graph shows the high level of customer satisfaction.

Calls are answered the majority of the time – a key success measure.

From left: PIC team members Elizabeth Riepen, Pauline Lowe and Adele Dreadon and George Walker.
Innovative work programme boosts mental health and wellbeing

James Fuller, Communications Advisor, reports on an innovative work programme praised for improving mental health and wellbeing and reducing readmission rates among high and complex needs mental health patients.

Bay of Plenty MP Todd Muller recently spent several hours with members of the BOPDHB’s High and Complex Needs Work Programme and applauded their contribution to the community.

“It is very clear from what I’ve seen and heard that this programme is doing fantastic work, giving people real purpose, skills and social connections,” he said. “It’s making a really positive personal impact. “You look at the alternative to what they’re doing here; many of this programme’s participants were regular inpatients of the acute ward and are now learning skills and getting jobs and taking their place in the community. That is something very powerful.”

The programme has become known as The Mahi Boys, although women have also joined and are equal members of the team.

The manager, Paul Mason, previously worked in Tauranga Hospital’s Mental Health Acute Inpatient Unit. There he observed some patients becoming involved in adverse incidents when bored and inactive. This was the catalyst for The Mahi Boys.

Around 15 people work on the programme, Monday to Thursday, from 8am-4pm. The team are based on an orchard in Te Puna but their work can take them to many parts of the western Bay of Plenty.

“I really love coming out here and have made a lot of friends,” says Connie who works with the team. “If I didn’t get up for work in the morning my day would be hard to cope with. I used to average three or four admissions (to the inpatient unit) a year but have only been in once in the two-and-a-half years I’ve been here.”

The varied work done by the team enables the development of transferable workplace and social skills. The work includes tree felling, wood chopping, chainsaw maintenance, tractor driving, fruit picking, tree pruning, vegetable gardening and landscaping. Track development and property maintenance is also undertaken in the Kaimais on contract with the Department of Conservation and other organisations.

The programme’s success is demonstrated by a decrease in average bed stay, a drop in readmission rates, and an improvement in participants general functioning and health. Some people have also now secured themselves part-time employment in the community which, Assistant Manager Peter Bull says, is the ultimate goal.

Both the clinical and personal benefits of the programme are very clear says BOPDHB Mental Health Clinical Director Sue Mackersy. “Paul, Pete, Sam and the team continue to do wonderful work,” she said. “The benefit for the patients is that it gives meaning and structure to their lives, engaging them in activities which contribute to the community. It builds self-confidence, self-esteem and social skills, helps with mental wellness and reduces readmissions.”
PATIENT VOICES

I was about to write in to say how wonderful the care was that I received from the very first appointment at this Hospital, when this survey arrived. I’d like to say that the staff, from Drs through to the Volunteer Brigade were all so caring and tolerant. I for one could not fault any part of my short stay, and would recommend this Hospital to anyone. May I also add that the meals were of a very high standard and most enjoyable.

PATIENT VOICES

Staff were always extremely helpful and friendly and never let you feel that they were too busy to help you.

It’s not like in days gone by when nothing was discussed with you, in fact I find it quite the opposite now. Well Done

PATIENT VOICES

Sitting around taking up a hospital bed while waiting for word on whether surgery would take place or not seems a waste of a bed that someone else could have had as it wasn’t necessary for me health wise to take up a bed while waiting for surgery.
Health and equity for the population

Health equity is a measure of the difference in health status between different population groups. Differences based on gender, age, ethnicity, income, education, geography, or disability can be caused by many factors.

Two of the four strategic priorities for the BOPDHB are Māori Health - Achieving Equity so Māori in the Bay of Plenty have the same level of wellness as non-Māori, and improving the health of our children and youth.

This section gives a flavour, in the following articles, of how the BOPDHB is working to achieve this.

Māori health excellence seminars

Dr George Gray, Public Health Physician, explains how representatives of high performing organisations are brought to the BOPDHB to explain how they achieve top results.

The Māori Health Excellence Seminars have been delivered over the past four years, identifying high performing organisations from around the country and host representatives of these organisations.

The aim of the seminars is to learn about the structures, processes, and culture in high performing organisations that generate leading results. The seminars have featured leading performers who have discussed cancer screening, immunisation, infant health, tobacco cessation, and other topics.

The priorities, resources, and processes implemented by leading organisations can be replicated and lead to positive results for other organisations.

Health literacy for community health providers

Health Literacy emerges when the expectations, preferences and skills of the individuals seeking health information and services meet the expectations, preferences and skills of those providing the information and services.

In 2014, PHARMAC (Pharmaceutical Management Agency) and Ngā Mataapuna Oranga (NMO) signed a Memorandum of Understanding: the primary purpose to improve engagement between community providers and Māori patients and their whānau through a series of targeted health literacy workshops and seminars. PHARMAC is the New Zealand government agency that decides which pharmaceuticals to publicly fund in New Zealand.

Poverty, poor housing conditions, environmental factors and inadequate access to healthcare services have been well documented as determinants of health. One of the influences identified as a contributing factor to inadequate access to healthcare is poor health literacy.

NMO recognised that improvements in health literacy needed to start at a local level with Māori Community Workers who have close and trusting relationships with whānau. A well trained and skilled workforce could better identify health literacy barriers, advocate for and on behalf of whānau, as well as empower individuals on navigating health information and systems.

Two literacy workshops have been delivered, focused respectively on Respiratory (in particular asthma) and Obesity (an insight into exogenous obesity through the intake of food).

The impact of these workshops, attended by in excess of 200 health workers, has led to an increased awareness amongst health workers working with vulnerable whānau.

Source: Knowledge Mobilisation (KMb) Support Services (KMbeing.com March 2013)

PATIENT VOICES

Suffice to say my pain did ease through the rest and medication administered to me. I was able to drive myself home to Kawerau. In respect to cultural support the young Māori ladies delivering meals, cleaning the floors and the bathroom spoke my Māori language which made me feel at home away from home. Otherwise my two-night stay was very restful and educational learning about Gout and possible infections. I am comfortable with my condition which has eased considerably since my stay in Tauranga Hospital.
Above: A Childhood Obesity Health Literacy Seminar was held on 24 February 2016 at the Orchard Church, Te Puke.
Value for public health system resources

The BOPDHB is ensuring its population receives the maximum health benefit it can from the available resources within the Ministry of Health’s mandate of ‘living within our means’. In an environment of population growth pressures and increasing demand for services, the need to be innovative, integrated, and to collaborate with our partners has never been more important to enable us to provide health services to meet the needs of our communities.

The following articles describe some new and innovative ways that we have been working together to improve the health outcomes for our communities.

Smokefree pregnancy

An innovative monitor is helping to spell out the dangers for pregnant smokers

Motherhood has put smoking into perspective for one first-time mum who is encouraging other pregnant woman to quit. Amy Paki gave birth to a baby girl, Marewa, on Monday 1st August and says the experience of pregnancy and motherhood has been life changing.

“I look at her and think why would I want to smoke?”

Amy has been using one of six carbon monoxide monitors purchased for the BOPDHB by the Midland Maternity Action Group. The machines give pregnant smokers an immediate reading of their carbon monoxide (CO2) levels and what those levels mean for the health of their unborn child. Smoking during pregnancy has been linked to growth restriction, hypoxia, foetal death, foetal brain damage, SUDI (Sudden Unexpected Death in Infancy) and pre-term birth.

“This is my first baby and it puts things into perspective,” says 32-year-old Amy who has been smoking since she was 18. She has encouraged other family members to quit as well as she does not want them smoking around baby Marewa.

BOPDHB Midwife Natasha Rawiri says Amy’s response is not uncommon. For example, one expectant mum burst into tears the first time she used one of the monitors.

New mum Amy Paki (left) with baby Marewa and midwife Natasha Rawiri (right) with one of six carbon monoxide monitors being used throughout the BOPDHB’s maternity departments.
“The reading wasn’t exceptionally high but it was enough to make her stop and think,” says Natasha. “A lot of the comments we get are that having the figures staring you in the face, physically seeing them and knowing what that means, really makes it sink in.

“Smoking lowers the levels of oxygen in your blood and for pregnant women that means their babies are not getting the oxygen they need. That can have a range of impacts depending on the level.”

The handheld carbon monoxide monitor, the piCObabyTM Smokerlyzer®, works in the same way as a breathalyser with the mum-to-be delivering a long, slow breath into it. Staff then use the reading to establish the woman’s smoking dependence and plan the best treatment for her. The use of nicotine replacement therapy (NRT) is often recommended for pregnant women who are unable to stop smoking on their own.

“We would encourage any pregnant woman who smokes to use the machine,” said Natasha. “It spells out where you are and where you should be.”

For advice on giving up smoking call Quitline on 0800 778 778.

Contracting for outcomes: measuring the things that matter

At the heart is a shift from the traditional way of purchasing volumes of activity to measuring outcomes for people and populations - measuring the things that matter.

Here at the BOPDHB we have been making changes to our contracting systems in line with our goals for a more integrated health system, using the Ministry of Business Innovation and Employment (MBIE) Streamlined Contracting Framework. This framework template is standardised across all major government departments, meaning the contract is familiar across multiple government agencies. We plan to introduce this new way of contracting with more providers in the coming years.

“The co-design of performance measures was beneficial to us as an organisation as the outcomes were clearer and it strengthened our relationship with the DHB,” says Te Tomika Trust General Manager, Carol Ririnui.

People with long-term health conditions may require care and support from multiple healthcare professionals, agencies and providers to enable them to live well. But the way we purchase health services is, by-and-large, based on an outdated model for disease-specific care more suited to one-off and acute events.

“The BOPDHB is the first DHB in New Zealand to trial the Framework,” says Kiri Peita, Senior Portfolio Manager, Māori Health Planning and Funding. “We invited four providers of Adult Mental Health Services to trial the new system with us on the basis of a history of high performance and a willingness to work together with the DHB. We developed meaningful outcomes together with providers and a consumer advocate using the Results Based Accountability (RBA) framework. RBA provides a common language for assessing and monitoring outcomes. The main value-add of RBA is that it enables providers to describe how their activities contribute to outcomes”.

Co-designing outcomes together - Results Based Accountability workshop with providers in November 2015.
Safe and secure housing is essential for good health

It is every child’s right to live in safe and secure housing as a pre-requisite for good health development.

The BOPDHB’s Healthy Housing Initiative is the platform for a wider approach to achieving health by working more closely with other sectors to address the determinants of health. These are the conditions in which we live, work, learn and play across our whole lives. Safe and secure housing is a prime example. We are working with the housing sector, local and central government, iwi, and Non-Government Organisations (NGOs), to provide healthy housing for vulnerable people such as the homeless, children, and older people.

The number of people who are homeless is growing with rents increasing and more people living on the street, in cars or garages, or joining other families in severely crowded houses. We support the Tauranga Moana Night Shelter Trust which provides overnight accommodation for homeless men, and St Peters House which also provides access to more secure accommodation. We also work to support the Tauranga City Council, which is taking a lead role seeking longer term solutions for the homeless and families requiring emergency accommodation.

Rheumatic Fever can result from crowded living. Where crowded housing is identified following a child’s hospital admission, a referral is made to the Healthy Housing Initiative. The house where the child is living is assessed and recommendations are made, either to improve the housing conditions through insulation, heating, or ventilation, or to support the family to find better alternative housing. It then depends on whether home owners and landlords can afford the cost of these improvements.

The Healthy Housing Initiative will be expanded from 1 October 2016 to include 0-4 year olds. This will allow a more preventative approach so that, for instance, newborn babies are not discharged from maternity wards into unhealthy houses.

The BOPDHB is bringing together the key agencies to coordinate healthy housing funding and local community initiatives across the BOP.
Priorities for improvement

Over the coming year, the BOPDHB will continue to apply its Integrated Healthcare Strategy (IHS) to help us work together in partnership in a ‘whole of health system way’. We will do this by looking at how health information can be shared safely across a wider range of health professionals, seeking opportunities for more services to be provided closer to home, working more collaboratively with other agencies to consider the wider determinants of health, and working to put the patient/whānau at the centre of what we do.

Underpinning what we do as an organisation is our quality programme. This programme is firmly aligned to the New Zealand Triple Aim and the IHS. All DHB staff, clinical leaders and managers are responsible for improving quality and participating in quality improvement initiatives and projects. The following articles feature important priorities for 2016/17:

2. Continuing to promote Health in all Policies through collaboration with local councils.

Tuaoma – Whānau Ora patient pathway

A collaborative approach between the medical and social arms is required to ensure equal access to health outcomes for Māori.

Enabling communities to achieve good health, independence and access to quality services is strongly advocated in many national, regional and local strategies. The Tuaoma – Whānau Ora Pathway project operationalises this intent through the proposed development of a patient pathway. This pathway aims to improve access to services from the community to the hospital setting and vice versa.

Social, cultural, economic and geographical factors are identified barriers to access. The economic and geographical barriers are obvious and solutions readily identified, however social barriers have become problematic and fuelled by a disconnect between Māori models of health and wellbeing and medical (disease-oriented) ones.

Increased utilisation of services by Māori does not necessarily equate with improved health outcomes for Māori. Whānau Ora has been in place in the community for a number of years and works particularly well in enabling Māori to identify their aspirations and develop and implement their own plans. The challenge for this project is to transfer this approach into a hospital setting where it will make the greatest impact.

It is envisaged this change, if successful, will eventually broaden to include other hospital and community services.

Initial exploration of the communication between general practice and ED is illustrated in the following diagram.

**PATIENT VOICES**

This really is not a hospital problem but when I was asked if I needed some support when I got home I asked for assistance in getting my firewood in for my fire. I was told that I couldn’t get any as the health and safety act did not allow that to be done for patients. In the middle of winter living on your own to me that is a shocking state of affairs when the Govt tells you that your house should be at a certain temperature and you cannot get assistance to get your wood in. That does not help anyone’s state of health to improve in my eyes.
Health in all policies

Health starts where we live, learn, work and play.

Health starts where we live, learn, work and play. Good health outcomes begin with healthy policies that create healthy environments which support people to adopt healthy behaviours. This requires different sectors working together to ensure all people have equal opportunities to achieve the highest level of health. This story is about how we are approaching this.

“We tend to think of chronic diseases as medical problems with social consequences, but the time has come to think of chronic diseases as social problems with medical implications.” Paul McDonald, Pro Vice-Chancellor of the College of Health, Massey University

But what is good health and what determines this? While people are living longer, more people are developing long term conditions like diabetes and respiratory illnesses. The fundamental conditions for health and wellbeing are: shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, equity and peace. These are known as the social determinants of health.

Only between 20 to 40% of what determines health and wellbeing can be attributed to individual lifestyle factors and access to health services. There is a growing body of evidence that links the impact of the modern urban environment and the social determinants on our health: in particular transport, housing development and land use planning.

We can and do provide quality health services to help people to get well when they are ill but we do not have direct control over the urban environment, housing and transport, because the main areas where action is required are not within our responsibility.

Health in All Policies (HiAP) is a focus of our Integrated Healthcare Strategy. It is our approach to working together with other agencies and the community to inform, support and influence decisions and policies to create healthy environments. A focus of our work is with local authorities.
Strengthening quality improvement capacity

Developing a quality improvement culture.

The BOPDHB works hard to increase the capacity and capability of all staff to deliver quality improvement. We empower people by not only giving them the skills they need to drive quality improvement but also the authority to identify opportunities and a framework in which to develop their ideas.

The DHB offers staff free access to the Institute of Healthcare Improvement (IHI) online Improvement Capability Course. This has now been completed by over 120 DHB staff. Other opportunities are also available to staff, such as Improving Together, which has been set up by the Ministry of Health, and the Quality and Safety in Healthcare course offered by the British Medical Journal Learning website.

The Service Improvement Unit (SIU) supports and mentors staff in a number of ways. The Quality Improvement (QI) Residency continues to be popular amongst junior doctors where they are given protected time to learn about improvement methods and undertake an improvement project. The Residency is growing to include Registered Nurses and Allied Health. Secondments to the SIU have been used to expose other DHB staff to the work of the unit whilst working on specific projects.

A new Clinical Director of Innovation and Improvement role has been approved along with three new General Practice Liaisons, Drs Alison James, Jethro Leroy and Chris Tofield. The development of the SIU reinforces the importance attached to the pursuit of the goals in the Integrated Healthcare Strategy (IHS). The increase in clinical expertise with general practice and community experience will help the DHB take a far greater whole-of-system approach.

A new forum has been established to support the development of our growing quality improvement community. The forum consists of both an online community and a monthly gathering, at which people can share ideas about quality improvement, learn from others and celebrate success.

PATIENT VOICES

I cannot emphasise enough the high quality of care, compassion, and dedication extended by all the medical and other staff.
More medical students to train in BOP hospitals

More medical students are set to train in Whakatāne and Tauranga hospitals next year as part of a programme to attract and retain health professionals in rural areas.

Currently the Bay of Plenty Clinical School based at both hospitals manages placements for fourth and sixth year medical students. From January 2017 this will be expanded to include a group of fifth year medical students in a regional/rural programme.

The new programme will see 18 University of Auckland fifth year medical students spend 31 weeks in the Bay of Plenty working alongside doctors in Tauranga and Whakatāne hospitals as well as in the community. This will include time in the Rural Health Inter-professional Programme based at Whakatāne Hospital and with GPs in the area.

“What sets this programme apart from others in big cities is that by working alongside clinicians in Tauranga and Whakatāne hospitals the med students are exposed to a broader range of patients and conditions.” Says Head of the Clinical School Professor Peter Gilling.

As part of the placement, the medical students will spend time with GPs in Whakatāne, as well as a day with the nurse-led Eastern Bay of Plenty Hospice. They also have the option of visiting one of the Eastern Bay’s large industrial employers, spending time with the on-site occupational nurse.

“Potentially they can follow the patient’s journey from the GP to the hospital and back,” says Professor Gilling. “It’s a valuable learning opportunity that’s not offered in the big cities. The experience also provides exposure to working in rural communities which has resulted in an increase of the number of students applying for positions in the Bay of Plenty.”

Kaupapa Nurse Practitioners

The Ngatai whānau’s world turned upside when patriarch, Enoka had a stroke late last year leaving him unable to walk, speak or swallow. The close-knit Matapiti whānau was told he needed 24 hour care in a nursing home.

“That was never an option for us,” says Ataraita Ngatai. “We’re a close whānau. Our mokopuna live on our property and Enoka gets great pleasure from them running in and out of the house – it’s all part of his recovery.”

Enter Nurse Practitioner (NP), Theresa Ngamoki (Te Whānau-ā-Apanui). Theresa’s higher level of skill base means she’s able to prescribe medications, and order diagnostic tests. For the Ngatai whānau that’s enabled them to care for Enoka at home. In the last financial year four Māori nurses gained NP status. They are working in rural high need communities across the Bay of Plenty.

Theresa qualified as a NP last year after more than 25 years working as a Registered Nurse. For the past six months she’s been doing weekly visits to the Ngatai home.

“It was such a huge relief when Theresa started coming into our home,” says Enoka’s daughter, Tei who has become her dad’s main caregiver. “When dad had his stroke not only was it a shock, it was a steep learning curve. I’m not a nurse. But pretty quickly I’ve had to learn how to tube feed, operate hoists and recognise changes in dad’s health.

“Theresa has given me confidence. In the beginning it was very stressful. There were daily changes in dad’s health. In the early days we had home based carers but at night we were on our own. I had many sleepless nights, I’m sleeping better now.”

Not only has Theresa provided peace of mind, but her home visits have meant less travel and upheaval to get Enoka to his GP.

“To get dad up and into his wheelchair and out the door it’s a good three hours. With Theresa coming to our home we don’t have to do so many trips.”

Theresa follows a Whānau Ora care model; putting Enoka in the centre and co-ordinating with other agencies for the care he needs. She has also identified and supported the whānau with other health issues.

“You can’t ignore the other people in the house. It’s a privilege to be invited into someone’s home. It wouldn’t be right to leave without looking at the health of the household.”

Theresa works for the Western Bay of Plenty PHO specialising in long term conditions. Aside from doing home visits in the more complex cases, she also has a weekly marae-based walk-in GP/NP clinic.

She sees her role as supporting Māori to access the health services they need in a more timely way. And she’s had some rewarding results.

“I had a patient who was a long-term smoker and he said from the onset he wasn’t interested in being told yet again to quit. I told him, he wanted the half-pai service, and I don’t do half-pai. I said I was going to raise the topic but perhaps not at every visit but we both know that quitting smoking is one of the best things he could do for his health. It took a while, but eventually he quit. I was rapt.

“Everyone wants to be well. The challenge is to support people to access the health services they need without taking away their sense of control. It’s important to establish a good rapport and gain trust.

“Having the cultural knowledge coupled with the health expertise is where I believe I can make the biggest gains.”
Kaupapa NP Theresa Ngamoki (left) supports Tei (right) and Ataraita (centre) to care for Enoka (front centre) at home.
Making your stay with us safer

open.hqsc.govt.nz

newzealand.govt.nz
8 simple steps to keep yourself safe during your stay in hospital

**Preventing falls**
- Wear well-fitted, non-slip footwear (including non-slip socks, if appropriate).
- Take extra care in the bathroom.
- Some medicines may make you feel unsteady.
- Use a walking aid, if you need one.
- If you need assistance, tell us.

**Preventing blood clots**
- Wear your hospital stockings if advised and move as often as you can.
- Try to do simple leg and ankle exercises.
- Drink fluids as recommended.
- Take blood-thinning medicine medication as advised.

Please talk to us if you have any questions, worries or concerns.

**Preventing infection**
- Wash your hands or use the hand gel provided after visiting the toilet, if sneezing or coughing, and before all meals.
- If you're worried a staff member may have forgotten to wash their hands, you or your family/whānau can remind them.
- Tell us if you have diarrhoea or vomiting.

**Your medicines**
- Tell us if you have an allergy, have had a serious reaction to any medicines or if you do not understand what your medicines are for.
- Talk to your doctor, nurse or pharmacist if you have any questions or concerns about your medicines.
- Ask about possible side effects.
- Keep an up-to-date list of any medicines you’re taking.

**Pressure injuries**
- If you can, try to keep mobile, even in bed, and call us if you are uncomfortable.
- We are very happy to help you change position, and can work with you on ways to relieve pressure.

Please talk to us if you have any questions, worries or concerns.

**Identification**
- Tell us if any of your personal information is wrong (ID band, address, GP, next of kin).
- Tell us if you have any allergies. If you do, some hospitals may give you a coloured wristband.
- Before any medicine is given your ID band will be checked.

**Leaving hospital**
Before you leave, make sure:
- you have all the information you need to be safe at home
- your medicines have been explained to you, particularly if they’ve changed
- you know who to contact if you have any questions or concerns
- you know when your next appointment is

**Any concerns**
- We are here to help you – talk to us if you have any worries or concerns about your treatment, or about what will happen when you leave hospital.

Published by the Health Quality & Safety Commission New Zealand, August 2015. With thanks to Guy’s and St Thomas’ NHS Foundation Trust for kind permission to adapt its patient safety card.
# Glossary of terms and abbreviations

<table>
<thead>
<tr>
<th>Term or abbreviation</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>ACP</td>
<td>Advance Care Planning</td>
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<tr>
<td>AE</td>
<td>Adverse Event</td>
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<tr>
<td>APU</td>
<td>Admission and Planning Unit</td>
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<tr>
<td>ARRC</td>
<td>Aged Related Residential Care</td>
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<tr>
<td>ASU</td>
<td>Acute Stroke Unit</td>
</tr>
<tr>
<td>Bacteraemia</td>
<td>An infection of the blood; sometimes called Septicaemia</td>
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<tr>
<td>BOPDHB</td>
<td>Bay of Plenty District Health Board</td>
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<tr>
<td>Cardiovascular</td>
<td>Involving the vessels of the heart</td>
</tr>
<tr>
<td>Cefazolin</td>
<td>This is a type of antibiotic</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>CHIP</td>
<td>Clinical Health Information Portal</td>
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<tr>
<td>CHIP for GPs</td>
<td>CHIP for GPs was developed and rolled out in 2015 to give secured access to CHIP for registered health professionals in the community.</td>
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<tr>
<td>Clinical pathway</td>
<td>Refers to a patient's journey from referral through to treatment, follow-up and surveillance, including any testing required; also known as patient pathways.</td>
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<tr>
<td>CNE</td>
<td>Clinical Nurse Educator</td>
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<tr>
<td>CRT</td>
<td>Community Response Team</td>
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<tr>
<td>CVD</td>
<td>Cardiovascular Disease</td>
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<tr>
<td>DHB</td>
<td>District Health Board</td>
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<tr>
<td>DNA</td>
<td>Did Not Attend</td>
</tr>
<tr>
<td>EBOP</td>
<td>Eastern Bay of Plenty</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department; sometimes called Accident and Emergency Department (A &amp; E).</td>
</tr>
<tr>
<td>Elective surgery</td>
<td>Planned surgery rather than emergency or acute surgery</td>
</tr>
<tr>
<td>ERAS</td>
<td>Enhanced Recovery After Surgery</td>
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<tr>
<td>Exogenous obesity</td>
<td>Obesity caused by overeating (as opposed to endogenous obesity, which is caused by a physical abnormality such as metabolism defects).</td>
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<tr>
<td>FaB</td>
<td>Falls behaviour scale</td>
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<tr>
<td>FLO</td>
<td>Frontline Ownership</td>
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<tr>
<td>FSA</td>
<td>First Specialist Assessment</td>
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<tr>
<td>Non-contact FSA (ncFSA)</td>
<td>Refers to an assessment and written plan of care based on health records and test results.</td>
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<tr>
<td>GP</td>
<td>General Practitioner; your local doctor</td>
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<tr>
<td>HHNZ</td>
<td>Hand Hygiene New Zealand</td>
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<tr>
<td>HIA</td>
<td>Health in Ageing</td>
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<tr>
<td>HIAP</td>
<td>Health in all policies</td>
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<tr>
<td>HQSC</td>
<td>Health Quality &amp; Safety Commission</td>
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<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
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<tr>
<td>IHI</td>
<td>Institute for Healthcare Improvement</td>
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<tr>
<td>IHS</td>
<td>Integrated Healthcare Strategy</td>
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<tr>
<td>Indicators</td>
<td>Refer to information that is collected to measure key points long a patient's clinical pathway.</td>
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<tr>
<td>IPIF</td>
<td>Integrated Performance Improvement Framework</td>
</tr>
<tr>
<td>MBIE</td>
<td>Ministry of Business Innovation and Employment</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<td>---------------------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>MDT</td>
<td>Multidisciplinary Team</td>
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<tr>
<td>MedCheck</td>
<td>A joint BOPDHB and community pharmacies initiative allowing dispensing data to be available for GPs</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MoH Targets</td>
<td>Key national performance targets that are set by the MoH</td>
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<tr>
<td>NGO</td>
<td>Non-government organisation</td>
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<tr>
<td>NMO</td>
<td>Ngā Mataapuna Oranga</td>
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<tr>
<td>NP</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>Involving the musculo-skeletal system (muscles and bones)</td>
</tr>
<tr>
<td>Opioid medication</td>
<td>Medication that relieves pain pain</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>Patient pathway</td>
<td>See clinical pathway</td>
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<tr>
<td>PDSA cycle</td>
<td>‘Plan, Do, Study, Act’ cycle refers to a method of testing changes for improvement.</td>
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<tr>
<td>PHARMAC</td>
<td>The Pharmaceutical Management Agency is the New Zealand government agency that decides which pharmaceuticals to publicly fund in New Zealand.</td>
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<tr>
<td>PHO</td>
<td>Primary Health Organisation, sometimes referred to as primary healthcare.</td>
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<tr>
<td>Post-op or post-operative</td>
<td>After a surgical operation</td>
</tr>
<tr>
<td>Pre-habilitation</td>
<td>Physiotherapy aimed at physical readiness for surgery.</td>
</tr>
<tr>
<td>Pre-op or pre-operative</td>
<td>Before a surgical operation</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement</td>
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<tr>
<td>Q1, Q2, Q3, Q4</td>
<td>Refers to quarters of the financial year; quarter 1 is the first quarter of the financial year = July, August, September.</td>
</tr>
<tr>
<td>QSM</td>
<td>Quality and Safety Marker</td>
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<tr>
<td>RBA</td>
<td>Results Based Accountability (RBA) is a simple, practical way for organisations to evaluate the results of their programmes. RBA uses publicly available data and data generated by providers to track the results of a programme on the wellbeing of a population.</td>
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<tr>
<td>RN</td>
<td>Registered Nurse</td>
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<tr>
<td>SAC</td>
<td>Severity Assessment Code</td>
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<tr>
<td>SIU</td>
<td>Service Improvement Unit</td>
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<tr>
<td>SLMF</td>
<td>System Level Measures Framework</td>
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<tr>
<td>SSHW</td>
<td>Safe Staffing Healthy Workplaces</td>
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<tr>
<td>SSI</td>
<td>Surgical Site Infection</td>
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<tr>
<td>SUDI</td>
<td>Sudden Unexpected Death in Infancy</td>
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<tr>
<td>TCHLG</td>
<td>Tauranga Community Health Liaison Group</td>
</tr>
<tr>
<td>Tumour specific standards</td>
<td>National standards of care for cancer patients</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Ultrasound scanning involves exposing part of the body to high-frequency sound waves to produce pictures of the inside of the body.</td>
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<tr>
<td>UNICEF</td>
<td>The United Nations Children’s Fund</td>
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