



Wairarapa DHB

Wairarapa District Health Board

Te Poari Hauora a-rohe o Wairarapa

Wairarapa DHB Quality Accounts

2013



Quality Accounts

Putting patients first: a report on the safety and quality of healthcare in Wairarapa

Welcome to the first Quality Account for Wairarapa DHB. It gives you a snapshot of how we support the health needs of our people in our community. This Quality Account is an annual report about the quality of services we deliver. We aim to deliver a first class service which is patient-focused and provides the right care and support when and where it is needed.

This is probably the most important document we will produce this year. It is a way of openly reflecting the care we provide for our patients, describing what we do well and where there are opportunities for improvement. It focuses on the reasons that health care professionals enter into the profession - to strive for safe, effective care that patients, staff and the wider community can be proud of. In the health care service we often draw on our own personal and family experience of health, and use the measure of "would I be happy for my mum to receive this standard of service?" Our job is to understand what patients want from us, to truly listen to what they tell us about their experience and see things from a range of perspectives.

This report focuses on the quality of services we provided during 2012/2013. Through this Quality Account we will demonstrate our achievements, our progress in improving the patient/consumer experience and our desire to continuously improve our health services.

'Well Wairarapa - better health for all.'

Our vision is to deliver quality improvements and quality services with, for, and in the community. This Quality Account focuses on three aims: to reduce and contain cost, to improve the patient experience, and to improve the overall health of the population. The DHB's Board and the Senior Leadership team are acutely conscious of the financial restraints that the DHB will face in the coming year, and the importance of safeguarding the quality of care through these times. The essence of how we will achieve this is through service transformation, service redesign and both regional and sub-regional collaboration. The last year has seen us committed to achieving the initiatives laid down by the Health Quality Safety Commission (HQSC), and refining our measuring, monitoring and reporting processes.

Learning from our mistakes

The strength of an organisation is measured not by counting the number of successes, but by its response to failure.

This Quality Account does not just highlight our achievements – sometimes mistakes are made or things are not as good as we would like. We learn

from those mistakes and they help us plan for the future. In this Account we set out our priorities for improving quality over the coming year and the ways in which we will achieve these improvements.

Our vision for the future has been shaped by listening to the opinions and experiences of our patients and their families, along with the views and priorities of our staff and other key stakeholders. The DHB works in partnership with many community groups and health providers in Wairarapa and beyond. Together we work to support healthy lifestyles, improve population health and care for those who are sick.

Key priorities

- Encourage feedback from consumers of healthcare and continually improve the patient experience resulting in high satisfaction with all our services. We want our patients to feel cared for and confident in our services.
- Ensure that our patients experience consistently safe and high quality services.
- Ensure that we have high quality systems and processes in place for quality, safety and risk.
- Ensure that our hospital and community services are based around patients' needs.

Thanks

We would like to thank all our staff across our hospital and community services for their continuing hard work and commitment.

We also thank our patients, our volunteers and all those with an interest in our services who have offered their time, support and feedback over the past 12 months. We look forward to working with all our teams, and with our key stakeholders, to deliver our vision for top quality and safe services over the year ahead.



Chief Executive
Graham Dyer



Board Chair
Bob Francis

Values

Vision

Well Wairarapa – Better health for all

Wairarapa ora – Hauora pai mo to katoa

Mission

Our Mission is to improve, promote, and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choices.

Values

Respect – whakamana tangata

According respect, courtesy and support to all

Integrity – mana tu

Being inclusive, open, honest and ethical

Self Determination – rangatiratanga

Determining and taking responsibility for ones actions

Co-operation – whakawhanaungatanga

Working collaboratively with other individuals and organisations

Excellence – taumatatanga

Striving for the highest standards in all that we do

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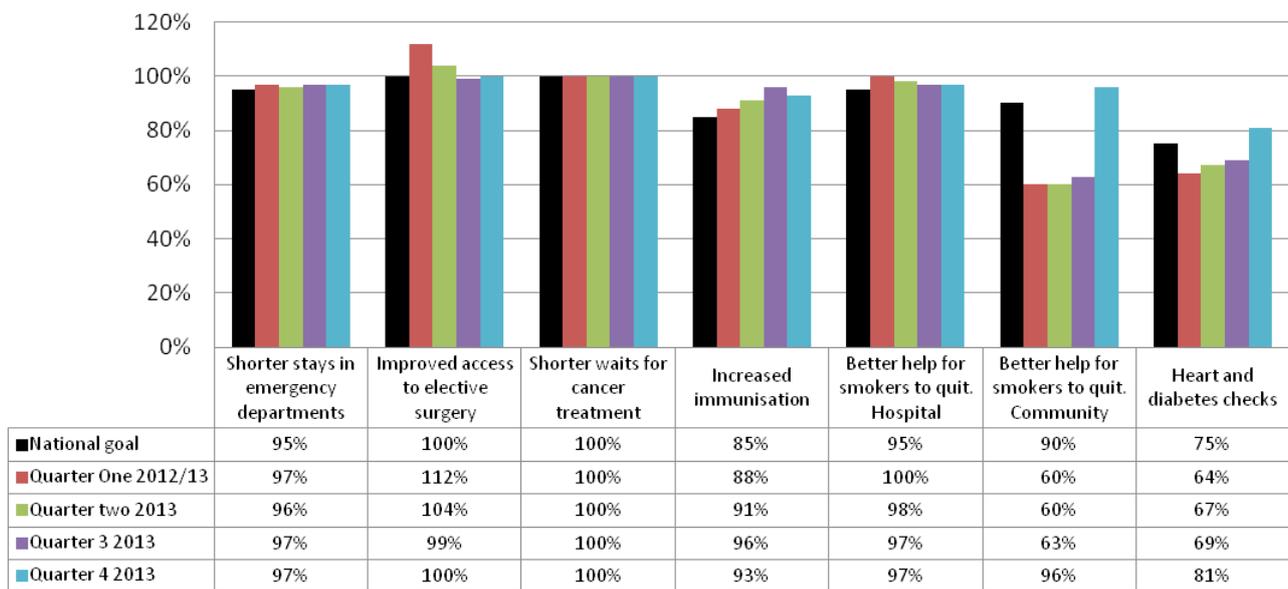
Healthcare Goals

Health Targets

The national health targets compare Zealand’s 20 health boards across six categories each quarter. They are a set of six national performance measures specifically designed to improve the performance of health services. The targets are determined by the Minister of Health and reviewed annually to ensure they align with government’s health priorities.

Wairarapa DHB Health Target Performance 2012/2013

National Health Targets Q1,2,3,4 2013



The National Health Targets

Shorter stays in emergency departments

95 percent 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.

Improved access to elective surgery

The rate of growth of elective surgery needs to increase, which in turn, will increase patients’ access to this important service, and should achieve genuine reductions in waiting times for patients.

Shorter waits for cancer treatment

All patients, ready for treatment, wait less than four weeks for radiotherapy or chemotherapy.

Increased immunisation

By July 2013, 85 percent of eight-month-olds will have their primary course of immunisation (at six weeks, three months and five months) on time, increasing to 90 percent by July 2014 and 95 percent by December 2014.

Better help for smokers to quit

95 percent of patients who smoke and are seen by a health practitioner in public hospitals and 90 percent of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking.

More heart and diabetes checks

90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by 1 July 2014. The first stage was to achieve 60 percent by July 2012, and then 75 percent by July 2013.

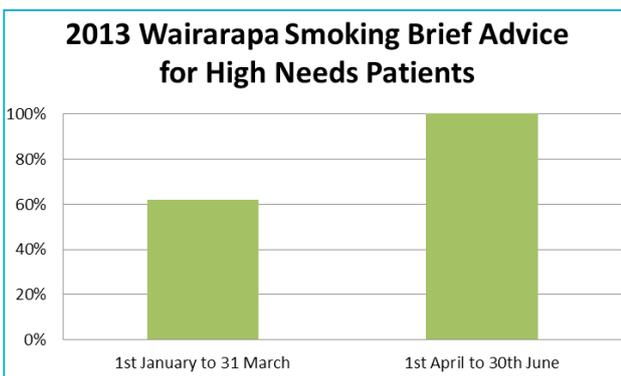
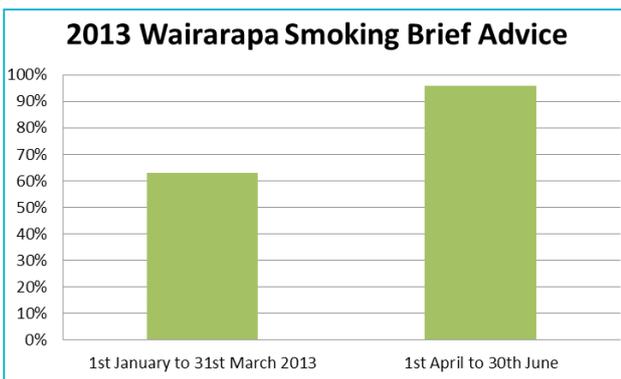
Healthcare Outcomes

Helping Smokers Quit

The Government is determined to reduce the burden of death and disease caused by smoking and its goal is for a Smokefree Aotearoa by 2025. The aim is to protect children from exposure to tobacco marketing and promotion, reduce the demand for tobacco and provide the best possible support for quitting. In Wairarapa, the DHB and Compass Health Wairarapa have introduced several innovative programmes to stamp out smoking. Results show that in National Health Targets Wairarapa DHB is leading the country for helping smokers to quit.

Helping smokers to quit in the community

The performance of the medical practices for smokefree screening and advice has risen dramatically from 60% at the end of the first quarter to 96% (now the top performer nationally). That gives it an 'outstanding performer' rating from the Ministry of Health. Anyone visiting a community GP can expect to be asked about their smoking status and offered advice and help to quit. The target requires 90% of all patients visiting medical centres to be asked and their responses recorded.



In Hospital

In the last quarter of 2013 Wairarapa DHB ranked first out of all DHBs in the hospital sector. 97% of all inpatients were offered smokefree screening and advice. The government target is 95%. If anyone is admitted to hospital patients will be asked about their smoking status and offered brief advice. It is part of an ongoing drive to assist patients to give up smoking because of the impact on their lives and on the health system.

All patients admitted to Wairarapa Hospital are screened through an initiative known as ABC. The ABC programme is a memory aid for health workers to understand the key steps to helping people who smoke. They Ask about smoking status, give Brief advice to stop smoking to all smokers and offer evidence-based Cessation support.

Health workers have a key role in helping smokers to quit – both by prompting people to try quitting, and giving that attempt every chance to be successful by making evidence-based cessation treatment available. Most staff (registered health professionals) have completed training to become Quit Card providers. The Wairarapa Hospital campus is smokefree.

The “Turn Your Back on Tobacco” campaign

Smoking is the greatest single preventable cause of death in New Zealand, causing a quarter of all cancer deaths. Expanding smokefree areas is a vitally important way of de-normalising smoking and promoting healthy lifestyles. The Wairarapa Smokefree Network joined the national campaign led by the Cancer Society to ‘de-normalise’ smoking in public places. They aimed to reduce visibility of smoking, support former smokers to remain smokefree and encourage people to quit smoking.

The Smokefree 2025 “Turn Your Back on Tobacco” campaign is a joint initiative between the three Wairarapa District Councils, Regional Public Health, sports clubs and the Wairarapa Smokefree Network. New smokefree signs have been erected in Wairarapa playgrounds and sports fields where children play. The most junior team in each code was photographed with their backs turned to the camera and their arms linked around each other. A large “Turn Your Back on Tobacco” sign was then erected on the sports field and an unveiling was organized with the club. 500 posters of the signs were printed and given to the club and local community to distribute to families and friends. Effective signage empowers non-smokers to speak up.

Results

All three Wairarapa District Councils have a comprehensive policy for their play grounds and sports fields. All playgrounds have signs with a positive message – HEY BIG PEOPLE – WE COPY WHAT WE SEEKIDS LOVE SMOKEFREE PLAYGROUNDS. All sports clubs have Smokefree at all times on the outside wall of their club rooms and five sports fields have the large Turn Your Back on Tobacco signs. The Network ensured that media articles were in local papers explaining the purpose of the new signs as they appeared

Working with the sports clubs has been very positive. The clubs chosen were happy to cooperate with the process and took ownership of the signs, posters and the unveiling. Media articles also followed the unveiling to further reinforce the No Smoking message. Not all of the smoking public are complying with the smokefree signage but there has definitely been a decrease in people visibly smoking especially at the children’s playgrounds.

Next steps

Once all the sports clubs have their signs in place the Network would like to take the campaign to schools, Kohanga Reo, Marae and anywhere else where there is a smoking population. The Network will continue to work with the Wairarapa Councils to increase the smokefree spaces by changing their policies to include “all council-owned grounds”.



Heart Health

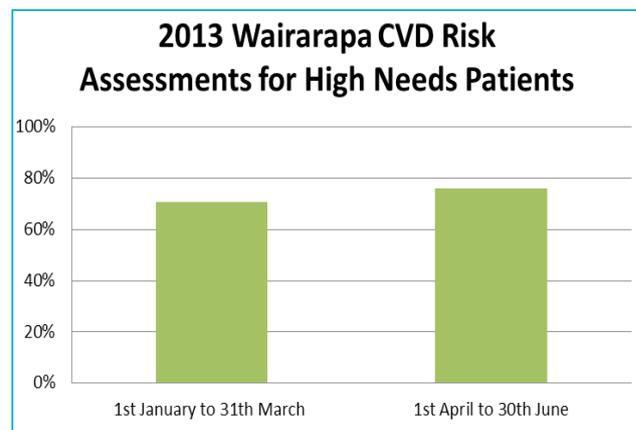
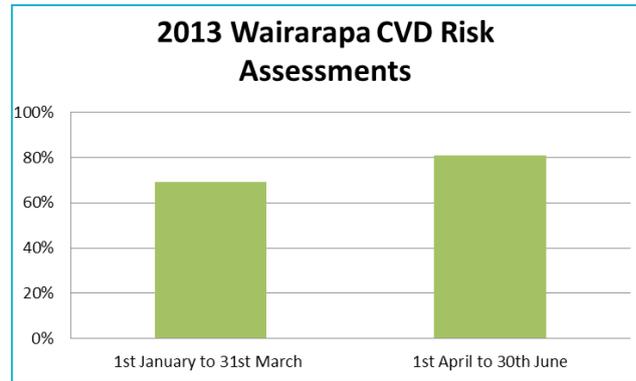
Community health checks

Offering heart health cardio vascular risk assessments to patients and brief advice to smokers to quit gives people the opportunity to think about taking some action to improve their health before it is too late.

Wairarapa DHB shot up in the National Health Target rankings for diabetes/heart checks (from 69% last quarter to 81%) and now ranks 2nd in New Zealand. This is a reflection of the hard work the seven Wairarapa medical practices put in to regularly check their patients for cardiovascular or diabetes risk. A Compass Health Wairarapa campaign to get people’s heart health checked resulted in an additional 797 people having a cardiovascular risk assessment in the previous quarter. The campaign benefited the high need population as well as the total population, with high need patients’ risk assessment rates increasing from 70.6% to 76.1%. The campaign ran from 1 April to 1 July 2013.

The campaign

All seven Wairarapa medical practices were involved in a three month campaign from April to July 2013, which saw practice nurses and GPs look closely at the health of their patients. This involved talking to patients at appointments, and contacting patients by phone, text or mail if they hadn’t been to the practice recently. Data gathered was then recorded so that patients could be better provided ongoing support if required. Community newspaper ads were placed and general practices were supported with allocating the weekly nurse hours required to meet the targets. The outcome was very positive with more help being provided to patients to better manage their health.



What more needs to be done?

Compass Health Wairarapa is continuing to support practices to focus on these health measures. Thought and discussion is also being directed around the issue of how practices can make these regular checks part of sustainable business as usual practice.

Tony Becker, recently appointed GP Clinical Leader for Wairarapa, acknowledged the effort that Wairarapa general practice teams have made to achieve these outstanding results.

“Such an achievement is the result of a team commitment to the health and wellbeing of our community from all of the general practices.”

Immunisation

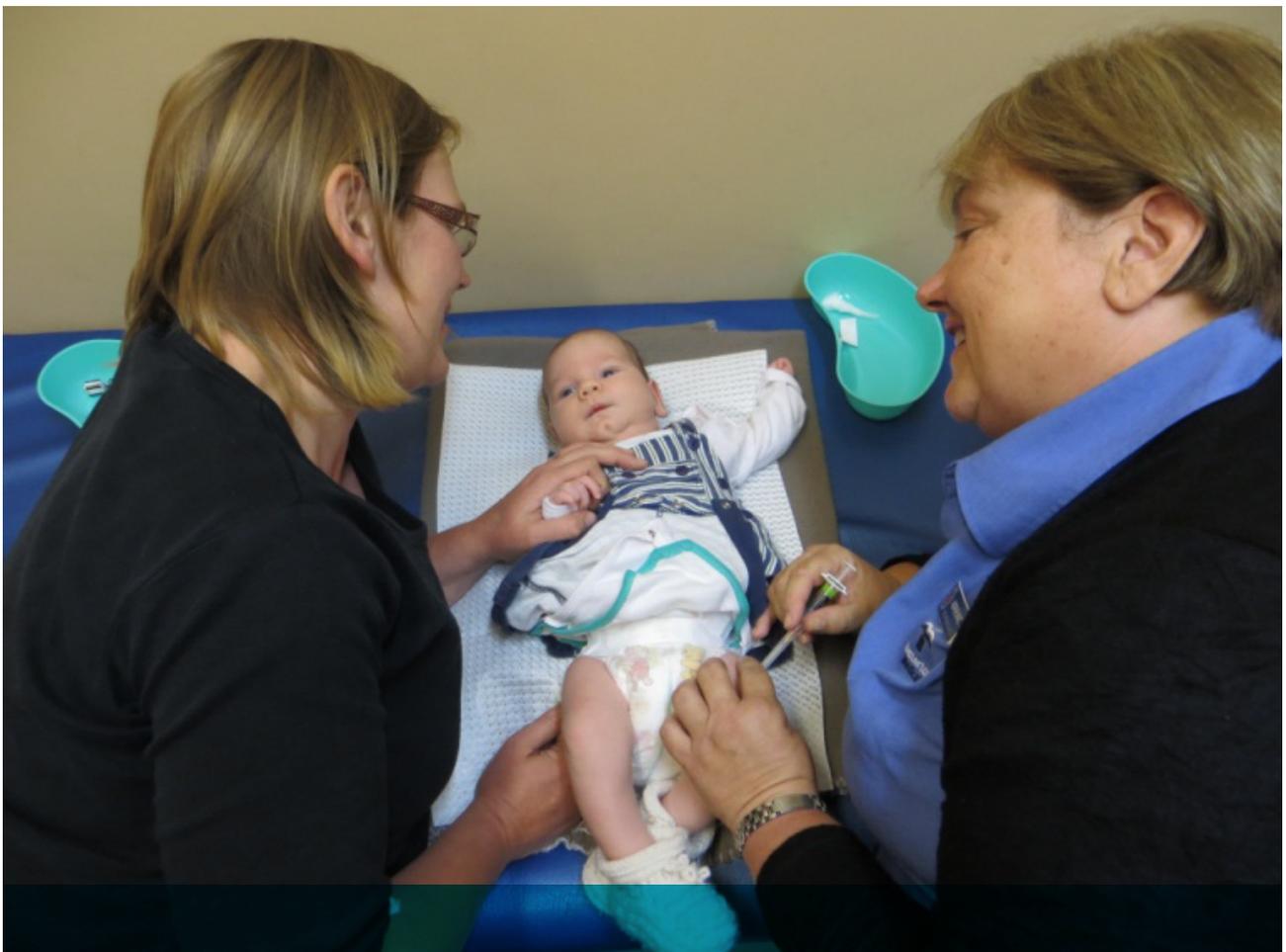
Immunisation is another success story. It is a collaborative effort between Whaiora Outreach, medical centres and the DHB. The medical centres look out for children whose vaccinations are overdue and do their best to reach them. If they can't get hold of the parents they are referred to the Outreach Service who then do home visits. It is a great team effort.

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Target

Since August 2007, increased childhood immunisations has been a national health target. The current national health target is for 85% of 8 month olds to be fully immunised by July 2013, 90% by December 2013, and 95% by July 2014. Every child in the Wairarapa is offered the chance to be immunised but some families decline. The National Health Target now focuses on eight-month old coverage rather than two year olds and requires 85% of eight month olds to be fully immunized.

For the 12 month period ending June 2013 the Wairarapa exceeded the national target with 92% of 8month olds fully immunised, with an amazing 93% for Maori, 92% for Pacific, and 93% for deprivation levels 9–10.



Team work

The Wairarapa Immunisation working group has a collaborative team approach to achieve high percentage rates throughout the district. The team consists of the District Immunisation Facilitator and NIR Administrator (Compass Health, PHO), Whaiora Outreach Immunisation Service (a local Maori provider), a representative from each of the seven medical practices, and from the DHB’s Occupation Health and Population Health Units.

The Immunisation Facilitator and National Immunisation Register (NIR) administrator work with practices to ensure systems and processes are consistent, and that immunisation information is updated within the NIR system in a timely manner. This enables the team to track those children not fully immunised and liaise directly back with the primary care team. The immunisation team is well linked in with midwives and hospital services to ensure there is early engagement between these services and primary care so timely immunisation is achieved.

As Wairarapa has a small annual birth rate of approximately 550 children per year the immunisation numbers are significantly lower than some DHBs. Therefore the focus is on accurate data collection, entry and analysis. With weekly audits via NIR we are able to see and correct information entered in the NIR by the health providers.

What was done

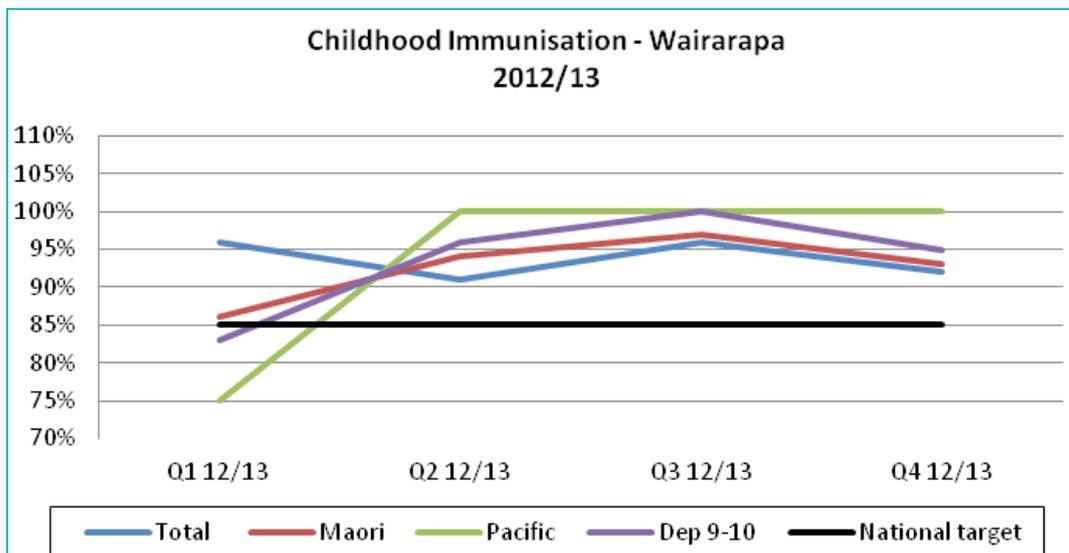
It is very important for children to be immunised on time. However not every child was presenting on time, and some children were not referred to Outreach Services until they were 6-8 weeks overdue, missing the target completely.

In June 2012 the Wairarapa Immunisation Working Group refined the Outreach Service referral system to ensure all children are immunised in a timely manner. When a child is more than four weeks overdue he or she is referred to Outreach so the team can complete the immunisations in a timely manner.

The Wairarapa Compass Health team set up an automatic referral system for infants who had not started their immunisations by 12 weeks, 6 months and 20 months. The team also decided to complete early referrals as well for whānau who were regularly overdue and needing Outreach support.

Automatic and early referrals have been a great success in ensuring all potentially overdue children are highlighted early to prevent overdue immunisations.

Graph shows an upward trend in 8month olds fully immunized in Wairarapa



Next steps

In 2013-2014 the focus will be on 4.5 year olds. This is a good opportunity to ensure all children are up with their immunisations before starting school. This may include automatic referrals, linking with the B4SchoolChecks programme and closer monitoring through the National Immunisation Register for this age range.

“All children in Wairarapa have equal opportunity to a long and healthy life”.

Wairarapa DHB - Child Health strategy – Our Vision

Case study

Whānau A consists of a single Maori mother in her 20s with seven children under 9 years of old, living in a high deprivation area. Over the last three years Whānau A required the support of Outreach Services (OIS) as they had no transport and lived too far away from their General Practice (GP) to walk. When they first engaged with OIS some of the children were 2-3 years overdue with their immunisations and no one was enrolled with a GP. With OIS support all Whānau A children were up to date with their immunisations.

When the seventh child was born, the District immunisation facilitator(DIF) made an early referral to Outreach to ensure the mother had support to access the GP for the 6 week immunisations and checks. With this early intervention the seventh child is now up to date with all immunisations.

Cancer Coordination

Cancer Care Coordination Faster Cancer Treatment

Wairarapa DHB was one of the first to get a cancer nurse coordinator as part of a new Ministry of Health initiative to ensure people get coordinated cancer treatment. The focus is on improving the experience for patients, including their family and whānau, with cancer or suspected cancer and improving overall access and timeliness of access to diagnostic and treatment services for patients with cancer.

The Ministry of Health has set new cancer treatment targets. When a GP refers a suspected cancer patient urgently to the hospital that person must be seen by a specialist within 14 -31days. Once the patient has a confirmed diagnosis the target is that person should receive notice of their first cancer treatment or care plan within 62 days. This may be one of several options – either surgery, radiation treatment, chemotherapy, hormone therapy or palliative care. The project went live in June 2013 and results show we are now seeing 53% of cancer patients within 31days and 73% of cancer patients have moved into treatment within the 62days. This is a heartening start to the project and by 2016 we hope to see 100% of patients within 31days by 2016.

It is all about streamlined well-coordinated services which are crucial to timely diagnosis and management of cancer.

Streamlining the patient journey

Cancer patients can deal with up to 20 doctors and even more nurses and other health professionals during their treatment, sometimes from more than one district health board. This can be stressful and confusing. A Coordinator will soon be available in each hospital to be the single point of contact across different parts of the cancer health service so clinical staff and patients can access information about the patient's journey. The successful

introduction of nurse specialists who can talk to each other will go a long way to breaking down barriers between DHBs.

Because of the growing number of diagnosed cancer patients the Coordinator's role focus particularly on those with complex treatment plans and all local patients having their care at Wairarapa Hospital. Much of the role is ensuring patients get a referral to the appropriate treatment centre by supporting clinical teams.

New systems developed

An electronic tracking system supports the cancer coordination role. It helps the Coordinator identify patients with cancer and ensures early contact. It also prompts the Coordinator when the patient needs more investigative tests or another appointment.

Throughout the DHB trackers in different departments (doctors, nurses, allied health and administrative staff) have been trained in key areas to identify and monitor those diagnosed. They load the patient details using secure NHI numbers only (no names) and this alerts the Coordinator electronically. The Coordinator keeps an overview of the patient journey intervening when required.

To improve speed and access to other clinical team members who work in other hospitals in planning the patient's care, oncology multidisciplinary team meetings are held via video conferencing. These meetings are designed to give patients the very best treatment opinions from off site specialists. This is more efficient because the patient no longer needs to go to Wellington, Palmerston North or further afield for a consult for at least one of their many appointments .

Next steps

The first 6 months of this project have been focused on how to identify patients who have been diagnosed with cancer in the Wairarapa coming into our hospital. The goal from here once patients are tracked in the new system is to identify delays into treatment - what they are and what can be done to remedy them. It is time to put a spotlight on supporting patients in the fastest growing morbidity group in New Zealand.



Cancer patient pathway
trackers trained at WDHB
May 2013

Oral Health

Increased pre-school enrolments

One of the goals for the Wairarapa Oral Health Service is to increase the numbers of Wairarapa children who go through their school life with no experience of dental decay. Early enrolment in the Oral Health Service can help prevent a variety of negative health outcomes as well as an improved oral health results for children. Without intervention, people who suffer from dental decay in childhood continue the same lifestyle patterns which can lead to increased risk of heart disease, cancers, diabetes and weight issues.

The Wairarapa Oral Health Service is celebrating an increasing trend in pre-school age enrolments. In 2009 the age of eligibility for enrolment in the Oral Health Service was reduced from two and half years of age down to 6 months to increase the numbers of small children in the Wairarapa who were part of the scheme. Following this change the DHB’s Oral Health Service team established a collaborative relationship with Whaiora Tamariki Ora nurses and with local Plunket nurses to further increase pre-school enrolments. Plunket and Whaiora enrol all children on their roll with the Oral Health Service as well as delivering high value dental health messages to families. All Tamariki Ora nurses and Plunket nurses have undergone training in the ‘lift the lip’ technique and ongoing communication occurs between Plunket and Whaiora whanui ensuring a positive ongoing relationship.

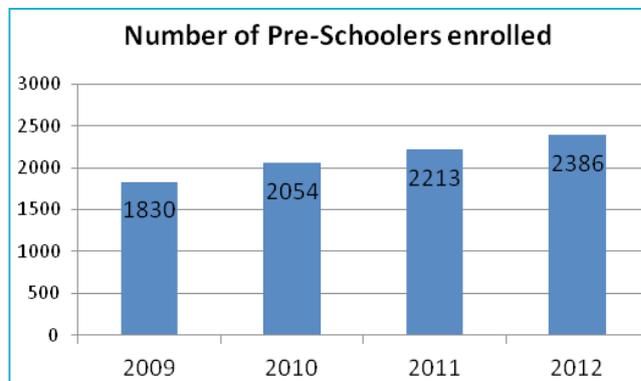
Lynette Field, Clinical Team Leader Oral Health Service, is very pleased with the increasing trend. “We are extremely grateful to Plunket and Whaiora for all their collegial work and ongoing support. As well as enrolling their children with the service, the nurses actively follow up at the next family visit and make sure the children are attending their visits to the oral health service.”

Results

The Wairarapa Oral Health Service has gone from 1830 preschoolers enrolled in 2009 to 2386 preschoolers enrolled in 2012.

This is an increase of 556 children or a 30% increase in preschoolers seen by the Oral Health Service.

Number of Pre-schoolers enrolled in the Wairarapa Oral Health Service





Next Steps

Awareness of the Oral Health Service is growing in the community and as families become more familiar with visiting the Oral health service with younger children we expect our roll to continue increasing steadily. Our aim is to have a flow-on effect with increasing numbers of children starting school with no caries experience and those leaving our care to have had a decrease in caries experience.

The service is also working to build positive oral health routines in the community by encouraging parents to keep their contact details on our records up to date.

An increased understanding for young parents in the need for good oral health attitudes is likely to result in improved communication rates between young families and the Oral Health Service which will in turn improve chances for arranging follow up visits during a child's life.

While Whaiora provides a unique Maori healthcare programme in the Wairarapa, Pacific Island pre-schoolers do not have a specific health service so the Oral Health Service will be undertaking preparatory work with local church leaders to see if they can assist us in the enrolment of these children.

“Young families, in particular, can be really transient, have fewer land lines and change their cellphones more frequently and so this particular group has caused more of our missed appointments than others. Time and energy is spent tracking these families.”

Lynette Field , Clinical Team Leader – Oral Health Service

Breastfeeding

Baby Friendly Community Initiative

The aim of the Baby Friendly Community Initiative is to protect, promote and support breastfeeding for healthy mothers and babies. The World Health Organisation states that 'As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.' Twenty years ago national breastfeeding rates were between 17% and 24% at six months. In an effort to increase this, the BFCI was initiated in several pilot areas. Wairarapa was selected as a pilot community and while funding is no longer available for accreditation for the BFCI, the work continues.

The Baby Friendly Community Initiative meets in Masterton on a quarterly basis. Participants from the DHB's Population Health team, Maternity Services, Plunket, Whaiora, Parents as First Teachers and Parents Centre collaborate and share information about breastfeeding and baby orientated services as a way to work together across the community.



Big Latch On



The culminating event each year for the initiative is the Big Latch On, where breastfeeding mums are celebrated and mums and babies come together to break the breastfeeding record. It is now an international event which started in New Zealand in 2005 as part of World Breastfeeding Week. Wairarapa has always had good participation in the event and the last two years have continued to grow.

Big Latch On Coordinator Clare McLennan-Kissel was delighted with the turnout: "We had 52 mums attend the event and 48 latched on at the designated time, four more than last year! We were able to celebrate our local mums by providing goody bags and giving out spot prizes donated by a wide range of community businesses and organisations. This year we also invited creative mums along to hold stalls which showcased local talent. For the first time, we also had some dads in attendance, which was really cool. The feedback from the participants was really positive but there is always room for improvement!"

The Big Latch On is successful in promoting breastfeeding to local mums and with the event growing every year, the message about exclusive and continuing breastfeeding is getting out there. Local media coverage was really positive too.

Next steps

Next year, the BFCI group already has ideas about how to get more parents along. A series of coffee mornings leading up to the event has been proposed, so new parents who may not have links in the community can get to know other parents and therefore have someone to go to the Big Latch On with. An increased focus on Māori participation will also be a priority. Parking is always an issue, so a more concerted effort to find businesses who will donate parking space will be made.

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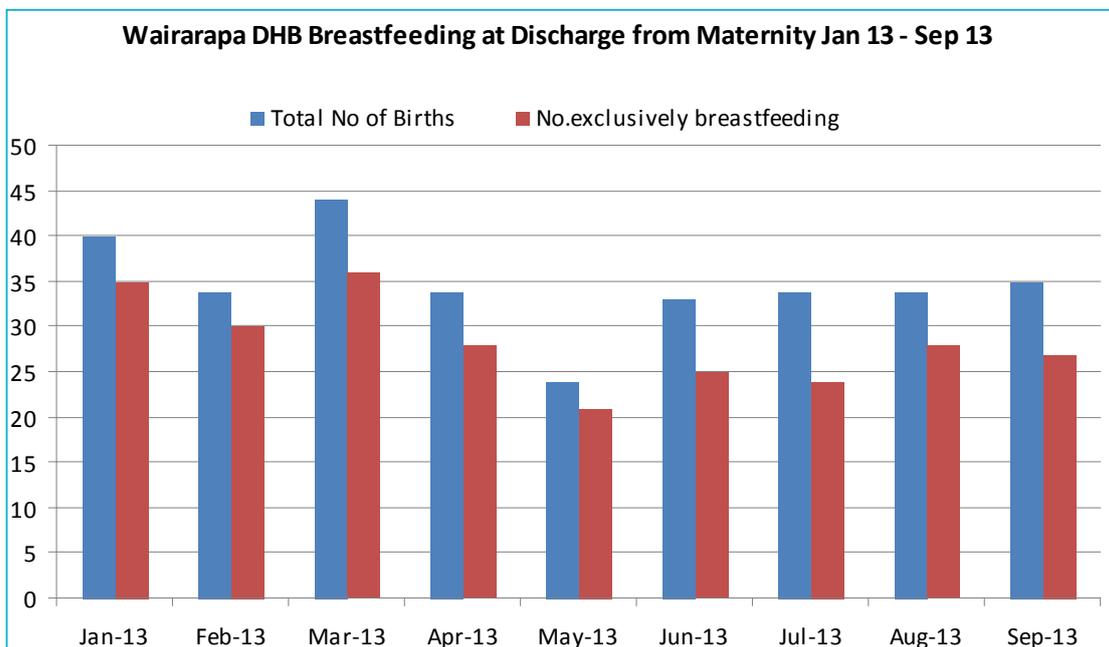
Breastfeeding in Wairarapa Hospital's Maternity Unit

Wairarapa DHB is very committed to supporting the WHO and the importance of breastmilk for babies. We do this through educating women and their whānau through the antenatal period in preparation for breast feeding and giving support and guidance in the postnatal period. It is through the tender loving care of midwives, the lactation consultant and paediatric nurses that women receive care that empowers them to make informed choices and feel in control of their experience of motherhood.

Our lactation consultant plays an extremely vital part supporting women who may encounter difficulties and her ongoing support extends to the community where she provides home visits, clinics and telephone advice.

Breastfeeding is a crucial part of newborn babies' care and in order to support women midwives, paediatric nurses and doctors all complete ongoing training around breastfeeding, difficulties, equipment, and resources ensuring that they are all giving the same advice and guidance.

Breastfeeding rates on discharge from the maternity unit in the Jan to Sept 2013 period averages 81% exclusively breast feeding on discharge.



To Improve Healthy Skin

Love the skin you're in

Whaiora staff noticed that whānau were returning again and again for medication for unhealthy skin and realised they did not fully understand that overcrowding, cleanliness in the home, sharing of bedding and clothing had an impact and often caused recurring infections. The Whānau Ora team at Whaiora were receiving increasing referrals for clients who had become high users of the Hospital's Emergency Department services and the Whaiora GP practice.

In an effort to improve the health and social outcomes for whānau the Whānau Ora team set up a workshop for whānau who had been identified as presenting with recurring skin infections to increase their understanding of skin care and to promote healthy skin. Key messages included the importance of healthy skin, the impact and dangers of skin infections and cleanliness in the home.

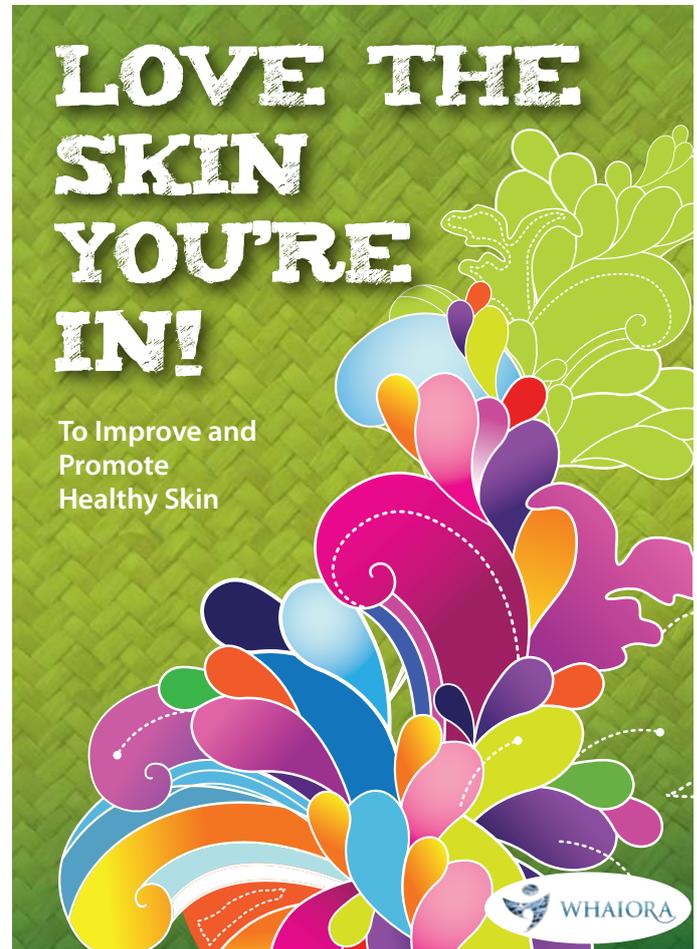
Key speakers from Public Health spoke on healthy skin, the impact and dangers of skin infections; Whaiora RN/nutritionist talked about skin care, medication and nutrition; Te Hauora Runanga o Wairarapa spoke about rongoa; and a speaker from WINZ on benefit entitlement and Healthy Homes.

Results

We found that there was a definite lack of understanding by whānau about skin and that there needs to be more education sessions. Attendees said that they gained more knowledge from the workshop especially about understanding eczema, 10min bathing recommended, how severe skin infections can be, the importance of using medications and their procedures, the need to keep applying creams and to use emulsifiers in bulk - not sparingly.

Next steps

We plan to keep running workshops for that extra support.



Healthcare Safety

Falls

Falls are the leading cause of hospitalisation as the result of injury and one of the top three causes of injury-related death in New Zealand. Between 1993 and 2002, more than 160,000 people were hospitalised for fall-related injuries, accounting for 43 percent of all unintentional injury-related hospital admissions, and between 1992 and 2001 nearly 2,300 people died from fall-related causes, accounting for 21 percent of all unintentional injury-related fatalities in New Zealand. It is estimated that the cost per fall is \$12,000.

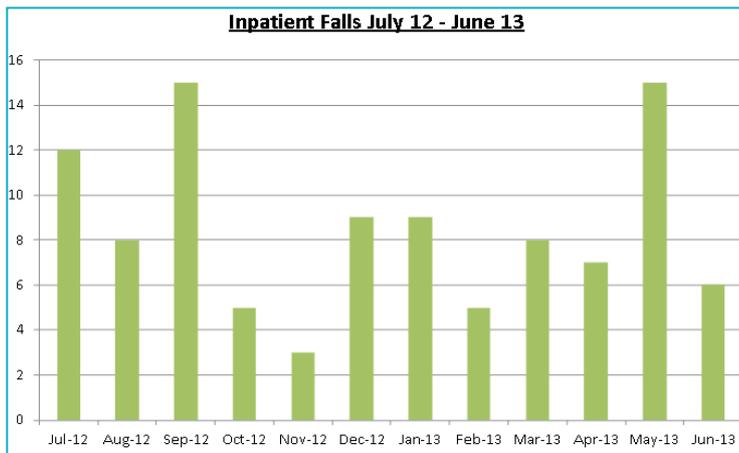
Falls Prevention

Many people have had a fall that results in a minor injury, or no physical injury. At the other end of the scale some people experience serious injury from falls that result in hospitalisation, or even death.

Even when no physical injury has happened, a fall can result in a loss of independence and confidence, a reluctance to undertake certain activities and a fear of falls happening again. Falls can also have financial and social impacts on an individual's family/whānau and community – for example, if an older person needs to go into residential care as a result of a fall, or a child requires alternative care because their caregiver has been injured in a fall.

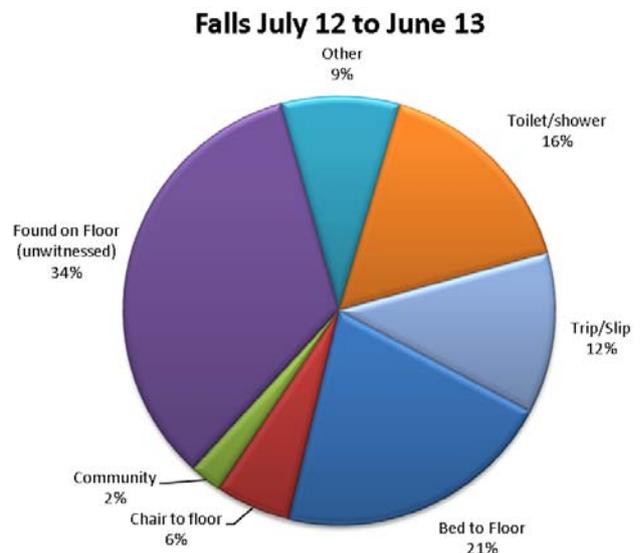
Statistics

Inpatient falls average 10 per month



In Wairarapa Hospital over the last year there were 102 reported falls. 1 resulted in a fracture, 17 were minor skin tears or bruising and the others resulted in no injury sustained.

Hospital falls by type



Keeping people safe in hospital

While it is not possible to prevent every patient in hospital from falling, many falls can be prevented and patient harm reduced.

A Falls Prevention Initiative Project Group has been established to reduce and prevent falls within Wairarapa DHB. Membership of group consists of RN representatives from all patient areas: Health & Safety, Nurse Educator, Physiotherapy, Occupational Therapy, Imaging and Pharmacy. They have introduced guidelines for falls prevention, for use by the whole organisation including

roles and responsibilities, introducing procedures to identify and minimise risk, education to consumers/ patients/staff - about falls minimisation activities, risk assessment of patients on admission or when changes occur in the patient status, environmental hazards-survey, post falls strategies and management, as well as standard reporting systems and monitoring.

Achieved

- A Falls Risk Factor Score Card is now part of the patient Admission to Discharge document.
 - High falls risk patients wear a green bracelet.
 - Falls Intervention Guidelines are available in all patient areas.
 - The 'Falls Prevention' brochure, a guide to reducing your risk of falling while you are in hospital, is available in all areas of the hospital.
 - A patient report and fall evaluation form has been developed and is completed for every patient who has a fall.
 - A generic reportable event form for visitors, staff and contractors is completed when falls occur.
 - Documentation: A Falls label sits within the patient integrated notes and shows the date and time of fall, and if the strategies have been reviewed and amended. A reportable event form/patient report and fall evaluation form is completed and the ACC number recorded. The label is bright green and acts as an alert.
- Falls presentations of those over 65 are monitored at the Emergency Department and followed up by an Occupational Therapist after discharge. This initiative identifies at-risk patients and implements falls prevention measures in the community.
 - Falls Prevention – an hour-long teaching session on specialised training days for all Clinical staff is a biennial DHB requirement. Non-clinical staff also attend sessions to discuss their roles & responsibilities.
 - A post-inpatient fall survey has recently been introduced
 - The team meets regularly to review all reportable event forms and make recommendations or follow up concerns.

Why do we need a strategy to prevent injury from falls?

“Many falls are preventable and on a daily basis clinical staff have to balance encouraging and allowing the patient to be independent with participating in rehabilitation and keeping the patient safe.

Cate Tyrer, General Manager Safety, Quality & Risk, Wairarapa and Hutt valley DHBs

Hazel's Story



“I was upset, from being in pain, but also at not being with my family and I was worrying about how my husband was coping.”

Hazel was in Wairarapa Hospital for a scheduled hip replacement operation in September 2012, and was returning to her bed from the bathroom during the night, when her crutches slipped and she fell.

She cracked a bone in the hip she'd just had surgery on, and needed to have further surgery. This turned a week-long stay in hospital into a three-week stay and had a major impact on Hazel and her family.

Hazel says she wasn't confident on the crutches she was given. “I think I would've been more comfortable with a walker, and I wouldn't have had the fall.”

She says there needed to be better communication with her about whether she should have crutches or a walker, but also about her having to wait for staff to help her get back to bed.

The fall and extended hospital stay put pressure on her husband and their two children.

Hazel says she has been well cared for by staff during her recovery and rehabilitation, but is still feeling the impact of her fall six months on.

In our health and disability system, people with extensive knowledge, skills and commitment are working together to deliver safe patient care. However, in New Zealand and worldwide we know patients are still being harmed, sometimes with serious and long-term consequences.

International evidence shows that by focusing on reducing harm from falls, surgery, healthcare associated infections and medication, and working together, we can reduce harm, make patient care safer and improve the patient experience.

Hazel's fall might have been prevented if:

- her clinical assessment had ensured she was confident in using the mobility aid considered best suited to her physical ability
- there had been better communication about staff being available to assist Hazel at all times (especially at night) with her walking and assistance to get back to bed
- staff made sure Hazel was aware that she could and should use the call button at any time, including the one in the bathroom.

Falls prevention after discharge from the Emergency Department

Risk of falling for patients in hospital does not stop when they are discharged home. The importance of appropriate discharge planning, referral to appropriate services following discharge, and institution of activities to ensure safety within the home prior to discharge is essential.

To improve falls prevention for patients after being discharged from the Emergency Department (ED), Wairarapa DHB began an initiative to identify at-risk patients and implement falls prevention measures in the community.

Patients who presented with a fall were being discharged from ED without any input from an Occupational Therapist. This was often because ED staff didn't fully understand the role of Occupational Therapists, or didn't have time to send referrals or offer falls prevention advice.

In some cases district nurses followed up with falls patients after they were discharged, but this was not routine and there were no other falls prevention interventions in place. This led to further injuries, such as cuts, abrasions, bruising, and sometimes minor fractures.

Now all discharges over the age of 65 are documented, as well as the type of injury and co morbidities. Those identified as being at-risk are interviewed by phone and asked about previous falls, living status and environment, and any equipment used. Where the phone interview suggested a high risk of further falls, a home visit is arranged so that an environmental assessment can be carried out.

Results

Since April 2012, 110 patients have been screened and 10 percent were followed up with a home visit. Where a need was identified, appropriate equipment was issued along with falls prevention information. In some cases, applications for housing alterations were made. Cognitive assessments were also carried out in some cases.

Several patients were found to be a very high falls risk. We anticipate that the incidence of re admission to hospital for these patients will be prevented or reduced through interventions by Occupational Therapists and increased awareness of safety.

Lessons learnt/top tips

Even if the intervention was only by telephone the opportunity presented itself to talk about falls and falls prevention.

It was important to listen, identify what was not being said and pursue this with some pertinent questions, for example

“Do you require 2 or 3 attempts to get out of your chair?” or “Do you use the seat for support when toileting?”

There has been a very positive reaction to the follow-ups from patients.

Next steps

- Development of the Falls Screening and Assessment tool for use throughout DHB
- Roll out of “Signalling System” so staff are aware of the patient’s level of risk.
- Focus on individualised care planning
- Continue work on the Falls area of the intranet to get the information out to all staff in the DHB



Suicide Prevention

Suicide Prevention - Overview

Suicide and intentional self-harm are major health and social issues in New Zealand, and are important indicators of the mental health and social wellbeing of the population.

There was a higher level than normal of suicides during mid/late 2011. And then still a relatively high number through 2012. A community-wide response was initiated and strategies put in place to build resilience. Training and resources were offered targeting different areas of the community.

What was done

- Training across the community included applied suicide intervention training for community workers, suicide awareness online training available free to anyone in the Wairarapa and training provided to GPs and Mental Health professionals. Also the SafeTalk programme in schools, resilience training and parent information evenings were set up.
- Resources for young people, men and the community were produced. 'Hooking up to Health', The 'Wairarapa Blokes Book' and the 'Parent Information Pack' were distributed widely.
- A local online social services directory was developed: www.wairarapasocialservices.org.nz
- Postvention work to support family and friends after a suicide
- Communications including depression and recovery media information, as well as letters to schools and medical practices updating latest research and resources.

Suicide Prevention Coordinator, Jane Mills, says suicide prevention requires a variety of different approaches from community and professional groups. "As a result of the things we put in place professionals and our community are now better trained. There is more information for the public about what's available in our community and we have better interagency communication as community groups come together to face this community issue."

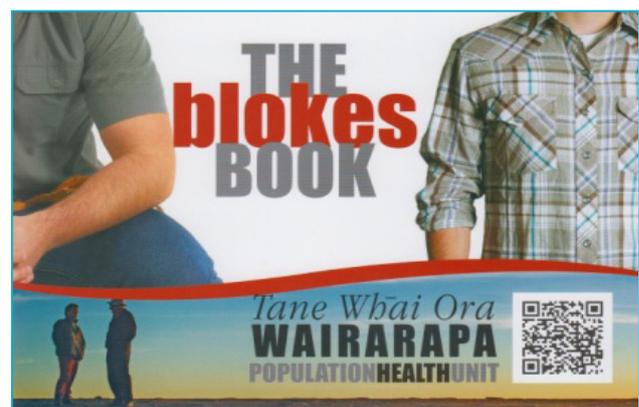
Suicide Prevention for men

As part of the Wairarapa Suicide Prevention plan it was identified that there needed to be a focus on men because nationally men complete suicide at three times the rate of women. There was a perception that men didn't access services and didn't know where they were.

• What was done?

A group of men from different agencies including the Men's Shed, the Fire Service, Stopping Violence Services, Rangitāne o Wairarapa Iwi, Kahungunu ki Wairarapa Iwi, Wairarapa DHB, Te Hauora Runanga, Mental Health and Police gathered together to discuss the issue. Jane Mills says, "They agreed the 'Christchurch Blokes Book' was a good resource and that we could adapt it for local purposes. They agreed that generally men were unlikely to pick up straight mental health or suicide resources and so the Wairarapa 'Blokes Book' was developed specifically targeting men. As well as being a general resource it covers underlying risk factors such as alcohol and drug addiction and depression and relationship break ups."

'The Blokes Book' has had positive feedback and has been delivered to a many places where men gather including plumbers, electricians, builders, Mega Mitre10, JNL, Vehicle Testing NZ, libraries, book shops, sports clubs, medical practices and other NGOs.



- An online social services directory of social agencies, support groups and community contacts is now available. The website also contains the 'Wairarapa Blokes Book'. www.wairarapasocialservices.org.nz
- Mike King (Comedian and Mental Health Promoter) came to Masterton to tell his story of recovery at a public meeting.
- There is good evidence that positive media stories of depression and recovery are useful at encouraging help seeking.

A series of stories about individual experiences of depression and recovery were published over the winter period by the 'Wairarapa News', the local community newspaper. Following each story there was a list of helplines - useful phone numbers and websites.

Below is an example of one of eight stories in the series on mental illness and recovery published. The aim was to help those supporting others or to encourage people to seek help.

A man of the land

There's a general acceptance amongst the population, that farmers are pretty good at fixing things. Things like fences. Things like tractors and water troughs and the multitude of logistical and practical problems that emerge everyday as part of the general business of farming.

And John Harvey, who has farmed out of Martinborough for over 40 years, is one of those types of farmers. Hard-working, successful and sociable, John and his wife Yvonne have raised a family, seen the farm through some tough times, and are enjoying watching their adult children rise to the challenge of carrying on the partnership.

But when John was knocked flat by depression about three years ago, he knew he couldn't fix it on his own. Knowing that depression isn't something that just comes right or can be fixed by change in attitude, John sought help.

"Where I was fortunate, was that I had a supportive wife and family – and just knowing that was a help," says John. "Family support is critical. The

other support was going to the doctor and getting medication. It's not a cure but it takes the edge off and allows you to start finding your way out of it."

"When you're in the depths of it, it's easy to feel isolated, like you're the only one who is experiencing this. You can't think clearly. The pills lift you enough so that you can start to think things through and start to make some decisions."

John's depression started with middle-of-the-night panic attacks. "I'd wake up at 4am feeling like I was waking up from a nightmare," John says. "There's nothing rational about your thoughts at all. I had this irrational fear that everything was about to collapse all around me. Negative thoughts just went round and round in a loop. Usually when that happens, you get out on the farm the next day and your rational mind takes over and things don't seem as bad as they did in the middle of the night. But with depression, things on the farm the next day seemed just as bad – or worse."

Depression interfered with John's ability to make decisions and tackle problems. The family had recently purchased another farm near Mount Bruce that needed a lot of development work. A bad season on both properties was the "thing" that John believes tipped him over into depression. "The (new) farm was worse than expected and we were carrying more stock than we had previously. We struck a bad autumn and winter and we couldn't feed the stock properly. Prices were bad and farming was stressful anyway and it was just that extra thing. Depression is insidious; it just kind of creeps up on you, but apparently there's often just that one extra thing that sets it all off."

Having the emotional support from his family and the medical support from his "brilliant" rural doctor enabled John to secure practical support for the farming side of things. "Through the Rural Support Trust I got in contact with David Marsh. He's very compassionate and non-judgmental. He came and had a talk and put me in touch with a farm advisor. Working with him helped make sure that the things that should have been happening on the farm, were happening. Some of them were things that I would have been doing anyway if I wasn't depressed. But once you get in that black hole you just go round and round. You can't make

any decisions. You really doubt yourself and lack confidence to do things.”

“I’ve been sad. I’ve been stressed and worried and all those things before but depression is beyond that. There’s this blackness and it seems like there’s no future. A lot of our lives are led towards things that we’re looking forward to, but with depression you’re not looking forward to things at all. You’re just forever tired.”

“It seems nobody ever talks about it – it’s just not something that gets discussed much. But his GP says he sees it all the time as a rural doctor – and that it does seem to be that ‘extra thing’ which has an impact. When it’s a bad year for farming he sees a lot of depressed farmers, but when it’s been a good (rain) year on the farm it’s the grape growers he sees more of.”

“I read recently that the suicide rate is higher in the rural sector than the urban, and I know it’s more widespread than you’d think. There’s that whole thing, particularly amongst rural males, that you need to be stoic and not appear ‘weak’. But that’s the worst thing. When you’re depressed, you are desperate and you’re not capable of thinking rational thoughts. You need to seek help. No matter how hard things look, there is always a way through.”

John says that listening to John Kirwan talk about his experience with depression, and reading Kirwan’s book *All Blacks Don’t Cry*, made him feel less isolated in his illness. “It must have been so hard to start off on that campaign – it would have been a heck of a hard thing to do. But it’s so important to talk about it. I could really identify with the things he was saying and that was really helpful.”

“Apparently it’s hard to get farmers to talk about their experiences with depression, but if we can talk about it we can help people. And if I can help just one other person by having my story published, then it’s going to be worth telling it.”



Seeking help

You are not alone – you are part of a community and there are people waiting to help.

Rural Support East Coast	0800 787 254
Mental Health Helpline:	0508 432 432
Depression Helpline:	0800 111 757
Alcohol Drug Helpline:	0800 787 797
Family Violence Information Line:	0800 456 450
Youthline:	0800 376 633
Lifeline:	0800 543 354
Suicide Prevention Helpline	0508 TAUTOKO

Useful Websites

www.thelowdown.co.nz	www.youthline.co.nz
www.depression.org.nz	www.skylight.org.nz

“Ehara taku toa I te toa takitahi, engari he toa taki tini – my success is not mine alone but is the success of the many. I’m not alone in this but I have the support of many.”

From the *Blokes Book*

Suicide Prevention for youth

There was a higher level than normal of youth suicides during mid/late 2011. There was feedback that people did not know where to go for help in our community.

What was done?

- **Parent Information Pack, A guide to the Teenage years**

Parents and young people need to seek help when needed and know where to go for help in our community. In Wairarapa we have many resources for youth and families yet many in the community are completely unaware that they exist or how to access those resources.

The Parent Information Pack, a guide for parents to the teenage years, was offered to all schools and it provides a wealth of information for parents/families/whānau on navigating the teenage years.

PARENT INFORMATION PACK

A guide to the Teenage Years



- 'Hooking up to Health', a pocket resource for young people was updated.
- Wristbands were developed printed with the Youthline contact number and the 5 winning ways to wellbeing.
- Mike King (comedian and mental health ambassador) came and talked to schools about getting through the hard times.
- Jerome Kavanagh, musician, visited schools with stories of resilience and other youth venues.
- There was a Facebook poster competition for young people promoting where to go for help.
- NetSafe visited schools to promote whole of school safe digital citizenship.
- Public parent information evenings were set up covering topics such as resilience, dealing with loss and grief and the teenage brain.
- There was a Youth Health Expo at Town Hall.

People are now more aware of what's available and where to go.

Next steps

Jane Mills says there is a need to keep updating young people and parents as to resources available in the community. We also need to provide stories of recovery and getting through the hard times including messages about antibullying and safe cyber citizenship.

Māori Health

Māori Health Coordinator, Janeen Cross, and her team have worked hard to increase cultural understanding and competence through Treaty of Waitangi training and staff te reo and waiata classes.

“The DHB’s Māori Health Directorate and Human Resources are teaming up to ensure delivery of Treaty of Waitangi training across the DHB and hospital. We are jointly passionate about ensuring robust systems are in place and Treaty training can be delivered both face-to-face and through an online e-tool. We have worked hard to purchase a number of licences for the e-tool to allow people to gain insight into “Healthcare and the Treaty of Waitangi”. The partnership/collaborative approach to this has built stronger relationships and the two teams have a joint purpose and vision in regards to the Treaty and WDHB staff.

“The Māori Health Directorate continue to deliver a basic te reo and waiata course at Taku Wāhi. This programme has had participants from both community and hospital sectors and is offered three times a year. Each course is run over six consecutive weeks and consists of six hourly sessions. Through the delivery of this programme it has supporting networking between participants, a better appreciation of a Māori worldview and of course the ability to get patients’ names pronounced correctly.”

The te reo programme focuses on basic pronunciation, meetings and greetings, some easy songs, Māori cultural norms, local stories and Māori values.



Celebrating cultural difference



Andreas Leinfellner, consultant paediatrician from Vienna, has really enjoyed taking up the opportunity to learn about Maori history, culture and language. He believes awareness of Maori history, culture and language is important for his clinical practice.

“Coming from Austria, a country with many refugees and minority groups, I was immediately interested in Maori culture, and issues of integration and identity. I felt a little insecure when I met my first Maori patient – I wanted to relate well but I needed to feel comfortable about my approach. I needed to know more.

Andreas attended the Te Reo classes offered to DHB staff twice a year and the Treaty of Waitangi workshop. “They were both excellent,” he says. “The Treaty workshop made me think of my own identity and the history of my own settlement in Austria. Who is my whānau and where are they from? It gave me an idea of what has happened here over the last 200 years. The role of the Crown, the existence of two versions of the Treaty, the debates about land issues and the politics today – all really interesting.”

Andreas also completed an introductory online pilot course offered by a company called Mauriora. Their flagship courses are ‘Healthcare and the Treaty of Waitangi’, ‘Tikanga’ applicable in a health setting, ‘Foundation cultural competency course’ and ‘Certificate in Hauora Māori’. Mauriora train, bridge, link and collaborate with groups of differing cultural backgrounds for the purpose of improving Māori health outcomes and producing positive change.

Andreas says the Te Reo course helped him with basic pronunciation and gave him further insights. “It helps establish relationships between clinician and patient and helps me understand where people are coming from and how better to make them feel at ease. Sometimes people supporting the patient are from different generations and they come in because the child is being raised by the extended family. I understand that now and really appreciate it.”

Responding to People in Crisis

In the past people presenting to the Emergency Department with intentional self harm (ISH) and attempted suicide (AS) have experienced negative responses from staff such as ‘You did it to yourself’ and have, at times, been ignored or made to wait, as staff considered their presence “a waste of time when other people are really sick”.

In 2011 the Wairarapa DHB Emergency Department (ED) and Mental Health Service (MHS) became part of a national project aimed at improving the quality of responses for people presenting at ED after intentional self harm and attempted suicide. The Wairarapa project group used national guidelines to develop a process pathway, related standards and staff education to improve responses of clinicians to those coming into ED.

What we have done?

The Quality Resource Nurse in ED and the Mental Health Quality Coordinator agreed to follow up with an annual audit of the process and standards set. The most recent audit undertaken in October 2013 aimed to review how well people with ISH/AS presenting at ED received the following:

- timely ED triage and medical/mental health assessment of the presentation
- timely specialist mental health assessment and treatment planning
- E-discharge – mental health information for GPs
- Mental Health Service follow-up on discharge from ED
- Mental Health Service referral on to other relevant services in the community

The audit covered June-Sept 2013 and there were a total of 54 intentional self harm/attempted suicide presentations in this period. Of these, 44 presentations required Mental Health consultation and were included in the audit; seven presentations were accidental poisoning events and did not require Mental Health input; and three presentations did not include ED contact with Mental Health Services.

Results

The results of a recent audit indicate the responses for people presenting to the Emergency Department after intentional self harm or attempted suicide are now positive and meeting national guidelines. ED staff have an increased understanding regarding these presentations and there is a high level of cooperation between ED and mental health clinical staff to support each presentation. Overall the audit demonstrated that the process and standards implemented were well met in the following areas:

Patient seen by ED Triage Nurse within 5 minutes	86% (other 14% seen within 10 minutes)
Patient seen by ED doctor within 1 hour for Triage 1,2,3 categories (most serious).	95%
Mental health assessment occurred within 1 hour from callout	81% (19% did not occur within 1 hour because patient's physical presentation required attention prior to mental health assessment)
Mental health assessment and risk level was recorded	100%
Mental Health initial Treatment Plan was recorded	100%
Follow up plan next 48 hours was recorded	95%
Follow-up Plan was actioned	95%
Mental health Service – ‘referral on’ was recorded	39%
Patient was opened to Mental health Service for ongoing treatment	47%
Patient was referred on (e.g. Addiction service/ counselling) or refused contact	14%

Next steps

The audit identified some areas for improvement

- ED clinicians ensure support people attending with the patient are recorded
- ED/ Mental Health clinicians record evidence of cultural support being offered/arranged when required
- Mental Health clinicians to improve % MH Assessment / Treatment Plans completed in the ED eDischarge record
- Mental Health clinicians to record information provided to patient / family / support people e.g. What Happens Next brochure
- Mental Health Service to implement a way of gaining feedback from 'referral on' services that the patient did/did not make contact.

Improvements will be included in the relevant quality improvement plans.

Any Door is the Right Door

Positive engagement is the key to successful recovery.

Getting help for a mental health or alcohol or other drug problem can be very difficult. When this involves being 'referred on' to the 'right' service there are many times that a person does not present to the 'right' service. It may be the person has lost the courage to tell his or her story again, or it's shyness, shame, time, and when this happens they 'fall through the cracks' between services and may not try again for some time.

Helen Mitchell-Shand, DHB Mental Health Quality Leader, says all Wairarapa Mental Health and Addictions (MH&A) service providers in the DHB and the community now work together to improve their initial contact with potential clients. "The importance of how well they initially engage or meet with the person and build rapport is directly related to the successful outcomes for people using our services. We are working to make sure that 'Any door is the right door' and people can present at any of our services and link with whoever can best support their needs."

Case study

"Recently we had an excellent example of our clinicians working in a client-centred way and demonstrating our 'Any door is the right door' approach. A patient presented to Whaiora Primary Care practice and the Whaiora nurse contacted the Adult Mental Health duty clinicians to make a referral. The nurse asked the Mental Health clinicians to go to Whaiora to meet their patient as he had no transport and was also more comfortable at Whaiora with people he knew. The interview identified that the best support for this patient was another service – Te Hauora Runanga O Wairarapa, the kaupapa Maori addiction and mental health support service. When phoned, the Hauora clinician agreed to also come to Whaiora to meet the patient.

The outcome was that the patient engaged with the most appropriate service without having to go to a new service or tell his story several times. He was able to remain in a setting that he knew and was supported as he talked about his challenges and planned the next steps.

"The clinicians involved described the process as very satisfying - seeing a patient who may have been lost to the service if 'referred on' to another setting, comfortable, at ease and planning his options. The patient expressed his satisfaction with what had occurred. The clinicians also emphasised the skills development and learning from each other that occurred in this process."

Next steps

"The Mental Health and Addictions Leadership Group (8 Wairarapa providers) is responsible for planning, delivering and monitoring the services provided in the Wairarapa. Our 2013/ 2014 Work Plan also includes Tihei Wairarapa deliverables that focus on integration and collaboration of MH & Addiction services across all health providers.

"As part of the Mental Health and Addictions Work Plan we plan to develop a brief assessment format for all mental health and addictions services to use and train all staff in the use of the brief assessment," says Helen Mitchell-Shand.

Hand Hygiene

Healthcare associated Infections have a significant impact on patients and healthcare systems. The most simple and effective means of avoiding infections is good hand hygiene. Failure to comply with hand hygiene is a leading cause of healthcare associated infections, contributes to the spread of multi-resistant organisms and is a significant contributor to infection outbreaks.

There is convincing evidence that rates of healthcare-associated infections can be lowered with improved hand hygiene by healthcare workers. By adopting the World Health Organisation’s programme “The 5 Moments of Hand Hygiene” Wairarapa DHB has been able to show an improvement in hand hygiene compliance rates at Wairarapa DHB through staff education and auditing.

Auditing

Auditing of hand hygiene compliance in DHBs is conducted throughout the country and is a key component of the Hand Hygiene NZ (HHNZ) programme. Auditing takes place three times a year and data is submitted to HHNZ and the Health Quality & Safety Commission so it can be captured at a national level.

Infection Control nurses at Wairarapa DHB audit hand hygiene practice three times a year in the Medical Surgical ward and the Rehabilitation Ward. They observe 100 contacts in each ward observing all disciplines. In the last audit Wairarapa DHB was rated third out of seventeen DHBs in terms of compliance. Nationally when the results were considered across disciplines, phlebotomists had the highest compliance rate with nurses and midwives rating in third place with 65% compliance. Student nurses and midwives rated 57.9 %.

5 Moments of Hand Hygiene		
Audit Date	% Compliant to 5 Moments of Hand Hygiene out of 20 DHBs in NZ	
October 2012	70.5%	3rd
March 2013	68.1%	8th
June 2013	76.8%	2nd
October 2013	78.2%	1st

“This is an excellent result and a huge improvement on past audits. It is important, however, to remain focused. Hospital-acquired infections continue to be recognised as a significant risk for patients accessing care in our facilities. By vigilantly improving hand hygiene, health outcomes can be improved two fold, by freeing up valuable resources and by improving the clinical outcomes for individual patients.”

Lizzie Daniell, Gold. Auditor/Hand Hygiene Coordinator/Acting Infection Control Nurse Specialist.

Five Moments of Hand Hygiene

In 2009 the World Health Organisation’s ‘Five Moments of Hand Hygiene’ programme was rolled out nationwide to all DHBs. This involves staff education and auditing against the Five Moments of Hand Hygiene, checking that hand hygiene has been done at the appropriate moments:

1. Before patient contact
2. Before a procedure
3. After a procedure or a body fluid exposure risk
4. After patient contact
5. After contact with patient surroundings

Next steps

We need to sustain and improve our hand hygiene staff compliance rates. But it doesn't just involve the staff at Wairarapa Hospital; we need our patients and visitors to support us by cleaning their hands on arrival and departure at the hospital, after coughing and sneezing, after toileting and before eating. In DHB publications one consistent message is that it is OK to ask your health professionals if they have washed their hands if you don't see them do it. Reducing healthcare-associated infections by improving hand hygiene goes beyond the hospital door. We all need to encourage and practise good hand hygiene in our community to prevent the transmission of disease.

Lizzie Daniell says, "Good Hand Hygiene involves us all – patients, staff, visitors at Wairarapa Hospital and the Wairarapa community."



Surgical Site Infections

Surgical Site Infection Surveillance Programme

International evidence tells us that healthcare-associated infections are a significant risk to patients, with surgical site infections (SSI) being one of the most prevalent. About two to five percent of patients who have inpatient surgery will develop an SSI. SSIs are the second most commonly-reported healthcare associated infection.

SSIs can develop when bacteria enter a surgical incision and multiply in the tissues. Symptoms may include pain and redness around the surgical site, drainage of cloudy fluid from the surgical wound, and fever. The consequence of these infections include prolonged hospital stays and additional treatment and can result in increased death rates. Patients with an SSI have a two to 11-fold increased risk of death compared to postoperative patients without an SSI.

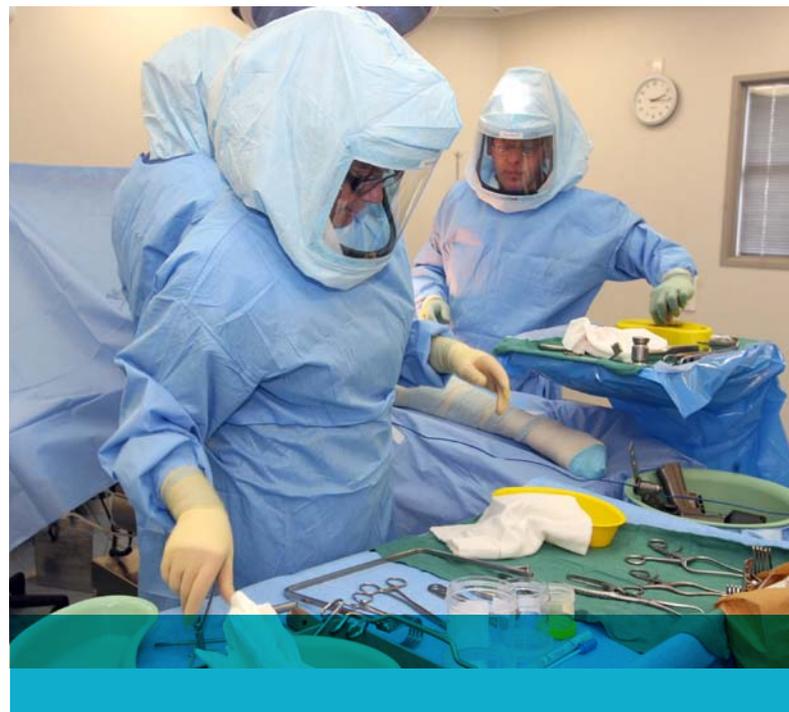
Before this year each DHB in NZ did its own surveillance of surgical site infections which led to inconsistencies. The National Surgical Site Infection Surveillance Programme was rolled out this year and will standardise data collection and reporting across NZ. The application of this data to infection prevention will improve patient safety and experience, free up bed days and reduce costs associated with surgical site infections. Year One of the national surveillance programme will focus on surveillance of hip and knee surgeries. National data shows that a site infection following hip or knee replacement can cost three to four times as much as the original surgery. Patients who develop an SSI after hip replacement surgery stay at least two or three times as long in hospital as expected.

To help minimise the risk of surgical site infections patients need to present for surgery in the best condition possible. This may include stopping smoking, reducing obesity, pre-operative showering and presenting in a good nutritional state.

Next steps

Wairarapa DHB joined the Open for Better Care campaign to prevent and improve the numbers of surgical site infections occurring. Important SSI prevention and improvement work is already underway via the Surgical Site Infections Surveillance (SSIS) Programme. The Programme will continue its work to ensure the New Zealand health and disability sector has the resources, capability and support required to improve clinical practice and reduce the harm incurred from surgical site infections.

Some specific campaign actions include raising awareness of the scale of the issue and the benefits to be gained from a national improvement programme. Another focus is to improve data quality and increase teamwork to ensure streamlined measurement for improvement within units. The campaign will also highlight the importance of appropriate prophylactic antibiotic use, the importance of appropriate skin preparation and the importance of clipping and not shaving the surgical site.



Healthcare Experience

Improving the Patient experience

The Ipu Whenua Project

There are approximately 500 births each year at Wairarapa Hospital, and about half of the women take their placenta home following a birth. Midwife, Carole Wheeler, designed special containers to give to new mothers who wish to take their placenta home for burial. The locally handmade, bio-degradable ipu whenua are designed to hold the whenua (placenta) after the birth and when it is returned to the land.

“Within traditional Māori culture the whenua was buried in a special place within tribal land of the whanau,” says Carole. “Many women still follow this practice and often plant a tree or create a significant landmark to indicate the place of burial. When I realized that women taking their placenta home were being given a non-bio-degradable plastic container for the task, I thought it would be nice if their Midwife could offer them a special gift. The cocoons I have designed are made from flax kete and decorated with paua and harakeke flowers. They contain a corn starch bag, a material that breaks down completely in the soil. They look attractive and they convey something special - an item parents can feel proud to own.”

Ipu whenua are now given away free, as a gift to the birthing women of Wairarapa who intend taking their whenua home for burial. Midwives in the Maternity Unit have regular workshops to make the cocoons.

In addition to the ipu whenua Carole has made some tiny baskets - ipu taonga, (a vessel for a treasure) for tiny babies who are miscarried in early pregnancy. If a baby is stillborn before the 20th week of pregnancy and weighs less than 400 grams, parents are not legally required to bury the baby in a cemetery or have the baby cremated, although they can choose to do so if they wish. The fetus can be taken home or to a special place for the family to bury in an ipu taonga.

Carole has also made bigger cocoons for very premature babies who don't survive. If a baby is born alive or after the 20th week of pregnancy, or weighed 400 grams or more when he/she was born, then the baby must be buried or cremated in a registered place such as a cemetery, an urupā or a crematorium. The little lined flax cribs come in different sizes and there is no charge for them at all.

Because there is no birth certificate for babies born before 20 weeks gestation, mothers can be given a “Certificate of Life” with details of their baby to recognize his or her existence. There are also locally made and donated memory boxes available for the parents of stillborn babes in which they can keep a lock of hair, a cot card, foot and handprints, name bands and a photo of the special baby. Sometimes these are the only tangible memories parents have.

Midwives have also taken ipu for homebirths and to several hospitals in the North Island and Christchurch, hoping that midwives and women will copy the idea and spread the bio-degradable, earth friendly message throughout New Zealand.

Carole Wheeler won the ‘Improving the Patient Experience Award’ at the Wairarapa DHB’s inaugural Quality Awards for her work introducing ipu whenua to Wairarapa DHB.



Faster, More Convenient Care Available

Elizabeth Simpson is a little sensitive to some sticking plasters, so when the ingrown toenail started causing problems, she wasn't surprised the skin under the plaster turned red. She visited the podiatrist about the toenail, and he immediately recognised that this wasn't just a skin reaction.

"He sent me straight to the doctor," said Elizabeth. "I had an infection that had spread to the tissues all around my toe. He called it cellulitis. I got seen straight away and before I knew it, I had a cannula in my arm and a nice nurse quietly giving me some antibiotics straight into my vein."

Elizabeth's treatment lasted around 20 minutes, then she was free to go home. Appointments were made for the following two days at times that suited her, for two more doses of IV antibiotics. "I had the cannula in my arm for the three days, and I was told to rest as much as possible. I couldn't even help my son move house, but I did make their lunch!" she laughed. "It was really great. In the past, I'd have ended up in hospital. I was in Wellington hospital for something else for a while last year, so I'd had enough of hospitals. I've got a lovely husband who helped, and so did my daughter. I was a lady of leisure for two days, and it was so nice to be in my own home."

"Cellulitis is actually quite common, and you see it in all ages," says Dr Annie Lincoln, who led the group setting up non-hospital treatment for it. "It can be really nasty if it's not treated. Untreated cellulitis a common cause of patients presenting to ED. If it's treated early, admission to hospital can in many cases be avoided."

The 'Cellulitis Project' started over a year ago, based on the successful pilot of a similar project in Porirua. Most people who present to Emergency Departments with cellulitis could and should be seen by a primary care doctor (GP). When they

come to hospital for treatment, they are either admitted to hospital because it's gone too far, or have to come back to hospital on three days in a row for treatment.

"We got together a group of doctors, nurses and pharmacists from the hospital and primary care to work out how we could change things to make it better for patients, and free up the emergency department a little," say Dr Lincoln. "It's been a real problem in particular for South Wairarapa patients, and no-one wants to be in hospital if they don't have to be."

"Firstly, we encourage people to see their family doctor about skin infections. If possible, they will be treated at the Medical Centre straight away. All medical centres in the Wairarapa have nurses trained to give IV antibiotics. Even if the patient has to come to the Emergency Department for their first treatment - for example if they have other complications - the following two treatments can still be given closer to home at their medical centre, and it's all completely free. The hospital supplies the treatment packs to the Practices, and the visits are free."

Registered Nurse Melissa Lilly, from Masterton Medical treated Elizabeth, and says she really enjoys providing the service. "It's such a good alternative for patients - it's quicker, more convenient, and it doesn't cost them anything because the DHB subsidises it. It's also rather nice being able to get to know patients better as you administer the antibiotics - you can't rush it, so we both just relax and enjoy a chat."



Reducing Unnecessary Presentations to the Emergency Department

Creative thinking has led to reduced demand on Emergency Department services by patients who could be treated in the community.

By 2010, presentations to Wairarapa Hospital’s ED had grown to unsustainable levels. Almost 750 patients per month who did not require admission to hospital were coded as Triage 4 or 5. These less serious conditions which can often be treated by their GP or at an after-hours clinic.

The DHB and PHO had a concerted focus on educating the community about the alternative services available. Within two years, we achieved a 41 per cent reduction in triage 4 and 5 presentations to the ED. Over the same period, the number of high users – people presenting more than six times a year – dropped 29 per cent.

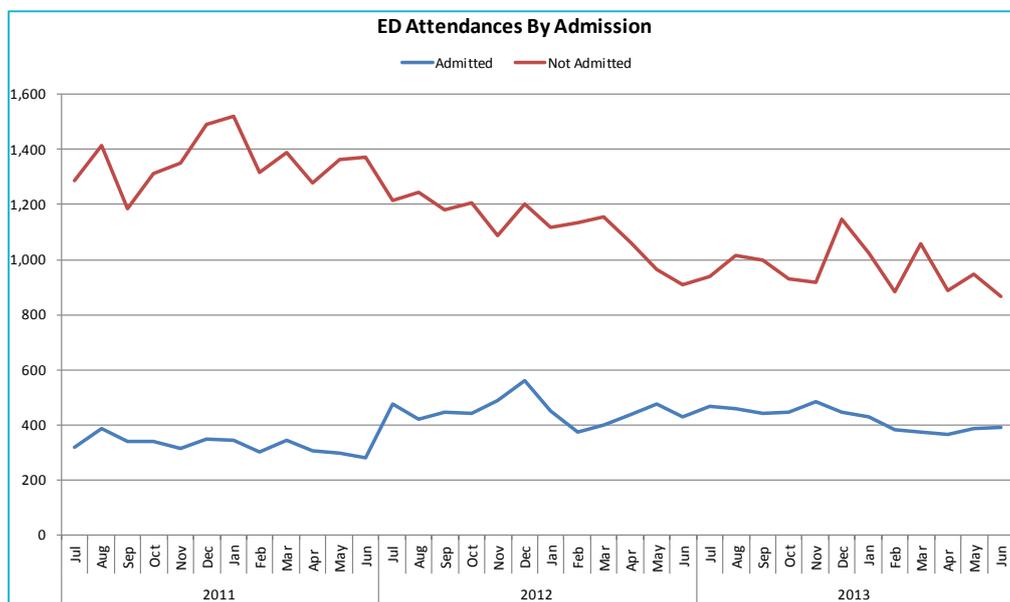
Wairarapa DHB launched a campaign to raise public awareness around getting the ‘right care in the right place.’ The group used channels such as weekly advertisements in the local newspaper, highlighting GP practice locations, their hours and afterhours services; a large map to the afterhours service on the ED front door; and cinema advertising about keeping the ED for emergencies.

A brochure, called ‘Need a doctor?’ was also handed out to all ED patients on arrival, given to district nursing staff to distribute, and made available at accommodation providers, as the Wairarapa population annually swells by thousands over major holidays and events, placing significant pressure on the ED.

A particularly successful initiative was directing members of the public to use HEALTHLINE to receive advice on whether they should see a doctor. As a result, Wairarapa is now one of the highest users of HEALTHLINE per capita in the country.

The ED staff have also taken a leadership role and have, where appropriate, referred patients back to their GP for a follow-up, instead of requiring people to come back to ED.

Together with other initiatives like regular advertising of afterhours access to primary care, the number of non admitted Triage 4 & 5* presentations at the Emergency Department reduced from 750 per month to 484. (*Triage 1 is a life-threatening emergency).



Right care at the right time in the right place

The Wairarapa Emergency Department High User Group project was set up in response to increasing numbers of patients presenting at ED for episodic primary health care. The project aimed to reduce ED presentations and provide more effective care within the community.

Analysis of ED presentations showed that over 200 patients presented to ED more than 6 times. Within this group 27 patients presented more than 14 times within a 12 month period costing time and money.

The ED High User Group (EDHUG) was set up to address this issue. It now provides a multi disciplinary team approach to oversee case management of a selected group of patients who present at ED multiple times for ongoing GP level care. The team includes representatives from medical practices, the PHO, hospital clinicians including doctors, nurses, a FOCUS case manager, a social worker, Mental Health manager and Wellington Free Ambulance Service. They meet regularly to discuss and share information about complex patients across the health spectrum and between community and hospital health providers enabling timely responses to care. They look at the best clinical pathways for the patient eg. ambulance services or GP, to ensure he or she gets the most appropriate support. This is an ongoing campaign.

Results

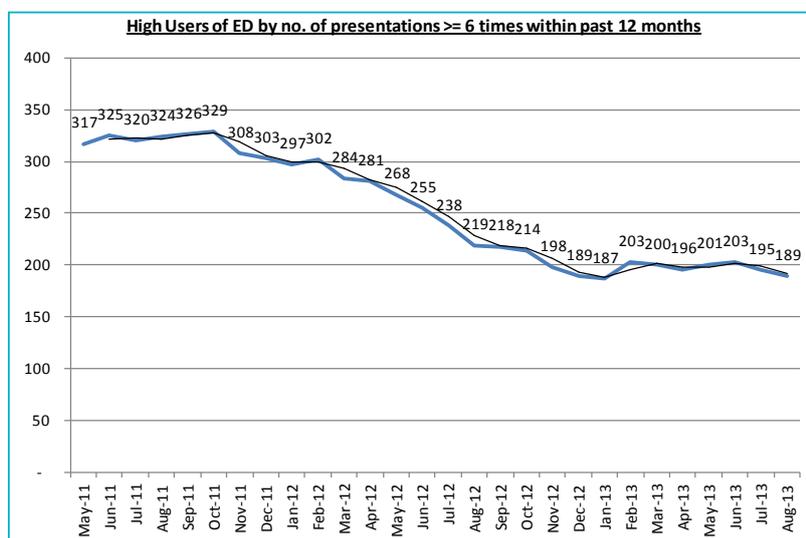
The 'multidisciplinary team and care plan' approach to address a group of patients who presented repetitively at ED has been a success for patients and clinicians. Patients report feeling "being more in control" with their plan, knowing what selfcare actions to take, when they need to see their GP and when to go to ED.

- Improved health outcomes for identified high user patients
- Reduced presentations to ED by identified high user patients
- Improved communication between health providers
- Patient, families/whanau understand their care plan and use it to best effect
- Improved provision of health care within the community

Next steps

A combination of EDHUG, a review of ED activities and an agreed position with primary care about the use of ED will see ED presentations reduce further and provide for better patient care.

Numbers of presentations have declined:



Complaints and Compliments

Consumer feedback systems are essential for any organisation focused on improving the quality of service provided to the consumer. Wairarapa DHB uses complaints as opportunities to review and improve the services provided. All complaints are dealt with on a case-by-case basis and emerging trends are then addressed.

It would be expected, being a hospital, that a lot of the complaints received would be about the treatment or care provided. Once a complaint is investigated it may well be that although the complainant made a complaint about the treatment that they received, it may turn out to be a process or communication issue. We welcome complaints about process issues as sometimes it is only through emerging trends from complaints that process issues are identified.

Wairarapa DHB recognises that some people find it difficult to come forward and discuss their concerns or compliments. We have tried to make it easier by allowing contact to be made in a number of ways. Consumers can now contact us by email, feedback forms (found in the hospital), phone, texting or meetings can be arranged.

Numerous recommendations have come out of the feedback that Wairarapa DHB has received over the last year.

- Customer Service training for all front line staff has commenced.
- A Consumer Representative Group was formed to have input into services provided.
- New procedures have been endorsed.
- There is signage in Emergency and Outpatients advising patients on expected waiting times.

Next steps

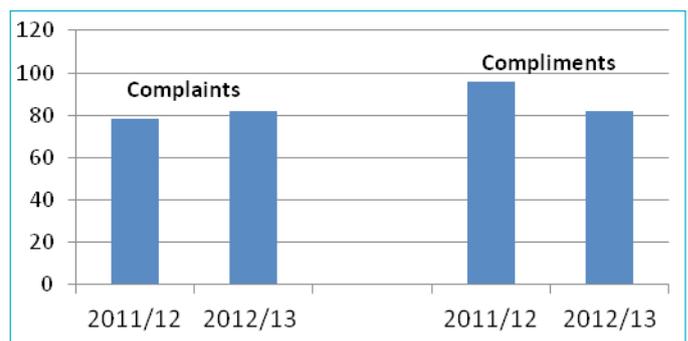
Some complaints cannot be resolved because they are outside the DHB’s control, for example the surgery threshold and criteria put in place by the Ministry of Health.

Even when a complaint has a resolution it does not always mean that the patient is accepting of the outcome. Then the Health and Disability Commissioner steps in to objectively review the concerns and complaints of patients and families.

General Manager of Quality, Safety and Risk, Cate Tyrer, says, “Complaints are opportunities for improvement.”

The Health, Quality & Safety Commission says, “The best person to answer how health and disability services could be improved is the user of those services. It is important to find out what people think of the health and disability care they receive and where improvements should be made. The Health Quality & Safety Commission is supporting the sector to look into how to gather this information. Technology has opened up new and exciting options for collecting patient feedback. Our challenge is to find the best ways of capturing people’s health care experiences and to identify how we can use that information to develop new ideas, measure change and report back to consumers. Working together we can develop better health and disability services for all.”

The Commission is now developing a new consumer feedback process to be launched in 2014. This will enable consumers to give feedback by email to a central site.



Next steps

Wairarapa DHB will continue to provide a robust and open feedback system to allow people in the community to voice their thoughts.

Within the next few months “open forum” meetings are planned. These will occur bi-monthly and will be another avenue for the community to discuss any issues they or their whānau may have experienced.

“Complaints are opportunities for improvement.”

Cate Tyrer, General Manager Safety, Quality & Risk, Wairarapa and Hutt valley DHBs



Serious and Sentinel Events 2012/13

Wairarapa DHB has a well established review process to ensure the needs of family and whānau are addressed.

What is a serious or sentinel event?

A serious or sentinel event is an adverse event which has generally resulted in harm to patients not related to the natural course of the patient's illness or underlying condition. A serious event is one which has led to significant additional treatment and a sentinel event is life threatening or has led to an unexpected death or major loss of function.

As part of Wairarapa DHB's commitment to providing safe care for patients, we have a process in place for investigating serious and sentinel events that occur in our hospitals. The purpose of investigating serious and sentinel events is to determine the underlying causes of the event so that improvements can be made to the systems of care to reduce the likelihood of such events occurring again.

Serious & sentinel events reporting

Serious and sentinel events must be reported to the Health Quality and Safety Commission (HQSC) so that lessons can be shared about how to prevent similar events in the future. The Health Quality and Safety Commission produces a national report on serious and sentinel events each year, based on information provided by DHBs. Each DHB produces a report providing further detail on its serious and sentinel events for that reporting year. Each of the reported SSE events involves a patient suffering harm or death while in our care.

Wairarapa DHB serious & sentinel events report for 2012/2013

In 2012/2013 Wairarapa DHB reported five serious and sentinel events.

- Perforated bowel
- Patient fall resulting in fractured NOF
- Outpatient appointment not made for patient post fracture.
- Patient assaulted nurse on transfer between hospitals, patient cohorted sustained injury.
- Septic Arthritis diagnosis

General Manager Quality, Safety & Risk, Cate Tyrer, says, "These events were investigated through our reportable event system and reported to the Health Quality and Safety Commission. While adverse events are of great concern, they are relatively rare. Our DHB is actively learning from these events and we have a falls management group set up to look at the management and reporting of falls to ensure systems and processes are in place that will reduce the likelihood of such events occurring again. Our DHB is committed to providing the highest quality care for all patients, but the reality is that even with the best people, processes and systems, errors can occur. When they do, we need to find out what went wrong, whether it could have been prevented, and what improvements or changes should be made."

Learning from our mistakes

“We consider one event is one too many, and apologise unreservedly to the patients and families involved. We acknowledge the distress and grief that result when things go wrong in healthcare. We always seek to learn from these incidents and improve safety. We can’t do this if we don’t know about them happening. A strong safety culture means that patients and their families, other health providers like family doctors, primary health nurses, and our own staff tell us when an incident has occurred and raise concerns so that we can look into what happened,” says Cate Tyrer.

Continually strengthening our culture of patient safety and quality is a top priority for both Wairarapa and Hutt Valley DHBs. We are committed to working with patients and families when things go wrong to ensure that their concerns and needs are addressed and supported, and that they are included in the process of the review.

Our practice is to communicate openly with patients and families at all times including when adverse events occur, to acknowledge what has happened and to apologise where we have got things wrong. We will listen to concerns, provide support, involve patients and families to the degree they prefer, and where possible answer their questions and address any concerns that they have.

This commitment is emphasized through our strategic quality direction with our three clear objectives being

- Improving the Healthcare Experience
- Improving Healthcare Outcomes (effectiveness)
- Improving Healthcare Safety

“We consider one event is one too many, and apologise unreservedly to the patients and families involved. We acknowledge the distress and grief that result when things go wrong in healthcare. We always seek to learn from these incidents and improve safety.”

Cate Tyrer, General Manager Safety, Quality & Risk, Wairarapa and Hutt valley DHBs

Customer Service

Customer Service and Responsiveness

During 2011/12 a number of complaints were received regarding the attitude of frontline clerical staff. The issues identified mainly revolved around poor staff attitude and bad attitude, rudeness, lack of communication, poor conflict resolution and not acknowledging that internal customers should also receive good service. The complaints received showed a general lack of awareness of behaviour and that frontline staff were failing to meet service expectations.

A training analysis completed in 2011 showed that there was a need for an overall professional development programme for the clerical/admin workforce.

As a result of these findings the Clerical Reference Group (CRG) was set up to assist the patient's journey through the health services by ensuring efficient and effective administrative support services. A programme of training was introduced which commenced in early 2012 to assist the CRG in achieving this goal.

Around 50 admin staff attended training during 2012 and 2013 which has seen a reduction in the number of complaints regarding front line staff.

At the conclusion of the training in 2012, nine DHB departments were chosen to be telephoned and then visited by mystery shoppers. This allowed us to gain first hand information about the actual behavior of front line staff.

The mystery shoppers gave customer services an overall score of 65%. The mystery shopper report was given to the relevant staff and their managers for discussion and/or follow up. Since then the number of complaints has reduced.

Next steps

Wairarapa DHB is planning to engage the mystery shopper experience further on a regular basis. Staff training will continue.

The Clerical Reference Group continue to meet bi-monthly to discuss any administrative issues and to monitor trends from complaints regarding admin staff. The group also provides a forum for discussion/debate and acts as a collective voice on DHB-wide administration issues. It issues a tri-monthly newsletter "Office Angels" with information relative to clerical staff members.



Everyone
deserves to be
treated with
respect.

Responding to Consumer Need

Threading a needle, writing a letter, peeling an apple - these are skills many take for granted. Mel Bryant still struggles with some everyday tasks since she had a chainsaw accident almost two years ago. She sliced her left hand severing 3 tendons and breaking two joints. At the time she had two pre-schoolers – a 2 month old baby and a 4 year old.

“The pain was minor,” she says, “compared with the discomfort of trying to breast feed my baby with wires coming out of my hand and doing everything with one arm. I couldn’t drive, I couldn’t change my baby’s nappies - it was very difficult. Luckily, with ACC help, I had wonderful home help – I really needed that.”

After the accident and two lots of surgery she needed to go to Hutt Hospital for a half hour hand therapy appointment once a week. Mel couldn’t drive and so for 15 months she had to find a driver to take her and her baby over the hill. In the hand therapy clinic she met others from Wairarapa who were doing the same thing each week - a large commitment of time and resources by the patient. That prompted Mel to write to Wairarapa DHB suggesting they set up a local service at Wairarapa Hospital.

Russell Simpson, Executive Director Allied Health, said when the DHB looked into it they realized that for many patients with hand injuries the trip to Hutt was too difficult and so they chose not to access the therapy necessary for good recovery. “As a result of Mel’s plea we have set up a new service to provide Hand Therapy once a week to Wairarapa patients at Wairarapa Hospital.”

Theresa Vaughan, Hand Therapist from Hutt Valley DHB, now runs a weekly clinic at Wairarapa Hospital on Thursdays and sees up to 10 post trauma patients a day.

“We see around 300 patients per year from Wairarapa and up til now they have been coming to Hutt Hospital for therapy,” says Theresa. “I see



Director Allied Health Natalie Richardson, Hand Therapist Theresa Vaughan, Mel Bryant, and Executive Director Allied Health Russell Simpson celebrate the new hand therapy service.

people with crushed tendons, broken bones, torn ligaments, burns, scarring and they are usually referred to us through the plastic surgery clinic in the Hutt. Sometimes the injuries are complex and recovery takes many months. If they do not access hand therapy they are often left with useless hands that are stiff or weak and can’t grip. I guide people through an exercise regime to keep their surgery intact and get movement back.”

Theresa specialises in the assessment and rehabilitation of the elbow, forearm, wrist, hand, fingers or thumb. These conditions may be caused by an injury (most ACC claims), a disease (eg arthritis) or a disorder such as carpal tunnel syndrome. She also moulds special splints and bands to protect and support the injury site. “It’s a very specialised field usually filled by a registered Physiotherapist or Occupational Therapist who has done a post-graduate diploma.”

Because it is so specialised hand therapy remains a difficult area to recruit. The three DHBs in the Wellington region are discussing the sharing of roles and joint positions in order to build the workforce and share specialist skills. Through collaboration and cooperation they can offer patients better, more convenient health services.

Meanwhile, thanks to Mel Bryant and the commitment of both DHBs to working together for the benefit of patients, Wairarapa hand therapy patients are getting relief from the long journey to the Hutt each week, saving time, discomfort and ACC funding.

Helping Patients Prepare for Hip and Knee Replacement

Improving the patient experience and outcomes for patients having a hip or knee replacement

Wairarapa Orthopaedic Nurse Specialist Doreen McKeever, has been on a mission to improve the patient experience for patients undergoing joint replacement surgery. She also wanted to improve the quality of information for patients, to empower their participation in their own treatment. Current literature around enhanced recovery and Doreen's attendance at an enhanced recovery workshop suggested that education sessions prior to surgery would enhance the patient's recovery and result in a greater quality experience for the patients and families.

"Research shows that if patients are fully engaged in their treatment, the outcomes are better. We got together a group of all the disciplines involved in the pre and post-operative care of joint replacement patients and have improved the process. This was not a speedy process, as it was important to get the buy-in of all the people involved, and make sure that all the advice being offered to patients was up to date, evidence based and empowering for the patient."



The new process allows patients to attend fewer pre-operative appointments at the hospital in preparation for their surgery. Patients now attend a Joint Replacement Information Session (JRIS) at Wairarapa Hospital. Patients meet the orthopaedic & pain management nurse specialists, the physiotherapist, occupational therapist, social worker and, if required, the smoking cessation co-ordinator and dietitian. Patients are encouraged to bring their relatives to the session so they too can be informed and participate in their loved one's journey to wellness.

Three joint replacement booklets for patients have been developed. Each one contains information from a variety of health professional groups relevant to that particular stage in their journey. The first booklet has a tear out home assessment form to bring to the JRIS and a series of strengthening exercises to improve fitness for surgery.

The information session and the booklets were reviewed by the DHB's consumer group and were given a big 'thumbs up'.

Before

In Wairarapa Hospital all patients who would be receiving a total hip or knee replacement received various and varying levels of preparation and education before being admitted for surgery. The patient was given advice by the surgeon at their first specialist appointment (FSA) and provided with written information in the form of a leaflet from the Australian Royal College of Surgeons. Usually, the next time the patient was seen was at the Preadmission Clinic (PAC) to ascertain if they were fit for surgery. The patient received further education at this session together with written information, however the education was not structured and some patients could receive more or less education than others. Following this, the patient would attend appointments with the physiotherapist and, if necessary, the occupational therapist. Similarly, the session was not a formal session and some patients may have received more or less education than others. Although each patient was seen individually, it was during an appointment that was not specifically for education, because

the primary purpose of their appointment was for FSA or PAC. As a result there was a risk that the education provided during those appointments was rushed, incomplete or inadequate.

This was not an ideal standard and the evidence in the literature suggested that formal education sessions run by the multidisciplinary team would result in many positive outcomes including increased patient satisfaction, increased understanding and reduced anxiety, reduced length of stay, increased understanding of pain control and therefore reduced pain experience and reduced incidence of complications like deep vein thrombosis.

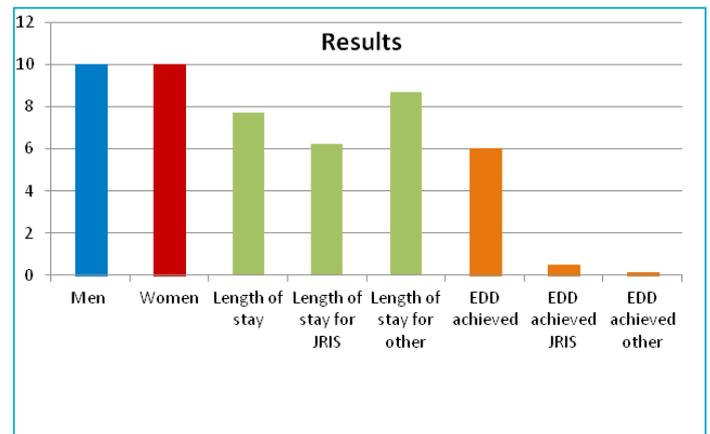
With the support of the orthopaedic consultants and the supervision of the Perioperative Services manager a multidisciplinary steering group was set up and together they developed an information session based on current up-to-date literature for this patient group. A power point presentation was developed and information in the form of booklets. The booklets could be referred to after the session and during the whole patient journey. These also had pull out sections relevant to each part of the journey and a notes section so patients can add their own personal notes or questions. A venue was sourced which was big enough to accommodate up to 20 patients and their whanau/family. It also had to be accessible to patients using walking aids and wheelchairs with a wheelchair accessible toilet.

At the information session each patient would also have individual time with the physiotherapist and occupational therapist. They could also see the social worker, smoking cessation coach and a Maori health worker if they wished. The Orthopaedic CNS remained available for questions at the end of the session. Patients were asked to fill out an evaluation form and a randomized group of patients were audited for length of stay, mobility on day 1 post surgery, pain assessment and if they experienced any complications.

After

Following the provision and audit of this service there is a clear indication that this initiative has improved the patient experience and has reduced the length of stay in hospital. There has been no increase in readmissions or complications and in fact no complications were noted in the group who had attended the sessions.

The graph below demonstrates that the session clearly resulted in a reduction of length of stay and those who attended the JRIS were more likely to achieve the estimated date of discharge (EDD).



Next steps

We will continue to revise the information session and it is hoped that a similar session can be introduced for those patients who will be having shoulder or reverse shoulder replacements.

“Information sessions improve the patient experience and outcomes.”

Wairarapa Orthopaedic Nurse Specialist
Doreen McKeever

The Rose, a Patient Quality Improvement Initiative



The Medical Surgical Ward (MSW) is a 38 bed combined specialty ward, caring for general surgical, orthopaedic, gynaecological, urological, general medicine and palliative patients. It has approx 3000 admissions and discharges each year.

Inevitably, people do pass away in MSW. In 2010 55 patients died, in 2011 59 patients and in the first 9 months of this year 45 patients have passed away in the ward. Few Maori patients actually die in the ward. When this does occur the staff needed to feel more confident in being part of the process especially with whānau.

Kara Hatapu, a registered nurse, has worked in the Medical Surgical Ward for some years and as one of a only a few Maori nurses we have in the team she recognised the need to improve nursing staff confidence around providing a culturally and supportive service to Maori patients and whānau experiencing Te Mate me Te mate haera (death and dying). As part of a project she was working on Kara held three education sessions for ward and other department staff.

It was also clear that timely communication to any staff working in the ward following the death of a patient was necessary. It had been reported that kitchen and cleaning staff had entered single rooms where a deceased patient was present; however these staff were not aware the patients in these rooms had passed away. This caused distress for these staff.

As well as providing a culturally appropriate service for staff we wanted to ensure dying and deceased patients and their whānau receive the most appropriate care. We also wanted to ensure staff are afforded respect with regard to working in a hospital environment.

Now whenever a death occurs a picture of a single red rose is placed on the door/curtain of a patient's room/cubicle. A single red rose is accepted as a gesture of love and nurses for many, many years have

often placed a single flower with a patient once they have washed and cared for them after they have died. The rose symbolizes respect, love, thoughtfulness.

Clinical Nurse Managers/Clinical Midwife Manager and Maori Health Directorate staff supported the introduction of the use of this sign as a way of informing any hospital staff in the relevant area that a patient has deceased.

Most patients who die in hospital pass away in either Acute Services or the Medical/Surgical Ward; however other inpatient areas do sadly occasionally sustain loss. The use of the Rose sign in MSW and throughout the hospital is now well recognized. The signs are now used in the Emergency Department, HDU, Paediatric Ward, Maternity, MSW and Rehab.

Charge Nurse Manager MSW, Susan Reeves, says, "Although staff directly involved with the patient already know when patient has died, domestic staff, food service staff, orderlies and non-involved clinical team members would not necessarily know what had occurred, yet would still be required to continue their usual activities in the area. We need to be respectful around the deceased person and their whānau and respectful of our own staff's concerns regarding deceased people."

Little financial cost was incurred in order for this improvement to progress and staff and whānau have given positive feedback. Having a greater awareness that a patient has deceased in a department gives staff that opportunity to display extra consideration. Any staff member can walk into another department, knowing that circumstances in that department are difficult/challenging for any whānau and staff present at that time. They can then adjust their activities to be more appropriately supportive at that time.

There is now a washbowl and stand outside the cubicle once a Maori patient has deceased. This provides for the deceased patient's whānau so they can cleanse their hands on leaving the deceased and the patient cubicle.

Further education sessions for staff in wards and other departments as well as in Aged and Residential Care facilities have been held.

Future Focus

This has been an extraordinary year for Wairarapa DHB, as we have moved from vision to reality on our journey towards more streamlined services across Wairarapa, Hutt Valley and Capital & Coast DHBs. The achievements of this year are a firm foundation for the 2013/14 year, as we move from a 2DHB to an increasingly 3DHB model for service planning and delivery. We recognise that our future lies in forging strong subregional and regional relationships and implementing sustainable arrangements to continue to deliver safe, high quality affordable services in the Wairarapa over the forthcoming years.

The increased pace of integration can be seen not just with our neighbouring DHBs but also with local health providers. We work in partnership with medical practices, Compass Health, community health providers, support groups, aged residential care and NGOs to deliver high quality care.

At the heart of it

Quality of healthcare is at the heart of everything we do. This Quality Account is a record of our progress over the past year and a public commitment to our future priorities. The accounts represent not only what we do well but also areas where we are striving for improvement. We aim to deliver high quality care and have robust systems and processes in place to ensure we can maintain and continually improve both the quality and experience of the care we provide while being informed early of potential risks.

In 2012/13 Wairarapa DHB met and exceeded many of the expectations that have been placed on it, and continued to deliver and fund high quality care. We are particularly proud of our achievements against the health targets, where our small size and ability to respond quickly to changing circumstances aided our consistently good ratings.

A strong safety culture

Continually strengthening our culture of patient safety and quality is a top priority for us. A strong safety culture means that patients and their families, other health providers like family doctors, primary health nurses, and our own staff tell us when an incident has occurred and raise concerns so that we can look into what happened.

Our practice is to communicate openly with patients and families at all times including when adverse events occur, to acknowledge what has happened and to apologise where we have got things wrong. We will listen to concerns, provide support, involve patients and families to the degree they prefer, and where possible answer their questions and address any concerns that they have.

While we have made significant progress in reducing patient harm from falls and pressure injuries these will continue a focus for the coming year.

The DHBs overall strategic quality objectives will be

- Improving the healthcare experience
- Improving healthcare outcomes
- Improving healthcare safety

We will achieve these goals through continued participation in the HQSC 'Open for better care' programme. This national campaign focuses on reducing harm in the areas falls, surgery, healthcare associated infections and medication. It is about providing the best care possible. "It starts here, it starts with me."

Cate Tyrer, General Manager Safety, Quality & Risk, Wairarapa and Hutt Valley DHBs

Tell us what you think

If you have any feedback or comments about our first Quality Accounts we want to hear from you.

Email us: Quality.email@wairarapa.dhb.org.nz

Quality Accounts

Our first Quality Accounts for 2012/2013 was compiled by the Communications Unit on behalf of Wairarapa DHB. DHB staff and health providers in the community were invited to look back over their achievements and quality initiatives over the previous year and contribute their stories.