Quality Accounts

A snapshot of how we're doing




West Coast
DISTRICT HEALTH BOARD
TE POARI HAUORA A ROHE O TAI POUTINI

West Coast Health System Quality Accounts 2012-13

Thank you to Tourism West Coast for the use of some of the images in this publication.

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Disclaimer:

We have endeavoured to ensure that information in this publication is accurate at the time of printing.

Welcome to our Quality Accounts

Our vision is an integrated health system that keeps people healthy and well in their own homes.

We are delighted to present the West Coast Health System's first Quality Accounts. This is a snapshot of how our system is meeting the health needs of our community.

Our vision is an integrated system that keeps people healthy and well in their own homes. This is achieved by providing the right care and support, by the right person, at the right time, in the right place and with the right patient experience. The Quality Accounts show our progress in improving service delivery and health outcomes and highlight our successes, what we have learned and our future improvement plans.

Health begins where we live, work, learn and play. West Coast District Health Board's (DHB) commitment to helping people stay well in the community means we partner with a range of other agencies to support healthy lifestyles.

We continue to develop services in the community to help people stay well and take increased responsibility for their own health. This helps free up our hospital-based services to provide the necessary acute and elective care, support people who require complex care and provide specialist advice to community care providers.

All those who work to support the West Coast Health System play a pivotal role in ensuring we deliver safe and high quality health services.

We have every confidence the West Coast Health System has the aptitude and drive to build on the successes captured in this set of Quality Accounts and will continue to go from strength to strength through supporting a culture of continuous quality improvement and innovation.

The production of these Quality Accounts is not a one-off event, but rather a reflection of an ongoing focus on quality improvements across our health sector.

David Meates
Chief Executive,
Canterbury & West Coast DHB

Stella Ward
Chair,
West Coast DHB Clinical Board

LEFT: PHOTO CREDIT © TOURISM WEST COAST

Informing our Quality Accounts

We have made considerable changes during 2012/13 to sharpen the focus on improving the quality and safety of services provided by the West Coast DHB. An external review of quality services has prompted newly focused and additional quality roles, as well as the formation of a quality team across the organisation – sharing expertise and resources, concentrating effort and reducing duplication.

The establishment of our Clinical Board has introduced a new level of leadership with a system-wide approach to quality improvement. Opportunities to work across organisations for patient safety improvements are beginning to be realised. The focus of the Clinical Board is on:

- Reducing harm from alcohol
- Fall prevention
- Smoking prevention
- Integration of the West Coast Health System
- Patient transport

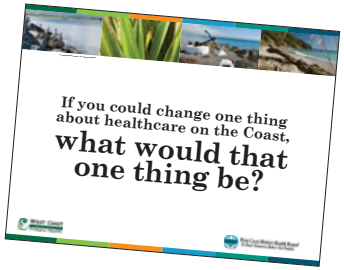
The Clinical Board is supporting the work of other West Coast quality groups to deliver:

- An improved focus on patient and population health outcomes
- Robust quality improvement systems
- More effective inter-organisational functioning
- A culture of innovation and best practice
- A skilled and well-supported health workforce

The coming year will see an increase in activity in line with the priority areas of the Health Quality and Safety Commission. Stronger collaboration with our Canterbury neighbours, and regionally with the wider South Island, will continue to build clinical capacity and quality improvement expertise.

Ensuring we listen to our community informs us on how we can continue to improve the quality and safety of the services offered across the West Coast Health System.

Transforming our system



In 2012 we undertook a series of community meetings and consultations on the future of health services on the Coast, asking our staff and community: 'If there was one thing you could change about healthcare on the Coast, what would that one thing be?' The feedback we received confirmed for us that there was much that could, and should, be changed.

Over the past year, we have developed and begun to implement a comprehensive plan for systematically confronting and delivering the change that is needed. We are redesigning the way in which care is provided, integrating services that have historically been fragmented, having a sharper focus on quality and safety, and refocusing investment on care as close to people's homes as possible. Most importantly, we are addressing the underlying causes of unsustainable health service provision. We are confident that the tangible solutions we are implementing will meet the needs of our

community and enable us to provide safe and sustainable health services for West Coast people now and into the future.

Clinically and financially sustainable care: A clear plan and commitment

Reviews of our maternal and mental health services have been undertaken, and we are transforming care provided in the community and services for older people. Empowered clinical leadership is proving critical in improving the continuum of care for our population and in lifting the quality of the services that we deliver. It is in this context that our newly formed Clinical Board and recently reinvigorated West Coast Health Alliance have key roles to play in making decisions about how we can improve on what we do and where we should be investing our time and resources.

As we look forward to the coming year, we remain firmly focused on enhancing our quality and safety initiatives, improving our performance, meeting national targets, living within our means and, most importantly, ensuring the delivery of safe, effective and sustainable health services for the people of the West Coast. The pressure will be on - change is always difficult - and we need to make sure we keep people fully informed as we make decisions about the future of our health system.

We want to hear from you

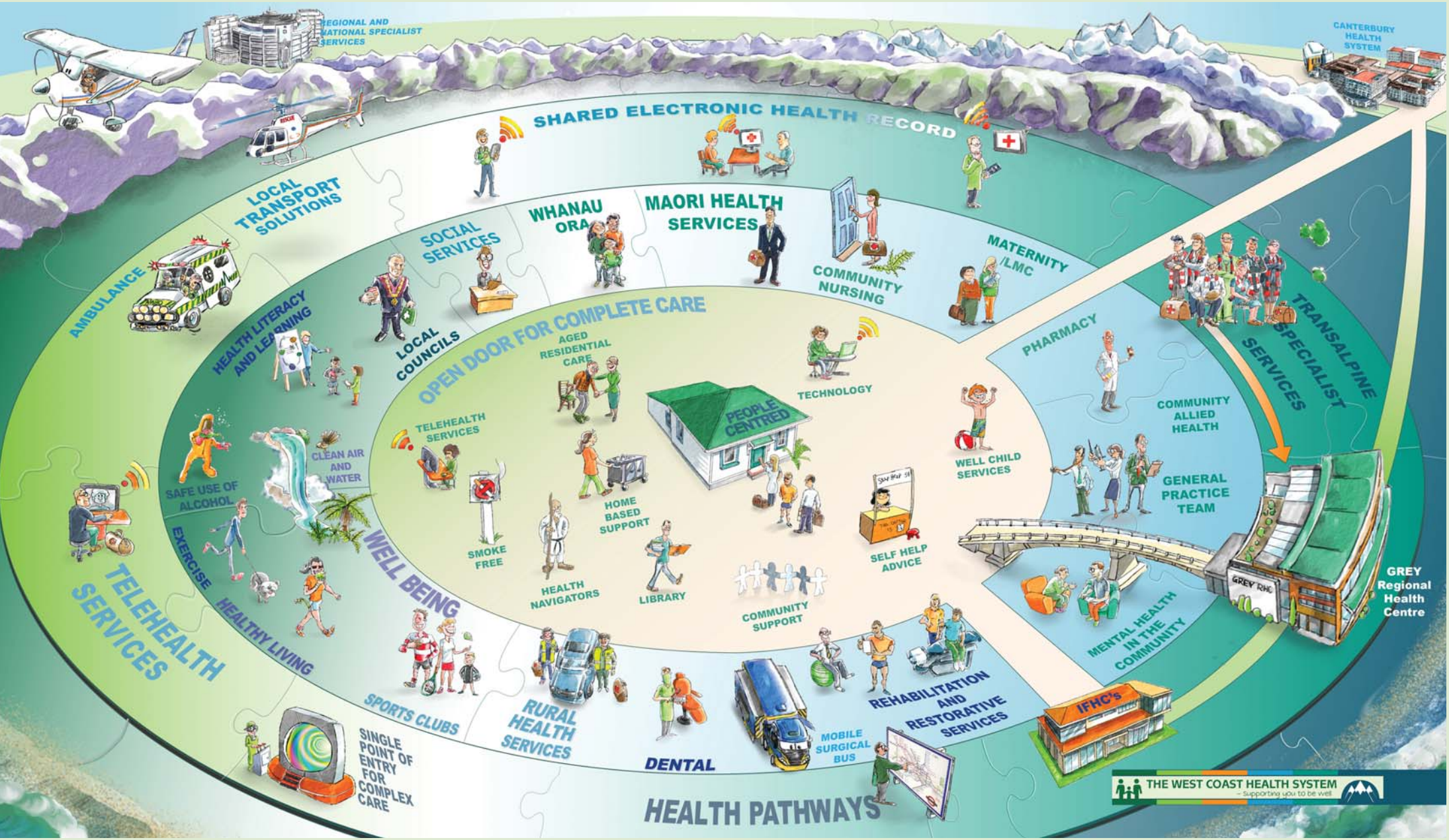
We will be publishing a set of Quality Accounts for the West Coast Health System each year so your feedback is very important to us.

This feedback will help us ensure the Quality Accounts provide relevant and useful information on the quality of health services being delivered on the West Coast.

You can let us know what you think by emailing quality@westcoastdhb.health.nz or write to the:
Quality and Patient Safety Manager,
West Coast DHB,
PO Box 387, Greymouth.

This set of Quality Accounts is available on the West Coast DHB website, www.westcoastdhb.health.nz and in hard copy by emailing us at the address above.

The West Coast way: A whole-of-system approach



People centred, integrated single health system

The West Coast way: A whole-of-system approach

We have consulted with our community, staff, health practitioners and allied services about various initiatives and changes that will improve access to health services. We have developed a model of care which is an approach to delivering services on the Coast in a clinically sustainable and financially viable way. A model of care gives direction to what, where and by whom services will be delivered.

Under our model of care people will have access to a wide range of services on the Coast, as long as the service provided is safe, and clinically and financially viable. Investing in Māori health and ensuring whānau, hapū and iwi can access a wide range of health services is an important part of the proposed future model of care. Our vision is to provide a people centred, integrated single health system that is viable in the long term for everyone choosing the Coast as their home or visiting our unique environment.

At the heart of our model of care is a commitment from the West Coast DHB, the West Coast Primary Health Organisation (PHO) and other health professionals, practitioners and organisations to ensure people living on the Coast have access to the kind of services that will enable them to stay well in their own community.

Statistical snapshot

Did you know that in an average week on the West Coast…

6 babies are born

18 people have an annual diabetes annual review

36 cardiovascular disease risk assessments are undertaken by General Practitioners

34 people have elective surgery

62 women have a cervical smear test

41 annual reviews are undertaken for cardiovascular disease, diabetes and chronic obstructive pulmonary disease

75 children have a dental check

230 people attend the Grey Base Emergency Department

297 people go to local specialist outpatient appointments

678 Meals on Wheels are delivered

1,753 long term residential care bed nights are provided in rest homes and long stay hospitals

1,656 hours of home-based health and personal care are provided to long-term clients

2,552 people are in the Primary Health Organisation's long-term conditions management programme

2,530 general practice appointments take place

$30,388 of laboratory tests are completed

$165,021 is spent on pharmaceuticals

Also…

In 2012–13 there were **1,336** people enrolled in smoking cessation programmes and **31,088** people enrolled with the West Coast PHO

Improving consumer experience

The West Coast DHB is establishing a new Consumer Council to help improve patient experience within the health sector on the West Coast.

Consumer advisor and peer support service facilitator for Mental Health Joe Hall, who is on the steering committee for the new Council, says people should not underestimate the consumer's ability to make real and meaningful change to health services.

The aim of the Consumer Council is about encouraging clinical staff to ask the question, 'How would you feel if this person was your wife, son or aunty?' It's about transparency so everybody is aware of a patient concerns.

Barbara Holland, a West Coast DHB consumer has been involved with different services as a patient advocate for many years. She is working with Ms Hall on the Steering Committee and says she is looking forward to consumers being able to have a voice "that is both insightful and effective".

"Patients need nurses and doctors, but health professionals also need patients to help them see things from a consumer's point of view. Consumers have their own expertise and bring different values and perspectives to the health system."

The council plans to meet bi-monthly and will use technology such as video conferencing so its members can be situated anywhere on the West Coast.

The group will comprise between eight and 10 members who will bring a wide range of perspectives and experience, including the needs of Māori health, mental health, people with long term conditions, people with physical, intellectual or sensory disabilities, older people, youth, men and women and people with drug and alcohol addictions.

Ensuring people have a say in how their experiences can be improved is essential to developing a safe, robust and connected health service. Healthcare consumers provide a different insight into their journey. Research shows that consumer and family centered care is linked to improved health, clinical, financial and better service outcomes.

West Coast DHB Consumer Council

The Consumer Council will work in partnership with the West Coast DHB as an advisory body, providing a collective perspective into health services planning, delivery and evaluation of all levels of the organisation.

Key tasks of the Consumer Council will be projects that:

- Enhance the collection and use of feedback from a consumer's perspective
- Improve the organisation's information-sharing responsibilities with consumers
- Contribute to the design or re-design of services and/or facilities by the West Coast DHB
- Improve the quality of the patient journey
- Remove barriers for consumers while enhancing safe service provision.

Improving consumer experience

Patient stories

The West Coast DHB is exploring new relationships with people who use our services to find ways of hearing patient stories, understanding what matters to them, and incorporating their experience and priorities into the design and evaluation of services. As part of the Health Quality and Safety Commission's '*Experience Based Design Workstream,*' projects have been completed in surgical outpatients and maternity. Patient stories are being used to make improvements to aspects of service delivery. More projects are planned for the future.

We want to know what matters to you as a user of our health care services. We want to hear your experience and your story.
Please contact us by emailing quality@westcoastdhb.health.nz or writing to:
Quality and Patient Safety Manager,
West Coast DHB,
PO Box 387, Greymouth.

Measuring consumer/patient experiences

The Health Quality and Safety Commission is currently developing a survey tool using national indicators to improve consumer/patient care and experience on a national and local level. The West Coast DHB has provided feedback for the four starting-point patient experiences they recommended:

1. Communication
2. Partnership
3. Coordination
4. Physical and emotional needs.

We are assisting the Health Quality and Safety Commission with a pilot to test the draft survey tool that has been developed.

Priorities for the next 12 months

- Ensure we provide plain language information to our healthcare consumers
- Increase consumer voice and representation on boards, committees and key working groups (such as input to the hospital rebuild plans)
- Carry out a consumer experience survey across the West Coast DHB
- Raise awareness of different ways of keeping important health information together e.g. use of Health Passports.

Reducing avoidable hospital admissions

Complex Clinical Care Network

Many hospital admissions can be prevented by investing in services that help to keep people well or alternative pathways that provide the right care sooner. Other services can support people to recover after a hospital admission or episode of illness, so they don't become unwell again. Integrating services as part of the new Complex Clinical Care Network provides better support for the elderly and others with complex needs in the community.

Most people prefer to be treated at home or in their community where possible. Providing enhanced services in the community can reduce avoidable hospital admissions. Not only is this better for people's health and wellbeing, but also for our health system – freeing up resources to support care in the community and to ensure timely access to hospital when needed.

Community-based services include home-based support, residential and respite care, primary care, nurse specialists, pharmacy and community-based specialist services. The Complex Clinical Care Network helps to integrate care across these services and also provides greater specialist geriatric support for the West Coast. It essentially reduces and eliminates the gaps and delays that have been in the system for complex cases.

The Complex Clinical Care Network provides an improved coordinated response to those who require support to live safely and remain as independent as possible in their own homes. Its main focus is people aged over 55, but it is available for anyone over the aged of 18 living with complex needs. The goal of the Complex Clinical Care Network is to improve health outcomes, quality of life.

The foundation of the Complex Clinical Care Network is the interdisciplinary team, which includes allied health, district nursing, health navigators, Māori health workers and clinicians with geriatric expertise. It also involves the patient's general practice team. This provides a clear process for general practice to receive support for assessment and case management of people with complex needs in a community setting. In particular a proactive approach is being implemented for those who are at risk of acute exacerbation and loss of function that might otherwise require hospital admission or residential care entry.

Reducing avoidable hospital admissions

Single point of referral

The Complex Clinical Care Network is the single point of referral for individuals with complex health needs who need additional support to remain at home. Individuals are offered a comprehensive assessment, preferably in their home. The Complex Clinical Care Network coordinates support, appointing an appropriately skilled case manager if there are likely to be significant longer term needs. Entry to this service occurs from any setting, whether community or hospital based.

Establishment of a wrap around supported discharge service

The Complex Clinical Care Network is developing a service to support individuals with complex health care needs to leave hospital sooner by wrapping a range of services around those who are medically stable but need a short period of intensive rehabilitation at home. The rehabilitation service will help people to avoid coming back to hospital by assisting their safe recovery.

The coordination of a wrap around, supportive discharge service will have the following core functions:

- Supported discharge for older people being discharged home from Grey Base and Buller Hospital
- Rapid response for older people attending Grey Base and Buller Hospital Emergency Department
- Intake service for all older people referred for long term home care or requiring 'rest home' placement, if clinically appropriate.

This intensive rehabilitative service will seek to:

- Facilitate a timely and coordinated discharge home for older people who are medically stable and require ongoing support at home
- Provide a flexible and rapid response to avoid admission and increase independence following an acute illness at home
- Maximise rehabilitation potential to reduce requirement for long-term support including delaying residential care.

It will offer:

- A culturally appropriate, goal-orientated rehabilitation plan
- Client centred care
- Reduced length of stay
- Seamless discharge
- Immediate and responsive intensive rehabilitation care packages.

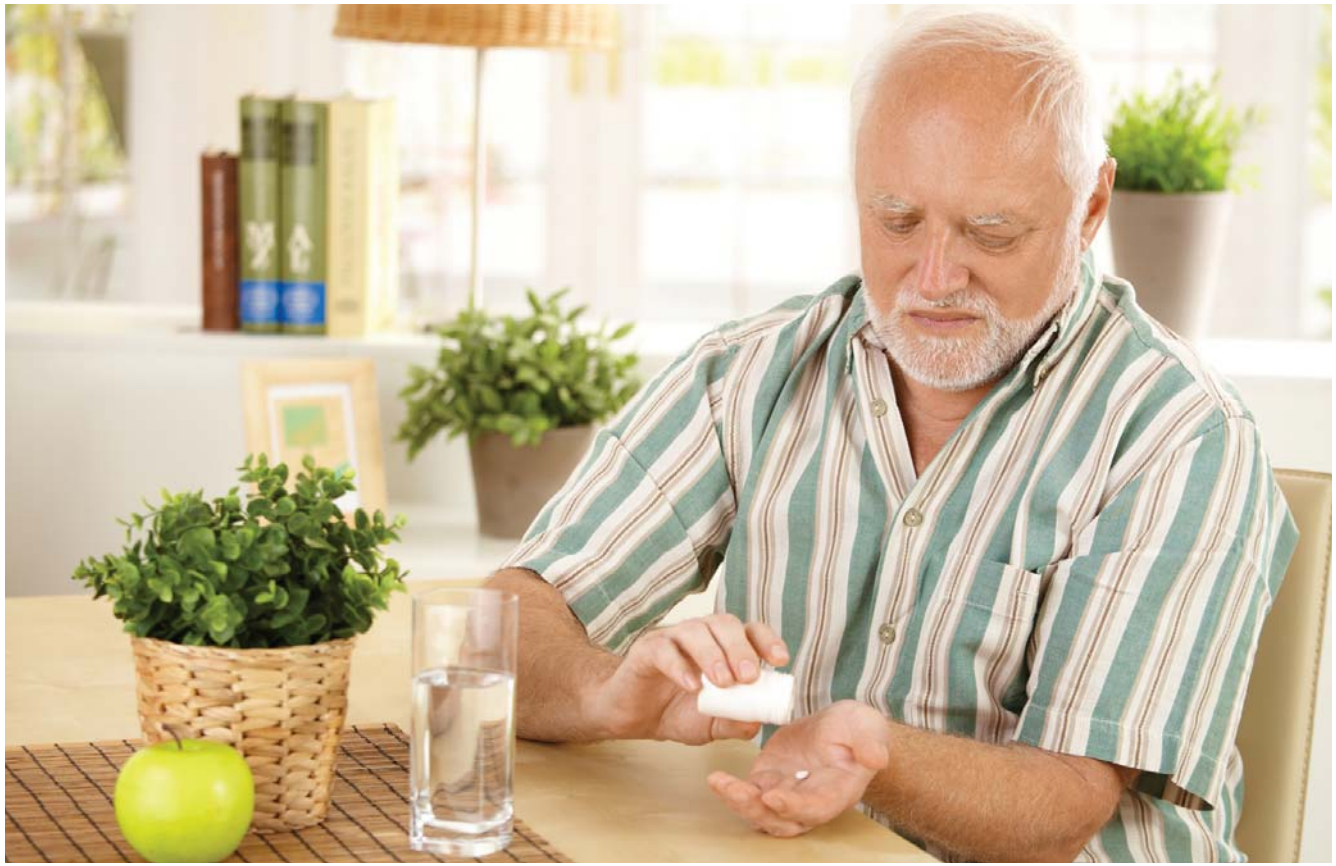
Reducing avoidable hospital admissions

The Complex Clinical Care Network will be the point of access and coordination for Acute Demand Management Services when community-based services are required to avoid hospital admission for people who are acutely unwell. The range of services available to support people to stay at home during an acute illness will be flexible to meet individual need, and will be tailored to include services which are able to be provided in each locality. Referral will be made from the Health Care Home team to the Complex Clinical Care Network for coordination of Acute Demand Management Services, in line with the HealthPathways guidance. The Complex Clinical Care Network will facilitate the provision of care and acute nursing care as requested.

HealthPathways provides a clear and consistent way of providing care for people with certain conditions.

Future Priority – Health Care Home

Health Care Home will extend the concept of the traditional general practice team to develop primary, community and home-based services which are coordinated and easily accessible, and to enable the right group of health professionals to be central to the care of each individual. The Interdisciplinary Team, which can include the pharmacist, social worker, community mental health nurse, clinical nurse specialist, district nurse, Whānau Ora worker, home health provider/carer, community physiotherapist and occupational therapist, and other professionals will be an integral part of this team as required, along with the general practitioner, primary care nurse and the patient. Individuals and their whānau will have care that focuses on elements of physical, mental, spiritual and family health – the Whare Tapa Wha.



The point of difference of Health Care Home will be that the relationship between the individual, their whānau and their Health Care Home team is the central component around which care is built, rather than focusing on access to the single, short term appointment with doctor or nurse.

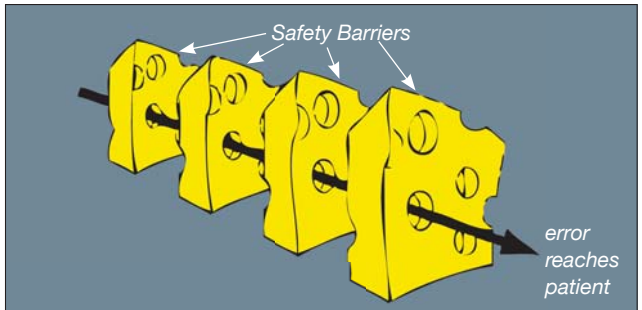
Preventing patients in our hospitals being harmed

"So long as health care involves humans, it will never be free of errors. But it can be free of injury."

Don Berwick, Former President and CEO at Boston's Institute of Healthcare Improvement

The West Coast DHB has set itself a patient safety vision of zero harm and is focused on ensuring that the people using our services have a safe journey. While the safe patient journey and zero harm vision is always front-of-mind for our staff, it is acknowledged worldwide that people may be harmed as a result of receiving health care.

We know that people are fallible; with this in mind it is important to design 'safety barriers' into our systems. When harm does occur there are usually many contributing factors involved. The image of 'Swiss cheese' is often used to help explain this. If, by some chance, all the weaknesses (holes) in the systems align, error can reach the patient and harm can occur.



The weaknesses in our systems are the holes in the Swiss cheese

By identifying problems and failures we can learn from them and introduce changes (safety barriers) to make our systems safer. These safety barriers can be engineered (e.g. alarms, automatic shutdowns, physical barriers), rely on people or depend on procedures and administrative controls.[1] One of the ways we are able to identify failures and problems with our systems is through reporting incidents. All staff are supported to actively report all incidents.

We also actively support open disclosure for all incidents. If harm does occur, our staff are required to speak to the patient and their family about what has happened. We will also share with the patient and family the outcome of the investigation into the event and the changes that have been recommended to prevent a similar event from happening.

Serious Adverse Event Report

The Serious Adverse Event Report is produced annually by the Health Quality and Safety Commission. Serious adverse events are those where patient care has an unintended consequence resulting in either significant harm or death of a patient. The reports are released publicly and are available on the Health and Quality Safety Commission website at www.hqsc.govt.nz.

[1] Reason J. Human error: models and management. BMJ 2000;320:768-70.

Preventing patients in our hospitals being harmed

In addition to the national release by the Health Quality and Safety Commission every DHB is required to publish their own report on their websites. In 2011/2012 the West Coast DHB had four serious events, in 2012/2013 there were 10.

Whilst this may seem like a concerning rise in serious adverse events, this increase is due to an improvement in our organisational culture of openness and transparency. This increase can also be attributed to improved reporting procedures and the trust and confidence our staff have in our incident review system. More staff are willing to report incidents so we can learn from them and take the necessary steps to prevent similar incidents occurring in the future.

Key patient safety initiatives

A number of these are also Health Quality and Safety Commission priority areas.

Zero harm from falls

Falls have a major impact for the West Coast population – physically, emotionally and financially. They also impact on the costs of providing health care and may affect health workers. Prevention of falls is a key focus for the West Coast health sector, and is in line with the Health Quality and Safety Commission's national strategies.

Research shows that a person may have up to four falls before the one that causes them serious harm. The West Coast Falls Prevention Coalition was established in April 2013 to provide leadership and to coordinate the implementation of strategies to reduce falls for the West Coast population. The group has the ultimate aim of wanting to reach people in the community before they have the fall that requires hospitalisation.

In addition to addressing patient specific factors, falls prevention by staff is focused around five key actions (the essentials):

1. Asking our patients whether they have slipped, tripped or fallen over the last 12 months
2. Completing a falls risk assessment to check their risk of falling while in hospital
3. Putting in place falls risk management strategies for patients
4. Discussing falls risk and prevention strategies with patients and their families for their hospital stay and when they return home
5. Liaising with other health professionals to provide support for people identified at risk of falls in the community.

Results of the data collected for the Health Quality and Safety Commission's quality and safety falls process markers confirmed that we are assessing our patients well. In 93 percent of the clinical records reviewed in an audit, there was evidence that a falls risk assessment had taken place. In 43 percent of cases the care plans reflected patients who had been identified at risk of falling while in hospital. Improving this documentation of at risk patients in care plans will continue to be a priority for 2013-14.

Falls prevention in aged residential care

Research suggests that Vitamin D supplementation for older people significantly reduces falls and serious harm from falls. In October 2013, we began working collaboratively with rest homes, secondary care staff and general practice teams to ensure that 75 percent of rest

Preventing patients in our hospitals being harmed

home residents 65 years and over are receiving Vitamin D supplements.

Safe hand hygiene practices

Safe hand hygiene practices significantly reduce the risk of infection. Our recent increase in approved Gold Auditors (now three) will allow for more frequent hand hygiene observation and audits, with a view to normalising this activity. The West Coast DHB started auditing for the National Hand Hygiene Programme in April 2010 and has just completed the third audit period for 2013. The Programme promotes the Five Moments of Hand Hygiene, and since commencing this initiative health care staff have dramatically reduced the risk of spreading infection. The Five Moments of Hand Hygiene are:

1. Before touching a patient
2. Before clean / aseptic procedures
3. After body fluid exposure / risk
4. After touching a patient
5. After touching patient surroundings.

The national target for the overall hand hygiene compliance rate is 70 percent. The West Coast DHB's results from the national audit period (1April – 30 June 2013) showed our overall compliance rate was 73 percent. The overall national hand hygiene compliance rate for this period across all 20 DHBs was 70.5 percent.

Open for Better Care

Health professionals have extensive knowledge, skills and commitment, and are delivering excellent patient care. However, we know some patients are suffering harm. Open for Better Care is a national patient safety campaign co-ordinated by the Health Quality and Safety Commission. The campaign focuses on reducing harm in the areas of:

- Falls
- Surgery
- Healthcare associated infections
- Medication.

The West Coast DHB is actively involved in this national campaign which launched locally on 6 November 2013.

Central line associated blood infections

Around 50 percent of patients admitted to an Intensive Care Unit (ICU) will require a central venous catheter (a drip placed into a large vein). In 2011, 43 critically ill patients in ICUs across the country developed a central line associated bacteraemia (blood infection).

Once established, the bacteraemia can significantly increase the risk of death and can add between $20,000 and $50,000 per patient to the cost of care. The measurement and prevention of central line associated bacteraemia has become one of the major quality targets for critical care. The end result will be safer patient care, shorter stays in ICUs and reduced costs.

Preventing patients in our hospitals being harmed

The West Coast DHB actively began recording and monitoring for bloodstream infections resulting from indwelling central venous catheters in May 2012. By the end of November 2013 we had achieved 493 days without a central line associated bacteraemia.

Safe Surgery Checklist

The West Coast DHB has adopted the Safe Surgery Checklist, which is used in all surgical procedures to minimise the risk of harm. The checklist has three parts and is designed to ensure that the right operation is being performed on the right patient at the correct site. The checklist also assists with improving outcomes through promoting improved communication and teamwork in the operating room.

The Health Quality and Safety Commission will monitor the percentage of operations where all three parts of the Safe Surgery Checklist are documented as being completed as one of their quality and safety indicators.

A selection of case notes for operations have been reviewed to find out how well this tool is being used. The results showed that in 88 percent of operations all three parts of the checklist were completed. A significant amount of work has been undertaken to educate staff in the philosophy behind the checklist.

Reducing medication incidents

The use of medications always carries the risk of a side effect, allergy or other adverse event occurring. In order to minimise this risk there are a number of initiatives within our hospitals. These include:

Medicine Reconciliation

Medicine reconciliation involves obtaining the most accurate list of a patient's medicines, allergies and adverse drug reactions and comparing this with what they have been prescribed. Any discrepancies are documented and reconciled. Although primarily undertaken by pharmacists, medication reconciliation is promoted as being everybody's responsibility.

Medicine reconciliation is currently undertaken as a paper based exercise but eventually will be computerised. Patients and families can help with this by ensuring that their usual medications are brought in to hospital or whenever they are seeing a health professional.

Currently 80 percent of all patients admitted to Grey Base Hospital during the working week will have medicine reconciliation completed by the Pharmacy Department within 24 hours.

National Medication Chart

This initiative aims to reduce medication errors by standardising the medication chart used in all hospitals nationwide. Acute areas across the West Coast DHB are currently utilising the 'Standardised 16 day National Medication Chart'. Work is underway to introduce a short stay and a long stay National Medication Chart.

Green Bags

Large green plastic ziplock bags have been introduced as a means of holding patient's medications together and are easily recognised as such. These green bags are available in rest homes, hospital wards and from St John and have been well utilised. At the end of the hospital stay, staff will return the patient's medications in the same bag.

Large yellow envelopes for improved communication

These envelopes are utilised by rest homes when a patient is being admitted to hospital. They contain relevant patient information, for example current medication list and transfer notes for the receiving hospital, and keeps personal information together. One side has a checklist for the referring rest home to use and the other side has a checklist for the discharging ward to complete. Again all useful discharge information will be within the envelope.

Embracing Quality Improvement and Innovation

Telehealth – closing the distance

Telehealth uses video conferencing technologies to deliver health-related services and information. We are increasingly using this technology to support clinical collaboration with other DHBs to enhance local care skills, improve healthcare access for patients who live remotely and to facilitate flexibility for the health workforce and the development of health care networks.

Telehealth has been used over the past year to assist in providing ongoing specialist clinical support, which is particularly important for the West Coast given its remote location. The ability to visually assess a patient via Telehealth enables our clinicians to provide specialist support around decision-making on assessment, treatment plans and acute admissions.

Telehealth is also used to improve patient discharge planning. Clinicians can hold discharge meetings with health professionals on the West Coast to reach a common understanding about continued care instead of sending various discharge and referral letters to different services. It has also increased the number of patients able to be seen by reducing the time health care providers spend travelling.

Liaison Paediatrician for Canterbury and West Coast DHBs, Dr John Garrett, using Telehealth to help patients on the West Coast.

The Murphys' story

For the West Coast's Murphy family, having access to Telehealth became critical when both daughters needed medical treatment at the same time.

Five year old Piper developed a serious condition while home on the West Coast. However, both parents were more than 200km away in Christchurch, supporting their youngest daughter Taysia through chemotherapy treatment.

Dr John Garrett says Piper had a condition known as haemolytic-uremic syndrome, which meant that she had to be transferred to Christchurch.

Embracing Quality Improvement and Innovation

"What we were able to do before we picked her up was to let her parents see her by video conference, so they could see that she was doing fine, and they could understand why we needed to bring her to Christchurch."

Piper's mother Tash Murphy says that within minutes the family were at Christchurch Hospital on the Telehealth (system) talking to Piper. "We could comfort her and she got to talk to her dad and sister. If we didn't have Telehealth we would have had to make numerous trips to Christchurch before Taysia started her treatment to sign documents," Tash says. "Then when Piper fell ill to be told you need to hop on a plane and come and pick up your daughter and not even (having) seen her and talked to her… to be able to see her on the TV was just amazing."

Canterbury and West Coast DHBs now have more than 60 Telehealth units bringing specialists closer to patients living outside the main centre. Aside from the obvious benefit to patients having access to these specialists closer to their homes, using this technology is also saving time.

The following projects will give you an idea of how people working in health have embraced collaboration, quality improvement and innovation

The Wellbeing Game

This year employees were invited to take part in the Wellbeing Game, which is a free online game designed to make participants aware of how they support their own wellbeing. It is part of the Wellbeing Campaign embraced by many of New Zealand's largest employers, for example Air New Zealand, IRD and the Canterbury DHB. The goal is to accumulate happiness, one hour at a time. Participants keep track of the amount of time they spend each day on activities that use the '5 Ways to Wellbeing', which are: Give, Keep Learning, Be Active, Take Notice and Connect.

The 5 Ways to Wellbeing were first highlighted in research by the New Economics Foundation for the UK Government's Foresight Project. The day to day use of any of these five simple actions is proven to increase health and wellbeing in individuals.

The esults that have been found include greater creativity, higher productivity, better social cohesion, increased happiness and life satisfaction as well as reduced physical illness and mental distress.

eSign off of laboratory results

The West Coast DHB is currently using a paper based sign-off process for test results. A business case has recently been approved to implement an electronic sign-off of laboratory results within the West Coast DHB. This will enable the implementation of necessary technical components to enable sign-off, perform testing, implement into production and training for end users.

Evaluating online training courses

A framework has been developed so that online training courses can be assessed in a consistent way. It has been designed in the form of a checklist of the critical elements of effective learning environments. The checklist provides a detailed description to the user of the strengths and weaknesses of an online unit. Reviewers are also able to investigate the potential effectiveness of online units through an assessment of the scope and extent of the critical elements.

Emergency management training

The DHB is focused on ensuring it is well prepared for any serious event. Improvements have occurred in our emergency preparedness systems. Earlier in the year staff took part in learning the computer systems the Ministry

Embracing Quality Improvement and Innovation

of Health uses to manage emergencies that are outside of a DHB's systems. Ministry of Health has moved to the same system (with modifications) that Civil Defence and local councils use.

Mid-year staff also took part in the major South Island exercise for the year, Exercise Te Ripahapa. The scenario was based on an alpine fault rupture and involved staff utilising the system learnt earlier, as well as setting up an emergency operations centre and responding to different problems injected into the exercise during the day. All kinds of staff were involved, and doctors and nurses took the opportunity to consider how they might manage large numbers of patients with a wide variety of injuries with somewhat limited resources.

In August we welcomed a trainer from the Ministry of Health to teach staff about Health CIMS (Coordinated Incident Management System). CIMS is the approach used to manage incidents throughout emergency services and the government sector. Training sessions were held in Westport, Greymouth and Franz Josef, with again a wide variety of staff attending. The final day saw staff presenting their earthquake scenario, only to have it interrupted by the second large quake near Seddon.

November saw staff from Grey Base Hospital participating in one of our bi-annual Ministry of Health-required exercises. This was a major exercise to test the response section of our Health Emergency Plan which is in draft form. Sixteen different services from the hospital took part, supported by external evaluators from other DHBs, Ministry of Health and St John. This is an exercise played in real time using a Swedish training system which involves moving magnetic people with different injuries around boards representing departments. Overwhelmingly, these types of exercises are really valued by staff as they show deficiencies without harming patients.

Audits are being undertaken of clinical emergencies as well as the facilitation of de-briefing from staff. Other opportunities for learning and practice improvement are being identified through these processes. A junior mannequin has been ordered, made possible through the Countdown Kids Trust allocation of money to Parfitt and McBrearty wards. This mannequin will be used for future scenario training involving children.

Audit of medication practices

A service-wide audit of medication practices at Grey Base Hospital, including District Nursing has been completed. A total of 57 audits were completed, which identified the time nurses spend conducting medication processes, as well as a number of areas that require improvement. Recommendations from the audit are currently in the process of being introduced. These included the practice of nurses wearing bright coloured vests when dispensing medications to prevent the occurrence of interruptions and medication errors.

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Continuity of care: connected information systems

Integrated information systems have been a significant part of the transalpine approach. Over the past year we have implemented a new regional clinical information system and a regional laboratory and imaging system, and we are currently implementing regional e-referrals. In addition, our investment in telehealth and videoconferencing services now enables staff in remote areas to consult colleagues or specialists in other DHBs about a patient's condition, and over 300 consultations have already been enabled through our telehealth systems.

The impact of the rollout of these shared information systems is only beginning to be felt, but with shared access to patient records through Health Connect South, health professionals on the Coast will be able to make fully informed decisions about patient care while reducing duplicate laboratory tests, imaging and other diagnostics. All this will make care more effective and efficient for West Coast people.

Primary/Secondary Electronic Liaison Group

The liaison group includes representation from General Practices, Radiology, Laboratory, Outpatient / Emergency Department, Buller and Reefton District Nursing and Information Technology. The group meets monthly and is focused on making improvements in the electronic systems supporting better patient care. Quality improvements include quicker turnaround of discharge information from the West Coast DHB Emergency Department to General Practices, standardising forms, introduction of label printers, improved access to patient tests and referrals.

Maternity Services – safety improvements

Clinical guidelines

Where possible, West Coast DHB have adopted the Canterbury DHB clinical guidelines with some local adaptations. Seventeen Canterbury DHB guidelines have been adopted since July 2012. Three further guidelines are being worked on (Fetal Loss Package from 20 Weeks; Placenta Praevia and Placenta Praevia Accreta: Diagnosis and Management; and Shoulder Dystocia).

Lean approach to McBrearty Ward

Following seismic testing at Grey Base Hospital in late 2012, McBrearty Ward was required to reconfigure, forcing maternity services to downsize considerably. As a result, a lean approach was adopted. The first step included staff identifying anything that was old and outdated, items that were overstocked and items not used. After six weeks a meeting was held where all listed items were reviewed by staff and decisions were made on what to keep, dispose of, or relocate.

This lean approach was applied to all items (clinical and pharmacy) to ensure what is stocked is essential and appropriate for current practice. As part of the relocation maternity staff, supply department and pharmacy have been working together to ensure all stock is appropriate in item

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and numbers with minimum and maximum levels established. This will result in less wastage, and in fact, savings which can then be used in other areas to improve care provided.

Review of documentation

All current clinical documents are being reviewed to ensure they are still needed, up-to-date, follow best practice guidelines and meet current needs. A review is also being undertaken of patient records with the aim of producing clinical notes that meet the needs of the patient, health professionals and are in accordance with legal requirements.

Transfers between West Coast and Canterbury DHBs

It was identified through an incident review process that there were issues regarding the co-ordination of maternity patients transferring from the West Coast DHB to Canterbury DHB for tertiary care and the retrieval of mothers and babies from the West Coast DHB via helicopter. All policies and procedures are currently being reviewed with the aim of streamlining the documentation and the communication process.

A helicopter familiarisation course has been run for West Coast midwives to bring them in line with aviation requirements and further documents are being developed to ensure patient and midwife safety and appropriate care in flight. These changes are resulting in improved communication.

Development of emergency boxes

Following the first Practical Obstetric Multi-Professional Training (PROMPT) course in April 2013 at Grey Base Hospital, the staff identified a need for a pre-eclampsia emergency box and an improved post-partum haemorrhage box. The boxes will facilitate a quicker response to emergencies and ensure all equipment needed is in place.

Epidural Service

Over the past 10 months the epidural service has been re-introduced to the West Coast which has increased womens' options for pain relief.

Family violence intervention

The Violence Intervention Programme supports staff to screen for family violence; including partner abuse and elder abuse and neglect. All clinical staff are also trained to assess if child protection issues exist and to respond appropriately.

All clinical staff attend a comprehensive training day and are given a wide range of resources and support to enable appropriate referrals for patients to community and statutory organisations who can provide ongoing support.

- The shaken baby initiative educates families by showing all new parents and their wider family a 10 minute DVD showing the effects of shaken baby syndrome and a pamphlet is also given outlining prevention strategies.
- The Violence Intervention Programme is in the process of developing a better response to elder abuse and neglect by creating comprehensive policies, procedures and training.
- In 2014 we are initiating the national child protection alert system. This is a national initiative that will enable staff to see if there has been child protection concerns recorded in any other DHB. We will also be recording and sharing information better with the help of ePROSAFE, a child protection database that

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will be rolled out for staff in 2014. The maternal care and unborn wellbeing Multi-Disciplinary Team will commence in 2014. Pregnant women who are identified as needing support can be referred to this Multi-Disciplinary Team. Our vision is to provide early interventions where high risks for an unborn child are indentified. Health and key agencies will work together to provide a coordinated and supportive response for families, such as additional Well Child support, counselling, play therapy, parenting support, thereby minimising statutory intervention.

Dedicated Kaupapa Māori nurses

Three dedicated Kaupapa Māori nurses are already starting to make a difference for Māori patients on the West Coast. The positions are very much part of the Integrated Family Health Service. The aim of including Poutini Waiora (formally Rata Te Awhina Trust) in the Integrated Family Health Service is to provide a range of accessible health and social services to strengthen Māori whānau. The Kaupapa Māori nurse can act as the lead primary caregiver in service delivery, and will ensure all services delivered meet the needs of the whānau.

Allied Health Assistants

Five Allied Health Assistants will qualify with a Level 3 National Certificate in Health, Disability and Aged Support (Rehabilitation Assistant) next year thanks to an on-the-job training scheme. The qualifications will formally recognise the skills the assistants already have, as well as develop new skills and broaden their knowledge. In the future Rehabilitation Assistants who currently assist with either occupational therapy or physiotherapy will work across Allied Health Therapy Services, not just one or the other. Allied Health Assistants work under a supervising health professional and once qualified will have a broader understanding of what different Allied Health professionals do.

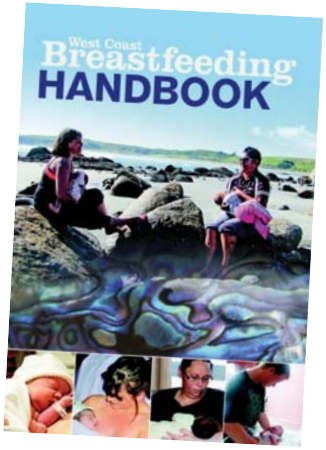
Home-based support

A new way of working between district nursing teams and home-based support has been well received on the West Coast. Nearly 12 months ago, supervision for home-based caregivers was moved from a social work function to one with a nursing focus. The idea behind the programme is to have closer working relationships between home based caregivers and district nursing teams. Caregivers are able to relieve district nursing teams so they can get on with the increasing demands of looking after more acute cases that come with earlier discharges and the more complex care being done in the community.

The programme has strengthened the bond between the two different services as each side respects and values the skills the other brings to the relationship. Caregivers are receiving training on giving medication that is packaged at pharmacies, monitoring general health and assessment. Carers are taught to recognise early signs of discomfort for patients by looking for things like pressure areas, mouth and skin integrity or signs of infection. It's about increasing the clinical skill competencies of carers to help ease the workloads of district nurses.

West Coast Breastfeeding handbook

In seeking to improve health outcomes, the West Coast's Breastfeeding Interest Group identified the need for a local breastfeeding resource to provide West Coast families with clear, consistent and local information regarding breastfeeding. The West Coast Breastfeeding handbook was developed with the help of many West Coast mums and launched in August 2012. Expectant mothers are now receiving the handbook



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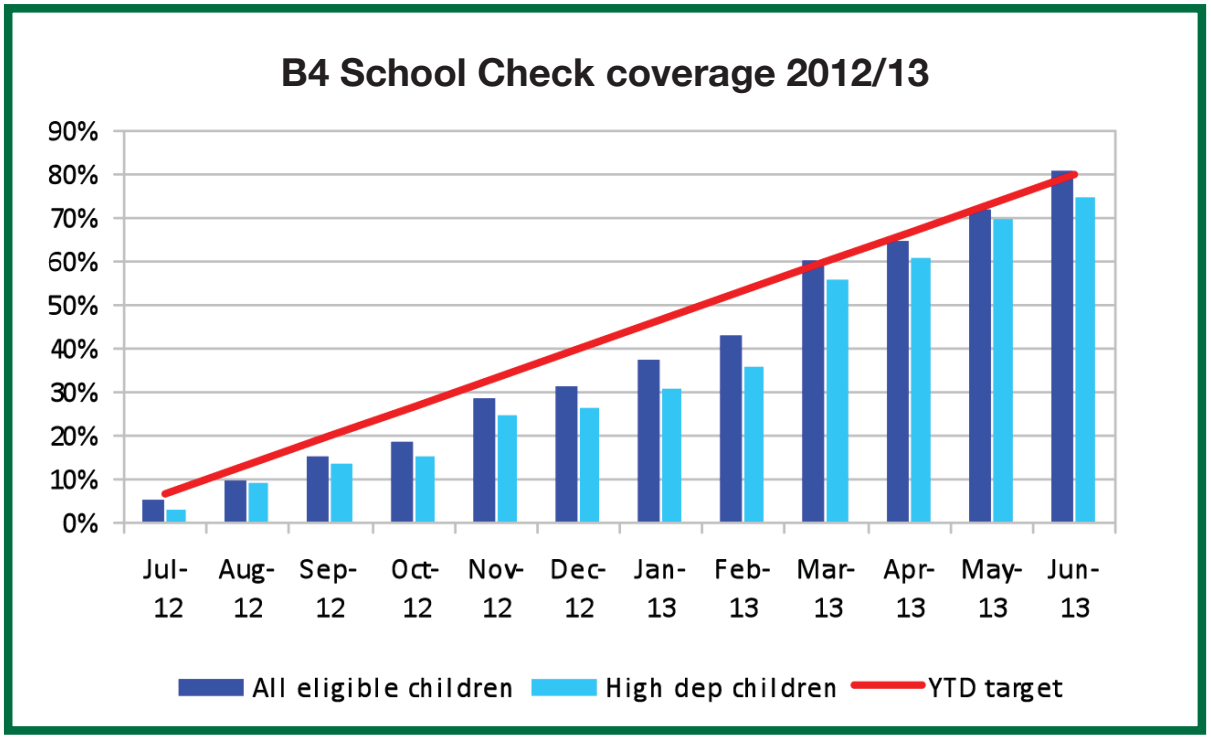
from their midwife which can be used through to the end of breastfeeding. Feedback from West Coast families has been positive as the handbook has eliminated the use of multiple resources, for example providing information regarding West Coast specific breastfeeding support services, such as the Mum-4-Mum peer support service.

West Coast B4 School Check Service

During the past year the West Coast's B4 School Check Service was reviewed. The B4 School Check is a nationwide programme offering all four-year-olds a health and development check before starting school.

Mobile 'one-stop-shop' clinics are being delivered to many West Coast communities and a stronger clinical collaborative approach has had positive results. The West Coast DHB achieved the B4 School Check target for 2012/13 for the total population and the target for high deprivation children was missed by just three children. These results demonstrate the success of collaboration between Well Child Tamariki Ora providers, public health nurses and Early Childhood Education providers. In the coming year, B4 School Checks will continue to be delivered to West Coast communities, with 32 community clinics arranged for 2014.



Newborn Services Enrolment

The Newborn Services Enrolment form has recently been developed to address timely enrolment and referrals to newborn services. The services included are the National Immunisation Register, Well Child Tamariki Ora, General Practice, Breastfeeding Support Services and the Community Dental Service. This streamlined process is an important step for ensuring there is continuity of care for mothers and babies by reducing information gaps, ensuring all services have information early, improving the transition from the Lead Maternity Carer to Well Child Tamariki Ora and general practice, and as minimising the risk of children and their whānau falling through the gaps. The process will be evaluated by the working group involved in its development after three months of implementation.

Transalpine services and supporting health professionals

Collaboration with Canterbury has seen the development of more than ten 'transalpine'

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services, giving West Coast people reliable access to specialist services and allowing us to better plan the workforce and infrastructure needed in both locations. Access to specialist health care has improved, and the time West Coast people spend travelling to access care has been reduced. Clinical outreach services now provide regular access to specialist advice in local clinics.

We have had an increasing focus on securing a permanent workforce to improve the continuity of care we provide and to reduce reliance on locums – an expensive and unsustainable way to run our health system. Through the Transalpine model, a number of joint specialist positions are now in place within Canterbury and West Coast services, including joint geriatrician, paediatrician, anaesthetics and allied health positions. We have adopted a joint Nursing Entry to Practice Programme that shares elements of training with Canterbury and brings graduates together in their first year of training. We have also established a Rural Learning Centre to reduce workforce isolation factors through collaboration, peer support and mentoring.

West Coast Cancer Nurse Coordinator

Andrea Reily was recently appointed Cancer Nurse Coordinator to the West Coast DHB.

Research shows that cancer patients can come into contact with up to 28 doctors, and even more nurses, throughout their treatment. Andrea's role as a dedicated Cancer Nurse Coordinator is to be a single-point-of-contact to help the patient and their family navigate through the tests, appointments, treatments and services.

The vision of the service is to improve the patient journey to ensure they are supported and given adequate information.

Appointment of first Generalist Doctor at Grey Base Hospital

Dr Brendan Marshall is the West Coast DHB's new General Practitioner and Hospital Generalist at Grey Base Hospital – a new position that involves working in Primary Care, ED, anaesthetics and supporting paediatrics and orthopaedics after hours.

Dr Brendan Marshall

Brendan trained in medicine at the University of Queensland in Australia and subsequently completed post graduate rural and remote training while working in western and far northern Queensland. He says the towns are small, and while the core service is general practice, the doctor has to provide primary through to secondary care. In the course of a day this could involve seeing someone with a cold right through to doing acute obstetrics, dealing with a trauma in ED or giving an anaesthetic.

New parents welcome neonatal outreach service

The West Coast DHB's neonatal outreach service is helping new mums and their vulnerable babies.

Nurse Catherine Andrew's role is to follow up on the babies that leave the Neonatal Intensive Care Unit at Christchurch Hospital. They can be babies with a feeding issue, oxygen requirement, or cardiac issues, anything that requires keeping a closer eye on them.

Catherine supports families as they adjust to life back home after being in an intensive care environment for sometimes three or four months.

Reducing harm from alcohol

The health impacts of alcohol on West Coast people

All three districts of the West Coast have higher rates of alcohol-related deaths than the national rate. The West Coast also has higher rates of alcohol-related hospitalisation than the national rate. West Coast young people aged 15-24 have almost two and half times the rate of alcohol-related hospitalisation of New Zealand as a whole. The West Coast has higher than the New Zealand average rate of alcohol-involved road traffic crashes (11.6 vs 7.8/10,000 population).

West Coast health professionals report that they deal frequently with a wide range of health impacts from alcohol, ranging from acute intoxication and its effects on behaviour, to its chronic effects on mental and physical health across the age range. Several observe that these effects are widespread and pervasive and create a significant burden on local health services, families and whānau, and the wider community.

Drinking behaviours

West Coast people have higher rates of hazardous drinking than the national rate. A recently commissioned West Coast Community Alcohol Survey found that, in common with New Zealand as a whole, the majority of West Coasters (85 percent) drink alcohol. A significant numbers also reported risky drinking behaviours like binge drinking, heavy drinking and frequent drinking. All these behaviours increase the risk of adverse health impacts significantly.

Community views on alcohol and alcohol licensing

The West Coast Community Alcohol Survey (2013) asked a sample of 1204 residents from all three districts of the Coast (Buller 413, Greymouth 420 and Westland 371) a range of questions about their opinions on alcohol use, the numbers, location and trading hours for licensed premises, potential restrictions on the operation of alcohol outlets such as one way door policies, and liquor bans. There were few differences between the views of respondents across the three districts.

Is alcohol a problem on the West Coast?

The majority of respondents agreed that alcohol was a problem on the West Coast. The problems most identified as related to alcohol included: anti-social behaviour, people being unable to carry out everyday tasks like going to work, intimidating behaviour, assaults and violence, noisy parties, unruly behaviour, vandalism and litter, pre-loading and feeling unsafe in public places where people have been drinking. About three quarters of respondents agreed that drinking at parks, cars, beaches and BBQ areas caused negative impacts, while around half thought this was the case for drinking at and after public events, or drinking at pubs or bars. Over a third agreed that drinking at private houses or sports clubs caused negative impacts, while smaller proportions agreed that drinking at community clubs or cafes did.

Community and Public Health's alcohol regulatory staff have a strong collaborative relationship with the Police who share similar views around alcohol-related harm on the West Coast and strategies to improve this. There is also an inter-agency working group consisting of Council District Licensing Inspectors, police and public health who work closely together to implement strategies that reduce alcohol-related harm around liquor licenses.

Priorities for the next 12 months:

In March 2012 the West Coast DHB endorsed an Alcohol Position Statement which is consistent with DHBs across the South Island.

Reducing harm from alcohol

Three key areas for action are identified within this position statement:

1. The West Coast DHB will support and assist Territorial Authorities to develop local alcohol polices that seek to reduce alcohol-related harm by providing information on alcohol-related presentations to emergency departments, and other information pertaining to the burden of alcohol. It will provide further evidence-based advice to assist with these plans.

2. The West Coast DHB will identify and record alcohol-related presentations within the West Coast district in a consistent manner.

3. The West Coast DHB will reduce the alcohol-related harm experienced by people within the West Coast district by developing an Alcohol Harm Reduction Strategy. This strategy will set out the actions West Coast DHB will undertake to reduce alcohol-related harm, including a communications plan.

Progress on action areas identified in the West Coast DHB Alcohol Position Statement

- Development of Local Alcohol Policies

  Public Health staff have been working with representatives of the three District Councils and Police to help develop a joint or uniform local alcohol policy (LAP) for the West Coast. Each council has committed to developing LAPs, however they are all at slightly different stages. The Buller District Council put their draft LAP out for public consultation in November. The Grey and Westland District Councils have put the development of their LAPs on hold temporarily. The Buller LAP is currently out for consultation (it closes in January 2014). The Medical Officer of Health and Police have similar views on what they would like included in the LAPs to achieve the goal of reducing alcohol related harm.

- Alcohol Harm Reduction Strategy

  Progress is being made through the South Island Public Health Alcohol Alliance on the public health aspects of South Island DHBs' Alcohol Harm Reduction Strategies. This will be included in any West Coast DHB strategy.

Actions we can all take

- Always serve food with alcohol
- Plan how you will get home safely before you go out for a drink
- Have at least two alcohol-free days a week
- Keep your drinking within safe limits to reduce your long term health risks
  - Men – no more than three standard drinks per day and no more than 15 per week
  - Women – no more than two standard drinks per day and no more than 10 per week
- If you are pregnant, do not drink alcohol.

Becoming Smokefree

West Coast Tobacco Control Plan

Smoking and exposure to second-hand smoke kills an estimated 5,000 people in New Zealand every year, and smoking related diseases are a significant cost to the health sector. Smoking remains the single most common cause of preventable death and morbidity in New Zealand and it is estimated that half of all long term smokers die of a smoking-related illness (Ministry of Health, 2009). Tobacco use has been embedded in our culture and is a major contributor to health inequalities both nationally and on the West Coast.

Tobacco and poverty are inextricably linked and the West Coast is home to some of the most deprived sub-populations in New Zealand. In some of our communities, a sizeable portion of household income is spent on tobacco, resulting in less money being available for necessities such as education, nutrition and health. Supporting our population to say no to tobacco smoking is our foremost opportunity to significantly improve the health of West Coast people.

The West Coast Tobacco Control Plan 2011-2014 guides the whole of system approach to Tobacco Control on the West Coast. Activities within the plan are implemented by the West Coast Tobacco Free Coalition. This is a multi-agency group whose membership includes primary health, non-government organisations, consumer and the DHB. The six key focus areas within the plan are:

1. Leadership and coordination
2. Smoking cessation
3. Reducing inequalities
4. Media and communication
5. Smokefree environments
6. ‘Better Help for Smokers to Quit’ and delivery of the National Health Targets

Becoming Smokefree

South Island DHBs' Smokefree / Auahi Kore Position Statement

In November 2012 the West Coast DHB signed up to the South Island DHBs' Smokefree / Auahi Kore Position Statement. The purpose of the statement is to describe the commitment of the West Coast DHB to the Government's goal of a Smokefree Aotearoa New Zealand by 2025 and the strategies to achieve this through the local Tobacco Control Plan.

Better Help for Smokers to Quit

The West Coast Health System continues to be committed to providing 'Better Help for Smokers to Quit' by providing and supporting a range of accessible, community-based smoking cessation services on the West Coast, as well as supporting all staff to implement the ABC strategy for smoking cessation:

A = Asking the patient about smoking status,

B = giving Brief advice to stop smoking,

C = providing Cessation support or a referral to a cessation service (ABC).

In 2012-13, 1,336 West Coast people who smoke tobacco accessed the following smoking cessation services: West Coast DHB Cessation Counsellors, Coast Quit in the practices and pharmacies, Aukati Kai Paipa, and Quit Line. These numbers represent about a quarter of the total number of West Coast residents who smoke. With continued high levels of access to smoking cessation support, our region joins the rest of New Zealand in drawing closer to the ultimate Smokefree 2025 goal.

Priorities for the next 12 months

- On-going work with Lead Maternity Carers and smoking cessation services to improve the uptake of smoking cessation services for pregnant women who smoke
- Continue to strengthen referral pathways between primary, secondary and maternity services and community cessation programmes, given the proportion of successful quit attempts is increased by the provision of effective cessation support
- Through the West Coast Tobacco Free Coalition promote smokefree environments and policy throughout the community to support cessation and reduce second-hand smoke exposure.

Māori health

Consistent with national trends, the Māori population on the Tai O Poutini (West Coast) is increasing, West Coast Māori have a similar social profile to non-Māori on the West Coast. However, they have poorer overall health status and significantly higher mortality rates. Although good progress has been made, Māori still, on average, have the poorest health status of any population group in New Zealand and are less likely to access mainstream health and disability services. Data also indicates that West Coast Māori not only generally have poorer access to health services, but they often have poorer outcomes following intervention.

How are we improving outcomes for our Māori population?

We are focusing on improving how we deliver health services to Māori. We want to work better and smarter and focus on delivering services closer to our communities and wherever possible within the home. We are working alongside Māori Health Providers to assist them to build a clinically viable model of care that is closely integrated with our West Coast Health System.

In the past several years, real gains have been made in improving systems responsiveness to Māori health needs:

Some examples are

- More Māori are enrolled with primary care. 85 percent of Māori are now enrolled with the West Coast Primary Health Organisation – up from 79 percent in 2009/10.
- More Māori with diabetes are accessing free annual checks. 94 percent of Māori with diabetes accessed free annual checks in 2011/12 – a significant improvement from 53 percent in 2009/10.
- More Māori with diabetes are better managing their condition. 71 percent of Māori who accessed free diabetes annual checks had satisfactory or better diabetes management in 2011/12 – up from 67 percent in 2009/10.
- More Māori have had their cardiovascular (CVD) risk assessed. 54 percent of eligible Māori adults had had a CVD risk assessment in the last five years in 2011/12 – up from just 19 percent in 2009/10.
- More Māori are being supported to quit smoking. 86 percent of hospitalised Māori smokers were offered advice and help to quit in 2011/12 – a considerable increase from 46 percent in 2009/10.
- Fewer Māori are going to hospital for preventable illnesses. Avoidable hospitalisation rates for Māori (aged 0-74) dropped to 1,746 per 100,000 in 2011/12 – down from 2,102 in 2009/10.

Māori health

Significant improvements are occurring in cancer screening services, with cervical screening increasing from 53 percent - 69 percent in 2012/2013 year for Māori and breastscreening rates for Māori consistently being at a higher rate than non-Māori.

Māori Health Provider – Poutini Waiora

Poutini Waiora has recently changed its name from Rata Te Awhina Trust and has spent a lot of time over the last year aligning and strengthening its services to become a key partner within the West Coast Health Alliance. The recruitment of three Kaupapa Māori nurses has seen the clinical capability strengthened with these nurses who are supported by Kaiarataki (Māori health navigators) working alongside practice teams to improve access and engagement by Māori in clinical programmes.

The expected health outcomes for clients and whānau of this service are:

- Improved access to quality health services meeting Māori needs for clinical and cultural competency
- Individuals and whānau who are more empowered
- Improved information for whānau about hapu-based support and culturally appropriate services
- Improved information and education on relevant lifestyle, health and treatment issues
- Access to health services that are coordinated and integrated with the community and other health and social services
- Improved access, including appropriate and early access, to health promotion, health education, primary and secondary health care
- Appropriate access and utilisation of other (eg, hospital-based) services through information, facilitation/navigation and advocacy
- A reduction in hospital admissions that is preventable and controllable through effective primary care.

Whānau Ora

Whānau Ora and improving access and health outcomes for our population by supporting interconnectedness and the provision of services between providers across all sectors will also continue to be a priority. The West Coast DHB and the West Coast PHO will work alongside Poutini Waiora to deliver within a Whānau Ora framework that is clinically sound, culturally strong and seeks to empower whānau to have the very best health and wellbeing possible.

Māori Health Plan 2012 -2013

The Māori Health Plan 2012-2013 has been completed after an extensive amount of work and following comment from members of the Māori community, clinicians and other health care providers and the Ministry of Health.

A strong focus in the plan, as it will be every year, is to continue to work alongside Māori Health Providers and the West Coast PHO to align and integrate services to the Integrated Family Health Centres and to assist parties to work collaboratively. Local priorities include a focus on Oral health, reducing hospital readmission rates for Māori and disease prevention through improved nutrition, increasing physical activity and reducing obesity. The 2013-2014 Māori Health plan is currently being implemented.

Lynnette Maclaren, Financial Assistant, West Coast DHB, looks over the draft Māori Health Plan.

Mental health services

It is estimated that at any one time, 20 percent of the New Zealand population has a mental illness or addiction and three percent are severely affected by mental illness. Depression is predicted to be the second leading cause of disability in New Zealand by 2020. Our ageing population will also place an increasing demand on mental health services, as the likelihood of mental illness (predominantly dementia, depression and anxiety disorders) increases with age. Older people also have different patterns of mental illness, often accompanied by loneliness, physical frailty and co-morbid physical illness. Improving the responsiveness of our mental health services by strengthening the continuity of care, simplifying access pathways and reducing waiting times will support people to stay well and improve outcomes for our population.

How will we improve outcomes for our population?

The West Coast DHB Mental Health Service is working within the Ministry of Health 'Rising to the Challenge' document for *Better, Sooner, More Convenient* care for consumers. Initiatives include:

- Undertaking a gap analysis between articulated priorities in the national Mental Health and Addiction Service Development Plan and current service delivery, and prepare to implement the plan over the next five years
- Strengthening the integration of mental health services across the whole of the West Coast health system, with a reorientation around the healthcare home and the Integrated Family Health Services (IFHS) model of care. This will ensure we will make the best use of resources and provide continuity of care for people no matter what setting they present in
- Improving the responsiveness of child and youth specialist mental health and alcohol and other drug (AOD) services and reducing waiting times for access to services
- Improving cross-agency linkages and service planning to implement national policies. This will ensure vulnerable and at-risk young people and their families are identified and supported with the service they need to stay well
- Increasing Māori participation in service planning
- Increasing use of data and consumer feedback to inform future Mental Health service planning and development.

Mental health services

Key focus areas for 2013

A Memorandum of Understanding between non-government agencies and the West Coast DHB

This year saw the innovative collaborative venture between non-government organisations and the West Coast DHB mental health services in working together in developing a draft Memorandum of Understanding. The new Memorandum of Understanding when formalised, will replace the individual non-government organisations and DHB Memorandum of Understandings previously undertaken. This is a positive and innovative move towards a whole-of-system approach, a move that has seen a collective pilot programme for consumers with co-existing presentations being developed with interagency funding and involvement.

Co-existing presentation (CEP) peer support group

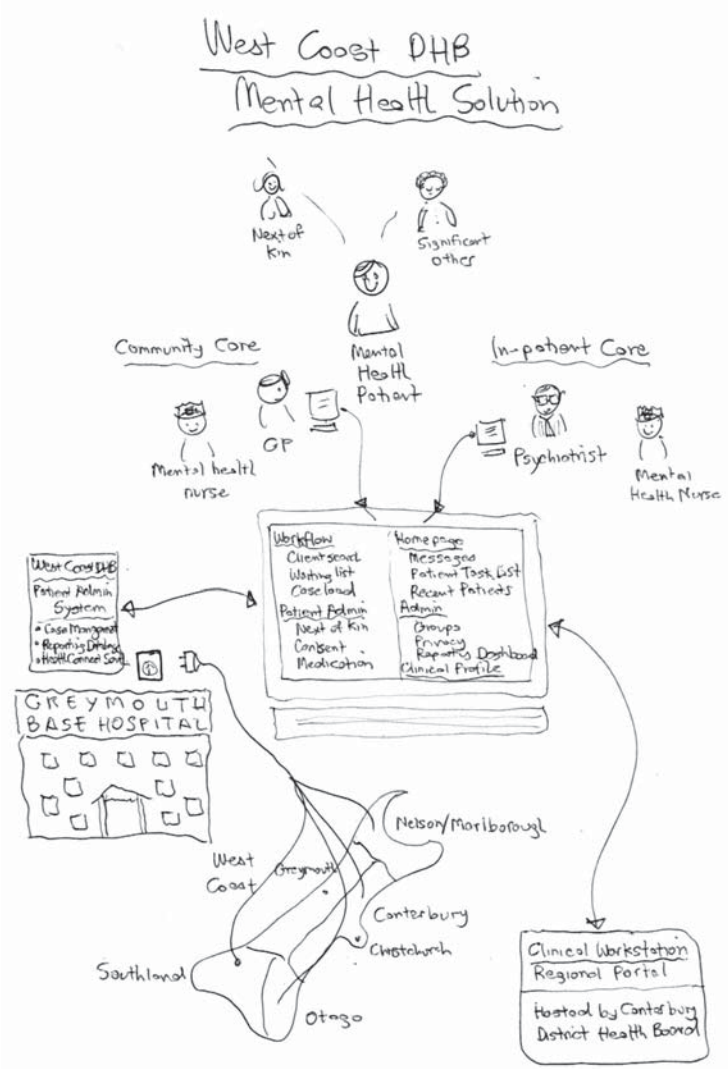
A 10 week pilot CEP peer support group took place late in 2013. The development of the pilot was a shared vision between non-government agencies and secondary services. The programme covered a variety of topics ranging from, what makes me the addict I am?, through to how to express yourself. Although the pilot came to a close at the end of October it is a testament to the attendees that they are driving ongoing meetings. A future programme is in the planning stages for the Buller region for early in 2014, programme planning for South Westland will commence later in 2014.

Mental Health Services Review

The West Coast commissioned a review of mental health services an the Coast. A clinical and consumer team of seven, led by the Clinical Director of the West Coast mental health services, is undertaking the review. The team was tasked with reporting on current service delivery and options for improving service integration. The review is now complete, with more than 180 consumer and provider representatives involved. Final drafting of the report is underway.

Pharmacy Prescribing in Mental Health Services

The West Coast is one of the first regions to benefit from a law change that lets clinical pharmacists prescribe within their scope of practice. The Pharmacy Manager at Grey Base Hospital was one of 14 pharmacists nationwide (and the only one within mental health) who completed the new Postgraduate Certificate in pharmacist prescribing and was registered with the Pharmacy Council of New Zealand. To qualify, pharmacist prescribers have to work



Proposed West Coast DHB Mental Health Solution

Mental health services

with a designated Medical Practitioner who provides oversight. The pharmacist is able to review patients within the Mental Health inpatient unit, working with other health professionals to evaluate the effectiveness of their current medication. The pharmacist is able to adjust doses, add new medications or stop treatments. It also means a more efficient discharge process for people as the pharmacist can write the discharge prescriptions. Collaborative prescribing ensures safe access to the right medication at the right time, developing and strengthening rapport with patients, families and doctors.

Mental Health Solution

For the first time mental health professionals throughout the West Coast have a complete picture of a client's clinical record in one system. The system was developed collaboratively by the five DHBs in the South Island Health Alliance and will be rolled out regionally to provide more effective care for all South Island mental health clients.

The initiative integrates mental health clinical records with the patient administration system. All of the client's information – including assessments, treatment plans and details of other people involved in their care – is now accessed from one point.

Staff using the system describe the solution as an 'awesome' programme, finding it quick, efficient, effective and above all easier to use. The potential of the programme is vast but for clinicians it is an excellent tool, time efficient with the added bonus of being able to see when 'tasks' require updating. This 'solution' is also being showcased in Australasia.

Mental Health Seclusion

Taking a new look at handling an old problem has resulted in some remarkable results in the way that the West Coast's Manaakitanga (mental health services) team deals with seclusion.

Seclusion, or being locked alone in a room, is always used as a last resort for mental health services in emergency situations where there is actual violence or extreme risk of violence or self harm.

There has been a dramatic change in both the frequency and duration of seclusion events after the inpatient team made some changes to how they dealt with the issue. Other ways to manage high risk behaviour have been explored, including new approaches to defuse intense emotion, attending to the underlying issues and the use of medication to assist the person to regain control.

Mental health services

Staff have been very focused on reducing the time any individual spends alone in a locked environment. The number of hours patients have spent in seclusion have dropped significantly during the past 12 months. The average hours in the first half of the year was 35.8 hours of seclusion a month, and for the second half of the year, it was only seven hours a month.

Key focus areas for 2014

- **The Mental Health Solution**

  Continual improvement and roll out across services.

- **Co-existing presentations (CEP) Peer Support Groups Buller and South Westland**

  Ongoing rollout of the Feel Free programme to all areas.

- **Falls and medication audit**

  A joint quality initiative between Pharmacy and the Mental Health Solution led to the development of the first falls/medication correlation audit tool. Interest in the use of this tool has been expressed by other DHB's as well as other areas of the West Coast DHB hospital.

  A workshop to look at incorporating a falls and medication audit tool into every day use within the Kahurangi Unit documentation is planned for 2014.

- **Consumer/Family Involvement**

  Since 2006 the Coast has had the benefit of a Mental Health Consumer Advisor and a Consumer Forum. The Consumer Forum is a vehicle for information sharing and for multiple agencies to provide information on service development and hear the consumer voice. The 'nothing about us without us' Project for the Integration of Mental Health Data (PRIMHD) consumer group is nationally recognised and has been asked to present internationally. In 2014 the work will consist of developing consumer forums for Buller and South Westland and to be operational for Mental Health Awareness week.

  Work is underway developing a family/whānau survey. This work will involve families in the development of the survey, trialing the survey and establishing benchmark data for ongoing analysis and continuous improvement in Older Adult services – Kahurangi.

- **Service Delivery**

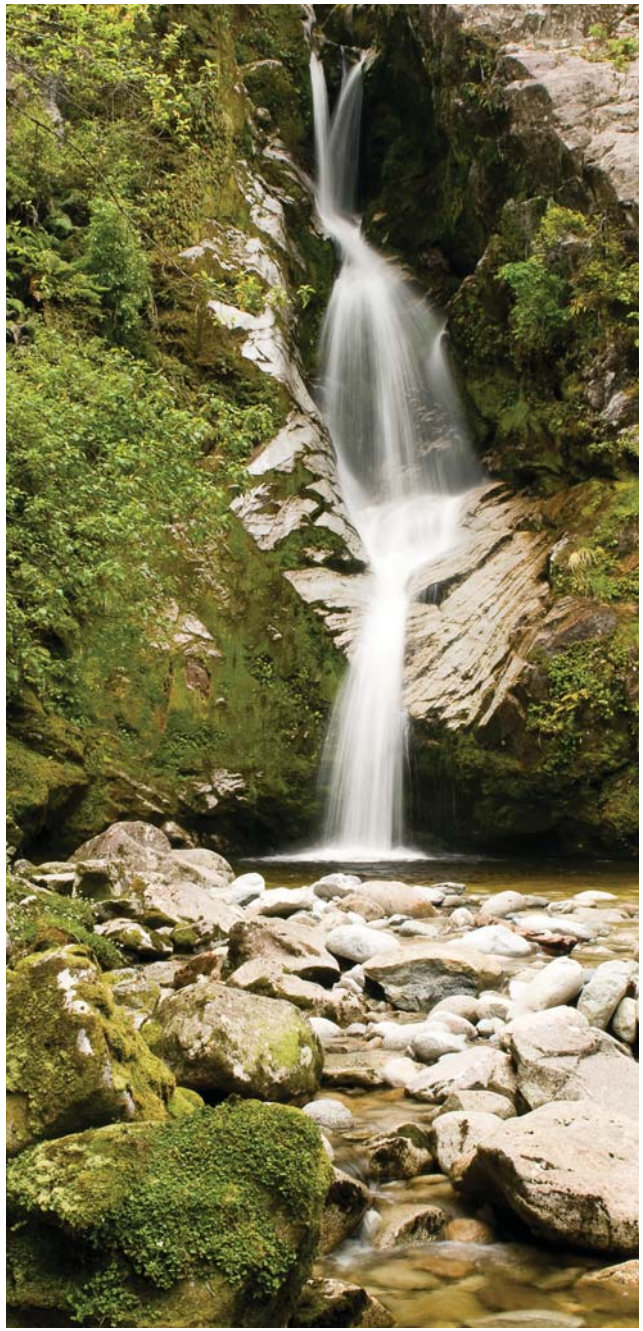
  Building on resilience and recovery.

- **Actively involve Māori in service planning**

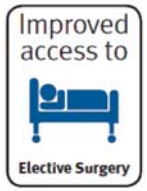
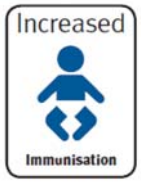
Health targets: Commitments to the Crown

We continue to deliver on Government health targets, leading the country in driving down wait times in emergency departments, where we consistently achieve above 99 percent of people attending emergency department being admitted, discharged or transferred within six hours. Six months into 2012/13:

- We had delivered 103 percent of our year-to-date elective surgery target
- 89 percent of hospitalised smokers and 44 percent of smokers in primary care were provided with advice and support to quit (up from 86 percent and 40 percent respectively on the same time last year)
- 84 percent of all eight-month-olds on the West Coast were fully immunised, including 100 percent of Māori eight-month-olds
- 58 percent of eligible people on the Coast had received a cardiovascular risk assessment in the past five years – still some way to go against the national target, but already three percent above the national result.



West Coast's commitment to the National Health Targets

	TARGET
	***Government expectation*** 95% of patients presenting at an Emergency Department (ED) will be admitted, discharged or transferred within six hours. ***West Coast contribution*** **95%** of people presenting at ED will be admitted, discharged or transferred within six hours.
	***Government expectation*** More New Zealanders have access to elective surgical services, with at least 4,000 additional discharges nationally every year.[1] ***West Coast contribution*** **1,592** elective surgical discharges will be delivered in 2013/14.
	***Government expectation*** All people ready for treatment wait less than four weeks for radiotherapy or chemotherapy.[2] ***West Coast contribution*** **100%** of people ready for treatment wait less than four weeks for radiotherapy or chemotherapy
	***Government expectation*** 95% of all eight-month-olds are fully vaccinated against vaccine preventable diseases. ***West Coast contribution*** **90%** of all eight-month-olds will be fully vaccinated by 1 July 2014.
	***Government expectation*** 90% of smokers seen in primary care, 95% of hospitalised smokers and 90% of women at confirmation of pregnancy are offered brief advice and support to quit smoking. ***West Coast contribution*** **90%** of primary care smokers and 95% hospitalised smokers will receive advice and help to quit. Progress towards **90%** of pregnant smokers being offered advice and help to quit smoking.
	***Government expectation*** 90% of the eligible population have their cardiovascular risk assessed once every five years. ***West Coast contribution*** Progress towards **90%** of the eligible population having had CVD risk assessed by 1 July 2014.

[1] The national health target definition of elective surgery excludes dental and cardiology services.

[2] The national health target definition excludes Category D patients, whose treatment is scheduled with other treatments or part of a trial.

Notes


thewarehouse

Quality Accounts

A snapshot of how we're doing

West Coast
DISTRICT HEALTH BOARD
TE POARI HAUORA A ROHE O TAI POUTINI

West Coast District Health Board
Grey Base Hospital, PO Box 387
Greymouth 7840

www.westcoastdhb.org.nz