

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
1 July 2013 – 30 June 2014



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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.**

This second issue of the West Coast District Health Board's "Health System's Quality Accounts" for the 2013-14 period gives an overview of a number of current service quality initiatives and activities in the West Coast region. All those who work to support the West Coast Health System play a key role in ensuring we deliver safe and high quality health services.

As an organisation we're committed to our vision of establishing sustainable, inclusive and integrated approaches in keeping people both healthy and well in their own homes. Ensuring the right type of service and support is delivered by the right person, at the right time and place, with the right patient experience outcomes. The Quality Accounts showcase progress to date in improving service delivery and health outcomes for our population; highlighting our successes, what we have learned and our future improvement goals.

The West Coast District Health Board's (WCDHB) commitment to helping people stay well in the community means we partner with a range of other agencies that support healthy lifestyles, empower people to stay well and take increased responsibility for their own health. This helps to free up our local hospital-based services to provide the necessary acute and elective care required more effectively, support people requiring more complex care and provide specialist advice to care providers.

We are confident the West Coast Health System has both the skill and determination to further build on our recent successes captured in this year's Quality Accounts, and will continue to go from strength to strength through supporting a culture of continuous quality improvement and innovation through and into 2015 – 2016, when we will report again.



David Meates
Chief Executive,
Canterbury & West Coast DHBs



Stella Ward
Chair,
West Coast DHB Clinical Board



Informing our Quality Accounts

The Quality Accounts booklet is designed to give residents a snapshot of what is happening in West Coast health system projects and programmes to improve the quality and safety of services provided on the Coast.

Some of the work that underpins how we go about this is outlined below:

Our key priorities

In the past 12 months, we've made tremendous progress toward bringing to life the single, integrated West Coast health system that our communities want and deserve.

What this also means is that through our collective efforts, we're closer than we've been for the longest time to delivering care that is both clinically and financially sustainable.

The five key priority areas outlined in this section will make a huge difference to the performance of our health system over the next 12 months. They're priorities which will continue to take us closer toward our vision for a safe, sustainable, integrated and viable health care system for the Coast.

1. We need to be making the most efficient use of our resources

This is about making sure that we're using the right resources for the right reasons and in the most effective and efficient way. It's about minimising waste, and reducing unnecessary duplication and variation. It requires all of us to remember that we have permission to ask questions, to challenge the things we might observe around us, and to suggest new and different ways of working. Specific projects include to reduce the proportion of our outpatient and surgical services for which patients Do Not Attend; looking at improving how we use our theatre space and resources; and a further project is focused on improving our discharge processes.

2. We need to ensure we're delivering services in the right ways

This priority area is tightly connected to the first priority above, but is more specifically about how we ensure that - if we're outsourcing services or having services delivered off the Coast, that this really makes sense. One of the areas we're

exploring is whether there's some care currently provided in Canterbury that may be able to be provided on the Coast. ENT surgery is one particular service of focus right now; we've delivered ENT surgery on the Coast before. We're keen to explore whether we should and could bring it back so fewer Coasters have to travel and we're making best use of our resources, both on the Coast and in Canterbury.

3. We need to continue to build the capacity of primary care and community-delivered services

In the past year, real effort has been made to stabilise these services and improve access. We're on the right track, as the average wait time for a routine GP appointment is down from nearly six days to an average of around a day or so, right across the Coast. We now need to continue to deliver transformational change in primary and community services to enable people to stay as well as possible, as close to home as possible, for as long as they can.

One initiative helping bring this to life is the initiation of weekday clinical staff team meetings at Buller Health. The aim is to improve coordination and ensure people receive the community support services they need.

4. We need to accelerate preparations for working differently in new facilities

We've been successful in securing the commitment of the government for new facilities in both Grey and Westport. These new facilities are going to enable us to work in new, more connected and efficient ways. They're also going to enable us to fully bring to life the model of care work that so many of you have been involved with recently. What's now really important is that due to the confidence we have that new facilities really are coming, we accelerate the work already underway, and refine our models of care.

5. We need to continue to bring to life workforce innovations across the nursing, medical and allied health professions.

In the past 12 months, we've continued to innovate across the workforce. Nursing is exploring how it might continue to innovate and work differently in the new environment; we've completed a review of allied health, we're implementing a leadership framework and we're recruiting an Associate Director Allied Health. In medicine, the focus is on continuing to recruit Rural Hospital Medicine doctors, and stabilising our workforce across general practice and hospital services. This work remains a top priority for the year ahead.

Delivering on these priorities will make a huge difference to how our health system performs over the next 12 months and beyond. They're at the heart of our vision for a system that puts patients at the centre, and which keeps them as well as possible, for as long as possible, close to home.

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.

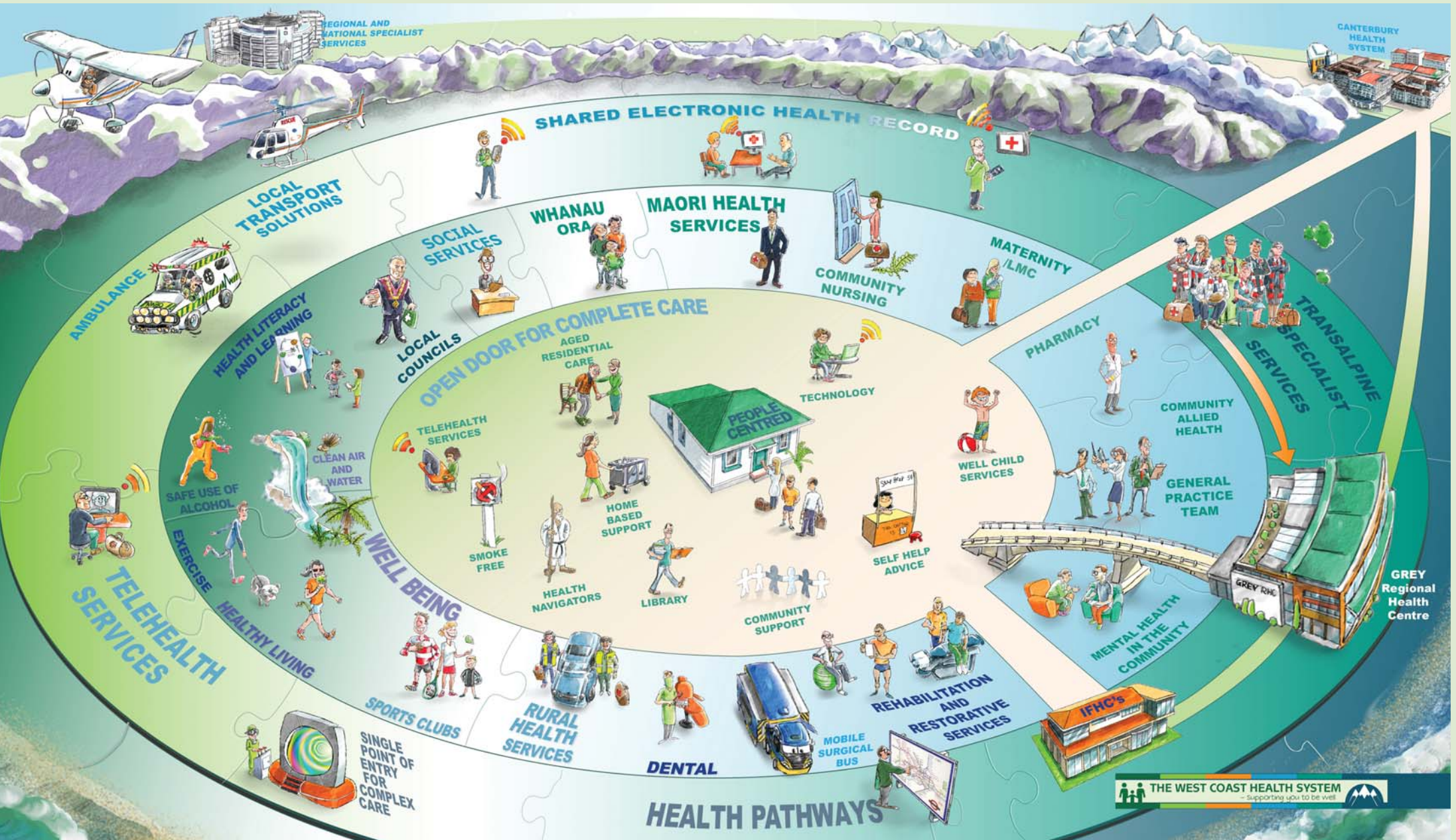
This feedback will help us ensure the Quality Accounts provide relevant and useful information on the quality of health services being delivered on the West Coast.

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 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.

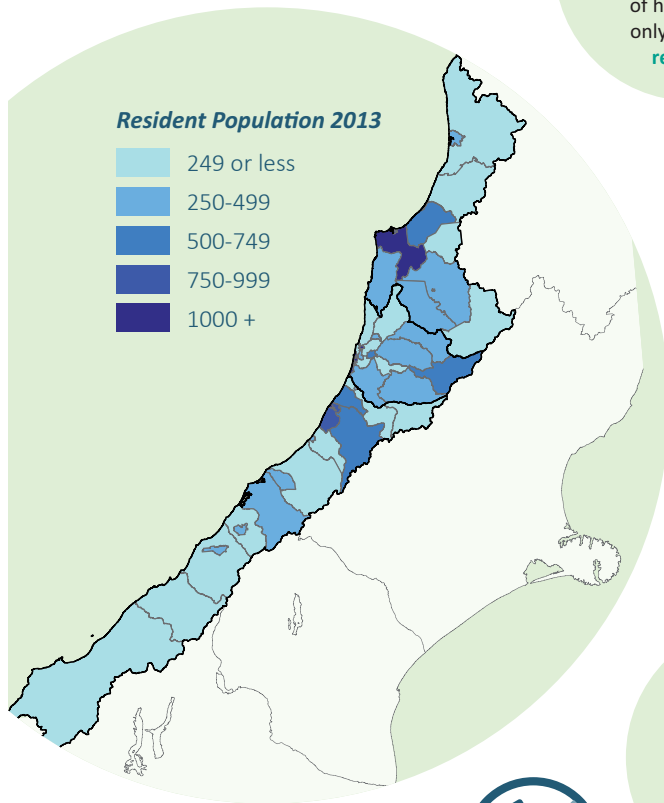
At the heart of our model of care is a commitment from the West Coast DHB, the West Coast Primary Health Organisation (PHO) and other health professionals, practitioners and organisations to ensure people living on the Coast have access to the kind of services that will enable them to stay well in their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



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Who makes up the West Coast DHB Community



30.7%
of households only have **one** resident.

16.1%
of our population are **65 or older**, up from 13.8% in 2006.

20.5%
of those aged 15 years or older **smoke regularly**, down from 25.7% in 2006.

10.5%
of our population are Māori

19.9%
of Grey residents are aged **under 15**. This is the **highest proportion** on the Coast.

3.4% of households have no access to telecommunications. This is the **highest in New Zealand**.

0.8%
of the total New Zealand resident population live in the West Coast. However, the West Coast is one of the **largest DHBs** by geographic region.



What Does This Mean?
Our ageing population
The West Coast DHB has an increasing elderly population. While progress has been made to address the needs of older people, new service models will need to continue to be developed.

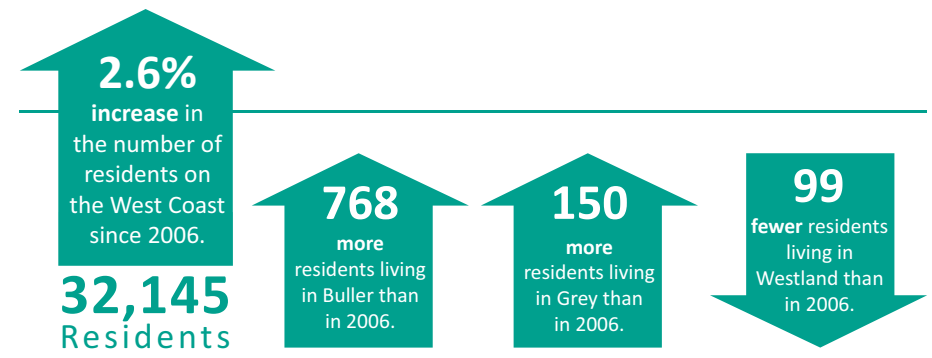
Our population distribution
We have a population that is spread over a vast geographic distance. We also have households that are hard to contact, with 3.4% without access to any telecommunications. This presents a challenge in the delivery of health services within the West Coast and demonstrates the importance of mobile delivery of services to the community.

Our resident population has increased by 2.6% since 2006, to 32,145. This is a slower rate of growth than at the last census. However, the rate of population growth has also slowed nationally.

The Grey District has the largest population in the region, with a resident population of 13,371. The Buller District has a population of 10,470 residents. The Westland District has a population of 8,304 residents.

Our population continues to age. 16.1% of our population are now aged 65 years or older. This is higher than the national proportion of people aged 65 years or older (14.3%).

There has been a decrease in the number of children aged 0-14 years old. This is in line with a decrease in the number of families with dependent children in the region. There has been an increase in the number of one-person households, consistent with the decrease in the number of families with dependent children.



Improving consumer experience

West Coast DHB Consumer Council

The Consumer Council is a new body still in its first year of operation. Six meetings have been held to date and you can find out about who the members are, their terms of reference, and their activities by looking on the WCDHB website.

The Council works 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.



Keith McAdam (Westland), Julie Bell (Admin Support), Barbara Holland (Chair), Katherine Adlam (Buller), Judy Tutchten (Greymouth), Lynnette Beirne (Greymouth), Mark Davies (Westland), Joe Hall (Greymouth), Neil Stevenson (Buller), Alice Cardwell (Greymouth). Inset: Ned Tauwhare (Westland).

Their key role is to contribute to 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.

"Any changes which involve how and where health services might be provided are a key opportunity to review what is working well now, identify any current gaps and/or what might be done differently," says Consumer Council chairperson Barbara Holland. "Including consumer voices at the start of service planning is key to ensuring the health pathway connects the right services and support to the right people

Improving consumer experience

at the right time. We don't want quality or safety to be compromised at all in any revamp, but we must ensure services remain accessible and affordable whenever they are provided off the West Coast."

How Are We Making A Difference?

To date the Consumer Council has provided input to the WCDHB through the following:

- Bringing concerns from the public to the attention of relevant managers for attention and action where appropriate
- Had ongoing briefings from DHB management regarding current services provision and notifications where changes are being planned and input sought, especially around development of the Integrated Family Health Centre in Buller,

as well as Grey Hospital rebuild progress updates. A number of council members have attended public meetings in their local area in association with these projects and continue to contribute to related working parties ensuring consumer input is provided

- Provided the consumer voice to specific services working groups, eg. Complaints Management; Falls Prevention; Stroke Prevention; Clinical Credentialing Committee
- A Council member attended consumer representative training in Wellington which is now planned to be rolled out on the West Coast in the coming year
- Reviewed several DHB publications to ensure they are written in plain language, will achieve their intended purpose, and/or usefully add to patient information resources

Patient experience Survey

In 2014 the West Coast District Health Board implemented the Health Quality & Safety Commission's survey of adult patient experiences while in hospital.

The patient experience survey is designed to improve the quality of health services by integrating the lessons from patient experiences into quality improvement programmes.

A media release issued in November 2014 was designed to raise general public awareness of the survey and encourage response and feedback from those patients recently discharged and selected to complete the survey.

Reducing avoidable hospital admissions

Complex Clinical Care Network

The Complex Clinical Care Network provides coordinated, flexible and integrated services to support people to be able to live safely and remain independent in their own homes. Its main focus is people aged over 55, but it is available for anyone with complex needs over the age of 18, with a goal to improve health outcomes and quality of life.

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.

The Complex Clinical Care Network helps to integrate care across community-based services, which include primary care, district nursing, home-based support, nurse specialists, pharmacy and community-based specialist services, residential and respite care. It also provides greater specialist geriatric support for the West Coast. It strives to eliminate the gaps and delays that commonly occur for people with complex health needs.

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 within long term conditions are at risk of suddenly becoming unwell and losing of function that might otherwise require hospital admission or residential care entry.

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.

Reducing avoidable hospital admissions

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 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 function to reduce the requirement for long-term support including delaying residential care.

It will offer:

- A culturally appropriate, goal-orientated rehabilitation plan
- Client focused care
- Seamless discharge
- Immediate and responsive intensive rehabilitation care packages.

The community rehabilitation service will help reduce avoidable hospital admission, reduce length of stay, and help to reduce or delay entry into aged residential care, as demonstrated by a similar model of care in Canterbury.

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.

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/carers, 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.

Reducing avoidable hospital admissions

Home-based support services

There has been a progressive development of the West Coast DHB's home-based support service taking place for some time now, reflecting a broadening of the scope and increased flexibility in service provision to support older people to maintain their independence and stay at home longer. Support services include some personal care for clients, and not just simple domestic tasks. This entails a closer working relationship with allied health and district nurses, and a progressive up-skilling of our staff. A team-based approach means all home-based support staff become skilled in all aspects of home-based care.

We now provide a more professional service and a wider scope of care. Most of our staff are completing Level 3 Core Competencies in community care, and the higher level of staff training is reflected in the fact that more people are able to receive a higher level of care from our home-based support services team.

We encourage staff and clients to raise any concerns they might have about any aspect of their care or service, so that the service can make a prompt and appropriate response. We believe that the home-based support service

provides efficient and effective care to good professional standards, with a high level of staff and client satisfaction.

Access to primary care

Waiting times for routine appointments to a general practice have reduced from six days earlier in the year to between one and two days and same day service if urgent. This reflects the general practice recruitment efforts, to reduce the over-reliance on locums.

Buller Older Persons' Health conversations

A series of community conversations around the future of Older Persons' Health in Buller have been taking place in the latter part of the year.

At 16.7% the Buller District has the highest West Coast proportion of people aged over 65 years. The older population will double by 2021. At present about 93% of the Buller older population live in their own homes and about 7% live in aged residential care. We have the opportunity now to identify how the Buller community can continue to enhance connections within the health system and with other key partners to best serve consumers and their carers as this population grows. Older people have much to offer and can also help be a key part of the voluntary and paid workforce to help their peers.

Themes discussed by a stakeholder group have been reported back to the public around Buller for further input. Eight key areas are workforce, housing, transport, community care, coordination, information, quality improvement and after hours services.

Health can do much but cannot do it alone and there are wider issues to do with the quality and appropriateness of dwellings for older people who can be supported at home.

The outcome of the conversations and next steps will be finalised early in the new year.



Preventing patients in our hospitals being harmed

The West Coast DHB is focused on ensuring that the people using our services have a safe journey. While this 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.

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. 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.

The Quality and Safety Group of the South Island Alliance are coordinating the roll out of the new the South Island electronic risk and incident management system, Safety1st.



Safety 1st promises to improve patient safety outcomes and support a reduction in all types of

risk for DHB patients, staff and visitors across the region. It will make it easy for staff to report and enter valuable information about patient safety and risk, enabling DHBs to monitor what is and is not working well and support managers to continuously improve standards of care.

The new system will also make it easy for staff to access and share clinical learnings from outcome reviews, enable the creation of consistent reporting and support the collection and monitoring of patient safety data.

We actively support open disclosure for all incidents. If harm does occur, our staff 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 again in the future.

The West Coast DHB is appointing a Patient Safety Officer. This person will provide a single point of contact for patients and their families for their feedback; ensuring their views are heard and responding in a respectful, helpful and timely manner. The Patient Safety Officer will have a role in supporting the DHB to investigate impartially and to learn and improve services as a result of an event. The person will work with clinical leads and managers to promote the required standards of care and performance.

Preventing patients in our hospitals being harmed

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.

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 2012/2013 the West Coast DHB had ten serious events, in 2013/2014 there were 12.

Key patient safety initiatives

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

Zero harm from falls

Falls are a major health issue for older people and are associated with significant morbidity and increasing economic costs for families, communities and the health system. Prevention of falls is a key focus for the West Coast health sector, and in line with the Health Quality and Safety Commission's national strategies.

The West Coast Falls Prevention Coalition was established in April 2013 to provide leadership and coordinate the implementation of strategies to reduce the rate of falls on the West Coast. The aim of the coalition is to provide community based falls prevention strategies to reduce falls and thereby a reduction in falls will reduce the demand on secondary services. As well as they have a falls prevention plan for in secondary services developed.

Falls prevention in secondary services:

The strategy focuses on five key actions:

- Asking the client whether they have slipped, tripped or fallen over in the last 12 months
- Completing a falls risk assessment to analyse their risk of falling in hospital

- Discussing with the client/family a falls risk management plan, which is then documented in their clinical pathway
- Liaising with interdisciplinary team members to provide support for clients identified at risk of falls in the community
- Ongoing discussions with clients and their families regarding falls risk and prevention strategies in hospital and when they return home

Currently the West Coast Falls Prevention Coalition group in collaboration with West Coast DHB Planning & Funding team are preparing a business case: Whole of systems falls prevention for West Coast people. It is to be fully integrated into the health care system and it will include client falls across the whole health care spectrum.

Falls prevention in aged residential care

Research suggests that vitamin D supplementation for older people significantly reduces falls and serious harm from falls. The West Coast ACC statistics for the period March – June 2014 showed that the numbers of aged residential care residents taking vitamin D have increased to 66%, the target 75%.

Preventing patients in our hospitals being harmed

Safe hand hygiene practices

Safe hand hygiene practices significantly reduce the risk of infection. We have three approved Gold Auditors which will allow 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 2014.

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 85 percent. The West Coast DHB's results from the national audit period (1 April – 30 June 2014) showed our overall compliance rate was 77 percent. The overall national hand hygiene compliance rate for this period across all 20 DHBs was 73 percent.

The use of gloves does not take away the need to cleanse hands before use.

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. This year the commission has launched a campaign focused on reducing harm from high risk medicines and the safe use of opioids.

The West Coast DHB is actively involved in this national campaign which launched locally on 16 October 2014.

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 \$54,000 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.

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 October 2014 we had achieved 832 days without a central line-associated bacteraemia.

Preventing patients in our hospitals being harmed

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 is about obtaining the most accurate list of patient medicines, allergies and adverse drug reactions and comparing this with the prescribed medicines and documented allergies and adverse drug reactions. Any discrepancies are then 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 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'. Some areas have introduced the day stay chart for patients expected to stay less than 24 hours.




HealthOne is a secure data repository for electronic patient information made available to clinicians where it is appropriate to their care role.

HealthOne provides West Coast GPs, pharmacists, community nurses and hospital clinicians with secure access to share the latest patient information, enabling them to deliver better and safer care.

Some of the benefits of this new system include that HealthOne gives clear information about a patient's medications or recent procedures and allergies, and good clinical information when a patient is unconscious or unable to communicate effectively. Electronic patient records available through HealthOne are held in a secure database that can only be accessed by authorised clinicians.

People have the right to opt off the HealthOne system, whatever their reason.

- You can call 0508 TESTSAFE (837 872), visit www.HealthOne.org.nz, email testsafesouth@cdhb.govt.nz or talk to your GP or another clinician such as your pharmacist and make your wishes clear.



HealthOne
Shared knowledge - better, safer care

Your Health Information	Your Choice
<small>Your health information is collected and shared between the healthcare providers looking after you. HealthOne is a secure electronic record that allows these healthcare providers to quickly access information such as your test results, allergies, medications, GP summaries and hospital information.</small>	<small>If your GP or Community Pharmacy is part of the HealthOne programme, some of your health information will be available to authorised medical professionals involved in your care. If you don't want your health information shared in this way, you can "opt off" HealthOne at any time.</small>
<small>This helps them to make safer, faster and better informed decisions about your care.</small>	<small>Simply call freephone 0508 837 872 (0508 TESTSAFE) or email testsafesouth@cdhb.health.nz to confirm you want to opt off altogether, or if it is specific information you don't want shared, ask one of your healthcare providers such as your GP to ensure that information is not shared.</small>

For more information ask for a leaflet at reception, visit www.HealthOne.org.nz or phone 0508 837 872 (0508 TESTSAFE).

Preventing patients in our hospitals being harmed

E-signoff of lab results

The West Coast District Health Board has moved to an electronic signoff process for laboratory results at Grey Base Hospital. A similar system has been in place in Canterbury for many years, although the Grey Base Hospital system processes will differ slightly.

This means the process to signoff laboratory results will no longer be paper-based. Laboratory results will be able to be signed off by authorised clinicians anywhere they have access to the West Coast DHB system.

Dedicated education unit

A dedicated education unit based on an Australian model has been started at Grey Base Hospital.

The unit offers an alternative to the current preceptorship model, to focus on student learning and curriculum integration.

The new model enables all members within the team (nursing, allied, medical) to contribute to clinical teaching and learning. It actively involves students in the assessment planning, provision, evaluation, documentation and reporting of

nursing care and provides a climate of positive support and mentoring.

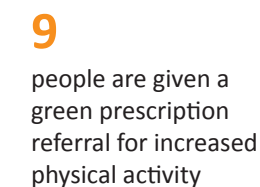
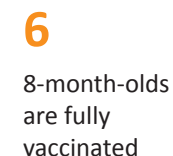
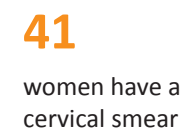
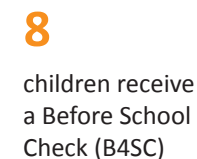
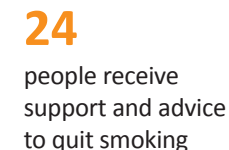
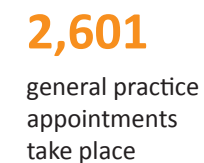
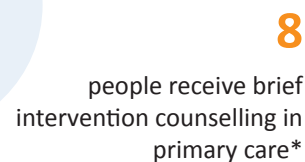
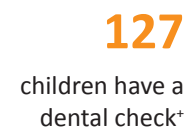
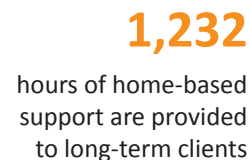
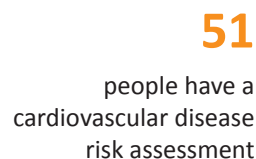
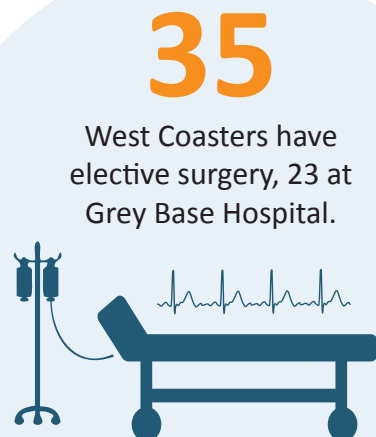
The student's contribution is valued and recognised, and feedback on progress and performance for the student's clinical assessment is worked through.

Rosalie says students who come to the unit are supported by key roles: The Clinical Liaison Nurse (CLN) is an RN who works in the unit and is responsible for the daily co-ordination of students, staff support and student assessments. Supernumerary time is allocated for preparation of orientation and assessments; the Academic Liaison Nurse (ALN) is a tenured staff member from the Canterbury Polytech I.T. (CPIT), who works in collaboration with all the staff and CLNs before, during and after clinical placements.

The role encompasses providing consistent support to students, monitoring progress and undertaking all written assessments.

The new model is about working smarter, sharing the load and working towards a common goal - positive patient outcomes and preparing our nursing workforce.

In an average week on the West Coast



⁺ represents the 2013 calendar year. All other figures are for the 2013/14 financial year and are based on the DHB's Annual Report.
* includes telephone consultations

Embracing Quality Improvement and Innovation

Did Not Attend follow-ups

The West Coast DHB has a high percentage of “Did Not Attends” (DNAs). These are known as people who do not attend their specialist hospital and outpatient appointment. Work is underway to understand why people do not attend, with follow-up no blame, genuine inquiry phone calls.

There is a real danger for some patients if they miss specialist appointments – particularly where the patient has symptoms indicating rapid deterioration. Missing an appointment can mean some months before another can be organised, which can have an effect on a patient’s health.

An implementation plan and working group have been put in place and the West Coast DHB is working with the community to solve the problem.

Oral Health Review

Oral Health Services on the West Coast are provided by a group of individuals who are all committed to ensuring the best outcomes for their community; however the isolation of the West Coast limits service options, creates duplication of effort and slows the implementation of changes in service models. There is a need for improved and connected information technology for dental therapists on the West Coast, including practice

management system and digital x-ray services. The new models of care with the implementation of Level 1 mobile visiting all schools and the Level 2 mobiles and fixed clinics as the hubs, are expected to ensure that all children have their annual dental review on-time. The development of the integrated family health centres, in Greymouth and Buller, are also expected to improve the overall model for care for the district.

Health Promotion in Schools

Community & Public Health have a new Health Promoting Schools facilitator who is working through the new School Community Health and Wellbeing Review Tool with West Coast priority schools. The tool supports the school community to self-review the degree to which health and wellbeing activities, practices, policies and behaviours are integrated into the school culture. It also tracks the school community’s progress in relation to the key health and wellbeing indicators that are identified in the tool.

One Health Promotion in Schools project is promoting HPV immunisations. Work is underway to ensure there is good information available for practice nurses and public health nurses, girls and their parents.

Embracing Quality Improvement and Innovation

Integrated model of pharmacy

Hospital and community pharmacies are working more collaboratively. They all have access to the new HealthOne system which is a computer-based sharing of patient information – so a community pharmacy can record which medications have been dispensed to patients, and hospital pharmacists can look at that information if they are involved in care for the same patient. Intern pharmacists are shared across hospital and community pharmacies. Another pharmacist is also seconded out to community pharmacies.



A community pharmacist giving advice.



Buller mums took part in the Big Latch On to promote breastfeeding. These women and babies were at Buller Health in Westport. From left: Amanda Te Tai with Jonni Jr, Janette Thomas with Tewaiwai, Valerie Kahui with Emma.

Mum4Mums

A new programme has been introduced at McBrearty Ward in Grey Hospital to help facilitate breastfeeding support for new mums once they leave the hospital.

Mum4Mums, who offer breastfeeding peer counselling, are now coming in daily to introduce themselves to new mums to make that first link. These volunteers have breastfed their own children and have gone on to complete a nine week course with the PHO to expand their breastfeeding knowledge. They are passionate

about supporting women through their breastfeeding journey and to help women find the information they need to navigate through breastfeeding challenges that might arise.

This early face-to-face introduction is likely to lead to more use of the Mum4Mum programme as that initial contact has already been made. The way that Mum4Mums are most commonly accessed by the community is when they are friends, relatives, and acquaintances that a breastfeeding mum already knows. So by familiarising them at the start, the hope is that these mums will feel

Embracing Quality Improvement and Innovation

comfortable reaching out for support. Sometimes women can feel like an issue they're dealing with (such as sore nipples) isn't significant enough to ask their Lead Maternity Carer (LMC) or GP, so they may wait until it becomes a larger problem that threatens the continuation of breastfeeding. By having a peer contact where they can field their "small" questions, it's possible to deal with a problem before it becomes harder to manage.

A basic understanding of how breastfeeding works can go a long way to combat the many myths circulating that serve to discredit breastfeeding as normal infant feeding. Promoting the Mum4Mum programme is an effective way of instilling sound breastfeeding knowledge in our communities.

New resuscitation trolleys rolled out around DHB

New paediatric resuscitation trolleys have been delivered to Grey Base Hospital A & E and Critical Care Unit, Buller & Reefton A & Es and the Franz Josef Clinic.



Parfitt staff nurse Jerlin Joy checks supplies in their resuscitation trolley.

West Coast DHB liaison paediatrician John Garrett led the training on best practice use of the trolleys, which are an initiative of the DHB resuscitation committee.

Resuscitation Service Leader Brittany Jenkins says standardising equipment increases efficiency in stressful situations.

"We're trying to reduce any distractions in terms of best practice resuscitation," she says.

Maternity web pages born

After several months of gestation, health professionals and educators up and down the coast announced the birth of the West Coast maternity services web pages.

Organised through the West Coast District Health Board, the web pages deliver information including: How to find and register with a midwife; maternity services available on the West Coast; and links to support groups.

The information is available on a one stop online shop, www.westcoastdhb.health.nz/maternity.

Business card-sized "purse pack" cards have been distributed around the coast, so women can easily find the web address and understand what the web pages contain.



Embracing Quality Improvement and Innovation

Do not disturb

Early in 2014 the Medication Safety Committee introduced 'do not disturb' vests aimed at reducing the risk of interruptions while clinicians are prescribing and dispensing medications.

This is an important initiative as research shows that the risk of any medication error increases by 12.7 percent with each interruption. The risk of a harmful medication error is doubled when nurses are interrupted four times during a single drug administration and tripled when interrupted six times. Thus, distractions have major consequences in healthcare by causing medication errors.

The yellow vests are worn by prescribers and nurses when they are in the act of prescribing medication and when they are involved in the administering process.



Enrolled Nurse Debbie Bennington and Registered Nurse Kate Benner discuss medications.

Art in hospitals

A group of West Coast art enthusiasts have taken an interest in the walls of the Grey Base Hospital. Lovely local works of art have started to appear. Staff, visitors and patients have commented on how the art has brightened up the walls.



Reducing harm from alcohol

The health impacts of alcohol on West Coast people

In the last Quality Report we reported that West Coast people had higher rates of hazardous drinking than the national rate and there is no evidence to indicate that this has reduced over the past year. Far too many West Coast people of all ages still engage in risky drinking behaviours like binge drinking and drink driving, and reducing alcohol-related harm continues to be a focus for the West Coast District Health Board.

Liquor licensing on the West Coast

Community and Public Health's (CPH) alcohol regulatory staff work under the authority of the Medical Officer of Health according to the Sale and Supply of Alcohol Act 2012. Our responsibilities have increased with this new legislation. The Medical Officer of Health now has the ability to report on all licence applications and renewals, including on-licences, off-licences and special licences. Previously, the legislation only

allowed the Medical Officer of Health to report on on-licences. Our focus is on host responsibility: Ensuring that a range of food options and low and non-alcoholic drinks are available at all times, intoxicated people are not served alcohol, safe transport options are available, and that minors are not sold alcohol.

While this has increased our work load considerably it has, however, given CPH the ability to raise some concerns within community settings that could not previously be addressed. Working with licensees, it has been possible to achieve some voluntary positive changes around hours of sale and enhanced host responsibility, including safe transport. CPH staff have also started engaging with schools on the West Coast to encourage them to consider whether alcohol has any place in their school or facilities, including at fund raising events. Schools have an important role in modelling behavior. Evidence shows that having children present wherever alcohol is consumed increases the chances of those children drinking at a younger age.

Our liquor licensing staff engage fully with our partner agencies, the three district councils and police, to implement strategies to minimise alcohol-related harm around events requiring liquor licences.

Promoting positive alcohol messages – Good Memories No Regrets

Wildfoods Festival, Hokitika

CPH carried out alcohol monitoring at this year's festival along with police, the Westland District Council liquor licensing inspector, security and festival organisers. CPH also monitored licensed premises in Hokitika and the local camp sites on Saturday evening. In addition, police and CPH conducted an alcohol controlled purchase operation (CPO) at the festival and at licensed premises in Hokitika on the Saturday. It was pleasing that no sales were made to our under age volunteer, as there had been sales in previous years.

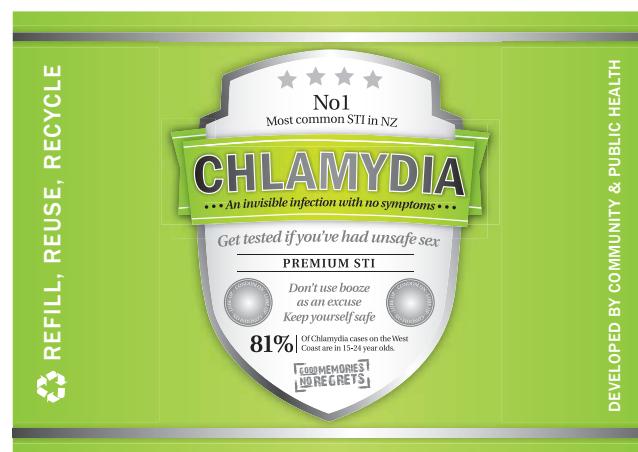


This year's festival had a very positive atmosphere. There was agreement that the event was well run and that festival alcohol outlets were taking their responsibilities under the Sale and Supply of Alcohol Act 2012 seriously. All of the alcohol stalls had measures in place to check for intoxication and under age patrons. Later in the afternoon our monitoring found that levels of intoxication in the crowd were increasing and a decision was made to limit alcohol service. There were few problems with disorderly behaviour or people requiring treatment for intoxication at the event itself, though incidents of both occurred later in the evening in and around the town.

Reducing harm from alcohol

Kumara Races

Health promoters from CPH once again worked with the Kumara Race Committee and Police to ensure that the annual Kumara Race Day on 11 January was fun and memorable for race goers and that they all got home safely. Activities included spreading the Good Memories, No Regrets message via radio advertisements leading up to the event, posters at the race course (in toilets, marquees and bar areas), health messages being shared over the public announcements on the day and providing 1000 bottles of water to race goers, especially those in the 16-30 year age group. The water was labelled with a safe drinking/safe sex message designed to raise awareness around



One of the health messages placed on 1000 bottles of water.

sexually transmitted disease. There is a direct correlation between risky drinking and unsafe sex and drinking water is one way of reducing the effects of alcohol consumption.

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. Progress on action areas identified in the West Coast DHB Alcohol Position Statement in 2014 includes:

- **Development of Local Alcohol Policies (LAPs):** While Buller District Council put a draft LAP for consultation earlier this year, they and the other two West Coast District Councils have now put further development of their draft LAPs on hold. They are awaiting the outcome of appeals of some other District Council LAPs to the Alcohol Regulatory Licensing Authority (ARLA) which will determine the legality of some of the strategies being proposed. All three West Coast councils have indicated they will revisit their plans after the outcome of the hearings is known. CPH is committed to working with the Buller, Grey and Westland Councils when they restart the

development of their LAPs, as these have the potential to reduce alcohol related harm in our communities by regulating the hours alcohol can be sold and the location and density of alcohol outlets locally.

- **The West Coast DHB will identify and record alcohol-related presentations to health services within the West Coast district in a consistent manner:** South Island DHBs have been working together to develop and implement a set of “alcohol harm indicators” that can be used to gather information in a consistent way across the South Island. This will enable comparisons and the potential to measure the impact of harm reduction measures over time. The Health Promotion Agency is assisting with a small project looking at the collection of data on alcohol-related presentations to South Island emergency departments.
- **DHB Alcohol Harm Reduction Strategy:** Progress has been slow in this area so far, as in all the South Island DHBs. The West Coast District Health Board is committed to ensuring an alcohol harm reduction strategy is developed in 2015.

Reducing harm from alcohol

Something of interest

Alcohol and young people

It is not legal for young people under the age of 18 years to purchase alcohol. However, it is not illegal for under 18s to drink alcohol.

Section 241 of the Sale and Supply of Alcohol Act 2012 states:

It is illegal to supply alcohol to a minor who is a person under the age of 18 years unless you are the parent or guardian of the minor or you have the express consent of the parent or guardian of the minor and supply the alcohol in a responsible manner. A person who commits an offence against this act can receive a fine of up to \$2000. Expressed consent includes a personal conversation, an email or text message that you have good reason to believe is genuine.



Changes in the breath and blood alcohol limits for driving:

From 1 December 2014 the breath and blood alcohol limits for driving were reduced by almost half. While limits for under 20 year-olds remain at zero, breath alcohol limits for adult drivers reduced from 400 to 250 micrograms of alcohol per litre of breath. Blood alcohol limits reduce from 80mg to 50 mg of alcohol per 100ml of blood. CPH's message is that if you are going to be driving, the safest option is to avoid alcohol. We are also encouraging people to make a plan before they go out so they know how they will get home safely. This could include deciding who will be the sober driver, or making sure there is a courtesy vehicle or taxi service available.



Recipes for non-alcoholic "mocktails"

Becoming Smokefree

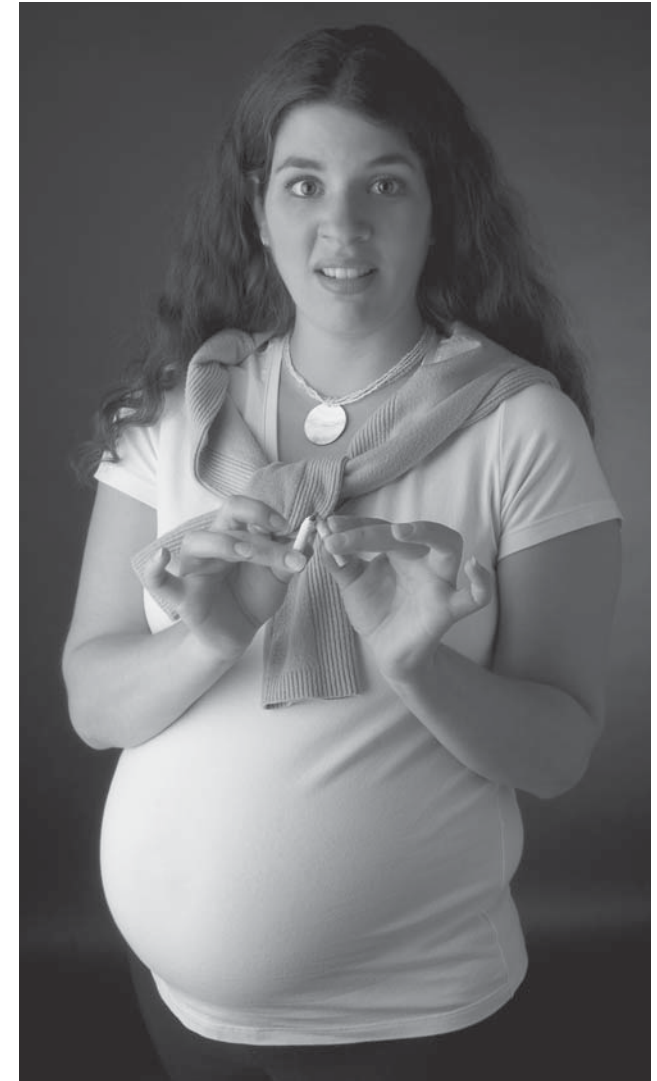
Coast initiative to encourage pregnant women to quit smoking

Pregnant smokers are being offered financial rewards in an effort to encourage them to quit, for the good of their own and their baby's health.

Following successful similar initiatives in the North Island, the West Coast District Health Board and Primary Health Organisation have agreed to an ongoing 12 week quit programme, available from December onwards. The programme will be run through the DHB and Aukati KaiPaipa smoking cessation counsellors, and women will have their smoke free status confirmed by blowing into a carbon monoxide measuring device.

At certain points in the programme, they will be rewarded with fuel or supermarket vouchers, to a total value of up to \$350 if they manage to remain smokefree through to at least two weeks after their babies are born.

To be eligible, women have to be less than 28 weeks' pregnant. They can be referred to the DHB smoking cessation service or the Aukati KaiPaipa counsellor through their midwives or can self-refer.



Becoming Smokefree

West Coast Smoke free Services Coordinator John Caygill says the 12 Week Quit programme is being financed through existing smoking cessation funding. It's understood there are up to 100 West Coast women a year who continue smoking while pregnant.

"First and foremost here we're thinking about the wellbeing of the baby. Smoking while pregnant can have all sorts of long term health effects on babies," John says.

West Coast DHB Planning & Funding Project Specialist Jenni Stephenson says the initiative is relatively low cost compared to what it costs to keep a baby in an Intensive Care Unit each day.

"There's a stigma attached to smoking while pregnant and women won't always admit it when asked. We're hoping this initiative will facilitate a conversation with the woman's midwife, so that they can get the help they need. And ultimately what helps their baby will also provide long term health benefits for them," Jenni says.



Members of the West Coast Tobacco Free Coalition were out on the streets of Greymouth with the big red ball to promote Stoptober, the nationwide stop smoking challenge. Stoptober is a challenge that has been held several times in the UK. This was the first time that Stoptober has been held in New Zealand. Over 5000 New Zealanders signed up to stop smoking during October.

2014 progress updates:

- In the past 12 months Lead Maternity Carers (LMCs) have attended training updates around ABC Interventions take place in and involve to further support their clients, this also coincides with the new smokefree pregnancy incentive programme that started in early November 2014, to which LMCs will be making referrals

- As part of last year's initiative to reduce second hand smoke exposure, smoke free homes and cars were the central focus of the West Coast Tobacco Free coalition promotion in May 2014. This approach will be carried over as a high list action for 2015
- Work is continuing to examine how clients can be easily referred to the service from other organisations by improving referral pathways.



Māori health

**Hutia te rito o te harakeke,
Kei whea te kōmako e kō?
Kī mai ki ahau;
He aha te mea nui o te Ao?
Māku e kī atu,
he tāngata, he tāngata,
he tāngata**

**If the heart of harakeke
was removed, where will
the bellbird sing?
If I was asked, what was
the most important thing in
the world;
I would be compelled to
reply, it is people, it is
people, it is people!**

The Māori population of Te Tai O Poutini (West Coast) is increasing, at the 2013 Census 10.5% of the West Coast population identified as Māori, up from 9.7% at the 2006 census. Similar to the national Māori population, West Coast Māori have a younger population age structure. Almost half of West Coast Māori (42.2%) are under 20 years-old, compared to 22.9% of non-Māori. In contrast, only 3.4% of Māori on the West Coast are aged 70 years and over compared to 11.2% of non-Māori.

It is positive that enrolment rates for Māori in the PHO continue to grow but Māori still have the lowest access rates to clinical programmes and services. Service utilisation data indicates that West Coast Māori are less likely to access health services earlier on, and as a result often have poorer health outcomes following intervention and in general have poorer overall health status and significantly higher mortality rates.

How are we improving outcomes for our Māori population?

We want to see Māori in our region living longer, enjoying a better quality of life with fewer avoidable problems and hospitalisations. We aim to provide services that are responsive, integrated and sustainable. As in previous years building capacity within our only Māori Health provider on Te Tai Poutini – Poutini Waiora continues to

be a strong priority for the West Coast DHB. We want to ensure that the Kaupapa Māori Services provided by Poutini Waiora are integrated and are woven throughout the health sector working alongside each other to build a clinically viable model of care for Māori. Maintaining strong relationships with our public health partners, the West Coast Primary Health Organisation and Community & Public Health, provides a platform for improved access to health promotion and clinical programmes for Māori. We will continue to further develop other opportunities in partnership to drive improvements in health outcomes for Māori and their whānau.

Orienting the health sector to respond effectively to Māori Health needs is a priority and we will strive to build cultural competencies through the delivery of appropriate training and the provision of cultural leadership. We will continue to advocate strongly within the sector for the use of health inequality tools when new services are being developed and planning and funding decisions are being made.

To build on the success of last year we will provide regular updates on gains being made within Māori health on Te Tai Poutini via the West Coast DHB and its statutory advisory committees, the Consumer Council, and the Manawhenua iwi relationship board Tatau Pounamu who work closely with the West Coast DHB.

Māori health

Some examples are:

- Over the past seven and a half years, enrolments in the PHO by Māori people have grown 62%, while those by people of all other ethnicities have grown 15%. Māori enrolment is now at 100%
- 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
- 92.3% of eligible Māori women (age 45-69) have undergone breast screening for the period ending 30 June 2014. This is higher than all other ethnicities on the West Coast.
- 72.8% of eligible Māori women (age 25-69) have participated in the National Cervical Screening programme for the period ending 30 June 2014 – an increase from 52.1% in June 2011.
- Practice nurses and general practitioners are routinely providing cardiovascular risk screening with emphasis on high need groups including Māori – an increase in cardiovascular risk assessments from 54% in 2011/2012 to 66% in 2013/2014.

- 159 Māori are enrolled in the Long Term Conditions programme and are provided with a free in-depth annual review for each condition and a tailored package of care based on their level of need. This package includes referral to other PHO programmes or community support programmes i.e., Green prescription, Coastquit.
- 129 people have been supported through the Community & Public Health Aukati KaiPaipa Māori Smoking Cessation programme.

One of the key functions of a District Health Board is to reduce the unacceptable disparities in health status by improving the health outcomes of Māori. This means collective action right across the health sector to achieve this, keeping Māori health at the front of planning, funding and service delivery activities.

The DHB through a Memorandum of Understanding works in partnership with Poutini Ngai Tahu, through the two local hapu, Te Runanga o Ngati Waewae and Te Runanga o Makaawhio. Tatau Pounamu is the Māori Advisory committee to the Board and enables local Māori participation and involvement in the strategic planning processes and the development of Māori capacity in the sector. Tatau Pounamu have played an important part in providing advice to the annual planning process and have been involved

in the Alliance work and the Hospital rebuild over the past year. With support and advice from the GM Māori Health they are a critical link to iwi and continue to provide consistent and useful support and advice to the Board.

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 past year aligning and strengthening its services to become a key partner within the West Coast Health Alliance. The recruitment of three Kaupapa Māori nurses in the Buller, Grey



Poutini Waiora Kaupapa Maori nurse in Buller, Dianna McLean

Māori health

and Westland districts has seen the clinical capability greatly strengthened with these nurses who are well 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:

- A reduction in hospital admissions that are preventable and controllable through effective primary care.
- Improved access to quality health services for Māori
- Whānau who are more empowered
- Improved information and education on relevant lifestyle, health and treatment issues
- Improved information for whānau about hapu-based support and culturally appropriate services
- 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 healthcare
- Appropriate access and utilisation of other (eg, hospital-based) services through information, facilitation/navigation and advocacy

Whānau Ora

The West Coast DHB supports the kaupapa of whānau ora and have worked with Te Putahitanga; the South Island Whānau Ora commissioning agency based in Te Wai Pounamu, as they launch their partnership approach to investing in whānau enterprise. Over the next year we will ensure our whānau on Te Tai o Poutini are fully aware of the exciting opportunity that exists through this initiative which offers access to coaches, mentors and professional advisors to test and develop ventures for Māori and their whānau.

He Oranga Pounamu is the lead agency for the South Island Whānau Ora Collective. In the last year as part of our agreement with He Oranga Pounamu Whānau Ora Collective, the West Coast DHB has supported the collective by assisting to build capacity within the Māori provider, maintained relationships with the Waka Ora Programme Manager and provided information

relevant to Te Tai o Poutini to support their planning. Over the next year we want to test the boundaries of this partnership and look at using education as the vehicle for driving whānau ora across sectors.

Māori Health Plan 2013 - 2014

The Māori Health Plan 2013 - 2014 was completed after an extensive amount of work and following comment from members of the Māori community, clinicians, 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 our Māori Health Provider 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 smoking cessation, 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.

Mental health services

How will we intend to improve outcomes for our population?

The West Coast DHB Mental Health Service continues to work to institute the changes included within the Ministry of Health 'Rising to the Challenge' document which include:

- Identifying and addressing those gaps in current service delivery identified during the Mental Health Service review. These changes to service delivery will be embedded within the IFHC model currently in the planning stages.
- 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.
- Continuing to reduce waiting times.

Key focus areas & updates for 2014

1. Mental Health Services Review

Since we last reported, the Mental health services Review was completed at the end of 2013, and was useful in identifying the gaps in current service delivery and opportunities for enhancing the way Mental Health Services are provided. These findings will form the basis for the ongoing transformation of Mental Health Services to meet the demand for a better access with less barriers.

The development of the Integrated Family Health Centre will see Mental Health Services embedded within the practice setting, while retaining in-patient beds.

2. Minimising the use of Seclusion & Restraint

The reduction in the use of all forms of restraint is a priority for all mental health services. In the past year the team has achieved a significant reduction in the use of both seclusion and restraint. This year the inpatient team achieved

- A 72% reduction in restraint use
- A 73% reduction in use of seclusion
- A 79% reduction in total seclusion hours

Mental health services

3. Sensory Modulation

Sensory modulation is a strategy that has been used successfully in reducing the need for restraint and seclusion. It is a method that assists individuals to defuse periods of intense emotion.

It's been a busy day, your head is full of a million things you need to do. You are late home, and when you finally stumble through the door there is mess everywhere, someone has burnt the toast, the TV is on full bore, flicking images across its screen and bombarding you with light, movement and sound. There is no one watching it. You feel like exploding ... your senses are on overload. You step over the mess on the floor, turn off the TV, and step outside for a moment's peace and fresh air. That's Sensory Modulation. We all do it every day – we modulate our environment or activities to change how we experience the world through our senses, either to bring greater peacefulness and space, or to alert us when we need a wake up.

Sensory Modulation when used as a treatment for those experiencing disruptions in their mental wellbeing is all about helping people identify and intentionally use sensory experiences to energise or calm them. The team is in the process of introducing people to sensory modulation strategies during their inpatient treatment, to help them develop skills in managing tension effectively.

Our vision is to have kits of accessible tools to modulate sensory input in mental health inpatient areas so that people using the service have opportunity to establish skills to rapidly gain control when they feel overwhelmed.

At home a smaller kit of sensory resources that are low cost and individually tailored will help people take greater control over their own day to day wellness.

We are starting this journey slowly, growing it intentionally and engaging those we work alongside to learn what works best for them. Sensory modulation ... our six senses working in tandem with our inbuilt awareness of how the environment impacts us. Notice what you sense everyday, what you automatically modulate ... and marvel.

New Roles for Mental Health Nurses

The new Mental Health Primary Liaison Nurse role working within Buller Medical Centre has proved to be a model well supported by the Buller community and by the practice team. An evaluation provided evidence that the benefits of this role included

- The development of a pro-active early assessment and intervention model within the Buller Medical Centre
- Easy access to consult a liaison nurse for the wider practice team
- Access to assessment and screening for patients presenting with psychological distress and in crisis situations
- The provision of short term nursing and psychosocial interventions for distress related to anxiety and depression
- Reduced referrals to Specialist Mental Health and Addiction services
- Enhanced access to education and advice on mental health and addiction issues for both patients and the primary health team

Mental health services

Mental Health Technology

The roll out and further development of the electronic record for mental health services is ongoing.

Over the year staff have become more familiar and expert working with the new system, and as the 'bugs are ironed out' the processes are becoming more streamlined to reduce duplication of information. It is expected that by the end of 2015 all teams will be using the new system.

Falls and Medication Audit

This was a quality initiative that was completed as planned. The audit identified a clear link between increased falls and the use of a group of specific medications. This finding has assisted the team changes some aspects of treatment, which has resulted in a reduction in falls and in the use of restraint.

Suicide Prevention

The suicide prevention project was established towards the end of the year. As part of the project there have been

- A roll out of suicide assessment and training for Mental Health clinical staff
- Training for practice staff – focused on identification of depression in adolescents
- Development of a 'working group' that includes Community Health, Police, children and family social work agency Homebuilders, Mental Health Services, Primary Health Organisations, and Emergency department staff. This group are responsible for the ongoing development of processes recognised to reduce suicide attempts.

A poster for the 'Un-Knot Me' program. It features a large red rope knot on the right side. The text 'Un-Knot Me' is written in a large, black, handwritten-style font at the top. Below it, the title 'Coming to grips with anxiety' is written in a bold, black, sans-serif font. Further down, the meeting details are listed: 'Group meets on Tuesdays, 7.30 – 9pm', 'From 21 October for 6 weeks', and '66 Marlborough St, Greymouth'. At the bottom, it says 'Register by contacting Rachelle Hunt, Occupational Therapist, rachelle.hunt@westcoastdhb.health.nz.' The West Coast District Health Board logo is in the bottom right corner.

“Un-Knot Me”

Coming to grips with anxiety

Group meets on
Tuesdays, 7.30 – 9pm

From 21 October for 6 weeks

66 Marlborough St, Greymouth

Register by contacting
Rachelle Hunt, Occupational Therapist,
rachelle.hunt@westcoastdhb.health.nz.

West Coast
DISTRICT HEALTH BOARD
TE POUARI HAU KOA A ROHŌ O TAI POKIHI

One of the Mental Health programmes available on the Coast this year.

Mental health services

In 2013 the WCDHB secondary services, Pact, Richmond, Te Ara Mahi and Poutini Waiora collaborated in a quality initiative with a pilot peer group programme for Grey district consumers with both Alcohol and Other Drug (AOD) and mental health issues. Following consumer surveys, a 10 week pilot programme was developed and introduced in the Grey district.

The programme was open to all; attendees did not have to be active members of a secondary, primary or tertiary mental health service. This was a peer group run by peers for peers. They identified their group name as “Feel free...”, feel free to have a bad day... Feel free to attend... Feel free to go when you need to...

The success of the Grey programme was heard by residents of the Buller district who actively lobbied the secondary services for a Buller specific group. A 10 week programme was agreed and introduced at the Pact House in Westport.

The Buller attendees decided to call their peer support group “Stepping Up”. The group has gone from strength to strength and are now considering a men-only peer support group, among other ideas.

For 2015 the collaborative partnership between Non-Government organisations (NGOs) and secondary mental health services continues with the potential for a South Westland peer support group.

Gail Cossar has been an active member of the ‘Stepping Up’ group and has provided her account of attending the Peer support group.

“Eight months in a sober boat, trying just to keep afloat”

Hi, my name is Gail and I am an alcoholic in recovery.

Yes, I have been sober for eight months and love it. The rewards are enormous and the list is so long one piece of paper would not be long enough to list them all.

Support plays a big part in my sobriety and I feel truly grateful to be a part of the ‘Stepping Up’ support group which was launched in Westport at the end of June.

‘Stepping Up’ is a peer support group for people with either mental health and/or alcohol and/or drug issues.

I discovered around six years ago after completing the Bridge Rehab programme in Christchurch, Westport was lacking support groups for people with AOD issues. AA is available here in Westport but it does not suit everybody’s needs.

With the help of various organisations and services ‘Stepping Up’ is now meeting every Monday afternoon for around two hours.

We currently run on the basis of one week will be an informal (no speaker) meeting and the next week is a formal (invited speaker) meeting. We have covered topics such as relaxation, nutrition, culture, and more. Feedback has been very positive.

Our numbers have been steady, but now the whitebait season is over we look forward to having our male members return from the river. The door is always open for new members.

Our group have members at various levels of usage. Some are in sobriety, some are heading off to rehab and some are cutting their consumption down to reasonable levels.

There is one thing we certainly all agree on is support. It is so, so important. On a personal level, through the group, I have found friendship, trust, and have been enlightened with hope and strength.

I love how I can support others and in return they can support me in my sober boat, learning just to keep afloat. I would be lost without the support of my shipmates.

Gail Cossar

Mental health services

Key focus areas for 2015

- Suicide Prevention

The work continues with the ongoing development of

- A register of ED attendances for overdose or deliberate self-harm
- Better strategies for following up for the group of people (above)
- Community training focused on the recognition of people at risk of suicide. The DHB has accessed funding for 100 Coasters to access on-line training.


- Sensory Modulation

In-patient team plan to continue to work with CDHB colleagues to enhance the skills for the delivery of sensory modulation. In addition

- Increasing the pool of therapeutic equipment through purchase and donation

Development of sensory ‘take-home’ packs to enable people to continue to use the skills they have learnt.

Keep Learning for Wellbeing 2014 Calendar

Saturday/Sunday 4th & 5th October	Monday 6th October	Tuesday 7th October	Wednesday 8th October	Thursday 9th October	Friday 10th October	Saturday 11th October
		All day Wellbeing info day Punakaiki Rocks Café Ph 021 177 5798 PUNAKAIKI	Open day PACT Peer Support 66 Marlborough St Ph 768 5199 GREYMOUTH	All day Wellbeing info day Last Resort Café Ph 021 177 5798 KARAMEA	8am, 10am, 1pm & 3pm Unleash Your Skills: Build confidence & self-esteem Senior Citizens rooms Ph 755 6234 HOKITIKA	9am – 1pm Festival of Wellness Stall (\$10), family day Ph 788 9234 Trotting Club WESTPORT
3 hours (tbc) Introduction to felting Saturday & Sunday Ph 0800 938 3224 \$40 pp FRANZ JOSEF	10am – 3pm Wellbeing info day Albion Art Hotel Ph 788 9234 WESTPORT	10am – 1pm Aquatic Centre walkaround Grey Aquatic Centre GREYMOUTH	10am Tai Chi WMC (gold coin) Ph 021 167 0538 RUNANGA	10am – 1pm Aquatic Centre walkaround Grey Aquatic Centre Ph 03 768 9076 GREYMOUTH	10.30am – 12.30pm Richmond Activity and Living Skills Service drop-in Town Centre Ph 0800 000 029 HOKITIKA	10am Tai Chi Grey Main School Hall Ph 021 167 0538 (gold coin) GREYMOUTH
	10am – 3pm Learn to knit & crochet Pins & Needles Ph 768 4138 GREYMOUTH	10am – 3pm Learn to knit & crochet Pins & Needles Ph 768 4138 GREYMOUTH	10am – 3pm Learn to knit & crochet Pins & Needles Ph 768 4138 GREYMOUTH	10am – 3pm Learn to knit & crochet Pins & Needles Ph 768 4138 GREYMOUTH	10am – 3pm Learn to knit & crochet Pins & Needles Ph 768 4138 GREYMOUTH	10am Make seed bombs Community Garden, Fitzherbert St HOKITIKA
	10.30am – 12.30pm Richmond Activity and Living Skills Service drop-in Albion Art Hotel Ph 0800 000 029 WESTPORT	12 – 2pm Essentrics (stretching) New Coasters, 26 Mackay St Ph 027 380 0813 GREYMOUTH	10.30am – 12.30pm Richmond Activity and Living Skills Service drop-in Aquatic Centre Ph 0800 000 029 GREYMOUTH	10.30am–12pm Flax weaving New Coasters, 26 Mackay St Ph 027 380 0813 GREYMOUTH	10.30am–12pm Flax weaving Grey Power rooms Ph 027 380 0813 HOKITIKA	
		2.30 – 4.30pm Felting rocks New Coasters, 26 Mackay St Ph 027 407 0302 GREYMOUTH	12 – 2pm Tai Chi Olsen's Building Ph 021 237 1234 GREYMOUTH	12 – 2pm Essentrics (stretching) New Coasters, 26 Mackay St Ph 027 380 0813 GREYMOUTH	12 – 2pm Essentrics (stretching) Grey Power rooms Ph 027 380 0813 HOKITIKA	
	1 – 3pm Make greeting cards 132 Tainui St Ph 03 768 4290 GREYMOUTH		11am – 1pm Free soup Pact Vocational, Residential & Budgeting Services Westport & Hokitika New World, The Warehouse Greymouth Ph 768 5199 WESTPORT GREYMOUTH HOKITIKA	2.30 – 4.30pm Aromatherapy New Coasters, 26 Mackay St Ph 027 407 0302 GREYMOUTH	1 – 2.30pm Yoga Boys Brigade Rooms Ph 021 237 1681 HOKITIKA 5 – 7pm Busker's Festival Clocktower Ph 021 101 0960 GREYMOUTH	2.30 – 4pm Yoga Anglican Church Hall Ph 027 407 0302 HOKITIKA
			7pm Quiz Night The Pines, \$5 team (4 people), supper Ph 788 9234 WESTPORT		6pm Potluck/"Superfoods" Grey Power rooms Ph 027 407 0302 HOKITIKA	

Mental Health Awareness Week

- IFHC Model ‘new ways of working’

The Mental Health Work Stream member are currently engaged in working with the teams to develop new ways to provide services that are focused more clearly on enhancing access to mental health and addictions expertise across the health system.

Team members are working alongside our clinical colleagues on the rebuild of Grey Hospital and the design of the IFHC. Mental health community and outpatient services will be delivered through the IFHC, which will change the way how services are accessed.

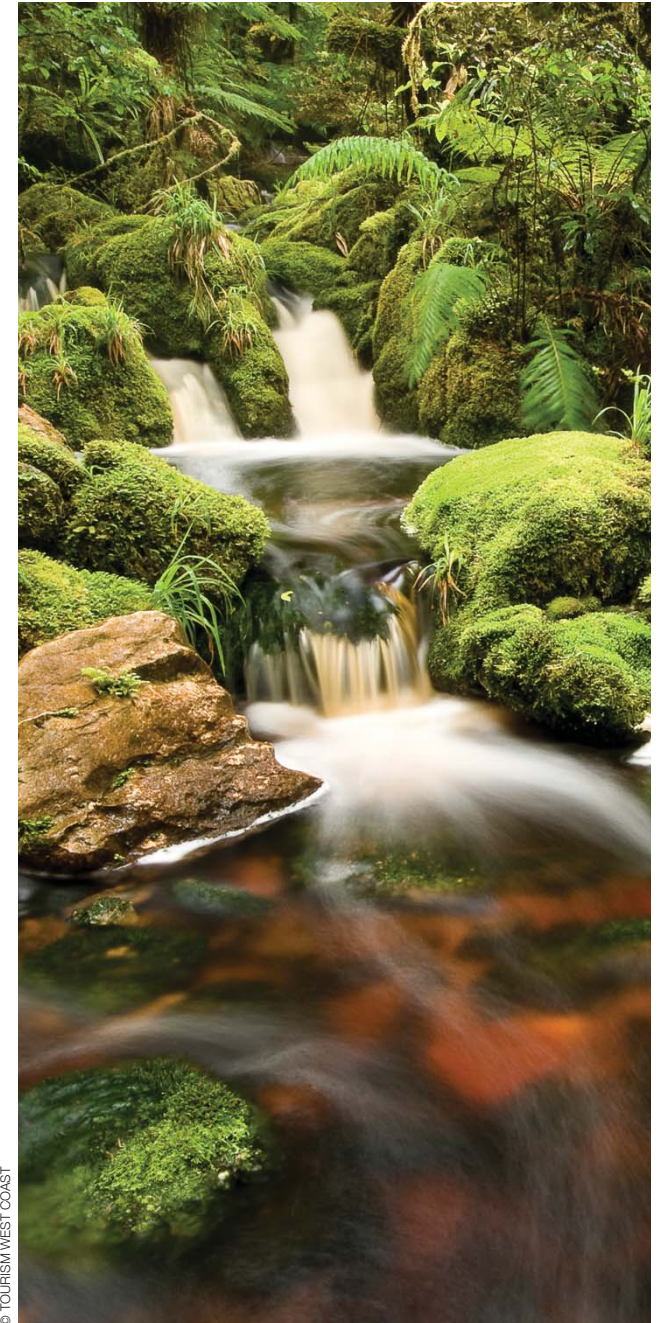
Health targets

Health targets are a set of six national performance measures specifically designed to improve the performance of health services.

West Coast DHB has made good progress against the national, health targets during the 2013/14 financial year.




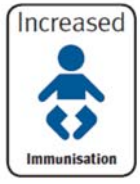
Some of our highlights include:




- Consistently leading the country in the **Shorter Stays in Emergency Departments** target, with 100% of patients admitted, discharged, or transferred from an Emergency Department (ED) within six hours, the majority of which are even under 4 hours.
- Exceeding our **Improved Access to Elective Surgery** target by 6.5%, delivering 1,695 discharges.
- Consistently achieving the **Shorter waits for Cancer Treatment** target with 100% of patients needing cancer radiation or chemotherapy treatment receiving it within four weeks.



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West Coast's commitment to the National Health Targets

Target		13/14 Result	Target	Performance
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	100%	95%	The West Coast DHB continues to achieve impressive results. Data for the 12 month period 2013/14 financial year shows 96.6% were admitted, discharged or transferred within just four hours.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	1,695	1,592	1,695 elective surgical cases were delivered to Coasters during 2013/14, representing 106.5% of our year-end target delivery. We are pleased to have exceeded our target by 103 discharges.
	Shorter Waits for Cancer Treatment People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	The West Coast DHB continues to achieve this target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
	Increased Immunisation Eight-month-olds fully immunised	81%	90%	Although reaching 81% of our eligible children for this target, we vaccinated 99% of consenting children with only one child missing the milestone age. High rates of people choosing to opt-off ¹ the NIR frequently make reaching this target impossible.

Target		13/14 Result	Target	Performance
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	95%	95%	West Coast DHB staff provided 94.6% of hospitalised smokers with smoking cessation advice and support – just meeting the 95% target. While it is pleasing to meet the target following varied results during the year, The DHB is committed to increasing consistency of performance.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	62%	90%	Although still 28% off target this is a pleasing 6.5% increase on the previous quarter – exceeding all previous results against this target. All best practice initiatives continue.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	77%	90%	We are pleased to continue to steadily improve progress against this target. 77% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years, a 13% improvement during the 2013/14 year.

¹ Children's parents can decide (typically at the child's birth) to opt their child off the NIR. These children continue to be counted in the cohort for the DHB of birth, but there is no way to determine or record if they have later been vaccinated, declined or moved out of the DHB area.

Quality Accounts

A snapshot of how we're doing



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

www.westcoastdhb.org.nz