A glimpse into Capital & Coast DHB

Quality Accounts 2015-2016

Welcome to our annual publication aimed at providing our community with examples of how we have been improving our services during 2015-2016.

Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA

Quality and Safety Markers

The Health Quality & Safety Commission (HQSC) is driving improvement in the safety and quality of New Zealand's health care through the national patient safety campaign *Open for better care*. The quality and safety markers (QSMs) help evaluate the success of the campaign nationally and determine whether the desired changes in practice and reductions in harm and cost have occurred. Below are our performance results as at 30 June 2016.

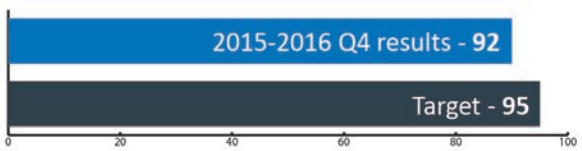
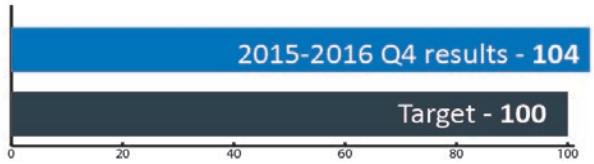
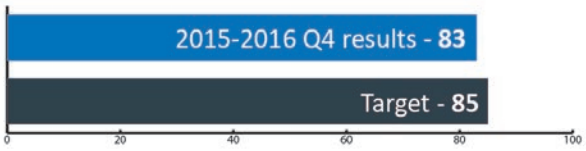
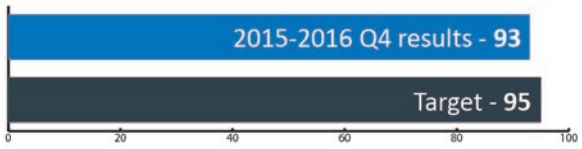
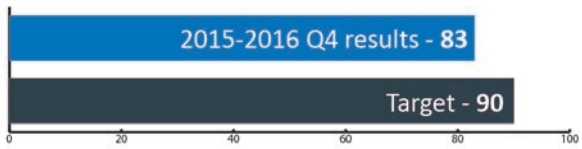
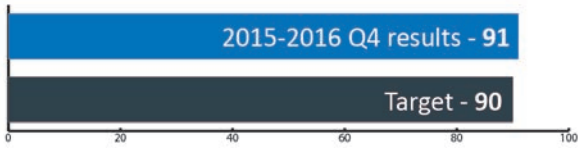
Marker Definition	New Zealand Goal	New Zealand Average	Q3 July to September 2015	Q4 October to December 2015	Q1 January to March 2016	Q2 April to June 2016
Falls: Percentage of patients aged 75 and over (Māori and Pacific Islanders 55 and over) that are given a falls risk assessment.	90%	93%	94%	94%	94%	94%
Falls: Percentage of patients assessed as being at risk have an individualised care plan which addresses their falls risk.	90%	90%	99%	99%	99%	99%
Safe Surgery: Percentage of operations where all three parts of the surgical safety checklist (SSC) were used.	90%	97%	**Above the target** – Marker discontinued by the HQSC as of July 2015. New Safe Surgery QSM as of **01/07/2016**: All three parts of the SSC are used in 100% of surgical procedures with levels of team engagement with the SSC at five or above 95% of the time.			
Hand Hygiene: Percentage of opportunities for hand hygiene for health professionals.	80%	80%	81%	80%	78%	
Surgical Site Infections: Percentage of hip and knee arthroplasty* primary procedures were given an antibiotic in the right time.	99%	95%	100%	100%	100%	
Surgical Site Infections: Percentage of hip and knee arthroplasty primary procedures were given an antibiotic in the right dose.	99%	98%	100%	99%	99%	
Surgical Site Infections: Percentage of hip and knee arthroplasty primary procedures were given appropriate skin preparation.	99%	100%	100%	100%	100%	

*Surgical reconstruction or replacement of a joint.

Health Targets

There are six national health targets set by the Ministry of Health to track how well district health boards are providing services to their communities. The targets include both preventative health and hospital service measures and are publicly reported each quarter.

We have a number of programmes in place designed to help us meet the targets. Improving the target results will take an all of health sector approach. We are building on our already strong relationship with primary and community based health care. We want to work collaboratively to ensure people are getting the services, check-ups and information they need to help them to stay well.

Health Target	Target 2015-2016 Q4 Results
Shorter stays in emergency departments The target is 95% of patients will be admitted, discharged, or transferred from an emergency department within six hours.	
Improved access to elective surgery The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year.	
Faster cancer treatment The target is 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017.	
Increased immunisation The national immunisation target is 95% of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time.	
Better help for smokers to quit The target is 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.	
More heart and diabetes checks This target is 90% of the eligible population will have had their cardiovascular risk assessed in the last five years.	

Tell us what you think

Anyone can provide feedback. You can do this on our website at **www.ccdhb.org.nz**. Click on 'contact us' to send us an email. Alternatively, you can write to us at Private Bag 7902, Wellington South, Wellington 6021.

All complaints are treated confidentially, formally acknowledged and sent to the service concerned for a response. Making a complaint will not adversely affect the care you or your loved one receives. Making a complaint may prevent the same issue affecting someone else in the future.

Capital & Coast District Health Board Quality Accounts 2015/2016

Capital & Coast District Health Board (CCDHB) plays an important role in providing high quality health care and educating people about how to stay healthy. We want people to get the health care they need, in the ways that suit them. To do this we need to be innovative and work closely with our community.

Listening to our patients' experience is essential to understanding how we can improve the care we deliver and provide a patient-centred health service. This fourth annual publication is focused on how we have been improving our services based on patient feedback during 2015/16.

This feedback is received through feedback forms, patient surveys, complaints and compliments. A quarterly national patient survey and our own monthly patient survey is sent to a random selection of people who have been in our hospitals. They are asked to rate their overall care and treatment and what aspect of care is most important to them.

From 1 July 2015 to 30 June 2016 we received 902 compliments and 825 formal complaints. Many more compliments are received by individual services that are not formally logged but are really appreciated by our staff.

The following articles are examples of some of the things you told us in 2015/16 through your feedback and what we are doing about it.

Importance of good communication

In our monthly patient experience survey, patients tell us that communication is what matters most to them. Patient complaints also tell us that communication is the area we most need to improve.

Kenepuru Hospital staff have set up the *Care with Dignity* progamme, aimed at promoting patients' individual needs and significantly improving communication with patients.

Staff stop and think about how they would like to be treated when caring for patients. For instance, acknowledging and talking to patients while giving care, respecting privacy during intimate care, and respecting patients as people.

We are actively promoting staff wearing "Hello, my name is…" badges and ensuring that they tell patients their name and role, and ask the patient what name they would like to be called.

Improving continence care for patients was also part of the *Care with Dignity* programme. Continence is a sensitive subject and it is important that staff do everything possible to respect the dignity of those under their care when helping them to use the toilet and to manage incontinence.

Age discrimination, sometimes alongside other forms of discrimination, can contribute to the social isolation of older people. The risk is greater for people living alone and for the very elderly. It can be increased by bereavement, loss of work or poor health. Improving social inclusion is part of the *Care with Dignity* programme. In 2016/17 the *Care with Dignity* programme will be rolled out within our medical wards at Wellington Regional Hospital.

Our work to improve communication was acknowledged by the Health Quality and Safety Commission in an article about one of our patients, Rose, who shared her journey through three wards and two hospitals in different district health boards. The article is called *Communication, respect crucial for a good hospital experience – Rose's story*. The experience has left Rose, who had a good experience in our hospital, with strong views about the importance of good communication between patients and health professionals. She said: "It's just communication really. Keeping people informed, having respect. Treat the person and the illness, not just the illness. It's not hard to do and it makes all the difference."

Improving our food

We get regular feedback from patients on food as part of our monthly patient survey.

Along with our food service supplier, Spotless, we have focused on improving food in hospital wards by upskilling staff and encouraging excellence in customer service.

Food services are provided across all our campuses to 1,800 patients per day – 722,700 meals last year. We strictly adhere to patients' needs, such as religious and cultural beliefs or medical dietary requirements.

A focus on improving the communication between wards and the kitchen has helped ensure we capture any food allergies and manage them accordingly.

Our dietitians have reduced the previous 37 types of diet to 23 and developed menus for these. The Spotless dietitian is working with the Spotless head chef to prepare these new menus.

For long-stay clients in our mental health, addictions and intellectual disability units, the menu cycle has been lengthened from two to four weeks to increase variety.

Spotless is investing in insulated plates and bowls. This has helped to improve the temperature of food when it's received by patients. We constantly monitor the presentation of our meals and react to patient feedback to improve the service we provide.

Educating patients about medicines and side effects

Feedback from our patient surveys tells us that we need to improve how we inform patients about possible side effects of their medicines, and what to watch for when they go home.

A joint project with the Health Quality and Safety Commission (HQSC) has focused on improving how well patients understand the side effects of their medicine when they are discharged.

We carried out this project in the Surgical Admission Planning Unit (SAPU) at Wellington Regional Hospital. We put together a team of different health professionals to identify possible improvements and to test some changes.

Using an idea from the HQSC, we created and trialed a *Preparing to leave hospital* checklist for patients. This included a specific section on medicines and their side effects. The aim of the checklist was to give patients a tool to help them gather all the information they need before leaving hospital.

We also ran staff education sessions about medicines commonly used in SAPU and created resources for staff. Now we're using brochure holders in the hallway to make information about medicines more accessible to patients and staff.

Focus on advance care planning

Advance care planning is the process of thinking about, talking about and writing down your wishes for the future and your end-of-life.

From data captured when assessing people's health care and support needs at home, we found that a large majority of people have no documented advance care planning.

Talking with whānau and health professionals about what you might want if you become unable to speak for yourself will mean you have some control over the choices that are made for you. It can make a difficult time for your family less stressful. These conversations can start at home and should continue over months and years as your health changes.

Health services in the region, including many general practices, hospital services and hospices, are working to increase advance care planning. In 2016 our staff gave presentations on advance care planning at retirement villages, rotary clubs, and groups for stroke and Parkinson's disease sufferers.

"It's funny to say that we have enjoyed facing our own mortality but we have! We really enjoyed being able to talk about this freely. We are also aware that we don't want to become too bogged down in the serious or negative stuff. We can see that part of advance care planning is planning how to spend our years – thinking about what's important and gives us joy."

A couple at a retirement village after attending a CCDHB advance care planning presentation.

To find out more or get started on your advance care planning:

- visit www.advancecareplanning.org.nz
- or email advancecareplanning@ccdhb.org.nz.

Improving GP access through an online patient portal

People in our community have told us that getting appointments and advice from the team at their general practice can be challenging. As a result, some patients end up at the hospital emergency department.

As a result we have introduced a patient portal to change how people access general practice.

Manage My Health is a secure online portal that can be used to book appointments, order repeat prescriptions and look up the results of investigations. Some people use it to keep their general practice team aware of ongoing health monitoring such as blood sugar levels or body weight. Others get electronic advice on their condition without having to actually visit their practice. Patients can use the portal at any time, from anywhere, via a secure log-in.

Patient portals will never replace face-to-face visits with the GP or practice nurse, but are complementary to these services. Through the use of patient portals, access to health care is easier and more convenient and makes face-to-face visits more available for those who need them.

There are more than 17,000 patients in our region using patient portals.

Preventing health care related harm to patients

Patient safety is our highest priority. The vast majority of our patients receive safe, timely and high-quality services. We want our patients and their whānau, other health providers and our own staff to tell us when an incident has occurred and to raise concerns. This allows us to look into what happened and minimise the chance of the same thing going wrong again.

In the year from 1 July 2015 to 30 June 2016, we had 21 'serious and sentinel events' where patients suffered harm or died while in our care. We have sincerely apologised to those patients and their whānau and acknowledged the distress that occurs when things go wrong. Of the 21 incidents, 11 related to patient falls, nine were related to clinical processes and one was a medicine error.

Understanding how people have been moving before coming to hospital is important when planning what falls prevention will meet their specific needs. Older people and also confused patients, especially those with dementia and delirium, are most at risk. We are focusing on an integrated (across hospital, community and aged care) falls prevention approach for older people. The approach will see better assessment, prevention and support to reduce the number and impact of falls and fractures in older people.

A clinical process event is where harm has occurred related to assessment, diagnosis, treatment or general care. Over half of the 2015/16 clinical process events involved a delay in recognising rapid clinical deterioration. We have increased the number of patients who are reviewed by a Medical Emergency Team and there has been an associated decrease in the number of cardiac arrests.

> "The early warning score system and Medical Emergency Team culture are now embedded within CCDHB. An environment where calling for help is the norm has been positively reinforced through the work of ward nurse educators, the Patient At Risk service, and targeted education sessions aimed at junior medical staff."
>
> Dr Alex Psirides, Wellington Regional Hospital Intensivist & Clinical Lead for the HQSC National Patient Deterioration Programme

In 2015/16 we had one serious event related to medicine. We know that medicines are the major cause of patient harm at CCDHB, and the main medication group is opioids such as codeine, tramadol, morphine and fentanyl. We have focused on reducing opioid constipation harm by ensuring a laxative is prescribed and administered when a patient is given an opioid. This has halved the number of patients suffering medicine induced constipation in our trial. We have also developed a patient information sheet after patients told us they wanted to know more about the different types of laxatives and their effectiveness.

Where to in 2016/17

We are focusing on empowering our staff to work together and to look at innovative and cost effective ways we can provide high quality, timely and patient-centred health care for everyone in our region.

By getting the most out of every health dollar, we can provide our community with more health services. It also allows us to invest in new equipment and technology.

A YEAR AT CCDHB

30,719 children had a free dental check

7,145 patients were seen by a district nurse at home

2,518 people were supported in aged residential care

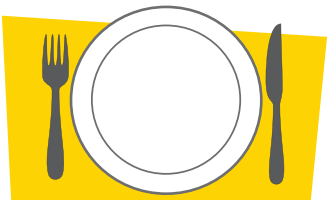
167,732 outpatient appointments

1.8 million laboratory tests were completed

62,024 people presented to the emergency department at Wellington Regional Hospital

19,261 patients had surgery

5,307 people were offered help to quit smoking



722,700 meals made for patients

392,077 hours of home based support services

119,379 consultations with our specialist mental health services

17,109 visits were made into people's homes by community allied health workers, such as physiotherapists or social workers

3,552 babies were born

2.5 million prescriptions were filled

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