

Quality Accounts 2015

**PATIENT SAFETY &
QUALITY IMPROVEMENT**
DIRECTORATE



Cover photo: Marlene Tuhiwai and Cancer Society volunteer Kathy Wallace

Contents

Foreword.....	5
Statement of Endorsement	5
Our Role	6
Our Health Profile	7
Our Vision, Mission & Values	8
Where the Money Goes	9
Our Services.....	10
National Health Targets.....	11
Serious Adverse Events	13
Quality Accounts.....	15
Keeping Patients Safe	
- Clinical Audit Programme.....	16
- High Risk Medication Project.....	18
- Integrated Patient Safety System (Datix)	19
Improving the Patient and Whānau Experience	
- Patient and Whānau Centred Care	20
- Patient Safety Walkrounds.....	21
- Timely Completion Of Transfer Of Care Documents.....	22
- Reducing Waiting Time For CT	23
Healthier Communities	
- Manage My Health.....	24
- Neighbourhood Healthcare Homes.....	25
- Integrated Urgent Healthcare.....	26
Our Future	
- First 2000 Days.....	27
- Fit For Life	28
- Eliminating Inequities	29



Dr Johan Ackerman - Community Dentist

Foreword

Kia ora, welcome to Northland DHB Quality Accounts for the year to 30 June 2015. It gives you a snapshot of how we support the health needs of the people in our community.

These Quality Accounts are an annual report about new quality initiatives we introduce to help improve patient safety and care.

We aim to deliver a first-class service which is patient and whānau focused and provides the right care and support when and where it is needed.

Statement of Endorsement

On behalf of all Northland District Health Board staff we are proud to present our 2015 Quality Accounts.

High-quality, patient and whānau centred care is our greatest priority, and because we have a systems approach to health, you'll see many of the initiatives involve our intersectoral and community partners.

Over the past year, an embedding our 'Values' campaign has strengthened and clarified the values that we and our patients and whānau want and have a right to expect. The Values are also aligned with the Patient and Whānau Centred Care work stream. Combined, these two very significant pieces of work will ensure that patients and their whānau receive the care they need in a respectful and supportive environment.

We have developed a new Partners in Care and Visitors Policy. The policy differentiates between partners in care (as identified by the patient and who are recognised as part of the care team) and visitors. The key principle of the policy is negotiation between our staff, the patient and whānau. The Consumer Council is providing valuable guidance in the development of this new policy. Further, it acknowledges that families, however they are defined, are essential to patients' health and wellbeing and are crucial allies for quality and safety within the healthcare system.

The Patient Safety & Quality Improvement Review took a comprehensive look at our safety and quality systems with a key focus on improving patient experience. An electronic dashboard records the excellent progress we are making on the review's 75 recommendations.

It is pleasing to see that a large number of these actions have been completed throughout the year including the establishment of centralised coordination of clinical audits and research, the terms of reference and processes for Morbidity and Mortality Reviews have been standardised to adopt best practice, and a single organisation-wide risk management incident reporting and feedback system (Datix) has been implemented.

The Clinical Audit Programme has evolved into a robust plan, particularly well supported by junior doctors. There were 21 active audits at June 30, 2015. Although clinical improvement has yet to occur as a result of the audit programme, we are confident that patient safety and outcomes will improve as a consequence. There has been significant interest in the programme from other DHBs in New Zealand.

This year our Health and Disability Commissioner complaints and investigations are the second lowest amongst the 20 DHBs in New Zealand. Northland DHB averaged 55.82 complaints per 100,000 discharges, and we are constantly reviewing our complaints process, ensuring we keep learning and improving.

We have increased the number of Quality Accounts we monitor and report on this past year, and these are grouped under four headline categories – Keeping Patients Safe, Improving the Patient and Whānau Experience, Healthier Communities and Our Future.



Dr Nick Chamberlain
Chief Executive



Dr Mike Roberts
Chief Medical Officer



Margareth Broodkoorn
Director of Nursing & Midwifery

Our Role

Northland DHB employs around 2,674 staff. Acute services are provided through the DHB's four hospitals, based at Whangarei, Dargaville, Kawakawa and Kaitiāia, with elective surgery performed at Whangarei and Kaitiāia. These services are supplemented by a network of community-based outpatient and mental health services, a range of allied health services and a public and population health unit. Some specialist services, such as radiation treatment and rheumatology services, are provided from Auckland or by visiting specialists travelling to Northland.

Northland DHB allocates funding across the health sector in Northland, contracting with a range of community-based service providers such as primary health organisations (PHOs), dentists, pharmacies and other non-government organisations.

Our Communities

Population

Northland's population in 2015 is 169,150, representing 3.6 percent of New Zealand's population. About half live within the Whangarei District Council area, 37 percent within the Far North District Council area and 13 percent within the Kaipara District Council area.

Māori

Nga Iwi o Te Tai Tokerau comprises 30 percent of Northland's population. Out of the total Māori population, about half live in the Far North District, 40 percent in Whangarei, and 10 percent in Kaipara. Iwi in Northland include Ngati Kuri, Te Aupouri, Ngaitatoko, Te Rarawa, Ngati Kahu, Whaingaroa, Ngapuhi, Ngati Wai, and Ngati Whatua.

Ageing population

Northland's population is 'ageing' because the number of children are decreasing while the older population is increasing. The child population (0-14 years), is projected to drop from 21.6 percent in 2012 to 19.7 percent by 2026. Northland's older population (65-plus years) is projected to grow from 16.9 percent to 24.5 percent over the same period.

Socio-economic status

Northland has one of the most deprived populations in the country. While 20 percent of New Zealand's population is in the lowest quintile of the deprivation index, the equivalent measure for Northland is 35 percent.

The most deprived local authority area is the Far North District Council with 51 percent of the population in the lowest quintile; within this district the most deprived areas are Hokianga (83 percent), Whangaroa (41 percent) and north of the Mangamukas (55 percent).

Rurality

The only true urban area in Northland is Whangarei, which contains about one-third of the region's population. Kaitiāia, Kerikeri, Kaikohe and Dargaville are rural centres with populations of about 5,000 each. Northland's population is distributed across a region which takes over five hours to travel from its northern to southern extremities and up to two hours west to east. Northland has the highest proportion of unsealed roads in New Zealand and public transport is very limited.



Our Health Profile

Māori

Māori experience low levels of health status across a range of health and socio-economic statistics. They comprise 30 percent of Northland's population, but 45 percent of the child and youth population, a key group for achieving long-term gains. Māori experience early onset of long-term conditions like cardiovascular disease and diabetes, presenting to hospital services on average about 13 years younger than non-Māori.

Child and Youth

The child and youth segment of Northland's population is projected to reduce in proportion over the coming years, but it remains a priority because healthy children make healthy adults and because children are more vulnerable than adults.

The deprivation index, which scores New Zealanders on a 10 point deprivation scale, placed 70 percent of Northland adults and 85 percent of Northland children on the most deprived half of the index.

Older People

Our ageing population is placing significant demands on health services provided specifically for older people (residential care, home-based support services, day care). It also increases the prevalence of long-term conditions which become more common with age.

Long-Term Conditions

About three-quarters of deaths in Northland are from cardiovascular disease (heart disease and stroke) or cancer (the most common sites are trachea-bronchus-lung, colorectal, prostate and breast).

Twenty-one percent of adult Northlanders have been told they have high blood pressure and 13 percent that they have high cholesterol, both known risk factors for cardiovascular disease.

While diabetes is not a major killer in itself, it is a primary cause of heart disease and a great deal of unnecessary illness and hospitalisations are related to poor management of the condition.

Oral Health

Northland's five-year olds have repeatedly had the country's highest average score of damaged (decayed, missing or filled) teeth and one of the lowest percentages of teeth without tooth decay (33 percent compared with the national 41 percent). Data for adolescent oral health is scanty, but it suggests a similar, if not worse, picture.

Lifestyle Behaviours

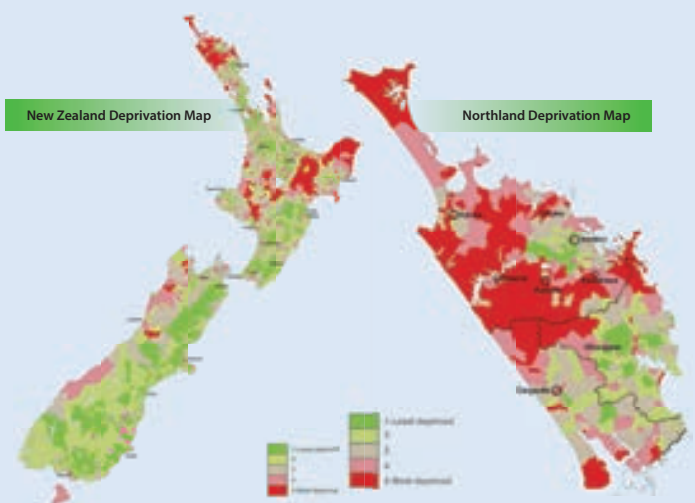
The way people live their lives and the behaviours they exhibit have an enormous effect on health status. There are a wide range of influences, but key ones are smoking, diet, alcohol and other drugs, and lack of physical activity.

Mental Health

Rising to the Challenge, the latest national plan for mental health and addictions outlines priorities for achieving further system-wide changes to improve service provision and outcomes. The plan covers people who use primary and specialist mental health and addiction services, and their families and whānau.

Social Influences

Many of the causes of ill health are related to social and economic factors such as housing, education and economic prosperity. The health sector cannot affect these directly, but as a district health board we work collaboratively with other government and local body organisations to achieve a healthier Northland.



Our Vision, Mission & Values

Our Vision:

A Healthier Northland He Hauora Mo Te Tai Tokerau

Our Mission:

Mission – Achieved by working together in partnership under the Treaty of Waitangi to:

- Improve population health and reduce inequities;
- Improve the patient experience;
- Live within our means.

Mahi tahi te kaupapa o Te Tiriti o Waitangi he whakarapopoto nga whakaaro o te Whare Tapa Wha me te whakatuturutahi i te tino rangatiratanga te iwi whanui o Te Tai Tokerau.

Our Values:

People First - Taangata i te tuatahi - People are central to all that we do.

Respect - Whakaute (tuku mana) - We treat others as we would like to be treated.

Caring - Manaaki - We nurture those around us, and treat all with dignity and compassion.

Communication - Whakawhitiwhiti korero - We communicate openly, safely and with respect to promote clear understanding.

Excellence - Taumata teitei (hiranga) - Our attitude of excellence inspires confidence and innovation.

Values	Behaviours we want to see	Behaviours we don't want to see
People First Taangata i te tuatahi People are central to all that we do	<ul style="list-style-type: none"> • Makes people feel welcome, is polite, greets people and says 'hello', introduces themselves • Sees the person, takes time to make a connection • Smiles, warm, cheerful, friendly, polite 	<ul style="list-style-type: none"> • Ignores people, unwelcoming • Dismissive, rude, puts their own needs first • Moody, grumpy, disinterested, unfriendly, moaning
Respect Whakaute (tuku mana) We treat others as we would like to be treated	<ul style="list-style-type: none"> • Clearly respects different cultures, backgrounds, views, ideas and roles. Takes my views seriously • Is supportive of people's dignity and privacy • Respects others' time. Is prompt, organised, prepared 	<ul style="list-style-type: none"> • Makes people feel unimportant, judged, labeled, belittled, stigmatised or discriminated against • Rude or abrupt, gossips, makes people feel bullied • Reactive, late, rushing, keeps people waiting
Caring Manaaki We nurture those around us, and treat all with dignity and compassion	<ul style="list-style-type: none"> • Compassionate, gentle, considers people's feelings • Kind, attentive, helpful, checks if people need anything, takes time so people feel cared for • Acknowledges, appreciates and values people 	<ul style="list-style-type: none"> • Ignores people's feelings, pain or discomfort • Puts own needs first, 'not my job', 'too busy', makes people feel like a nuisance, passes the buck • Doesn't thank people for their efforts, criticises
Communication Whakawhitiwhiti korero We communicate openly, safely and with respect to promote clear understanding	<ul style="list-style-type: none"> • Open, takes the time to listen and understand • Shares information, keeps people up to date, explains clearly, follows up. Honest • Works together and involves people, gives options 	<ul style="list-style-type: none"> • Makes assumptions, doesn't really hear • Uses jargon, assumes people understand, keeps things to themselves, talks over or down to people • Dictates to / excludes family, whānau or colleagues
Excellence Taumata teitei (hiranga) Our attitude of excellence inspires success, competence, confidence and innovation	<ul style="list-style-type: none"> • Positive, aims high, keeps learning, shares knowledge • Is always self-aware, calm and professional • Safe, thorough, accurate, clean, hygienic • Speaks up, is accountable for their own actions 	<ul style="list-style-type: none"> • Negative, 'it will do', stuck in old ways, closed mind • Unprofessional, overreacts, complaining, blame • Sloppy, untidy, dirty, cuts corners, inconsistency • Walks by poor care, is defensive when given feedback about behaviours or performance

Where the Money Goes

Whangarei, Dargaville, Bay of Islands and Kaitiaki Hospitals (surgical and medical services, emergency departments, imaging, laboratories, maternity), public health service

\$265m

Primary Health Services (general practitioners, community dental services, radiology)

\$58m

Health of older people (including residential care, rehabilitation)

\$57m

Mental health services

\$53m

Māori health services

\$7m

Community pharmacies

\$42m

Community laboratory services

\$7m

Inter-district flows (publicly-funded health services paid to other district health boards and others for services provided to Northland patients)

\$67m

TOTAL

\$556m

EACH DAY IN NORTHLAND

On average, each day in Northland there are:

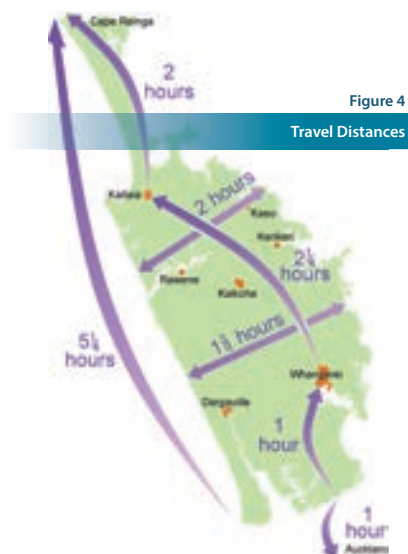
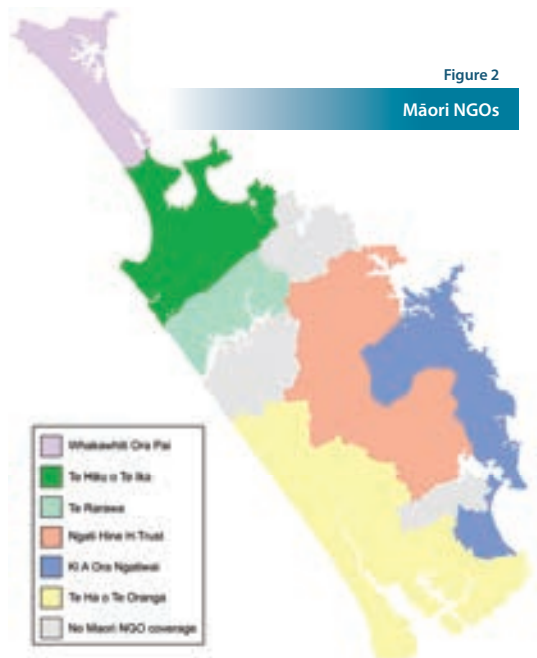
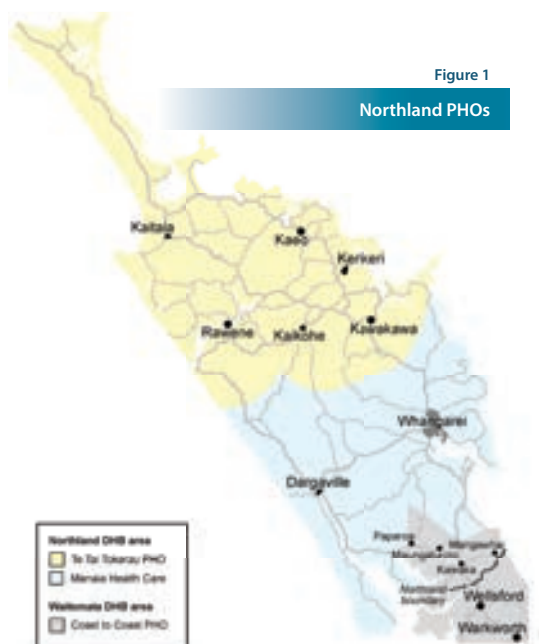
- 126** Emergency Department presentations
- 106** Inpatient discharges
- 2,113** Outpatient attendances
- 76** Outpatient missed appointments
- 14** Northland patients discharged by other DHBs
- 13** Chemotherapy attendances
- 46** Renal dialysis
- 45** Theatre events
- 251** Radiology exams
- 3,362** Lab Test Results - Hospital Laboratory Tests
- 3,570** Lab Test Results - Community Laboratory Tests
- 5** Babies born in hospital
- 5** Deaths in Northland
- 3** Mental health hospital admissions
- 500** Mental health community visits
- 1,887** General practice consultations
- 7,200** Prescription items processed by Pharmacies
- 88** Community visits by allied health services
- 191** District nursing visits
- 133** Oral health visits in primary schools
- 8** Immunisations for 2 year olds
- 8** Immunisations for 8 month olds
- 40** Breast screens
- 880** Subsidised bed days in aged residential care
- 1,539** Hours of home-based support services for older people
- 28** People assessed by hospice services nursing teams

And we do much more!

Our Services

There are currently 153 GPs and 162 practice nurses across 38 general practices providing primary health care to Northlanders enrolled with Northland PHOs, and non-enrolled and non-resident patients.

Northland DHB has 220 contracts with 118 non-government organisations (NGOs) including Māori health providers and Whānau Ora collectives which provide a range of public health, primary health care and community services across Northland.



National Health Targets

These targets focus on improving the health sector's performance, and ensure our health and disability system is contributing to maintaining and improving health outcomes in these important areas.

Northland Health Targets: quarter 4 (April–June) 2014/15 results							
	Shorter stays in emergency departments	Increased access to elective surgery	Faster Cancer Treatment	Increased immunisation (8-month-olds)	Better help for smokers to quit – hospitals	Better help for smokers to quit – primary care	More heart & diabetes checks
Ranking quarter 4, 2014/15	18	1	11	19	8	18	4
Quarter 3, 2014/15	91.2 percent	133.0 percent	64.3 percent	86.7 percent	95.6 percent	91.7 percent	91.2 percent
Quarter 4, 2014/15	93.2 percent	127.2 percent	66.1 percent	86.3 percent	96.3 percent	84.8 percent	91.2 percent
National goal	95.0 percent	100.0 percent	85.0 percent	95.0 percent	95.0 percent	90.0 percent	90.0 percent

The DHB ranking line shows Northland DHB's relative performance compared to other DHBs. In most cases a rank of one represents comparatively good performance, and a rank of 20 represents relatively poorer performance. However, where DHBs have achieved the national goal they are all considered to be good performers.

Shorter Stays in Emergency Departments (DHB)



The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency

Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

There was no real change to our Shorter Stays in ED performance (93.2 percent) compared with quarter four 2013/14 (92.9 percent). Work is underway for an interim Acute Medical Assessment Unit. Two extra ED Senior Medical Officers have been appointed.

We continue to work on measures to address acute patient flow and to work in a more integrated way across the health sector such as the Northland Health Services Plan project 'Integrated Urgent Healthcare', with a particular focus on acute general medicine.

Improved access to elective surgery (DHB)



The target is an increase in the volume of elective surgery by at least 4,000 discharges nationally per year.

Northland DHB has achieved its 2014/15 health target with improved access to elective surgery reaching 127.2 percent. For the full year, 8,202 people have been provided with elective surgery, which is 1,638 patients (25 percent) more than planned.

This is now the eighth year in a row that Northland DHB has exceeded our full year health target. The Ministry of Health has considered us an outstanding performer in elective services since 2007/08.

National Health Targets (cont.)

Faster Cancer Treatment (DHB)



The target is 85 percent 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 percent by June 2017. Results cover those patients who received their first cancer treatment between October 2014 and March 2015.

Northland's performance in commencing treatment within 62 days for patients referred with a high suspicion of cancer deteriorated slightly in the most recent quarter. Although there was substantial improvement for patients with breast cancer, this was offset by deterioration for lung and colorectal cancers.

Current initiatives to reduce waiting times for cancer treatment have included the commissioning of a second CT scanner and a new MRI scanner, an upgrade to a new regional technical standard for cancer stream multi-disciplinary meetings, timelier medical oncology clinics, and much reduced waiting times for colonoscopy investigations. These and other initiatives will lead to improved services and reduced waiting times for patients in the future.

Increased Immunisation (DHB)



The national immunisation target is 95% of 8-month-olds have their primary course of immunisation at 6 weeks, 3 months and 5 months on time. This quarterly progress result includes children who turned 8-months between April to June 2015 and who were fully immunised at that stage.

Immunisation protects people against harmful infections which can cause serious complications, including death. It is one of the most effective and cost-effective medical interventions to prevent disease.

Our immunisation health target results have been disappointing. Northland DHB achieved 86.3 percent to June 2015, well below the target of 95 percent. There is an immense amount of work being done in this area with renewed initiatives and a steering group chaired by chief executives. Northland has a challenging environment with high rates of people opting to decline immunisation.

The immunisation communication strategy has been strengthened with the production of television commercials featuring local champions, such as Dr Lance O'Sullivan, asking people to ensure they 'immunise on time'.

Better help for smokers to quit (DHB and PHO)

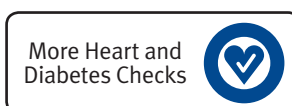


The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90

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

Our hospital target reached 96.3 percent in quarter four 2014/15, up 3 percent on quarter four 2013/14. Northland DHB, alongside Northland PHOs, had a disappointing result in primary care, dropping to 84.8 percent from 96.6 percent quarter four 2013/14.

More heart and diabetes checks (PHO)



This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.

Northland DHB achieved the target with a result of 91.2 percent, a one percent increase on the previous year.

Primary Health Organisations (PHO) health targets (2014/2015)

Primary Health Organisations health targets (2014/15)

	Increased Immunisation	Better help for smokers to quit	More heart and diabetes checks
Manaia PHO Limited	92%	89%	92%
Te Tai Tokerau PHO Limited	85%	79%	90%
Northland DHB	86 ⁽¹⁾ %	85%	91%
National Goal	95%	90%	90%

Increased immunisation (PHO)

The national immunisation target is 95 percent of eight month-olds have their primary course of immunisation at six weeks, three months and five months on time.

Manaia Health PHO reached 92 percent and Te Tai Tokerau PHO reached 85 percent, both below the target of 95 percent.

(The PHO coverage for increased immunisation only includes those 8-month-olds that are enrolled in a PHO. Consequently the DHB coverage will be different to the combined PHO coverage.)

Better help for smokers to quit (PHO)

The national target is that 90 percent of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking.

Manaia Health PHO's result dropped 20 percent to 89 percent from 110 percent in the 2014/15 year end quarter. Te Tai Tokerau PHO result also dropped 3 percent to 79 percent from 82 percent in the 2014/15 year end quarter.

Te Tai Tokerau PHO result also dropped 3 percent to 79 percent from 82 percent in the 2014/15 year end quarter.

More heart and diabetes checks (PHO)

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years by July 2015.

Manaia Health PHO has met this target reaching 92 percent, the same result as last year. Te Tai Tokerau PHO continued to improve, up 2 percent to 90 percent

Adverse Events Report 2014-2015

Background

Adverse Events (previously known as serious adverse events, and serious and sentinel events) are incidents which have generally resulted in harm to patients.

The title has changed to signal a new direction in the programme, with a greater emphasis on learning from all events – not only the serious adverse events, but also near misses – as learning about these events can be as powerful.

The emphasis is on improvement, and reducing preventable harm in the future. Northland District Health Board reports 18 Adverse Events for 2014-2015.

Main Summary	Findings	Progress on recommendations
Falls with Harm Eight patients, aged 65-90, experienced Falls with Harm. Harm included fractured hips, fractured ribs, fractured pelvis, a dislocated hip, fractured ankle and a head injury.	Seven of the patients had been identified as being at high risk of a fall. These patients had all been risk assessed, and plans had been completed to minimise their risk of falling. One patient who fell had not been identified as high risk.	All patient falls with harm are reviewed by a specialist team which focuses on falls prevention. The case reviews contribute to hospital policies which aim to minimise the risk of patient falls. As a result of the reviews during 2014-2015, new guidelines are being developed to guide and monitor the use of bedrails. The use of medications which may increase the risk of falls is also being carefully monitored.
Injection given on the incorrect side of the spine.	Surgical time out process was not completed correctly prior to the administration of the injection.	Education provided to theatre staff to encourage use of the Surgical Timeout for all patients, not just those having procedures under general anaesthetic. A wider safety project to improve all aspects of perioperative safety was also commenced.
Oncology patient developed overwhelming infection.	Care of the patient had been jointly provided by Northland DHB and Auckland DHB. Review of this case revealed some failures in communication between the two hospitals, lack of a consistent treatment plan, and lack of protocols regarding use of the chemotherapy drugs involved.	Closer working relationship established with the tertiary DHB provider, with shared use of their protocols and regular audit to check compliance with protocols describing use of chemotherapy drugs. Haematology Oncology Registrar appointed at Northland DHB and Haematology Oncology Consultant to start work at Northland DHB full time in late 2015. This will provide much closer oversight for this group of patients.
Delay in transfer to higher level of care.	Sub-optimal care coordination for a known oncology patient. Local protocols not available, only available through tertiary hospital.	Local guidelines and pathways written for the management of neutropaenic sepsis for the emergency department teams. Closer links established with tertiary hospitals. Haematology Registrar appointed at Northland DHB.

Adverse Events Report 2014-2015 (cont.)

Main Summary	Findings	Progress on recommendations
Post-operative respiratory depression and complications.	Systems Event Analysis (SEA) in progress.	To be advised.
Accidental vascular injury during surgery resulting in severe blood loss and transfer to tertiary hospital.	Handover between Anaesthetics and ICU lacked detail. ICU Consultant not immediately available to provide patient care.	Formal handover process instituted. Backup plan to ensure ICU coverage at all times if Consultant called away from Unit.
Delayed transfer to higher level of care unavailable.	Severity of injuries following road traffic accident not immediately apparent. Transfer to ICU not considered necessary as severity of injuries had not been identified. Ward staff did not immediately escalate concerns to medical staff. Some poor communication between medical teams.	Business case developed to support ICU Outreach Service overnight. Review of hospital telemetry system. Education to reinforce plans for management of major trauma.
During patient activity on a ward, a patient asked a staff member to arm wrestle, during which activity the patient fractured his upper arm	A lack of diversionary activities available, compounded by a shortage of staff.	Ban on arm wrestling and other physical contact sport. Review of appropriate diversional and recreational activities
Unrecognised severe aortic stenosis.	Monitoring of echocardiogram test results inadequate. Lack of clear process for bookings between Wards and Outpatient Department.	Improved process being implemented to support outpatient appointments being made from wards. Review of echocardiogram result monitoring. Regular clinical audit established to ensure no significant diagnoses are missed. Review Medical team handovers to Cardiology Service.
Failure to recognise a deteriorating patient, with a resulting delay in escalation of care.	Early Warning Score (EWS) protocols not followed.	Project to review EWS system and ensure clear communication between and within nursing and medical teams. Introduce Rapid Response ICU Outreach Service overnight. Conduct regular audits to check compliance with Early Warning Score protocols.
Possible wrong patient blood transfusion (another patient's blood label found in notes, but unable to confirm if patient received wrong blood). No adverse effects were noted.	Two patients in theatre recovery area with very similar names. Blood Administration policy not followed. Blood had been checked in Operating Theatre, but not re-checked in Recovery Room.	In-service education session on blood administration delivered to all theatre staff. Patient Safety team established in Post Anaesthetic Care Unit to identify and address this and any other safety issues in the Unit.



Dr Ellen Clark - Clinical Director Oral Health Services (talking with her patient)



Special Care Baby Unit

Quality Accounts

Keeping Patients Safe

- Clinical Audit Programme.....16
- High Risk Medication Project.....18
- Integrated Patient Safety System (Datix)19

Improving the Patient and Whānau Experience

- Patient and Whānau Centred Care20
- Patient Safety Walkrounds.....21
- Timely Completion Of Transfer Of Care Documents (TOC)22
- Reducing Waiting Time For CT23

Healthier Communities

- Manage My Health.....24
- Neighbourhood Healthcare Homes.....25
- Integrated Urgent Healthcare.....26

Our Future

- First 2000 Days.....27
- Fit For Life28
- Eliminating Inequities29



Ayshea Green, Surgical Services Safety & Quality Facilitator reviewing Datix with RN Danielle Hamilton

Keeping Patients Safe

Clinical Audit Programme

Aim

The aim of this programme was the development and implementation of a Clinical Audit Programme and the registration of at least ten clinical audit projects by December 2015.

Background

Clinical audits are clinical performance improvement projects which assess local clinical practice against – and aim to align it to – the latest clinical evidence. As a result, successful projects are expected to lead to the improvement of Northland DHB's clinical performance, and consequently, benefit consumers (patients and whānau) by improving the care provided.

A key recommendation of the 2013 Patient Safety and Quality Improvement Review was the establishment of an organisational clinical audit programme, including the formation of a centralised office for coordinating clinical audit project work and the maintenance of a register of current and past projects.

Progress to date

Since the January 2015 launch of the Clinical Audit Programme, 21 clinical audit projects have been registered by doctors and medical students, easily surpassing the initial target of ten projects. Six of these audits have already been completed.

All 21 audits conformed to the correct use of organisational tools and structures. Furthermore, all 21 project proposals and all six reports received and reviewed by the Clinical Audit Committee have been of high quality and were fully approved.

To ensure that consumer involvement has not been overlooked, this element has been incorporated in the design of individual

clinical audit projects and eight out of the 21 projects registered proposed the involvement (information, consultation or participation) of consumers.

To ensure that the programme is continuously working towards health equity for Māori, a strong ethnicity component was incorporated in the design.

There has been significant interest in our programme from elsewhere in New Zealand: seven DHBs and one large PHO have approached Northland DHB with the aim of developing similar systems.

Recognition for the programme has also come in the form of the 2015 Ko Awatea International Excellence in Health Improvement Award in the category of 'Outstanding Leadership in Quality Improvement'. This was awarded to clinical audit manager Dr Jozsef Ekart but is an acknowledgement of all Northland DHB staff who have made the new programme so successful, especially our clinical staff involved in clinical audit activity.

Future focus

Key priorities and challenges for the future are to:

- Increase the number of services/departments engaged in clinical audit activity from the current level of nine out of 22 clinical departments;
- Ensure that the completion of clinical audit projects conforms to expectations; and
- Ensure that improvement recommendations identified in completed projects are actioned and do result in re-audits and the improvement of clinical performance.



Registration of the first clinical audit project by Ashley Fandrick (5th year medical student) under the supervision of Dr Rod Harpin, Clinical Director for Intensive Care Unit. From left to right: Dr Rod Harpin, Cristina Ross (Manager, Quality & Improvement Directorate), Ashley Fandrick, Dr Jozsef Ekart (Clinical Audit Manager).

Keeping Patients Safe

Clinical Audit Programme

Clinical audit projects registered by August 2015, following the January launch of the new Clinical Audit Programme.

Department	Clinical Audit Title
ED	Chest pain: an analysis of the current practice patterns in the management of the possible cardiac chest pain (NSTEMI-ACS) patient at Whangarei Hospital in 2014.
ED	Compliance rates of Emergency Department doctors with completing provisional X-ray reports.
GP Liaison	Discharge summary quality and timeliness audit.
ICU	Health care workers knowledge of hand hygiene moments and methods.
Medicine	Assessment of Pulmonary Embolism with CTPA: are we over-scanning?
O&G	Rate and timing of screening for gestational diabetes among pregnant women within the Northland District Health Board 2014.
O&G	In-term babies born in Whangarei hospital who have had unpredicted admission to SCBU: has the neonatal life support algorithm been followed correctly?
O&G	Are women with BMI ≥ 40 having appropriate antenatal care?
O&G	3rd degree perineal tears and outpatient follow-up.
O&G	Category 1 caesarean section - Are we prepared?
O&G	Gynaecological cancer pathway times - for faster cancer treatment.
Orthopaedics	The success of proximal humerus fixation at Whangarei Hospital.
Orthopaedics	Review of congenital talipes equinovarus (CTEV or clubfoot) management in Northland.
Orthopaedics	Treatment of paediatric femoral fractures - are we compliant with the guideline?
Orthopaedics	Neck of femur fracture pathway at Whangarei Hospital.
Paediatrics	The management of uncomplicated community acquired bacterial pneumonia in children aged 1 month to 16 years admitted to Whangarei Hospital.
Paediatrics	Dextrose gel in the treatment of neonatal hypoglycaemia.
Paediatrics	Behind bronchiolitis - are we missing something?
Paediatrics	Opportunistic immunisation of children (<5years) in ward 2, Whangarei Hospital.
Psychiatry	The diagnosis and management of ADHD in children (5-18 years of age) in Northland DHB.
Surgery	The diagnosis and management of malignant melanoma in Northland DHB.

Keeping Patients Safe

High Risk Medication Project

Aims:

To reduce adverse events related to opioid pain management in acute care, with key measures being:

- To increase the time between respiratory depression adverse events related to opioid management in adult post-operative surgical patients (occurring on an average of every seven days) to >60 days by March 1, 2016;
- To reduce opioid induced constipation by 25 percent in adult patients by March 1, 2016;
- To reduce adverse events related to opioids.

Over the past 18 months, 161 opioid-related adverse events have been identified. The improvement team has reviewed the data to identify key areas where patients' experiences can be improved, reducing these types of adverse events. The team is also working on improving information for patients that will support an ability to better manage pain and the side effects of medications following discharge from hospital.

Background

Post operative respiratory depression events by service
January 2014-September 2015



Opioids are very effective analgesics, and it could be argued that without them, modern treatments (particularly many surgeries) could not be performed. However, they are not without adverse effects, and are known to cause considerable harm.

The extent of this harm has been demonstrated internationally and locally and is the reason that opioids have been at the top

of the high-risk medicines list since 1989. The harms include potentially life-threatening over-sedation and respiratory depression (leading to respiratory arrest if not recognised and corrected). Other common adverse effects associated with prescribed opioid therapy include nausea, vomiting, constipation, delirium, hallucinations, falls, hypotension, aspiration pneumonia and addiction.

Progress to date

This project is part of a national formative collaborative.

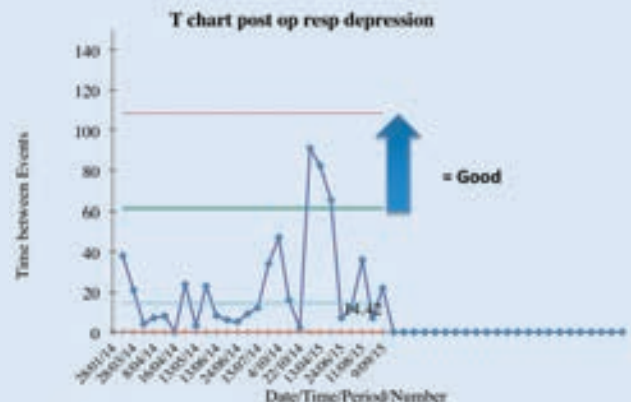
Within Northland DHB, a multi-disciplinary project team has been set up, with members from the pain service, anaesthesia, ward nurses, recovery nurses, improvement adviser, community pharmacy and hospital pharmacy.

The team has reviewed a great deal of data to understand the issues and guide improvement efforts, and has been testing a number of change ideas, including opioid-sparing anaesthesia, parallel prescription of laxatives with opioids, and renewed patient literature.

There are already signs of improvement and respiratory depression events are reducing.

Future focus

This project is expected to result in effective interventions that can be extended to other areas.



High Risk Medication Project Team

Keeping Patients Safe

Integrated Patient Safety System (Datix)

Aim:

Datix is a new integrated Adverse Events, Risk and Feedback system, delivered in response to Northland DHB's desire to improve its adverse event, risk and feedback capability.

The project was expected to deliver real time alerting, dashboard management and threshold reporting capability, enabling much improved visibility and management of adverse event feedback.

Background

The Northland DHB Patient Safety and Quality Review published in April 2014 made it clear that the organisation needed to develop its adverse event, risk and feedback capability. Gaps in the functionality of the existing software were exposing the organisation to clinical and organisational risk.

Additionally the Northland DHB Certification Audit Report 2013 finding noted: "The process (of reporting serious and sentinel events) would be aided by the development of a robust database and a mechanism for recall and follow-up to improve the flow of communication from services."

Achievements

The project started in August 2014 and Datix went live in December 2014, significantly under budget and delivering:

1. Real time alerting and reporting of serious adverse events to the Reportable Events Committee, enabling much quicker interactions with staff, patients and their whānau;



2. Improved visibility throughout the organisation with the use of service specific dashboards;
3. Improved timeliness of responses to adverse events. The average time to close of adverse events was reduced from 35 days to 28 days;
4. Complaints closure time has remained similar, at an average of 28 days;
5. Increased reporting of near misses and 'lessons learnt';
6. Improved organisational understanding of severity assessment codes (SAC);
7. Open disclosure is now occurring with all SAC1 and 2 events and the majority of others, and also in 50 percent of all adverse events. Previously, the organisation had no record of when open disclosure had occurred.

Future focus

Patient experience feedback is now being entered directly in Datix and we are working towards departmental patient experience dashboards to become available for all services entering feedback.

In the previous reporting system, ethnicity data was difficult to extract. However, in Datix, ethnicity data is collected as part of the patient demographics, so it comes directly from the patient management system.

Ethnicity data is now also collected as part of the patient experience feedback data.

The future focus has to be on prevention, therefore recommendations from serious adverse events will be closely monitored. In addition, ongoing work will focus on 'near misses' as a means of preventing potential events and avoiding any resulting harm. A video has been made for training new staff in the use of Datix emphasising their responsibility to 'speak up for patient safety'.

Northland Health TV



The 'Working together to improve patient safety' campaign started in August 2015, and included posters, screen savers and a video.



Improving the Patient and Whānau Experience

Patient and Whānau Centred Care

Aim

Patients and whānau have an exceptional experience of care in Northland DHB services.

Background

This project is one of five major projects launched as part of the implementation of the Northland Health Services Plan. It also addresses the patient and whānau centred care recommendations of the Northland DHB Patient Safety and Quality Improvement Review.

Patient and whānau centred care is an approach to healthcare that shapes policies, programmes, facility design, and staff day-to-day interactions. It redefines relationships in healthcare, placing emphasis on collaborating with patients and whānau of all ages, at all levels of care and in all healthcare settings. Further, it acknowledges that whānau, however they are defined, are essential to patients' health and well-being and are crucial allies for quality and safety within the healthcare system. Patient and whānau centred care is considered an essential foundation for quality and patient safety, leading to better health outcomes and wiser allocation of resources, and greater patient and whānau satisfaction.

The aim of the project is: **Patients and whānau have an exceptional experience of care in Northland DHB services.**

Progress to date

- A Values Week engaged hundreds of staff and patients in listening sessions to understand how consistently we behave in accordance with our organisational values and which behaviours we expect to see, to build a values led organisational culture that supports excellence in patient and whānau centred care;
- A Values Survey – also involving hundreds of staff, patients and whānau – provided additional data to add to that drawn from the Values Week;
- Analysis of data from the Values Week survey and listening sessions has been used to re-launch our values and the behaviours we want to see more and less of. A number of

resources are being developed to support staff to live up to our values with each other and in all their interactions with patients and whānau;

- Leading with Values Workshops for Managers and Leaders held during Values Week and Facilitator training will also provide knowledge and resources to continue with 'Enriching and Embedding Our Values';
- Development of our values based recruitment strategies, including the development of an online values screener quiz, situational judgement test interview question cards and tools for onward training for situational judgment test interviews;
- The recruitment of ten Consumer Council members and establishment of the Northland Health Consumer Council, Terms of Reference and Volunteer Position Descriptions. Most of the Consumer Council members have completed a training programme based on the Health Quality and Safety Commission Consumer Training. Half of the members are Māori, reflecting Northland's population demography and the utilisation of Northland DHB services.

Future focus

- Evaluation of the first six months of Consumer Council;
- Completion of resources, pledges and compacts arising from Values Week;
- Values based orientation implemented;
- Values based performance management tools launched;
- Policy and guidelines established for patient/whānau participation in recruitment process for key roles;
- Launch of the Visitor/Whānau Presence Policy;
- Establishment of the patient/whānau story library;
- Welcome and way finding signage;
- Communication standards and aids workstream approved and launched.



Northland Health Consumer Council

Back – Chelsea Edmonds (Deputy Chair), Tania Moriarty, Liz Cassidy-Nelson, Hikurangi Cherrington, Marilyn Edwards, Kathy Sadgrove, Dr Alan Davis (Northland DHB)
Front – Kathy Diamond, Kevin Salmon (Chair), Debbie Walker, Brian Vickers, Margareth Broodkoorn (Northland DHB)

Improving the Patient and Whānau Experience

Patient Safety Walkrounds

Aim

The aim of this initiative was to provide a structure for Northland DHB's executive leaders to take time to listen to the views of frontline staff about safe patient care and quality improvements.

Objectives were to:

1. Increase awareness of patient safety and quality issues among frontline health care staff;
2. Make safety and quality a priority for senior leaders by them spending dedicated time promoting a safety culture;
3. Build communications and relationships with frontline staff;
4. Educate staff on patient safety and quality concepts i.e. adverse event reporting;
5. Obtain and act on information gathered that identifies areas for improvement.

Progress to date

Patient Safety Walkrounds have averaged two per month. To date 26 clinical areas have participated. The Chief Executive, Chief Medical Officer and Director of Nursing and Midwifery's commitment to patient safety and quality of care at the front line has been noted in staff feedback. Most staff feel comfortable with an open discussion approach and appreciate the time that the executive team spends with them to listen to their concerns and ideas.

Future focus

Patient Safety Walkrounds will continue. Patient safety notice boards are being gradually introduced in all clinical areas and the Walkround team will use these boards to initiate their patient safety and quality discussions with frontline staff.



Director of Nursing and Midwifery, Chief Executive and Chief Medical Officer talking with Ward 15 senior nursing staff.

Improving the Patient and Whānau Experience

Timely Completion of Transfer of Care Documents (TOC)

Aim

A project was developed with the initial aim of delivering 95 percent of TOC documents within 24 hours of patient discharge, to ensure the GP had this document if the patient presented to their clinic for review. This standard was endorsed by the Northland Clinical Governance Forum.

Background

When patients leave hospital, they usually require ongoing care in their community. To support safe and effective care from the time of discharge, there needs to be an immediate handover of information to the patient/family/whānau.

This information also needs to be available at the same time to the primary care team to enable them to manage the patient at any time post discharge.

The document that provides this information is called the Transfer of Care document (TOC), previously known as the discharge summary.

The TOC document is not always immediately provided and in some instances, this leads to problems for the patient, family/whānau and the primary care team.

Progress to date

A one-month pilot was established with the Whangarei Hospital Medical wards 14, 16 and CCU.

The trial process was to identify patients who had been discharged the previous day without a completed TOC document. The patient's details were then emailed to the relevant responsible consultant, in the expectation that they would facilitate completion of the TOC.

The trial found that 71 percent of patients left hospital with a discharge summary. As TOC documents completed post discharge are mailed to patients, the remaining 29 percent of patients were not receiving this information until at least 3-4 days post discharge, risking successful transfer of care into the community. Aiming for within 24 hours was not meeting the needs of the patient or their direct caregivers.

The goal was therefore revised to TOC documents provided to 95 percent of patients on discharge from hospital. The other significant learning was that junior doctors— who are responsible for the TOC documents – preferred to receive communication directly, rather than via their consultant.

Current state

The project currently remains limited to the original three wards. Following a face-to-face meeting, the medical team are aware of the need and rationale for ensuring patients leave with TOC documentation if at all possible.

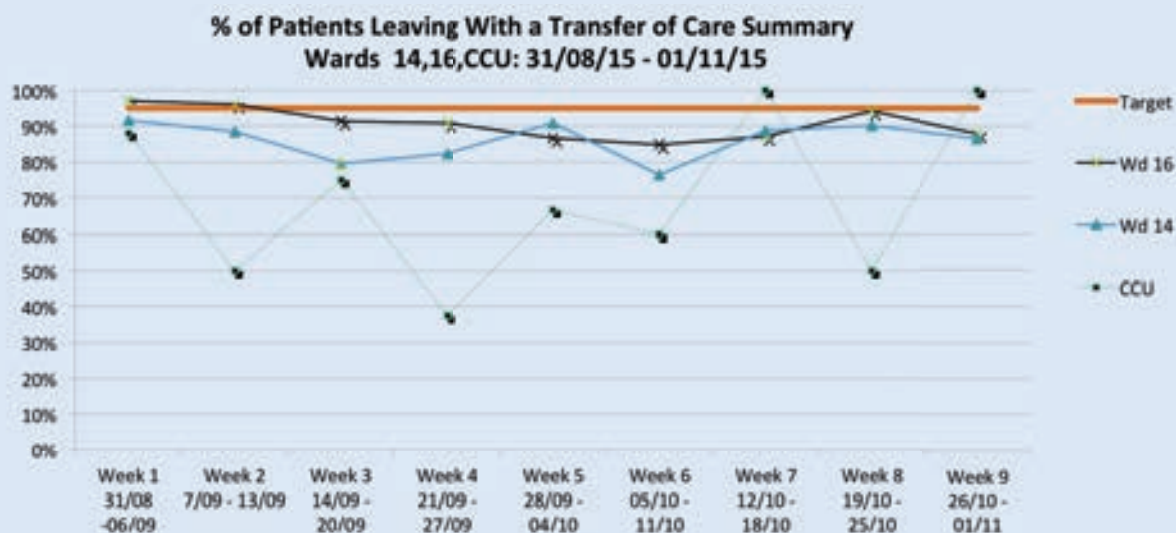
A weekly report showing performance against the revised target is produced and sent to all clinicians involved.

A report was developed for doctors use to identify any patients under their consultant team who have outstanding TOC documentation. The report is accessible to them via a link. The expectation is that they run the report at least daily to ensure outstanding documents are attended to. While the process expects the doctor to be independently responsible for monitoring and managing any overdue TOC documents, there is a manual monitoring of the process by an administrative staff member. If TOC documents remain uncompleted at 48 hours post discharge, they are sent a manual text to remind them. These are required only infrequently in this time frame.

Future focus

At this stage, the data for the three wards does not indicate a trend towards achieving the target of 95 percent completion at discharge. The next step is to produce ward-based completion rate reports for all hospital wards within Northland, which will be published within the ward environment and provide data comparative to other wards. This data will also be sent to all department heads for dissemination to their clinical teams in an attempt to lift the visibility of the goal and performance towards it.

The main aim is to continue to socialise the need for TOC completion at discharge via the distribution of the current state data with clear identification of the target.



Improving the Patient and Whānau experience

Reducing Waiting Time For CT



Aim

One of the main aims of this project is to improve waiting times for both CT and MRI scans. The current diagnostic indicators state that 95 percent of patients accepted for a CT scan should receive their scan within six weeks, and that 85 percent of patients receive their MRI scan within the same period.

Background

Over the past year, the radiology department has been taking part in the national radiology service improvement initiative led by the Ministry of Health. Its goal is to assist all DHBs to embed improvements in their radiology service that support quality and timely services for patients.

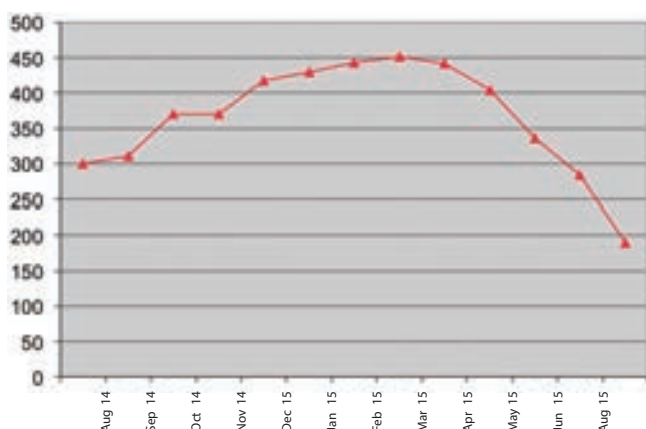
The radiology team has been improving workflows and processes to improve the patient journey throughout the department. This has led to CT waiting times meeting the indicator and MRI waiting times on course to meet the indicator. The installation of two new scanners earlier in the year has improved the quality of imaging protocols at a reduced patient dose.



CT Waiting List



MR Waiting List



"The new 256 slice GE scanner has transformed our CT imaging at Northland DHB with far higher resolution and significantly quicker scans. Most importantly, it will help to improve our ability to detect disease and will ultimately result in better outcomes for patients."

Dr Alistair Rumball-Smith,
consultant radiologist

Healthier Communities

Manage My Health

Sharing
information
for safer
quality care

Aim

This project had the objective of introducing a shared patient medical record in Dargaville which would improve communication between local healthcare providers.

Progress to date

A new electronic shared patient care record, Manage My Health, went live in September 2014, allowing authorised health care providers such as after-hours GPs and hospital doctors to access a summary of information from GPs, including information such as allergies, consultation notes and prescribed medications.

This helps patients to get the best care possible, as quickly as possible, by;

- Making sure tests are not repeated when results already exist;
- Helping patients and healthcare providers to make faster and better informed decisions;
- Alerting health professionals to any treatment risks due to medical conditions, medications or allergies.

Access to information is currently limited to doctors and nurses from Dargaville Medical Centre, Te Hā Oranga O Ngāti Whātua and District Nursing, as well as pharmacists from Orrs Pharmacy.

A governance group has been set up, comprising hospital manager, practice manager, GP, pharmacist and iwi provider manager. Members have been trained in auditing, and audit

the notes to ensure patient records have been accessed appropriately.

The governance group also considers requests from other Kaipara healthcare providers to join Manage My Health. Requirements include working in health in Kaipara, affiliation to a professional body, and acceptance of the access rules and security audits. To date no requests have been declined by the group.

Manage My Health is operated by MedtechGlobal and is securely hosted in New Zealand. Patients have the option to withhold some or all of their information.

Another component of Manage My Health is a patient portal, which provides patients with access to their own medical records, as well as online tools to improve their health and track their progress online.

General practices taking on Manage My Health can choose to select only parts of the package, such as the patient portal or the shared care component.

Future focus

The patient portal of Manage My Health is expected to be made available to patients of participating healthcare providers within the next 18 months.

The governance group will continue to carry out audits and assess requests to join Manage My Health.



Judy Harris (Dargaville Medical Centre), Jen Thomas (Operations Manager Dargaville Hospital) and Marcus Liddell (Pharmacist)

Healthier Communities

Neighbourhood Healthcare Homes



Aim

Neighbourhood Healthcare Homes is a change project aiming to lead the development of new models of care in primary health, which is well connected, patient and whānau centred and will improve Māori health.

To achieve this, in a context of an ageing population and workforce, as well as more complex demand, capacity within general practice needs to be freed up.

There are two areas of focus to achieve this. Firstly, through reorganising the way services are delivered, such as using patient portals, using practice teams differently, changing booking systems, targeting intensive planned services to the highest need patients and streamlining the workplace and processes. Secondly, through linking up general practice with other community-based services more effectively to make the best use of the collective primary and community resources.

Expected benefits

Patients and whānau will engage with more accessible and coordinated services in a timely manner and actively participate in their own care, resulting in better health outcomes and reduced anxiety.

A more cohesive and streamlined system should be better for the patient, better for the workers, and for the system overall.

Background

The patient centred medical home movement and philosophy is building momentum internationally and within New Zealand as a response to a need to improve health outcomes. Key elements are:

- Relationships are at the core;
- General practice being well placed to coordinate services and, together with patients, create collaborative care plans;
- Proactive and comprehensive care, with patients actively informed and encouraged to participate;
- Access centred on patient needs and availability by various modes, including the use of technology;
- Clinical and business systems are aligned to achieve the most efficient, satisfying and effective experiences.

Evidence shows that this approach is effective and Northland DHB has adopted the philosophy broadly, while retaining flexibility to ensure Northland-specific and appropriate strategies are developed and implemented.

A key driver for change is the future sustainability of the Northland health system, under pressure from:

- Higher than average proportion of Māori within the Northland population who are inequitably represented in negative health statistics;
- An ageing population and ageing workforce;
- Increasing prevalence of long term conditions requiring complex management;
- Poverty in our community.

These factors have resulted in:

- Pressure on the Emergency Department and inpatient beds at the hospital;
- High level of workload and resulting stress across the sector;
- An unsustainable future.

Progress to date

- Development of a new model of care for primary and community nurses in Whangarei is in progress so that they are better linked up and use the collective health resources more effectively;
- A volunteer network is being developed around a general practice to test the benefits of tapping into voluntary community resources;
- Supporting E-Health initiatives such as Care Select, an e-referral platform between general practice and non-government organisations and patient portals which will enable simple online communication with general practices;
- Providing good healthcare utilisation information to general practices on their enrolled population across primary and secondary care;
- Jointly planning a different way to proactively work with higher need patients, through grouping patients and tailoring services to their needs;
- Working collaboratively in three localities.

Integrated Urgent Healthcare



Aim

The Integrated Urgent Healthcare board was established in 2014 and comprises Northland DHB, St John Ambulance, White Cross, a primary health organisation and a general practitioner. Managing acute demand requires taking a view across primary and secondary urgent care and the initial focus of the project has been on two priority areas:

- Same-day access to primary care;
- Patient journey – acute general medicine.

Same-day Access to Primary Care

Timely access to primary care is widely recognised as leading to improved health outcomes and a reduction in health inequities. Availability of GP appointments is not routinely measured and there are varying perceptions regarding availability of same-day general practice appointments from the perspectives of patients, general practitioners, Northland DHB and White Cross.

The project actively engages with primary care in exploring and addressing the issue of same-day access for patients. Data can be a motivator for change and the project will provide information specific to individual practices to support GPs and practice managers in their efforts to understand and manage demand for access.

Background

GPs are the first point of contact for many people in the health care system and availability of same-day GP appointments forms a significant aspect of patients' experience of access.

Northland DHB hospitals have been experiencing growth in Emergency Department (ED) attendances significantly above demographic growth, with the large majority of these taking

place during normal working hours. One reason cited by ED attendees is their inability to access a GP in a timely manner.

The results of the NZ Health Survey 2012/13 reveal that Māori, the population with greatest health need and greatest vulnerability to poor health outcomes, experience the greatest difficulty getting an appointment at their usual medical centre within 24 hours.

This project is a building block which aims to contribute towards an improved patient experience in the longer term i.e. same-day general practice appointments are available to patients who require them and there is a reduction in inequities of access so that the difference between Māori and non-Māori reporting inability to get an appointment within 24 hours is eliminated.

Progress to date

Metrics to measure routine and acute appointments have been identified and the methodology agreed to initiate research to audit GP appointment availability. The research findings will sit alongside descriptions of the current appointment booking systems and analysis of Accident and Medical and Emergency Department utilisation at general practice enrolled population level. The process for collation of these 'general practice information reports' is currently being finalised (refer also Neighbourhood Healthcare Homes).

A trial to enable patients seen by St John Ambulance to be taken to White Cross has also been initiated. This urgent care pathway, as an alternative to transfer to the Emergency Department, where appropriate, is supported through Primary Options Northland funding.

This project is scheduled to conclude in October 2016.



Our Future

First 2000 Days



Aim

The First 2000 Days Programme (F2000D) is a collection of projects. These projects aim to address issues and gaps along the continuum of care, that impact on health outcomes for infants and children, and over time into their adulthood. There is widespread agreement on the role of universal child and family health services in identifying health needs within the family in order to provide families with support as early as possible.

This reflects the evidence about the complex interaction of risk and protective factors that influence a child's health, wellbeing and development and an acknowledgement of the social determinants of health. The F2000D programme primary objective is to ensure that "No Child is Left Behind" – all children have equitable access to the universal screening and entitlements, early intervention and treatment as needed.

High Five Enrolment

Implement systems that ensure all new-born babies are enrolled with:

1. A general practice;
2. The national immunisation register;
3. Newborn hearing screening;
4. A well child provider;
5. An oral health service.

Work continues on fine tuning the systems and processes that support effective newborn notification and enrolment to the five key well-child services. One of the biggest challenges faced is that few of the software platforms that providers use interface with each other, without significant manual processes. Implementation of an IT system that supports integrated newborn enrolment is a regional child health objective and a regional approach to decision-making is being taken. In the interim, we are seeking improvement in information sharing process and tools that support better integration of services to families of newborns.

The existing enrolment/notification form has been re-designed and becomes the "High Five" form to include all five of the universal well child services. The form has been introduced across the Northland DHB birthing facilities and is completed prior to discharge of the baby from the Maternity Unit. A process of monthly reconciliation of forms completed against NHIs of babies born continues, tracking progress with compliance, identifying issues and addressing these as they arise.

Northland DHB has been working with other DHBs that have experienced better results with new-born general practice enrolment to see what learnings can be transferred. Gaps in consumer understanding about the general practice enrolment process has been identified as a possible contributor to incorrect GP information for women at admission to the birthing unit.

A simple one-pager in a Q&A format has been developed and in addition to written information, through focus group work and shared experiences of others we have learned that to reach parents of young children, we need to develop expertise in the use of social media.

Strengthening the Perinatal Journey for Women Experiencing Multiple Adversities in Pregnancy

This is a collaborative project between Northland DHB, Manaia Health PHO and the Health Promotion Agency.

The primary objective is to improve outcomes for children by reducing the impact of maternal/parental adversity, such as addictions to alcohol and other drugs (including tobacco), gambling, domestic violence, depression, poor housing, implementation of an early pregnancy assessment tool in general practice, establishment of a midwifery-led case coordination forum and creation of more opportunities for pregnant Māori women and LMCs to work in partnership with kaiāwhina employed by Māori Health non-government agencies.

SUDI Prevention

Northland DHB continues to implement the agreed actions of the SUDI prevention plan and steady progress continues over a range of activities in each of the key areas of focus:

- Improving health literacy about key protective actions that reduce SUDI risk for infants;
- Improving consistency of knowledge and skills of the workforce in SUDI prevention education, health promotion and modelling of safe sleep practices; and
- Improving whānau access to health services and parenting support network. The risk assessment, education and distribution of safe sleep spaces programme (Pepi Pods and Wahakura Waikawa) continues to build momentum in the community, in Maternity units and SCBU.

A series of marae-based one day wananga, delivered by local community providers of maternity and well child services and focussing on SUDI prevention has re-commenced and will continue throughout the year.

Our Future

First 2000 Days (cont.)

Work has recently begun towards improving access for Māori pregnant women and whānau to antenatal education, building on the knowledge and experience of providers delivering current models of kaupapa Māori antenatal education. Utilising the collective efforts of existing service providers and alliances, the intention is to expand the programme of antenatal education to currently under-served communities.

There is an increased risk of SUDI in infants born of mothers who have smoked during pregnancy. Smoking rates for Māori

pregnant women in Whangarei have not declined noticeably despite increased referral to smoking cessation services. There is also poor uptake of Māori pregnant women in the current programme of antenatal education sessions held in Whangarei. The expansion of kaupapa Māori antenatal education will initially focus on establishment of a Whangarei-based programme. It is hoped that a kaupapa Māori antenatal education model working closely with smoking cessation providers could encourage more pregnant women and whānau to quit smoking.

Fit For Life - Obesity Project



Aim

The Fit for Life Obesity Project has a priority focus on obesity prevention in maternity and in children up to the age of 10 years old, in particular Māori. There is also a focus on the obesogenic environment (in simple terms, environments that encourage unhealthy eating and insufficient exercise). New Zealand has the third highest rate of obesity in the OECD and is tracking to be the first. Since 2006, obesity has increased from 27 percent to 31 percent. Māori and Pacific peoples have a higher rate of obesity: one in two Māori adults is obese (48 percent) and one in five Māori children is obese (19 percent).

Targeting obesity is one of the key priorities of Te Roopu Kai Hapu Oraga, the Northland Alliance Leadership Team (ALT). This collective includes Northland PHOs, Māori health providers and Northland DHB, and has initiated the Fit For Life – Obesity project as a result.

The project will establish the current initiatives and work underway related to obesity prevention and intervention in Northland. A process will be undertaken to determine gaps in existing services. The views of experts, service providers and consumers will be considered, to provide recommendations to ALT on the most effective projects to tackle the obesity epidemic in Northland, and to deliver those endorsed projects.

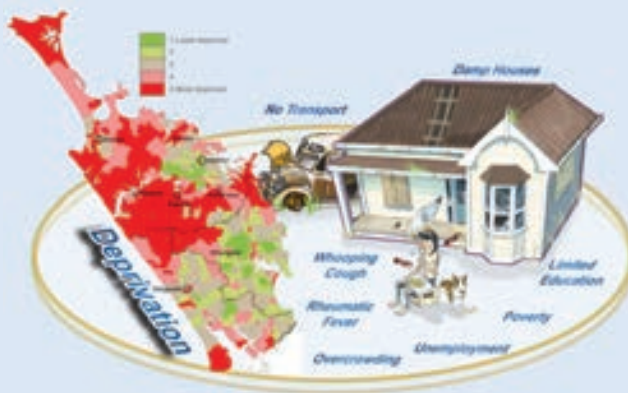
Progress to date

- Almost 90 active pieces of work have been identified across Northland to date.
- A process of consumer engagement is currently underway to capture the view of a wide range of consumers across Northland.
- An Obesity Working Group has been established, consisting of a range of intersectoral stakeholders and experts. The Obesity Working Group will be involved throughout the project working collaboratively to inform the recommendations, which will be presented to the Alliance Leadership Team in December 2015.



Eliminating Inequities

“Equality doesn’t mean Equity”



Aim

Northland DHB is committed to eliminating inequities and improving Māori health gain because it is unacceptable that Māori whānau should die nine years earlier than non-Māori in Northland.

Background

The Northland Māori Health Profile 2015 report has reconfirmed that unequal distribution of the social determinants of health is an important driver of health inequities between Māori and non-Māori. Māori rates are significantly different to non-Māori in the areas of:

- Acute rheumatic fever and chronic rheumatic heart disease;
- Sudden Unexpected Death in Infants (SUDI);
- Potentially preventable hospitalisations;
- Oral health;
- Skin infections;
- Smoking;
- Mental health and addictions;
- Heart disease and stroke;
- Diabetes;
- Cancer; and
- Respiratory disease.

Government agencies are encouraged to work more closely together to plan and deliver more integrated services and programmes. Northland DHB is already working closely with the Ministry for Social Development, NZ Police and other agencies under the Social Wellbeing Advisory Group.

Other collaborative initiatives in Northland include Healthy Homes Tai Tokerau, Make it Happen Te Hiku, Children’s Team, Social Sector Trials and the Northland Intersectoral Forum. These collectives work together to add value and provide support to whānau who have a multitude of complex issues that no single organisation can address independently in order to achieve whānau ora.

The Northland Health Services Plan 2012-2017 (NHSP) lays out the health needs of the Northland population, which will increase as a result of population growth, ageing and increasing prevalence of long-term conditions. Health inequities between Māori and non-Māori are predicted to widen. The NHSP Outcomes Framework and Triple Aim methodology of Population Health, Patient Experience and Value & Sustainability has the population health outcome goal of improving the health of Northlanders and reducing health inequities. The 2017 Headline Target for Population Health is to reduce the life expectancy gap between Māori and non-Māori by two years.

Progress to date

The Equity Kaitiaki Group was set up by Northland DHB in 2014 as an enabler to supporting initiatives that would address health inequities presenting within the organisation where data and information would provide the rationale and drivers for change. Initiatives to date include:

- The launch of the Trendly web-based reporting system, highlighting the 17 Annual Māori Health Plan indicators, and the inequities within the system;
- Socialising Equity of Health Care for Māori: A Framework to promote more explicit equity targets;
- National negotiations with Ministry of Health for the continuation of Māori workforce development initiatives;
- The endorsed Eliminating Inequities Policy that will drive Northland DHB’s response to accelerating Māori health gain;
- Strategic discussions with Hei Manga Hauora mo te Kahu o Taonui (the Māori Health Gains Council) to develop principles of engagement and partnership in progressing opportunities for tribal leadership modelling to improve the health and social conditions of Māori in Northland, enhance culture and empower whānau to take charge of their health and wellbeing;
- The appointment of equity champions to advocate and support for the application of an equity lens on the NHSP Project Boards;
- The utilisation of the Health Equity Assessment Tool in decision-making for the disbursement of resources within the strategic investment fund.

Future focus

Key steps over the coming year include:

- Reviewing policy on the Treaty of Waitangi and training and development to build capability in cultural competency within the Northland DHB workforce;
- Reviewing aspects of the cultural competency training modules and delivering a pilot programme to ‘engage effectively with Māori’ to support the building of cultural capability within the workforce and deliver a culturally safe service to Māori whānau;
- Communicating to senior management and clinical leadership the inequities occurring through systemic issues within health services via the Trendly performance monitoring tool.



Values-led behaviours supported by Northland DHB staff



First-Year House Officers – Northland DHB

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