



Quality Account 2015/16

What we do

Auckland District Health Board is the government's funder and provider of health services to 510,000 residents living in the Auckland isthmus and the islands of the Hauraki Gulf. Our services are delivered from Auckland City Hospital, which is the country's largest public hospital, Greenlane Clinical Centre, and a number of specialist centres. There are approximately one million patient contacts each year, including hospital and outpatient services, and we deliver these services with an annual budget of approximately \$2.1 billion. We employ nearly 10,000 health and medical staff, or the equivalent of just over 8,000 full-time positions.

We provide a unique portfolio of services compared to other district health boards (DHBs) in New Zealand. Some of these services are provided solely by us for the country as a whole and a small subset of services are only offered by a few other DHBs. We are the 'provider of last resort' for many conditions for many New Zealanders, as well as some Pacific Island people. We also play a significant role in the training of the New Zealand health workforce. Our DHB population grows by 40,000 people every five years and by 2026, it is estimated Auckland DHB will cater to an additional local population equivalent to Palmerston North.



We are the country's on-call advisor for many complex cases



Auckland DHB is home to 19 national services that treat patients from across New Zealand



We are the country's sole provider for heart, liver, pancreas and lung transplants



Our researchers have global impact with thousands of active projects helping create tomorrow's medicine



We have the most
**active
clinical
research
facility in
New Zealand**

Over
1,000
health professionals
are training at
Auckland DHB
at any given time

We make
1 million
patient
contacts
each year

We provide
New Zealand's
**specialised
paediatric
services and
high-risk
obstetrics**

Contents

Section 1 - Opening statements

Statements of endorsement, engagement and intent	Page 8
Foreword	Page 9
Strategic themes	Page 10

Section 2 - Performance review

Health targets	Page 14
Quality and Safety Markers (QSMs)	Page 24
Serious adverse events	Page 31
Our quality initiatives	
Quality, safety and experience of care	Page 35
Health and equity for the population	Page 41
Value for public health system resources	Page 45

Section 3 - Future focus

Priorities for improvement	Page 52
Capability development	Page 56

ISSN 2350-2800 (Print)
ISSN 2350-2819 (Online)





Opening statements



Section 1

What quality means

At Auckland DHB we define quality as the provision of care that's safe, effective, efficient and equitable, all of which contribute to a positive patient experience.

Our Quality Account

The Board and Executive team of Auckland DHB have reviewed this Quality Account and are confident it provides an accurate overview of the quality improvement initiatives across the organisation. Quality and safety of care is a continuous journey and one that we are committed to for our patients, our staff, the wider DHB population and healthcare stakeholders.

What this report can tell you

This Quality Account describes the quality activities and performance of Auckland DHB for the financial year 1 July 2015 to 30 June 2016. It is split into three main sections: Opening statements, Performance review and Future focus. In the Opening statements you can find a summary of our performance, both written and graphically. The Performance review section is split into two: Nationally consistent criteria and Our quality initiatives. In the former you can read about our performance against the national health targets and other markers consistent across DHBs throughout the country. We have used the quality initiatives section to personalise our quality story and illustrate the range of initiatives taking place across the organisation. Finally, in section three, we explain our priorities for improvement for the next financial year and beyond.

Quality Account team

A project team led by Sue Waters, our Chief Health Professions Officer, developed this document. Members of the team are:

Sue Waters, Chief Health Professions Officer; Dr Andrew Old, Chief of Strategy, Participation and Improvement; Dr Andrew Jull, Nurse Advisor, Quality and Safety; Dr Colin McArthur, Medical Advisor, Quality and Safety; Leigh Manson, Project Director, Performance Improvement; Jeremy Muirhead, Performance Management Officer; Bruce Levi, General Manager Pacific Health, Waitemata DHB/Auckland DHB; Dr Nelson Aguirre, Acting Quality Manager; Verbena Miller-Whippy, Administration Support.

Digital version

A copy of our Quality Account is available in PDF format on the Publications page of our website.

What do you think?

We welcome feedback on the Quality Account from all our stakeholders, which we will take on board for future reports. Comments can be directed to:

QualityAccount@adhb.govt.nz or
Chief Executive Officer, Auckland District Health Board, Private Bag 92189, Auckland Mail Centre, Auckland 1142.

Foreword

Welcome to Auckland DHB's fourth Quality Account. This report tells the story of our key achievements and what we're doing to improve the quality, safety and experience of healthcare for all of our patients, whether in the hospital, or in Auckland, or further afield.

People often forget that we do much more than run hospitals. It's our role to lift the health of our community, at last count, 510,000 and steadily growing, and that means working alongside communities to keep people well.

Our job is to enable health and wellbeing through high-quality health and healthcare services, and a commitment to innovation, education and research. Our challenge is to have services in our hospitals and in the community so well coordinated that it feels like one single health system – Health Auckland. And our focus isn't only on the Auckland population. Half our patients come from outside the Auckland DHB region, as many of our specialist services provide care and treatment for people living across the upper North Island and throughout the country.

This year we are pleased to report that we have met or exceeded three of the national health targets and made strong progress for the remainder, in the face of increasing demand for all our services. Fresh initiatives tell a story of further improvement across the Health Quality & Safety Commission's Quality Safety Markers.

We also want you to know about the many ways we're improving healthcare for our patients throughout our organisation. In our hospitals, we have significantly reduced the wait times for breast cancer patients. In the community, we are working with a wide range of partners and Ngāti Whātua to bring healthcare and services closer to where people live in Tamaki. A community-led programme to immunise children against rotavirus has been followed by a significant drop in children with gastroenteritis

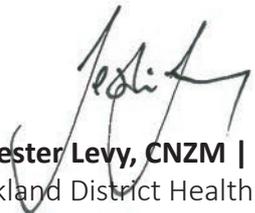
requiring treatment in hospital and alongside that, reduced the stress on families of a very ill child. With Coeliac New Zealand, we have created support networks for children with coeliac disease to manage their illness with community support. This has worked so well that there's now almost a zero waiting time for hospital specialist appointments.

We want to make sure our communities and patients are part of how we plan and deliver healthcare. Co-design with patients and communities has been a core part of projects ranging from how we can offer reassurance and information in a child-centred way, to children who have broken a limb, to the design of universal translator cards for patients who have difficulty speaking or have English as a second language.

Our organisational strategy directly drives our work. We are evolving to a community, family/whānau and patient centric model of healthcare. The best investment we can make is in keeping people healthy and that investment must be based on the best evidence from good intelligence, and sharp insights, to ensure our resources are spent wisely and well.

There's always risk in healthcare. We don't and can't always get it right for patients. But what's important is that we acknowledge this and do something about it. That's why we also report on adverse events publicly in our Quality Account. When something goes wrong and it results in an adverse event, which is a major loss of function or death, our obligation to the patient and their family and whānau is to investigate what happened. Thankfully, adverse events happen rarely compared to the number of patients we care for, but they have a big impact on the family and whānau, and our staff, who all deserve to know what we are doing to prevent such an event happening again.

We encourage you to continue reading our Quality Account and learn about the great work of our people, which pays many times over in health outcomes for our patients.


Dr Lester Levy, CNZM | Chair
Auckland District Health Board




Ailsa Claire, OBE | Chief Executive
Auckland District Health Board



New Zealand Health Strategy – Five strategic themes

All DHBs make strong commitments to the government’s New Zealand Health Strategy in their annual plans. The strategy has five guiding and interconnected themes. The links among them reflect the balance that everyone working in the system has to strike between what is best for people’s health and wellbeing at individual and population levels, and what is affordable and possible.

Finding this balance involves choices. Sometimes there are trade-offs; for example, when someone can’t get an appointment as soon as they want because the service is dealing with more urgent needs. A great system will find a balance that matches the most important needs with the best use of skills and resources. The aim is to have a more integrated and cohesive system that works in the best interests of New Zealanders.







Performance review



Section 2

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.

Auckland DHB has a number of programmes in place designed to help meet the targets. Improving our targets takes an all-of-health-sector approach and we have strong relationships with our primary and community based partners to ensure that people receive the services, check-ups and information they need to help them stay well.

2015/16 Health Targets							
		Target	Q1	Q2	Q3	Q4	Achievement
	Shorter stays in Emergency Departments 95% of patients admitted, discharged, or transferred from an Emergency Department (ED) within six hours.	95%	93%	95%	95%	95%	✓ Achieved
	Improved access to elective surgery An increase in the volume of elective surgery by at least 4,000 discharges per year.	100%	93%	98%	98%	101%	✓ Achieved
	Faster cancer treatment 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer (HSC) and a need to be seen within 2 weeks.	85%	66%	70%	75%	77%	Good progress to target
	Increased immunisation 95% of 8-month-olds have their primary course of immunisation at 6 weeks, 3 months and 5 months on time.	95%	95%	94%	94%	94%	Good progress to target
	Better help for smokers to quit 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.	95%	83%	85%	86%	88%	Good progress to target
	90% of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking.	90%	85%	86%	88%	91%	✓ Achieved
	More heart and diabetes checks 90% of the eligible population have had their cardiovascular risk assessed in the last 5 years.	90%	92%	92%	92%	92%	✓ Achieved

More information on health targets: www.health.govt.nz/new-zealand-health-system/health-targets



Health target

Shorter stays in Emergency Departments

“Overall, Auckland DHB has consistently met, or achieved higher than, the national health target for shorter stays in Emergency Departments over the past two years, which is a credit to all our teams.”

Anil Nair, Clinical Director- Adult Emergency Department.

✓ Target Achieved

Fast facts:

- ✓ Our EDs cared for nearly 100,000 patients (98,542) which was 5.6% more than last year
- ✓ 95% of patients are receiving their second observation within four hours of first being seen
- ✓ In the last three quarters of the year, 95% of patients were discharged, admitted or transferred from ED within six hours

Our Emergency Departments (Child and Adult EDs) took care of more people than ever; 98,542 patients, compared with approximately 93,300 the previous year. We met the target three out of the four quarters, with 95% of patients discharged, admitted or transferred from ED within six hours. The demand for our services keeps growing – a 50% increase in the number of patients presenting to the adult ED in the past seven years, from just over 43,000 in 2008/2009 to more than 66,500 in 2015/2016.

Adult ED ambulatory care

Each day 25 to 30 patients are treated for minor conditions in a new ambulatory care area within Adult ED, which opened in June 2016. This has reduced the waiting time for ED beds for our more serious patients.

Pharmacist trial in Adult ED

Following a successful trial, a pharmacist is now working alongside our medical teams in Adult ED and in the Assessment and Planning Unit (APU). The pharmacist’s job is to reconcile patient medicines at admission, ensuring improved quality, reduced medication errors and shorter wait times.

Children seen faster

The waiting times to be seen and assessed in Starship Children’s Hospital’s ED have been reduced thanks to

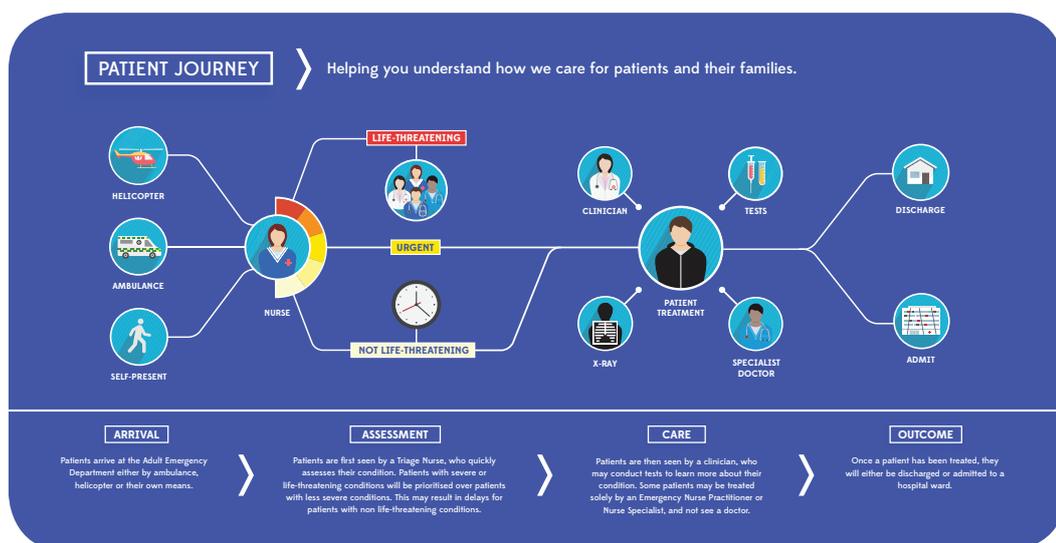
the hard work of our staff. In June 2016, the baseline average wait time was reduced by 30% – from 86 minutes to 60 minutes.

More support for older people

After a successful first year trial, we have extended the availability of a gerontology nurse specialist in the ED, increasing this to seven days a week for specialised care of older patients.

Journey through the Adult ED

We designed a patient journey map for our ED waiting room to explain to patients how the service works and where their care begins and ends, in very simple terms. The animation of this journey map has been translated into seven languages.



✓ Target achieved



Health target

Improved access to elective surgery



Through systematically strengthening our planning approach we are proud to have exceeded our elective surgery health target of 16,700.



Dr Wayne Jones, Director of Surgical Services.

Fast facts:

- ✓ Elective surgical discharge target exceeded – 16,818 procedures performed
- ✓ 3,000 more patients received elective procedures than last year
- ✓ Each day, 25 to 30 patients are treated for minor conditions in a new ambulatory care area within Adult ED

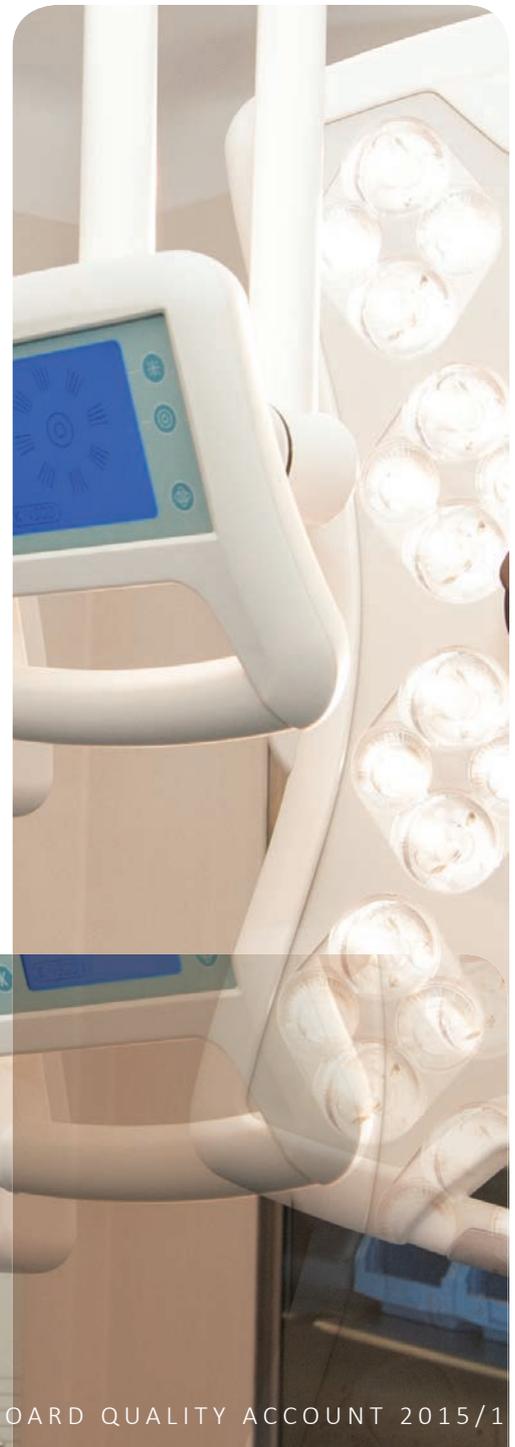
Auckland DHB achieved (and exceeded) its elective surgical discharge target for 2015/2016 of 16,700, performing 16,818 elective procedures, which was 3,000 more than the previous year.

Initiatives have included cross-functional forums, known as SCRUMs (Surgical Capacity Resource Utilisation Meetings), which included the refinement of our bed forecasting model. A weekly bed capacity forum now shows demand for the coming week with 90% accuracy. Our national elective surgery target was exceeded on top of the elective surgery we do for other DHBs, which is about half of all our elective work.

Patient and Operational Planning (POP) approach

Over the past four years we have set out to engage our clinicians in 'production planning' to support decisions that efficiently match our demand to our resource, while achieving our organisational goals. We have adapted the fundamentals of sales and operational planning from leading companies in other industries and applied them to health in a programme called Patient and Operational Planning (POP).

This approach aims to extend our planning horizons from simply reacting to situations to orchestrating them. Through joined-up planning across groups, we can optimise our resource use while providing quality healthcare.





Health target

Faster cancer treatment

“ Auckland DHB has effectively doubled the number of patients seen within 62 days. Women patients have benefitted enormously from a project designed to enable faster diagnosis and treatment of breast cancer. ”

Dr Richard Sullivan, Deputy Chief Medical Officer and Director of Cancer and Blood.

✓ Good progress to target

Fast facts:

- ✓ While we didn't reach the overall target, we were the closest towards meeting it out of the northern region DHBs, achieving 77% in the fourth quarter
- ✓ We achieved the national target for women with a high suspicion of cancer (HSC), with 90% of women receiving treatment within 62 days
- ✓ We improved access to a First Specialist Appointment in medical oncology within two weeks – from 46% of patients in December 2015 to 76% at the end of June 2016

We have made good inroads towards the target, from 66% to 72% of the 85% target. Although Auckland DHB did not reach the target, we were the closest to achieving it out of all the DHBs in the northern region.

- In June 2015, our performance saw 66% of patients meeting the target
- In the fourth quarter (June 2016) this had climbed to 77% of patients
- While we are 8.3% below the national health target, Auckland DHB's progress in the last quarter of 2016 is higher than the national rate of 74%
- We saw a rise in patients on the cancer diagnosis and treatment pathway from 671 to 873, a 30% increase between the third and fourth quarters of 2016 by introducing better triage systems

We are improving equity of access to cancer treatment, which is a strategic mandatory set by our Board. Our focus will continue to be on the target, and in particular the equity gap with Māori and Pacific Island patients at 65% and 67%, compared to our Asian patients at 87% and European/Pākehā at 79%.

Tumour stream coordinators

We now have better visibility of patients with high suspicion of cancer (HSC) thanks to our team of tumour stream coordinators, which was established in November 2015. The team has enabled clinicians to see, at a glance, how individual patients are progressing from triage to first treatment. The coordinators source HSC data on patients and have put in place agreed ways to escalate when there is a potential breach of the target.

Faster diagnosis

By introducing HSC alerts in pathology and radiology systems, we have increased visibility of patients on the HSC pathway and improved diagnostic turnaround times. The status of patients' specimens in LabPLUS is now transparent via daily reports; similar reporting for Radiology is under development.

Medical oncology

We have improved access to a First Specialist Appointment in medical oncology within two weeks from 46% of patients in December 2015 to 76% at the end of June 2016. To meet the DHB strategic mandate for equity of access, the team wanted to ensure that by improving the pathway for patients with HSC, they did not unintentionally disadvantage other patients not on that pathway who still required medical oncology treatment.

Better coordination in the northern region

Auckland DHB has worked closely with the northern region DHBs to improve cross-DHB referrals. A daily report provides greater visibility of HSC patients being referred. This increased visibility helps ensure that patients progress through their health journey at Auckland DHB in a manner that meets regional expectations for a 31-day diagnostic/31-day treatment timeline, to meet the 62-day target for treatment.



Faster cancer treatment

We are improving equity of access to cancer treatment, which is a strategic mandatory set by our Board. Our focus will continue to be on the target, and in particular the equity gap with Māori and Pacific Island patients at 65% and 67%, compared to our Asian patients at 87% and European/Pākehā at 79%.





Better outcomes for breast cancer patients



As of April 2016, 88% of women waiting for First Specialist Assessment were seen within 14 days, up from 25%. The average waiting time had reduced to nine days. Furthermore, Auckland DHB had achieved the national target for women with a high suspicion of cancer (HSC) with 90% of women receiving treatment within 62 days, in June 2016, a year in advance of the date to meet the challenge.

This is an immense achievement given the starting point. Between January 2014 and July 2015, 75% of patients referred to Auckland DHB with either a high suspicion of breast cancer or confirmed cancer waited longer than 14 days for First Specialist Assessment, and 29% of these waited longer than 62 days to receive treatment. Some waited longer than 100 days. Once a decision to treat had been made, 89% of patients were seen within the 31-day timeframe.

The project team developed an improved clinical pathway that is faster, more efficient and better for women with cancer or an HSC, while maintaining excellent and safe quality of care. The team began work with a commitment:

“ If we do what is right by our patients and stay focused on that, then the target will take care of itself. ”

The solution came in two phases. For Phase 1 implementation in April 2016, the improvements included:

- Moving to paperless referral and e-triage
- Implementing a daily triage roster so all referrals triaged in one business day
- Removing re-triaging at radiology
- Implementing a cover plan for leave

Between April and June 2016, 88% of women waiting for their First Specialist Assessment were seen within 14 days, with an average waiting time of nine days – reduced from 22 days.

Phase 2 from June 2016 has seen:

- A one-stop clinic for patients (full work-up and diagnosis)
- The electronic design and implementation of a new joint clinic template
- Appointments ring-fenced to ensure availability for cancer patients in under 14 days
- A redesigned pathway with the aim of being treated within 42 days in the future
- Redesigned reporting so the three indicators are visible in SCRUM (Surgical Capacity Resource Utilisation Meetings) and can be managed as urgent, where necessary

From June 2016, 90% of women were receiving treatment within 62 days, an increase from 71%.

This project was so successful that the lessons are being shared with other services, other DHBs and the Ministry of Health.



Health target

Increased immunisation

“ Immunisation uses the body’s natural defence mechanism to build resistance to infections. It is one of the most effective and cost-efficient medical interventions to prevent disease. ”

Dr Mike Shepherd, Director of Starship Child Health – Medical and Community.

✓ **Good progress to target**

Fast facts:

- ✓ Although we did not reach the national target, we came close at 94% in the fourth quarter
- ✓ Immunisation rates for Māori and Pacific two-year-olds have reached between 97% and 98%
- ✓ Gastroenteritis presentations to Starship’s ED have decreased by at least 50% this year

Our teams collaborate closely with nurses, doctors and communities across our region to work towards the national target.

- We continue to make progress towards meeting the overall target of 95% of eight-month-olds having their primary course of immunisation on time
- We have worked to close historic equity gaps, seeing immunisation rates for Māori and Pacific two-year-olds reach between 97% and 98%, compared to 95% overall

Rotavirus vaccine campaign

We have had success with our rotavirus vaccine campaign, introduced in July 2014. At the time, rotavirus infection was the leading cause of hospitalisation for children with gastroenteritis. Implementing the additional immunisation went smoothly in Auckland. Taking a collaborative approach across the sector we quickly achieved a high uptake. This year, children, parents and caregivers are reaping the rewards. Gastroenteritis presentations to Starship Emergency Department have decreased by at least 50%. That represents more than 200 Auckland children who stayed away from hospital this year, and countless more families and whānau who avoided a nasty bout of illness at home.

In 2012, the national immunisation target was for 95% of all two-year-olds to be fully immunised. While the target was achieved, it was recognised that many families were late in beginning the immunisation schedule for their babies, which left many unprotected at a time when they were particularly vulnerable.

As a consequence, the Ministry of Health changed the target to 95% fully immunised at eight months. Since December 2014, coverage rates have continued to be maintained at 94-95% for all eight-month-old infants. Although at times during the year we have been just short of the national target by 1%, we have consistently aimed for as many children as possible to be protected from once common infectious diseases.

Working with Primary Health Organisations (PHO) and nurses and doctors in the GP network across the district, we have maintained good results.

Key initiatives include:

- Taking a whole of health service approach to ensure families are reminded and babies are offered immunisations whenever they come into contact with any health services, including those admitted to Starship
- Maintaining an integrated National Immunisation Register/Outreach Immunisation Service across both Auckland and Waitemata DHBs
- Developing general practice resources and increasing knowledge and awareness of immunisation guidelines and timeframes; providing support and education for midwives, general practice staff and secondary care staff
- Developing robust referral processes to Outreach Immunisation Services (OIS); working with the National Immunisation Register team and PHOs to ensure all children are enrolled with a GP as soon as possible after birth to facilitate immunisations on time





Health target

Better help for smokers to quit

“ For people residing in Auckland DHB’s region, the prevalence of smoking is around 11% (11.2%), the lowest of any DHB. ”

Simon Bowen, Director of Health Outcomes.

✓ Primary care target achieved

✓ Hospital care target good progress made

Fast facts:

- ✓ Smoking kills around 5,000 New Zealanders each year
- ✓ However, 11.2% of those residing in Auckland DHB’s catchment area are identifying as smokers, the lowest for any DHB
- ✓ Auckland DHB has met the National Health Target for ‘Better help for smokers to quit’ for the fourth year in a row

For the fourth year in a row, Auckland DHB has met the national health target for helping smokers in hospital to quit, and at local GP level there is similar success, with primary care-based interventions hitting the target for the third consecutive year.

Most smokers want to quit, but it’s no easy mission. Our role lies in ensuring we provide consistent advice and support to quit across all parts of the health system i.e. local GPs, hospitals and other community health services.

Smoking-related diseases are a significant drain on health resources:

- In Auckland, smoking is estimated to result in 300 deaths a year and a large number of admissions to hospital
- In New Zealand, smoking kills more people each year than road crashes, alcohol, other drugs, suicide, murder and drowning

For patients enrolled with Primary Health Organisations (PHOs), the target is 90%. Our PHOs recorded 91.8% in the fourth quarter of the year, which represents 46,155 patients in primary care provided with advice to quit. In 2014/2015, Auckland DHB’s result against the national target for hospitals was 95%.

The primary care health target was changed this year to include all smokers that are enrolled in a PHO (not just those that have seen their GP in the last year). This is a harder target to reach as it requires proactively making contact with patients.

The continued success is down to a true team effort involving PHOs and the leadership of the primary care support system. Auckland DHB acknowledges their commitment in providing support to general practices.

We provided advice and support via phone calls and text messages to patients trying to quit. The smoking cessation programme continued to be prioritised, with PHOs providing project team resources to support general practices. Many people who attempt to quit will experience a lapse. Behavioural support, such as a referral to ‘quit smoking’ services and pharmacological smoking cessation aids, will help prevent a lapse becoming a return to regular smoking. We have seen an increase in the proportion of smokers accessing primary care who are provided with smoking cessation support, a trend we want to see continue.

WERO competition

Due to the high rate of smoking by mental health and addiction service users, the DHB initiated a successful WERO stop smoking challenge, where teams of smokers competed over 12 weeks for prizes and the team that had the most verified non-smokers became the overall winner.





Health target

More heart and diabetes checks

“ More than 145,330 people in Auckland had their heart disease risk checked out of a total eligible population of 156,926. ”

Dr Stuart Jenkins, Clinical Director of Primary Care.

Fast facts:

- ✓ Heart disease and diabetes kill more than 6,000 New Zealanders each year and many of these deaths could be avoided
- ✓ There are over 240,000 people in New Zealand who have been diagnosed with diabetes (mostly type 2). It is thought there are another 100,000 people who have it but don't know
- ✓ Auckland DHB achieved the National Health Target for more health and diabetes checks, as the top performing DHB, with 93% of our eligible population risk assessed

This year Auckland DHB achieved the national target and was the top performing DHB, having risk assessed 93% of our eligible population. Between 1 July 2014 and 30 June 2016, more than 145,330 people across Auckland DHB had their heart disease risk assessed, out of a total eligible population of 156,926.

Diabetes, heart and blood vessel disease, stroke and smoking-related illness affect an increasing number of New Zealanders each year and have a significant impact on people's life expectancy and quality of life. We work together with our Primary Health Organisations (PHOs) to ensure eligible people are risk assessed and checks are carried out at a patient's general practice.

The work that has enabled us to exceed the target includes:

- Weekly reporting and monitoring of performance at PHO level
- Practices proactively identifying eligible patients for risk assessment
- Access to advanced IT tools to identify and assess eligible patients
- Increased support to practice teams from PHO support teams
- PHOs and general practices have worked hard to establish sustainable systems and processes to ensure eligible people are risk assessed for disease in a timely manner

The primary care team continues to meet with the PHOs monthly, or more frequently if needed, to discuss activities undertaken to maintain our achievement of the 90% target, with increasing coverage for Māori and Pacific populations, and better management of cardiovascular disease being top priorities.





Quality and Safety Markers

The Health Quality and Safety Commission has developed Quality and Safety Markers (QSMs) in partnership with district health boards to drive improvements in key priority safety areas including falls, healthcare associated infections, perioperative harm and medication safety.

The markers are a mix of process and outcome measures that set expected levels of improvements, publicly report progress against thresholds and support greater accountability.

2015/16 Quality and Safety Markers						
	Target	Q1	Q2	Q3	Q4	Achievement
Reducing harm from falls Percentage of patients aged 75 and over (Māori and Pacific Islanders 55 and over) that are given a falls risk assessment.	90%	91%	93%	94%	92%	✓ Achieved
Preventing patient falls Percentage of patients assessed as being at risk have an individualised care plan that addresses their falls risk.	90%	97%	95%	93%	93%	✓ Achieved
Reducing surgical site infections Antibiotic given 0-60 minutes before 'knife to skin'.	100%	96%	95%	96%	95%	✓ On track
Reducing surgical site infections Right antibiotic in the right dose – 2 grams or more cefazolin given or 1.5g or more of cefuroxime.	95%	100%	98%	95%	94%	✓ On track
Reducing surgical site infections Appropriate skin antisepsis in surgery using alcohol/chlorhex or alcohol/providone iodine.	100%	100%	100%	99%	99%	✓ On track
Improving hand hygiene Percentage of opportunities for hand hygiene for health professionals.	80%	79%	78%	81%	N/A*	✓ Achieved
Medication safety Introduction of an electronic medication reconciliation system, (eMR).	N/A	Set to be implemented in late 2016				-
Safe surgery	90%	To be reported on from December 2016				-

More information on quality and safety markers:

www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/

*Note: Hand hygiene compliance data is reported three times a year, therefore there is no data point specifically for Quarter 4

Q&S Marker

Preventing harm from falls

“ Our work to prevent patients having falls has resulted in a 26% reduction in the number of falls causing serious harm over the previous year. ”

Judith Catherwood, Director of Adult Community and Long Term Conditions.

Fast facts:

- ✓ We saw a 26% reduction in the number of falls causing serious harm
- ✓ The Adult Community and Long Term Conditions Directorate has had a 53% reduction in the number of falls per month since January 2016
- ✓ We have had a 60% reduction in patients falling over bed rails – a decrease from approximately 9 per month to 3.6 per month

A fall is a major source of harm to our patients. While our rate of falls recorded remains consistent, this is in the context of rising numbers of patients, therefore representing an overall decrease. However, we must continue to work hard to prevent harm from falls.

We continue to record about four falls per 1,000 bed days each year, a rate that remains stable as the number of patients we see has steadily increased. As an example, we saw 20% more patients for elective surgery this year than the 2014/15 year. However, our work to prevent patients having falls has resulted in a 26% reduction in the number of falls causing serious harm over the previous year.

Our programmes seek to prevent all falls, but our focus remains on falls that result in serious harm where the impact on a patient is most serious. These are a small number in relation to the number of patients seen by our services, but will mean patients who experience a fracture or laceration will require further investigations (such as x-rays) and procedures (such as extra operations to repair the fracture or suturing to close the laceration) and lengthen their stay in hospital.

In the 2013-14 Quality Account, we outlined the CONCEPT Ward, an initiative to test bed improvements in a ward that had a number of serious harm falls. The initiatives developed in the CONCEPT Ward have since been integrated into Auckland DHB's Accelerated Releasing Time to Care programme, which quadrupled the time nurses spend with patients in its pilot and is now being rolled out to all our wards. A key initiative we call the Falls Tool Shed has been rolled out into wards in the Adult Community and Long Term Conditions Directorate and the Adult Medical Directorate during 2015. We are starting to see the effects of these interventions. The Adult Community

and Long Term Conditions Directorate has had a 53% reduction in the total number of falls per month since January 2016 from an average of 28 falls per month to an average of 15 falls per month.

Overall, we have had fewer serious harm falls in 2015-16 than the previous year.

- We reported 42 serious harm falls (1 death, 2 cranial injuries, 32 fractures, 6 lacerations, and 1 other injury), 15 fewer injuries than 2014-2015
- Patients in hospital had 35 serious harm falls (50 in the previous year) and patients attending outpatient services had seven serious harm falls (same as the previous year)

For each of these serious harm falls, a multidisciplinary team investigates and reports on their findings to a sub-committee of the Adverse Events Review Committee. While findings from each of these events are useful for the area involved, Auckland DHB has recognised that there needed to be a better process to extract initiatives for improvement from the reports. As a result, we have tested a new approach, with a large set of questions, to highlight contributing factors for the investigating team when they write their report. Initial testing has shown the investigating team values the new approach. As we accumulate these new reports, the answers to the large number of questions for each event will become the data for a network analysis to identify future priorities for improvement work at Auckland DHB.

We've exceeded the target on falls (The target is 90%)

Year	Patients risk assessed for falls	High risk patients provided care plan	Falls	Serious Harm falls
2015	93%	93%	1370	42
2014	93%	97%	1402	57

Falls over bed rails

We have had a 60% reduction in patients falling over bed rails – decreased from approximately 9 per month to 3.6 per month. Auckland DHB has agreed to make falls over bed rails a zero tolerance event so they will all be reviewed whether there is harm or no harm.

Q&S Marker

Healthcare associated infections

“ Auckland DHB was one of the first DHBs to implement the National Surgical Site Infection programme and we have captured data on all patients undergoing hip and knee joint replacements since March 2013. ”

Dr Wayne Jones, Director of Surgical Services.

Fast facts:

- ✓ At the start of the Surgical Site Infection Improvement (SSII) programme, about three in every 100 patients undergoing a hip or knee joint replacement developed an infection, now it's one patient per 100 procedures
- ✓ The combined CLAB rate for our ICU wards was 0.46/1000 catheter days to June 2016

Surgical site infections (SSIs)

Ensuring patients get the right drug, at the right dose, and at the right time before surgery has played a major part in reducing the number of patients getting infections.

- About 7-10% of patients admitted to hospital develop an infection of some kind, either during their time in hospital or shortly after being discharged. These infections, called healthcare-associated infections, result in longer lengths of stay or readmission to hospital
- Surgical site infections are associated with the wound made at the time of the operation. They are the second most common type of healthcare-associated infection and occur in about 2-5% of all patients undergoing surgery

Auckland DHB was one of the first to implement the programme and we have captured data on all patients undergoing hip and knee joint replacements since March 2013. We followed patients for 90 days to see if they developed an infection in hospital, or in the community, and if they required readmission to hospital.

At the start of the SSII programme, about three of every 100 patients undergoing a hip or knee joint replacement developed an infection; now it's one patient per 100 procedures.

The cost of these infections is significant, not only in managing care for the infection, but also in lost opportunities for other patients waiting for elective surgery.

Focusing on three interventions at the time of hip or knee joint replacement has led to better outcomes for patients, along with an extension of the regime across all orthopaedic procedures. These interventions are also being applied at the time of cardiac surgery; starting initially with adult patients and including children from early 2016.

As well as reducing the number of patients developing infections, the quality improvements to immediate care after surgery have flow-on effects. The goal is to get people home to their families sooner, which also helps to open up places for elective surgery.

The Health Quality & Safety Commission established the National Surgical Site Infection Improvement (SSII) programme to improve adherence nationally to a number of interventions known to reduce the risk of surgical site infections.



CLAB infections

Central line¹-associated bloodstream or 'CLAB' infections account for about 30% of all healthcare-associated bloodstream infection events within our hospitals. At best they may result in an increased length of stay and at worst, patient harm and death.

Auckland DHB's three intensive care units – Paediatric ICU, Cardiothoracic and Vascular ICU and the Department of Critical Care Medicine – have been part of the national collaborative effort to reduce these infections and have considerably reduced our CLAB rate. The combined CLAB rate for our ICU wards was 0.46/1000 catheter days to June 2016.

Our ICUs achieved the national target of less than one infection per 1000 central venous line (CVC) days by mid-2012 and embedded the practice to support this as business as usual, as CLAB infections are no longer measured as a Quality and Safety Marker.

The three units at Auckland DHB report monthly compliance with the insertion bundle at over 85%.

Unit	CLAB rate (2015/16)
DCCM	0.29/1000
PICU	0.79/1000
CVICU	0.42/1000

¹ A central line is an intravenous line that is inserted into a large vein, typically in the neck or near the heart, to administer medicines or fluids or withdraw blood.

The monthly Auckland DHB ICU rate allows us to calculate an annual or average rate per 1,000 catheter days for each financial year.



Q&S Marker

Hand hygiene

“ Our hand hygiene success would not be possible without our Gold Champions, a team of more than 100 trained hand hygiene auditors who continue to monitor performance in their clinical areas. ”

Sally Roberts, Clinical Head of Microbiology.

The WHO Global Action Plan on Antimicrobial Resistance is a call to arms for all healthcare workers. The plan recommends measures to prevent resistant bacteria spreading between hospitalised patients.

One of the most important measures is hand hygiene, with a target of 80% for hand hygiene compliance across the DHB.

We reached a new high of 84% in May 2016, and in paediatric settings achieved 87%, a figure based on 1,200 audited observations.

Our hand hygiene success would not be possible without our Gold Champions, a team of more than 100 trained hand hygiene auditors who continue to monitor performance in their clinical areas. Their data is collected and analysed by the Infection Control Team.

Auckland DHB continues to show leadership in this Quality and Safety Marker, with our DHB the source of almost 23% of the total number of ‘moments’ audited nationally.



Fast facts:

- ✓ We achieved a new high of 84% compliance for hand hygiene overall
- ✓ We achieved 87% for hand hygiene compliance in paediatric settings



Q&S Marker

Medication safety

“ We have a planned go-live date of late 2016 for an Electronic Medicines Reconciliation (EMR) system, which is the national medication safety Quality and Safety Marker. ”

Ian Costello, Chief Pharmacist and Acting Director of Clinical Support Services.

Better governance

Auckland DHB has created a new governance model to lead, direct, develop and provide oversight of the quality and safety of medicine use across the organisation. The Medicines Governance Committee replaced the Medication Safety Committee in July 2015. The goal was to create a forum to drive innovation, improvement and efficiency.

Under the new model each DHB medical directorate has a specific medicines governance pharmacist working with them to review medicine incidents and implement system-based changes to reduce the potential for harm to our patients. A key focus of the new model has been ‘walk-arounds’ by a medicines governance team to prompt discussion and engagement about medication safety.

To date, the team has completed walk-arounds to more than 40 wards and departments. The team has worked with ward staff to review the corrective actions from surveillance audits and advise on the appropriate storage of medicines, as well as ensuring appropriate use of the green bag system – to store a patient’s own medicines. The goal is to ensure each ward and department has a walk around at least once a year.

Designers and pharmacists collaborate on safer design

The Pharmacy team and Design for Health and Wellbeing (DHW) Laboratory have developed a new cap to reduce errors from anaesthetic liquids, and have produced a prototype via 3D printing.



Fast facts:

- ✓ 39% of adult patients routinely have medicines reconciliation completed
- ✓ Medicines reconciliation occurs for more than 50% of high risk patients
- ✓ Our Reduction In Dispensing Errors project has reduced dispensing errors by over 50%

Medicines reconciliation

Thirty-nine per cent of adult patients routinely have medicines reconciliation completed, with data showing that medicines reconciliation occurs for more than 50% of high risk patients. Electronic medicines reconciliation (the national medication safety QSM) has a planned go-live date for late 2016.

Reduction in Dispensing Errors (RIDE) project

A year-long project has reviewed the errors in the in-patient dispensary to find ways to reduce them. RIDE has reduced errors by over 50% and the number of near-misses reported is considerably less than predicted by international studies. The proportion of urgent items dispensed within our target time frame has increased from 44% to 59% and the average turnaround time has decreased by 16 minutes.

IMPACT (Inpatient Medical Pharmacist Admitting Collaborative Team) project

A clinical pharmacist has been working across Auckland City Hospital’s Emergency Department and Admission Planning Unit (APU) alongside clinicians, taking medication histories from patients and updating the medication chart. As a result, there has been a reduction in medication-related discrepancies from 1.42 to 0.33 per patient. The pharmacist has reviewed over 700 patients and made 300 clinical interventions.

Ward-based technician service

A pilot project has placed two pharmacy technicians with four wards. The pilot sought to prevent patients missing doses, to ensure medicines were easily accessible to enable further treatment, and to free up nurses to focus directly on patient care. The pilot has delivered an integrated, multi-disciplinary approach to in-patient medication management and is delivering quality and efficiency benefits for patients, nursing staff and the pharmacy.

Q&S Marker

Safe surgery

“ The focus of our work is on reducing the gap between best practice and the actual care the patient receives. Anaesthesia does not occur in isolation but within the work of a team. ”

Dr Wayne Jones, Director of Surgical Services.

Fast facts:

- ✓ In patient surveys, 95% of patients said their conversation with the anaesthetist was positive
- ✓ 98% also rated the care they received as positive

A new Quality and Safety Marker aimed at measuring levels of teamwork and communication was rolled out during 2015-16 financial year. The first public reporting will be in December 2016 on data for Quarter 3, 2016. However, we have been working towards this marker with the understanding it is coming into place.

It is inherently very safe to undergo anaesthesia for surgery in New Zealand. So the focus of our work is on reducing the gap between best practice and the actual care the individual patient receives. Anaesthesia does not occur in isolation but within the work of a team.

At Auckland DHB this has evolved to include the comprehensive perioperative care for each patient. Our goal is to continue to develop a more post-operative care and monitoring process as improvements in this area will lift the long-term outcomes for our patients.

We listen carefully to patient feedback and experience. What they tell us helps us improve what we do and how we do it. In patient surveys, 95% of patients said their conversations with the anaesthetist was positive and 98% rated the care they received as positive.

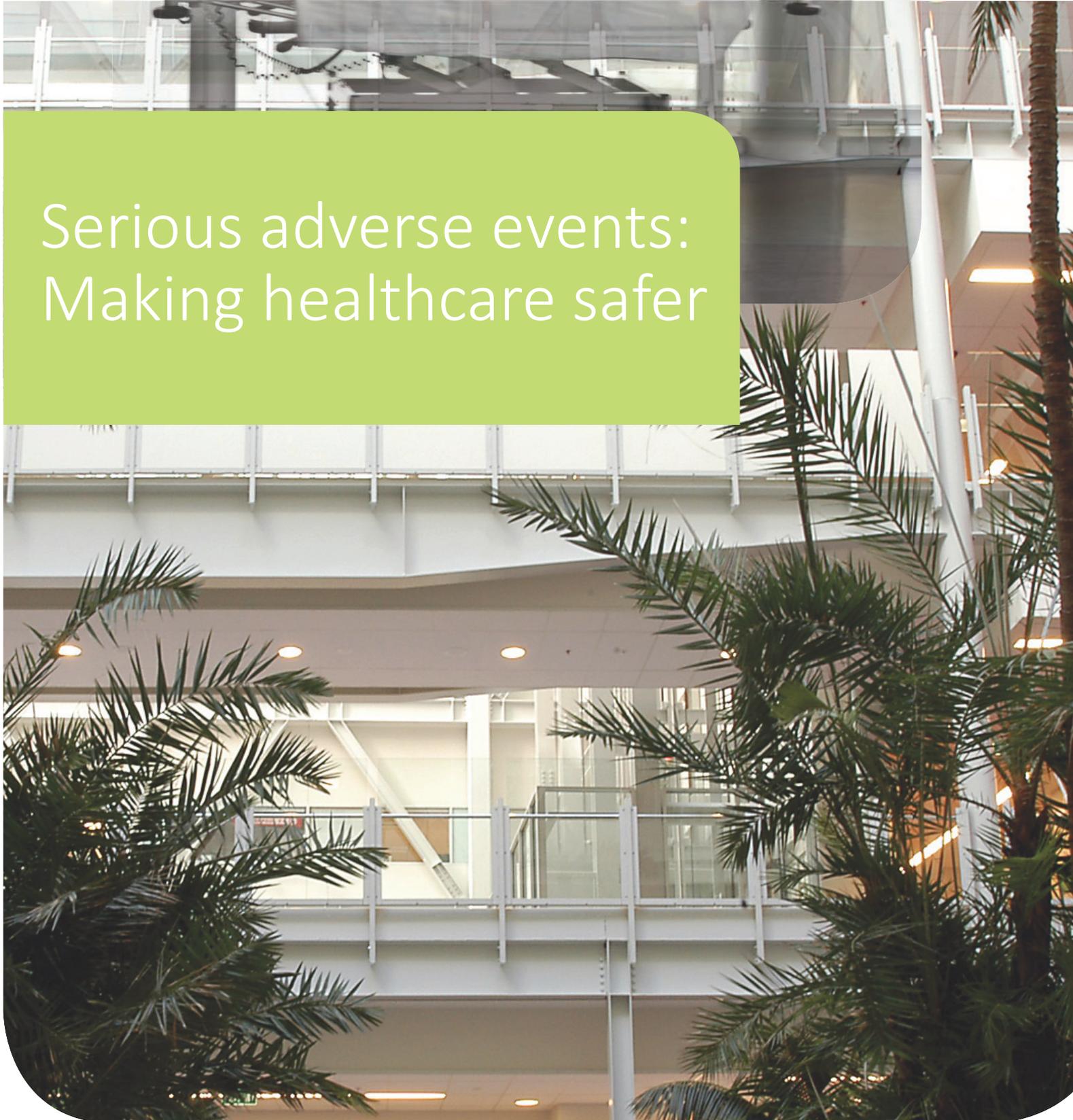
Our work towards Safe Surgery includes the following initiatives:

- We have introduced venous thrombosis risk assessment and follow up preventive action for every surgical patient and expect results from an audit tool in the next reporting period
- Anaesthesia-specific perioperative score cards have been developed, and work is under way to improve the data and the reporting of that data to our teams
- Quality committees for each theatre group meet monthly to identify and mitigate or eliminate risks to patients and organisation
- A hospital-wide revision of the antibiotic prophylaxis guidelines has been completed
- We are developing a confidential tool for individual anaesthetists to assess their personal performance
- Patient satisfaction with anaesthesia is being assessed, allowing minor cases of dissatisfaction to be followed up and corrected, avoiding repeat incidences





Serious adverse events: Making healthcare safer



Serious adverse events: Making healthcare safer

“ When a serious adverse event happens, a team of experts go through a formal and structured review to identify the underlying causes and see what needs to change in our systems to prevent such harm from occurring in the future. ”

Sue Waters, Chief Health Professions Officer.

For most of us, receiving healthcare is a smooth process. But there is always some risk and occasionally consumers are harmed in the course of their treatment. When something does go wrong, we are committed to being honest and open so that patients and family/whānau know exactly what happened, and we have a strong duty to figure out why and how it happened so we can improve our systems to reduce the chance of similar events happening again.

The first step in this process is to ensure that adverse events, including ‘near misses’ when an error or process failure does not cause harm, are promptly reported and reviewed. We encourage a no-blame approach, recognising that although our staff are highly trained professionals, people do make mistakes, and we need to build our systems to prevent errors from causing harm.

Most of these incidents were of a minor nature, but a small number did cause significant harm to consumers. When a serious adverse event happens, a team of experts go through a formal and structured review to identify the underlying causes and see what we need to change in our systems to prevent such harm from occurring in the future. These events, and what we have learned, are also shared nationally through the Health Quality and Safety Commission,

along with similar reports from DHBs, and increasingly from private hospitals, ambulance services and other primary care providers.

- Although the overall number of reported events has been steadily rising, in line with an increased number of patients and a growing reporting culture, the number of serious adverse events reported has started to reduce
- In the year to June 2016, we reported 80 serious adverse events, compared to 98 in the previous year, a 28% reduction from 1.22 to 0.88 events per 1,000 bed days (Figure 2.)
- The most significant reduction was in the number of patient falls causing harm (57 vs 42), an area in which a range of improvements have been put in place in recent years

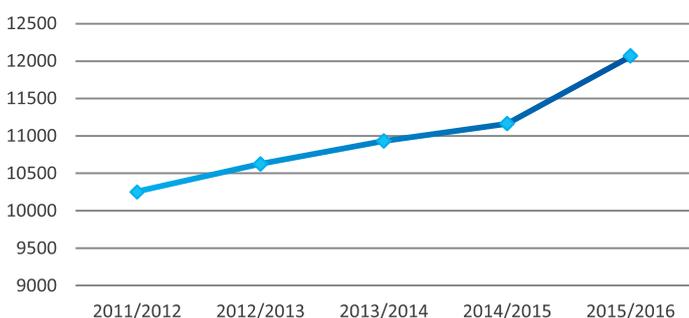


Figure 1.

Incident reporting over five years at Auckland DHB

Over the past five years we have seen a steady rise in reports of incidents (Figure 1.) where our systems did not function as expected. This shows that we have a strong reporting culture.

Fast facts:

- In the year to June 2016, we reported 80 serious adverse events, compared to 98 in the previous year
- This was a 20% reduction from 1.22 to 0.88 events per 1,000 bed days
- The most significant reduction was the number of falls causing harm (57 reduced to 42)

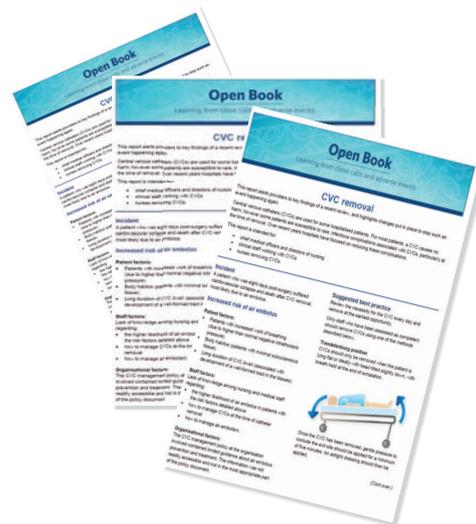
Often the weaknesses in our processes illustrated by one event are also present in other services and providers; wider sharing of what happened and how the risk of similar future events can be reduced is important, both locally and nationally. In the past year, we have contributed to several of the Health Quality and Safety Commission's Open Book publications to promote safety messages arising from serious adverse events to a national audience.

The reviews of these events are presented to the Adverse Events Review Committee, a group of senior medical, nursing and allied health leaders, to ensure the quality of the review, the robustness of the recommendations, and the communication of the findings back to the patient and family/whānau, the services involved, and more widely across the organisation.



Figure 2.

Rate of reported serious adverse events per 1,000 bed days at Auckland DHB



“ Auckland DHB perceives an increase in incident reporting as having a positive effect on patient safety. We have been working to not only make positive changes in patient care, but changes in the attitudes of our staff around the reporting of incidents. ”

Dr Nelson Aguirre, Acting Quality Manager.

Pressure injuries

Auckland DHB has had a sustained focus on reducing hospital-acquired pressure injuries since 2011, working in conjunction with the Northern region 'First Do No Harm' programme.

Pressure injuries are caused by immobility, which can occur when patients have an operation that makes moving in bed difficult, or when they have a disease that reduces their ability to reposition themselves.

Since February 2012, we have conducted a monthly random audit of approximately 20% of hospital patients, with results fed back to wards. We identify both pressure injuries and care processes associated with pressure injuries. The prevalence of pressure injuries has fallen from a baseline four years ago of 8.4% of hospitalised patients of all ages to 4.0% in 2014/2015. Almost all these pressure injuries are stage I (reddened skin) and stage II (broken skin) pressure injuries.

Auckland DHB has proactively declared that serious harm pressure injuries should be a 'never event'. We

use a case-finding approach because self-reporting is inaccurate. We are among the few DHBs that report serious pressure injuries in our annual Serious Adverse Events Report. Previous Quality Accounts have addressed our ongoing improvement activities in pressure injuries.

Recent reviews have led to the introduction of high specification foam mattresses for children's cots, low air loss mattresses for extremely unwell children, a standardised care plan incorporating a bundle of care for children, revision of the assessment and care planning forms in adult services, and development of a care bundle specific to adults on extracorporeal membrane oxygenation.

We are currently working with a CONCEPT Ward in an adult area to test other pressure injury prevention initiatives including improved heel lifts, turning schedules, seating solutions, and pressure injury alerts.

Our quality initiatives



Quality, safety and experience of care

Improving the quality and safety of the care we provide is a continuous journey and we aim to do better year after year. In this section we tell the story of the recent quality improvement initiatives we have taken. They fall under three categories:

- Quality, safety and experience of care
- Health and equity for the population
- Value for public health system resources



Rapid Response service begins next phase

The nurse-led Rapid Response Team was first launched in June 2015 to respond to referrals from within the hospital for patients who were discharged, but needed follow up in the community to stay well at home. From May, 2016 the Rapid Response Team began to extend its service to patients in aged residential care facilities, GP practices and the St John service.

“Community facilities and GPs can call the Rapid Response Team for help to enable a patient to safely remain where they are living,” says Sam Abbott, Team Leader.

The service bridges the gap between hospital and home by providing in-home care and support for adult patients for up to five days upon returning from hospital. It interacts across all community services to ensure patients receive wrap-around care and aims to support safe and earlier discharge from hospital and reduce readmission.

Patients have welcomed the service. As one wrote:

“It was a real comfort to know that professional staff were coming to visit over the critical days following my father’s discharge. Long may the Rapid Response Team continue!”

The Rapid Response Team receives between 50-60 new referrals from Auckland City Hospital each month and undertakes approximately 670 follow-ups a month.



Micronutrients for patients with chronic kidney disease

Patients with chronic kidney disease are now taking a specifically formulated, Pharmac funded multivitamin and mineral supplement called Renal Vit.

Kidney disease changes the biochemistry, metabolism and nutrient requirements of many vitamins and trace minerals. At the same time, patients with kidney disease are being treated with a combination of dietary restrictions, medicines, and sometimes dialysis. This leaves them more vulnerable to vitamin and mineral deficiency. Off-the-shelf vitamin and mineral supplements may contain elements that can harm patients with chronic kidney disease if taken in the incorrect dosage.

While specific micronutrient supplements are available overseas for patients with chronic kidney disease, they were not available in New Zealand. Urologists, nephrologists and dietitians worked to find a local solution that could be supported by Pharmac to ensure wide access, especially for patients from low socio-economic areas.

By working with a local supplements company, a multi-disciplinary team developed a renal-specific micronutrient supplement, Renal Vit. The supplement provides the unique combination of beneficial micronutrients at the right dose for people with kidney disease and does not contain vitamins and other compounds that may be harmful.

Pharmac funded Renal Vit in August 2015 for dialysis patients and late stage patients with chronic kidney disease.





Better screening for newborn babies

All newborn babies should be offered a test from the Newborn Metabolic Screening Programme (NMSP) to screen for a number of congenital disorders e.g. PKU (phenylketonuria), cystic fibrosis, hypothyroidism. These disorders can cause significant health issues but can be prevented by early detection and treatment. The Ministry of Health National Screening Unit (NSU) is responsible for the national screening programme and contracts Auckland DHB to provide the laboratory testing, which is done at LabPLUS.

It was recently picked up that the results of a screen on a newborn baby in our birthing service did not appear to belong to that particular baby and that there had been a laboratory or labeling error. However, it was quickly determined that no error had occurred and that the baby correctly had an abnormal result, and treatment then began.

Our investigation raised questions as to whether there were gaps in the screening pathway that needed to be addressed. A retrospective audit of babies born in 2014 suggested that 47 babies may have missed metabolic screening. More detailed analysis accounted for nine cases where screening was declined, two where testing had not occurred and four where it was unclear whether testing had occurred. For the remaining babies it appeared that the test had been taken but the sample had not reached the laboratory.

In 2015, a project group was established to proactively identify any babies that may have missed being screened. The group was chaired by the Director of Midwifery and included representation from the National Screening Unit and LabPLUS.

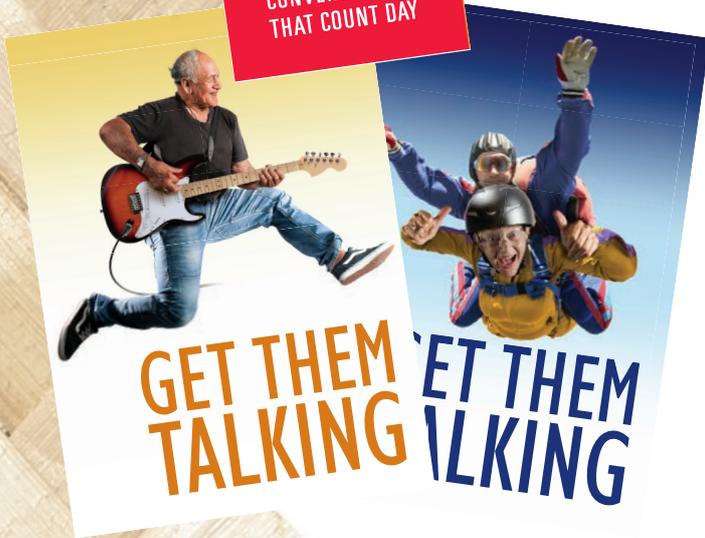
A better monitoring process was established where all babies born at Auckland City Hospital were matched with the screening test received by the laboratory. When a baby could not be matched to a test result, the caregivers were contacted to ensure the test was offered, and if the test had been ordered, to locate the sample.

This approach was successful in significantly improving the screening coverage. An audit of outcomes for 2015 found that of the 7,026 babies born at Auckland City Hospital, a screening outcome was known for all but two babies – highlighting that our babies are given maximum opportunity for early detection and treatment of congenital metabolic disorders, and better health outcomes.



our voice to tātou reo

Advance
Care
Planning



Encouraging

Conversations that Count

Auckland DHB staff have continued to contribute leadership to regional and national work to ensure more people know about Advance Care Planning (ACP).

ACP encourages people to have conversations with their family, friends and clinicians about their preferences for future and end-of-life care, and is one of the actions outlined in the Ministry of Health's Health Strategy Road Map.

International evidence shows that when ACP has been undertaken, there is less depression and anxiety in bereaved families and the healthcare system is also able to better target need.

Auckland DHB has exceeded the 2015/16 regional target of a 20% increase in year-on-year documented conversations. The Quarter 4 total of 2034 documented conversations was the largest single quarter to date.

On 16 April 2016, we marked Conversations that Count Day, a national day to raise public awareness of ACP, which was promoted with a campaign by the Health Quality and Safety Commission. Conversations that Count morning teas were offered in Auckland City Hospital's main public space and in wards and clinics across the DHB. A Conversations that Count team gave 40 presentations to over 1,000 members of the public in rest homes, libraries and primary care organisations.

Auckland DHB has had a national leadership role for ACP. Further work this year included:

- Reviewing and refreshing the ACP plan and guide with three national surveys, multiple focus groups, and two co-design workshops held in Christchurch
- Korean translation of the ACP plan and guide, through working with the Korean Hanurai community group
- Developing a one-day ACP training course for clinicians, with a focus on the legal framework and documentation of conversation

As a result, all 80 members of the Korean Hanurai group have completed ACP plans. There has been a 95% attendance rate at the one-day training course, with 106 participants trained since May 2016.

Clinician feedback on the training has been positive:

"It covered issues that were not dealt with before. It helped me to clear the doubts about the legal framework and clinical dilemmas. Also, the information obtained gave me confidence to think and initiate ACP for my family members and clients."

"It was great to have nurses/participants from secondary care, hospice and other allied professionals to share information and get new perspectives."



Enhancing our care of critically ill patients

We have invested in staff and equipment to build a better Department of Critical Care Medicine (DCCM).

This year we added 11 nurse FTE (fulltime equivalent positions) to the staff, an increase of more than 18%, and now have two doctors (Resident Medical Officers) on-site 24 hours a day. Critical care patients require a dedicated nurse to undertake the close monitoring required and without the extra nursing staff, we would not have been able to build the capacity of our DCCM to care for more of our most vulnerable patients.

The rapidly rising population in Auckland has seen an accompanying increase in the need for critical care services. Auckland City Hospital is also the major transplant centre for the northern region, so patients who have had kidney and liver transplants are cared for in the DCCM after surgery. The number of patients having transplant procedures for kidneys, in particular, has risen. The increase in patients has not seen any decline in the quality of care, with the DCCM matching the standardised mortality rates for tertiary critical care services in New Zealand and Australia.

Staff from the DCCM are also working on the key programme 'Best practice for deteriorating patients' (see Future Focus, pg. 51). As part of their critical care outreach work, we are working with clinical staff throughout our wards to intervene earlier and ensure patients at risk of deteriorating have the advice and care they need to remain stable and improve.

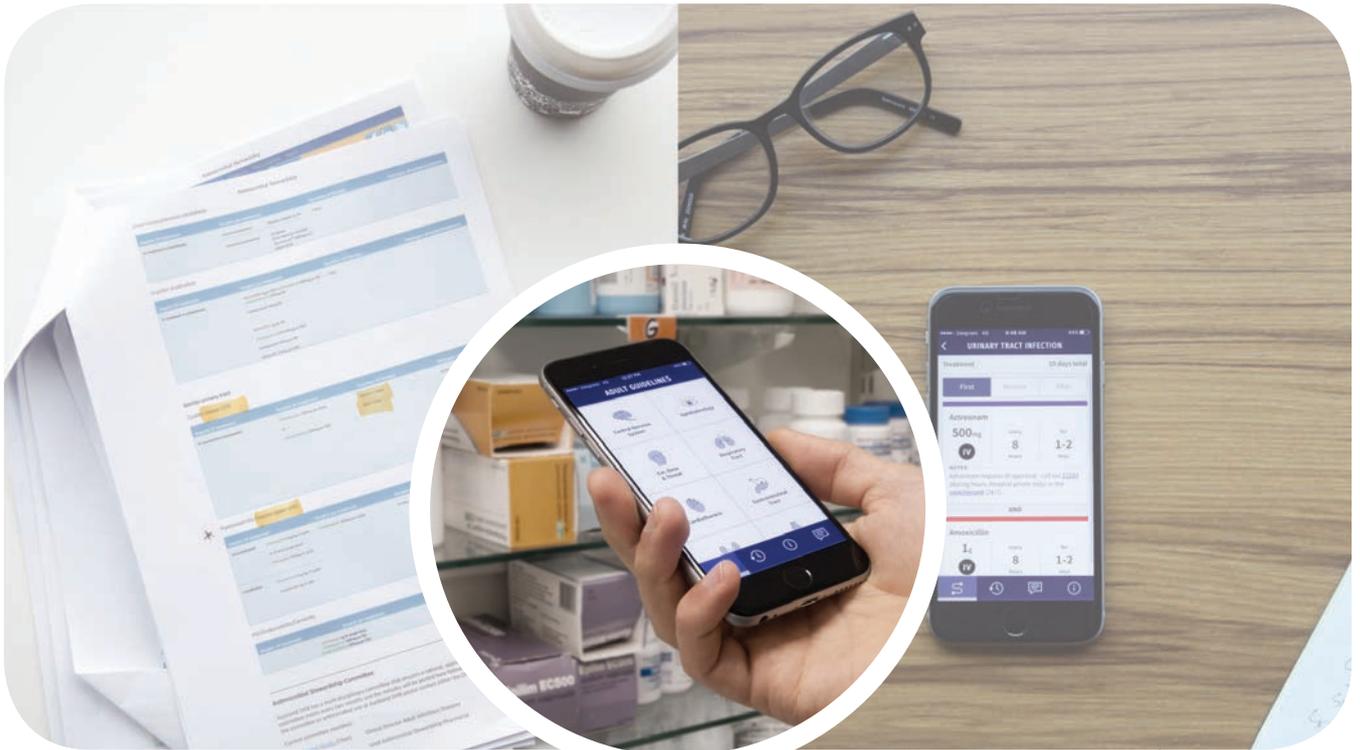
Feedback from patients and their families is positive. Patient surveys regularly record between 88% and 100% agreement to 12 standard questions about the specifics of their experience and care at the DCCM.

Compliments include:

"The care is excellent. The staff listen to our remarks and questions and follow up!"

"I think that the staff did an excellent job of preserving patient dignity especially during washing and changing. Because the patient is non-verbal, the staff took the time to find out how she communicates so that they could communicate with her and find out her needs and how she is feeling. This ward works extremely well as a team."





Simple access to antibiotic guidelines with *Script* phone app

Auckland DHB's Design for Health and Wellbeing (DHW) Laboratory has worked with pharmacists, clinicians and researchers from both the DHB and the University of Auckland to develop a smartphone app called Script, which allows clinicians to gain quick and easy access to antibiotic guidelines.

In the community, and in hospitals, antibiotic resistance has become a significant problem and threat to global public health. Incorrect and over-prescription leads to antibiotics becoming ineffective in treating infectious bacteria and disease. Though evidence-based antibiotic guidelines are available online, access can be slow and difficult in a clinical setting.

The app:

- Enables doctors to enter patient signs and symptoms, and then formulates the recommended antibiotic treatment plan. Any drug reactions or conflicts a patient may have are immediately highlighted to minimise the risk of prescription errors
- Supports continued learning of the evidence-based antibiotic guidelines, and helps increase clinician confidence when prescribing antibiotics

App concepts and prototypes were tested with medical students and clinicians to ensure the functionality met their needs.

As there is limited research evaluating the use of smartphone apps to deliver antibiotic guidelines, a clinical trial is being conducted. It uses a beta version of the Script app to assess the effectiveness and clinical accuracy of this approach. Depending on the outcome of the trial, the Script app may become a valuable tool in increasing the rate of correct prescribing.



Better pathway for children with coeliac disease

Starship Children’s Hospital has worked with community health organisation Coeliac New Zealand to create a new outpatient pathway for children with coeliac disease in the northern DHB region.

The new pathway has received great feedback from parents and whānau and the waiting time for hospital appointments has been reduced to almost zero.

Previously, children throughout the region were referred to hospital for diagnosis. After a positive diagnosis, follow-up tended to vary, with families often unsure how to manage their child’s disease.

The new pathway saw Auckland DHB fund Coeliac New Zealand to provide support and advice to families of children with coeliac disease. The DHB project team mapped out an approach for patients in primary care that is focused on education and self-management.

Key improvements include an electronic clinical pathway for GPs in the wider Auckland region and a GP e-referral service direct to the Starship Children’s Hospital’s paediatric gastroenterology service.

Dr Helen Evans, a consultant in the Paediatric Gastroenterology team says the goal was to ensure patients received the right care, follow-up and support in the community.

“By working with Coeliac New Zealand, we know that there will be more timely and relevant advice and support provided in a peer-to-peer way.”



Whole blood transfusions at scene for critically ill patients

Auckland DHB has worked with the Auckland Helicopter – Emergency Medical Service (HEMS), the New Zealand Blood Service and the Auckland Rescue Helicopter Trust, to enable a doctor and paramedic emergency team to transfuse whole blood to critically ill patients before they are transported to hospital.

More than 12 patients have benefitted from this initiative, which has been made possible by close partnership across multiple services, to ensure there are robust systems for refrigeration of whole blood outside the Blood Service.

The project helped foster change at Auckland City Hospital in the development of the Trauma Code Crimson pathway to form a vital link in the ‘chain of survival’ for critically ill patients arriving at hospital.



Health and equity
for the population



Health and equity for the population

Communication is key

Auckland District Health Board undertakes regular surveys to ask patients what they value, and what we are most often told is that they value good communication with our staff. We are committed to improving how we listen to patients, family/whānau and our many and diverse communities.

Māori midwifery team based in community

As a step towards reducing inequities in access to healthcare and health outcomes, Auckland DHB established a Māori midwifery team in 2015. This year, through partnering with Orakei Health Services at Ngāti Whātua's Glen Innes facility, the Māori midwifery team has developed and formalised a new model of care for the delivery of ante and postnatal services in the community. Three Māori midwives and a newly appointed Māori obstetrician and gynaecologist work alongside Māori social workers to support Māori women close to where they live. The first clinic took place in May 2016.

Choirs tackle rheumatic fever

A novel approach to health messaging has leveraged the power of Pacific choirs to showcase ways to prevent rheumatic fever.

The Choir Sing Off, a joint initiative between Auckland and Waitemata DHBs and the Healthy Village Action Zone (HVAZ) of Auckland, invited church leaders to partake in workshops to learn about key ways to prevent rheumatic fever. They then returned to their communities to lead church choirs to showcase prevention messages through song.

More than 2,000 people attended the sing-off and more than 700 of these participants responded to surveys that highlighted their increased understanding of rheumatic fever prevention.

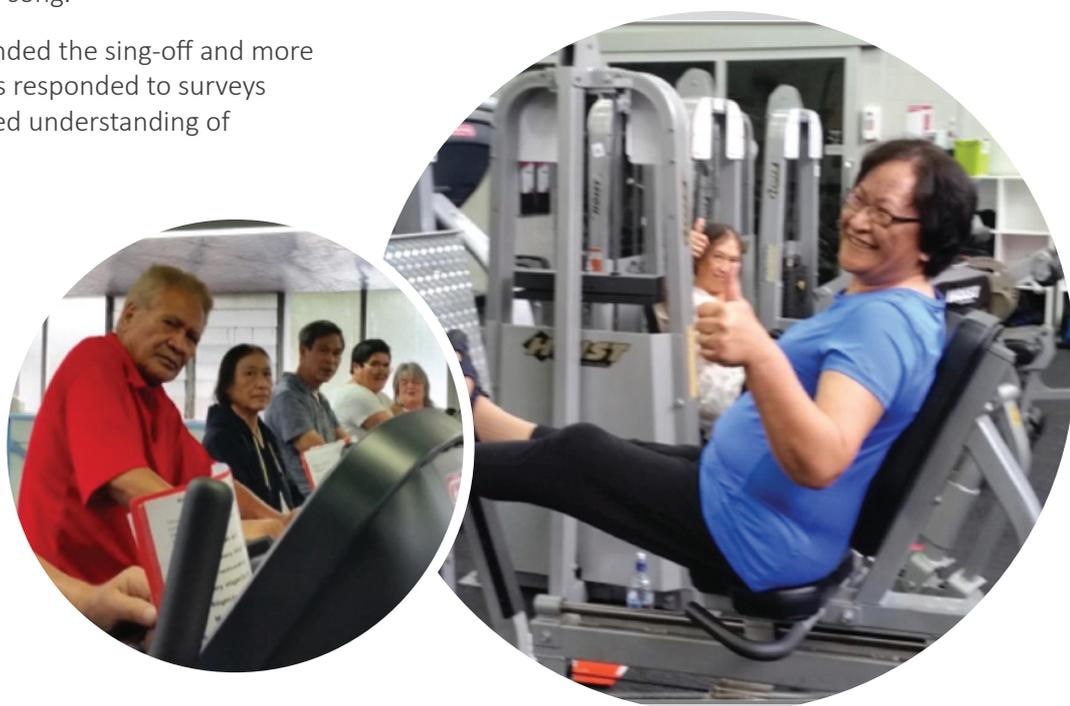
Whānau ora approach lifts uptake of cardiac rehabilitation

Auckland DHB's cardiac rehabilitation team has partnered with local Whānau ora provider, Te Hononga O Tāmaki Me Hoturoa, to enable better rehabilitation for Māori and Pacific Island patients with heart disease.

After a cardiac event, it is best practice for patients to start a regular, guided exercise programme. However, uptake of this programme was low nationwide, with Māori and Pacific Island patients most at risk of not participating.

To help improve this rate, over the past year Auckland DHB's cardiac rehabilitation team has worked with Te Hononga O Tāmaki Me Hoturoa to form a multidisciplinary team to support Māori and Pacific Island heart patients to stay well.

A community based exercise programme, supervised by Te Hononga and Auckland DHB staff, now runs twice a week, with 12 Māori and Pacific Island patients per session. Each patient receives an individual programme based on best practice guidelines. After the eight-week programme has been completed, the patients move on to a public gym, with continuing support. The Auckland DHB/ Te Hononga O Tāmaki Me Hoturoa partnership also works with patients who are not engaging with outpatient clinics, to provide more individualised support to improve access to a wider suite of health services.





Case study: **Supporting people to stay well**

A 53-year-old Māori man with type 2 diabetes, hypertension, metabolic syndrome and a current smoker had a heart attack. Hospital treatment, including a stent, enabled him to return home.

However, he was not taking his medication and failed to attend most of his cardiac rehabilitation sessions. The cardiac rehabilitation team asked Te Hononga O Tāmaki Me Hoturoa to work with the patient.

When nurses and life coaches visited, they found that the patient and his wife were primary caregivers of young grandchildren and that his wife had also had a heart attack.

The household faced financial problems and lived on a poor diet.

The couple continued to smoke and neither were taking their preventative medications.

Te Hononga O Tāmaki Me Hoturoa staff worked with the family to change their lifestyle in a positive way. The whānau have improved their diet and have started a home vegetable garden. The patient and his wife are now taking their medication, have lost weight and have enrolled in a Wero programme to support them in their journey to quitting smoking.

Increased awareness of health services for new New Zealanders

The Auckland DHB region has experienced record net migration recently, including a significant increase in migration of people from Asian countries such as India, the Philippines and China.

Figures from a wider piece of work showed that ED utilisation rates for new and long-term migrants from Asia were almost the lowest of all ethnic groups. In addition, a survey of 318 international students in the Auckland CBD indicated the students tended to have lower level of understanding of the New Zealand health and disability systems and were less likely to have a regular GP clinic.

The findings supported work that was being undertaken to strengthen student and migrant awareness about the New Zealand health and disability system, but also identified the need to increase our focus in the CBD area.

Key messages were developed and tested on students and the Health Literacy North team. They were then expanded into an online media campaign, which was rolled out in June 2016 and was directed at Chinese, Indian and Korean first language speakers in the Auckland CBD and CBD fringe suburbs. It was supported by key stakeholders such as universities, private training establishments and Auckland Tourism.

The aim was to help migrants to:

- Identify the appropriate healthcare options around where to go for less serious health concerns, and when to go to the hospital ED
- Recognise the benefits of enrolling with a local family doctor, or seeing one regular doctor (for those who are not eligible or entitled to enrol)
- Know where to locate information i.e. your local doctor's website to find health services

Podcast videos about the New Zealand public health system were also created in Mandarin, Hindi and English.



Bringing the consumer voice to Women's Health

The Women's Health Directorate is working with community and consumer organisations to establish a diverse and multicultural working group for regular discussion of ideas and issues, to improve maternity health services for women. With the assistance of representatives of the Women's Health Action Trust, a plan is under way to embed the voice of consumers at key forums.

The project team has engaged with a range of community organisations and NGOs to seek nominations for consumer representatives that reflect the diverse makeup of our patients and staff. We have partnered with Ngāti Whātua and Asian health non-government organisations (NGOs), teen parent groups and maternal mental health consumers.

The goal is for the consumer governance group to develop a set of consumer-focused outcomes, measures and targets and to work with Auckland DHB's Patient Experience and Performance Improvement teams on ways to innovate and improve how we engage with diverse maternity consumers. An induction and training manual for maternity consumer representatives is being finalised.

Picture book reassures child patients

Hospitals can be scary places, especially for children. Our Design for Health and Wellbeing (DHW) Laboratory worked with staff and children to create a set of interactive picture books to help ease children into the hospital environment. They tell the story of a little girl called Lin and her experience of visiting the outpatients' department at Starship Children's Hospital after breaking her arm.

The goal is to relieve any fears children might have and engage them in treatment by giving them honest information in a fun and friendly format.



Value for public health system resources

Better patient pathways

Auckland DHB's Pathways Programme aims to make the journey through our health services a better experience for our patients and to increase efficiency and reduce waste in the health system.

We use the Lean Six Sigma methodology to understand what we do and how we do it, so our pathways teams can easily identify where we can do better. This includes working with patient partners to find out what patients feel would add value to their journey through the system.

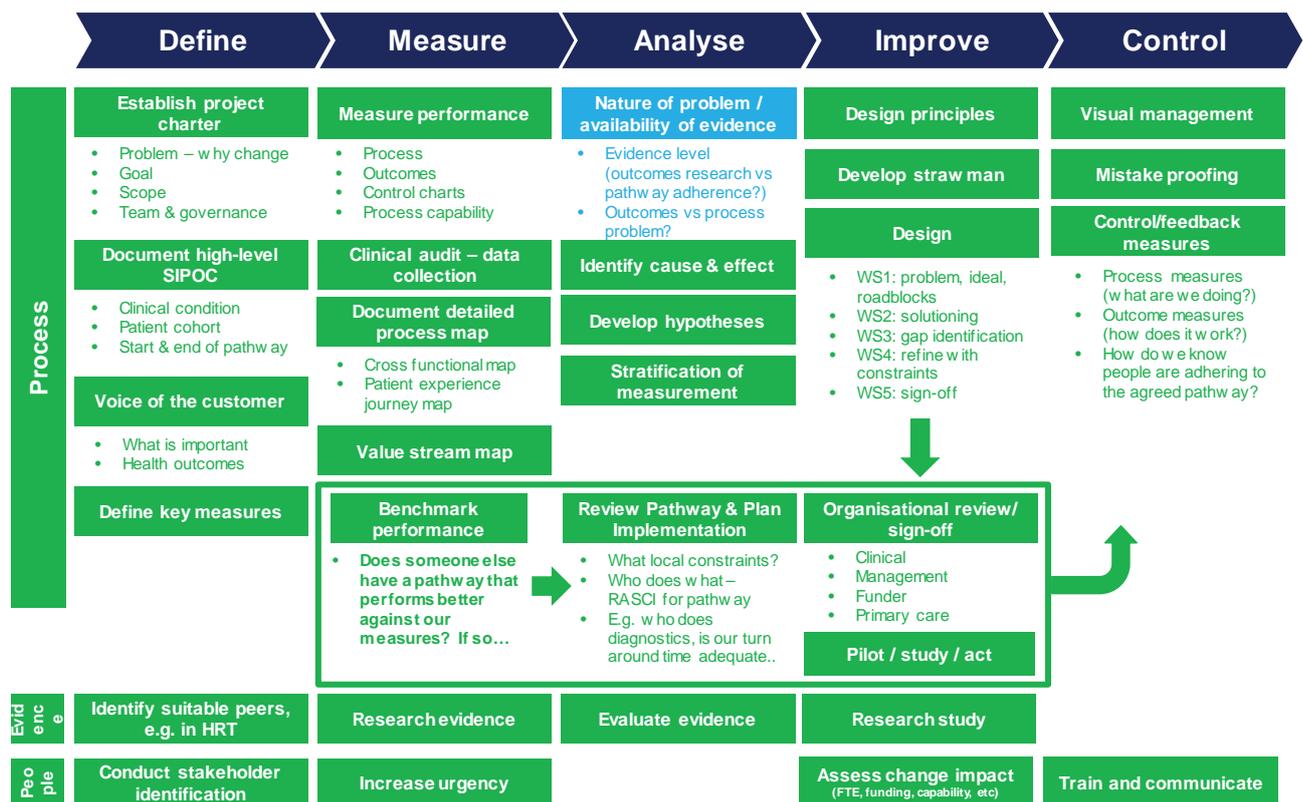
The programme focuses on specific diseases such as recurrent kidney stones, stroke rehabilitation and diseases related to the Faster Cancer Treatment National Health Target. We have also focused on the pathways where we have a higher volume of patients throughout the whole northern DHB region, including lung, melanoma, genitourinary, gynaecology, colorectal and breast cancers.

One key area of improvement over the past year is the identification of patients who have a High Suspicion of Cancer (HSC) at referral assessment. Compared to the previous year, we have seen a steady increase in identifying patients who need to be on a tumour stream pathway. Prompt identification means we are then able to track progress through the pathway and ensure timely appointments and treatment.

Quality and experience improvements include:

- The establishment of one-stop clinics to reduce the number of patient visits and speed up treatment
- Improving hand-over practices between service
- Improving disease-specific information for patients
- Reducing any repeated processes, where possible
- Improving the referral assessment processes to increase access

Pathway Programme Toolkit



Improved access to radiology services

Our radiology service provides diagnostic imaging and interventional radiology to patients across the Auckland region and nationally.

A multi-faceted approach has improved the processes and systems within our radiology service to help us get closer to meeting the Ministry of Health indicators for community and outpatients receiving their Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans within six weeks of referral. Previously, we were not sustainably meeting these and it was taking several months before an appointment for a scan became available.

We are now meeting or exceeding the indicators for CT and ultrasound scans and have made a significant improvement towards meeting the waiting time indicator for MRI scans.

Quarter on quarter comparison of number of patients waiting less than six weeks for imaging:

Quarter on quarter comparison			
	Q4 14/15	Q4 15/16	% Improvement
CT	78%	93%	20%
MR	48%	66%	38%
US	43%	80%	85%

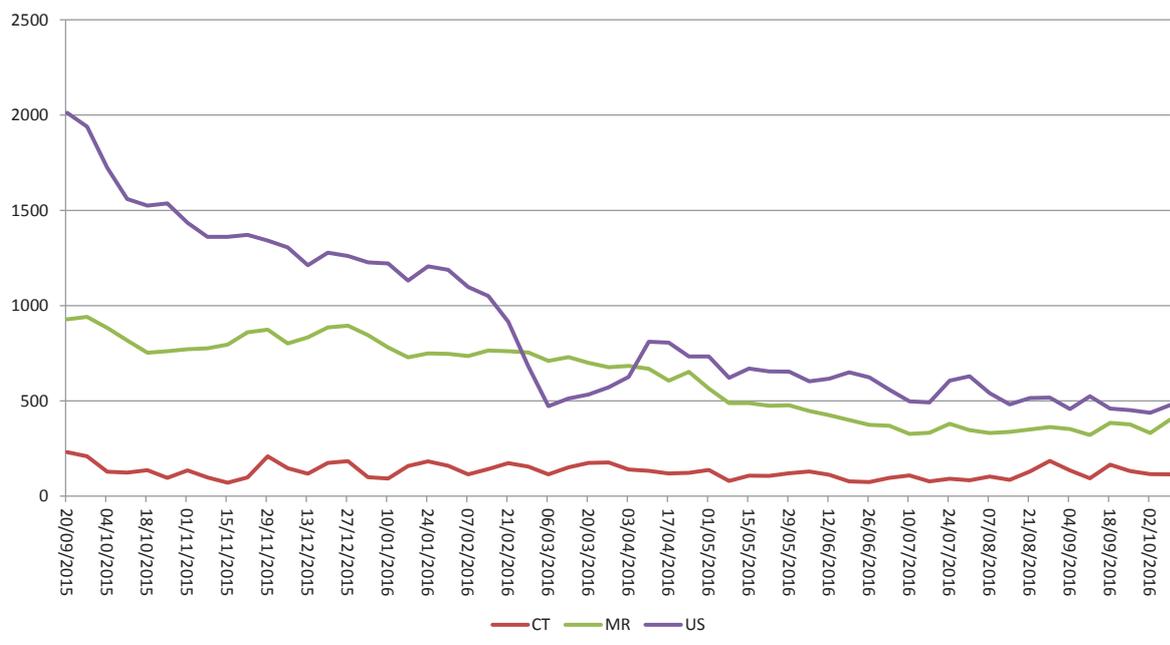
We worked through a major change programme with four key work streams:

- Demand management
- Improving acute diagnostic flow
- Imaging throughput/patient flow improvement
- Improved reporting and visibility of performance

It was important that patients were engaged at an early stage and were partners throughout the process. For example, referrers and patients were included in the design process to create a better after-hours ultrasound service.

By improving our radiology service, most patients are receiving their scans faster, which means clinicians can make decisions to treat earlier. This work has helped Auckland DHB in its progress in meeting the Faster Cancer Treatment target and improving patient pathways for elective surgery. This has also meant we have improved patient experience by reducing some of the anxiety for patients waiting for a diagnosis.

Number of Community and Outpatients Waiting



Patient-centred booking improves clinical attendance

The diabetes outpatient clinic at Greenlane Clinical Centre had an issue with patients not turning up to appointments. Known as DNAs, (Did Not Attends), this is particularly common with diabetes patients. Twenty five percent of patients were failing to turn up overall, and for Māori and Pacific patients, the figure was around 40%.

To combat this, the diabetes clinic trialled patient-centred booking. Rather than sending a letter with an appointment time as they had done previously, they began asking patients when an appointment was convenient for them and matching that with their service.

The trial found that 20% of the patients who were called to schedule their appointments weren't at home during the day, so the DHB's call centre staff were then trained to call and book appointments for patients in the evenings when they were more likely to be in.

In May 2016, the clinic recorded its lowest number of patients not attending appointments in two years.

- The DNA rate of 30% in August 2015 had dropped to 20% in May 2016
- In March 2016, the percentage of Pacific patients who failed to arrive at appointments had dropped from 41% to 30%

Although there is still more work to be done to trial the impact, if the evidence stacks up and the results continue, patient-centred booking will be rolled out to outpatient clinics throughout Auckland DHB.

Better use of blood product in cardiac surgery

In consultation with Auckland DHB's cardiovascular directorate, a transfusion algorithm was developed and piloted for blood transfusions to help avoid wastage of blood product and increase efficiency.

About 50% of patients having cardiac surgery will require a blood transfusion due to bleeding. Not only is blood product a scarce resource, the use of blood transfusion is clearly associated with greater risks for the patient and higher costs for surgery.

A survey of cardiac anaesthetists at Auckland City Hospital showed variation in behaviour between anaesthetists despite appropriate access to coagulation testing in the operating theatre suite. They suggested the need for a patient-centred approach that would align blood product transfusion practice with international guidelines and a base of the best evidence.

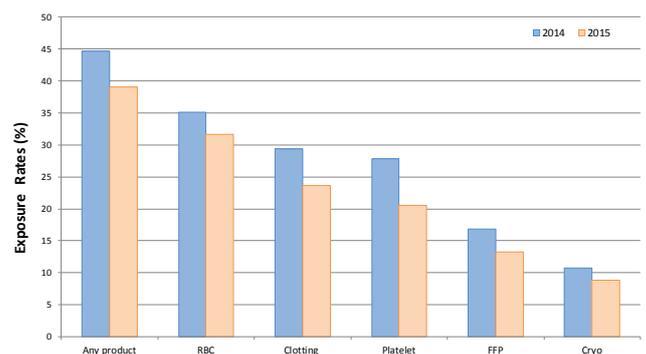
To create the transfusion algorithm, blood product use was audited for one year prior to introduction of the guidelines and one year after its introduction following a 'bedding in' period.

A significant reduction in blood product use was seen following introduction of the algorithm (See graph).

- A 5.7 % absolute reduction in patient exposure to all blood products
- A 3.7% absolute reduction in patient exposure to fresh frozen plasma
- A 7.3% absolute reduction in patient exposure to platelets (clot-producing cells)

At the same time, there was no increase in bleeding rate among patients and no increase in the need for re-operation.

Exposure rates per year

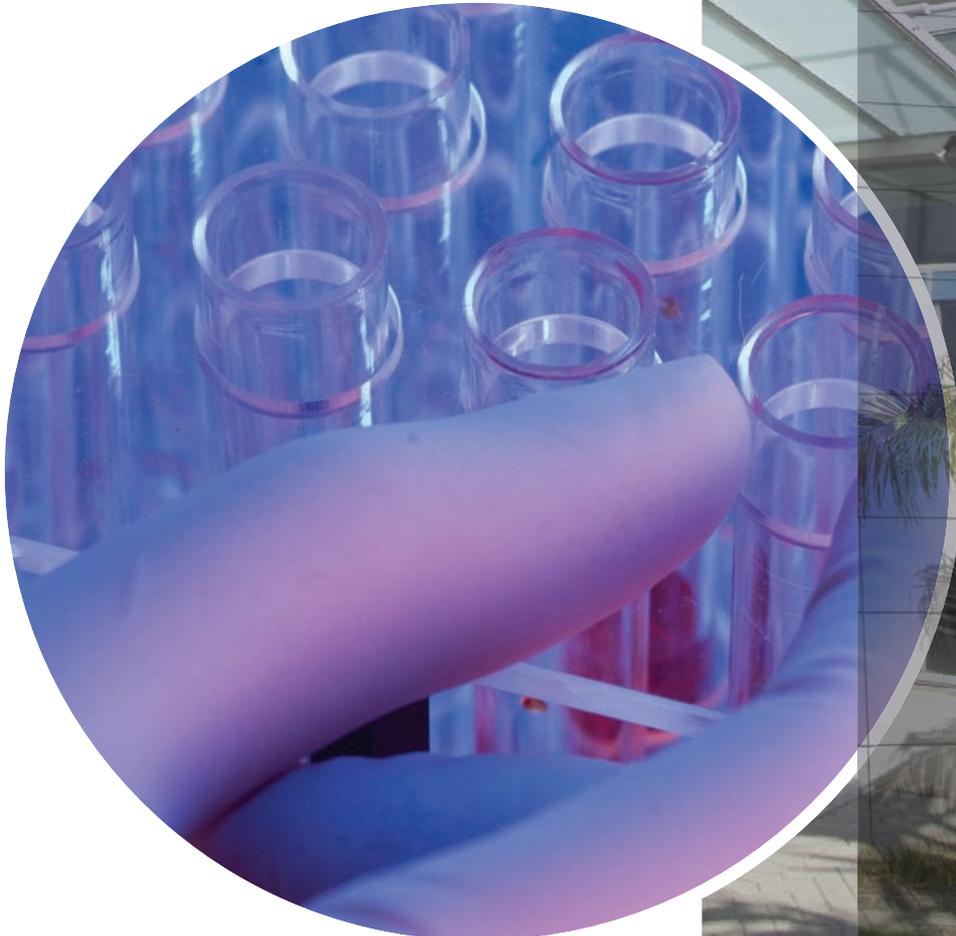


Where clotting = any blood product except red blood cells (RBC). Exposure rate is the percentage of patients exposed to this blood product during their postoperative recovery. The reduction is statistically significant.

Turnaround for biopsy reporting times

An improvement project has reduced the turnaround time for histology results by 40%, or about three days on average.

- Histology, where tissue samples are checked for signs of disease, is one of the key moments in our patients' journey. Accurate and speedier diagnosis is essential to improving patient outcomes, allowing them to begin treatment sooner. Faster turnaround times also reduce anxiety for patients while they wait for their results
- The project has involved training scientists to support fine needle aspiration diagnostic procedures, in order to complete more complex cases, remove bottlenecks in laboratory processes and enhance and more closely monitor the tracking of samples
- LabPLUS manager Dr Joe McDermott says both patients and staff have benefitted. For patients, there are fewer stays and potentially better outcomes, for staff, the improvements have created a better working environment where pathologists are able to spend more time on their core role



Upskilling our people: Nurse endoscopists

Two Auckland City Hospital nurses are among the first four in New Zealand to be undertaking endoscopies, where a long flexible tube with a camera is used to examine a patient experiencing health problems with their stomach, intestines or bowels.

The creation of the nurse endoscopist role is part of a movement to collectively build the skills and experience of our health professionals to enable the delivery of the National Bowel Screening programme, which the Government announced in the 2016 Budget.

The specialist nurses are taking part in the Nurse Endoscopy Training and Credentialing Programme, which was launched in February 2016. It includes two postgraduate papers at the University of Auckland's School of Nursing, and practical experience at Auckland City Hospital.

They are part of a multi-disciplinary team that looks after patients with inflammatory bowel disease, dyspepsia and rectal bleeding.





Future focus



Section 3

Future focus

Priorities for improvement

We have identified a number of strategic programmes to deliver improvement over the next one to three years.

We have chosen to highlight three of these:

Daily hospital functioning



Improving patient safety



Primary and community initiatives



Our strategic themes



Community, family/whānau and patient-centric model of healthcare



Emphasis and investment on treatment and keeping people healthy



Service integration and/or consolidation



Intelligence and insight



Consistent evidence informed decision making practice



Outward focus and flexible service orientation



Emphasis on operational and financial sustainability



Daily hospital functioning

Running our hospitals and clinics smarter

Introduced this year, the daily hospital functioning programme encompasses initiatives to put in place best-practice models for how we run our hospitals and outpatient clinics.

Best practice evidence supports the creation of an integrated operations centre that co-locates key operational staff and provides them with a timely view of past and predicted operational performance, with escalation plans for the whole organisation. The goal is to build a comprehensive understanding of how our patients arrive and move through our services and back to the community and home.

This year our work will focus on:

- Improving our operational intelligence and forecasting
- Developing an integrated operations centre
- Developing our Transition Hub to ease patients into being admitted to, and leaving, hospital

We are also working on variance response management as part of a Care Capacity Demand Management where Auckland DHB is partnering with the New Zealand Nurses Organisation, the New Zealand Public Service Association and the Safe Staffing Healthy Workplaces Unit on steps to better balance demand on our services with the capacity of our staff.

The success of this work will be demonstrated by:

- Organisation-wide visibility and understanding of the journey patients take through our services, whether inpatients or outpatients
- Routinely meeting the Shorter Stays in Emergency Departments National Health Targets in the face of our growing population and demand
- Our integrated operation centre monitoring our daily planning and using timely and accurate data





Improving patient safety

Keeping our patients safe after hours

Internationally, patient safety has been identified as more at risk after hours – 5pm to 8am weekdays and throughout the weekend.

Auckland DHB manages large and complex inpatient hospitals, offering a full range of services across 24 hours of operation. Our goal is to ensure that patient safety after hours is equivalent to daytime safety and that we have a sustainable after hours staffing model across all our wards and theatres.

Work has begun to design and put in place robust and reliable after hours safety systems and processes to keep inpatients safe across all our directorates.

This work is tied to our programme on best practice for deteriorating patients and improving how we run our hospitals and clinics.

For the 2016/17 year we will be:

- Mapping after hours staffing in all areas, and developing an online tool for staff working after hours to easily find the information they need to deliver safe after hours care
- Looking at ways to strengthen staffing models across our administration, nursing and medical teams and to enhance cover for operating theatres and anaesthesia after hours

As part of the work, we want to introduce a consistent, cross-directorate handover process based on models already working well in our hospitals.

Best care for deteriorating patients

We want to ensure we identify deteriorating patients as early as possible across our wards and put in place the right treatment and care. By doing this well, we can prevent their decline and keep them stable and well.

As a complex and large organisation, Auckland DHB has a range of diverse ways to manage this class of patient. We will be working on a project to develop a consistent approach to improve the care of medically unstable patients throughout the hospital, aligning with international best practice and the Health Quality and Safety Commission's national deteriorating patient programme.

A workshop involving staff from across the DHB has developed a high-level vision for this priority: "Auckland DHB inpatients will have excellent, comprehensive, integrated, seamless care that identifies and manages physiologically unstable patients."

Work that commenced in the 2015/16 year included:

- The audit and review of our two current warning systems, the Early Warning Score, (EWS) for adults and the Paediatric Early Warning Score (PEWS) for children
- Analysing options and measures for how best to care for and treat deteriorating patients
- Developing a seven days a week, 24 hours a day model of care for deteriorating patients



Primary & community initiatives

Health where people live – Our Tāmaki Mental Health and Wellbeing Initiative

The Tāmaki Mental Health and Wellbeing Initiative was launched in 2013 to help create a new experience of mental health and wellbeing support in Tāmaki.

The initiative team wanted to understand how they could better service the people of Tāmaki, so in August and September 2016, they held a series of workshops to find out how people in Tāmaki want to experience mental health, addiction and wellbeing support in their community.

A clear theme emerged that called for a personalised service, that can be accessed in the right way, at the right place, and with the right people. More specifically, the community wanted support that is easily accessible, that comes in a variety of different ways and helps them to reach identified goals.

The themes were then translated into possible solutions. The initiative team worked closely with

community based support services – Mind and Body, Affinity Services and Pathways – to put together a prototype support service that provides flexible, non-medical, mobile support that is driven by what matters to the person. Support workers will help the person to plan for their wellness and will provide practical help until they are able to get back on track to live the life that they want.

This service is being trialled through Panmure Medical Centre and East Tāmaki Healthcare over the next six months. The trial will be a great opportunity to learn and to adapt the service into one that is person-centred and reflective of what the user wants.



Capability development

At Auckland DHB we invest in our people and systems to ensure we create an environment that is safe, sustainable, and where staff are encouraged to reach their potential. Here we outline organisation-wide programmes that support this approach.

Coaching Conversations

Coaching Conversations is a course that teaches leaders how to coach in a practical and pragmatic way.

Initially, the programme was offered to support clinicians in new leadership roles, and while clinicians remain the priority, the programme has since been opened up to all leading teams.

Coaching Conversations comprises four full-day sessions of cumulative skill building and practice. To date, we have run five cohorts, with about 60 people going through the programme.

Feedback from those undertaking the course has been positive. For example, one attendee made comment:

“Just a note to express my sincere thanks for such well-organised and extremely important subject matter, especially to me as a relatively new (second year) line manager with my own clinical team. I enjoyed every session and have learned so much – I am recommending these sessions to all of my senior colleagues as not just essential for Coaching Conversations but critical to a better understanding of team dynamics.”



Leadership Development Programme

The Leadership Development Programme was co-designed with clinician leaders and external partner JumpShift. The programme is highly engaging and involves peer networks across directorates, with managers and teams active in supporting participants' development.

It is a four to five month programme of six half-day structured sessions that include sharing and reflection on roles and responsibilities, a 360-degree development survey, developing a personal leadership development plan, access to the best practice lecture series from the American Center for Creative Leadership, and asynchronous learning delivered via JumpShift's technology platform.

Our pilot programme finished in May and three programme cohorts commenced in early June. By the end of FY16/17 we aim to have had approximately 150 staff complete the programme.

Developing our culture

We are taking a multi-pronged approach to developing a safety culture. Over the past two years, we have moved from defining our values to embedding them. The annual focus has been as follows:



2014 Build the Values

2015 Lead the Values

2016 Live the Values

Behaviours

We are focusing our people on the behaviours needed to ensure reliable quality and safety at all times, where the patient is at the centre of all decisions, and where staff speak up to improve safety.

Speak Up programme

The F16/17 plan will see a Speak Up programme to raise awareness of bullying and other inappropriate behaviours, options for resolution, and consequences for conscious or persistent disregard of our values, including the promotion of our independent employee whistle-blower policy.

Leadership development programme

Our leadership development programme is specifically designed to enable our clinician leaders to lead culture change, to create an engaging environment where our teams feel valued and supported to be at their best, enabling patients to feel safe.

People strategy

We are finalising a three-year people strategy to facilitate the development of a workforce culture that delivers quality outcomes. The strategy aims to ensure our staff are a shining example of a happy, healthy, high performing community, which in turn delivers the culture necessary for optimal patient safety.

Improvement training

We are continuously focusing on improving the capability of our staff as improvement needs to be a constant work-in-progress.

Two training programmes have been developed to help build the improvement mindset and capability of our staff – Improvement Fundamentals and Improvement Practitioner.

Improvement Fundamentals is a two-day programme that introduces participants to key improvement tools. The course enables participants to lead small improvement activities or to be active participants in GreenBelt projects, which are run by the Lean Six Sigma methodology. This methodology relies on a collaborative team effort to improve performance by systematically removing waste. The Improvement Fundamentals course is a prerequisite for the Improvement Practitioner course.



Health and safety

Strengthening health and safety

The new Health and Safety at Work Act 2015 (HSWA) became law in April 2016. In preparation, and under the strong leadership of the Board, we:

- Commissioned an external audit of health and safety management systems and identified all of the actions required to upgrade them to meet the requirements
- Reviewed all health and safety related policies, systems and training
- Provided information to the DHB's management teams on their new roles and responsibilities

In addition, a suite of health and safety training courses is set to increase the capability of the DHB to prevent risk and manage incidents at all levels in the organisation.

Over the next year, we will continue to embed the new systems and strengthen the health and safety culture across the organisation.

Health and safety representative training

Auckland DHB's Health and Safety team has worked hard to qualify about 60% of the DHB's 275 Health and Safety Representatives (HSRs) under the new training legislation (Health and Safety at Work Act 2015).

This legislation requires a higher level of training for HSRs than what they were receiving under the 2002 amendment to Health and Safety in Employment Act 1992 (HSE).

WorkSafe allowed for all staff who were qualified as HSRs under the legislation as of 30 March 2016 to take transition training that would qualify them as HSRs under the new legislation. This transition training needed to be completed by 30 June 2016.

A two-day training course will be provided during the 2016/17 financial year for the remaining HSRs who did not undertake the transition training.





What our patients say

"On the day of the day surgery procedure, the duty anaesthetist spotted that I had a heart murmur. This had been missed in pre-admission. I knew I had one but the questionnaire only asked about heart surgery and pacemakers. The anaesthetist gave careful consideration as to whether it was safe to proceed. In preparation for the upcoming big surgery I have now had an echocardiogram done thanks to her picking this up."

"My pre-op meeting was relaxed and informative. I was told that they thought I could manage without a pre-op drug that would make recovery time longer but the decision was mine. I chose to take their advice and in fact had no nervousness (that I felt) when I was taken to the theatre."

"In comparison with an operation 25 years ago where it took weeks to recover from the anaesthetic, I woke up with the very mildest nausea and no vomiting at all. The anaesthetist who interviewed me at the pre-med was terrific and the one in theatre was funny and friendly. Wow!"

"He was a cool guy, very informative and explained everything well – he was kind and explained everything perfectly. He deserves 10/10 for bedside manner!"

AUCKLAND DISTRICT HEALTH BOARD

Quality Account

2015/16



AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai