

Health Quality and Innovation Award Entries 2011

Research & Innovation

Smokefree Mental Health

The introduction of a Smokefree policy to the Nelson Hospital inpatient mental health unit sought to improve both the health of service users and mental health staff. This initiative also provides a template for those around New Zealand attempting to achieve the same outcomes.

As nicotine dependence affects 70-90 percent of those accessing mental health services this health initiative focused on preparation; educating staff and clients, reviewing how staff and client non-compliance issues are managed and how existing attitudes and current law impacted change.

Ideas and support are offered to other nurses seeking to lead this positive health change in their practice setting and aligns current clinical practice to Ministry of Health outcomes. It delves into an issue that many are hesitant to approach for ethical, historical or personal reasons.

While this policy is still in the process of being implemented into local practice similar overseas ventures have shown positive results: mental health clients valued being treated like other health consumers, overall health outcomes were improved and mental health clients felt a sense of increased confidence and positive self regard.

Clinical Care Improvement

Establishment Home Based Treatment Team (HBTT)

Since 2008 a small team of Registered Nurses have provided intensive treatment for clients who have acute mental health needs, in the client's own home (or wherever they reside). The option of being able to stay at home minimises the multiple disruptions to life that are inherent in hospital admissions.

This service evolved through a review of international research and national consultation that the HBTT model should replace the Adult Mental Health Service (ADMHS) Day Hospital.

The Chinese symbol for the word crisis translates to mean both danger and opportunity. In keeping with this concept, the Nelson Home Based Treatment Team believe that by working collaboratively with people, service users can recover a sense of hope and maximise opportunities for personal growth, self-determination and self-sufficiency.

Outcomes for service users include: the right to choose HBTT as an alternative to inpatient care, focus on meaningful engagement, working in partnership with service users and maximising strengths that support recovery. The service works with families/whanau including children of service users which ensures that families/whanau are heard and have information and intensive support.

Clinical Care Improvement

Community-Based Assessment Centre Training

The CBAC education and training package educates and trains CBAC staff to establish and work within a CBAC quickly and efficiently and requires no face to face teaching or teacher preparation.

A real and immediate risk to the delivery of public health services in an emergency was identified and a small group were charged with solving this national issue. Networks were built, issues were identified, isolated, and solved and the result is the comprehensive educational tool that is presented here.

The concept scope was widened to provide a flexible, reusable, simple tool that could be delivered with minimal resources and time but also be cost effective and readily available to the whole of the health and disability sector.

The education and training package is now a part of the national health emergency plan and has been distributed to all DHBs and PHUs in New Zealand. The success of the package is its simplicity, cost effectiveness but more importantly its ability to be used at short notice for large scale incidents.

The CBAC package is free in NZ and is available to any healthcare provider. CBACs were used in Christchurch and Auckland during the 2010 pandemic.

Clinical Care Improvement

Improved patient workflow in general X-Ray area

This project streamlined inpatients workflow in the general X-Ray area.

This was achieved by better co-ordination between Medical Radiation Technologists (MRTs), Ward staff and Radiographic Assistants (RAs).

Implementation was by wards faxing down their request forms to the Radiology Department. MRTs then booking the inpatients an appointment time following set criteria.

The appointment is written up on a whiteboard in the MRT workroom with information gathered on examination required, mode of transport, escort nurse required and time of appointment for all MRT staff and Radiographic Assistants to be aware of.

This has lead to an improved and safer patient journey, and better time management for the hospital staff, with ward staff planning around this appointment as well as the patient transfer policy being adhered to.

Patients are also now brought down to the Radiology Department in the most appropriate form of travel for their required examination.

Clinical Care Improvement

Improved Radiology Environment

The Radiology Department provides an imaging service for both patients admitted to hospital and outpatients of Nelson Hospital.

The intention of this project was to create a warm, welcoming atmosphere within the department and provide easier access for patients heading to and from the department. This was achieved by purchasing 'Sticky Tiki Wall Decals' and by placing easy to follow directional floor markers on the most used patient travel routes.

This simple but effective idea has made a big difference to how people now perceive the Radiology Department, making it less confrontational amongst high-tech equipment as well as making the department less of a 'rabbit warren' enabling the able-bodied patients to travel to, from and around the Radiology Department without getting disorientated.

Clinical Care Improvement

Early mobilisation of orthopaedic patients

This Nelson Hospital based project reviewed the current practice for mobilising patients on Day 1 post Total Knee Joint Replacement (TKR) and Total Hip Replacement (THR).

It was investigated whether patients could be progressed to elbow crutches on Day 1 post surgery, and how this affected the speed of their mobility progression, measured by time to master stairs on crutches, and the length of stay in hospital.

During May 2010 all appropriate patients were mobilised by physiotherapists to elbow crutches on Day 1. If they were not able to achieve this the reason was documented.

By mobilising patients with elbow crutches on Day 1 following elective THR and TKR, they were able to complete stairs earlier, all having achieved this by Day 3 compared with Day 6 pre trial. Also all patients were discharged by Day 4 compared to Day 6 and the majority, 80%, were discharged on Day 3 versus 33% pre trial. Subjectively patients have improved confidence and mobility pattern as they are not required to use several different mobility aids. This is reflected in the quicker stair mobility and earlier discharge home.

Clinical Care Improvement

Pre-chemotherapy assessment of oncology patients

Experienced Wairau Hospital oncology nurses now undertake the pre-chemotherapy assessments of patients having chemotherapy treatment in the outpatient setting. This releases the oncologist to see new patients, as well as routine and long term follow ups.

The nurse-led service was instigated in collaboration with the visiting oncologists from Nelson, blood parameters were agreed, knowledge and experience from the UK, (East Kent hospitals NHS University Foundation Trust) and documentation was adapted to fit this service needs.

We have set up small clinics to run alongside the oncologist clinics so that the chemotherapy can be prescribed and any concerns can be discussed. These will be developed over a period of three to six months, until all standard pre-chemotherapy assessments are undertaken by a competent nurse.

So far the result has been positive and has enabled the oncologist to see patients requiring their expertise. The feedback from the patients, oncologists and nurses has been positive and continuing to evolve this service will prove to be good for the ongoing educational development of the nurses and with potential savings to the DHB in the long term.

Clinical Care Improvement

Supporting families on the death of a baby

While in most cases the outcome of the birth of a baby is a happy event, approximately 5-6 times a year a family/whanau will experience the loss of a baby at Nelson Maternity Unit. This is a traumatic time for parents and the wider family/whanau.

The process in place to support these families is underpinned with clinical care and compassion. It was identified that a specially prepared Moses basket to receive the body of a baby who has died would improve the quality of care in these situations, and would offer families a wider choice of baby basket product for their baby. A family who had recently experienced the loss of a baby felt that they would like to create a uniquely designed Moses basket that would provide a more appropriate choice of product to families who have had a similar experience of losing a baby.

A Moses basket using specially woven basket reed has been developed and, with a satin covered mattress, satin lining, a small coverlet, and a sprig of locally grown lavender, is available for families to purchase. This provides an opportunity to offer families a basket in which to carry their baby which would meet most cultural practices and needs.

Whanau Ora

Targeted Youth Health Service

The purpose of the Targeted Youth Health Service is to provide a youth-friendly health service for young people 12-20 years and to assist them to make healthy lifestyle choices, manage their own health and to use health services when needed. The focus of the service is to provide access to a youth health nurse, to ensure early detection and treatment of problems related to vision, hearing, behaviour and development and other health and disabilities and to provide timely referrals to appropriate services and thorough follow up on these referrals.

This is an innovative model of care specific to meeting the needs of young people particularly in Alternative Education settings or Youth Transition services who have complex psychosocial needs that impact on their health and wellbeing. To maximise chances of long-term positive outcomes for young people, evidence that is available points towards promising outcomes of long-term, intensive and integrated or 'joined up' services that meet a range of needs.

This service is also a collaborative venture with education, social services and health. Young people are consulted and expected to participate in the ongoing development of the service.

Collaborating for Health Improvement

Patient-focussed booking

The booking system was identified as a major component of the management of elective services bookings and a team was formed to develop and implement a streamlined patient booking system.

Following a lean thinking service improvement methodology, the team identified that the Patient Focused Booking system of booking patients into elective outpatient services was the preferred option – it centred on the patient, was timely and incorporated guidelines and protocols that were in accordance with the NMDHB requirements.

Patient Focused Booking was introduced in a trial for Diabetic Clinics in Wairau Hospital in February 2010 and the results demonstrated a successful transition from the existing process. The Did Not Attend “DNA” rate decreased from 50% prior to the beginning of the trial to 0% when Patient Focused Booking was implemented. In addition to this, clerical time spent on booking these particular clinics reduced by 30%.

A presentation package has been developed for the introduction to Patient Focused Booking to each specialty to ensure that this major change is implemented in a manner that will be sustained and projected improvements are able to be achieved.

Collaborating for Health Improvement

Marlborough Clued-Up Kids Programme

This collaborative interactive safety programme has been developed from within the Marlborough Child Safety Group and is a concept based on the ‘clued up kids’ project in Strathclyde, Scotland. (2001).

Real life role plays (known as sets) are arranged in the form of an interactive course organised and delivered by community safety agencies.

These sets have scenarios which include rail safety, water safety, emergency response, cyber safety, fire safety, and dog safety. At each set the students are presented with a number of tasks and problems and are assessed on their responses.

A feature of the programme is its realism which appeals to children and the small groups of students allocated to each set allow organisers the opportunity to create challenging situations to encourage and promote practical and realistic responses.

The programme which has now been running for five years and has been evaluated each year with consistent and positive results; it is also a community development model which has potential to support the proposed WHO Safer Community accreditation process and develops relationships between community groups.

Collaborating for Health Improvement

Use of Aviation Services

In early 2008 Emergency Management identified an issue around the use of aviation services within the DHB in that while there were several users of various aviation services and practices no one specifically was acting in a role that was monitoring or responsible for safety or efficient operations as a whole.

Based on the Civil Defence Emergency Management Act 2004 and the requirement for DHBs to have comprehensive planning around post disaster functions (which would include medivac services), Emergency Management approached the Emergency Management Planning Group to take an active role in the leadership of aviation services and safety for the DHB.

Following a review of the issues, Emergency Management set about a project to address the issues and put in the resources where required. To help effect this better the Emergency Planning Officer completed a Civil Aviation Safety Coordinators course.

In the course of providing changes and training to the organisation and how it uses aviation assets there has been significant improvement in the DHBs safety record along with an improvement to the patient journey in some areas.

Collaborating for Health Improvement

Cardiology Service redesign

Traditionally medical care in Nelson was based on a generalist model, which incorporated Cardiology. However with increased technological advances in cardiovascular care and new treatment pathways this necessitated the development of a standalone Cardiology Service.

In any hospital the establishment of a new department is a rare occurrence; and is often fraught with problems however Nelson Marlborough Cardiology Department has demonstrated that this can be a positive process by approaching this in a collegial manner founded on the core values of respect, innovation, teamwork and integrity.

The focus has been to provide a seamless and timely patient focused service. In a fiscally challenged environment staff have become personally and collectively responsibly for extended roles that move away from traditional models. The improvements in the patient care pathway has drastically reduced waiting times and significantly improved access to Cardiology services. This has also significantly enhanced job satisfaction, and created a positive and dynamic department.

The department now services the NMDHB catchment area for all cardiac conditions ranging from the primary prevention of ischemic heart disease to palliative care of end stage heart failure.

Collaborating for Health Improvement

Autism Spectrum Disorder partnership service

NMDHB and Autism New Zealand Nelson/Marlborough Branch entered into a new Autism Spectrum Disorder (ASD) Partnership Service in January 2011.

The service co-ordinates the assessment and diagnosis of children with developmental concerns where ASD is suspected, and when ASD is confirmed, provides information, support and a developmental plan. The aim is to deliver excellent response and support to newly ASD diagnosed children and young people between the age 0-19 years of age and their families/whanau, and to provide a referral pathway and coordination of post diagnosis services.

The ASD Coordinator refers the family to Autism New Zealand Nelson/Marlborough who through their Field Officer provides "follow on" essential support and information Service. This includes practical "hands on" support and strategies to assist families as well as information, and an introduction to Autism New Zealand support groups to meet other families, with activities for ASD children, workshops and education.

Collaboration and partnership included Support Works, Work and Income, Tautoko Services, Ministry of Education, Schools, Kindergartens, Community groups, as well as health sector providers.