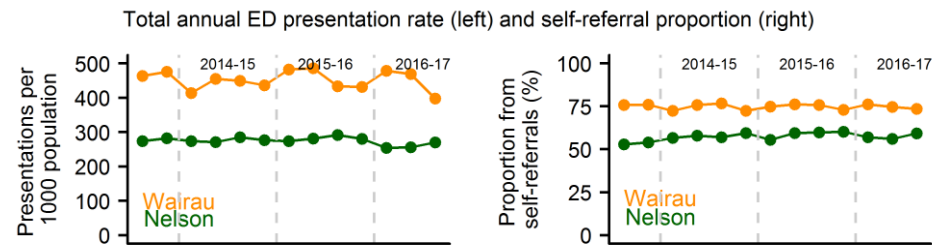
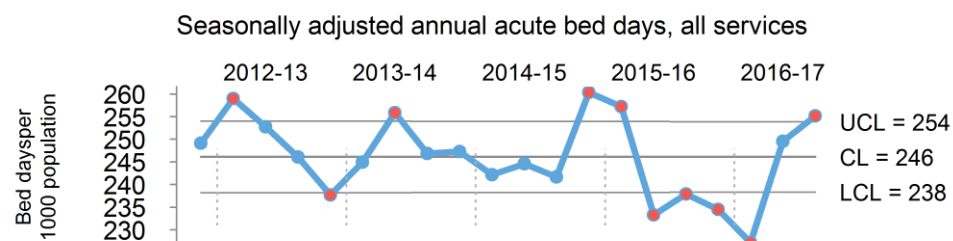
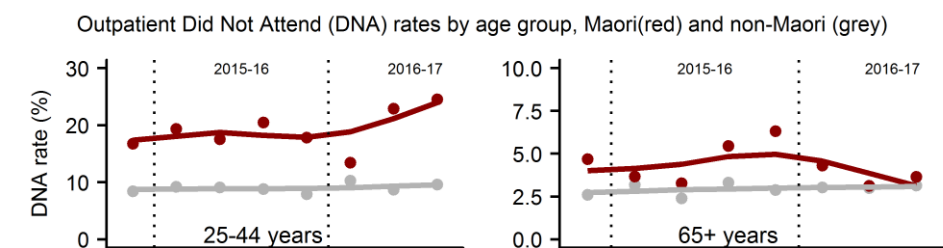
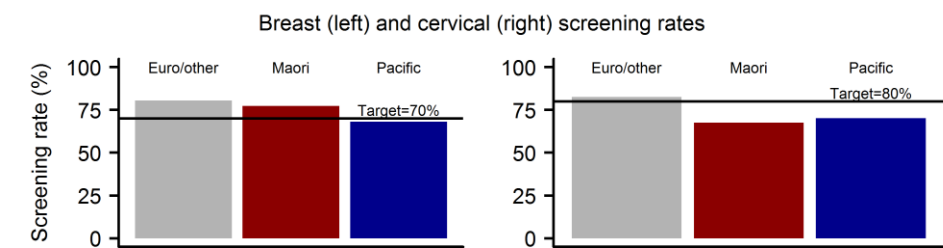
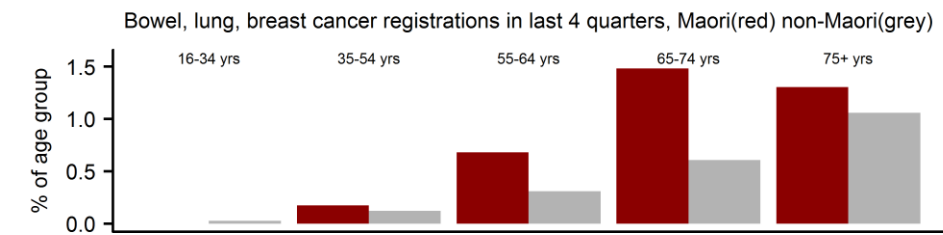
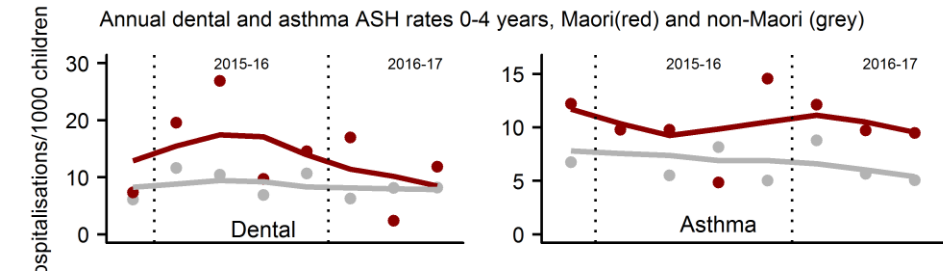
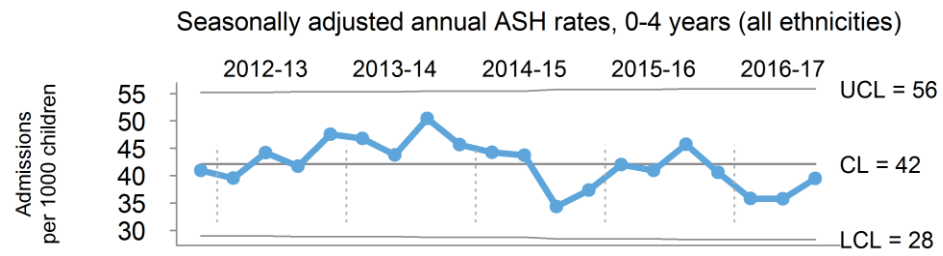
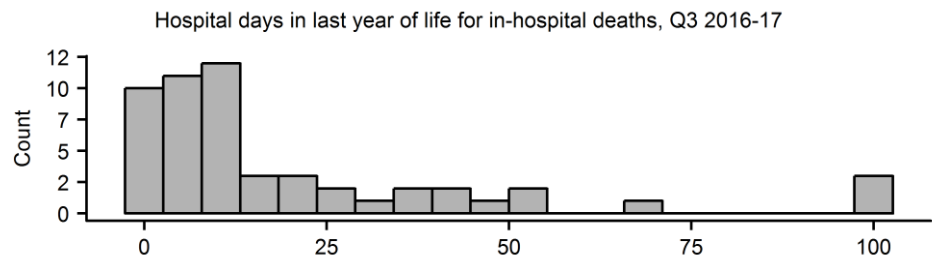
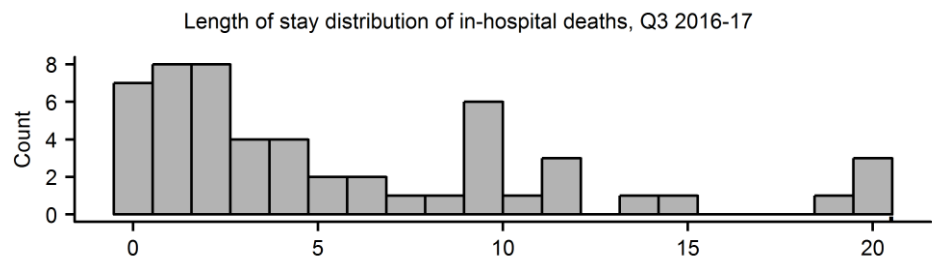
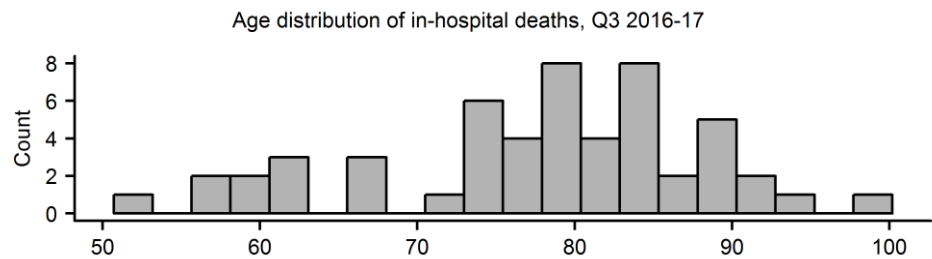


MAORI AND VULNERABLE POPULATIONS

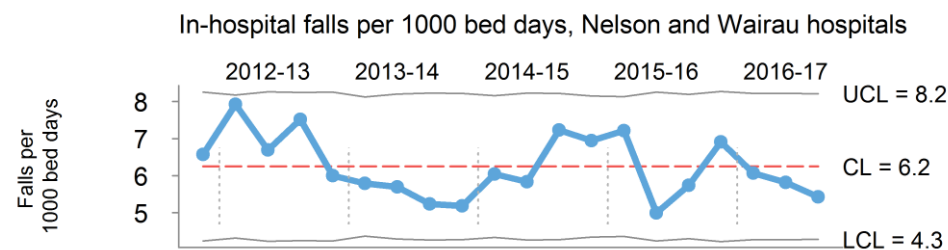


END OF LIFE CARE



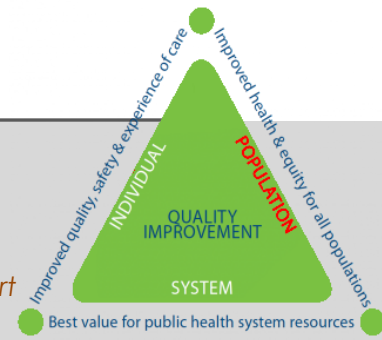
CARE OF OLDER PEOPLE

HQSC Quality Safety Markers: Falls
 Assessments: 93% Care plans: 87%
 TARGET: 90% TARGET: 90%



Q3 2016-17 FINANCIAL YEAR

Report run 16 June 2017
 Produced by Clinical Governance Support



QUALITY & SAFETY PROJECT SHOWCASE

Deteriorating patient

A pilot project with the HQSC testing a new national early warning score tool to better detect and respond to worsening of patient condition through rigorous pathways intended to halt further declines.

Project progress



Informed consent

Development of a more robust policy to ensure patients gain an understanding of their conditions and receive explanations of the treatment options, risks, side effects, and benefits.

Project progress



Medication safety

NMH is looking at how to further improve our medication practices to minimise error, as medication errors are known globally to be a major cause of injury and avoidable harm in health care.

Project progress



Guardrails (IV infusion)

We are seeking to improve practices around Guardrails - the database that supports IV drug error reduction. It has not been updated for two years, and in some wards more than 60% of infusions are done without using this safeguard.

Project progress



Policies, procedures, guidelines

In line with a recurrent corrective action in our certification audit, we are seeking to ensure PPGs are kept up to date, by making expired and expiring PPGs more visible to responsible parties, and improving the approval process.

Project progress



QUALITY & SAFETY REPORT | REPORT DEFINITIONS

1. Seasonally adjusted annual ASH rates, 0-4 years

Data sources: Oracare, Statistics NZ

All hospitalisations for children 0-4 years of age that meet the HQSC definition of ambulatory sensitive (i.e. avoidable) hospitalisations used for system level measures (<http://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures>).

STL is used to remove seasonal variation, and all quarterly data points are scaled to annual rates for comparative purposes (i.e. the total rate per 1000 children per year if the quarterly rate is maintained for a year).

2 & 3. Dental and asthma ASH rates, Maori and non-Maori

Data sources: Oracare, Statistics NZ

All hospitalisations for children 0-4 years of age that meet the HQSC definition of dental ASHs, and asthma/wheeze ASHs. (<http://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures>).

No seasonal adjustment is made, and all quarterly data points are scaled to annual rates for comparative purposes (i.e. the total rate per 1000 children per year if the quarterly rate is maintained for a year). Lines of best fit added. Ethnicity determined on a prioritised ethnicity basis, following Statistics New Zealand guidelines.

4. Bowel, lung, and breast cancer registrations

Data sources: Oracare, Statistics NZ

Registrations over the past 4 quarters in the Faster Cancer Treatment registry, stratified by age group. All cases included regardless of FCT eligibility unless no new cancer was diagnosed, or cancer diagnosis was not confirmed.

5 & 6 Breast and cervical screening rates by ethnicity

Data sources: National Screening Unit

<https://www.nsu.govt.nz/health-professionals/breastscreen-aotearoa/breast-screening-coverage/dhb-quarterly-reports>

<https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-coverage/dhb-quarterly>

Screening rates against the targets of 70% of eligible women aged 50-69 every two years (breast), and 80% of eligible women aged 25-69 every three years (cervical).

7. Outpatient Did Not Attend Rates, by ethnicity, age

Data sources: Oracare

Quarterly proportion of adult medical and surgical outpatient appointments not attended by patients. Stratified into two age groups, as DNA rates vary by both ethnicity and age group. Lines of best fit added. Ethnicity determined on a prioritised ethnicity basis, following Statistics New Zealand guidelines.

8. Seasonally adjusted annual acute hospital bed days per 1000 resident population

Data sources: Oracare, Statistics NZ

All bed days (presence in hospital at midnight) resulting from acute admissions.

STL is used to remove seasonal variation, and all quarterly data points are scaled to annual rates for comparative purposes (i.e. the total rate per 1000 children per year if the quarterly rate is maintained for a year).

9 & 10. Annual ED presentation rate and self-referrals per 1000 resident population

Data sources: Oracare, Statistics NZ

Total ED presentations per 1000 residents, and proportion of those presentations made by self-referral.

Quarterly data points are scaled to annual rates for comparative purposes (i.e. the total rate per 1000 children per year if the quarterly rate is maintained for a year).

11. Age structure of in-hospital deaths

Data sources: Oracare

Histogram of ages for all inpatients who are discharged deceased. Excludes ED deaths.

12. Length of stay for in-hospital deaths

Data sources: Oracare

Histogram of the number of bed days (presence in hospital at midnight) for each inpatient episode where the patient was discharged deceased. The last bin includes all stays of 20 days or longer.

13. Days in hospital in last year of life for in-hospital deaths

Data sources: Oracare

Histogram of the number of bed days (presence in hospital at midnight) spent in the 365 days before death for each inpatient episode where the patient was discharged deceased. The last bin includes all stays of 100 days or longer.

13. Quality Safety Markers: falls

Data sources: HQSC

Quarterly result for NMH for assessment of patients at risk of falls, and falls planning for those who are assessed at being at risk against HQSC national targets. Details available from HQSC (<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/>).

14. In-hospital falls

Data sources: Safety1st, Oracare

Quarterly falls rate per 1000 bed days for patients in Wairau and Nelson hospitals, defined as all incidents affecting patients in the reportable events system Safety1st where the general incident type is 'Fall'.

15. Quality and safety project showcase

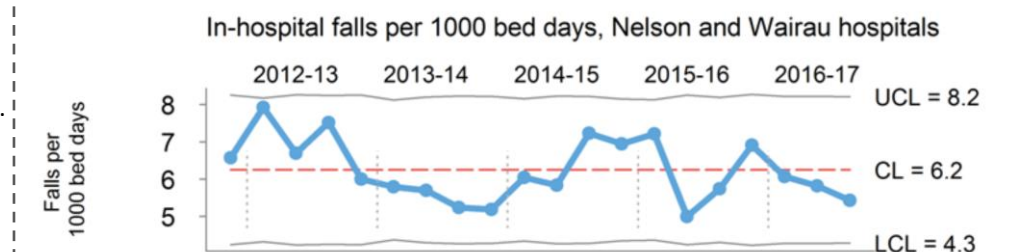
Data sources: Clinical Governance Support Manager

Assessment of the prominent current projects on quality and safety. Progress is on the 5-point assessment scale for collaboratives produced by the IHI. On this scale:

1. Forming team. Team has been formed; target population identified; aim determined and baseline measurement begun.
2. Activity, but no changes. Team actively engaged in development, research, discussion but no changes have been tested.
3. Modest improvement. Initial test cycles have been completed and implementation begun for several components. Evidence of moderate improvement in process measures.
4. Significant improvement. Most components of the Change Package are implemented for the population of focus. Evidence of sustained improvement in outcome measures, halfway toward accomplishing all of the goals. Plans for spread the improvement are in place.
5. Outstanding sustainable results. All components of the Change Package implemented, all goals of the aim have been accomplished, outcome measures at national benchmark levels, and spread to another facility is underway.

Reading a control chart

Some of the graphs presented in this report are in the form of a control chart. Control charts allow for changes over time to be statistically detected and separated from the noise of normal quarter-to-quarter variation. Control charts look like this:



The grey lines (marked at the end UCL AND LCL) represent the Upper Control Limit and Lower Control Limit. These are the bounds of variation that can normally occur. Any points that fall outside of them are unusual.

The middle line (marked at the end CL) is the Centre Line and shows the average for all of the data points.

When there are long runs of points above or below the centre line, this line is dashed red to show that something has changed in the process (an improvement or a worsening of the situation being measured). This is cause to investigate further.

For more information on control charts refer to:

http://www.ihl.org/education/WebTraining/OnDemand/Run_ControlCharts/Pages/default.aspx