

# QUALITY ACCOUNT

.....  
*Healthcare Initiatives*

—— in ——

*Nelson Marlborough*

.....  
**2015**



TE WAI O RA



Nelson Marlborough  
District Health Board





**Chris Fleming** NMDHB Chief Executive  
**Jenny Black** Board Chair

**Robyn Beckingsale**  
Consumer Advisor

**Adrienne Frater**  
Consumer Advisor

## CONSUMER ADVISORS' MESSAGE

As consumer advisors we represent you and ask the questions you may well ask. Our backgrounds as a practice nurse and a teacher and writer mean we look at things from different viewpoints. This has been helpful. For example when considering each article Robyn may ask, "How well will this service work for those accessing it?" and Adrienne may ask, "How can this be written more simply?" Reading about the range of initiatives described in this booklet has increased our own learning. Every time we sit around the table we learn something new. Our challenge to you, the consumer, is to become involved in health care and make your voice heard.

*Robyn Beckingsale*

*Adrienne Frater*

## MESSAGE FROM THE BOARD

This publication is an important snapshot of the work we do as a District Health Board. I would like to thank our community representatives Adrienne Frater and Robyn Beckingsale for their input into this publication.

Patients are at the heart of our services and the desire to create a better service for patients drives our quality improvements.

I believe there is always a need for continuous quality improvement and our clinical staff along with our Clinical Governance Group strive to create a culture where innovation and excellence will flourish.

Adverse events also drive our quality improvements and are important indicators of systems that need attention and lead us to make further improvements.

Nelson Marlborough health professionals are committed to delivering the best service possible within the resourcing available.

*Jenny Black*

# QUALITY ACCOUNT

## WHAT IS IT?

*A quality account is an annual report produced by District Health Boards (DHBs) that focuses on quality improvement initiatives. The account is designed to provide local communities with a clear and concise indication of the Health and Quality outcomes being delivered within NMDHB.*

### TELL US WHAT YOU THINK

We need your suggestions about how we can improve the quality and safety of services. Tell us what matters to you by contacting us.

#### Website

[www.nmdhb.govt.nz/  
Feedback\\_Form.aspx](http://www.nmdhb.govt.nz/Feedback_Form.aspx)

#### Email

[feedback@nmdhb.govt.nz](mailto:feedback@nmdhb.govt.nz)

or

[quality@nmdhb.govt.nz](mailto:quality@nmdhb.govt.nz)

#### Mail

The Chief Executive  
Private Bag 18  
Nelson 7042

or

Patient Relations Coordinator  
Private Bag 18  
Nelson 7042

#### Telephone

(03) 546 1800

*Wonderful care,  
amazing team,  
heart-felt, thanks.*

*Caring, concerned and  
sensitive approach.*

*Awesome  
service!*

*Wonderful expert  
care and kindness  
shown to me.*

*Lounge area very  
small and cluttered  
with wheelchairs.*

*Personal contact,  
small things make  
a difference.*

*Standout care,  
explanations,  
follow-on care.*

*Thank you for looking  
after our daddy.*

*High standards  
of staff, highly  
commended.*

*Thank you for  
the first time in  
hospital in my  
95 years!*

# ON A TYPICAL DA

## THE PEOPLE WHO WORK FOR THE NELSON MARLBOROUGH DISTRICT HEALTH BOARD

Nelson Marlborough District Health Board is responsible for publicly-funded health services available to the 145,000 residents of the region (2013 census figure).

At the time of a snapshot of the organisation's employees, taken for quarter 1 this year, the DHB had 2231 employees.





# Y IN OUR REGION



**4**  
*babies born*

**3026**  
*laboratory  
tests*



**5893**  
*prescriptions  
filled*



**4**  
*series  
rmed*



## THE PEOPLE WHO LIVE HERE



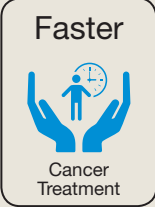


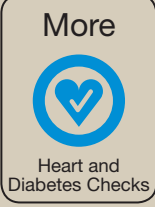
With 18.6% of our residents aged 65 or over (20.5% in Marlborough), NMDHB has had the highest growth in older population of all DHBs. At the 2006 census that figure was 14.7%. We are becoming more ethnically diverse—9.4% of us identify as Maori (up from 8.7% in 2006), and more people identify themselves as Asian 3.1% or Pacific 1.7%. Ethnicity also marks differences in our younger population; 45.9% of people identifying as Maori are under the age of 20, compared to 22.8% of the non-Maori population. Ethnicity also marks differences in economic circumstances. Income has been claimed to be the most important modifiable determinant of health.

# HEALTH TARGETS

*Health targets are a set of national performance measures specifically designed to improve the performance of health services. They provide a focus for action.*

*Three of the six health targets focus on prevention and the other three on patient access. This section provides information on the health targets and how we are achieving against those targets.*

## RESULTS FOR QUARTER 4 (APRIL 2015–JUNE 2015)

|   | What is the Target?   | Goal | Achieved |
|---|---|------|----------|
|  <p>Shorter stays in<br/>Emergency Departments</p> | <p>95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.</p> <p>This target measures the flow of acute (urgent) patients through public hospitals and home again.</p>                                   | 95%  | 96%      |
|  <p>Improved access to<br/>Elective Surgery</p>   | <p>The volume of elective (planned) surgery will be increased by an average of 4000 discharges per year for all DHBs.</p>   | 100% | 104%     |
|  <p>Faster<br/>Cancer Treatment</p>              | <p>85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. This target will change to within two weeks by July 2016, and increase to 90 percent of patients by June 2017.</p> | 85%  | 68%      |
|  <p>Increased<br/>Immunisation</p>               | <p>95 percent of infants aged eight-months will have completed six weeks, three months and five months immunisation events on time.</p>   | 95%  | 90%      |
|  <p>Better help for<br/>Smokers to Quit</p>      | <p>95 percent of hospital patients who smoke are offered brief advice and support to quit smoking.</p> <p>90 percent of Primary Health Organisation (PHO) enrolled patients who smoke have been offered help to quit smoking in the last 15 months.</p>                   | 95%  | 103%     |
|  <p>More<br/>Heart and Diabetes Checks</p>       | <p>90 percent of the eligible population will have had a heart and diabetes check in the last five years.</p>   | 90%  | 89%      |

# QUALITY & SAFETY MARKERS



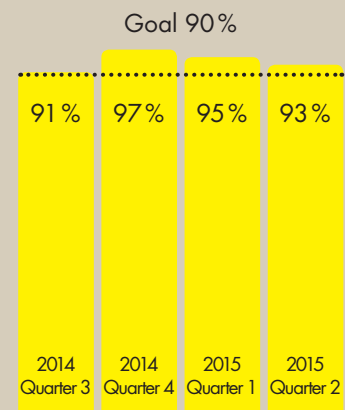
*The Health Quality and Safety commission is driving improvement in the safety and quality of New Zealand's health care through the national patient safety campaign 'Open for Better Care'.*

*The Quality and Safety Markers (QSMs) will help us to evaluate the success of the campaign and determine whether the desired change in practice and reduction in harm and cost have occurred.*



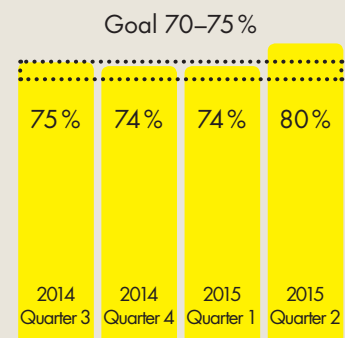
## FALLS PREVENTION

Older patients assessed for risk of falling.



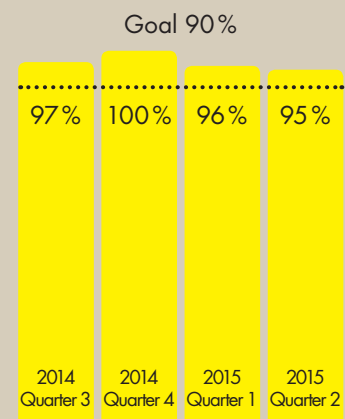
## HAND HYGIENE

Good hand hygiene prevents healthcare related infections. This measure has five hand-cleansing moments which are: before patient contact; before a procedure; after a procedure; after patient contact; and after contact with patient surroundings.



## SURGICAL SAFETY CHECKLIST

This measures the percentage of theatre teams that used the World Health Organisation checklist that has shown to reduce surgical harm.



# SERIOUS EVENTS WHEN THINGS GO WRONG

*Despite our best efforts, things occasionally go wrong. When things go severely wrong, for instance where death or harm occurs during the process of healthcare it's called a Serious Event. When these events happen Nelson Marlborough DHB works openly with patients, clients, service users and whanau to ensure their needs and expectations are addressed.*

## AIM

Our aim is to be an intelligent organisation that learns from the event, thereby continually improving patient safety.

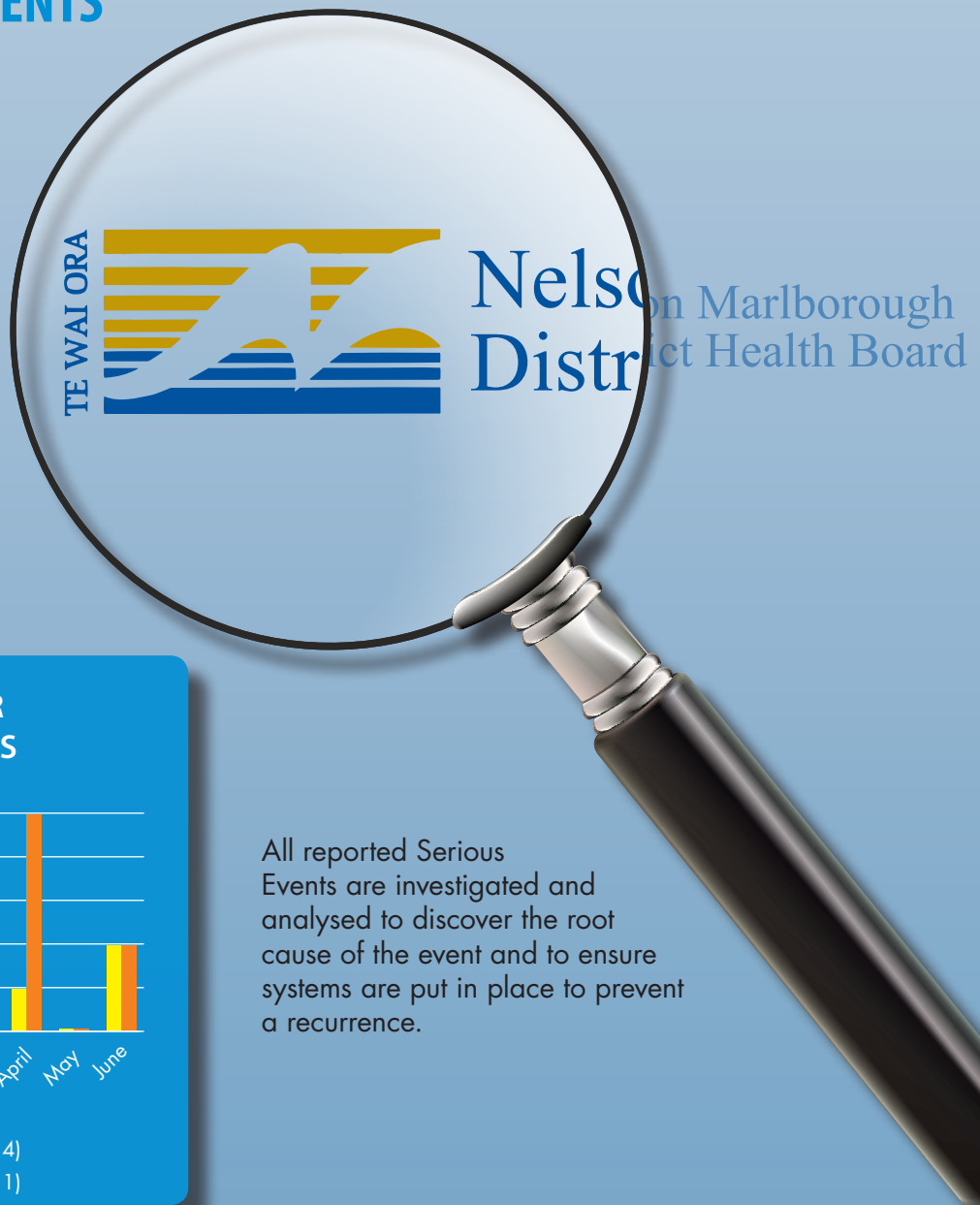
A Serious Event (previously known as serious and sentinel events) is one that has resulted in a need for significant additional treatment, is life threatening or has led to an unexpected death or major loss of function.

## REPORTING SERIOUS EVENTS

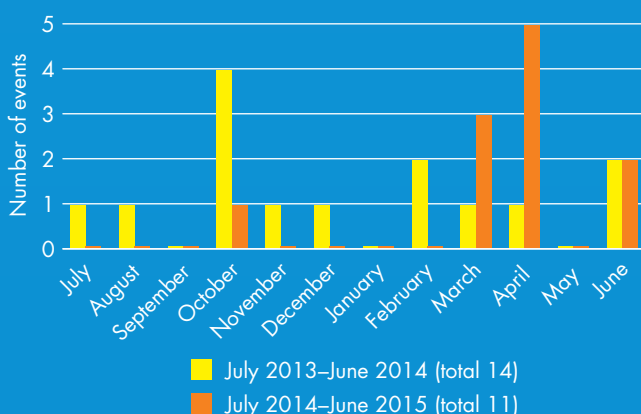
NMDHB has robust systems in place to identify those patients who have been unintentionally harmed, including incident reporting by clinicians.

There are more than 19964 admissions each year to the Nelson Marlborough District Health Board. In 2014/15 NMDHB had 11 Serious Events.

Reporting of serious events contributes to a culture of transparency and an environment of trust for the people who use our services. It also supports our continuous quality improvement.



### SERIOUS EVENTS AT NMDHB FOR PREVIOUS TWO FINANCIAL YEARS



All reported Serious Events are investigated and analysed to discover the root cause of the event and to ensure systems are put in place to prevent a recurrence.



# PATHWAY IS SAVING PRECIOUS TIME

*A cardiologist's mantra is 'time is muscle', so any process that helps fast track a patient to a heart attack centre for treatment is a welcome initiative.*

STEMI or ST segment elevation myocardial infarction is the most lethal type of heart attack and is identified by electrocardiogram (ECG). In a STEMI, a coronary artery is blocked and heart muscle starts to die. Treatment within two hours is vital if the heart muscle is to be saved.

About two people every week present to hospital in Nelson Marlborough with a major heart attack and 1 person dies every 3 days from a cardiac arrest. A review by NMDHB Consultant Cardiologist Tammy Pegg of what happens from the time an emergency call is made to when treatment starts identified delays in patient transfer times. St John ambulance also registered similar concerns around the management of STEMI patients prior to arriving at hospital.

As a result of the review, a group of clinicians from emergency departments (ED) in Wairau and Nelson Hospitals, cardiologists and St John Ambulance, worked together to develop a STEMI pathway.

"We haven't changed the treatment, all we have done is change the order it happens," Tammy says.

Prior to the new STEMI pathway the total time from call out to 'percutaneous coronary intervention' (PCI) or having a stent inserted, could be around six hours, which saves minimal heart muscle for the patient.

In the new pathway ambulance staff take an ECG, diagnose STEMI and immediately transmit the ECG to the Emergency Department for staff to decide what treatment is required. The paramedic starts evaluating patients and administers specific anti-clotting medications depending on the patient's pathway.

Stents are able to be inserted in Nelson about 80 percent of the time, or patients are transferred to Wellington by rescue helicopter crewed with St John intensive care paramedics. This prevents delays while an ICU retrieval team is assembled.

"By fast tracking heart attack patients directly to a heart attack centre for treatment we are improving patient outcomes significantly," says Tammy.

## JOHN'S STORY

One Saturday night John had chest pain, aching arms, felt sick and couldn't sleep.

John drove himself to Wairau Hospital Emergency Department. Had he realised he was having a heart attack, he would have called 111.

ED staff quickly assessed John and initiated the STEMI pathway. Within 45 minutes he was in a helicopter bound for Nelson Hospital to have a stent inserted.

"I was very happy with the care I received," he says. "It was efficient, I knew what was happening and there wasn't a lot of waiting around."



# THE HEALTH QUALITY & IN

*The Health Quality & Innovation awards are held every two years and showcase examples of quality improvement, initiatives or innovative programmes in health service and delivery.*

Ten finalists working in the Nelson Marlborough health sector in hospital and community-based services competed for the **Excellence Award** and the **People's Choice Award**.

## EXCELLENCE AWARD

The Excellence Award recognises a project that demonstrates excellence in healthcare research and innovation, clinical care improvement or collaboration.



### Excellence Award Winner: Dr Andrew Munro

Dr Andrew Munro, a senior medical officer and emergency specialist at Nelson Hospital's Emergency Department (ED), presented a locally developed clinical initiative that focused on the safe discharge of chest pain patients in the Emergency Department. The protocol is now a clinical pathway in use at Nelson Hospital's Emergency Department.

*"The presentations showed that people working within the health system are pushing the boundaries and helping to improve the health system."*  
**NMDHB Chief Executive Chris Fleming**



# NOVATION AWARDS



## PEOPLE'S CHOICE AWARD

The People's Choice Award is based on audience voting at the finals.



### People's Choice Award Winner: Kris Gagliardi

Kris Gagliardi, Shift Manager for St John Ambulance won the award for his presentation on the single referral pathway, a joint initiative between the Nelson Marlborough District Health Board and St John. Under this new initiative, paramedics assess patients to determine if they are safe to stay at home but may need further care. They can make a referral to the single point of entry to key community health services, Community Care Coordination (CCC). The CCC then connects the patient with the right services. This initiative also gained a Highly Commended award.

*“You punch above your weight  
Nelson Marlborough.”*  
**NMDHB Board Chair  
Jenny Black.**

## HIGHLY COMMENDED AWARDS



### Maya Wernick, Medical Student

Using plain English to explain medical condition to a patient.



### Pip Herd, Physiotherapist at Wairau Hospital

A better way of managing osteoarthritis.



# HEALTH PASSPORT PROVIDES VALUABLE INFORMATION

***Disability Support Services (DSS) operate under a social model (as compared to a medical model) to support people who have an intellectual or physical disability. The philosophy is to provide person centred support so the people we support can live an ordinary life. This philosophy is reflected in the Health Passport.***

In 2013 NMDHB Disability Support Services introduced a Health Passport in line with an initiative from the Health and Disability Commissioner. The passport is a distinctive purple booklet, which belongs to the person. It is written up by or with the person and describes their needs, including the best way to communicate with them.

Because the people we support may have cognitive, physical, emotional or behavioural changes in functioning that can either be temporary or permanent, the Health Passport is particularly useful when a person has to attend a medical appointment or go to hospital. While it is not a medical record, it contains

whatever information he or she wants health carers to know about them. The passport stays with the person at all times and is accessible to anyone who works with them to assist in making appropriate and safe decisions. The information is treated as confidential.

While DSS highly recommended the people we support create a Health Passport, each person has the right to decide whether they want one or not and how much information they share. It is their document.

A Health Passport section has also been added to the person's Wellbeing Plan to ensure a discussion about the passport takes place and their choice is documented.

## AN UNEXPECTED HOSPITAL ADMISSION: DAVID'S STORY

While David was at Day Services he became increasingly unwell. By the time he was collected and taken home he was quite grey. His Team Leader took him to hospital where he was admitted to Intensive Care.

Because David had a Health Passport the medical staff were able to understand that he was normally active and enjoyed a good quality of life. His passport shared information about the things he is able to do himself and what he needs support with. It also gave an indication on his capability of making decisions about his treatment.

For much of the time David was in hospital he wasn't able to talk as he had tubes in his mouth and nose. When a new shift came on, the nursing staff were able to look at David's Health Passport and get an idea of what to expect from him.

David went in to hospital with a serious condition. His Health Passport proved to be an effective way for staff to get to know what sort of person David is and his usual lifestyle.

All members of David's household now have a Health Passport.





# HELPING HAND TO MAKE HOMES HEALTHIER

*Around a hundred homes in Nelson are warmer, drier, healthier and a lot cheaper to heat thanks to the Warmer Healthier Homes Nelson Tasman project.*

## JODIE'S STORY

Mother of four, Jodie Colvin had no idea insulating her house would make such a difference to her family's life. She says winter was always a very stressful time for her as she struggled to keep her children, aged five, seven and ten-month old twins, warm in their home.

"Every winter my five year old daughter would become unwell and would need medication for a respiratory illness," says Jodie. "Our house was so cold, we used to feel a breeze around our feet and the condensation used to run down the windows in rivers."

When the heating went off at night Jodie says the temperature used to drop dramatically and the house became icy cold again.

Since her doctor referred her family to the Warmer Healthier Homes project and their 1950s house

was fully insulated, Jodie says she can't believe the difference it has made to their lives.

"The installers put insulation under the floor and re-laid it in the ceiling and fixed all the gaps up," she says. "I would never have believed it would make this much difference—the condensation has reduced dramatically and my daughter has had no recurrence of her illness this winter—it's amazing."

The money the family spends on heating, Jodie says is now actually heating their house and staying around for a lot longer: "There are still more things we can do, but we are so glad to have had this opportunity."

The Healthy Homes Nelson Tasman project is a partnership between NMDHB, Nelson Bays Primary Health, Canterbury Community Trust, Nelson Tasman Housing Trust, Absolute Energy, and the Energy Efficiency and Conservation Authority.

This project began in 2014 and enables low-income families and those with high health risks to have their home retrofitted with insulation and draught-proof materials at no cost to the householders.

Alan Bywater from NMDHB's Public Health Service says people with respiratory conditions or other illnesses affected by a cold, damp home are referred to the project by clinicians.

"We have limited resources so we want to make sure they go where they will have the most impact," he says, "and often the people with higher health needs aren't the people who put their hand up for help—so an invitation from a clinician can literally change their lives."

He says the project is going well but the job's far from done and there are 'potentially thousands more homes to upgrade yet'.

People at risk from illness linked to cold, damp housing can be referred to the Warmer Healthier Homes project by their doctor. All referrals are forwarded through the Public Health Service. Once eligibility is confirmed with the tenant or homeowner, the referral is passed on to the Nelson Tasman Housing Trust, which liaises with Absolute Energy who undertakes the insulation.

Nearly 100 homes have been retrofitted and the project is on track to meet the target of 150, or around 500 warmer people. Stage two is underway.



# RADIOLOGY

## SHORTER WAITING TIMES FOR CT SCAN

***Reducing CT scan waiting times at Nelson Hospital has involved making a big investment together with some small innovative changes.***

With increased demand and limited capacity, the waiting times for patients needing a CT scan at Nelson Hospital grew and grew. The Ministry of Health national target states that 85 percent of patients waiting for a CT will be scanned within 42 days. However, NMDHB was not performing well. Pat Davidsen, Service Manager Specialist Services says CT referrals for Nelson have increased by about 1000 a year.

As part of the national radiology project to improve throughput and efficiency of radiology, the department took a close look at the factors impacting on its ability to deliver CT. It revealed a few things were fuelling the size of the waiting list. These included the age of the machine, the ability to read and report CTs by a specialist radiologist and the processes used.

The purchase of a new CT scanner for Nelson Hospital with new features was one factor in increasing the capacity for CT scans. The multi slice scanner generates more images, or slices, per second than the previous one; up from 16 slices per rotation to 160.

However, Davidsen says there is no point putting more patients through the scanner, if the radiologists can't keep up with the reporting. A decision was made to

report all the CTs they could in one day and anything left over would be outsourced. However, that was not the end of the story.

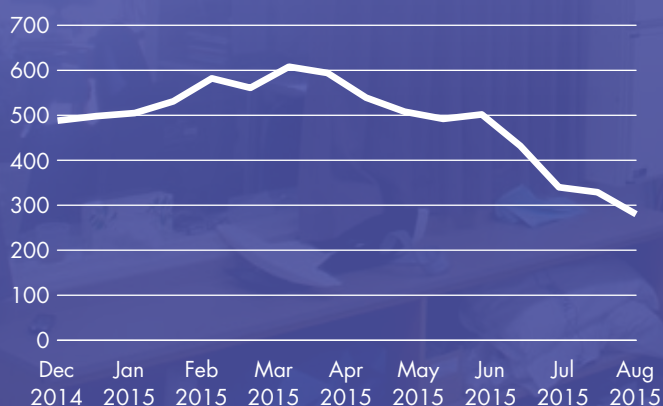
"We looked at our processes and where we could improve efficiencies and eliminate the bottle neck," he says. "By adjusting our timetables we found we could increase the number of scans by five a day or 100 per month."

Another initiative involved the rearranging of rooms within the department. Davidsen says patients scheduled for a CT can now be prepared prior to entering the scanner room, which will enable additional scans per day.

These improvements are paying off. At the beginning of June 2015, there were 502 people waiting for CT scans—some for much longer than the target 42 days. By 6 August the number had reduced to 280.

"By looking at the demand, maximising our abilities to deliver CT scans and looking closely at our referral process, we hope to get within our Ministry targets, or even better," says Davidsen. "In future we should be able to give patients a more accurate estimation of wait times."

**DECREASE IN CT WAITING TIMES 2014–2015**





# PREVENTION MEANS FEWER FILLINGS FOR CHILDREN

*Changes to the old school dental service have enabled dental therapists to work more in partnership with parents to reduce the level of tooth decay in young children.*

Dental Therapists in the Nelson Marlborough Community Oral Health Service are seeing more children without fillings in their teeth.

Three years ago the community oral health service replaced the old school dental service in the region. This change has enabled staff to work more in partnership with parents to improve their child's oral health. Wairau Community Dental Therapist Gill Bird says the new service has also increased its focus on prevention in two ways.

"Because parents or caregivers now come in to the dental hub or mobile clinic with their child, we have more opportunities to talk to them about their child's diet, their tooth brushing habits, eliminating sugary drinks and generally looking after their children's dental health," she says.

Another significant preventative measure has been the identification of children with a high risk of decay being seen every six months to have extra fluoride varnish applied to their teeth. Gill Bird says this initiative is paying off.

"Three years ago we introduced our new model of care and for the first time our statistics are showing a significant rise in the number of children without any fillings."

The figure for five year olds without fillings has risen from 55 percent in 2013 to 61 percent in 2014 and for twelve year olds from 54 percent in 2013 to 60 percent.

*"I don't mind the stuff on my teeth, it's just a bit sticky."*

*Cameron*

All children receive the fluoride varnish every 18 months but those at greater risk get it every six months. Gill says the therapists identify the children who are

more likely to have holes in their teeth by looking at their dental history, their diet and sugar intake, their tooth brushing habits and by talking with them and

their whanau. X-rays show up early tooth decay which can then be repaired by fluoride varnish.

"It takes about five minutes to apply the flavoured resin which sticks to their teeth," says Gill. "Then we ask them not to eat or drink anything for an hour—that's the hardest part of the treatment for them!"

The Nelson Marlborough Oral Health Service has clinics in Nelson, Stoke, Richmond, Motueka and Blenheim. There are also mobile dental units in Tasman and Blenheim which service the rural areas. Parents bring their children to the clinics, but if they have transport difficulties there's a St John bus available for a gold coin donation.

*"I love the taste, banana is my favourite fruit."*

*Riley*





# MAORI HEALTH SERVICES

***Maori health services support helps fill potentially wasted theatre time. For over ten years local Maori have had access to support from He Pukenga Hauora on admission to either Nelson or Wairau hospital. A list is generated daily that identifies inpatients that recognize their ethnicity as Maori. Patients are approached on the ward and offered support which they can choose to accept or decline.***

Support from He Pukenga Hauora has had a positive influence in a number of areas, including the potentially negative effect from people failing to attend appointments. This story reflects how the embrace of Maori health, the flexible use of precious resources and quick thinking surgeons, enabled a Maori patient to benefit from a surgical cancellation.

## GEORGIE'S STORY

During a home visit, Georgie showed her community nurse a black birthmark on her hand that had recently changed colour and had become increasingly itchy and sore.

The nurse arranged for Georgie to see her GP and agreed to accompany her to the appointment. Georgie was referred to the Oncology specialist at Nelson hospital where she was met and supported by Tui from He Pukenga Hauora Maori inpatient services. At that appointment she was advised that a biopsy was required to determine the nature of the changes in her birthmark.

Georgie considered not turning up for her biopsy procedure and relayed this to Tui who reassured her that support from hospital Maori health services would be ongoing throughout her cancer journey.

On the day of the biopsy, Georgie was again met by Tui who offered reassurance and a karakia (prayer) prior to her biopsy. This helped Georgie feel less anxious and more at peace about going in for the actual procedure. During the following waiting period, Georgie felt tearful and scared of what the biopsy might have found but again was comforted and reassured that she was in good hands.

Two weeks later and again with support from Maori inpatient services, Georgie received her biopsy results that indicated that she would need to have the growth surgically removed. This would be done in Wellington.

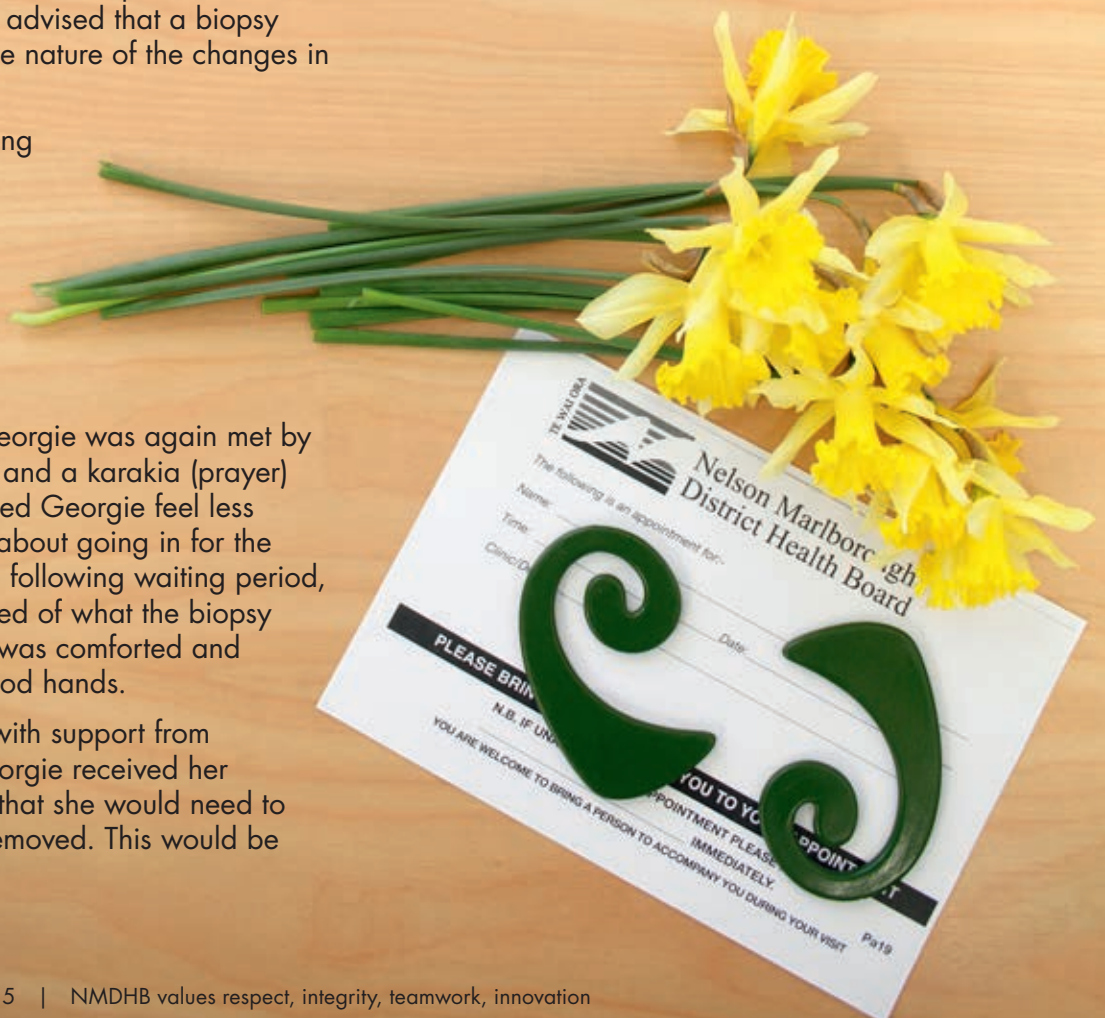
At a follow up biopsy review by the Wellington surgeons at the Nelson outpatient clinic, Georgie was told that a surgical cancellation meant they could re-schedule her surgery in Nelson for that same day.

While relieved that she wouldn't have to travel to Wellington, Georgie had not come prepared. Fortunately she'd had an early breakfast that morning and after making a few arrangements Georgie agreed to go ahead with the surgery later that day.

The procedure went as planned and Georgie was able to be discharged from the hospital with a good follow up plan in place.

Georgie acknowledges everyone who supported her—the Nelson and Wellington hospital teams and especially hospital Maori Health services for their awahi (support).

"I feel blessed for the fast and positive journey—it's certainly one I will never forget," she says.





# SAFER USE OF OPIOIDS

***Reducing the harm caused by the use of opioids is the focus of a programme shared by 20 DHBs around the country, including NMDHB. The programme is organised and supported by the Health Quality and Safety Commission (HQSC).***

Opioid medicines such as morphine, oxycodone, fentanyl, pethidine, methadone, tramadol, dihydrocodeine and codeine are prescribed for the relief of pain. Although these medicines are very effective for treating and managing pain, their use frequently results in opioid-induced constipation or OIC.

OIC is distressing for patients, as constipation may slow recovery, extend their time in hospital and cause them to visit ED or lead to serious consequences.

A study in three DHBs (2013) found just over 17 percent of adverse drug events were caused by opioid use in hospitals. Opioids were the medication class most frequently causing harm.

In October 2014 an 18 month programme was launched nationally to develop a 'bundle of interventions' to reduce opioid-related harm. Eleven DHBs, including NMDHB, have chosen to focus on improving the management of constipation for patients undergoing surgery.

The project involves the collection of data to determine if there is a constipation issue when patients are prescribed opioids. Once the data is collected, intervention ideas are tested for reducing constipation harm.

Treatment options for OIC may be as simple as increasing awareness among staff and patients about preventing constipation while in hospital, changing diet or altering medications. Withholding opioid treatment is not advised as this may result in increased pain and discomfort and a reduction in the patient's quality of life.



## MR MINOGUE'S STORY

I went to the kitchen sink for a drink of water, fainted and had a fall. I lay on the floor for four hours, but luckily I was able to direct my walking stick at the phone to ring the ambulance. The ambulance service got through the window and brought me into the emergency department. My leg was very sore because I had fractured my hip—it already had a hip replacement. They gave me pain-relief overnight and transferred me to the ward.

I spent five days in traction and then went to theatre. Being in traction you can't really move and you can't get up.

Constipation is a horrible thing. In my first three weeks in hospital, I only went three times. The first time took nine days and then there was another period of five days. Staff were trying to help me but it wasn't happening.

Being constipated is not a happy experience. It's hard on the tummy and feels like it cuts you in half—not pleasant. I am glad we are being pro-active with preventing this. I am now trying to balance between not going and going too much.



# DEMENTIA CARE WITHOUT ANTIPSYCHOTICS

*Employing alternative strategies instead of using antipsychotic medications for people with dementia in aged residential care facilities is gaining support.*



People living with dementia may display some very challenging behaviour such as wandering, calling out, hiding and hoarding, repetitive activity, dressing day night reversal and aggression. However, many of these behaviours don't respond well to antipsychotic medications and caregivers are now learning alternative, non-pharmacological, ways to manage them.

***I try to educate and demonstrate to staff different ways of dealing with things.***

Helena Franklin, the community liaison nurse for Older Persons Mental Health, has been working alongside staff in aged residential care facilities implementing non-pharmacological strategies and promoting the reduction of antipsychotic medication use.

"Sometimes a person's behaviour stems from their history, culture or emotional need, but sometimes it's a physical cause," she says. "I try to demonstrate to staff different ways of dealing with things."

For example, Helena says if a person is wandering, especially in the evening, it may be because they want to go home. One technique is to ask them to put their slippers on, as older people generally won't go outside in their slippers. Or set them up with things that are very 'home like', such as a radio or photos, to help them feel less anxious.

If someone is resistant to care, such as having a shower, Helena says it might be because they don't understand what's happening and they don't want to take their clothes off. This can be helped over time with explanations and reassurance that maintains their dignity.

Other examples of managing behaviour include giving a former company Chief Executive a desk and a brief case full of papers to shuffle, bringing in a horse lovers old saddle to polish and having mosaic projects where residents can smash tiles or place them on a board.

"It's a new way of thinking for some staff and it's not always easy to change entrenched ideas," Helena says, "but we are shifting from being task-oriented to a more people-centred model of care."

Other initiatives include 'Walking in Another's Shoes', a person-centred programme for carers in aged care facilities, plus regular education sessions for GPs and carers.

## STICKER ALERT DEVELOPED

As part of reducing the long term use of antipsychotic medications, an alert sticker has been developed for medication charts. This gives the prescriber a reminder to review the medications on a regular basis.

# FUTURE FOCUS

## TOWARDS HEALTHY FAMILIES

### VISION

Towards healthy families.

### GOALS

Improved health, independence, participation and equity, improved quality, safety and experience of care, best value from public health system resources.

### STRATEGIC PRIORITIES

Six strategic priorities are set for the Nelson Marlborough health system that will build momentum towards the DHB's goals and objectives.



For further information on our future focus visit [www.nmdhb.govt.nz/communityengagement.aspx](http://www.nmdhb.govt.nz/communityengagement.aspx)





# QUALITY ACCOUNT

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*Healthcare Initiatives*

— in —

*Nelson Marlborough*  
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**2015**