

Our People, Our Stories

Healthcare initiatives in Nelson Marlborough

2017
Quality Account



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We have endeavoured to ensure that information in this Quality Account is accurate at the time of printing.



WELCOME TO OUR 2017 QUALITY ACCOUNT

The Quality Account informs our communities about the Health and Quality outcomes delivered by Nelson Marlborough Health each year and is also an annual report for the Health Quality & Safety Commission (HQSC).



Jenny Black.

Jenny Black
Chair,
Nelson Marlborough
District Health Board

Message from the Board

This annual Quality Account is an opportunity to showcase some of the many continuous quality improvements and health initiatives happening within the Nelson Marlborough Health region.

These initiatives show the variety of ways our dedicated staff work to improve the services we provide for our community. They affect real people and are designed to improve their experience when it comes to using any of our healthcare services.

The stories include ways we make healthcare more convenient or user-friendly, and how we use new technologies or communicate more effectively. They also show how we learn from systems or events that are not as they should be – to make changes, find causes and ensure we don't repeat mistakes.

This commitment to continuous improvement challenges us to reflect on our ability to meet the needs of patients and consumers and if required, find a better way.

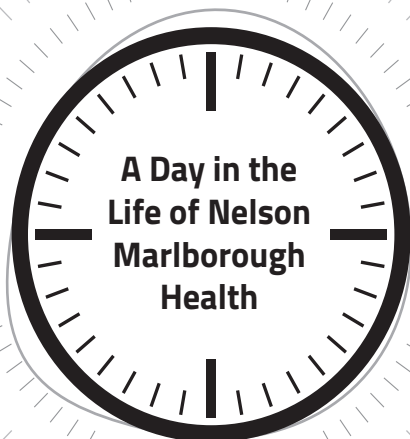
For more stories about healthcare initiatives at Nelson Marlborough Health go to www.nmdhb.govt.nz/our-stories



Board Chair, Jenny Black with cardiologist, Dr Nick Fisher and Chief Executive, Peter Bramley. The cardiology and St John team earned the Excellence Award at the Nelson Marlborough Health 2017 Health Quality & Innovation Awards.

Read more about this initiative on page 15.

A DAY IN THE LIFE OF NELSON MARLBOROUGH HEALTH



128

people attend
Nelson Marlborough
Health Emergency
Departments



1189

people
visit a GP



28

people undergo
elective surgery

4



babies are born in
Nelson Marlborough
facilities

85

children are
given a free
dental check



6



babies complete their
vaccinations for the
eight-month-old age
group



41

women are
screened for
cervical
cancer



6

children receive
a Before School
Check



49

radiology
tests are
completed
(CT and MRI)



35

Women are
screened for
breast cancer



52

People receive
support and advice
to quit smoking



86

people are
discharged from
hospital



850

laboratory tests
are completed



44

young people seen by
Child Adolescent Mental
Health Services

As at July 2017



OUR PEOPLE

With a population of almost 145,000 (2013 census data), Nelson Marlborough makes up 3.2 per cent of the New Zealand population.

By 2033 our population is expected to grow by an additional 14,000 people. The Nelson Marlborough population is older than the New Zealand average with eight per cent of residents aged 75 years and older, compared to the national average of six per cent.

Our largest proportionate population growth is among our older people. Nelson Marlborough's 75+ population is expected to more than double, with Tasman projected to nearly triple, by 2033.

We have a significantly lower proportion of Maori (ten per cent in 2016) and Pacific (one per cent) people

compared to the national average. However, 50 per cent of our Maori population is under 25, so Maori make up a larger proportion of our children and young people (nearly 18 per cent).

At three per cent, our Asian population is projected to experience the largest percentage growth, more than doubling by 2033.

The majority of our region's population (87 per cent) comprises people who identified as Europeans in the 2013 Census, with small numbers of people with Middle Eastern, Latin American and West African origin.

"By 2033 our population is expected to grow by an additional 14,000 people."

Nelson Marlborough Health Needs and Service Profile 2015

HEALTH TARGETS

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

Nelson Marlborough Health results April – June 2017

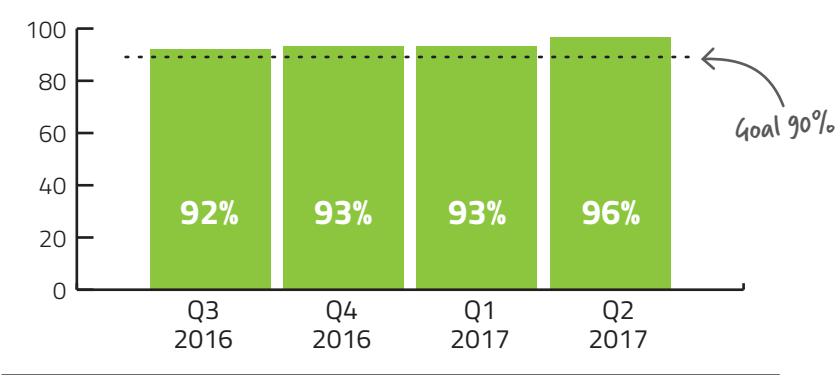
		Target	Achieved
	Shorter Stays in ED 95 per cent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. This target measures the flow of acute (urgent) patients through public hospitals and home again.	95%	95%
	Improved Access to Elective Surgery The volume of elective (planned) surgery will be increased by an average of 4,000 discharges per year for all DHBs.	100%	105%
	Faster Cancer Treatment 85 per cent 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 increase to 90 per cent of patients by June 2017.	85%	85%
	Increased Immunisation 95 per cent of infants aged eight months will have completed six weeks, three months and five months immunisation events on time.	95%	90%
	Better Help for Smokers to Quit 90 per cent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.	90%	89%
	Raising Healthy Kids 95 per cent of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions by December 2017.	94%	74%

QUALITY AND SAFETY MARKERS

The Health Quality and Safety Commission drives improvement in the safety and quality of New Zealand’s healthcare. Quality and safety markers help us to evaluate and determine whether we have achieved a desired change in practice and harm reduction.

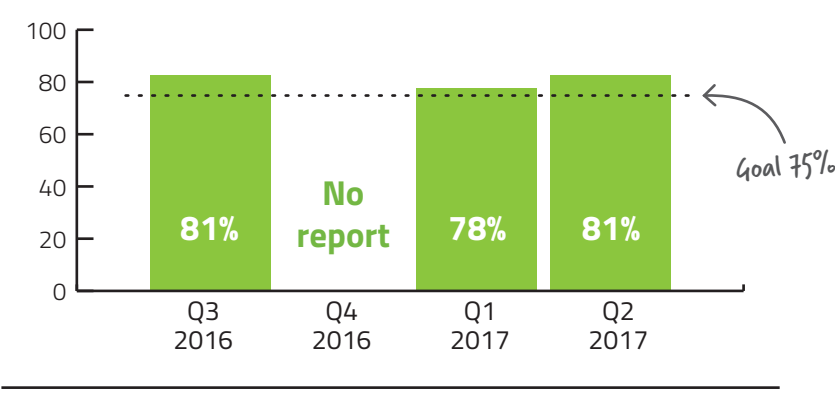
Falls prevention

This measures our rate of assessing older patients’ risk of falling.



Hand hygiene

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



ADVERSE EVENTS

Nelson Marlborough Health is dedicated to providing the very best in healthcare. While everything is done to ensure our care is safe and effective for all patients, sometimes things go wrong.



We refer to these incidents as adverse events and we take them very seriously. An adverse event is an unintended, negative consequence of care. Sometimes adverse events occur due to a mistake in care or an unforeseen complication.

“It is important that we learn as much as we can from events, and translate that into change and improvement.”

What do we do about adverse events?

We have processes for investigating adverse events to determine what happened; why it happened, and what can be done to prevent it from happening again.

Adverse events are rarely due to a single cause. They are often the end result of a number of causes. An adverse event investigation is therefore not a tool for investigating professional competency of individual staff members or finding out who is to blame for the event.

It is important that we learn as much as we can from events, and translate that into change and improvement.

‘Just culture’ safety environment

Open and honest communication is encouraged following any adverse event.

If someone is harmed during treatment they and their whanau have an opportunity to meet with a senior member of staff to discuss what happened, what happens next and to be supported through the investigation process.

We encourage and continually work towards a ‘just culture’, a safe open environment so our staff, patients, their families or carers, can identify and report when things go wrong, so care can be improved.

OUR BLOOD AUDIT GRADE: HOW WE WENT FROM F TO B+

When it comes to giving patients blood transfusions and blood products, getting the paperwork right is very important.

When a fractionated blood product (which includes plasma, platelets and other blood components) is given to a patient, the label from the vial or bag is stuck in the patient's record.

In 2015 an audit by the New Zealand Blood Service (NZBS) found low compliance for placing labels in patient records, and in obtaining informed consents. Our blood and blood product transfusion policy had also expired and needed revision.

While no issues related to these findings had been reported, a project team was put in place to make improvements to our blood and blood product management.

The overall goal was to have 100 per cent compliance with informed consent and labelling by February 2017.

What did we learn?

Two audits during the project period showed significant increases in compliance with labelling and informed consent. Despite this dramatic enhancement there is still room for further improvement, especially in fractionated product labelling.

However, it is important to note that Nelson Marlborough Health acknowledged there was a room for improvement in this area, put a multidisciplinary project team in place and has improved patient safety as a result.

Forms, labels and education leads to compliance

The team developed an administration form, which clearly identifies all the steps needed when using blood and blood products. It also included space to capture informed consent, record 'out of time' products and a reminder to stick the label in the patient's record.

An education campaign raised awareness around blood and blood products and our blood and blood product transfusion policy was updated to NZBS standards.



VEGE-CATION: EXCHANGING SEEDLINGS FOR CONVERSATIONS

What do you get when you cross a vegetable with education? You get 'vege-cation' – an innovative programme using gardening to start important conversations within the Marlborough Pacific community.

Over 90 per cent of Pacific families in Marlborough come straight from the islands with little understanding of New Zealand's way of life.

A Pacific health needs analysis in 2011 identified many families are isolated and disconnected from services, citing

cost, leadership and communication as barriers.

The vege-cation programme was designed to help eliminate these barriers.

Vege-cation uses free vegetable seedlings as a way for community workers to get a foot in the door to talanoa (dialogue) with Pacific people and share information about health and other services.

Talanoa creates enquiries, which leads to conversations, which may change attitudes and habits.

The results

Within the 185 families registered for the vege-cation programme, 20 per cent quit smoking; 75 per cent increase in GP enrolments; 60 per cent improvement in engagement with service providers and nearly all families reported a noticeable reduction in their food bill.

Health literacy also improved; B4 school checks and oral health checks increased and young parents were more aware about help for pregnancy and related services.

A flow-on effect of the vege-cation programme was the establishment of two playgroups – Tongan and Samoan – with increased playgroup participation by 15 per cent.

More barriers broken down

Another spin off is Fi + E, a food and education programme that teaches people how to cook the food they grow.

Community health manager Amaroa Katu says she and her colleagues believe their success is down to the people delivering the programmes.

"It's more than just food and gardening – we are there for the Pacific community and they know who to ask," she says. "Once you have a couple of families on board, more families come, then their churches, the leaders and the community as a whole."

COMPUTERISED TOMOGRAPHY COLONOGRAPHY - THE PATIENT EXPERIENCE.

Efforts to reduce the 'silent killer' of bowel cancer has meant more people are having CT or Computerised Tomography Colonography to examine the large intestine for cancer and growths called polyps.

While the procedure is commonplace, a letter from a patient describing the experience as 'horrific', prompted the CT nursing team to find out what it was like for other colonography patients.

The plan

To capture the patients' points of view, the team used a questionnaire designed using the 'partners in care' co-design method, where patient involvement is central.

Valerie Weir Van Til, specialist interventional nurse, says the best way to understand what people are feeling is to ask them, listen to what they say, and continue to check back with them about any changes made.



Knowing better, means doing better

Using patient feedback, the team identified where they could make improvements in the CT process.

For instance, to help manage patients' expectations they redesigned the CT information brochure, using more patient-focussed language and a more honest description of the process. Other changes include a heightened awareness of patients' feelings during the process, regular use of muscle relaxants and the creation of a private recovery area with refreshment facilities.

Charge Nurse Manager of cardiology and radiology, Jane Besley says the patient feedback helped remind staff that while the CT process is routine to them, it's not for their patients.

The team continues to audit patient satisfaction and make improvements to their clinical practice.

"To our patients any procedure done at the hospital is a significant event in their lives."
Jane Besley

"People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Maya Angelou
(American poet, author and civil rights activist)

A photograph showing the lower half of a person walking on a wooden pier. They are wearing blue jeans and white sneakers with yellow soles. They are using a silver walking stick. In the background, other people are visible, including a woman in a white dress and another person in a blue jacket. The pier is made of wooden planks, and the water is visible in the background.

EARLY SURGERY, WITH CO-MANAGEMENT, FOR FRACTURED HIP PATIENTS IN WAIRAU

On average the Wairau Hospital Emergency Department (ED) sees one patient a week with a fractured neck of femur or 'broken hip'. In 2015 clinicians took a closer look at the time between when a patient presented at ED and when they had surgery on their broken hip (an average of 42 hours), and the cause of any delays.

Targets for change

A multidisciplinary group, involving an anaesthetist, geriatrician, a surgical nurse educator and clinicians from ambulance services, ED, radiology, theatre, orthopaedics, allied health and assessment treatment & rehabilitation was set up. Their task was to accomplish same or next day surgery if required, and design a standardised treatment pathway starting in ED through the four days after surgery.

The group reviewed case studies, analysed data, discussed best practice, and wrote and piloted the 'fractured hip pathway' to guide health care providers.

Implementing change and getting results

Before the project started, a patient in ED with a fractured hip may have waited to be admitted to a ward, for a specialist assessment, an x-ray and a place on the acute theatre list.

In the pilot, patients in ED were placed on the 'fractured hip pathway' and received early diagnosis, pain assessment and management, early pre-operative assessment and timely surgery.

These patients showed improvements in x-ray times, shorter stays in ED and the time from presentation at ED to surgery dropped from 42 hours to 17.6 hours.

Pain, exposure to inter-hospital complications and the length of stay for a patient with a fractured neck of femur all reduced.

Patient relatives, also saw their loved ones treated in a timely manner, and a fact sheet kept them better informed.

The project group still meets on a regular basis and there is continued investigation in to cases to see if further improvements can be made.

"Patients arrive comfortable from ED"
Shirley, Clinical Nurse
Co-ordinator

MAORI CANCER PATHWAY PROJECT

The cancer outcomes for Maori are clear: Maori are 28 per cent more likely to get cancer and 71 per cent more likely to die from it than non-Maori.

In our region prostate cancer affects Maori men the most, and for Maori women it is breast cancer.

Nelson Marlborough Health's He Huarahi Matepukupuku project, funded by the Ministry of Health, aims to improve access to cancer services and cancer outcomes for Maori people.

Lorraine Staunton, educator and manager for improving the cancer pathway for Maori says the project has a range of goals.

"It's about education - educating whanau on the importance of early detection," she says, "and educating healthcare workers to improve the cultural appropriateness of our healthcare services."

The project has rolled out a number of initiatives so far, including community hui, education sessions and programmes to improve health literacy and support whanau coping with cancer.



ANDY'S STORY

An invitation to attend a community hui led Nelson Marlborough Health Kaumatua, Archdeacon Andy Joseph, to his own diagnosis.

Andy arrived early, picked up a *Cancer Korero* booklet and as he read through a checklist of symptoms associated with prostate cancer tears welled up in his eyes. He realised he'd experienced them all in the past year.

"I broke down, I just couldn't believe it was happening to me."

The next day Andy saw his doctor; he was referred to a specialist who later diagnosed prostate cancer.

If he hadn't picked up the booklet Andy says the cancer could have remained undetected.

His advice to men is to take responsibility, know the signs and symptoms of prostate cancer and visit the doctor to get checked out.



"Forget about the bravado...

Ko e whakama - don't be shy."



INJECTION CLINICS EASE OPHTHALMOLOGY WAITING TIMES

In January 2017 the ophthalmology team welcomed Sarah Piludin to the newly created role of clinical nurse specialist (CNS) ophthalmology.

The CNS role was created to help the Nelson Hospital eye clinic meet the demand for ophthalmology appointments.

When Sarah took up the role, she began the training and supervision process to administer Avastin injections.

These injections are a management option for macular degeneration, the leading cause of blindness. Sarah can conduct this procedure.

"This reduces the ophthalmologists' work load and it opens up more clinic time for new patients and reduces the wait time between appointments," Sarah says.

Feedback from patients has been very positive, and Sarah says communication is the key.

"Making the patient feel special, not rushed, and asking them what they are used to and what they prefer."

The CNS role also ensures continuity of care, something which the patients have appreciated.

"Previously patients may have seen different medical staff each time they came for treatment but I can

reassure them that I am the person they will see next time they come in."

There are less than 15 ophthalmology CNSs working in New Zealand. However, with the aging population the demand for the role is likely to increase.

"It is very satisfying knowing you are helping to retain someone's eyesight," says Sarah.



Winners of the
Excellence Award
at the 2017
Health Quality &
Innovation Awards.

STEMI CARE

IMPROVING HEART ATTACK CARE AND INFLUENCING NATIONAL POLICY

In 2015 St John and Nelson Marlborough Health (NMH), jointly developed a STEMI treatment pathway used primarily by ambulance, medical and nursing staff in the out-of-hospital setting.

This involves ambulance staff using an electrocardiogram (ECG) to confirm a STEMI. This is sent to the closest hospital with a heart centre (either Nelson or Wellington) where an on-call cardiologist reviews the ECG reading and prepares the operating theatre (cath lab) and heart team.

If the cath lab is unavailable or the patient cannot be transported within 60 minutes, paramedics will administer thrombolysis (clot busting drugs) in the field to 'dissolve' blood clots within a patient's heart.

Patients are then transported to a heart centre for expert assessment and stent surgery if required.

Before the STEMI pathway was developed angioplasty was not available for around two million New Zealanders due to the time it took to transport them to the closest hospital with a heart centre.

The STEMI pathway proved so successful in the Nelson Marlborough region it has been introduced nationwide.

NMH consultant interventional cardiologist, Dr Nick Fisher says the roll out of the pathway is particularly good news for patients in rural areas, as it will ensure they get the care they need in optimal time.

When you suffer a heart attack an artery blocks within your heart. If this artery isn't opened within two hours, heart muscle will die.

The most lethal type of heart attack is STEMI or ST segment elevation myocardial infarction.

STEMI is identified by electrocardiogram (ECG) and ideally the blocked coronary artery is unblocked by angioplasty or 'percutaneous coronary intervention' (PCI), which means having a stent inserted.

This procedure is 99 per cent successful if patients having a STEMI are treated within two hours.

PARTNERSHIPS & REWARDS LEAD TO SUCCESS

The Stop Smoking and Pepi First services launched on 31 May 2017, World Smokefree Day, marked a significant reworking to the range of smoking cessation support offered across the Nelson Marlborough region.

These services are free to all smokers in our region, available in partnership with the Nelson Marlborough Health Public Health Service, the Maori health service provider Te Piki Oranga and Nelson Bays and Marlborough primary health organisations. Smokefree Coordinator Karen Vis says the partnership model for the services mean they are reaching more people than previously. "We have noticed a big increase in our referrals to the service since launching our 0800 number and email address," Karen says.

The model may be different but how the quit coaches approach their clients remains the same.

"The model may be different but how the quit coaches approach their clients remains the same."

To contact the Stop Smoking Service or PepiFirst:
P: 0800 NO SMOKE (0800 667 665)
E: smokefree@nmdhb.govt.nz

**Smokefree.
The best start
for you and
your baby.**



0800 NO SMOKE
(0800 667 665)

www.nmdhb.govt.nz/stop-smoking-services

STOP SMOKING SERVICE

NELSON MARLBOROUGH
Te Ohu Aukati Kaipaipa i Te Tau Ihu



Cultural approach is the key to connecting with clients

Brenda Chilvers, smokefree support for Te Piki Oranga in Marlborough says her approach is steeped in culture.

"I believe this helps make connections with our clients – we always look for something we have in common with them and it helps people to relax," she says. "When I organise a meeting they might say, 'that Maori chick is coming to see me' but it gets me in the door to have a health-focused conversation with them."

Often clients have all sorts of things going on in their lives, such as housing or financial problems, and because the service is multi-disciplinary the quit coaches are able to work alongside other agencies to give the best support.

The reasons people smoke are varied, but Brenda says most of the people she sees genuinely want to quit.

"I will often hear people say they really enjoy smoking, or it's the last thing they are holding on to," she says, "but the price of cigarettes and tobacco is hitting hard and they have to put food on the table and pay bills, so we work on changing their behaviours, for instance reducing the amount they smoke or where they are smoking."

Meeting milestones helps clients and quit coaches to focus

Marlborough quit coach with Nelson Marlborough Health Cynthia de Joux shares the same kaupapa or philosophies as Brenda when she works with clients.

"For Maori it's 'where are you from?' rather than 'what do you do?' and this drops the paths of judgement," she says. "Once you make whakapapa associations it becomes a more personal connection."

She says there's a lot of psychology around smoking and the reason someone smokes.

"We are asking our clients to change their lifestyle choices without really offering them anything in return," she says.

However, PepiFirst includes incentives; women on the programme receive vouchers when they reach milestones in their smokefree journey.

Cynthia says the quit coaches really listen to their clients and show they are sincere in wanting to help them.

"Clients need to know you aren't judging them and you are prepared to help them."

Some of the smokefree team, from left:
Brenda Chilvers (quit coach Te Piki Oranga),
Karen Vis (smokefree co-ordinator)
and Cynthia de Joux (quit coach).



NEW ROLE, NEW RELATIONSHIPS

The Child and Adolescent Mental Health Service (CAMHS) is a regional service for children and youth with serious mental health disorders and suspected psychiatric disorders. Referrals mostly come from GPs and schools, with priority given to youth at risk of suicide.

In 2014 issues around how young people accessed CAMHS, and the relationship between CAMHS, schools, GPs, various departments and the wider community were identified. There was also a level of frustration with the referral process, from young people who were declined appointments and from clinicians with the information they were receiving.

“Her warmth and ability to listen to the challenges schools face has helped break down the tensions that sometimes exist when striving to get support for our young people.”

(Schools practitioner)

The plan

To address these challenges the position of CAMHS Community Liaison was created and filled by Chris Hickson, who has a social work background and experience on the team as a crisis worker and care manager.

Chris has let the community shape her job and mostly it involves networking and helping people to navigate systems. Her focus is on building relationships, supporting the referral process and promoting initiatives to build resilience in the community.

What changed?

Chris worked alongside clinicians to develop a checklist when writing a referral which helps to determine the most appropriate action for a patient. The process is now working better for those making referrals and those receiving them.

She also established a regular newsletter to encourage conversation and provide information about events, resources and training opportunities.

By being visible and accessible the liaison worker role has improved relationships between CAMHS and the organisations it interacts with.

Chris says the ‘spirit of collaboration has replaced the spirit of frustration’.





FUTURE FOCUS

Our mission is to work with our community to promote, encourage and enable health, wellbeing and independence. We know people in Nelson, Tasman and Marlborough are living longer, often with long-term health problems. We also know advances in healthcare and technology help us to help our communities live well, get well and stay well.

Over the next several years Nelson Marlborough Health and all our partners will work together to make sure we have the best 'models of care' (the way we provide health services) for people at all stages of their health journey.

We will bring together clinicians and consumers to create and deliver a models of care framework that will

be the best fit for what we need now and in the future. This programme is an exciting opportunity to work with consumers and their whanau to build on, refine and improve the quality of care we deliver.

We expect the framework will strengthen our understanding of how ill health affects our communities. It will also make sure the way we deliver care manages demand, reduces inequality and meets the needs of Maori.

We will learn from others, in New Zealand and internationally, so that our care is innovative and gets the best from technology.

Working together we will change health for good so people get the right care, at the right time, by the right team and in the right place.



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

Email: feedback@nmdhb.govt.nz or quality@nmdhb.govt.nz

Mail:

The Chief Executive
Private Bag 18, Nelson 7042

Or

Quality Team
Private Bag 18, Nelson 7042

Telephone: (03) 546 1800 and ask for extension 7866