TE WAIORA Nelson Marlborough Health

Our People, Our Stories

Healthcare initiatives in the Nelson Marlborough region

2018

Quality Account

CONTENTS

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

November 2018

WELCOME TO OUR 2018 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.

Jenny Black MNZM
Chair Nelson Marlborough
District Health Board

Message from the Board

The Board is proud to showcase these health initiatives and quality improvements. Many have come from our patients and consumers telling us about their experience and how we might improve it, or from staff constantly reviewing their daily tasks and asking themselves 'how can I improve this?' or 'how would I prefer this if it was me?'

The staff at NMH consider it a privilege to be part of our patients' lives, often at some very difficult times. They want to make sure they have the best experience, knowing that an interaction with us is often unplanned and not always the best day of their life.

The 'Day in the Life of Nelson Marlborough Health' graphic on page 4 shows the complex array of services we manage and provide to our communities across a large geographic area.

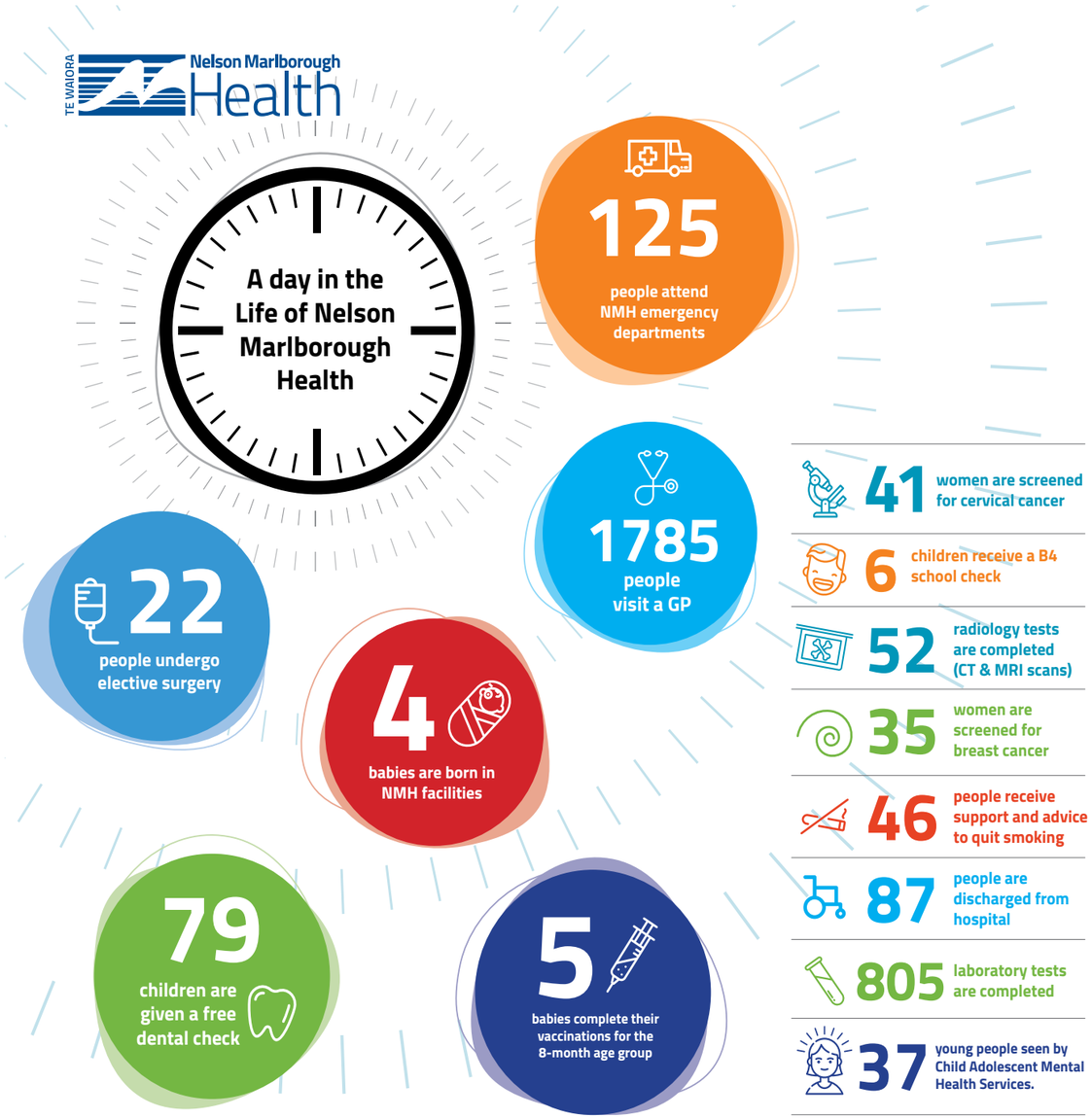
We are very fortunate to have wonderful staff who go the extra distance, who think about their work and how they can improve it, all in the name of a better patient experience.

I hope you enjoy these stories about some of the many changes made in 2017/18. For more stories about healthcare initiatives at Nelson Marlborough Health go to www.nmdhb.govt.nz/our-stories

Thomas Ngaruhe is a Poumanaaki (cultural support worker) with Te Waka Hauora, the Nelson Marlborough Health Māori Health and Vulnerable Populations team, and delivers the Kia Ora – E Te Iwi programme (KOETI) . Cancer is a subject close to Thomas' heart because he has personally walked this journey as a cancer patient.

Read more about the KOETI programme for Māori with cancer on page 18.

A DAY IN THE LIFE OF NELSON MARLBOROUGH HEALTH



41 women are screened for cervical cancer

6 children receive a B4 school check

52 radiology tests are completed (CT & MRI scans)

35 women are screened for breast cancer

46 people receive support and advice to quit smoking

87 people are discharged from hospital

805 laboratory tests are completed

37 young people seen by Child Adolescent Mental Health Services.

As at July 2018

OUR PEOPLE

At almost 149,000 people, the Nelson Marlborough population is 3% of New Zealand's total population.

2% Population growth in the last 5 years.

The reason for this growth is net migration (arrivals minus departures) rather than natural growth (births minus deaths).

87% European

10% Māori

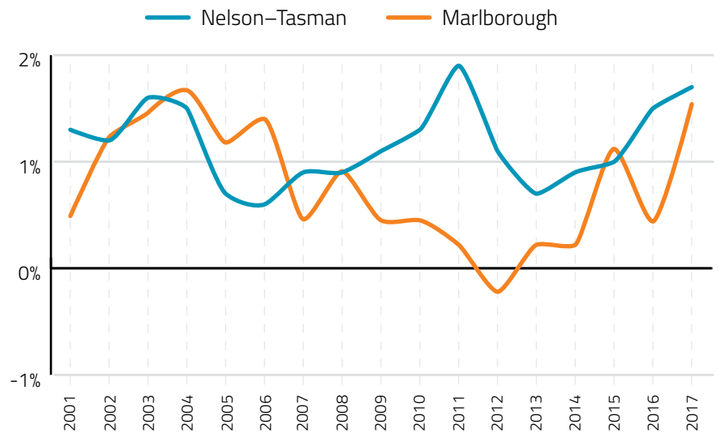
3% Asian (projected to double by 2033)

1% Pasifika

18% Are under 15 years of age

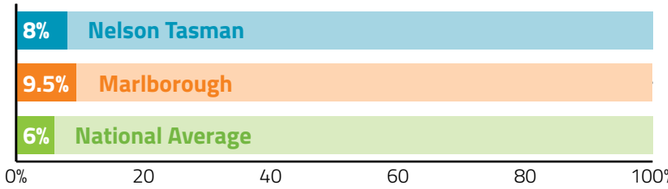
Population growth in Nelson–Tasman & Marlborough

(source: infometrics.co.nz)



Percentage of residents aged 75 or older

(source: infometrics.co.nz)



50% Of our Māori population is under 25.

18% Of our children and young people identify as Māori.

By 2033 the population is expected to increase by an additional 14,000 people.

Sources: Nelson Marlborough Health Needs and Service Profile 2015, stats.govt.nz and infometrics.co.nz

HEALTH TARGETS

Health Targets are a set of national measures designed by the Ministry of Health to improve the performance of national health services. They provide a focus for action.
A new set of performance measures is being developed; in the meantime DHBs continue to report to the Ministry against the current set of targets. Here is how we are performing against those targets:

Nelson Marlborough Health results Quarter 4 (April – June) 2018

	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%	100%
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.	90%	87%
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%	87%
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.	95%	94%

QUALITY AND SAFETY MARKERS

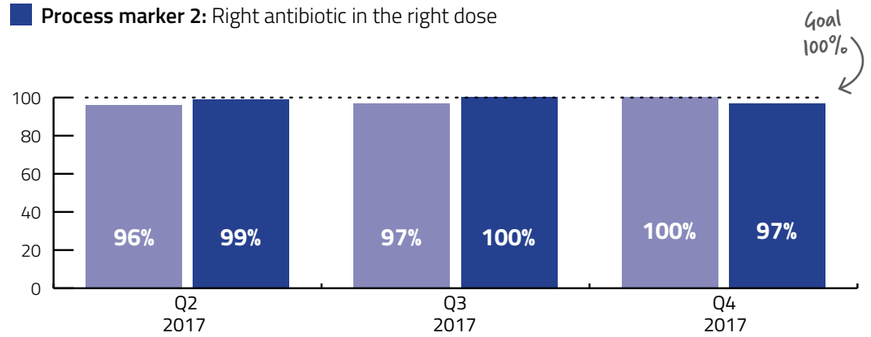
The Health Quality and Safety Commission drives improvement in the safety and quality of New Zealand's healthcare.

Quality and Safety Markers (QSMs) help us to evaluate and determine whether we have achieved a desired change in practice and harm reduction.

Quality and Safety Markers, January to March, 2018

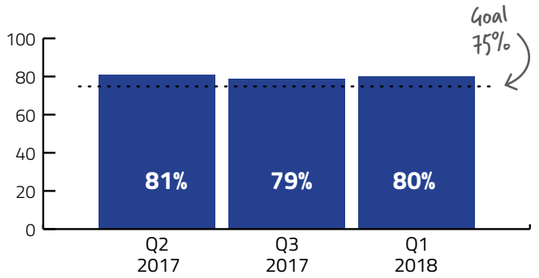
Surgical site infection improvement (SSII) – orthopaedic surgery

Process marker 1: Antibiotic administered in the right time
Process marker 2: Right antibiotic in the right dose



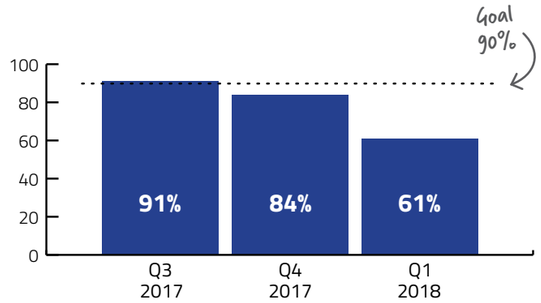
Hand Hygiene

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.



Falls Prevention

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



ADVERSE EVENTS

NMH is dedicated to providing the very best in healthcare. While everything is done to ensure our care is safe and effective to 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 a complication that may not have been foreseen.

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 but is a way to identify and fix all of the factors that contributed to the event.

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

Open disclosure is encouraged

At NMH we put the patient or consumer at the centre when reviewing and learning from adverse events, and our adverse event process encourages open discussion.

If someone is harmed during treatment they and their whānau have an opportunity to meet with a senior member of staff to discuss what happened, find out what happens next and to be given assistance in getting the support needed during the investigation process.

They also have an opportunity to meet with the review team and provide any input into the incident, share any concerns, or make any suggestions for improvement.

A 'just culture' safety environment

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

'Just culture" is a culture in which frontline staff and others are not punished for actions, omissions or decisions made by them, although gross negligence, wilful violations and criminal acts are not tolerated.

A 'just culture' environment within our organisation is very important to us as it develops a good safety culture which in turn allows staff to report incidents without fear of personal blame .

"It is important that we learn as much as we can from adverse events, and put that learning into change and improvement."

HAIR TO STAY: KEEPING COOL DURING CHEMOTHERAPY

Hair loss during chemotherapy can be devastating for breast cancer patients, but thanks to a new treatment trialled at Nelson Hospital in 2017, many women are able to keep their hair.

The trial treatment was led by consultant medical oncologist Dr Kate Gregory, with the Breast Cancer Foundation NZ funding the purchase of a $67,500 scalp cooling machine and the employment of a specialist nurse to operate it for six months.

"Hair loss is hugely distressing for patients and many describe it as the side effect they dread the most," says Dr Gregory.

As the machine cools a patient's scalp, the blood vessels constrict, limiting the amount of chemicals reaching the hair follicles. Scalp cooling has been offered internationally for many years, and recent studies have shown at least 50 per cent of women using the scalp cooling machine retained their hair.

The Nelson Hospital trial worked really well for the 11 women who started and completed their treatment during the trial period. A couple of women chose not to continue. One experienced some hair loss after the first treatment while another found the weight of the cap intolerable.

The women that persisted with the scalp cooling retained enough hair to still feel confident to go out and did not need wigs or hats, which Dr Gregory describes as 'amazing'.

"We have had great feedback from the patients in terms of what keeping their hair means. It makes a huge difference to them and how they face the world during their treatment."

The trial also established how much extra clinic time was needed for the process.

The breast cancer patients taking part in the trial were the first in New Zealand's public health system to benefit from a scalp cooling cap. Since the trial ended all women having chemotherapy for breast cancer at Nelson Marlborough Health are offered the opportunity to scalp cool.

Dr Gregory hopes the treatment can be rolled out in other regions.

Christine Gabrielle (cancer survivor) and Amanda Field (specialty clinical nurse, oncology) demonstrate the scalp cooling machine.

"We have had great feedback from the patients in terms of what keeping their hair means. It makes a huge difference to them and how they face the world during their treatment."

BRINGING NEW LIFE TO USED PVC

If you have ever wondered where used IV and irrigation bags, oxygen tubing or face masks go, you may be surprised to hear that some end up as safety surfacing in kids' playgrounds.

Around half of the PVC in hospitals is used in theatre and ICU, and most of the waste is uncontaminated and recyclable.

Theatre nurse and committed greenie Helen Spring says she was disheartened to see so many PVC medical products going into the rubbish.

"I did some investigation and found a company called Matta Products that recycles PVC into specialised safety tiles for playgrounds," she says.

Matta Products is part of the 'PVC Recovery in Hospitals' initiative which is supported by Baxter, a company that makes medical products. Matta Products collects and transports the PVC for free, but Helen had to work out how to store it and get it ready for collection.

"I had to get a space, under cover, that a truck could back up to, and which could fit a cupboard box capable of holding 200 kilos," Helen says.

Once she had secured a suitable spot in the loading bay at Nelson Hospital, Helen set about ensuring the theatre team put the used PVC products in a special bin. She is now gradually approaching other departments that use PVC to bring them on board.

The scheme began in October 2017 and in February 2018 the first 200 kilo box was sent away. Helen says this represents a saving to Nelson Marlborough Health of $1600 for each box. By November 2018 four boxes had been filled.

Helen calculates that if every piece of discarded PVC IV and irrigation was recycled it would save NMH $7500 in disposal costs per year.

Recycling PVC also results in reduced carbon dioxide (CO_2) emissions. For instance, Baxter calculates that recycling a PVC IV bag, rather than incinerating it, reduces CO_2 emissions by 77 per cent.

Helen doesn't intend to stop with PVC recycling – she also has her eye on single-use products such as disposable coffee cups and metal scissors.

"We humans create a lot of rubbish that ends up in our land and sits there for hundreds of years," she says. "I ask people to think about the amount of rubbish they create every day and try and reverse it with baby steps such as taking home their food scraps for composting, bringing their own coffee cup to the cafe, and riding a bike or bus to work at least once a week."

Theatre nurse Helen Spring with some of the used PVC products ready for recycling.

THE IMPORTANCE OF STARTING A DIFFICULT CONVERSATION

If a patient has a life-threatening condition, or is elderly with a range of complex health issues, medical staff have to decide what level of intervention to provide if the patient starts to deteriorate.

To help with this it's useful to have a 'ceiling of treatment' documented in the patient's file.

Cardiologist Dr Tammy Pegg says that not enough patients discuss their wishes for their end-of-life care. She says that even if there is a signed 'not for cardiopulmonary resuscitation (CPR)' or a 'do not resuscitate (DNR)' form in their notes, these don't reflect the broader aspects of resuscitation.

"A deteriorating patient may be treated with intubation, artificial ventilation, dialysis, fluids, feeding and much more than just chest compressions and defibrillation," Tammy says. "For some dying patients these actions may be risky and futile, and not give them the end they or their family would wish."

To help focus the conversation on what clinicians are doing for a patient, rather than on what they are not, the 'options for treatment and resuscitation' (OtTeR) form was developed.

It replaces the 'not for CPR' and 'DNR' forms and incorporates the wider definition of resuscitation and other treatments offered in acute settings.

Any patient who is especially unwell or who has multiple health issues should have an OtTeR in place. However, Tammy encourages everyone to have a conversation with their family and healthcare providers about what end-of-life care they want, and then complete an advanced care plan (ACP), preferably before they come in to hospital. The OtTeR form sits alongside an ACP.

"We need to break the taboo around death; OtTeR and ACP documents help start the difficult conversations about what people want, and don't want, at the end of their lives," Tammy says.

OtTeR conversations can be complex. However, by using the serious illness conversation guide available to them, staff can help patients make treatment decisions which are in line with their wishes.

"Discussing their options is better than just asking patients if they want resuscitation," says Tammy.

OtTeR is a dynamic document and able to be changed. It allows for a 24-hour period where staff and patients can reflect on the conversation and check they are still ok with the path they are on.

The OtTeR form was co-designed with help from the NMH Consumer Council, Māori and chaplaincy representatives, and senior clinical staff. It has been trialled and unanimously endorsed by the NMH Clinical Governance Group.

Staff report that the introduction of OtTeR is enabling them to have important conversations and to reduce incidents of inappropriate treatment.

"We need to break the taboo around death; OtTeR and ACP documents help start the difficult conversations about what people want, and don't want, at the end of their lives,"

Dr Tammy Pegg

Elissa Piesse (left) and Carmel Bain look over an OtTeR form in ED.

WANT TO CHANGE THINGS AROUND HERE?

The American business strategist Tony Robbins says, "By changing nothing, nothing changes."

However, accomplishing change often means pushing ourselves beyond our comfort zone, and breaking away from stable, but often stale, ways of doing things.

In 2015 Nelson Marlborough Health began running a 'Time for Change' course which gives participants a toolkit of techniques to drive change.

This programme is an adaptation of 'The School for Health and Care Radicals', run by Helen Bevan, a leader of large-scale change in the English National Health Service.

After completing the UK online course, Clinical Governance Support Manager Peter Twamley was so impressed he adapted it to meet our needs and created the five-week 'Time for Change' course.

To date, almost 200 people have completed the course and given it the big thumbs up.

Co-presenter Jen Hassloch believes it resonates with people because it encourages participants to take a closer look at themselves.

"You need to look at yourself before you can affect change and that can be quite unsettling for some people, but you need to know what makes you tick."

Jen says her motivation for running the programme is the desire to provide safe, skilled, compassionate care in our community.

"If we are to provide excellence in patient care, we have to learn from their stories, make changes and always strive to do better."

During the course participants are asked to make a minor change in something they do and then sustain it. Jen says this is often harder than expected.

"It might be something simple like changing the way you brush your teeth. Then we look at how difficult it is to change and what you might need to do to achieve it."

She says this exercise also helps people appreciate the challenges involved in getting someone else to change.

"Resistance to change is also a sign of missing relevance," says Jen, "So it is important take people with you when you want to affect change, and to ensure they understand the significance of it."

She also reminds people that you can only change yourself, not anyone else.

"By changing your attitude, your behaviour, and your responses others will seem to have changed."

The Time for Change course is open to all healthcare professionals in the Nelson Marlborough region.

"It is great preparation for an innovation culture. Just do it."

Lexie O'Shea

General Manager Clinical Services

HAUORA DIRECT: LINKING VULNERABLE COMMUNITIES WITH HEALTH SERVICES

The Hauora Direct initiative supports the most vulnerable members of our community and connects them with the health services they need.

Developed by Nelson Marlborough Health General Manager of Māori Health and Vulnerable Populations Ditre Tamatea, Hauora Direct is a health assessment tool that provides a health 'warrant of fitness' check and an opportunity to connect Māori and vulnerable populations to health and support services.

The assessment questions focus on key health priorities for Māori and the wider health sector.

In adults the assessment includes checking enrolment with a GP and cancer screening programmes, heart and diabetes checks, immunisation, information on pain, smoking, mental wellbeing and alcohol consumption, family violence, current medications and general health concerns.

The assessment for children also includes the Well Child/Tamariki Ora services, B4 School Checks, dental care, breastfeeding, car restraints, safe sleep, hearing, vision and development checks.

Ditre says people become disconnected with the health system for a variety of reasons, including poverty and transience, so it's important the services reach out to vulnerable people rather than waiting for them to come to the services.

"It makes sense to go out to where these people live, and that's what Hauora Direct is about."

To date, Hauora Direct has held three outreach clinics at Franklyn Village in Nelson, Golden Bay Fruit in Motueka, and at the Blenheim Emergency Transitional Housing Service (BETHS).

Eventually the process will be integrated into hospital wards and community services.

Community nurse Rachel Thomas checks Hughey Pahi's blood pressure during the Hauora Direct assessment at Franklyn Village in March, 2018.

Of the 79 Franklyn Village residents who participated:

- 89 per cent of adults and 86 per cent of children had a health issue uncovered during the assessment.
- Among the adults, the most common issues were lack of enrolment with a GP, cardiovascular problems, diabetes, smoking and being overdue for cervical screening.
- 32 per cent didn't have a GP, despite living across the road from the low-cost Medical and Injury Centre. Those people have since been enrolled with a GP.

At Golden Bay Fruit:

- 36 people (all adults) completed a health assessment
- 86 per cent had previously unknown health issues identified
- Referrals were made for 72 per cent of participants.

At Blenheim Emergency Transitional Housing Service (BETHS):

- 35 adults and 25 children completed a free health assessment
- 72 per cent had previously unknown issues identified
- 114 referrals were made to other services.

COCHLEAR IMPLANTS MAKE LISTENING FUN

Having a cochlear implant is an emotional and life-changing event for many children experiencing profound deafness.

Hearing aids have their limitations but a cochlear implant bypasses the cochlear and stimulates the nerve to provide hearing sensations for severely and profoundly deaf children.

There are 13 children and young people with cochlear implants in the Nelson Marlborough region, all under the care of the Southern Cochlear Implant Programme (SCIP).

In June 2017, as part of the programme, we started offering the specialised, general anaesthetic auditory brainstem response test for very young children at Wairau Hospital. Before then the children had to travel to Christchurch for the test.

Holding the SCIP clinics in Marlborough, helps reduce the burden of travel and accommodation for families, and the associated costs to Nelson Marlborough Health.

Jackie Clemmer, audiologist and district team leader says they had tried to do the testing in Nelson Hospital on a number of occasions but electrical interference in the theatres meant they were unable to interpret results.

"However, it's excellent that we have this option available at Wairau Hospital. The audiology department there can provide a sound-treated, calibrated testing room and the service visits three times a year depending on patient demand."

Jackie says having the SCIP clinics in our region is a great opportunity to observe what they do.

"It is also a more child and family-focused option," she says. "It enables our patients to connect with specialist services even though they live outside a main centre."

LUCY'S STORY

If hearing problems are not picked up early there is a serious effect on a child's ability to learn speech. Luckily for Lucy Gauntlett her hearing loss was picked up during the routine newborn hearing screening.

"She didn't pass and at the three-month test it was confirmed that she couldn't hear anything," says Lucy's mother Caitlin.

At six months old Lucy went to Christchurch to receive cochlear implants which were 'switched on' when she was seven and half months old. Caitlin says it was like a natural progression for Lucy because she was learning to talk at the same time as learning to hear.

Caitlin says Lucy is now a super-happy, inquisitive child with perfectly normal speech: "She is quite a chatterbox. You would never know she has implants."

The implants are hidden under Lucy's curly hair, and if anyone asks what they are Lucy tells them that "they are my ears".

Audiologist Jackie Clemmer says Lucy is a great example of the benefits of early identification via the newborn screening programme.

"Without her implants she wouldn't even hear a fire alarm and she would've had pronounced language delay. Now, she is not only up to the expected level for her age in her language progress but she is ahead."

MEGAN'S STORY

Megan Gerritsen was the first person who successfully underwent auditory brainstem response testing under general anaesthetic at Wairau Hospital in June 2015.

Megan has a rare metabolic disorder resulting in multiple health issues. Her hearing impairment was picked up at a screening test when she was six weeks old, and she received her first hearing aids at three months old.

Megan was referred to SCIP when she was nine years old as her hearing had worsened to the degree that hearing aids were not able to provide sufficient access to all of the sounds of speech. She received cochlear implants in December 2015 which were switched on a few months later.

Her mother Stacey says within six months she noticed a difference with Megan responding to her name. "I could also tell her to stop so she didn't send her wheelchair into the traffic," she says.

Before the SCIP service began visiting Blenheim, Stacey says it was very stressful travelling to Christchurch.

"After the earthquake it was an eight-hour drive with Megan, and flying wasn't much better," she says. "Megan was so exhausted she would have multiple seizures."

When Megan saw the service in Blenheim she was bright and alert and they got the best test results to date, proving that being able to access the SCIP service locally is both cost-effective and beneficial to a patient's wellbeing.

BABY CAN YOU HEAR ME?

Each year around 170 babies are born in New Zealand with mild to profound permanent congenital hearing loss.

Over half of these babies found to have a hearing loss have no family history or any other reason indicating they may be at risk. Without screening it is difficult to detect hearing loss in babies until speech and language development becomes delayed.

In 2010 Nelson Marlborough Health began universal newborn hearing screening. Under this programme all babies in our region are screened for hearing loss within their first month, preferably before they leave a maternity or hospital ward.

The hearing screening is computerised and is done while the baby is settled or asleep. It can take between five and forty minutes, is safe, simple and parents receive the results of the test immediately.

Since screening started in 2010, 159 babies have been referred to an audiologist and 38 have been diagnosed with having significant permanent hearing loss. Four babies have been referred to the Southern Cochlear Implant Programme (SCIP) after being diagnosed with a profound degree of hearing loss.

Since screening started in 2010, 159 babies have been referred to an audiologist and 38 have been diagnosed with having significant permanent hearing loss.

COMMUNITY COMMUNICATION GROUP HELPING CONNECT PEOPLE WITH APHASIA

Being unable to express ideas, or understand spoken or written language due to a brain injury is known as aphasia.

Nelson Marlborough Health speech-language therapy team leader Michele Cunningham runs a community communication group for people with aphasia, in conjunction with the Stroke Foundation.

This communication loss is often caused by a stroke and has a huge effect on a person's identity, their relationships and overall wellbeing.

In conjunction with the Stroke Foundation, Nelson Marlborough Health speech-language therapy team leader Michele Cunningham runs a community communication group for people with aphasia.

"We create a supportive environment, with people who share a similar situation, so they can practice communication," she says

She says the group also gives partners and caregivers, who often don't have a good understanding of aphasia, a chance to meet and share stories.

"It is often just as much of a journey for them, so it's good for them to meet other people who are in a similar situation."

Michele says aphasia is an invisible disability and not well understood.

"There are varying degrees of communication difficulty, from mild to severe. Some people may look fine but struggle to communicate and can often be treated as if they have an intellectual or hearing disability," she says.

"In the same way people with a physical disability may require a ramp to get into a building, people with aphasia need communication ramps to improve communication access."

Michele says that the degree to which a person's communication improves depends on variable factors such as the type of stroke they have had, the amount of damage and their age.

"All we can do is support them and provide information, strategies, exercises and stimulation so they can make as much progress as they are able."

Communication improvement is often measured not so much by how good their speech becomes but by how comfortable they become as a person with aphasia.

"Some people who have very little spoken language develop the ability to communicate quite effectively using gesture, pointing to pictures or items, facial expression and so on," Michele says. "Their wellbeing, self-esteem and confidence play a huge role in their outcome."

The communication group not only helps provide strategies and a place to practice communication, it's a social outing which many people with aphasia miss out on.

"We ask the group how people can help them to communicate, and the common responses are 'give me time, speak slowly, have a supportive attitude and write down key information.'"

TRANSITION CHAPLAINCY – WALKING ALONGSIDE YOU

When patients move from hospital care to a rest home they can experience many losses.

They may lose, or feel they have lost, their home, whānau, friends, independence, physical health, as well as their local community, neighbours, shops and chosen provider of services such as hairdressing.
During this confusing and intense period of transition, without emotional and spiritual support, there is a risk they'll develop anxiety, loneliness, feelings of hopelessness and depression.

A first in New Zealand

In February 2016, with initial funding from the Methodist Church, the interdenominational Nelson Hospital chaplaincy support group appointed Henk Lups as the country's first 'transition chaplain'.

With Henk now full-time NMH lead chaplain, this support has continued with Jane Wulff in the role of Transition Support Chaplain. Jane supports hospital patients who are discharged from hospital into rest home or hospital-level care in the Nelson Tasman region.

She visits patients in their new residences, responding to their and their families' needs.

By fostering trust and mutual respect Jane is able to help reduce the effect of any trauma or stress associated with their move.

Other New Zealand DHB chaplaincy services are now looking into rolling out comparative services.

The results of sharing the journey

During 2016, the transition chaplain visited 50 patients on the wards and accompanied them during their move to a rest home.

In 2017 the number of referrals increased to 97 patients and by 30 September 2018 there were more than 70 visits with around 15 patients visited at any one time.

Feedback received from patients shows that they feel well-supported, encouraged and listened to. As a consequence, patients experienced less stress and felt more in control.

The transition support service is making a difference to patients and their families by enhancing their quality of life, especially towards the end of life.

NEW PROGRAMME SUPPORTS CANCER PATIENTS AND THEIR WHĀNAU

The Kia Ora – E Te Iwi programme (KOETI) is an educational and support programme for Māori people with cancer.

Ditre Tamatea, GM Māori Health and Vulnerable Populations, says that cancer is the largest contributor to death and illness for Māori.

"You would be hard pressed to find a Māori whānau who hasn't had someone sick with cancer or who has died from it," he says.

Cancer is a complex disease comprising more than 100 different variations. Ditre says that Te Waka Hauora, the Māori health team, helps to reduce Māori cancer rates by contributing to programmes such as quit smoking services, and cancer screening programmes.

KOETI can be provided as a series of individual sessions or a more intensive noho marae-style weekend, tailored to whānau.

Cancer pathway specialist Dr Melissa Cragg joined Te Waka Hauora in 2018 to co-ordinate the KOETI initiative as well contribute to the He Huarahi Mate Pukupuku - 'Improving Cancer Pathway for Māori' project.

"You would be hard pressed to find a Māori whānau who hasn't had someone sick with cancer or who has died from it."

Facilitators from Te Waka Hauora work with patients and whānau to:

- increase knowledge of cancer and cancer treatment
- increase knowledge of oncology services
- develop the confidence to ask questions
- share stories and learn from each other
- build coping skills – practical, emotional and spiritual
- learn about support options available
- plan for the future.

"We are trying to improve health literacy for whānau with cancer, especially their knowledge of the early signs and symptoms of cancer, and understanding about the services and support available for whānau who are on the cancer treatment pathway," Melissa says.

Melissa says the programme also aims to improve the cultural competency of healthcare professionals, to better meet patients' social, cultural and linguistic needs.

"While we have some champions in our workforce, we have a lot of work to do to raise the level of understanding about Māori health status and to really know our Māori population."

The KOETI programme also helps strengthens relationships between the healthcare services.

"Whānau will come across a lot of services on their cancer pathway, which often work in isolation. This can cause confusion for patients around who is who and what their role is."

Melissa says that the KOETI programme was developed as the kaupapa Māori equivalent of the Cancer Society's 'Living Well with Cancer' programme.

"KOETI has been available in the North Island and it's exciting to be able to offer it now to whānau in Te Waipounamu.

"Earlier in the year, 12 new facilitators attended training led by Pauline Wharerau, and our vision is that all cultural support staff will eventually be able to offer KOETI support," Melissa says.

Cultural support staff attended KOETI training led by Pauline Wharerau.

THOMAS: WALKING THE TALK

Thomas Ngaruhe (He uri tenei o Waikato o te hapu o Ngati Mahanga) is a poumanaaki (cultural support worker) with the Nelson Marlborough Health Māori Health team.

Cancer is a subject close to Thomas' heart because he has been a cancer patient, and in February 2018 he completed KOETI training at Whakatu marae in Nelson.

Now able to offer KOETI to Māori cancer patients and their whānau, Thomas describes KOETI as an empowering programme that allows whānau to make good choices, as well as encouraging more people to seek help when things don't feel quite right.

"From being a previous cancer patient I believe this type of health delivery, for Māori by Māori, helps identify the many issues and questions that go through the patient and their whānau's mind," Thomas says.

"I wish this type of service was offered during my diagnosis and treatment, "he says.

"The positivity and proactivity of this model is strengthened by its close link to our natural models of health and wellbeing such as Te Whare Tapa Wha and Te Wheke that collectively contribute to waiora or total wellbeing."

PROGRAMME PUTS PROFESSIONALS TOGETHER

This year staff working in the assessment, treatment and rehabilitation ward (AT&R) at Nelson Hospital hosted their first inter-professional student placement.

Hazel Davidsen (physiotherapist), Rose Spence (trainee intern), Jennifer Hall (patient), Effie Milne (registered nurse) and Edward Leach (occupational therapist) worked together on their inter-professional student placement.

The inter-professional education (IPE) initiative is funded by the University of Otago as a research project and puts final year students from different professions together to work with especially-selected patients.

At Nelson Hospital, physiotherapy, medical, occupational therapy and nursing students spent three days working together with AT&R patients.

Professor Don Wilson, from the University of Otago's School of Medicine, says by working collaboratively the students gain a better understanding about different health professions. He says that this can change how the students perceive themselves and others, and sets the foundations for the professions to work together.

An IPE pilot programme in 2017 was a positive experience for students says Alice Scranney, clinical educator for 4th year physiotherapy students.

"It allowed discussion between disciplines that wouldn't normally happen in student placements," she says.

"They all heard what was discussed, so no time was wasted repeating information, and they made a treatment plan together so they got a better understanding of professional boundaries and if a referral was appropriate."

"It allowed discussion between disciplines that wouldn't normally happen in student placements,"

ENDING PATIENTS' 'PJ PARALYSIS'

Patients are getting out of bed and dressed in their own clothes in support of the 'end PJ paralysis' international nursing trend now being practised in some NMH hospital wards.

The benefits of getting out of pyjamas include faster recovery times, less risk of infection, improved mobility and less muscle weakening. In short, people are at their best when they are up and dressed.

Nelson Hospital ward 9 Charge Nurse Manager Lynne Bary says until very recently patients were admitted the day before their surgery and put straight to bed in to their pyjamas. Now they come in on the day of their surgery and are encouraged to get up and dressed as soon as possible.

"Many of our patients come in well and we want to create an environment of wellness on the ward," she says. "The evidence suggests that dressing patients in their own clothes is more dignifying, provides a sense of normality and allows them to be more independent while they're in hospital."

The need to bring in comfortable, loose-fitting clothes is discussed with patients at their pre-admission appointment and is now considered 'business as usual' on the ward.

"The evidence suggests that dressing patients in their own clothes is more dignifying, provides a sense of normality and allows them to be more independent while they're in hospital."

KEEPING TRACK OF PATIENTS' TRAVEL

Jody Hellescoe, India Brown, Lee Packer, Aleisha Hollis

The NMH patient travel team books around 180 flights a week for patients, and their support person, to other hospitals and regional health services.

That's around 700 flights a month, and around 100 of these are booked at very short notice.

Travel team leader Lee Packer says the team also help cover the public enquiries desk, resulting in regular interruption to their main work. This prompted Lee to introduce efficiencies such as using a spreadsheet to record all travel information for a patient – flight details, the name of a support person, transfers and accommodation.

"Everyone on the team, including the interpatient transfer and Life Flight organiser, can access this spreadsheet," she says. "This improved visibility means any of the team can look up and answer an enquiry about a patient's arrangements."

Lee is also keeping data on why flights are cancelled or missed. "We get all sorts of reasons, from 'my child had a sports day' to 'you didn't send me a ticket'."

The team tries to put some responsibility back on the patient and remind them to let the travel team know in good time if they haven't received their tickets.They also refer people to the Ministry of Health's guidelines for travel cost reimbursement.

"Our staff are amazing, as many of the people they deal with are very emotionally drained by the time they talk to the patient travel team," she says.

"They work collegially, are very patient-focussed and are always looking for ways to improve things."

The team have also embraced the move to be 'paper-lite' and try to keep things electronically rather than paper-based.

FUTURE FOCUS

The multi-year Models of Care Programme aims to improve and transform the way healthcare is provided in our region.

In 2018 eight workstreams or initiatives were established and will evolve as the programme progresses. Each workstream is led by a multidisciplinary team (including consumer representatives) who will identify problems and potential solutions.

The early initiatives are:

- **Health Care Home**
- **Sharing primary and secondary care data**
- **Hospice in-reach to Wairau and Nelson Hospitals**
- **Improving GP access to specialise advice**
- **Shifting clinics into primary care settings**
- **Shared care plans accessible to all**
- **Shifting follow up appointments to General Practice**
- **Virtual health consults**
- **Conversations campaign:** normalising conversations about death and dying
- **Complex older adult team**
- **Advance Care Planning**
- **Improved primary care access to diagnostics**

A large number of consumers and people working in health have participated in workshops to share their thoughts on improving healthcare.

The emerging themes from the work include:

- Primary and community healthcare is critical: Wider health professionals need to be embedded in general practice
- A system view and integration are fundamental: A varied team of health professionals working in an integrated system is needed to respond to increasing complexity of health needs
- Change the settings of care: Traditional locations of delivering services need to be reconsidered, particularly to support equity
- One size does not fit all (especially for vulnerable populations): Target service delivery to those at high risk and with high and complex needs.

During 2019 the programme team will test change ideas, and gather evidence to decide new models of care. Some of these ideas will be implemented, scaled-up or introduced more widely, and others will be discontinued.

An example of an initiative underway is the 'Health Care Home'. This is a primary care-led initiative to put patients at the centre of the care provided by GP clinics and medical centres.

The Health Care Home model aims to enhance and simplify patient experience and help GPs manage their time and resources better.

TE WAIORA Nelson Marlborough Health

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