

Our People, Our Stories

Healthcare initiatives in the Nelson Marlborough region

2019

Quality Account



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We have endeavoured to ensure that information in this publication is accurate at the time of printing (November 2019).

WELCOME TO OUR 2019 QUALITY ACCOUNT

The Quality Account informs our communities about some of the health and quality improvements delivered by Nelson Marlborough Health (NMH) each year. It is also an annual report on the progress against national targets for the Health Quality & Safety Commission.

Message from the Nelson Marlborough District Health Board

I am proud to present the *2019 Quality Account: Our People, Our Stories* where we share some of the many health initiatives and innovations happening across Te Taihuhu (Nelson Marlborough).

NMH's vision is *'All people live well, get well, stay well. Kaiao te tini, ka ora te mano, ka noho ora te nuinga'* and high-quality care is a central priority.

To help us to deliver high-quality care that is safe, effective, equitable and makes the best use of resources, we need consumer feedback. This essential ingredient helps us to continuously improve the way we do things so we can provide a great patient experience.

I am grateful to the members of the public, our Consumer Council, community advisors and the wider health sector for sharing their experiences and knowledge.

I am constantly impressed with the wonderful people we have working across the organisation. Their commitment to seeing where improvements are needed and putting changes in place enable us to deliver safe, quality healthcare to our communities.

In 2018 the Nelson Marlborough Health Innovation Awards attracted a record number of entries, all focussed on improving patient experiences in our healthcare system. Over 30 initiatives were celebrated at the awards ceremony, and as one of the judges I was truly impressed with the commitment, passion and care that went into the initiatives. I look forward to seeing new initiatives showcased in the 2020 awards.

This Quality Account is an opportunity for us to focus on the quality of our services, and to share a few of the changes we have made that make a difference to our patients, families and whānau. It also provides updates on our performance against national targets.

With increasing pressure to change the way healthcare is delivered, and a move to new, innovative models of care, you can be assured our commitment to continuous evidence-based quality improvement is steadfast.

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



Jenny Black MNZM, Chair
Nelson Marlborough District Health Board



Hapū Wānanga is a kaupapa Māori pregnancy and parenting programme that covers mainstream practices within a kaupapa Māori context.

Hapū Wānanga is designed to reintroduce whānau from

vulnerable populations to Māori traditions and support wāhine who are about to have a pēpi, by providing antenatal education.

Read more about the Hapū Wānanga programme on page 14.

NELSON HOSPITAL PALLIATIVE CARE SERVICE IN PLACE

The introduction of a new hospital palliative care service means patients with a serious illness now receive more support from palliative care specialists.

Palliative care provides relief from the symptoms and stress of a serious illness, with a goal to improve quality of life for both the patient and their family.

The service is offered in partnership with Nelson Tasman Hospice and followed a six month pilot in 2016.

Cathy O'Malley, General Manager Strategy, Primary & Community, says the new hospital palliative care service is very similar to the pilot but with extended hours and senior medical involvement. She says it's designed to get the right clinical expertise to the right person at the right time, avoiding delays at a period when time is of the essence.

"A clinical nurse specialist (CNS) in palliative care can support the clinical team with advice on symptom management, or they can help facilitate quicker discharge planning for the patient, either back to the hospice or their home, ensuring community follow-up is in place," Cathy says.

"The CNS also discusses end-of-life plans, including developing an advance care plan, and they support the person and their whānau with the bereavement and grief process."

The hospital palliative care service includes input from a senior medical officer to support the CNS and the medical team.

Palliative Care Specialist Dr Jodie Battley supports palliative care CNSs Zarina Palamountain and Annie Wallace to see patients at Nelson Hospital during the week.

Cathy says the hospital multidisciplinary teams have responded well to the service as it enables positive outcomes for complex palliative pain care in an acute setting.

"This is a living manifestation of the 'one team' strategy, focussed on the patient's needs. Previously the acute clinical team could refer a person to hospice but they may or may not get to see the person prior to their discharge."

The new hospital palliative care service was recommended by the end-of-life care group within the Models of Care programme.



Palliative Care Specialist Dr Jodie Battley, CNSs Zarina Palamountain and Annie Wallace.

HEALTH TARGETS

Nelson Marlborough Health reports its progress on five health targets to the Ministry of Health four times a year: 30 September, 31 December, 31 March and 30 June.

The targets are a set of national measures and provide a focus for action. Here is how we are performing against those targets:

Nelson Marlborough Health results Quarter 4 (April – June) 2019

	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%	93%
 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.	90%	90%
 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%	89%
 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%	81%
 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%	92%

PUTTING WHEELS IN MOTION – BIKES IN SCHOOLS

In 2018 the pupils at Broadgreen Intermediate School watched the gradual transformation of an unused school field into an awesome bike track.

The track, and the shed full of new bikes and helmets, were put into prompt use, to the delight of Aaryn Barlow, Public Health Promoter.

Broadgreen is one of three schools in the Nelson Marlborough region to benefit from the national Bikes in Schools initiative where Nelson Marlborough Health works with the Bike On New Zealand Charitable Trust and local councils to put bikes, helmets and tracks into schools.

Aaryn says that the beauty of the initiative is that it provides children with regular and equal access to bikes, within their own school. This has huge advantages.

“Being active and physical, and getting bike skills at an early age, has tangible benefits for both kids’ health and for the wider community,” he says.

The pump tracks allows students of all levels to enjoy riding a bike.

“Biking is particularly good for students who need ways to use their energy, and this supports their learning skills in the classroom.”

Parklands School in Motueka, Nelson Intermediate School and Broadgreen Intermediate School are all on board. To see video of their tracks in action, visit www.nmdhb.govt.nz/bikes-in-schools

“Biking is particularly good for students who need ways to use their energy, and this supports their learning skills in the classroom.”



ADVERSE EVENTS: IMPROVING PATIENT CARE ONE REVIEW AT A TIME

Nelson Marlborough Health (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.

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 the professional competency of individual staff members, but a way for us to identify where things have gone wrong by looking at 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. By implementing corrective actions that are identified as a result of our investigation into an incident, we aim to prevent recurrences and make our care safe and more effective.

Here is a sample of some of the improvements made following reviews of adverse events at NMH:

Event	Improvement(s)
Patient risks not fully identified prior to procedure	<ol style="list-style-type: none"> 1. Improved handover procedure for general surgery patients developed in relation to nurse to nurse, surgeon to surgeon, physician to surgeon and surgeon to GP handovers 2. Identify, Situation, Background, Assessment and Recommendation (ISBAR) handover tool process from ward nurse to other speciality nurses implemented 3. Transfer of patient to and from operating theatre policy updated to clarify that patients transferring from the wards to endoscopy require a nurse escort
Disability & Support Services (DSS) – highlighted some specific opportunities to improve systems in the areas of managing medical events, risks and staff.	<ol style="list-style-type: none"> 1. Review of recruitment processes and skill level within DSS and the development of a number of frameworks to support the determination of safe staffing and skill mix 2. Risk management and plans to provide detailed information about all risks associated with a client's particular needs <ul style="list-style-type: none"> ▪ Risk management is now written in a way that a first-time reader will understand all risks and have a step through process to follow or reference to other documentation.
Paediatrics – concern around management and escalation of care	<ol style="list-style-type: none"> 1. Increase education to all staff around paediatric early warning score (PEWS) and escalation process to ED/paediatric ward staff 2. Increase frequency of auditing of PEWS charts and provide feedback to staff if not being utilised correctly
Mental health – ongoing care and support of client on weekend leave	<ol style="list-style-type: none"> 1. Mental Health Service clinical staff to ensure accuracy of documentation. In particular, staff reminded of the importance of key transfer, leave and discharge documentation and checking accuracy of information, for instance medication dosages, against source documents, such as medication charts
Escalation of care following deterioration of patient	<ol style="list-style-type: none"> 1. Development of new clinical guidelines for 'non-invasive positive pressure ventilation' (NIPPV) 2. 'Handover of care' policy developed, aids process with regards to escalation and notification to senior clinician 3. Patient track system has been introduced into NMH. Fluid Balance Chart (FBC) is one of the documents within this system.

1. *ISBAR (Identify, Situation, Background, Assessment and Recommendation) is a mnemonic created to improve safety in the transfer of critical information*
2. *Vital signs and observations are essential to assess the child's clinical status; using paediatric early warning score (PEWS) system enables the early recognition of sick patients and management of any deterioration in their health*
3. *Non-invasive ventilation is the use of breathing support administered through a face mask or nasal mask.*

STRESSBUSTERS: SUPPORTING COLOMBIAN REFUGEES IN NELSON

Forced displacement, trauma, kidnappings, homicides, violence and loss are common experiences for Colombian refugees prior to coming to New Zealand.

Since 2017 more than 200 Colombians have resettled in Nelson from exile in Ecuador. They often arrive with complex histories of trauma, loss and grief and there was an increasing number of GP referrals to Nelson Marlborough Health Mental Health & Addictions Services (MHAS) for treatment.

Rather than individual therapy, Deb Moore, Nelson Marlborough Health (NMH) Professional Psychology Leader, looked for ways to support the former refugees and build trust, skills and resilience within their own community.

The Stressbusters group programme, based at Victory Community Centre, approaches stress as a normal human response to a refugee's situation rather than as mental illness.

The key objectives of Stressbusters are anxiety management, building resilience, enhancing self-esteem, and supporting

the development of group bonding and interdependence.

The five structured sessions, with written and visual resources in Spanish, include a shared lunch. A final session, offered by the Whenua-iti Outdoor Pursuits Centre, enables the group to put into practise the skills they've learned, and build trust in each other.

Gillian Taylor, a registered psychologist with previous experience working with refugees, was contracted to coordinate and run the course, along with Nikau House occupational therapist Clive James.

Red Cross interpreter Fernando Hurtado assisted with translation and interpreter services, and a steering group met regularly.

The first group was held from August to November 2017 with two more groups held in 2018.



Feedback and future developments

There was high attendance for all the Stressbusters group sessions and course evaluations were very positive and encouraging.

When asked what was the most important thing they learned in the course, one participant wrote: *To control my anxiety and manage the pain that I brought with me from Colombia.*

Victory Community Centre and NMH's Directorate for Vulnerable Populations is providing support for ongoing Stressbusters groups, including interpreter funding and primary care-based counselling.

Refugees as Survivors has commended the Stressbusters course, and the resources are being made into an electronic package that can be adapted for other refugee populations and shared nationally.

Those likely to benefit from the Stressbusters course are now referred directly from the Mangere Refugee Resettlement Centre to Victory Community Centre rather than requiring a visit to the GP.

The Stressbusters initiative was the winner of the Darcy Christopher Excellence Award at the 2018 Health Innovation Awards.

MURCHISON WELL CHILD FACEBOOK GROUP OFFERS SUPPORT TO RURAL WOMEN

Providing women with postnatal care and support can be challenging in remote rural areas, such as Murchison.

The Murchison Hospital and Health Centre in the rural town services a 50 kilometre area and has almost 1 100 enrolled patients.

A 2017 audit found the majority of women received three or less postnatal home visits, even though they were entitled to eight.

Nicky Cooper, a Well Child Nelson Marlborough Health registered nurse in Murchison says there are many aspects of rural life, including social isolation, that result in higher levels of postnatal depression and anxiety.

To help address this, in May 2016 Nicky created a private Facebook group, Murchison Well Child.

She says the idea for the group came after she noticed unread leaflets falling out of the Well Child/Tamariki Ora books when mothers brought their children in for their health assessments.

"The Facebook page can store resources electronically so parents can access the information when they need it.



Dr Ros Gellatly presents Nicky Cooper with her Health Innovation Award

"It's a safe place for support and discussions between parents and caregivers of children under five, who might be going through similar experiences," Nicky says.

Nicky moderates the page and initially put tight controls on the settings. However, she's since relaxed the controls and says she is heartened with the respect everyone shows each other.

"Women are encouraged to open up, they also share tips and stories about what works for them.

"This open discussion has helped me pick up an issue which may not have been brought up otherwise, and it enables me to book appointments for Well Child checks."

Nicky has acted as a support person to many women in consultations with the GP or nurse practitioner and in early childhood education settings for a range of emotional, wellbeing or mental health issues.

The results

As at November 2018 there has been 100 per cent engagement and participation in the Well Child/Tamariki Ora programme, and no new diagnoses of postnatal depression requiring medication or counselling in the 18 month period after the page started.

Breastfeeding and immunisation rates have also increased.



"It was really nice to have you watch him grow. I really couldn't have done this without you. You are amazing at your job! Thank you." Amy (mother)

She says the page has created a 'virtual village' which helps reduce the triggers for postnatal depression, reduces social isolation, and increases access to reliable, trustworthy parenting information in Murchison.

"A group member commented 'It's like I have this envelope of love around me', which made me feel very proud of the support the group gives to a section of our small community."

The membership of the Facebook group continues to grow.

Nicky was a Child and Adolescent category winner in the 2018 Health Innovation Awards for her work.

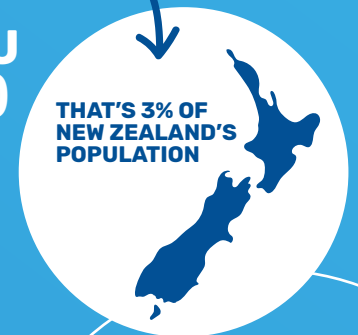
OUR REGION

NELSON MARLBOROUGH HEALTH IS RESPONSIBLE FOR ALMOST

150,000

PEOPLE ACROSS TE TAUHU (NELSON-MARLBOROUGH)

THAT'S 3% OF NEW ZEALAND'S POPULATION



OUR COMMUNITY IS GROWING...

REGIONAL GROWTH 1997-2018

1.4%

NELSON TASMAN

0.9%

MARLBOROUGH

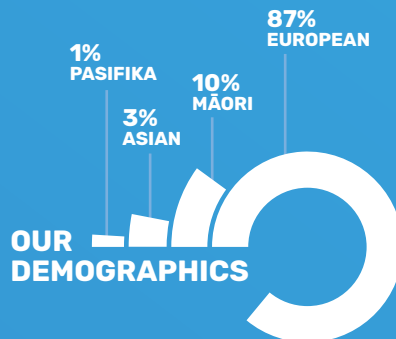
AND CHANGING...

50%

OF OUR MĀORI POPULATION IS UNDER 25

18%

OF OUR CHILDREN AND YOUNG PEOPLE IDENTIFY AS MĀORI



AND AGING...

BY 2028

1/3

OF THE POPULATION IN TE TAUHU IS PROJECTED TO BE AGED

65+

BY 2033 THE POPULATION IS EXPECTED TO INCREASE BY AN ADDITIONAL

14,000

PEOPLE

ENDING ECZEMA-RELATED HOSPITALISATION

Seeing an unsettled youngster flourish once his eczema was brought under control inspired public health nurse Pam Manley to set up the South Island's first outpatient, nurse-led eczema clinic.

The clinic has dramatically reduced the number of children whose eczema gets so bad they end up in hospital. In just two years, the numbers of children admitted to Nelson Hospital with eczema has dropped from 78 to 3.

Pam was motivated to set up the clinic when she met a 5 year-old boy referred to her for

behavioural issues. She visited him at school and found a miserable, aggressive child with 'head to toe' eczema.

Pam acted quickly, picking up prescription skin creams and visiting the boy's family to show them how to administer the cream correctly.

"I got him going really well with his creams, got the school on board, and things changed," Pam says.

"It was when the school principal told me later than the boy had grown into a confident class leader with lots of friends, I realised that the eczema wasn't just about his skin, it was about his behaviour, his self-esteem, how others treated him, how the condition affected his play, everything. Eczema is an underrated disease."

Eczema is a chronic skin disease, a dysfunction of the skin barrier. Allergens from the outside get in through the skin and create an intensely-itchy rash that can keep people awake at night.

"It's like having a million sandfly bites," Pam says.

Eczema is often an inherited condition, but it also develops in new migrants who are have not grown up with a temperate, windy

climate like New Zealand's, where there are a lot of wind-borne allergens.

The eczema clinics are based at Richmond's Health Hub and Wairau Hospital's paediatric ward. GPs, nurses, dieticians and paediatricians can all refer to the clinic, with GPs and Plunket nurses being the main source of referrals.

"Quite often a dietician will refer a child to the clinic to get the eczema under control before they can start looking at the potential causes," Pam says.

"It's just so rewarding seeing children getting better, staying out of hospital and not having to go to their GP every other week."

Associate Director of Nursing and Operations Manager Jill Clendon is responsible for Well Child and community public health nursing services at Nelson Marlborough Health.

Jill says the eczema clinic is a great example of how nurses support people to manage their health needs in the community, in many different ways.

"Nurses competently lead care for many patients with chronic conditions including diabetes, heart conditions, palliative needs, continence needs and chronic wounds.

"They visit people in their home to provide care, offer clinics to support people manage specific health needs such as eczema and diabetes, immunise people in schools and GP clinics and facilitate access to other health services," Jill says.



MAKE A PLAN AND STICK WITH IT

The younger a person starts drinking alcohol, the more likely it is that they will go on to drink harmfully in their late teens and adult life.

Even though parents don't want their children to use drugs, many introduce their teens to alcohol before they reach the legal purchase age — whether offering sips in supervised settings, or providing large amounts of high-strength alcoholic beverages that are consumed unsupervised.

As reported to the Adolescent Health Research Group (2013) around 60 per cent of under-18s who drink alcohol get it from their parents.

In 2015 Hilary Genet, Mental Health Promoter and Carol McIntosh, Alcohol Licensing & Health Promotion, both from the Public Health Service, joined Rosey Duncan, Community Action Youth & Drugs (CAYAD) coordinator with the Health Action Trust, to look at youth access to alcohol.

Their response was to start asking parent focus groups, innovators and young people about their knowledge, experiences, attitudes and opinions regarding alcohol.



They also asked parents what kinds of tools they'd find useful to stimulate conversations about alcohol and to help create plans for their families.

As a result of these discussions the team chose to focus on influencing parents who want to teach their teens to drink responsibly because these parents are already thinking about what they do to support their child to make good choices.

From here the two key aims became:

1. to delay parental supply as long as possible (rather than simply asking them to not provide alcohol at all),
2. to create family plans.

Out of this emerged the initiative brand The Plan with the strapline 'Delay teen drinking. Make a plan and stick with it'.

Since then the team has developed a range of interactive resources, worked with bottle stores, connected with parents via high schools and workplaces, advertised, promoted, and presented The Plan extensively across the Nelson Tasman region.



What has The Plan achieved?

Social change does not happen quickly, nor is it easy to measure. However, feedback from parents has shown that they have learnt new and important information and The Plan has been a good reminder for what they need to do as a family. Parents have found it useful to talk with other parents, and find out what they were doing. Parents report that they feel assured and confident to tackle the issues and not feel pressured by their teens.

The team is now working to extend the reach of The Plan beyond Nelson Tasman.

Parental supply of alcohol is also being evaluated nationally by the Health Promotion Agency. Over time it is expected national surveys such as the *Attitudes and Behaviours towards Alcohol Survey*, and the *Lifestyle Survey*, will indicate changes in New Zealanders' attitudes and behaviours around alcohol.

The Plan won the Best Poster category in the 2018 Health Innovation Awards.

HAPŪ WĀNANGA (WĀNANGA HAPŪTANGA) – KAUPAPA MĀORI PREGNANCY AND PARENTING PROGRAMME



Hapū Wānanga is a kaupapa Māori pregnancy and parenting programme that covers mainstream practices within a kaupapa Māori context.

The programme, launched in Marlborough in November 2018, operates in multiple locations across the Nelson Marlborough district. It is a partnership between Nelson Marlborough Health's Te Waka Hauora Māori health team, Maternity Services, local Māori providers and community. It is the first of its kind in Te Taihū (top of the South Island).

Hapū Wānanga is designed to reintroduce whānau from vulnerable populations to Māori traditions and support pregnant wāhine who might not otherwise engage with antenatal education.

Over two days Hapū Wānanga embraces the principles of te reo, tikanga and mātauranga Māori to share knowledge and key messages around immunisation, labour and birth options, safe sleep, gentle handling of pēpi and other issues identified by whānau attending, in a way that upholds and acknowledges Te Ao Māori.

Strong engagement and linking to local support services is important to the ethos of the wānanga – with local presenters and services such as smoking cessation and whānau support services attending.

At the end of the programme wāhine are given a wahakura woven by local weavers to support the safe sleep message. It comes with a mattress, sheets, merino blankets, baby clothes, accessories and an aroha pack filled with items for māmā and pēpi.

Hapū Wānanga supports Māori whānau and not just first-time parents and mothers — partners and wider whānau are welcome. To help remove any barriers to whānau accessing the programme, there is no cost, kai is provided and also transport if required.

Results to June 2019:

11

Hapū Wānanga have been held for 76 people: four in Blenheim, four in Nelson and three in Motueka.

Around **80%** of attendees identify as Māori, with Pakeha and Pasifika whānau making up the non-Māori participants. In less than a year there was more than a 1000 per cent increase in Māori uptake of the programme.

The average age of wāhine attending Hapū Wānanga is 26.5, which is younger than women attending mainstream pregnancy and parenting programmes, and increasing numbers of mums who have previously had babies are also attending.

At the completion of the programme **60%** of the mothers attending who were smokers when they registered joined either the Pēpi First or Stop Smoking Service.



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.

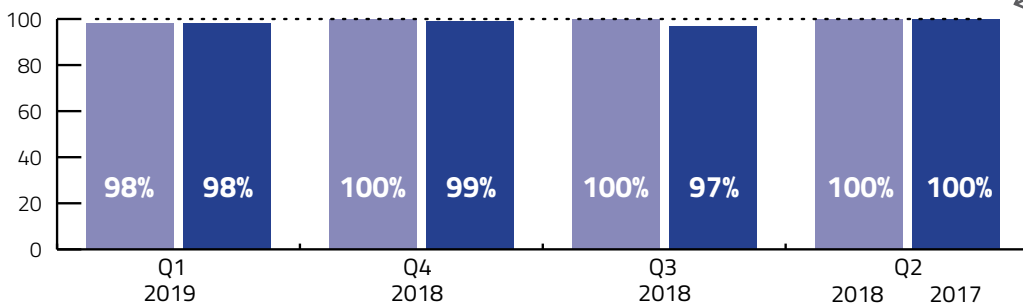
Quality and safety markers update, Q2 April to June, 2019

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

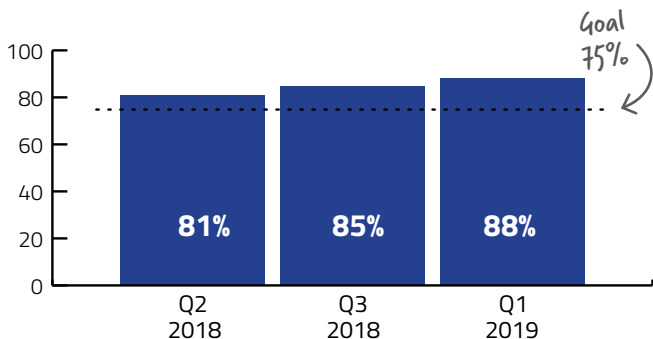
Goal 100%



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. Hand hygiene national compliance data is reported three times every year, not quarterly.

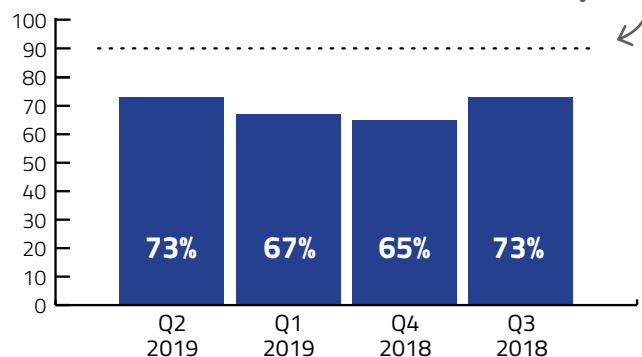
Goal 75%



Falls Prevention

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

Goal 90%



COUGH REFLEX TEST PICKS UP SWALLOWING DIFFICULTIES

An acid which occurs naturally in citrus fruit is helping the Nelson Marlborough Health speech language therapy (SLT) team perform a simple test to detect whether a patient is likely to cough if something goes down the wrong way.

Nebulised citric acid irritates a person's larynx and makes them cough, simulating the same effect as food or fluid touching the vocal cords.

SLT team leader, Michele Cunningham says a cough reflex test may be done on patients who have had an acute stroke or a neurological condition that might affect their swallowing.

"We put citric acid through a nebuliser and the patient breathes it in," she says.

"If they cough it tells us the sensation in their larynx is intact and they will be able to feel if food or fluid has gone down the wrong way. If they don't cough it could mean the sensation in their larynx is affected, meaning they may not feel it and therefore won't cough it up."

Michele says this is known as silent aspiration, and the patient may not know it's occurring, putting them at increased risk of developing aspiration pneumonia.

In May 2019 the SLT department added the cough reflex test as an additional tool to some swallowing assessments.

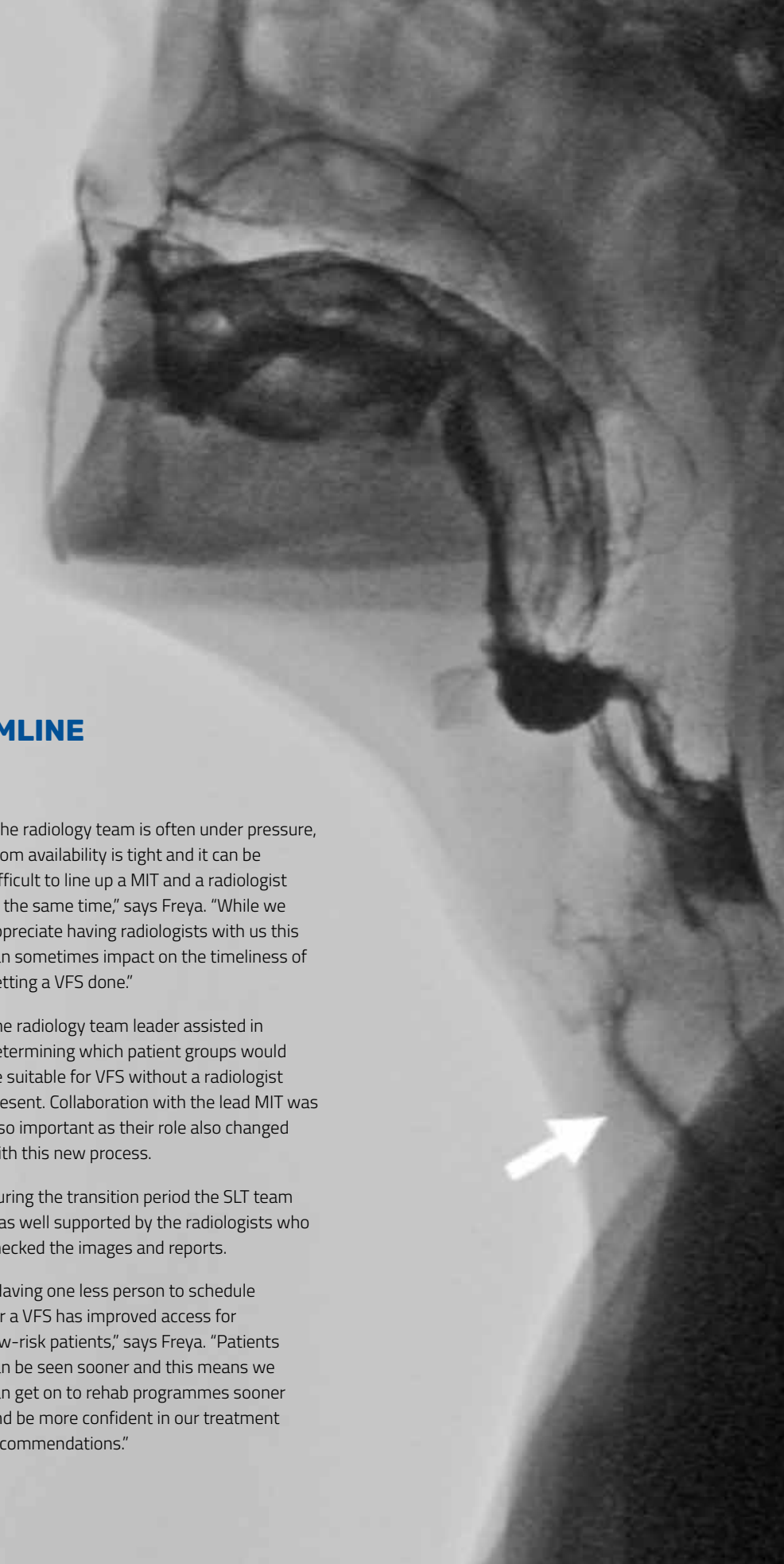
Although 10 per cent of the regular population won't react to citric acid, Michele says the test acts as a good screening process.

"Just because someone fails the test it doesn't mean 100 per cent that their cough reflex is compromised but it does mean we manage them more cautiously, and it gives better information to the medical team," she says.

"When someone passes the test it gives us a lot more confidence that they are not silently aspirating."

Michele says since they started using the test approximately 20 per cent of patients fail, although some will subsequently pass when the test is re-administered in the next day or two.





INITIATIVE HELPS STREAMLINE X-RAY EXAMINATIONS

If a patient fails a cough reflex test or is having swallowing problems due to head and neck cancer, stroke or a neurological disease, they may be sent for a videofluoroscopy (VFS), a moving x-ray examination of their swallowing action.

During the procedure barium sulfate, a metallic compound that shows up on x-rays, is mixed with food. This allows the speech language therapist (SLT) to analyse the complex muscle movements involved in swallowing and assess whether food or liquid is entering a person's lungs.

A recent initiative, led by SLT Freya Davison, has made the process for getting a VFS more streamlined for patients.

Previously a videofluoroscopy involved the presence of a radiologist, along with a medical imaging technician (MIT) and an SLT.

Freya's initiative meant a radiologist was no longer required to be present for a VFS on low-risk patients.

"The radiology team is often under pressure, room availability is tight and it can be difficult to line up a MIT and a radiologist at the same time," says Freya. "While we appreciate having radiologists with us this can sometimes impact on the timeliness of getting a VFS done."

The radiology team leader assisted in determining which patient groups would be suitable for VFS without a radiologist present. Collaboration with the lead MIT was also important as their role also changed with this new process.

During the transition period the SLT team was well supported by the radiologists who checked the images and reports.

"Having one less person to schedule for a VFS has improved access for low-risk patients," says Freya. "Patients can be seen sooner and this means we can get on to rehab programmes sooner and be more confident in our treatment recommendations."

The Models of Care Programme aims to make the system more responsive and patient-centric. Health Care Home and the Medical Admissions and Planning Unit (MAPU) are two of the initiatives within the programme that will lead to this transformation.

THE MODELS OF CARE PROGRAMME

HEALTH CARE HOME

The first place most people look to for their healthcare needs is their local general practice or GP.

These practices are coming under increasing pressure as people's lifestyle choices and an aging population result in more complex health issues and a greater demand for care. Without a solution this situation will become unsustainable.

Health Care Home (HCH) is designed to help general practice teams remain responsive through new and sustainable ways of working.

The aim of HCH is to strengthen the services at the beginning of a person's healthcare



A Primary Care Practice Assistant takes dermoscopy skin photos during a virtual consultation

journey, providing greater accessibility to care closer to home, though technology and efficient ways of working. Interdisciplinary healthcare teams will also be easy to access to work with patients and their whānau.

The initiative began in the Nelson Marlborough region in October 2018, and there are now nine HCH practices, representing 42 per cent of enrolled Nelson Marlborough patients with more joining early in 2020. The aim is to have 80 per cent of the enrolled population registered with a HCH practice.

Health Care Home aims to:

- Improve patients' access to healthcare through virtual consultations and alternative appointment formats, online booking capability and phone triage services.
- Increase the capacity of the practice team.
- Reduce the demand on the hospital emergency departments and unplanned care by proactively managing people with complex health needs.

Feedback on the HCH initiative so far has been overwhelmingly positive.

"I rang for an appointment and was advised that there were no routine appointments available. I was happy to wait until the following day, but the receptionist suggested that I could be called by a GP to be triaged. I spoke to the GP who felt that with the symptoms I had, it was better that I was seen today. This is an excellent service." Patient Mr MH.

"The team huddles have provided an excellent addition to good practice communication, particularly during the implementation of our new patient management system, and a period when flu vaccine became restrictive. The huddles are always well-attended and have become an integral part of the day." GP

The Health Care Home practices will also be the launch pad for a number of other Models of Care initiatives including:

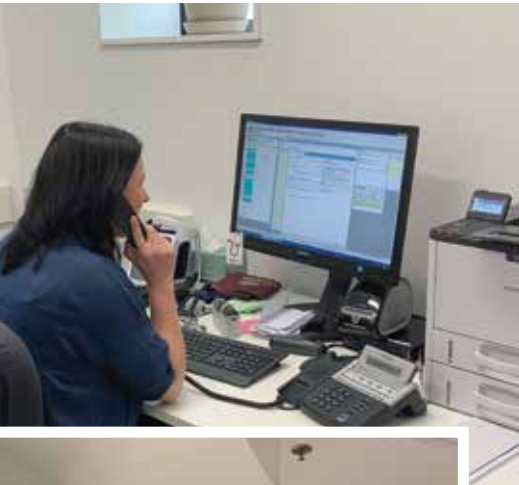
Strengthening Coordinated Care:

Supporting health professionals to coordinate services for people with complex health needs.

Virtual Health: Enabling off-site consultations and eventually remote monitoring, reducing the need for travel for those unable to do so or based in isolated areas.

Shared information: Will enable the sharing of electronic care plans across the health system.

MAPU: AIDING ACUTE HEALTHCARE



The MAPU team (July 2019)

Emergency departments are often the pressure point in a hospital. As more patients pour through the ED doors, there's pressure on staff to manage their care and move them through the department.

Demand for acute healthcare rises each year, but Nelson Hospital has a low number of medical beds available for patients in need of short-term urgent care.

In order to reduce congestion in ED, deliver more effective and efficient care, and improve the patient journey in to hospital care a Medical Admissions and Planning Unit (MAPU) was established and successfully trialed between August and October 2018.

The 10-bed unit, in close proximity to ED, the Intensive Care Unit and Radiology Department, is a place where patients with serious health conditions are assessed and observed. MAPU brings together the skills of a specialised group of health professionals.

Feedback about MAPU during a trial from staff and patients was positive, and on 1 July 2019 a permanent MAPU was opened.

Some people are referred to the hospital by their GP and fast-tracked through ED into the unit. Other patients are admitted to the unit from ED. This takes the pressure off ED and also means that patients can receive care sooner.

Decongesting ED for new arrivals helps reduce the time people spend in ED bays or corridors, and ensures the 'right' patients are in ED.

While it is still too early to make a definitive assessment on the impact MAPU is having on waiting times in ED and overall lengths of stay in hospital, the indications are positive.



Jodie Winwood, Associate CNM, Sharon Scott, Charge Nurse Manager ED & MAPU, Sonja Van Alphen, Team Leader Pharmacy, Deidre Crichton, Team Leader Physiotherapy.

The Models of Care Programme virtual health initiative, uses communication technologies to provide healthcare when patients and care providers are not in the same physical location. Thereby avoiding the stress and travel that comes with having to attend appointments in person.

VIRTUAL CONSULTATIONS

A SPECIALIST'S VIEW

Dr Saxon Connor, a specialist surgeon at Christchurch Hospital says we can't underestimate the impact travel has on patients. He regularly consults with patients from Nelson and says it's often those who have to travel that are in poorer health.

"Technology is at a level now where, other than a physical presence, there is very little difference between a virtual consultation and a face-to-face appointment," Dr Connor explains. "Before a consultation all the assessments have been done so the meeting is about the conversation. In my experience, a nurse or GP is always present with the patient, so I am comfortable that the patient is being supported."

He says his role is to talk to the patient about their situation and treatment plan and this can be done via video as effectively as meeting in person and it is less exhausting for the patient.

Dr Connor is heartened with the steady increase in the number of virtual consultations and encourages all patients to take up the opportunity of a video consultation if their health allows for it.



Dr Saxon Connor

A PATIENT'S VIEW

Mr La Pang was a patient who required advice and treatment from a specialist in Christchurch and was able to attend his appointment from Nelson via a video consultation.

Originally from Burma, Mr Pang now lives in Nelson with his wife and family. Following a diagnosis, he was faced with having to travel to Christchurch to attend specialist appointments. Neither he nor his family speak English, so for the 75 year-old the logistics of travel were quite daunting. On top of this, Mr Pang's condition affected his mobility, meaning standing or sitting for extended periods was difficult.

"The long distance to travel, so much time waiting and also the need for a lot of people to help with interpreting and movement made it very difficult last time," Mr Pang explained.

Mr Pang was identified as a suitable candidate for a virtual consultation. So for his next appointment, rather than undergoing the discomfort of another trip to Christchurch, his sons were able to drop him off at Nelson Hospital where he met with a translator and public health nurse. With their help, he spoke to his neurologist at Christchurch Hospital via video link.

The relative simplicity of the technology and the opportunity to interact with it have all helped to create a level confidence in video consultations.

"I am a lot happier with local appointments and for me I didn't feel much different — as long as I have an interpreter," Mr Pang says.

The relative simplicity of the technology and the opportunity to interact with it have all helped to create a level confidence in video consultations.

The initiative will eventually extend into other community settings as well as into people's homes — bringing care truly closer to home.



A VIRTUAL CONSULTATION JOURNEY

Despite the excellent healthcare facilities and support available in Golden Bay many patients have to complete a 100 kilometre trip, traversing the winding Takaka Hill, to see a medical specialist in Nelson. An appointment may be brief or require no physical examination, yet it involves a lengthy trip, which can be costly and taxing for older or post-surgical patients.



Some small but exciting steps have been made towards using virtual consultations in the bay. General Manager of the Golden Bay Community Health Centre (Te Hauora o Mohua), Linzi Birmingham, is part of the national Ministry of Health Telehealth Leadership Group which advises on deployment priorities, technical considerations, barriers and other matters relating to virtual consultations. Linzi believes the introduction of virtual health will be transformational for the bay.

"The use of virtual consultations is a significant initiative," she says. "It's about valuing our patients' time as much as we value our own."

She says it would mean a change of thinking for many people but it is very exciting.

"Once all the barriers around connectivity and security have been removed it will become a valuable tool for us to use in the provision of healthcare in Golden Bay. Watch this space."



VIRTUAL SPEECH-LANGUAGE THERAPY CONSULTATION WELCOMED

When Ann Lewis started having trouble with her voice, a specialist diagnosed a lack of collagen in her vocal cords and referred her to speech-language therapist Michele Cunningham.

"I saw Michele on one of her regular visits to Golden Bay and she raised the option of doing the therapy via virtual consultation," says Ann. "I thought it was a splendid idea. Why travel over the hill if I don't have to?"

Michele initiated a pilot virtual health programme in Golden Bay as part of her career and salary progression project.

"I spent awhile exploring and trialing technology and settled on using the video conferencing platform ZOOM," Michele says.

Michele did an initial assessment with Ann and then set up a therapy programme using virtual health where appropriate.

"Speech-language therapy sessions don't always need to be face-to-face. But you do need good equipment as voice therapy is about sound and whether the pitch is stable and sometimes that can be hard to tell on a video link," she says.

Ann says Michele prepared her before their sessions started and she knew what to expect.

"There was a slight glitch with the sound in the first session but we muddled through," she says.

Michele admits there are still some teething issues with the technology, but she's had great support from Nelson Bays Primary Health Organisation and Golden Bay Community Health staff.

Despite the issues both Ann and Michele agree their virtual health experience has been a success. Ann says although she is quite comfortable driving over the hill she resents having to spend a whole day away from home.

"If we hadn't done a virtual health consultation there wouldn't have been as many sessions and the therapy would've been harder to do," she says. "I think it's a fantastic idea and I didn't feel it was less of a session because of the technology."

"Some people my age may not be comfortable with the technology — but in another ten years it might be different," she says. "It wasn't an issue for me and it certainly beats travelling."



Ann Lewis and Michele Cunningham.

FUTURE FOCUS

HOW THE MODELS OF CARE PROGRAMME IS DELIVERING THE PRIMARY AND COMMUNITY STRATEGY.

The *Primary and Community Strategy*, developed in 2016, gives a clear direction for the future of our region's healthcare services.

Through a series of public meetings, Nelson Marlborough's community validated the strategy and its direction for a *'people-centred healthcare system that will provide a proactive and collaborative approach to care, and use technology and information to reduce barriers and improve health outcomes.'*

The next challenge was to create an action plan – to transform the status quo and deliver the vision. Working with health professionals across the system, a significant amount of work went into understanding the vision and translating it into real outcomes and initiatives. This became the Models of Care Programme.

Through the programme, nine initiatives were prioritised to lay the groundwork for the vision and to enable future initiatives:

MODELS OF CARE PROGRAMME

HEALTH CARE HOMES

Improving access to health care and better care coordination and delivery by strengthening general practices.

SHARED INFORMATION

Sharing health information between health professionals to ensure consistency of care.

VIRTUAL HEALTH

Implementing virtual technology to improve care and reduce the physical barriers to healthcare.

STRENGTHENING COORDINATED CARE

Providing better care for people with complex needs by supporting health professionals to work in teams.

WORKFORCE DEVELOPMENT

Growing a flexible, skilled health workforce to meet the future healthcare demands of the community.

ACCESS TO TIMELY ADVICE

Supporting health professionals to give and receive advice to improve patient care.

MEDICAL ADMISSION AND PLANNING UNIT (MAPU)

Improving immediate access to specialists in Nelson hospital for the acutely unwell patients.

HAUORA DIRECT

Proactively assessing the health of vulnerable people and providing services where they are.

FIRST 1000 DAYS

Supporting vulnerable people to develop the crucial parenting skills they require to improve the health and wellbeing of their young children.

The level of commitment shown by health practitioners across the region and the enthusiasm of the community members already experiencing the services (through trials and initial rollouts) suggests that the future of the Nelson Marlborough healthcare system will more than live up to the vision laid out in the *Primary and Community Health Strategy*.

For more information about any of these initiatives visit www.nmdhb.govt.nz/models-of-care



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.

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