

Our People, Our Stories

Healthcare initiatives in the Nelson Marlborough region

2020

Quality Account



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Front cover photo: by Sally Kent, taken at Mapua Wharf in Nelson.

We have endeavoured to ensure that information in this publication
is accurate at the time of printing – November 2020

WELCOME TO OUR 2020 QUALITY ACCOUNT

The Quality Account informs our communities about some of the health and quality improvements delivered by Nelson Marlborough Health 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 particularly proud to present the *2020 Quality Account — Our People, Our Stories* in which we share some of the many health initiatives and innovations happening across Te Taihū (Nelson Marlborough).

Without doubt 2020 has been a very challenging year for the health sector. However, despite the additional stress and work associated with the management of COVID-19, our healthcare teams have managed to keep innovating, keep caring for our vulnerable populations and keep looking for ways to improve the way we deliver care.

This edition of *Our People, Our Stories* is a good illustration of the diversity of initiatives happening in the health sector, right across our region. The stories demonstrate how innovative technology, or a small change in

the way something is done, can have a profound and positive effect on someone receiving healthcare.

No matter what the circumstances (even dealing with a pandemic) or what their role is, our staff are committed to delivering high-quality care that is safe, effective, equitable, and makes the best use of resources.

The 2020 Nelson Marlborough Health Innovation Awards once again attracted more than 30 entries, all focused on improving people's experiences. Due to COVID-19 restrictions we were unable to celebrate the entrants with an awards ceremony. However, as in previous years, the high standard of entries made my job as one of the judges very difficult. Congratulations to all the category winners and thank you to all who entered.

Each year, this publication enables 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 the communities we serve. It also provides an update on our performance against national targets.

Lying at the heart of our commitment to innovate and continually improve how we deliver healthcare is our vision: 'All people live well, get well, stay well. *Kaiao te tini, ka ora te mano, ka noho ora te nuinga.*'

I hope you enjoy reading these stories. For more about healthcare initiatives at Nelson Marlborough Health go to www.nmdhb.govt.nz/our-stories

Jenny Black

Jenny Black MNZM
Chair, Nelson Marlborough District Health Board



Read more on page 16 about Rōpū Tāne Kotahi Rau: a mental health programme which helped a group of Māori and Pasifika men with chronic long-term mental illness.

A DAY IN THE LIFE OF NELSON MARLBOROUGH HEALTH

In one day...



HOW OPIOID SUBSTITUTION TREATMENT CAN LEAD TO POSITIVE LIFE CHANGES

Opioid substitution treatment (OST) allows someone who is opioid-dependent the opportunity to make positive changes in their lives.



Someone who is dependent on drugs, such as morphine, codeine, tramadol, oxycodone and methadone, can feel more stable, better able to cope and more focused on the future by having a managed, daily dose of an alternative to opioid medication.

However, people prescribed OST are vulnerable. They have a shorter lifespan, often have bad veins, have a higher risk of experiencing cardiac issues, and often lack trust in health providers. They experience significant inequities in terms of access to healthcare, and ongoing monitoring of their physical and mental health.

A project was launched to help overcome some of these barriers involving pharmacists Megan Peters, Deirdre Magee, Rebecca Lukey and a consumer representative working alongside 30 tāngata whaiora (people seeking wellness) with opioid dependence.

Rebecca Lukey, Mental Health and Addictions Clinical Pharmacist, says community pharmacists are well-placed to help people receiving OST.

"They are more accessible, they see the person every day when they come and pick up their OST dose, and the pharmacist

doesn't have any influence over the amount of OST dispensed," she says.

"The person receiving treatment doesn't have to sit in a waiting room and feel they are being judged — they are just another person picking up medication at their pharmacy."

Rebecca says the project team also found the tāngata whaiora were experiencing difficulties accessing blood tests, and felt stigmatised and disempowered when they discussed genuine health concerns.

Megan Peters and Deirdre Magee, both pharmacists at Victory Square Pharmacy, supported tāngata whaiora on OST to engage with health providers.

"Many of the pharmacists did a full medication review, took people to their GP, acted as clinical advocates at appointments, and they followed up with the person's GP," Rebecca says.

The pharmacists also provided education sessions to GP practices and junior hospital doctors about OST and its physical health implications. They developed information sheets, addressed barriers to accessing electrocardiograms and blood tests

necessary for cardiometabolic screening, and updated Health Pathways information in consultation with the Nelson Addiction Service.

This hands-on approach requires a significant commitment but Rebecca says the results have been encouraging.

"Many of this group have had a rough past and they just want to get on with their lives. We have raised awareness about some of the issues they face, and we have improved some of the pathways for them."

"The health providers are also more informed about OST and tāngata whaiora are more willing to be assertive about their health."





The Community pharmacists improving healthcare for a vulnerable population project won the He Tāngata / The people category in the 2020 Health Innovation Awards

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 2 (October – December 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%	91%
	Faster Cancer Treatment 90 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%	89%
	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%	93%
	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%	96%

DIVAS: MAKING IV INSERTION EASIER

After watching patients endure multiple attempts to have intravenous (IV) lines inserted, Registered Nurse Kirstie Williams knew there had to be a better way.

It's estimated over half of all patients admitted to hospital require intravenous lines. However, patients with chronic diseases, a history of IV drug use, who are receiving chemotherapy or regular infusions often experience difficulties with IV insertion. This is known as 'difficult IV access' or DIVA and can lead to delayed treatment, additional hospital visits, missed medications and painful haematomas.

Kirstie believes this group of vulnerable patients are often overlooked.

"Veins can be difficult to cannulate, or access, when patients are very sick, frail or they have undergone IV insertion many times," Kirstie says.

Kirstie cannulates patients every day and often has to find a doctor or radiologist to help access difficult veins.

"Accessing veins is a skill and done by feel but with some patients you can't feel a vein so an attempt can be very painful and cause anxiety and worry. Veins can be tricky to see or feel, get very hard or collapse when you try and put a needle in them" she says.

"In these challenging situations it's easy to see a patient as a task but if we take a step back, we see that the emotional pain for

many of these patients is greater than the physical pain."

Kirstie saw how clinicians used ultrasound cannulation techniques to see under the skin and guide the IV insertion. She thought, 'why not learn it myself and teach others?'

"Using ultrasound takes the guess work out of IV insertion and reduces the number of attempts needed," she says.

Kirstie was trained in ultrasound cannulation, started using the technique for radiology patients and then developed a DIVA service to help other nurses successfully cannulate their patients.

"There was one particular patient who was the catalyst for me. She was a younger DIVA patient who felt everyone had given up trying with her."

"We developed a trusting relationship. I could see the value in what I was doing and how much ultrasound cannulation could change a person's hospital experience," Kirstie says.

"This service has made a massive improvement for a small cohort of patients and I can't wait to inspire other nurses and watch it have a positive outcome for more and more patients."

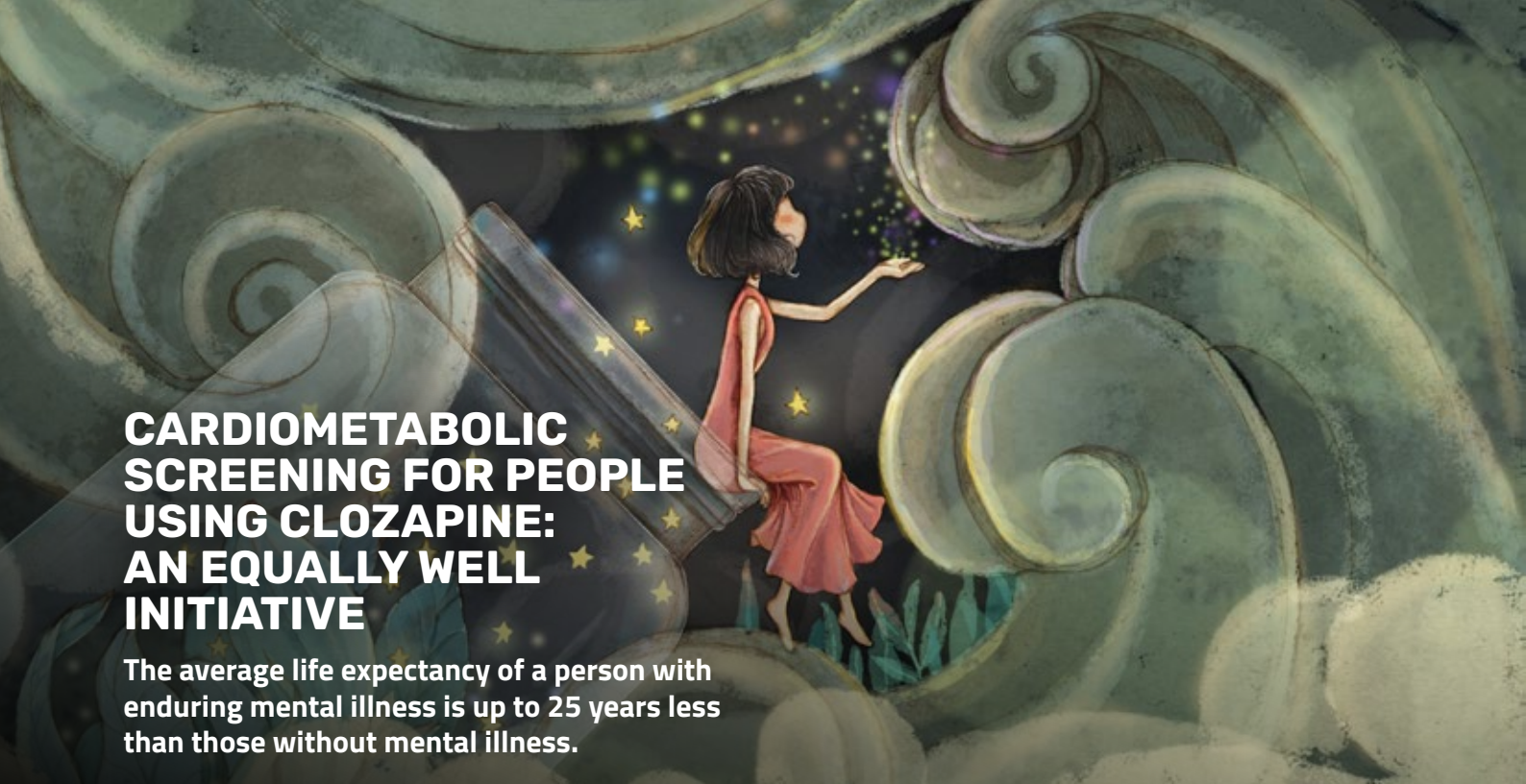


WHAT THE PATIENTS SAY

A study based on the experiences of 82 DIVA patients who had ultrasound guided access demonstrated that good training, along with sound procedural experience with ultrasound reduced IV access attempts and patients' anxiety and pain.



*The DIVAs walking the line: Making IV access easier study was an entry in the **He Tāngata / The people** category in the 2020 Health Innovation Awards.*



CARDIOMETABOLIC SCREENING FOR PEOPLE USING CLOZAPINE: AN EQUALLY WELL INITIATIVE

The average life expectancy of a person with enduring mental illness is up to 25 years less than those without mental illness.

Knowing that psychiatric medication is a key contributor to poorer health outcomes, a team in Nelson Marlborough began investigating what was going on for tāngata whaiora (people seeking wellness) using Clozapine. Clozapine is an effective drug to treat schizophrenia but is known to have some nasty side effects, especially to cardiometabolic function.

Despite the risks, the team found that only two per cent of people prescribed Clozapine were regularly screened for cardiometabolic issues.

Jen Hassloch, Nelson Marlborough Health Improvement Advisor and project team member, says tāngata whaiora and their whānau expressed concerns when asked about their experience with Clozapine.

“They were concerned about weight gain, they didn’t always trust the healthcare services, there were health literacy challenges, experience of poor coordination between services, and we found there were financial barriers for some,” Jen says.

These findings prompted action. A registered nurse was appointed to arrange cardiometabolic screening for people with Clozapine prescriptions.

Now, when tāngata whaiora attend their specialist appointments, they may also be referred for electrocardiogram tests, blood tests and for follow-up appointments with their GP as part of the cardiometabolic screening programme. Health education and assistance with prescription side effects is also offered.

Since screening started early in 2018, 91 per cent of people prescribed Clozapine in Nelson Marlborough have been screened. Most have also had other support to help improve their health and quality of life.

Jen says that this success is particularly due to having one person managing the screening process and building trust and rapport along the way.

“Now it’s standard practice for anyone starting on Clozapine to have cardiometabolic screening. This captures a baseline of valuable health information so that we can consider what might be needed if someone’s metabolic function changes while they are taking Clozapine,” Jen says.

“The aim is to make life easier for people on this medication and to improve their overall health and wellbeing while they are engaged with mental health services.”

WHAT IS AN EQUALLY WELL INITIATIVE?

Te Pou o te Whakaaro Nui is a leading partner in Equally Well, a group of people and organisations, which includes NMH, with the common goal of achieving physical health equity for people who experience mental health and addictions issues.

Equally Well is about taking the initiative and working together for change. People who access mental health and addictions services are at the centre of this work.



*The Cardiometabolic screening for people using Clozapine: an Equally Well initiative project won the **Darcy Christopher overall excellence** award in the 2020 Health Innovation Awards.*

HELPING PEOPLE TO LIVE FULLY AND AVOID FALLING

Simple goals such as being able to rise from a chair, take a shower or walk the dog mean a great deal to many frail and older people.

As we age there can be a reduction in physical strength and balance. This alone can increase the risk of falls but when accompanied by other factors, such as failing eyesight, medication effects, or poor footwear, the risk of a fall increases dramatically.

Falls are a leading cause of injury among older people and are a common cause of hospital admissions and a loss of independence.

There are a lot of factors to consider when addressing falls risks, and any solution requires strong relationships between GPs, practice nurses, allied health clinicians, needs assessors, St John and home-based support agencies.

The Health In Home Falls Prevention Programme is a partnership between Nelson Marlborough Health and ACC and is offered to people who live at home.

Nelson Physiotherapy Team Leader Deidre Crichton says the programme puts proactive falls prevention strategies in place and links people with the appropriate falls prevention services.

Physiotherapist and Clinical Co-ordinator Kate West visits people at home to assess their strength and balance, and to rectify any falls hazards in their home. She then prescribes an individualised exercise programme.

“My focus is to listen to the person and understand what they want to achieve with the programme,” Kate says.

“For some this could be confidence with everyday activities at home. For others, it could be taking their wife out for a coffee.”

From here, an allied health assistant continues the programme— six months of home visits and phone calls to help the person establish a regular exercise routine.

The success of the programme can be measured by the reduction in falls that require emergency treatment or someone's move into a residential care facility, but it's the feedback from patients and their

whānau that Kate feels really measures success.

“When I hear a person is now able to leave the house because they are not so afraid of falling, or if they can get out of a chair by themselves, it is those stories that mean a lot to the team,” Kate says.



*The Living fully and free of falls in the Nelson Marlborough community project won the **Healthy Communities** category in the 2020 Health Innovation Awards.*

OUR PEOPLE

NELSON MARLBOROUGH HEALTH
IS RESPONSIBLE FOR NEARLY

160,000

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

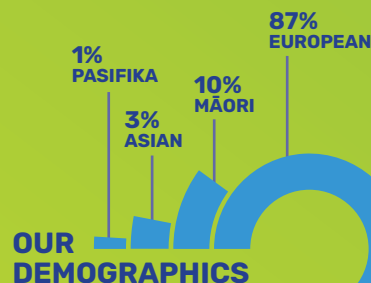
AND CHANGING...

50%

OF OUR MĀORI
POPULATION
IS UNDER 25

18%

OF OUR CHILDREN
AND YOUNG
PEOPLE IDENTIFY
AS MĀORI



AND AGEING...

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

GESTATIONAL DIABETES: IT'S ALL ABOUT THE FOLLOW-UP

Around five per cent of pregnant women will develop a glucose intolerance known as gestational diabetes mellitus (GDM).

If untreated, GDM can cause complications for mother and baby including pre-eclampsia, low blood sugar, respiratory distress, jaundice complications and larger than average babies.

The majority of women recover from GDM after the baby is born, but both mothers and their children are at an increased women risk of developing type 2 diabetes later in life.

It's recommended that three months after they've given birth, women who have had GDM, have an HbA1c blood test, with yearly screening thereafter. This test determines if the GDM has resolved and provides an opportunity for a GP or practice nurse to discuss diet, exercise and weight management to delay or prevent the onset of type 2 diabetes.

Diabetes Clinical Nurse Specialist Helen Tippler says unfortunately statistics show only around 50 per cent of women with GDM have the HbA1c postpartum test.

"We are talking about new mums, with new babies, who have a lot to do and the test is often not a priority," Helen says.

To help increase the uptake of the screening test Helen introduced a pamphlet on GDM guidelines for women, and created stickers to go in Well Child Tamariki Ora books as a reminder to healthcare providers to discuss the screening with women.

"I also highlight the importance of continued screening in the discharge letters to the woman's GP and primary healthcare team."

As a result of her efforts, Helen has seen a marked improvement in the number of postpartum HbA1c screenings in the Nelson area.

"However, a sustained campaign is needed to keep the awareness up about the importance of recalling women with GDM for screening."

Helen would like to present at regional and national primary care meetings about GDM and to outline Ministry of Health guidelines.



It's recommended that three months after they've given birth, women who have had GDM, have an HbA 1c blood test, with yearly screening thereafter.

GETTING 'SPOTTY' FOR VISION

The right training but the wrong tools for vision testing mean children in the Te Taihū region are not necessarily getting the best vision screening service. However, the implementation of new screening technology will soon fix that.



An audit of the Nelson Marlborough Vision Screening Programme in 2019 revealed that the 2014 national vision screening protocols were outdated and no longer considered industry best practice.

Jacqui Hitchcock, a hearing and vision technician based in Marlborough, says vision screening is done to diagnose amblyopia (lazy eye), or the need for further assessment, in children.

The technicians have been using the Parr letter-matching vision test which requires a child to wear a patch over one eye, look at shapes or letters displayed four metres away and then point to the equivalent shapes on a chart.

'Spotty is a handheld, portable device designed to detect six different vision conditions.'

"The test is used on four to eight year-old children and requires them to be compliant and have enough comprehension to do the screening and not remove the patch," says Jacqui.

Up to 10 per cent of children who were referred to ophthalmology appointments based on their test results were found to not actually require treatment.

"This put pressure on an already stretched service and caused unnecessary anxiety for the children and their caregivers," Jacqui says.

The 2019 review suggested using a Welch Allyn Spot Vision Screener, or 'Spotty'. Spotty is a handheld, portable device designed to detect six different vision conditions. It can be used for people aged from six months old and screens both eyes at once from a 1.5 metre distance.

A project to test the feasibility of using Spotty for the screening programme was run in Marlborough over two months in late 2019.

"We wanted to determine the ease of use, accuracy, time savings and comfort to a

child when using Spotty compared with the methods of manual screening," Jacqui says. "Welch Allyn lent us a Spot Vision Screener and we tested 66 children and compared the results to 57 tests using the Parr chart."

Jacqui says the device is easy to use, with a high compliance rate from the children. Overall the results are very positive and feedback from children and parents was also very favourable.

"Screening with Spotty is very quick, there's no need for a child to wear an eye patch and it's effortless to use with children who have different needs."

The Spotty device also picks up conditions not previously detected with the Parr chart, such as astigmatism.

Jacqui says three Spotty devices have been purchased for the programme.



The Getting 'Spotty' for vision project won the Top of the South category in the 2020 Health Innovation Awards.



KŌRERO MAI!

WITH A LANGUAGE, COMES A CULTURE

A project to promote the use of te reo Māori with patients, whānau and staff aims to help reduce the health inequities experienced by tangata whenua.

Daniel Lister, an Improvement Advisor at Wairau Hospital found that when he started to learn te reo Māori he also started to understand tikanga Māori and te ao Māori better.

This inspired him to encourage other healthcare professionals to also start learning te reo Māori and to encourage a supportive environment for beginners.

"I looked at an Air New Zealand initiative where staff wear a badge to show they can speak te reo Māori, and I thought the idea might work for Nelson Marlborough Health if it was adapted for use by everyone – beginners as well as confident speakers," Daniel says.

He ran the idea past Pouherenga (Cultural Advisor) Paora Mackie who suggested designing a small tohu (badge) using an emotiki — a unique Māori emoji.

"Paora felt using the emotiki, a traditional symbol with a bit of fun added, would make a badge more noticeable."

Once the first 'kōrero mai' badges were ready, Daniel invited staff to start wearing them.

"We made it clear that you didn't have to be fluent in te reo Māori to wear one but if you knew a few words and had a willingness to continue learning te reo then the badge was available to wear with pride."



"It was pretty exciting, and surprising to see the interest, and the feedback has been very positive," says Daniel.

Within two weeks the initial run of 200 badges had been snapped up and a second order of 200 have also gone.

"It was pretty exciting, and surprising to see the interest, and the feedback has been very positive," says Daniel.

The badges are available to purchase online (on [aliexpress.com](https://www.aliexpress.com)) and Daniel hopes to extend the initiative to other organisations.

PUTTING THE INFORMED BACK IN INFORMED CONSENT

A simple three-minute test is being used to ensure older people can make a more informed choice about invasive cardiac valve surgery or procedures.

When cardiac nurse Rebecca Eddington studied the experiences of older patients who had undergone heart valve replacement surgery, she found that many of them didn't feel well-informed about the potential after-effects.

"The key issues were around having impaired memory and loss of independence following the surgery," Rebecca says.

It is widely accepted that a person's frailty level before surgery significantly affects their ability to recover.

"A high level of frailty doubles the chance of having a prolonged hospital stay, and women have an eight-fold increase chance of death, yet we weren't incorporating the frailty risk prior to surgery," Rebecca says.

The frailty test in use at that time took 40 minutes to complete and the results were complex to interpret. This meant the test was not included when people were referred for cardiac surgery.





"I wish someone had told me I was just getting older and nothing would fix that."

– Cardiac patient

So, Rebecca researched and found a better frailty test and built the test into an 'overall wellbeing assessment' that is now completed by patients before cardiac surgery.

The frailty test comprises a mini cognition test (involving some questions and drawing), a chair rise test to test leg strength and a blood test.

Rebecca says the test is easy to complete, non-invasive, reproducible and doesn't require any equipment. As part of the overall assessment, the test calculates post-surgery risks relating to mortality and worsening

disability. Importantly, it also helps patients understand whether cardiac surgery will improve their lives or not – so that they can make an informed choice about which procedures to consent to.

"For instance, a patient might have the expectation that in a year's time they will be riding their bike but in reality, fixing their heart valve was never going to get them riding a bike," Rebecca says.

"Even if as a result of their assessment a patient decides the risks are too high and they don't want to go ahead with their cardiac procedure, the test is still useful. If they score low in one area, they are referred for strength training or advice from a geriatrician or dietician.

FOUR QUESTIONS YOU SHOULD ASK

before considering invasive cardiac intervention as you age



"It's about treating the person and not the disease. A patient may end up with a new heart valve but spend their last years with deteriorating health and time in hospital, so it's important they understand the risks and make an informed choice."

The test is now part of Nelson Marlborough Health's heart murmur clinical pathway.



*The Putting the informed back in informed consent project won the **Green and Wise** is the **New Gold** category in the 2020 Health Innovation Awards.*



RŌPŪ TĀNE KOTAHI RAU: A MENTAL HEALTH PROGRAMME

Walking to the beach and working out at the marae gym or using outdoor equipment was an important part of a programme to help Māori and Pasifika men with chronic long-term mental illness.

Mental health case managers Lewis Boyles, Mamae Elkington and Amanda Inwood developed the 12-week Rōpū Tāne Kotahi Rau wellness programme in consultation with a group of clients who were experiencing side-effects of antipsychotic medications and who weighed in at more than 100kg. Half of the group were homeless and nearly all were smokers.

"The men drove the direction of what they wanted to do as a group and they chose to focus on health," Amanda says.

"The emphasis was on fun – we didn't spend a lot of time talking about assessments. We got them special hoodies and we always finished with some kai, which they often put together themselves."

The programme focuses on healthy lifestyle options, making social connections, goal-setting, exercising and te ao Māori kaupapa

me ngā tikanga (teaching and learning within a Māori context).

"They all wanted to cut back or quit smoking so we brought quit coaches in and made referrals to Te Hā (The Breath), stop smoking programme run by Te Piki Oranga," says Amanda.

The rōpū (programme) involved half a day of intensive input with the men, then the rest of the week was theirs.

The men had a full health assessment including metabolic monitoring before increasing their exercise levels. They completed a hikoi up the Centre of New Zealand track and set a goal to take part in the 5km Nelson Half event. The mahi paid off, Amanda says.

"Most of the group are on a particular antipsychotic medication that makes them

put on weight, so the fact they lost weight and increased their self-esteem is a huge step for them.

"The rōpū connected the men with resources in the region they didn't know about. It provided a missing niche and a small input made big gains for them."

Amanda, Mamae and Lewis team increased their knowledge of tikanga Māori by working closely with their clients in this way.

Amanda credits the programme's success to using incentives, having consistent staff with the rōpū, getting buy-in from the tāne, and gaining the commitment and support from community organisations.

The next goal is to design a wāhine version of the programme to suit female participants.



*The Rōpū Tāne Kotahi Rau project won the **Fast, Simple, Bold** category in the 2020 Health Innovation Awards.*

QUALITY AND SAFETY MARKERS

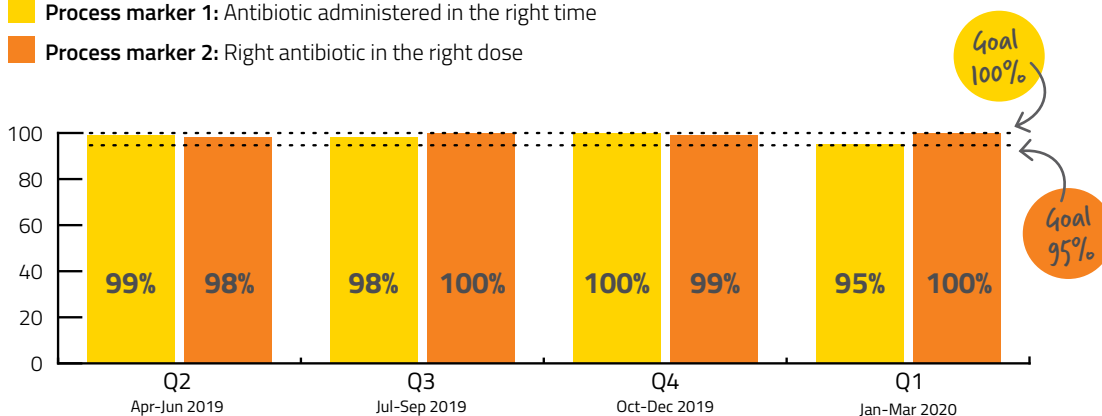
The Health Quality and Safety Commission drives improvement in the safety and quality of New Zealand's healthcare.

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.

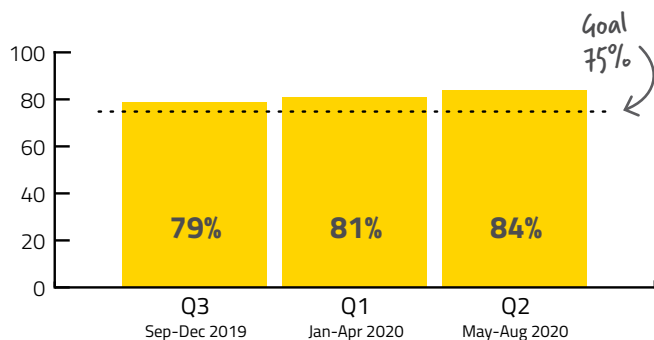
Surgical site infection improvement (SSII) – orthopaedic surgery

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



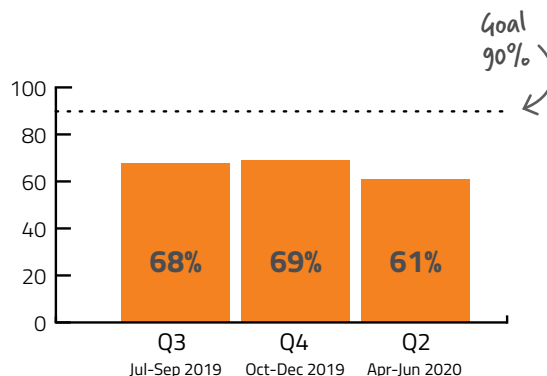
Hand Hygiene

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



Falls Prevention

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



MATTRESS MAKEOVER TO REDUCE PRESSURE INJURIES

Tried and tested, pressure reducing, foam mattresses will progressively replace older hospital mattresses to reduce the likelihood of patients developing pressure injuries in bed.

Pressure injury practitioner Kirsti Collins says pressure injuries (also known as bedsores or pressure ulcers) can develop in a matter of hours and might take months to heal but they are mostly preventable.

"When a patient stays in a position too long their skin and flesh can get damaged, and if they have multiple health issues, such as diabetes, they are particularly at risk," she says.

"Some of the older hospital mattresses have 'bottomed out' making them uncomfortable and more likely to cause pressure injuries."

Kirsti and her colleague Sharryn Cook from Wairau Hospital contributed to a hospital bed replacement programme by looking for a mattress that met international guidelines, provided the best pressure relief and met patient and hospital requirements.

With their search narrowed down to three suppliers they ran a trial involving nurses, occupational therapists and a patient to test the mattresses' comfort, stability and firmness.

"We also did pressure mapping in different positions to gauge how the mattress impacted on someone's heels and sacrum, which are the two main areas affected by pressure injuries," Kirsti says.

The patient's feedback was invaluable to the process.

"He was having trouble getting in and out of bed and felt some mattresses were very 'tippy on the edge' and made him feel he would fall off. It was his good feedback, plus the excellent customer service from the supplier, that helped us make our choice."

Kirsti says different coloured mattress covers will be used each year, so it's easy to tell how long a mattress has been in use for.

She thanks everyone involved in the project, including charge nurse managers, stores staff and orderlies. "It's a great example of everyone working together to benefit the patients."

"When a patient stays in a position too long their skin and flesh can get damaged, and if they have multiple health issues, such as diabetes, they are particularly at risk"

– Kirsti Collins



WĀHINE – YOU ARE WORTH IT! IMPROVING ACCESS TO CERVICAL SCREENING



With regular screening 95 per cent of cervical cancers can be found early and successfully treated, and a new screening outreach programme aims to increase the screening rate for Māori, Pasifika and Asian women.

Like other DHBs, the Nelson Marlborough cervical screening service has struggled to meet screening targets for these groups of women. Nationally, cervical cancer rates for Māori and Pasifika women are considerably higher than for other ethnic groups.

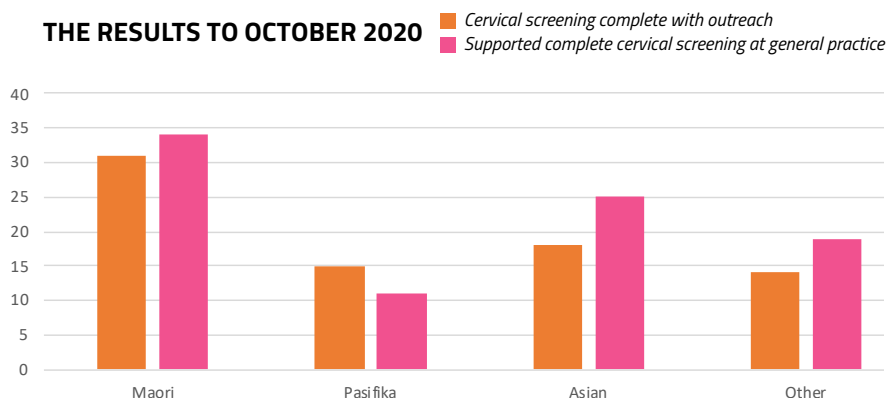
Cervical screening programme team leader Belinda Pattinson says there are several reasons why women are not getting their smears done at their GP clinic.

"They might owe the GP practice money, have difficulty getting to the clinic, be at home with children or can't get to the clinic during regular hours," she says. "We recognised that to improve the coverage of cervical screening for our overdue or unscreened women we needed an alternative option – we needed to take the service to them."

From November 2019, and with backing from the GPs, trained smear takers and other stakeholders, the Cervical Screening Outreach Service began to provide screening at community centres, health hubs and in workplaces and homes. They also started to offer evening clinics.

Madhu O'Brien was appointed to a new role as Kaiatawhai (health liaison). Madhu helps

THE RESULTS TO OCTOBER 2020



The initial goal of the outreach cervical screening service is to achieve 80 per cent coverage for Māori and Pasifika women (from 73% and 77% respectively) by December 2020, and significantly increase coverage (from 66%) for Asian women.

women complete their screening and with other health concerns.

"Some women have had a bad experience in the past and a GP only has a 15 minute appointment," Madhu says. "You need time to connect and build trust so we have to find an environment that the women are comfortable in so the smear taker can build a rapport."

She says there is no quick fix and it may take a few attempts to get a women screened. She will often go the extra mile to make it happen, such as looking after a woman's

children during a home screening appointment.

The outreach service has nine qualified smear takers across the Nelson Marlborough district. All are employed part-time in general practice but contract to the service.

The service has made a significant difference to the cervical screening regional programme and is seen as a great example of achieving positive change through an integrated approach.

INTRODUCING KI TE PAE ORA – OUR NEW WAY OF WORKING

Ki Te Pae Ora – or towards a healthy future, is Nelson Marlborough Health’s post COVID-19 response to healthcare and the ‘new normal’ way of working.

It builds on the great work we are already doing and uses what we have learnt from the pandemic response through working together, valuing people’s time, achieving equity, enabling innovation, collaborating and taking a whole of system perspective to drive ongoing system transformation.

Even before COVID-19, NMH understood the need to strengthen the coordination of care across the healthcare system. Transformation initiatives such as, the Models of Care (MoC) and Quality Improvement programmes, Mental Health and Addictions service integration and improvement projects, cross-system collaboration and the Hospital Redevelopment, all focused on creating a more connected system.

In a connected system, the focus moves to planning smooth patient journeys that engage with services both within and outside the hospital. Such patient-centred care moves beyond planning service by service to planning across services. This approach is especially important for our more vulnerable people as we work to achieve equitable health outcomes.

The onset of the COVID-19 pandemic posed a huge challenge for the health system requiring an agile, whole of system response. The work already underway gave NMH a head start and placed NMH in a good position to respond to the situation.

The last few months have seen the rapid adoption of many new ways of working, such as:

- system-wide approach to responding to issues and needs e.g. CBACs, hospital preparedness and our public health responses
- virtual health clinics and meetings
- alternative ways of providing face-to-face services such as telephone triage
- easier access to specialist advice for health professionals
- a renewed focus on collaboration
- use of electronic care plans
- streaming patients to the most appropriate care

In a connected system, the focus moves to planning smooth patient journeys that engage with services both within and outside the hospital.

- working with iwi, across multiple sectors to support our homeless and vulnerable communities
- the quick formation of SWOOP teams to treat people in their homes.

Now is the time to look at what we have learnt, refocus our efforts and to harness the innovation and momentum gained over the last few months. This is what the Ki Te Pae Ora approach aims to do.

WHAT IS THE KI TE PAE ORA APPROACH?

Raranga, or weaving of flax, is a fitting metaphor. The flax represents different strands of knowledge, resource, commitment and partnerships both in the health sector and other related sectors that need to be woven together to create a healthy future for all of our whānau and our community.

The approach breaks down the health system into four broad areas or workstreams:

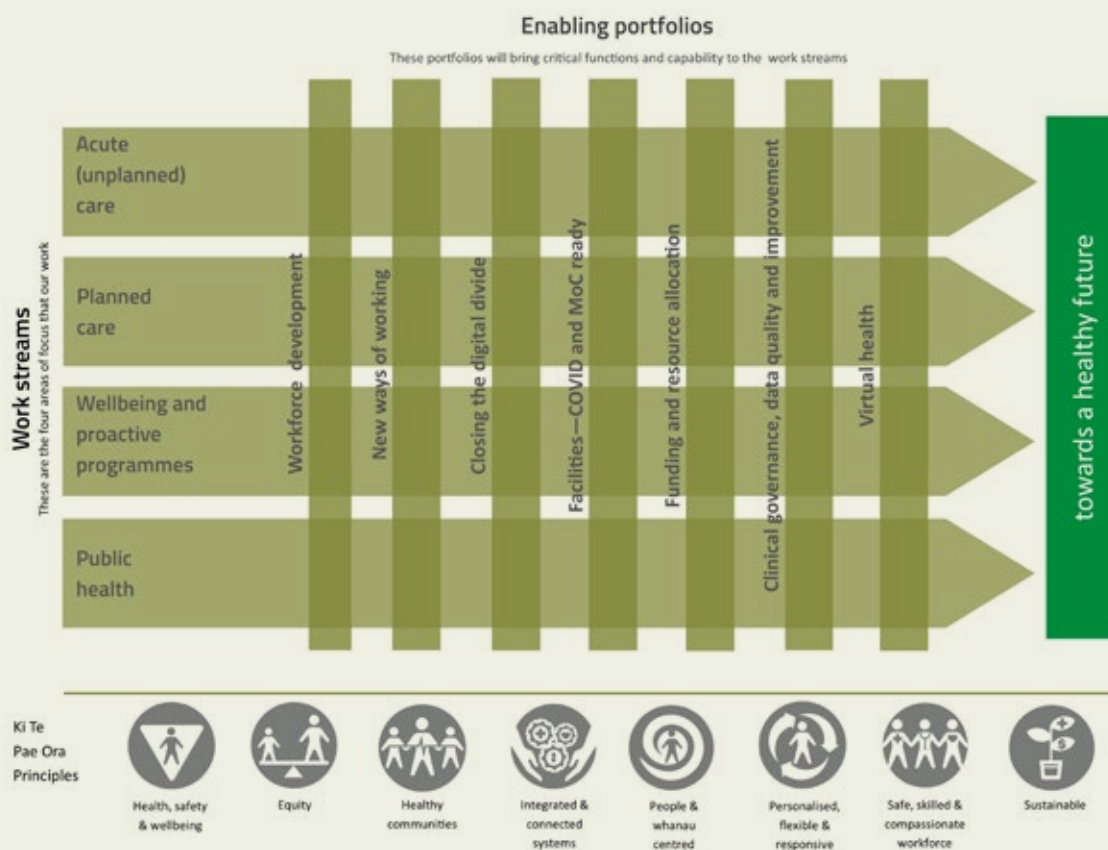
1. Acute (unplanned) care
2. Planned care
3. Wellbeing and proactive programmes in the community
4. Public health.

These workstreams will each need to work across many services, for example, planned care starts with self-care then moves into community supports and care before engaging with hospital services.

The four workstreams will be supported by work in seven critical (enabling) areas:

1. virtual health
2. closing the digital divide
3. clinical governance, data quality and improvement
4. funding and resource allocation
5. workforce development
6. new ways of working
7. facilities – COVID-19 and MoC ready.

THE FRAMEWORK:



Because the approach applies the same principles as the current transformation initiatives, existing projects can easily identify their place in the new blueprint without disruption and immediately benefit from improved synergies and visibility of the work happening around them.

Ki Te Pae Ora is our collective journey to transform how healthcare is provided in our region.

Every member of the healthcare sector has a role to play, the opportunity to drive improvement and the right to take pride in these achievements. The challenge is for all of us to consider how we can actively contribute.

WHY IS KI TE PAE ORA IMPORTANT?

We speak to NMH Chief Medical Officer, Dr Nick Baker and General Manager of Māori Health and Vulnerable populations, Ditre Tamatea, about why the Ki Te Pae Ora approach is so important for our community.

WHY WAS KI TE PAE ORA NEEDED?

Nick summarises the reason for Ki Te Pae Ora candidly.

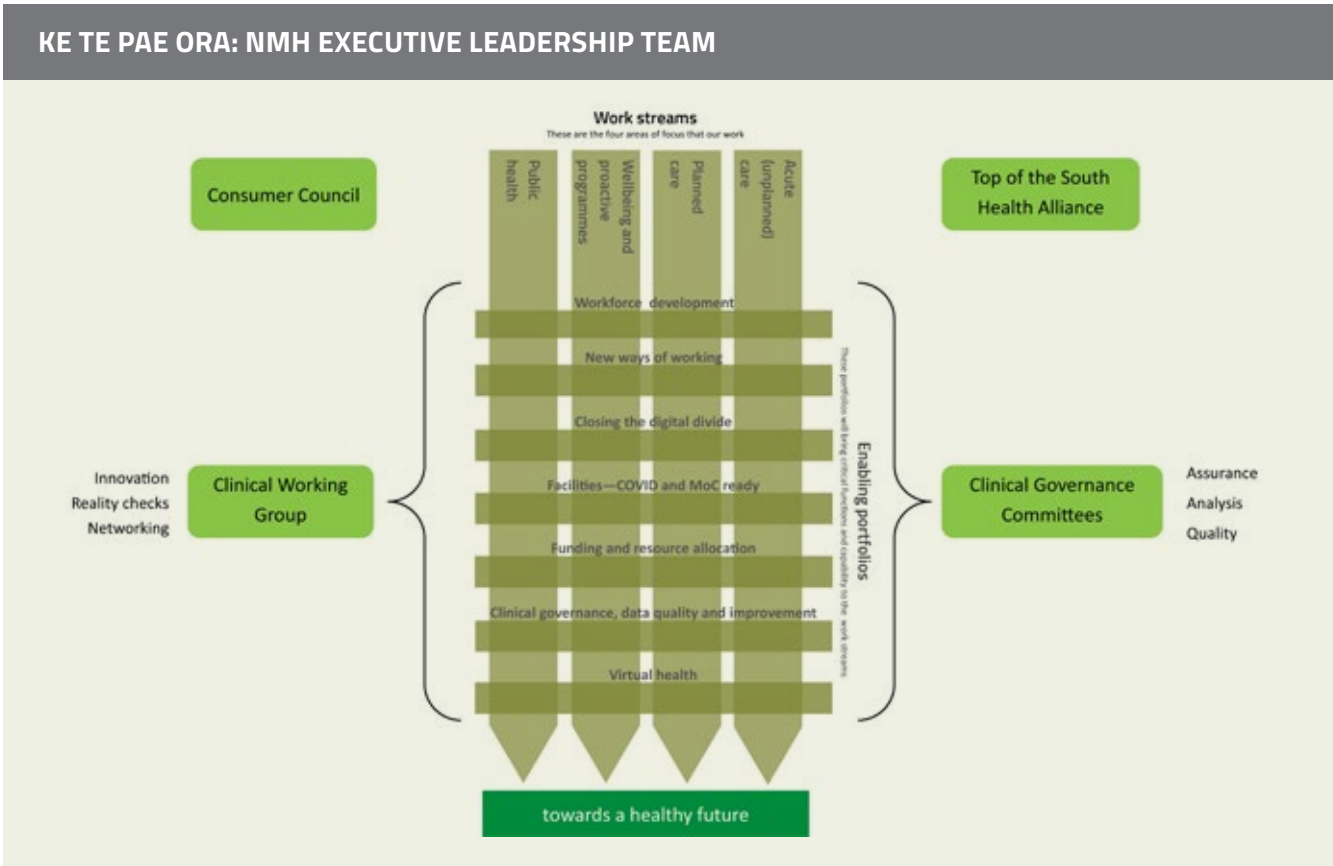
“Before COVID-19 we had started lots of work to make the care we offer better co-ordinated, more equitable and focused on our patients’ needs. Our pandemic response merely sped up the progress of these initiatives. We now need to take advantage of this momentum and prioritise”.

Ki Te Pae Ora was created – to provide a clear simple framework to channel the collective efforts and make sure services are organised to fit the way people need to use them. Streamlining efforts across the system into clear delivery areas such as Acute Care, makes it easier to plan across

services and strengthening them and enabling collaboration. The common thread, Nick points out, is the patient at the centre of the care.

“If we focus on patients’ needs first and then make sure services are aligned, we create smoother health journeys for people and better health outcomes for our community”.

Both Nick and Ditre agree, in order to achieve better health outcomes for our community, there needs to be a greater emphasis on improving the health outcomes of those with high needs. “It is often those with the greatest health needs that struggle to access the care they require” says Ditre. Which is why, he explains, that the Ki Te Pae Ora framework applies a strong equity lense, to challenge how to best deliver care,



"It is often those with the greatest health needs that struggle to access the care they require"

– Ditre Tamatea

particularly to the most vulnerable members of the community.

Having worked extensively with community and social organisations in the region, Ditre points out that these service providers operate in an agile and collaborative way to meet the needs of people and their whānau.

"It is no surprise that we saw better health impacts in high needs communities when we adopted a more targeted and joined up

approach during the pandemic, such an approach not only resonates with the high needs communities but can also reach the wider community, and we saw this with Swoop teams, targeted welfare, immunisation and swabbing campaigns. These are all lessons that we have incorporated into Ki Te Pae Ora".

WHY IS KI TE PAE ORA IMPORTANT NOW?

The Ki Te Pae Ora framework is a valuable way to focus our efforts and put an emphasis on areas for significant improvement. "To deliver equitable health outcomes we must organise services to make them easy to use, removing barriers to access especially for our most vulnerable people," explains Nick.

"As well as teaching us many lessons, COVID-19 is a glaring reminder that we need to do this now."

Nick cautions that the consequences of COVID-19 are yet to be fully realised and health, social and community services need to be prepared.

"We need to be focused and efficient to put the right initiatives in place preparing our health system to response to the impacts we face and the Ki Te Pae Ora framework is an important tool for this".

Ditre echoes Nick's concerns, acknowledging that the economic consequences of COVID-19 are starting to appear and are likely to have major impact.

"There is a real desire amongst health and other sectors and community providers to use the momentum gained to develop our health system to better support our community, during the difficult times ahead and that is what Ki Te Pae Ora aims to achieve".

WHAT CAN I DO?

We all have a role to play in the Ki Te Pae Ora — towards a healthy future vision.

Ditre and Nick have reminded us that the COVID-19 response is an example of what can be achieved if the system flexes just a little and those within it in respond to a common goal.

As we learn to live with COVID-19 we must keep our focus on a vision of the future which is fair and enables people to access services that keep them healthy.





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