VISION
“Excellent health services working in partnership to improve the health and well-being of our people and reduce health inequities within our community.”

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WELCOME TO OUR QUALITY ACCOUNTS

We are pleased to present Hawke’s Bay health sector’s second Quality Accounts as a snapshot of how our health system is working to meet the needs of our Hawke’s Bay community.

Hawke’s Bay’s health sector has an agreed vision.

“Excellent health services working in partnership to improve the health and well-being of our people and reduce health inequities within our community.”

This vision forces us to deal with challenging issues such as growth in chronic illness, our ageing population and the vulnerability of a large section of our community.

From this vision we have developed our future focus and captured this to describe our successes, what we have learnt and our plans for future improvement. We hope this publication will provide you with information to support your confidence and trust in your health system and in the quality of services you receive.

Health begins where we live, work, learn and play. Hawke’s Bay health sector’s commitment is to refocus health services into our community. We have made progress in recent years, but it has been slow, with much focus on the hospital campus.

We believe people should be at the centre of health care. The focus shouldn’t be on a hospital or a particular care setting. We plan to focus on wrapping services around our community’s needs and bringing our services to where people are.

We also recognise that providing health care is not without risk and sometimes people can be unintentionally harmed while undergoing care. Our aim is to reduce this harm across our system and these Quality Accounts outline our progress in this area.

In these Quality Accounts we have focussed on some key areas identified by your Hawke’s Bay Health Consumer Council and Hawke’s Bay’s Clinical Council. We welcome any feedback as well as any suggestions for future topics. You may also contact us for further information. These details are on the inside back cover.

KEVIN ATKINSON
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Hawke’s Bay District
Health Board

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GRAEME NORTON
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www.hawkesbay.health.nz
“Place the quality of patient care, especially patient safety, above all other aims.”

Don Berwick, Former President and CEO at Boston’s Institute of Healthcare Improvement, 2013
WHAT WE LOOK LIKE

INTRODUCTION

WHO ARE WE?

25% MĀORI IN HAWKE’S BAY
New Zealand Average 15.6%

17% OVER 65 YEARS
New Zealand Average 14%

27% HIGH DEPRIVATION
New Zealand Average 20%

Hawke’s Bay’s health sector encompasses all publicly funded health services provided to our local population. This includes, but is not limited to, hospital services, community services and general practice.

WHAT DOES QUALITY MEAN TO US?

Delivering high-quality health care is about making sure we use all our resources in the best way, with people at the centre of that care. The best quality care is the right care, at the right place, at the right time, every time.

We want every person who works in Hawke’s Bay’s health sector to understand the needs and goals of our community and its family/whānau. We want everyone to understand our clinical systems and strive to work towards excellence across the health sector, engaging with all staff in quality improvement and learning from our mistakes. We will focus on the person receiving good quality care in everything that we do.
### Measuring Our Vision

**Healthy Hawke’s Bay**

- Improved quality and safety of care
- Best value for public health system resources
- Improved health and equity for all populations

**Quality Improvement**

- Delivering consistent high-quality health care
- Being more efficient at what we do
- Responding to our population

**Transform & Sustain**

- Patient experience
- Resource sustainability
- Live longer and healthier

**Vital Signs**

**Supporting Dimensions**

- Better access to specialist outpatients
- A safer hospital
- Higher-quality general practices
- More older people living independently
- Improved hospital workforce productivity
- Better staff engagement
- Reduced infant mortality
- Fewer premature deaths
- Healthier weight
- Reduced readmissions
- A culturally responsive workforce
- More accessible general practice
- Better infrastructure efficiency
- Better staff retention
- Care closer to home
- More heart and diabetes checks
- Faster cancer treatment
- Better help for smokers to quit
In 2013 we developed our Quality Improvement and Patient Safety Framework, *Working in Partnership for Quality Health Care in Hawke’s Bay.* This breaks Quality into four areas to provide focus for our work and has helped us identify, more readily, opportunities for improvement.

1. **Wellness**: Improving the health of our communities.
2. **People’s experience of health care**: Continuously improving the safety of our services, underpinned by a culture of care and compassion.
3. **Working with the people of Hawke’s Bay**: The patient, family/whānau and carer as a voice and an essential component of clinical quality improvement and patient safety.
4. **Leadership and workforce development**: Clinical quality improvement and safety is embedded within Hawke’s Bay’s health sector workforce and leaders.

There are three themes that are the focus of quality improvement and patient safety within our health sector. These three themes reflect the New Zealand health system’s ‘Triple Aim’ for health care:

- **EQUITY** Improved health and access to health for all populations.
- **PEOPLE-CENTRED** Improved quality, safety and experience of care.
- **EFFICIENCY** Best value for public health system resource.

*This diagram reflects Hawke’s Bay health sector’s Quality Improvement and Patient Safety Framework.*
OUR PERFORMANCE IN REVIEW

LAST YEAR WE IDENTIFIED A NUMBER OF PRIORITY AREAS OF WORK THAT WE SHARED WITH YOU. THESE WERE:

NATIONAL HEALTH TARGETS
- Shorter stays in Emergency Departments
- Improved access to elective surgery
- Shorter waits for cancer treatment
- Increased immunisation
- Better help for smokers to quit
- More heart and diabetes checks

NATIONAL PATIENT SAFETY PRIORITIES
- Reduce harm from falls
- Reduce harm from surgery
- Reduce harm from medication
- Reduce harm from hospital-acquired infections
- Serious adverse events

LOCAL QUALITY PRIORITIES
- Correct labelling of laboratory specimens (Hospital)
- Equitable access to mental health services
- Plans to reduce the risk of relapse in people with mental illness
- Reduce rheumatic fever
- Family violence intervention
- Reduce number of ‘Did Not Attends’ at outpatient appointments
- Long-term conditions

These Quality Accounts provide you with a summary of how we are progressing with these priority areas and what we intend to do in the next year.
WHY IS THIS IMPORTANT?

Health targets are a set of national performance measures specifically designed to improve the performance of health services. The targets are determined by the Ministry of Health and reviewed annually to ensure they align with the government’s health priorities.

Three of the targets focus on patient access, and four focus on prevention. The health targets provide a focus for action, and the impact the targets make can be measured to see how they are improving health for our population.

RESULTS FOR HAWKE’S BAY IN THE 2013/14 YEAR:
<table>
<thead>
<tr>
<th>NAME</th>
<th>TARGET</th>
<th>RESULT</th>
<th>TREND</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shorter stays in ED</td>
<td>95%</td>
<td>Not achieved</td>
<td>↓</td>
<td>We have embarked on the AIM 24/7 Project, which is focussed on the redesign of acute services around patients to ensure we deliver timely and appropriate acute care.</td>
</tr>
<tr>
<td>Improved access to elective surgery</td>
<td>100%</td>
<td>Exceeded</td>
<td>-</td>
<td>We exceeded our planned number of elective surgeries by 237.</td>
</tr>
<tr>
<td>Shorter waits for cancer treatment</td>
<td>100%</td>
<td>Achieved</td>
<td>-</td>
<td>All Hawke’s Bay cancer patients continue to have intensive treatment within four weeks of a decision to treat.</td>
</tr>
<tr>
<td>Increased immunisation</td>
<td>90%</td>
<td>Exceeded</td>
<td>-</td>
<td>Nearly all Hawke’s Bay babies are having their earliest scheduled immunisations on time.</td>
</tr>
<tr>
<td>Better help for smokers to quit (Hospitals)</td>
<td>95%</td>
<td>Exceeded</td>
<td>-</td>
<td>The practice of offering advice and help to quit smoking is now well embedded in our hospital services.</td>
</tr>
<tr>
<td>Better help for smokers to quit (Primary Care)</td>
<td>90%</td>
<td>Not achieved</td>
<td>↓</td>
<td>We have increased support for primary care through training, systems improvements, audits and clinical leadership.</td>
</tr>
<tr>
<td>More heart and diabetes checks</td>
<td>90%</td>
<td>Not achieved</td>
<td>↑</td>
<td>Significant progress has been made and we need to sustain and continue the work in place.</td>
</tr>
</tbody>
</table>
WHY IS THIS IMPORTANT?
Falls are one of the most common reported serious events in hospitals. The strongest predictor of a fall is a previous fall. Falls and fall-related injuries impose significant discomfort and stress on patients and their whānau and can add an unnecessary burden on the health care system.

WHAT HAS BEEN ACHIEVED?
During the past 12 months the District Health Board has made some significant improvements and reduced the harm caused by falls.

Hawke’s Bay District Health Board (HBDHB) has established a Falls Minimisation Committee, tasked with reporting to Hawke’s Bay Clinical Council on the incidence and impact of injuries resulting from falls, and on the measures taken to prevent or minimise falls. This multidisciplinary committee works across Hawke’s Bay’s health sector providing advice to the hospital, community and aged care environments.

The duty of the Falls Minimisation Committee is to:
• review the incidence and severity of injuries from reported falls,
• develop and maintain a plan that includes strategies to prevent or minimise falls, and
• review the effectiveness of the various strategies, actions and initiatives that have been implemented.

SOME OF THE ACTIONS UNDERTAKEN TO DATE INCLUDE:
• workshops for all Clinical Nurse Managers and Allied Health Team Leaders,
• an education programme for staff to understand the impact of falls,
• an environmental review of clinical areas. This identifies any risks to the patients that may cause falls, such as spilt water, items on the floor, etc,
• formal auditing of falls prevention strategies, and
• the implementation of intentional rounding in priority areas. This helps nursing staff to organise ward workload and ensure all patients receive regular attention. This evidence-based approach has been found to significantly reduce falls and pressure injuries, and improve pain management. It can also reduce nurse calls and improve patient and staff satisfaction.

WHAT WE PLAN TO DO:
In conjunction with the strategies already implemented...
to date, Hawke’s Bay District Health Board plans to:

- continue to implement intentional rounding across the sector,
- implement additional clinical nurse assessment of all ward patients each hour to address pain levels, position, and comfort,
- offer toileting assistance,
- make sure all items that patients need are within their reach,
- make sure all falls that result in a temporary or permanent injury are reported, clinically reviewed and recommendations implemented, and
- carry out a falls risk assessment for every adult inpatient to make sure there is appropriate care and correct support provided.
REDUCE HARM FROM SURGERY

WHY IS THIS IMPORTANT?
Harm during surgery such as not doing the intended procedure, operating on the wrong site or leaving materials inside a patient are examples of rare but serious adverse events. The Surgical Safety Checklist (as part of the Health Quality and Safety Commission’s ‘Reducing Preoperative Harm’) is one of the strategies being used to reduce adverse events within our surgical unit. The checklist approach ensures that there is a formal process at three critical stages - check in, time out and sign out - which provides an opportunity for effective communication and engagement within the team involved in any surgical procedure.

WHAT HAS BEEN ACHIEVED?
The checklist has been refined and implemented across all specialties with a cross section of all specialties audited on a regular basis and feedback provided and reported quarterly to the Health Quality and Safety Commission.
The national target has been set at 90 percent or more for all three components on the list. The rate for the six months January - June 2014 are 91 percent completed. For 2014/15 our aim will be to continue to achieve or better the national target.

WHAT WE PLAN TO DO:
We will continue to show strong clinical leadership in this area. We will continue to educate, monitor and improve systems and processes. Audit and education sessions are planned for 2014/15 to assess the impact that this is having.

REDUCE HARM FROM MEDICATION

WHY IS THIS IMPORTANT?
The Medication Safety Programme’s aim is to reduce harm from patients inadvertently receiving the wrong medicine. The aim of the patient medicine reconciliation programme is to ensure hospital teams are fully aware of all the medicines their patients are taking when they come into hospital. This is done by accurately documenting patients’ medicines and their doses on admission, including over the counter, complementary, rongoā and herbal medicines.

WHAT HAS BEEN ACHIEVED?
Our local target is that 40 percent of all adult medical and surgical patients will have a medicine reconciliation completed within 24 hours of admission.
For the 12 months July 2013 to June 2014 we averaged 46 percent for this standard. However, there was a wide variation in results between months (32 - 62 percent), and for five out of the past six months we have not achieved our target of 40 percent (average 35 percent; range 32 - 42 percent).
Hospital clinical pharmacists have an essential role in the achievement of this standard as a key requirement of their role is to identify medicines discrepancies for hospital prescribers to correct. Due to the importance of medicine reconciliation, new clinical pharmacists have been recruited.

“So long as health care involves humans, it will never be free of errors. But it can be free of injury.”
Don Berwick, Former President and CEO at Boston’s Institute for Healthcare Improvement
After admission to hospital Mrs A was prescribed three different blood pressure tablets as indicated in her general practitioner’s letter. Her blood pressure after receiving the combination in hospital was dangerously low. After questioning by the clinical pharmacist it was discovered that Mrs A only took two of the tablets before coming into hospital, but she did not know which ones. The third tablet had been stopped some time ago. With a little help from Mrs A’s community pharmacist, the hospital clinical pharmacist found out which one of the blood pressure tablets had been stopped and which two were to continue. The hospital doctor was notified, the wrong blood pressure tablet stopped and the patient’s blood pressure was absolutely normal the next day.

**WHAT WE PLAN TO DO:**

We believe medicine reconciliation is everybody’s business. Strong collaboration, communication and teamwork between medical, nursing, ambulance and pharmacy staff involved in the patient’s care, together with the patients, their whānau and carer are vital for its success.

Pharmacy operational service delivery and priorities are being reviewed to release clinical pharmacists so they are actively working in the wards, working with patients and staff for ward-based activities including medicine reconciliation.

The following patient story illustrates the importance of medicine reconciliation.

**MEDICINE RECONCILIATIONS RECONCILED WITHIN 24 HOURS OF ADMISSION**

![Graph showing medicine reconciliations reconciled within 24 hours of admission from OCT 13 to JAN 14 with target and actual data points.]

After admission to hospital Mrs A was prescribed three different blood pressure tablets as indicated in her general practitioner’s letter. Her blood pressure after receiving the combination in hospital was dangerously low. After questioning by the clinical pharmacist it was discovered that Mrs A only took two of the tablets before coming into hospital, but she did not know which ones. The third tablet had been stopped some time ago. With a little help from Mrs A’s community pharmacist, the hospital clinical pharmacist found out which one of the blood pressure tablets had been stopped and which two were to continue. The hospital doctor was notified, the wrong blood pressure tablet stopped and the patient’s blood pressure was absolutely normal the next day.
WHY IS THIS IMPORTANT?

A hospital-aquired infection is one of the most common adverse events in health care worldwide (for example chest infection, wound infection and diarrhoea acquired while in hospital). Up to 10 percent of patients admitted to modern hospitals in the developed world get one or more infections, which may compromise their care and their recovery.

Hand hygiene has been recognised as the single most effective strategy to prevent the spread of infection. A national hand hygiene programme (Five Moments for Hand Hygiene) has been implemented and applied locally and is monitored through regular observation audits of hand hygiene practice by clinical staff.

Another key focus of infection prevention is the management of central venous lines and compliance with subsequent maintenance. A central venous line is a catheter (placed into a large vein in the neck, chest or groin) used to administer medication or fluids, obtain blood samples, and assess cardiovascular health. Being inserted through the skin, there is a possibility that infection may occur as a result. The prevention of central line associated bacteraemia has become one of the major quality targets for the critical care community.

WHAT HAS BEEN ACHIEVED?

Hospital-acquired infections in 2013/14 were 0.12 per 1,000 bed days, below the target. The end result will be safer patient care, shorter stays in Intensive Care Units and reduced costs. Additionally as of June 2014, Hawke’s Bay District Health Board had exceeded the hand hygiene target by achieving 72 percent compliance. Contributing to this result is the ongoing focus by staff to provide support, guidance and educational resources to all clinical staff.

WHAT WE PLAN TO DO:

We will continue to actively, support, resource and monitor both areas of hospital-acquired infections.
SERIOUS AVERSE EVENTS

WHY IS THIS IMPORTANT?
Serious adverse events (previously known as serious and sentinel events) are events that result in significant harm to our patients.

A serious adverse event is one that has resulted in a need for significant additional treatment, is life threatening or has led to an unexpected death or major loss of function.

Robust systems are in place to identify those patients who have been unintentionally harmed, including incident reporting by clinicians, and a review of all patient deaths occurring in the hospital to see where and what improvements in care can be made.

Reporting of serious adverse events contributes to a culture of transparency and an environment of trust for the people who use our services.

WHAT HAS BEEN ACHIEVED?
Serious adverse events are uncommon but with more than 34,000 admissions to the Hawke’s Bay District Health Board in the year, we are determined to continually improve the quality of care to patients and prevent the same thing from happening in the future. In 2013/14 HBDHB had 20 serious events. These figures include those events within Mental Health Services.

WHAT WE PLAN TO DO:
Hawke’s Bay District Health Board will continue to investigate all reported serious adverse events to discover the root cause of the event and ensure systems are put in place to try and prevent a reoccurrence of the event. The types of events reported during the 2013/14 year can be seen below.
LOCAL QUALITY PRIORITIES

CORRECT LABELLING OF LABORATORY SPECIMENS (HOSPITAL)

WHY IS THIS IMPORTANT?

The process of laboratory sample collection should be simple. There is a three-way check that must be completed every time a sample is taken to ensure the right sample is taken on the right patient so that the right results reach the right treating clinician.

WHAT HAS BEEN ACHIEVED?

In this year alone the Hawke’s Bay District Health Board processed more than 268,000 patient specimens, and during the past three years, the laboratory has been reporting all incidences of unlabelled/mislabelled specimens so as to raise the awareness with all our teams of this potentially serious clinical risk. Despite this, errors have not significantly decreased, and over the past 12 months, they have risen. While the number of high-risk incidents is minimal, its still means that we are not providing the high-quality care that we should be in all cases.

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Number in the year</th>
<th>% of total patient contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low to Medium Risk (unlabelled, mislabelled or mismatched samples)</td>
<td>892</td>
<td>0.37%</td>
</tr>
<tr>
<td>High Risk (wrong blood in tube)</td>
<td>29</td>
<td>0.01%</td>
</tr>
</tbody>
</table>

WHAT WE PLAN TO DO:

We have completed an independent audit and are waiting on recommendations, which will be implemented. We are also developing a new policy and all staff will be supported through education and monitoring to implement this. Alternative labelling options will also be considered to support improved performance.
WHY IS THIS IMPORTANT?
Māori have higher rates of mental health issues than the rest of the population. Improving the access rate for Māori to mental health services indicates improved responsiveness, earlier identification and better prevention of mental health issues for Māori.

WHAT HAS BEEN ACHIEVED?
The numbers of people seen is increasing each year. “Towards the Next Wave of Mental Health and Addiction Services Capability” is a national strategy from the Ministry of Health that sets the challenge of increasing access to mental health and addiction services for those people with the highest mental health and addiction needs. This will be achieved through:

- early intervention with people,
- a system-wide integration of adult mental health and addiction services, and
- influencing pathways through mental health and justice to reduce system-wide costs.

Hawke’s Bay District Health Board meets access targets for access to mental health services. From 2012/13 to 2013/14, access rates increased for Māori adults from 7.8 percent to 8.9 percent.

WHAT WE PLAN TO DO?
The Hawke’s Bay DHB will invest in improving equity of outcomes for Māori. The mental health model of care will lead to service changes in 2014/15. This includes the development of cultural pathways across all mental health services. The focus will be on earlier intervention and support for recovery. Pou Arahi will work across services to improve the responsiveness of services to Māori.

EQUITABLE ACCESS TO MENTAL HEALTH SERVICES

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Age Group</th>
<th>12 months to Mar 2013</th>
<th>12 months to Mar 2014</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0-19 years (Child &amp; Youth)</td>
<td>3.4%</td>
<td>3.8%</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>20-64 years (Adults)</td>
<td>4.6%</td>
<td>5.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>0.9%</td>
<td>4.1%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Māori</td>
<td>0-19 years (Child &amp; Youth)</td>
<td>3.9%</td>
<td>4.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>20-64 years (Adults)</td>
<td>7.8%</td>
<td>8.9%</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>0.9%</td>
<td>6.5%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Data Source: Ministry of Health
WHY IS THIS IMPORTANT?
If more than 90 percent of people with mental health issues have up-to-date long-term Relapse Prevention Plans, we know they are receiving timely care with regular reviews. Providing this timely care to these people will mean fewer admissions to acute services.

WHAT HAS BEEN ACHIEVED?
Community mental health teams are more consistently meeting the target of more than 95 percent of people with long-term mental health issues having a relapse prevention plan. The focus for 2014/15 will be supporting Child & Youth teams to maintain their focus on timely relapse prevention plans.
**REDUCE RHEUMATIC FEVER**

**WHY IS THIS IMPORTANT?**

Rheumatic fever is a consequence of ‘strep throat’ infections. It can result in serious and permanent heart damage, particularly to the heart valves, which often subsequently require major surgery. New Zealand has high rates of rheumatic fever amongst Māori and Pacific people, rates that are usually seen in third world countries. Hawke’s Bay has always had one of New Zealand’s highest rates of notified rheumatic fever with a particular concentration in the Hastings suburb of Flaxmere.

Since October 2010, a locally developed inter-agency campaign (comprising Te Taiwhenua o Heretaunga, Presbyterian Support Family Works, Ministry of Social Development, Housing NZ and a number of non-government organisation’s) began to address this problem by offering throat swabbing and prompt treatment for those with streptococcus throat infections in local Flaxmere schools. Together with our community partners, children and their families are then put in touch with programmes that address factors such as household overcrowding and damp and cold homes.

**WHAT HAS BEEN ACHIEVED?**

Within Hawke’s Bay in 2013/14 everyone who had a throat swab that was positive for Strep A, was treated well within the recommended limit of five days. In addition, provisional information for Hawke’s Bay shows that less than four people have been admitted to hospital with acute rheumatic fever during the past year as compared to eleven in 2010.

Eradication of acute rheumatic fever is now a national objective within the government’s ‘key results areas’ for New Zealanders. Continuing to reduce hospitalisations for acute rheumatic fever will show that our prevention work – both in identifying risk and in assisting communities to address the environmental causes – is succeeding.

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The father of a young boy admitted to Hawke’s Bay Hospital with rheumatic fever said had he known a sore throat needed to be checked he would have got his boy to the doctor straight away.

Raising awareness of sore throats and the need to be checked is the message behind Hawke’s Bay District Health Board’s Say Ahh programme.

Not only did the father feel guilty about not getting his son to the doctor; his son saw all his hopes and dreams, as a rugby player, fade as he realised how long he had to spend in hospital.

A visit from Hawke’s Bay Magpies rugby team players, while he was in hospital helped him through the tough realisation of losing his place in his rugby team, and a visit a year on from his stint in hospital from Super 15 rugby player Robbie Fruean, who also had rheumatic fever, has kept his spirits of being in the school First XV alive.

Hawke’s Bay is among five DHBs that have seen a reduction in the number of cases of acute rheumatic fever during the past 12 months. This represents a reduction in the HBDHB rate of rheumatic fever from 7.1 cases per 100,000 people in 2010 (the highest rate in the 10-year period from 2003 to 2013) to 1.9 cases per 100,000 people in 2013 (the national rate is 4.3 cases per 100,000). As a result of the high rates in 2010, the Say Ahh programme was launched in Flaxmere in October of the same year.
FAMILY VIOLENCE INTERVENTION

WHY IS THIS IMPORTANT?
Hawke’s Bay District Health Board has signed a Memorandum of Understanding between Child, Youth and Family Services and Police to demonstrate support and commitment to reducing the number of assaults on children. Our strategy is aimed at reducing the health harm to children through early intervention programmes in health services. This includes putting systems in place to actively work with the most vulnerable family groups, through support and education. Guidance and advice is provided by a multi-agency group that focuses on maternal well-being and child protection, with an aim to identify families/whānau in need of support.

WHAT HAS BEEN ACHIEVED?
• The Shaken Baby Prevention Programme roll-out commenced in January 2014 and is a work in progress;
• electronic management systems for recording Reports of Concern and Child Protection Alert Summary documents;
• since January 2014, all Reports of Concern have been saved against the child or pregnant woman’s electronic clinical record. When child protection alerts are generated, the Child Protection Alert summary document is also saved in the electronic clinical record. This enables faster access of information and increased accountability of the Violence Intervention Programme;
• agreement was reached in June 2014 to enable secure transmission of Hawke’s Bay District Health Board’s Reports of Concern and patient information with Child, Youth and Family Services;
• Child Protection Alert processes were reviewed and face-to-face multidisciplinary reviews reinstated; and
• alignment of the Hawke’s Bay District Health Board’s Core Violence Intervention Programme training package to the national programme.

WHAT WE PLAN TO DO:
• Evaluate our Violence Intervention Programme,
• plan improvements based on recommendations from this evaluation,
• continue to review and update our child protection policy, and
• continue to provide accredited training to health professionals across the health sector to recognise signs of abuse and neglect.
REDUCE NUMBER OF ‘DID NOT ATTENDS’ AT OUTPATIENTS APPOINTMENTS

WHY IS THIS IMPORTANT?

Whether a patient turns up to an appointment or not is a measure of how well our patients are able to access services for treatment and health care. A high ‘Did Not Attend’ (DNA) rate suggests there is a significant number of people whose health may be negatively affected by not receiving timely and appropriate health care advice or treatment. It may also indicate access, systems or other reasons that may be limiting people’s ability or willingness to attend. A high DNA rate is also wasteful of health care resources.

Efficient and effective elective services help ensure that patient access is equitable and that resources are used in the best possible way. Minimising DNA rates means:
- that services offered to the community are improved,
- there is reduced clinical risk of ‘losing’ a patient within the system,
- reduced loss of revenue or waste, and
- shorter waiting times for those attending clinics.

WHAT HAS BEEN ACHIEVED?

A number of changes have been made to the Hawke’s Bay health system to support the reduction of DNAs. These include:
- improved communication with patients, such as using text messaging,
- improved monitoring and analysis of areas that have high DNA rates,
- assessing the pathways that patients take,
- increasing resources focussed on supporting systems change, and
- patient/whānau education, support and transport.

WHAT WE PLAN TO DO

There have been a number of actions identified that will potentially reduce the DNA rate to hospital specialties.

These are:
- phoning patients one month in advance to make a booking suitable for the patients needs,
- sending appointment letter reminders three weeks in advance as opposed to two,
- continuing to monitor issues fortnightly and monthly with action plans updated,
- assessing the impact transport and mail services have and if needed redesign processes,
- Kaitakawaenga to commence education and support for Māori and Pacific patients, and
- improving service communications with general practice.
“No two situations are the same. Each patient has unique circumstances.

“We visited a woman who had failed to respond to several notifications. Upon arriving at her house, which was relatively close to Hawke’s Bay Hospital, we were further perplexed when we noted a nice car in the driveway.

“After we earned her trust it turned out she was disqualified from driving, and being a mother of six with some still at home during the day, it was too much of an effort to get to her appointments.

“She had basically given up on the mail and wasn’t really aware of her opportunities to reschedule.

“Social circumstances including finance, poor health literacy, not understanding the DHB mail, whakama (shyness) and little value placed on personal health - you name it, it was in the mix.

Māori have not been empowered to lead the system. They’re not using their voice to find out what they can and can’t do. More importantly, the health system is not letting the community know how to manage the health system.”

Hawke’s Bay District Health Board Kaitakawaenga, Wirihana Raihania-White
LONG-TERM CONDITIONS (FOCUS ON HEART AND DIABETES CHECKS)

WHY IS THIS IMPORTANT?

The “More Hearts and Diabetes Checks” is a national health target aimed to ensure that long-term conditions of diabetes and cardiovascular disease are identified early and managed appropriately by screening all Māori, Pacific and Indo-Asian men over 35 and women over 45, and all European men over 45 and European women over 55.

*During a screen, the health professional will:*  
- identify risk factors such as smoking, exercise and diet,  
- consider family history of heart attack, stroke or diabetes,  
- measure blood pressure, height, weight and waist, and  
- test fat and blood glucose levels for diabetes.

This information enables the health professional to work out a person’s risk of having a heart attack or stroke in the next five years and will also show if someone has diabetes or pre-diabetes (where a person’s blood sugar levels are higher than normal but not high enough to be called diabetes).

If someone is shown to be at risk, then the primary care team will talk to them about steps that can be taken to reduce the risk of heart disease and/or diabetes (for example, nutrition, exercise, medication).

WHAT HAS BEEN ACHIEVED?

There has been a significant increase in the percentage of people who have been screened in the 2013/14 year from 72 percent to 81 percent across the eligible population. This has been achieved by increasing resources and support in primary care and a concerted and consistent effort by many general practices across Hawke’s Bay who have worked extremely hard to achieve the target. To reach the target of 90 percent, we need to screen another 2,912 people.

WHAT WE PLAN TO DO:

In 2014/15 the Primary Health Organisation, Health Hawke’s Bay is working to support general practice to identify patients who are at risk. Each practice will also nominate a champion to drive the target and to improve the quality of care in general practice for people at risk of heart disease.
In Central Hawke’s Bay there is a range of innovative approaches to delivering care to a community with high needs, rural isolation and a low socio-economic status. Screening focus has been on priority whānau who are eligible for cardiovascular screening, diabetes checks and other chronic disease management.

THE POPULATION HEALTH APPROACH INCLUDES:

• emphasis on an interdisciplinary/collaborative approach,
• planning and delivering services in partnership with communities,
• building on the strengths of the communities,
• using a range of evidence, to identify needs and to develop corresponding strategies for intervention,
• an emphasis on reducing inequalities,
• recognising the importance of Te Ao Māori in the planning and delivery of services, and
• increasing resources to practices.

OTHER INITIATIVES STARTED IN THE 2013/14 YEAR THAT WILL CONTINUE INCLUDE:

• screening at community events;
• utilisation of current systems, such as doctor information and patient management systems, to identify patients who are due for a screen and undertake opportunistic screening i.e., inviting people to take part in a check if they come into general practice for another reason);
• identification of general practices not meeting the target and provide Facilitators to create an action plan while providing funded independent nurses to support general practices to hold additional clinics to increase their screening rates;
• additional administration hours to support phoning patients after hours - to arrange scheduling appointments for patients for cardiovascular disease checks;
• funding of independent nurses to work with industry leaders and specific work environments to provide cardiovascular disease screening for their employees and assisting them for follow up when identified with increased risk, and
• practicing specific monthly reporting for diabetes and cardiovascular disease status and progress towards targets. These reports include forecasting of monthly predicted numbers to support adequate resourcing of workforce to meet the demand for services.
We have made considerable changes in the past two years to enhance and target our focus on quality improvement and patient safety. The health sector has worked hard to improve the health and wellness of our community. We will continue to be diligent and focus on improving our services to meet the needs of our people.

A review of quality improvement services has prompted newly focussed and additional quality roles, as well as the formation of a quality improvement and patient safety team across the Hawke’s Bay health sector, sharing expertise and resources, concentrating effort and reducing duplication.

The establishment of our Hawke’s Bay Clinical Council in 2010 and more recently the Hawke’s Bay Health Consumer Council in 2012 has introduced a new level of leadership and a system-wide approach to quality improvement and patient safety.

This coming year will see us focussing on quality priority areas across the Hawke’s Bay health sector, addressing our challenges as identified in Transform and Sustain (2013) and aligning with the Quality Improvement and Patient Safety Framework (2013).
WE WANT TO HEAR FROM YOU

We will be publishing a set of Quality Accounts for the Hawke’s Bay health sector each year so your feedback is very important to us. This feedback will help us ensure the Quality Accounts provide relevant and useful information on the quality of health services being delivered in Hawke’s Bay.

YOU CAN LET US KNOW WHAT YOU THINK BY

Email: dqips@hbdhb.govt.nz

or by post:

Director
Quality Improvement and Patient Safety
Hawke’s Bay District Health Board
Private Bay 9014, Hastings, 4156

This set of Quality Accounts is available on the Hawke’s Bay District Health Board website, www.hawkesbay.health.nz

or a hard copy can be obtained by emailing us at the address above.