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Opening Statements
Ma taku rourou ma tau rourou ka whakahekea ai te rerekenga hauora
With my contribution, with your contribution, we will reduce inequalities

This Quality Account is Tairawhiti District Health’s first formal report to the general public about the quality of services we provide. It outlines our commitment to improving services and to be transparent and accountable to patients, their families and the public, as well as to our stakeholders and colleagues across the health sector.

This publication is a chance for us to share some of these stories with our community for the first time. I believe these quality improvement stories reflect our mission of constant improvement on behalf of all the people of Tairawhiti, as well as the passion and commitment by our staff to make a difference for our patients. Thank you to everyone involved in bringing this first Quality Account to completion.

I am delighted that many of the stories here include examples of the work being done by our own staff and also work being done by our community health partners... by GPs (family doctors) and other health professionals who are just as committed to helping everyone in Tairawhiti live longer, healthier lives. I am heartened by the fact we are working together more effectively than ever before to ensure better, more convenient health services for all the people of our district.

Our key areas of focus are: improving satisfaction for staff and patients, improving outcomes for patients (including reducing inequality), and eliminating waste.

We are making excellent progress but there is still much work to be done and I am grateful for the efforts of the staff who are dedicated to doing it. I thank everyone who has achieved so much already, and I thank you in advance of the work ahead.

Jim
Jim Green
Chief Executive

Quality, with all its elements, is without doubt the key attribute behind successful health outcomes. At Tairawhiti District Health, we pride ourselves on the progress made over the past three years as we strive to implement the key objectives outlined in our Annual Plan.

This Quality Account illustrates our successes yet, at the same time, reveals that we still have much to learn and more gains to make. On behalf of the Tairawhiti District Health Board I congratulate our chief executive and all staff for the initiative and sincerity of purpose – proven by the results shown in this document.

David
David S Scott JP
Chair Tairawhiti District Health Board
At Tairawhiti District Health our focus on quality improvement puts people at the centre of care and embraces a holistic view – we want to work with our patients in partnership to ensure that everyone gets the best, most appropriate care.

That means we encourage a supportive, open and inclusive culture where education, research and sharing of good ideas and practice are valued.

We are working to further develop a commitment where quality is a core value of every single member of staff. And we are working to ensure patients and their families are more actively involved in the planning and development of health services.

At Tairawhiti District Health we encourage ownership of clinical quality and safety, and we also value strong clinical and administrative leadership. We continue to develop the way we use research and statistical information to plan, review and monitor our progress.

The development of the Quality Account is a statement of our achievements this past year, as part of the continuous process of quality improvement, risk management and safe, effective care for patients.

Ros
Ros Iversen
Chief Medical Officer

The four guiding principles in Tairawhiti District Health's Patient Safety, Quality and Risk Plan are:

1. **Patients are at the centre of care.**
   The needs of patients are the source of control for determining actions required.

2. **Everyone is responsible for the provision of safe, quality care.**
   It is the responsibility of all staff to actively assure safety and quality of care

3. **Learning from experience will improve safety and quality**
   By sharing lessons learned from clinical review and adverse outcome analysis, we will reduce recurrence and minimise poor outcomes.

4. **Information supports improvement in quality and safety**
   Informed decision-making requires access to all necessary systems, processes and information.

Tairawhiti District Health's inaugural quality publication – this Quality Account – clearly demonstrates our staff put patients at the centre of all they do.

Our clinical and support staff, and management, has a strong commitment to maintaining and improving quality. At the same time we all need to understand that our budget is limited and we need to reduce costs by increasing efficiencies and redesigning services.

This publication showcases examples of the innovations we are making in order to achieve these goals. In the year ahead, our aim is to engage our patients and wider health community more actively in improving and designing services.

Sonia
Sonia Gamblen
Director of Nursing
What are Quality Accounts?

Quality Accounts require health care providers – like Tairawhiti District Health – to give an account for the quality of their services each year. This is similar to the way in which financial accounts show how a business or organisation has used its money in the previous year.

The pages ahead are just a few samples of the many quality and safety initiatives underway at our district health board. Our mission is to “work together to improve the wellbeing of everyone in Tairawhiti”, to improve safety and reduce risk for every patient who uses health services in our district.

National Health Targets

The Ministry of Health has six health targets, and all district health boards (DHBs) must report quarterly on progress against these. Health targets are a set of national performance measures specifically designed to improve the performance of health services that reflect significant public and government priorities. They provide a focus for action. The impact they make can be measured to see how they are improving health for all New Zealanders. Three of the six health targets focus on patient access and three focus on prevention.

Shorter stays in emergency departments

95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

Gisborne Hospital has consistently met the Shorter stays in emergency departments target, moving 95 percent of patients through the department within 6 hours. This year we have seen a significant reduction in the number of people coming to the Emergency Department – this is different to the trend in most other DHBs. Changes in primary care (the care you receive in the community), and an advertising campaign with the key message ‘Keep our emergency department for real emergencies’ has contributed to this reduction.

Improved access to elective surgery

The volume of elective surgery will be increased by an average 4,000 discharges per year – across the whole country (compared with the previous average increase of 1400 per year).

Tairawhiti District Health has successfully delivered on its elective surgical volumes. We have also reduced waiting times to 5 months. In the 2012/13 year, 2126 people were provided with elective surgery, which is 5 percent above target.

Shorter waits for cancer treatment

All patients, ready for treatment, wait less than four weeks for radiotherapy or chemotherapy. (The target is for patients who are ready to treat. It excludes patients who require other treatment prior to radiotherapy or chemotherapy, who are not fit to start treatment because of their medical condition or who choose to defer their treatment.)

In Tairawhiti, in 2012/13, no patient who was ready for treatment waited longer than four weeks for radiotherapy or chemotherapy. For the 2012/13 year, cancer treatment services for Tairawhiti patients were provided by Palmerston North hospital. Since 1 July 2013, cancer treatment services for Tairawhiti patients have been provided by Waikato Hospital.
Better help for smokers to quit

95 percent of patients who smoke and are seen by health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in general practice, are offered brief advice and support to quit smoking.

Gisborne Hospital achieved the target of 95 percent of patients receiving brief advice to quit for the first time in 2012/13, with a result of 95.4 percent in Quarter 4. Away from the hospital, Tairawhiti’s community health partners increased the rate of offering brief advice too – from 46.8 percent in Quarter 3 to 53.7 percent in Quarter 4 – an excellent improvement in both hospital and community.

More heart and diabetes checks

90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years, to be achieved in stages by July 2014. The current stage is to achieve 75 percent by July 2013.

The Quarter 4 2013 result was 68 percent – a significant improvement since Quarter 3 (63.4 percent) – showing a concerted effort by our primary care and community health colleagues.

Increased immunisation

85 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2013.

With the assistance of the three Tairawhiti Primary Health Organisations – Midlands Health Network, National Hauora Coalition and Ngati Porou Hauora – Tairawhiti District Health exceeded the new target of eligible eight-month-olds being fully immunised with a Quarter 4 result of 89 percent. We also exceeded the target for Maori (87 percent), Pacific (100 percent) and deprivation level 9-10 (86 percent).
Reporting of serious adverse events

Serious adverse events are events which have generally resulted in severe, major or moderate harm to patients that was not expected from the treatment or care provided. District health boards are required to review these events and report them to the Health Quality & Safety Commission. Community providers are encouraged to similarly report. The reporting and investigating of serious adverse events is about learning from incidents that happen in order to prevent a recurrence, where possible. It is not about apportioning blame.

It is important to realise that the number of serious adverse events occurring within New Zealand’s health system is small compared with the number of people using health and disability services. People are treated in public hospitals here nearly three million times each year, with many more people seen in community and other health care settings, or receiving care in their homes.

Across the country, the number of serious adverse events reported by New Zealand’s district health boards for the 2012/13 year was higher than the previous year. This is believed to be the result of better reporting and a steady improvement in methods used to identify serious adverse events. In 2012/13, the most common serious adverse events were falls, followed by clinical management incidents and then medication events.

There were four serious adverse events for Tairawhiti District Health in the period 1 July 2012 – 30 June 2013. For the first time in 2012/13, non-DHB providers were encouraged to report adverse events. This led to the notification of events across a wide range of providers. It is expected this reporting and notification will develop further to expand the benefits generated for patients.

Patient discharged with the wrong medicines resulting in readmission

Following review:
• Clinical Nurse Manager spoke with all ward staff highlighting the incident and the importance of checking medicines when returning those that the patient brought in with them
• A case study was performed and this was presented to the nurse and midwifery leaders meeting and to Clinical Board
• The Chief Pharmacist is looking at implementing a discharge medication check list.

Patient fell shortly after admission and sustained a fractured arm

Recommendations include:
• Falls assessment, care planning and implementation to be completed within the same shift the patient is admitted
• The risk status of all new patients admitted to be handed over to the following shift
• Review the handover process to ensure that patients who need supervision are supervised during handover
• On-going education of all relevant staff regarding falls prevention. This education is now mandatory at Gisborne Hospital.

Infant fell from trolley and sustained a fractured skull

• To have cots in every cubicle for infants under 2 years of age
• Call for a cot at time of triage if infant under 2 years of age is going to be admitted to ward by GP referral
• If there is a need to use an adult bed for any infant under 2 years old with a Triage score of 3–5, make sure that the parent/caregiver is aware of where to place infant on bed safely
• Take into account the Triage score and development age of the infant to decide whether to use a bed or cot. (All infants under 2 years of age.)
• Minimise waiting times for GP referral of children for admission to Planet Sunshine after hours by reviewing the current Paediatric After Hours Admission and Emergency Department Triage Policy.
Patient fell on the ward having been admitted after sustaining a fall. Following the first and subsequent falls computed tomography (CT) scan showed subdural haemorrhage. It is unclear if this precipitated or was subsequent to the falls.

- Review the way in which staff take breaks to ensure patient safety
- Implement ‘patient status at a glance’ charts to easily identify patients who need assistance with mobility
- Review the way in which information is transferred between shifts
- Implement best practices that evolve from the Open for better care regarding falls prevention.

Clinical Care Manager Te Pare Maihana, graduate nurse Christine Warrander, and Director of Nursing Sonia Gamblen. Christine designed the posters now displayed above every patient’s bed.
Open for better care

The campaign aims to reduce harm in the areas of falls, surgery, healthcare associated infections, and medication safety.

When our Board Chair, David Scott, and Chief Executive, Jim Green, signed a pledge certificate at a staff morning tea in Gisborne Hospital’s cafeteria, Tairawhiti District Health became the first DHB in the country to sign up for the Open for better care campaign.

Open for better care is a national patient safety campaign coordinated by the Health Quality & Safety Commission, and launched in May 2013. It is implemented regionally by DHBs and other health providers.

The Open for better care campaign will run until mid-2015 and focuses on four key areas where evidence shows it is possible to reduce patient harm.

The four areas of focus are:
- falls
- surgery (perioperative harm)
- healthcare associated infections
- medication safety.

Health professionals have extensive knowledge, skills and commitment, and are already delivering excellent patient care. However, we know patients are still being harmed, sometimes with serious and long-term consequences.

Open for better care is about health care workers being open to acknowledging mistakes and learning from them, open to working closely with patients and families, and open to change, improvement and innovation.

Tairawhiti District Health Board Chair David Scott and Chief Executive Jim Green sign the Open for better care campaign pledge

(Picture courtesy of The Gisborne Herald)
Falls – raising awareness and reducing harm from falls

Aim
To raise awareness of the harm caused to patients by falls in both the hospital and community settings and reduce harm from falls through assessing for risk of falls and planning individual care needs to prevent falls among older people.

Background
While many falls do not result in harm, those that do result in human and financial ‘costs’ to individuals and their families, health services and society.

Of the frail elderly presenting with fractures related to changes in the strength of their bones through increasing age (osteoporosis):
- Almost 50 percent will require long term care
- 25 percent will suffer an early death
- Half will require help with activities of daily living in the first year after a hip fracture
- 50 percent who walked unaided prior to their fracture will no longer be able to walk independently.

Of 377 reported serious and sentinel events (SSEs) in DHBs 2010/11, 52 percent were patient falls, and 45 percent of those falls resulted in hip fracture.

Achievement to date
Early in 2013, Tairawhiti became the first DHB to sign a pledge to support the Health Quality & Safety Commission’s Open for better care patient safety campaign with Falls being the first area of focus. We established an inter-professional falls champions group, with membership from community, aged residential care and hospital settings. Each month the champions group have focused on topics to raise awareness – these included ‘ask, assess, act’ in the hospital, vitamin D and strength and balance exercises in the wider community, foot wear, foot care, eye sight, lighting dark areas and de-cluttering the environment.

Tairawhiti District Health aims to assess all admitted adult patients for their risk of falling. An individualised care plan is completed for those patients whose assessment scores show they have an increased risk of falling. In the course of completing the falls assessments, we have gathered a great deal of additional information about the prevalence of falls.

As well as the usual data regarding age, gender and ethnicity, our information includes whether cot sides or bed rails were used, or whether the patient died after falling. We can also see which falls were associated with toileting issues and whether the patient was receiving specific medications that research has shown have a correlation with falls, as well as which days of the week that the falls occurred.

All of this information informs our planning and helps us to make better decisions to reduce the number of falls and diminish their adverse impact even further.
Central Line Associated Bacteraemia (CLAB)

Aim
Reduce the number of infections from central line insertion to zero. A central line or ‘central venous catheter’ is a thin medical tube placed into a large vein in the neck, chest, or groin. It is used to administer medication or fluids, obtain blood tests and measure central venous pressure.

Background
Healthcare associated infection (HCAI) is one of the most common adverse events in health care worldwide. Up to 10 percent of patients admitted to modern hospitals in the developed world acquire one or more infections. Reducing the number of infections from central line insertion to zero involves increased vigilance of patients undergoing the insertion of a central line, as well as care of the line by completion of a maintenance bundle process until the line is removed.

A national Health Quality & Safety Commission project – Target CLAB Zero – ran between October 2011 and April 2013. The project sought to reduce rates of central line associated bacteraemia (CLAB) in intensive care units from a national baseline of 3.32 per 1000 line days to less than one per 1000 line days, and measured compliance with central venous line insertion and maintenance bundles.

Achievement to date
Since the introduction of the maintenance bundle in December 2011, there have been no CLAB infections for patients at Gisborne Hospital. Our intensive care unit and the surgical ward were the first areas targeted, followed by other inpatient wards. This work has now become embedded into normal practice.
Hand hygiene
– reducing the number of hospital acquired infections

Aim
To reduce the number of hospital acquired infections by improving hand hygiene in all areas.

Background
“The most simple and effective means of avoiding infections is good hand hygiene and failure to comply is the leading cause of healthcare associated infections, contributes to the spread of multi-resistant organisms and is a significant contributor to infection outbreaks.” – World Health Organisation (WHO)

The World Health Organisation’s “five moments” for hand washing are:
1. Before touching a patient
2. Before a procedure
3. After a procedure or a body fluid exposure risk
4. After touching a patient
5. After touching a patient’s surroundings

Achievement to date
In 2009, Tairawhiti DHB’s baseline audit for hand hygiene compliance with the World Health Organisation’s five moments showed a compliance rate of just 24 percent. By June 2013, we had lifted that to 79.1 percent, a result that means we are the top performing DHB in the country.
Surgical site surveillance – reducing the rate of infection following surgery

Aim
To reduce harm to patients during their hospital stay, by reducing the rate of infection following surgery.

Background
Surgical site infections (SSI) are associated with further ill health, death, and substantial economic cost to New Zealand’s healthcare system. Of all healthcare acquired infections, SSIs have the greatest impact on length of stay in hospital. On average, SSIs prolong a patient’s hospital stay by 7.4 days, at a conservative cost of $1000 per day.

SSIs occur in two to five percent of patients undergoing surgical procedures, with a significant proportion of these infections considered preventable.

Surgical site infection reduction is the second focus of the Health Quality & Safety Commission’s Open for better care campaign. In 2003, the Commission estimated the annual cost of such infections in New Zealand could be almost $170 million. This cost does not factor in the emotional and financial stress upon patients and their families, or that SSIs may result in long term disabilities or even loss of life.

Tairawhiti District Health’s focus on this aspect of patient quality and safety will enable us to
• Improve patient safety and experience
• Reduce costs associated with surgical site infections – freeing up scarce health sector resources
• Free up bed days
• Meet and report against the new quality and safety markers agreed by the Minister of Health.

Achievement to date
The first step in the three to five year initiative was to implement the surveillance system for hip and knee surgery. As a result, Tairawhiti District Health currently collects surgical site infection data on hip and knee replacement surgery. There were no organ-space or deep infections during the 2012/13 year and the number of superficial infections is now minimal.

Data collection for other surgery types (such as caesarean section) will begin to be incorporated into the programme within the next two years.
Surgical safety check list

Aim
To reduce harm to patients by utilising the World Health Organisation Safe surgery saves lives principles in operating theatres.

Background
Following a World Health Organisation (WHO) pilot study in eight cities around the world – Auckland was one of the pilot cities – New Zealand’s Health & Disability Commissioner recommended the use of a simple surgical checklist. The objective of using the checklist was to lower the incidence of surgery-related deaths (and complications) during major operations. Follow-up studies showed that a checklist works because it is more than just a tick sheet – effective adoption usually requires local systems change and a commitment to teamwork, for safety.

The checklist incorporates the 10 essential objectives outlined by the World Health Organisation. These include checking that everyone involved knows each other before a medical procedure begins, checking that they have the right patient, and will be carrying out the correct operation on the correct side with the correct equipment. Airway management, potential blood loss, minimising the risk of surgical site infection, prevention of the retention of instruments and sponges, communication and surveillance are all considered as part of the checklist.

Achievement to date
Tairawhiti District Health first started using a Surgical Safety Checklist in 2009. Since then, a modified checklist adapted specifically for our environment has been developed. Post-implementation additions include: theatre briefings covering the daily operating list and necessary equipment, and debriefings at the end of the day. Audit results in March 2013 show 77.9 percent of patients had a surgical checklist completed.
Medication safety

Aim
To reduce harm to patients that occurs as a result of medication errors.

Background
Changes to a patient’s medicine often take place when that patient’s care is handed over to other health professionals, such as during admission, transfer or discharge from hospital.

Some of these medicine changes are intentional but not clearly documented, while others are unintentional due to poor information. Both types of change can result in medication errors and patient harm. Other errors can occur when patient histories are incomplete, or when there are discrepancies between what is documented and what medications the patient is actually taking.

The Health Quality & Safety Commission reports that:
- more than 50 percent of medication errors occur at transitions of care
- patients with one or more medicines missing from their discharge information are 2.3 times more likely to be readmitted to hospital than those with correct information on discharge.

Medicine reconciliation is about obtaining the most accurate list of patient medicines, allergies and adverse drug reactions, and comparing this with the prescribed medicines and documented allergies and adverse drug reactions. Any discrepancies are then documented and reconciled.

Achievement to date
Gisborne Hospital’s Pharmacy is part of a nationally directed medicines reconciliations programme. We have consistently achieved medicines reconciliations in 60 to 80 percent of patient admissions. Of these, 50 percent require some intervention from the pharmacist to correct an unintentional discrepancy in the admission medication list. Other interventions include correcting dosages, and correcting or adding therapies required in certain conditions.
Quit smoking advice

Aim
To provide brief quit smoking advice to all patients presenting or admitted to Gisborne Hospital.

Background
In February 2012, Tairawhiti District Health combined the three projects of Smoking Cessation, Baby Friendly Hospital Initiative, and Safe Sleep. These areas are all key contributors to lifelong health as well as infant and child safety.

Achievement to date:
Smoking
Gisborne Hospital has achieved the Government’s Better help for smokers to quit 95 percent target and now maintains it well. We achieved this using a “systems first” approach which is now embedded into clinical practice in all areas. Our emphasis on quit smoking has now moved into community settings where all health practitioners are expected to provide brief advice and support to quit.

Baby Friendly Hospital Initiative
Gisborne Hospital has maintained three-yearly baby friendly accreditation since 2006, and was last reaccredited in June 2012.

Safe Sleep
From April 2013 we have been providing ‘pepi pods’ to vulnerable babies including those exposed to cigarette smoke before birth and those born early or small. A pepi pod is a simple storage box that converts to a baby bed when fitted with a mattress and bedding. Whanau who take up the offer of a pepi pod are given information about safe sleeping for babies, smoking cessation and breastfeeding.
Violence Intervention Programme in priority areas

Aim
To introduce a violence intervention programme to vulnerable patients presenting at Gisborne Hospital.

Background
Family violence is a big problem in New Zealand. The Ministry of Health has developed guidelines and identified target areas in the hospital where the Violence Intervention Programme (VIP) is expected to be rolled out. The five priority areas are Emergency, Maternity, Mental Health and Addictions services, all Child Health services and Sexual Health.

Ministry of Health family violence intervention guidelines state:
- All females aged 16 years and older should be screened routinely, using validated screening tools, about physical and sexual partner abuse, or if they are afraid of a current or past partner.
- All females aged 12 to 15 years who present with signs and symptoms indicative of abuse should be questioned, preferably in the context of a general psychosocial assessment.
- Males aged 16 years and older who present with signs and symptoms indicative of partner abuse should be questioned.

Achievement to date
The Ministry of Health approved Violence Intervention programme training is delivered regularly to our staff, and now includes the principles of Nga Takepu (Maori principles of engagement) as a cultural framework to assist in culturally safe practice.

A concerted focus in the second half of the 2012/13 year saw screening rates at Gisborne Hospital’s Emergency Department lift from almost nil to 55 percent. This was the result of an intensive programme by the Violence Intervention Programme coordinator to increase staff awareness, confidence and competence.

In addition, vulnerable infants (aged 0 – 5 years) presenting at the emergency department are monitored by the paediatric social worker. Evidence shows there is substantial co-occurrence of partner abuse and child abuse within families. The need to jointly address both issues is very obvious.

Tairawhiti’s Vulnerable Pregnant Women’s multi-disciplinary team has been in operation since March 2012, and is a collaborative project with both internal and external stakeholders. Although still in development, it continues to improve opportunities for professional discussion and early intervention for unborn children, children, mothers, fathers and whanau.

The programme also strongly benefits from membership on the interagency collaboration Tairawhiti Abuse Intervention Network which enables information sharing among 22 agencies, including Women’s Refuge, Plunket, Barnardos, and Tamariki Ora providers.
Tairawhiti District Health’s Quality Plan

Tairawhiti District Health’s Patient Safety, Quality and Risk Plan is our key patient safety and quality guiding document. It is aligned to the New Zealand ‘triple aim’ and enables wards, departments and health services to align quality and risk activities to the overall principles of Tairawhiti District Health.

Our Patient Safety, Quality and Risk Plan focuses on:
- improving satisfaction for patients and staff
- improving outcomes for patients, including reducing inequalities
- eliminating waste

New Zealand Triple Aim

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<tr>
<th>• Improved quality, safety and experience of care</th>
<th>• Improved health and equity for all populations</th>
<th>• Best value from public health system resources</th>
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Tairawhiti District Health Triple Aim

<table>
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<th>• Improved satisfaction for staff and patients</th>
<th>• Improved outcomes for patients including reducing inequality</th>
<th>• Elimination of waste</th>
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Patient safety and quality activities

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<td>• Incident management – RCA reviews</td>
<td>• Credentialing Professional Development and Recognition Programmes (PDRP)</td>
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Patients are at the centre of care

The needs of patients are the source of control for determining actions required.

The quality model adopted by Tairawhiti District Health puts people at the centre of care, and links with the Treaty of Waitangi in that our service and delivery – and the care we provide – aims to be:

- accessible and appropriate care enabling participation
- effective and efficient, achieved through partnership and
- safe continuous care assuring protection.

Some examples of how we are doing this include:

Consumer involvement
Consumer involvement has become well established in certain areas of Gisborne Hospital, notably Mental Health and in Maternity. Tairawhiti District Health is using these pockets of best practice to standardise the way we involve consumers of healthcare across all services.

Patient satisfaction survey
A previous national patient satisfaction survey has now been discontinued by the Ministry of Health, and the Health Quality and Safety Commission is currently working on a new format. Until the new direction is clear, Gisborne Hospital’s different wards and departments have developed their own satisfaction surveys to ensure ongoing quality improvement in their particular areas.

Complaints and Compliments
All feedback from the public – both complaints and compliments – is encouraged at Tairawhiti District Health. We believe every complaint brings an opportunity to improve our service to patients and their families.

Ideally, we like to resolve complaints and report back to people within 20 working days. Sometimes, of course, this is simply not possible: the problem may involve many different departments, the relevant staff may be on leave or the problem may be complex. When this happens, we notify the person who complained that the investigation is on-going, and tell them about any progress to date.

For 2012/13 year, Tairawhiti District Health received 156 complaints and 108 (69.2 percent) of these were resolved within 20 working days.
Cultural audit
A ‘He Ritenga’ cultural audit of two hospital departments (Rehabilitation and Social Work) has helped us understand – from a cultural viewpoint – the existing gaps in delivering our services. As a result, a process to address cultural services to Maori in the Shared Services group is underway, as is scoping for a part time Kaumatua/Pakeke for Gisborne Hospital’s clinical wards. A survey of ‘Maori patients’ experience of our cultural responsiveness’ will provide clear direction on:

- cultural safety templates
- a review of current Te Kete Kawerua and Tikanga Best Practice training
- cultural competency models such as He Takepu, He Takarangi, Tapa Wha and Te Wheke
- how a Whanau Ora methodology could be incorporated at Tairawhiti District Health.

Customer service
Our Human Resource team has developed a ‘Learning Calendar’ to promote staff uptake of learning opportunities, many of which directly affect customer service. Further workshops covering advanced customer service training are planned. The ‘Learning Calendar’ has been embraced by Tairawhiti District Health’s 750 employees and continues to develop as more topic ideas are put forward.

Access to Radiology
The 2012/13 year saw Tairawhiti District Health’s radiology services significantly upgraded in the form of the installation of new diagnostic tools. An intensive replacement programme resulted in the installation of a new, significantly more powerful, Magnetic Resonance Imaging (MRI) scanner, two digital general x-ray rooms, two digital mobile x-rays, three high end ultrasound machines and a CT workstation upgrade was also completed. The department is working towards becoming fully digitised and there are workflow efficiencies with the new equipment which will help to continually meet targets.

The benefits of the new equipment include:

- Improvements in diagnosis, therefore patients receive treatment earlier (particularly with the new MRI and ultrasound machines)
- Allows better decision making, therefore some patients may be able to be treated at Gisborne Hospital, rather than being transferred to a tertiary hospital e.g. Waikato or Starship
- Wait times for examinations requested by GPs and other community health providers are very competitive and improving with increased efficiencies. Tairawhiti District Health has the highest number of these referrals of all the Midland region hospital radiology departments
- Improved staff morale and recruitment opportunities.

Two new services, digital mammography and bone density scans were introduced in October 2012. Patient examinations increased by 9.6 percent for the year ending June 2013, meaning Tairawhiti patients have better access to state-of-the-art diagnostic services than ever before.
Everyone is responsible for the provision of safe, quality care

It is the responsibility of all staff to actively assure safety and quality of care.

Things can go wrong in healthcare every day. Over 10 percent of inpatients, worldwide, experience an adverse event during their hospital stay. Unexpected complications of treatment happen and are often unavoidable. In addition, we know that human beings are prone to error, in spite of the best intentions.

Everyone involved in the provision of healthcare may therefore be faced with the task of dealing with disappointed, sometimes devastated, patients and their families when something has gone wrong.

By continually reviewing our practices and by using a variety of methods to do this, hospitals like Gisborne Hospital (and others, all over New Zealand), can make incremental improvements in patient safety and the quality of care. In addition, we continue to foster a culture of ongoing learning.

Professional education programmes

Those employed by Tairawhiti District Health have many opportunities to engage in professional education programmes. Mandatory training is part of the orientation process for new staff when they are first appointed. Our mandatory training includes topics like workplace introduction, health and safety, cultural training including tikanga best practice, privacy, infection control and violence intervention. Following on from this, discipline-specific training is required to maintain practicing certificates and credentialling. As well there are a wide range of special interest topics offered.

Ko Matakerepo

A newly refurbished building called Ko Matakerepo – Tairawhiti’s Health Learning Centre – was blessed and opened on the Gisborne Hospital campus in November 2012. Ko Matakerepo is the focus point for increasing the learning of our community’s entire health sector so that together we can improve services for the people of our district. The numbers of people using Ko Matakerepo’s meeting and function rooms have exceeded expectations, and include not only our own staff but also those of our community health partners. Tairawhiti’s inter-professional education programme has developed a strong base from the building.
Tairawhiti inter-professional education programme

Tairawhiti’s inter-professional education programme (TIPE) launched in May 2012, and is a joint initiative between the University of Otago, the Eastern Institute of Technology, Tairawhiti District Health, Turanga Health and Ngati Porou Hauora.

TIPE aims to improve the recruitment and retention of health professionals in rural areas by providing students with an opportunity to live, study and work together in a rural Maori community. The programme involves students in Medicine, Nursing, Physiotherapy, Pharmacy, Dietetics and Dental.

TIPE’s objectives are to increase student understanding of:

- rural communities and health care provision in rural communities
- Maori communities and gaining confidence in providing health care to Maori families
- the roles and responsibilities of each other’s disciplines.

To date 63 students have completed the TIPE programme. Sixty students are scheduled for 2014. An ultimate outcome of the programme is that TIPE students will return to work here after graduation, so that we are truly growing our own health professionals. Four students from the 2012 cohort are now working in the Tairawhiti district.

Clinical practice reviews / Peer reviews / Clinical supervision / Credentialing

Tairawhiti District Health aims to assist staff with clinical support and professional development. Clinical practice reviews, peer reviews, and ongoing clinical supervision are just some of the ways we review the quality of care delivered by clinical professionals at Gisborne Hospital. A peer review is an evaluation of professional work by others working in the same field. Clinical supervision is a structured, formal process through which staff can continually improve their clinical practice, develop professional skills, maintain and safeguard standards of practice.

Robust processes of credentialing (verification of qualifications and experience) and defining the scope of practice are essential to providing services that are safe and of high quality.

The “Fit approach’

The ‘Fit approach’ is what we call two programmes designed to improve patient care at Gisborne Hospital. The improvements we make as part of ‘Releasing Time to Care’ (RTC) help free up time in a nurse’s busy day, so nurses can spend more time with patients. ‘Care Capacity Demand Management’ (CCDM) helps us deliver the right staff in the right place, the right use of resources and the right care. Tairawhiti District Health is the first DHB to introduce RTC and CCDM at the same time. We call it the “Fit Approach” because the two programmes fit well together.

Ward staff members are able to choose which improvements are needed for their ward, and then work on these during the programme’s different modules. Knowing how we are doing boards capture measures that highlight continuous improvement in care – these can include improvements in utilisation of Tairawhiti District Health’s early warning scores, compliance in hand hygiene and central line access bundle (CLAB), trends for falls, pain control, smoking and re-admission rates. Maintaining these boards means everyone – patients, whanau and staff – can see what is happening on the ward.
Learning from experience will improve safety and quality

By sharing lessons learned from clinical review and adverse outcome analysis, we will reduce recurrence and minimise poor outcomes.

There are many opportunities to learn from experience in hospitals. Staff reviews of clinical care, as well as incidents and adverse events, while sometimes tragic for the individuals and families involved, provide lessons, information, and the chance to promote change and best practice.

Open disclosure
Throughout the health sector, there has been a shift towards more ‘open disclosure’ when things go wrong. Open disclosure is the process of open discussion with a patient, and/or their family or support person about any incident that resulted in harm to that patient while they were receiving healthcare. Since July 2011, Tairawhiti District Health has offered regular open disclosure workshops for staff.

Clinical Case Reviews
Currently clinical case reviews occur regularly at Gisborne Hospital. In the coming year, our clinical staff plan to extend some of these reviews into multidisciplinary meetings, with clinical practice being reviewed by all professional groups. The idea is for the forums to be open workshops promoting best practice and open communication.

Incident management and root cause analysis investigations
Whenever incidents are reported they are assigned a Severity Assessment Code (SAC) score. This is a national scoring system rating adverse events and near misses according to the outcome.

Incidents scoring SAC1 and SAC2 are reported to the Health Quality & Safety Commission. A decision on how the incident will be investigated is then made. The investigation will either be via a root cause analysis process, a London protocol investigation process or an internal process. These processes look at the event with the emphasis on identification of potential areas of improvement in service delivery.

Releasing staff from their normal duties to undertake time-consuming root cause analysis investigations is difficult in any hospital environment. We are working to ensure that all staff at Tairawhiti District Health appreciate the importance of a critical systems or root cause analysis investigation, and the learnings that can come as a result.

Incidents scoring SAC3 or SAC4 are investigated internally, by our own staff at Gisborne Hospital. We use the learnings gained from these investigations to update and improve both practice and policy.

Morbidity and mortality meetings
Morbidity and mortality meetings, held monthly in the medical ward, review all medically-related hospital deaths. The surgical department’s monthly surgical audit meeting includes a review of surgical deaths. Both these meetings are multi-disciplinary.
Information supports improvement in quality and safety

Informed decision-making requires access to all necessary systems, processes and information.

**Research / Clinical standards, guidelines and protocols**

Many local quality improvements and projects are already happening both at Gisborne Hospital and in community-based settings. In the future we plan to hold regular community forums to share internal research findings. We also want to encourage more use of and availability of external research reports. All Tairawhiti District Health policies, guidelines and protocols are available on our intranet for staff to refer to. The Lippincott Nursing procedures and skills electronic resource is also available on the intranet. This is a Midland region project which provides an opportunity to standardise nursing procedures.

**Global Trigger Tool programme**

The use of ‘triggers’ (or clues) to identify adverse events is an effective method for measuring the overall level of harm in a health care organisation. The Global Trigger Tool includes a list of known events that can be triggers of potential harm as well as instructions for selecting records, training information, and appendices with references and common questions.

As well as encouraging staff to report errors, the Tool analyses random samples of patient records looking for triggers which can indicate an error has been made. At Tairawhiti District Health, we will be using this information to improve the quality and safety of the services we provide.

The Global Trigger Tool has a focus on team-work because the methodology requires medical record reviews to be carried out by a team of trained reviewers who have a clinical background (usually in nursing or pharmacy). The charts are then second reviewed by a doctor if a harm category has been identified. This is a simple, validated, and cost effective methodology which has been widely used to identify, quantify and track patient harm.

Tairawhiti District Health now has a team of staff trained in the Global Trigger Tool programme. The first set of results is expected in early 2014. They are expected to be useful in tracking the rate of harm so that we can see the rate going down as a result of quality improvements that have been made.
Our focus for the future

Tairawhiti District Health is committed to continued participation in the Open for better care patient safety campaign focusing on
- falls
- surgery
- healthcare associated infections
- medication.

Health targets
Tairawhiti District Health aims to maintain excellent progress against the Government’s health targets. We will continue to support our primary care health partners to improve the health of everyone in Tairawhiti – in particular on these two targets: Better advice for smokers to quit and More heart and diabetes checks.

Patient Safety, Quality and Risk Plan
We will also continue our work streams towards the New Zealand “Triple Aim” as outlined in Tairawhiti District Health’s Patient Safety, Quality and Risk Plan. (SEE PAGE 19)

In the year ahead, Tairawhiti District Health will further develop these patient safety and quality initiatives:
- the Violence Intervention Programme
- consumer involvement (patients and families)
- cultural services
- our ‘Fit Approach’ programme
- the use of Global Trigger Tools
- Planning for and implementing “end of life” care
- Map of Medicine
- the new Health Quality & Safety Commission patient engagement survey
- forums to share internal research findings.

We’d like your feedback. Email us by clicking ‘contact us’ on our website www.tdh.org.nz

Tairawhiti District Health Board
Gisborne Hospital
Private Bag 7001
Gisborne 4040, New Zealand

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