

Quality Account 2015

A report on quality and safety at Southern District Health Board.

This report covers our achievements from July 2014 to June 2015, and sets out our plans for the July 2015 to June 2016 financial year.

Inside, we take a look at our performance against the National Health Targets, we report on what we have learned from our serious adverse events, and we set out our improvement priorities for the upcoming financial year. We also judge our performance against the priorities for improvement that we set for 2014-15.

In the previous Quality Account we explained how we had selected three of the six dimensions of quality as our main focus in 2014-15. These were patient safety, organisational efficiency, and timeliness. These three dimensions of quality were selected because they aligned with national priorities for District Health Boards (DHBs), as well as addressing the specific needs of Southern DHB. We are pleased to report that significant progress has been made in all these areas.

We also indicated the intention to place an emphasis on capability building. The importance of involving staff in improvement work means that programmes to increase staff awareness of and participation in improvement work are essential to realise the other

aims. This Quality Account covers the results of some of that capability building.

How have we done?

Some key items from 2014-15 stand out. The most significant of these was the completion of the “6,000 bed-days” project, which exceeded its target savings by some 700 bed-days, and produced savings against budget of approximately \$1m. This was a major piece of work across several services, and is covered in depth on page 3.

The *Skills for Change* programme also continued to increase, with 17 teams of 67 people attending the programme across Dunedin and Invercargill during the year. The programme was also extended to the Senior Leadership Team and Provider Arm Executive, with sessions provided within existing meetings. This led to the executive and directorate gemba walks, now part of the weekly programme and covered on pages 6-7.

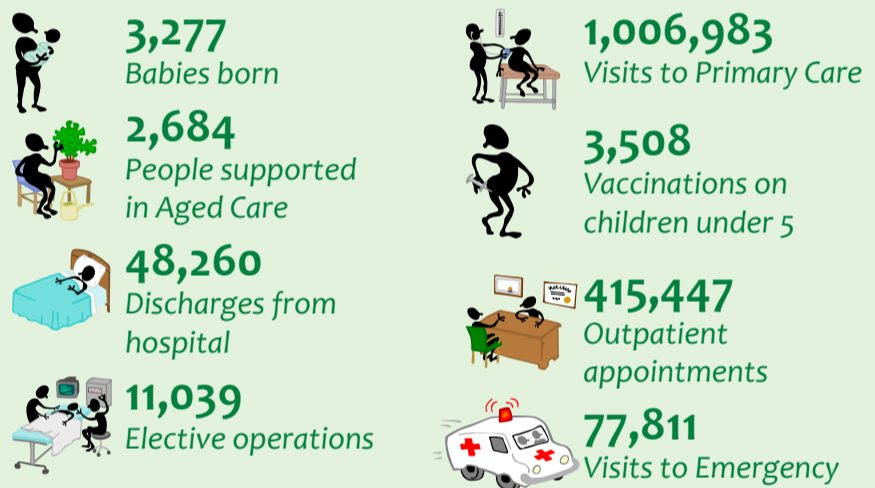
Future Focus

For the 2015-16 financial year, quality plans were incorporated into the service planning process rather than through a separate quality plan. This is part of our approach to integrating improvement work into the

Some facts about our health service



Last year in the Southern District there were...



everyday business of Southern DHB. Key quality initiatives were identified through the service plans, and are presented here in the *Future Focus* section. As was the case last year, we have chosen to focus primarily on the three dimensions of patient safety, operational efficiency, and timeliness. Participation in national work around these priorities will be a feature of the 2015-16 plan.

One specific large piece of work in 2015-16 will be the *Releasing Time to Care* programme, organised by the nursing leadership team. This programme, adopted from the English National Health Service, applies lean principles to ward-based care and is underway across both Dunedin and Southland wards. The programme is described on page 15.

As we explained in the previous Quality Account, the Southern DHB remains in a difficult position financially. The appointing of

a Commissioner to replace the Board in mid-2015 has provided us with both challenges and opportunities. Southern DHB remains determined to use improvement in quality as a key strategy as we move into the 2015-16 year and the priorities of the Chief Executive and Commissioner are set out on page 2.

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Our Fourfold Aim

- Improve the health of our population
- Improve the care experience of our patients
- Improve the efficiency of our DHB
- Improve learning opportunities for current and future staff

Our Six Dimensions of Quality

- Improving patient safety
- Providing effective care
- Putting the patient at the centre of all we do
- Operational efficiency
- Improving timeliness and reducing delay
- Ensuring equity

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A message from the Chief Executive Officer and Commissioners

Welcome to our third annual report on quality improvement at Southern District Health Board. We are pleased to be able to share with our community some of the excellent work being done by our staff over the past year, and reveal a little of our plans to further improve in the future.



Chief Executive Officer, Carole Heatly



From the left: Richard Thomson, Kathy Grant, Dr Angela Pitchford and Graham Crombie

Southern DHB has a strong commitment to improving quality and safety. This is seen in our Fourfold Aim for improvement and the six Dimensions of Quality set out on the front of this document. Ensuring that services are safe, effective, efficient, and meet the individual needs of our communities and patients, is a priority for all our staff.

The improvements made within Southern DHB can be seen in our performance against some of the national targets set by the Ministry of Health. A good example of this is our delivery of elective surgery. We are proud to have exceeded the number of elective surgeries we were required to deliver in the past 12 months, meaning more people have received the help they need. This makes a huge difference to the lives of people who have these procedures. Elective surgeries have a positive impact on general well-

being, mobility and quality of life.

We have consolidated gains in the Minister's Health targets including the *Shorter Stays in Emergency Departments* target, which is pleasing as this target is an indicator of the efficiency of the system as a whole. We have also improved in other areas particularly in *Better Help for Smokers to Quit* target within Hospitals and are close to reaching immunisation targets for under eight year olds.

A key message of this Annual Account is the level of involvement of all our staff in quality improvement. Programmes such as the 6,000 bed days programme on the next page show that continuous improvement work undertaken by our front-line staff can make a real difference to our patients, and also help address our financial

deficit. Other work described here has shown front-line staff reducing waste in theatre, reducing medication errors, and reducing the use of restraints and seclusion in the Mental Health, Addiction and Intellectual Disability Directorate. Much of this work has been the result of front-line clinical and non-clinical staff working together to make things better for

patients.

We would like to highlight the work done in Endoscopy, where Southern DHB has made dramatic improvements in waiting times by implementing the National Endoscopy Quality Improvement Plan. Their story is on page eight of this report. We are also inspired by some of the work coming up through the *Innovate* programme, and recommend that you read the story on page nine about our recycling programme.

We are in the second year of the Health Quality and Safety Commission's National Patient Safety Campaign – "OPEN for Better Care". We remain 100% committed to this programme and we have made good progress with its Quality and Safety Markers. By the end of the year, we were ahead of all other DHBs in the National Hand Hygiene Performance Report. This is a great achievement for our staff and will have a positive impact on the care of our patients. We

still have a long way to go in our improvement journey in patient safety as can be seen in our report on serious adverse events. Southern DHB will always continue with its work to make our hospitals and our community safer for our patients.

As Chief Executive Officer and Commissioners we look forward to the work that will be done over the coming year. In particular *Releasing Time to Care* will give ward staff tools they can use to improve care. By focusing on the four areas of patient safety, operational efficiency, timeliness and building capability for improvement we are convinced that Southern DHB staff will continue to improve care for our patients, their families, and the delivery of health care and resources.

All this wonderful work is made possible because of our committed staff. We want to thank each and every staff member for their contribution to improving healthcare for our population.



Some of our front-line staff at Skills for Change in Dunedin

How are we doing?

Improving quality across the DHB

6,000 bed days

Improving efficiency by reducing the time patients spend in hospital

In 2013-14 the Medical Directorate successfully implemented a campaign to save 3000 bed days by combining initiatives aimed at decreasing length of stay, reducing delays and improving service outcomes for patients under one umbrella.

In 2014-15 this campaign was extended to include the Surgical and Older Person's Health Directorates and also Southland Hospital services with the aim of doubling the bed day savings.

The campaign looked at three main areas for improvement; alternatives to inpatient admissions, reduced readmissions, and reduced delays in the inpatient journey. By focusing on these three areas, the campaign aimed to save 6000 bed days, using a formula which calculated observed bed days versus expected bed days, which equated to approximately 16.5 bed days per night.

At 30 June 2015, 6719 bed days had been saved. In addition the in-scope directorates were over a million dollars favourable to budget for consumable and infrastructure costs with excellent savings in treatment disposables and hotel services, laundry and cleaning – an excellent achievement.



Members of the 6,000 bed days team celebrate the completion of the 2014-15 work

A variety of strategies were identified to save bed days, utilising A3 problem solving methodology. Many groups were also supported by the Skills for Change programme enabling staff to develop skills in improvement methodology

while working through the problem they had identified.

In a number of areas simple changes were made which made a big difference.

These changes were:

- bedding in the daily rapid round to maintain

communication within the clinical team and ensure everyone was working towards the estimated discharge date

- completing a joint multi-disciplinary assessment for patients referred to older person's health
- reducing the time delay before a decision about care is made and adding a flag to the electronic discharge board to identify patients at higher risk of being readmitted to hospital.

Many of the projects were still in progress at 30 June and changes still in their infancy. The 2015-16 year will see further improvements made with a particular focus on reducing readmissions to hospital, improving the discharge handover to primary care and working with primary care to improve care in the community of patients with long term conditions.

Title: Saving 6000 bed days

Version: 13 **Date: 09/07/2015**

Author: Bridget Thompson, Janine Cochrane, Brendon Rae, Sally O'Connor, Noelle Bennett, Vikki Millane, Lynley Irvine, Murray Fosbender, Sharon Jones, Helen Williams, Michael Dodds, Carolyn Preston, Dale Radford, Deborah Connor, Robert West, Jane Collins, Stephen Chalcraft, Andrew Metcalfe

Target Condition:
By 1 July 2015 this initiative aims to give back to our communities 6,000 healthy and well days, so reducing hospital bed days in medicine, surgery and older person's health.

Proposed Solutions:
Multiple working groups using A3 methodology

Implementation Plan:
Set up working groups to work on A3s that fit under the proposed th areas. Mandate to trial and make changes

Results:
We are tracking 6 measures.

We achieved our target of giving 6000 healthy and well days back to our community by 1 July 2015. With late coding the 6000 bed days target was achieved at 31 May and our eventual cumulative total to 30 June was 6719 bed days saved – an excellent achievement!

Measure 4 - Actual ward costs
Comparing actuals to actuals for clinical and non-clinical supply costs - we were \$250,152 favourable YTD June. We were favourable to budget by \$1,065,448 with excellent savings particularly in treatment disposables and hotel services, laundry and cleaning.

Measure 5 - Outliers

Measure 6 - Representations

Follow-up: Saving 6000 Bed days 2015/16
Sign off: **Date: 22/07/2015**

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Capability Building:

Planning for the future

Our priorities in 2015-16 are based on our six dimensions of quality as they were in previous years. In 2015-16, Southern DHB will concentrate on improving patient safety, operational efficiency, and improving timeliness.

These priorities have been developed by the directorate planning process.

The Process

In addition to the service activity (what patient services are provided, and how much) there are many projects and improvements, that Southern DHB is undertaking, is planning to undertake, or would like to do. It is as complex as it

is vast, and it is important to start the process and get to a point where decisions can be made in a well informed and transparent way. We need to be clear:

- What are the right activity, projects and improvements to do?
- What is the “pipeline” for implementing the projects and improvements?
- What are the resources

needed and how will they be utilised?

- What are the benefits and how they can be realised?
- What projects, improvements and activity are to be supported and resourced?
- How do we engage and communicate with stakeholders?

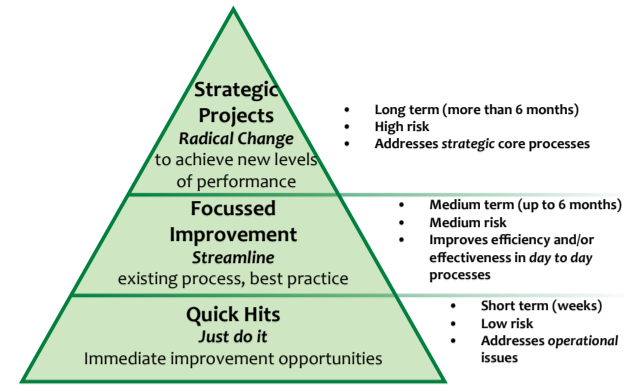
This process starts at the service level. To assist

understanding, each activity is categorised according to the level of commitment needed, which helps when making the decisions on optimum use of available funding and resources.

The priority of each activity is assessed using pre-agreed criteria and ratings. The prioritisation criteria includes expected efficiency gains, contribution to

the Fourfold Aim, and alignment to the Strategic Plan.

The final step is the decision about what to resource and what to park; this involves discussion with corporate services such as human resources and IT as well as other service areas, and considers such things as timing, risks, overlaps, impact and objectives from an organisation perspective.



Efficiency:

Improving patient flow

A challenge in health care is developing systems that support front line staff effectively.

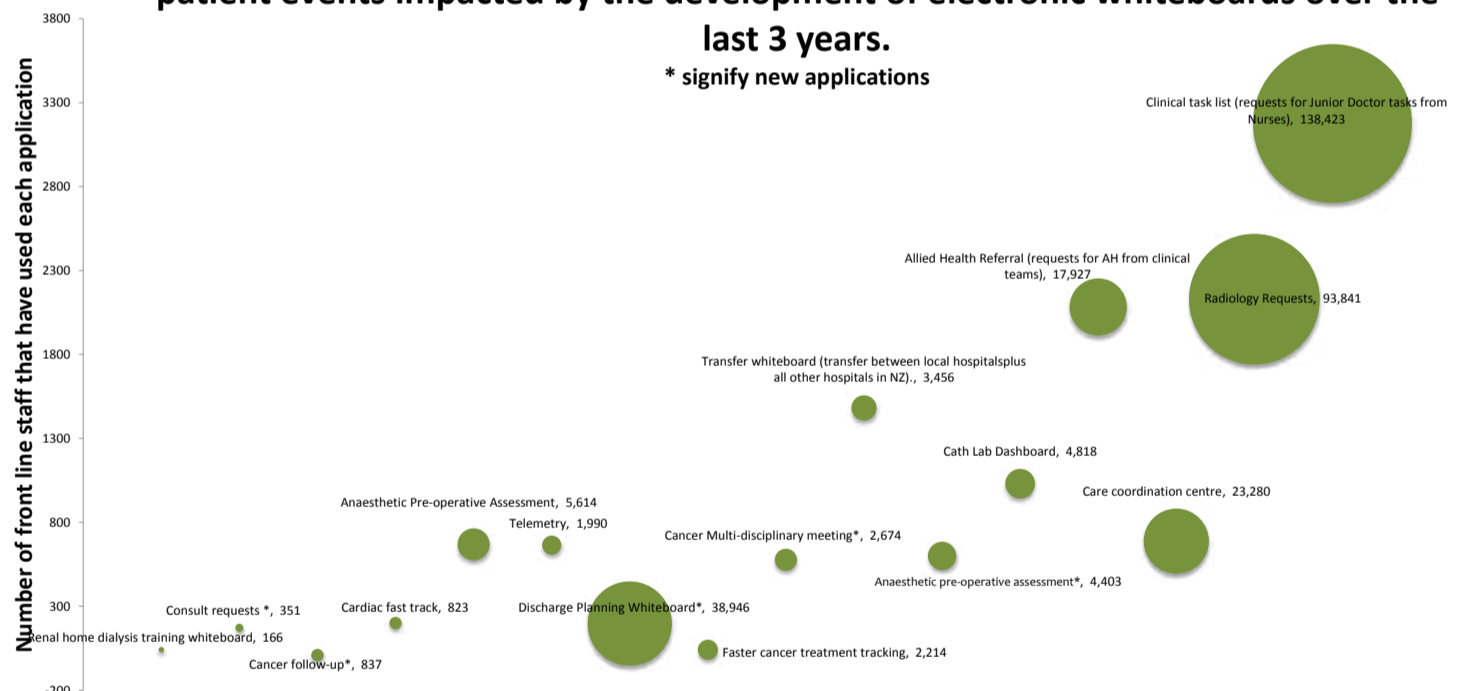
One approach to this is to actively involve a wide range of front line staff in the design and development of systems.

Southern DHB has taken this role to heart in the development of a series of communication services for in-hospital care.

Systems were developed to address key risk areas in health care by using front line staff as developers, marketers and owners of the problems and the solutions.

The first problem tackled was the interference to junior doctors’ work caused by paging systems. Following on from the lessons learned in other DHBs Southern DHB pulled together a wide range of nursing and junior medical staff to develop Clinical Task List, a computer system that allows nurses to book house officer jobs. Over the past three years, this system has 3,176 users logging 138,400 requests.

Number of front line staff that have used the applications and the number of patient events impacted by the development of electronic whiteboards over the last 3 years.



The success of the approach has been replicated in a number of other areas. There are now 16 similar systems in use in Southern DHB, covering such problems as reducing handovers, booking allied health interventions and radiology tests, transfers between hospitals, training and multidisciplinary meetings, and arranging courses of treatment.

Some of the systems are small. The cancer follow-up system currently only has nine users, but over 800 items have been logged. Other systems are large. The radiology

request system has had 2,129 users who have logged a total of 93,841 referrals.

Overall, a total of over 340,000 jobs have been logged through the systems since they were first launched. Many of these activities cover high risk areas such as patient handover, and have made a significant improvement to patient safety by reducing communication failures.

The success of the systems is very much based on the approach used to develop the system. Multiple teams were encouraged

to develop home grown electronic whiteboard solutions for complex problems.

The problems were loosely prioritised and focused on issues such as managing care over 24/7, multiple hand-overs and changes to patient status. Implementation was in ‘waves’, not according to a high level plan but going at a pace that the staff could cope with.

Implementation was through clinical colleagues not by Information Technology Department staff or managers. Front line staff worked directly

with the software developer who provided immediate feedback on what their ideas would look like. Limited external people were used. Areas were encouraged to use the applications but not required to.

Developing multiple discreet projects seems counter intuitive in the need for standardisation. Overarching strategies, combined with grass roots work carried out by front line staff, have shown that a more organic approach has been successful in achieving widespread change.

How are we doing?

Improving quality across the DHB

Patient Safety:

Reducing medication administration errors

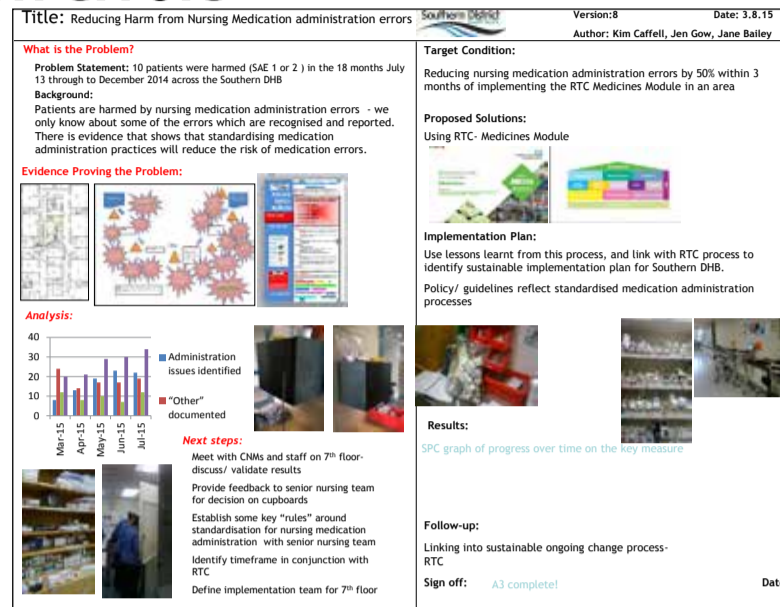
Administration errors can happen when medications are given to patients.

There is evidence that shows that standardising medication administration practices will reduce the risk of medication errors. Three patients experienced or narrowly missed experiencing serious harm as a result of these errors during the 14-15 year.

Using the improvement methodology known as A3 we have commenced a project to look at reducing harm from nursing medication administration errors. We needed to get a better

understanding of some of the current challenges in the very busy environment e.g. interruptions during medication administration. A walk through the process found many interruptions, for example by another staff member, by patients, family, or medication not available.

The findings and standardised process will now work in with the wider improvement stream of work developed from *Releasing Time to Care*. The Medication Module of



Releasing Time to Care will be introduced early in 2016, which will ensure ongoing

participation by front-line staff throughout the programme.

Efficiency:

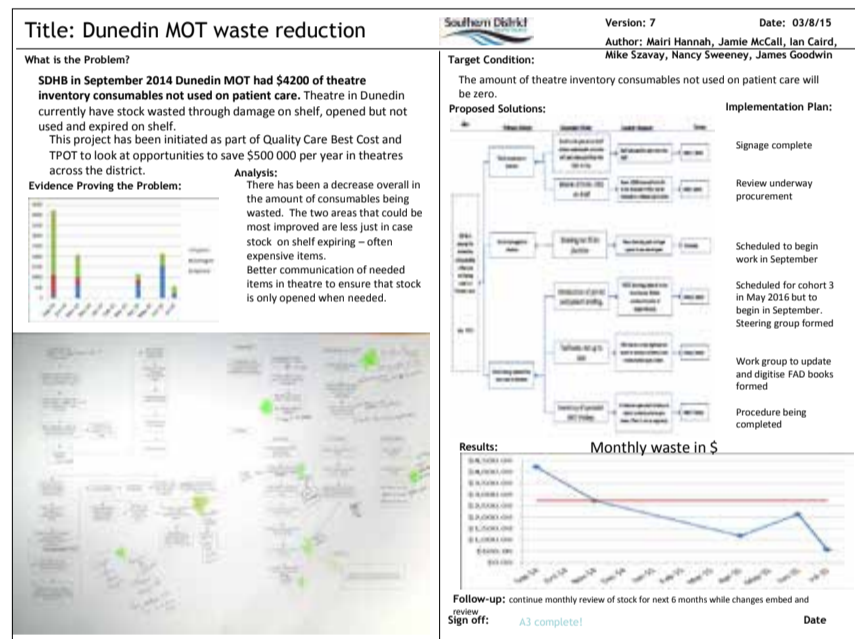
Reducing waste in theatres

The main operating theatres in Dunedin have recently undertaken *Skills for Change* looking at a piece of work reducing consumable waste in theatre. This work was originally addressed through the Productive Operating Theatre programme by theatre staff. As the data collected from the theatre complex began to paint a picture, the team was expanded to include Procurement staff to give it a wider view on the consumables procurement process.

Skills for Change introduced the team to the A3 methodology, the idea of using data to guide and inform improvements and

the importance of setting an accurate problem statement. Applying the A3 methodology immediately helped the team see success. MOT reduced \$4200 waste a month in September 2014 to just over \$1000 in April 2015. Using the skills around gembu walks and value stream mapping, the team charted the consumables journey from stores to theatre and quickly found ways to improve. By the time the A3 was presented in August the team had reduced waste to \$500 a month. This represents a potential saving of \$50,400 per year!

Work is still underway to revamp "Fad books"



(operation specific lists of equipment), redesign shelving and consolidate the list of held stock over \$500 that may expire on the shelf. The team is

now completing these pieces of work, expecting more savings and looking forward to moving onto the next challenge.

Timeliness:

The front end of Emergency

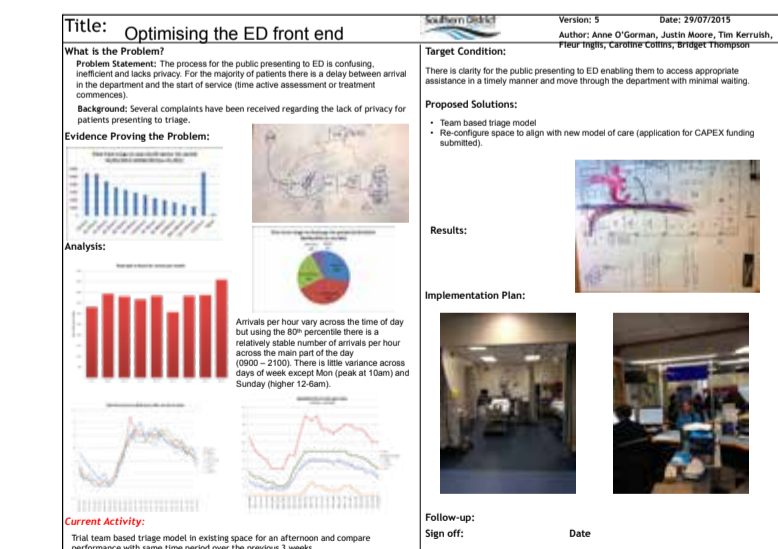
The process for the public presenting to the Emergency Department in Dunedin is confusing, inefficient and lacks privacy. For the majority of patients there is a delay between arrival in the department and the start of service (time active assessment or treatment commences).

People wait too long for services in the Emergency Department and the physical layout of the department is not suited to current models of care. This group investigated how an alternative model of care could facilitate faster decision making and more timely movement of patients through the department.

Changes to the physical layout will be explored and could also address concerns about privacy and confusion for patients presenting to triage.

The team found that patient arrivals per hour vary across the time of day but using the 80th percentile there was a relatively stable number of arrivals per hour across the main part of the day.

An Early Treatment Zone (ETZ) was established to provide assessment and planning by a senior doctor and registered nurse sooner in the patient's journey. This team aims to initiate tests and investigations early in the patient's journey ensuring they are seen in the



right place by the right staff and therefore move through the department in a more timely way. Initially the service was established Monday to Friday between 2:00pm and 4:00pm and recently it was extended to operate between 2:00pm and 11.30pm.

Further work is required to embed the ETZ model of care and evaluation is still occurring but early indications suggest it has had a positive impact on moving patients through the department during the hours it is operating.

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Capability Building:

Visual Management, Gemba Walks and A3 Problem Solving

One of the core principles of a lean approach to quality improvement is the concept of going to the “gemba”, or the place where the work actually takes place. Alongside A3 problem solving and visual management, gemba walks provide a way to bring together a number of the themes of improvement work that Southern DHB has been developing over the past few years.

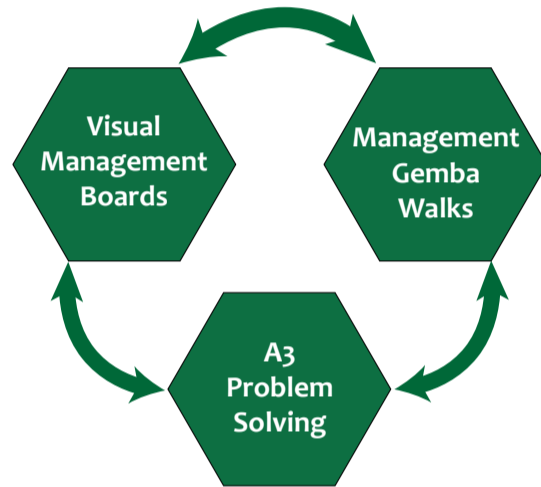
Visual Management Boards

The idea that staff in a front-line area should have the ability to judge how well they are doing is neither new nor unique to a lean approach to improvement. Most departments have systems in place to measure their performance.

The visual management systems promoted through the improvement methodology have specific purpose beyond that normal performance

management function. By placing the measurement systems on a board where all staff are involved, a shared commitment

to improvement is developed. The second half of the 2014-15 year saw the development of visual



Provider Arm Executive gemba walk in Southland wards

management boards across a wide range of departments in Southern DHB (see the case study below). These then feed into the next phase of the improvement process, the management gemba walk.

Gemba Walks

The concept that all improvement happens where the work takes place is central to a lean approach to improvement. When undertaking quality improvement, teams *continued on page 7*

Case Study:

Visual Management in Surgery

The Surgical Directorate has embraced the concept of the visual management boards.

These simple boards are now in 18 areas within the surgical directorate from as diverse as Theatre Sterile Services Unit (TSSU) to Fracture clinic to the wards. They have been enthusiastically

adopted as the three-fold approach of board, gemba and A3 combine into a solid and understandable reason to take part in improvement work.

A standard chart is used

for all areas, designed to reduce the work required to complete the data collection. Three to five questions that are relevant to the area are chosen and include the amount of time staff spend looking for equipment, delays to patient discharge and the number of surgical patients cancelled after 6:00pm.

Once a day as many of the team as are able stand in front of the board and talk about what happened the day before that affected their performance. This gives the team a chance to understand some of the facets around their problem and come up with a quick hit solution that can increase efficiency.

If the problem is too

big to be solved with a quick hit then the boards will begin to show the size and extent of the problem. From here it is time to call in the Quality Systems and Performance Manager or join a *Skills for Change* group to use the A3 methodology to drive improvement. This methodical approach has reaped rewards for teams in ward 5B, ward 3B, TSSU and ophthalmology outpatients. All of them have chosen problems from their visual management boards and are working to make improvements.

The third corner that makes the visual management boards so successful is the gemba walk component. This is where the visual management boards are visited by Southern DHB leadership at various

intervals. From the Provider Arm Executive to the Directorate Leadership Team to the unit’s direct manager, they all come along to see what the struggles are, what amazing work is being undertaken and how they can help. These walks normally start with a patient’s story to ground everyone in the reason we do what we do – to help the people of our district.

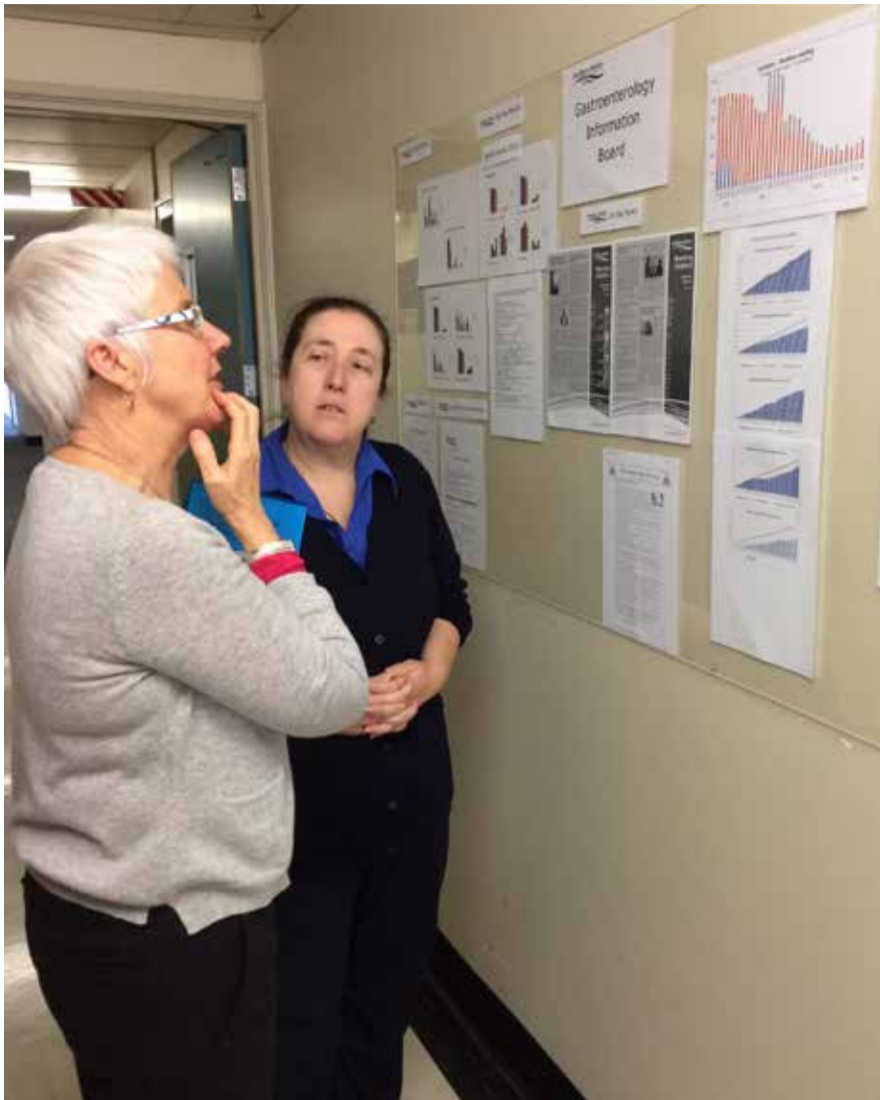
The next step is to pass ownership of the boards to the services and let them gain their own momentum. This may mean changing the questions asked and really looking at what they show about performance. Visual management boards are a quick, simple but deceptively powerful tool for guiding improvement work.



Surgical Directorate Leadership Team study the Dunedin Post Anaesthetic Care Unit visual management board

How are we doing?

Improving quality across the DHB



Provider Arm Executive gemba walk in Dunedin Gastroenterology are encouraged to “walk the process” and “observe” rather than solely relying on data to make decisions.

The management gemba walks have a slightly different purpose. Every week members of the management team walk around front-line areas as a way of connecting both with the work of the organisation, and to observe and encourage improvement.

The Provider Arm Executive have committed to visiting each part of the organisation twice a year, a significant commitment given the range of activities and sites that Southern DHB covers. Directorate Leadership Teams have also committed to regular weekly walks, aiming to visit every area in the directorate six weekly. The walks have become part of the regular weekly work cycle.

On the walks three questions are asked. First, what does your visual management system show you? Second, what problem are you working on to improve at the moment? Third, what can we as a senior leadership team do to help and support your work?

This process has already proved to be a significant help to front-line problem solving.

In many situations, what seem like significant barriers to improvement are able to be resolved quickly — for example, implementation of ward “patient at a glance” screens are now being rolled out across the Surgical Directorate.

Problem Solving

The third arm of the improvement process is the use of robust problem solving, and it is in this area that Southern DHB is showing significant progress.



Medicine Directorate Leadership Team visit the Mortuary

Case Study:

Front-line A3 Problem Solving

The use of visual management has led to a number of problem solving A3s being developed.

- Ophthalmology in Dunedin are investigating the options for increasing capacity to reduce backlogs of outpatient appointments;
- theatre 8 in Dunedin is working to reduce the time taken to locate equipment;
- the Post Anaesthetic Care Unit in Dunedin is working on opioid transition post-surgery;
- the mortuary is looking to improve processes within their area;
- Radiology are working to reduce waiting times for CT and MRI;
- Gastro-enterology are working on reducing delays caused by patients coming from wards not prepared for their procedure;
- Oncology Day Unit are monitoring the way that they schedule their appointments to reduce patient waiting and better manage staff workloads;
- Ward 3B are looking at how to reduce the impact of unpredictable interruptions on nursing time;
- Ward 5B are working on matching their admissions and discharges to free up nurses time and make the admission and stay more patient focused;
- Infection Control are starting on a journey to reduce and understand the impact of infections post operatively for readmitted patients; and
- TSSU are working on an A3 to help reduce the time a patient spends in theatre waiting for instruments to be found or processed for surgery.

While the use of A3 problem solving has been in place in Southern DHB for over three years, much work has revolved around the *Skills for Change* programme, with participants taking the methods back to their work areas. Now the stimulus for problem solving is coming from the visual management boards, where

problems are first detected. Several front line teams have joined the *Skills for Change* with issues identified in this way.

Together these three principles are driving a new round of improvement across Southern DHB.

Timeliness:

“SDHB beating most in colonoscopy delivery”

The significance of this headline from the Otago Daily Times in September 2015 cannot be underestimated when one considers that, until recently, colonoscopy delivery in the district was perceived as one of the worst in the country. Now other DHB providers are asking advice on how we achieved this.

This good news story has been a long time in the making. Three years ago the endoscopy service was in trouble. More referrals were being accepted than capacity could provide for and waiting lists were ballooning. In essence, the service provided open access to a waiting list but limited and lengthy access to a procedure. There were regular articles in the Otago Daily Times berating the service. Referrers into the service were unhappy and the Health and Disciplinary Commission were receiving complaints.

The solution was more common sense than revolutionary. Endoscopy was a district-wide service in name but the ‘district’ did things differently from site to

site. This had to change and standardisation began. Guidelines for the prioritisation of colonoscopy referrals were published by a nationwide working

party and these were immediately implemented in their entirety the day after publication. This reduced the number of referrals that were accepted for a procedure by appropriately redirecting patients to the most appropriate test or service. New Zealand guidelines for surveillance colonoscopy were adopted to bring the service in line with national recommendations. Endoscopy lists were standardised and organised to ensure that the longest waiting patients were seen first and an appropriate mix of urgent, semi-urgent and routine patients were included. Both an administrative and clinical

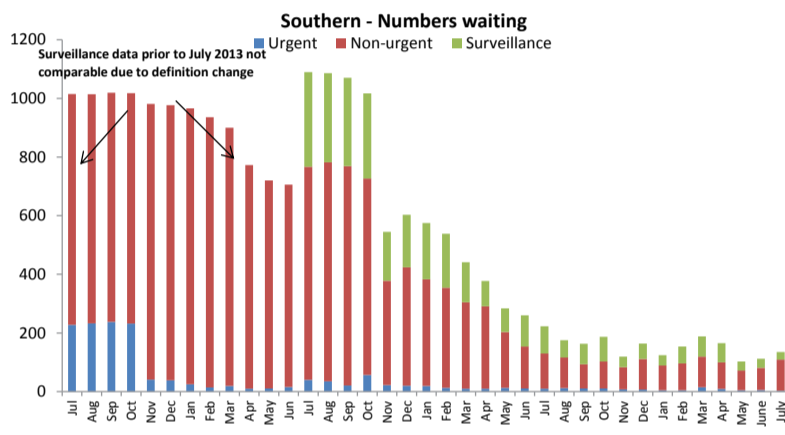
review was conducted of all referrals on the waiting list to ensure that the test was appropriate and still required.

Change is never easy and there were times when great courage was needed to implement quality improvements against some significant resistance. Close collaboration between the clinical leader and management was the only way that these changes were able to be made and this should serve as a model for how positive change within a large organisation can occur.

We have now realised the benefits of all the changes that were made. The service is truly district-wide and the benefits of this approach have been immense. All referrals and bookings occur at a single point ensuring consistency and equity for patients across the district. Staff travel between the two sites and there is cooperation at all levels across the service.

Quality became the centre of focus for the service. The National Endoscopy Quality Improvement Plan was released and the service decided to work towards the standards contained within the document. We are not all the way there but we can now focus on these activities rather than fighting the waiting list which gives an indication of how far the service has come.

The figures speak for themselves. Three years ago patients had a two year ‘trial by wait list’ for colonoscopy, now they wait a maximum of six weeks for a non-urgent procedure.



The numbers tell the story: a dramatic decrease in waiting list numbers is apparent on the monthly graph

Patient Safety:

Reductions in Restraint and Seclusion

Across the health sector there is an aim to safely reduce the occurrence of restraint and seclusion in Mental Health Services; to support staff with training and use of alternative interventions; and to achieve the ultimate aim of eliminating seclusion.

The Mental Health, Addiction and Intellectual Disability Directorate supports these aims, and has implemented six core strategies to support a reduction in the use of restraint and seclusion.

- Leadership
- Collection of data
- Use of reduction tools such as sensory modulation
- Service User role

- Workforce development
- De-briefing to get feedback from service users.

The Directorate also undertakes a number of other projects supporting these aims.

The **Safewards** project focuses on reducing conflict and containment through understanding the role of environment

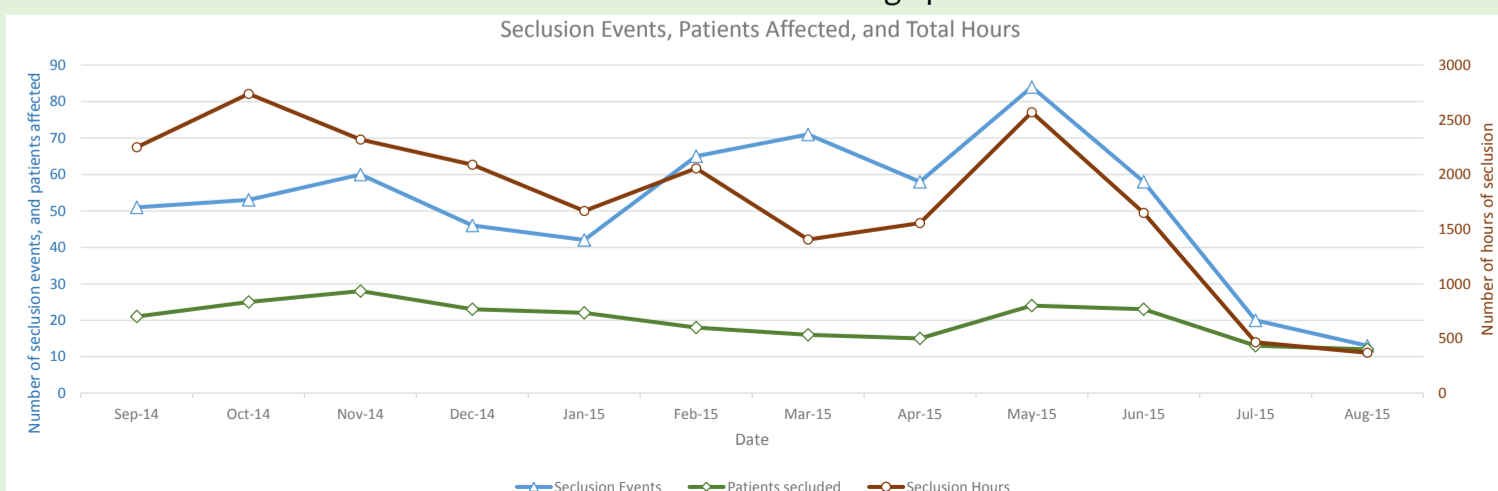
and clinician style.

The **Sensory Modulation** programme enables service users to use sensory activities and techniques to soothe themselves.

Trauma Informed Care ensures that clients’ experience of services is based on safety and trust through an appreciation of the high prevalence

of past trauma for many clients.

Workshops on **Values and Attitudes**, and **Staff Injury** both allow staff to improve self-awareness, and to understand the causes of injuries and ways to reduce them. The impact of this work can be seen in the reductions in incidents and hours of seclusion in the graph below.



How are we doing?

Improving quality across the DHB

Efficiency:

Polyvinyl Chloride (PVC) Recycling



In August 2014 a group of enthusiastic staff formed a working group to get PVC recycling underway at Dunedin Hospital.

The PVC recycling was first piloted in the Emergency Department, Main Operating Theatre, Post Anaesthetic Care Unit, and Dialysis before being rolled out to the Intensive Care Unit (ICU), Ward 8c (Oncology), Oncology Day Unit, Day Surgery Unit, and the Cardiac Investigation Rooms (Cathlab).

Oxygen masks, oxygen tubing, Intravenous fluid bags and Intravenous irrigation bags are now being recycled into play and safety equipment rather than being sent to landfill. Over 1.7 tonne has been diverted from landfill since August 2014, reducing both environmental impact and waste disposal costs to Southern DHB.

The ongoing success of this project is due to the dedication

of the staff involved, such as clinical champions in each area, staff and our orderlies who collect and co-ordinate the PVC to be picked up.

Baxter Health Care Limited (Baxter) and Owens Transport have supported the programme to ensure it was cost neutral, and Matta Products happily turns the PVC into a range of safety surfacing for playgrounds and industrial applications.

Since the introduction of PVC recycling:

- we have happily passed on information and resources to other hospitals;
- we were runner up in the Guild Pharmacy Awards 2015;
- we hosted a researcher from Australia to understand the opportunities and barriers



Another load of recycling off to be made into playground matting. From left to right, Ellen Jones, Stuart Hale, Blair McIntyre, Tim Auld, with Viv Allen-Kelly.

- of sustainability so the learnings could be used with other organisations and industry;
- we have been asked to participate in a sustainability

- and recycling video; and
 - we helped judge the Private Hospitals' Sustainability Award applications.
- We are proud of what has been achieved so far.



From a bin full of PVC waste to playground safety matting: our rubbish gains a second life



southern way



The Patient Safety Campaign What are we doing as a DHB to improve the safety of our patients?

Southern DHB commenced its Patient Safety Campaign in 2013. A key tool that supports this work has been our Patient Safety Boards which are now being used for broader improvement work. This is highlighted on Page 6 as part of the Visual Management approach.

A fundamental aspect of our patient safety improvement work is the clinical leadership that is evident across all health professions. It's a major team effort and everyone shares the view that patient safety must be a priority.

Falls

Following on from 2014, the *Reducing Harm from Falls* programme continues its key focus to ensure patients have a falls risk assessment and for those patients who require it, an

individualised care plan.

In September 2014 the Senior Nursing Team put out a "Call to Action" to all nursing staff to emphasise the importance of consistently applying assessment and planning to practice, and ensure it is recorded.

82% of vulnerable patients now have care plans prepared.

We need to make it easier to record the assessments as part of the usual care processes. Work is underway to use one of

our technology systems, *TrendCare*, with a plan to 'Go-Live' in mid- October.

Allied Health professionals have been active in completing a 'Safe Footwear' pamphlet which offers very useful information for staff, patients, families and carers on what safe footwear is. Having the right footwear will help prevent falls and we need our community to work with us to ensure those most at risk have safe feet.

Medical staff have

updated information on those medicines that may increase the risk of falling.

Serious falls have had a small reduction from 11 to 10. We need to continue to work towards reducing this.

Patient safety work, standardising the way in which we regularly check on patients known as 'Intentional Rounding', will positively impact on our serious harm falls.

Southern DHB is extending the programme beyond our hospitals to our

community sector to reduce the amount of falls.

The key messages in communication over the past year has moved from "falls are inevitable" to "falls can be prevented" and "reducing harm from falls is everyone's business".

Hand Hygiene

Preventing infections in our hospitals is essential. Hand hygiene standards are therefore far greater in health care. Every time a staff member provides care they need to remember five key moments that they may need to wash or gel their hands.

This is very challenging for our busy staff, however they have truly 'stepped up to the mark'. At the last National Audit completed in June 2015 we achieved 85% compliance with the standard. There was much to celebrate as we were top of the country. We want to maintain or exceed this performance in the future.

Reducing Surgical Site Infections

All surgery has risks of infection, but there are ways that the risk can be minimised, including appropriate skin preparation and antibiotic type, dose and timing during and after the operation. We are pleased to report that all measures of these aspects of care have continued to improve. Southern DHB can be very proud of its very low rate of infections during hip and knee replacement. During

continued on page 11

Patient Safety:

The National Opioid Collaborative

The Health Quality & Safety Commission is partnering with DHBs in a national programme to reduce harm from opioids.

The goal of the programme is to reduce harm from opioids in hospitals and to build additional skills in medication safety and quality improvement. Within each DHB, teams drive quality improvement projects with oversight by a national steering group.

Nationally the aim is to reduce the harm related to opioid use by 25% in the participating areas of DHB hospitals by June 2016.

Using the data from the Health Round Table that measures complications that occur during a hospital stay, we know that 2.3% of patients in orthopaedics receiving opiates have a documented problem



Patient Safety Advisor Kim Caffell and Pharmacy Manager Craig MacKenzie working on new guidelines for opioid risk scoring

with nausea, vomiting and or constipation. Within the Southern DHB we aim to reduce nausea and vomiting related to opioids by 25% by March 2016.

Using a combination of the Institute for Healthcare Improvement and A3 methodologies, we have undertaken an extensive review of current processes are developing

a set of standards known as a "bundle" for implementation. This will include:

- assess patients from the point of First Surgical Planning Appointment using a standard assessment tool;
- ensure information on risk factors for post operative nausea and vomiting is transferred

at each stage of the process;

- reducing dehydration, for example, giving ice blocks for patients post-operatively; and
- education and standardised guidelines for administration of medications post-operatively that prevent nausea.

How are we doing?

Improving Patient Safety

the year we have only had four superficial infections that have been quickly treated.

This year the national programme to reduce infections following cardiac surgery will be implemented.

Reducing Peri-operative Harm

Southern DHB continues to monitor use of the Surgical Safety Checklist to monitor the standard set during the first stage of the programme.

We have recorded results above 90% use of the checklist. The Healthcare Quality and Safety Commission has renamed and extended this improvement work to 'SafeSurgery'. This has a wider range of interventions which include:

- surgical team briefings (before surgery);
- paperless surgical safety checklist;
- debriefings (after surgery);
- supporting communication

Patient Safety:

1,261 days CLAB free

Reducing Central Line Associated Bacteraemia (CLAB)

Nationally the reporting on infections related to central intravenous lines used for patient treatment has been discontinued however Southern DHB continues its patient safety work in this area.

Continuing with this important patient safety initiative would not be possible without the great support of other teams involved including the Anaesthetic Departments, the Emergency Departments, Infectious Disease, Microbiology and wider ICU and CCU teams on the Dunedin and Invercargill sites.

We have done a lot of work on the CLAB database, which is streamlining the way in which we capture our data and taking a lot of the manual work away to allow other focuses



to continue to move this important initiative forward. As at the 30 June, we are 1261 days without a CLAB in Dunedin ICU.

The gains made have a significant impact on reducing harm to our patients. Over

the three years since we started the CLAB project, this means that we have saved approximately 4.5 lives, and decreased length of stay in ICU and in hospital. It is estimated that this is a savings for the Southern District Health Board of approximately 90 thousand dollars.

Standardised practice improvement have been extended to our Southland Critical Care Unit (CCU) as well as our Main Operating theatres and Emergency Departments. The CCU in Southland has commenced entering data onto the Southern DHB database. Planning is now underway for implementation on the 4th floor at Dunedin Hospital commencing in October 2015.



- tools, such as ISBAR (identify, situation, background, assessment, recommendation); and
- closed loop feedback.

Southern DHB have much of this in place, however we will join the national work streams in March 2016 to ensure we have implemented all surgical safety improvements.

Work is already underway to establish teams for this, and staff are very excited about the opportunities to build on our improvements. A new nationally reported measurement will be introduced from July 2016 that

will use an observational audit to assess how well teams are engaged.

Patient Experience of Care

The National Adult Inpatient Survey was developed

by the Health Quality and Safety Commission as a way of measuring patients' experience of care within our public hospitals. The survey questions are based on an internationally recognised tool from the Picker's Institute and consists of 20 questions covering four measures –

- communication (whether they understood the information we gave them);
- partnership (whether or not they were involved in decisions about their care and treatment);
- co-ordination (whether their care was coordinated); and
- physical and emotional needs (whether their care was of a good standard and they were treated with respect and dignity).

The quarterly mandatory survey began July 2014, and four reports have since been completed with a 20% response rate.

The results are shown in the table below, and the yellow colour indicates that Southern DHB is close to the national average in each category.

Future Patient Safety Work

Future work will include development of a Pressure Injury Prevention Programme, improved response when a patient's condition deteriorates and how we electronically record the follow up actions that are taken when diagnostic results are reported.

	Communication		Partnership		Co-ordination		Physical and emotional needs	
Average	National Average	SDHB	National Average	SDHB	National Average	SDHB	National Average	SDHB
Aug 2014	8.2	8.2	8.3	8.4	8.2	8.3	8.5	8.3
Nov 2014	8.3	8.8	8.5	8.7	8.4	8.6	8.6	8.8
Feb 2015	8.4	8.7	8.4	8.6	8.3	8.6	8.5	8.8
May 2015	8.4	8.4	8.5	8.4	8.4	8.5	8.7	8.6

What have we learned from our serious adverse events?

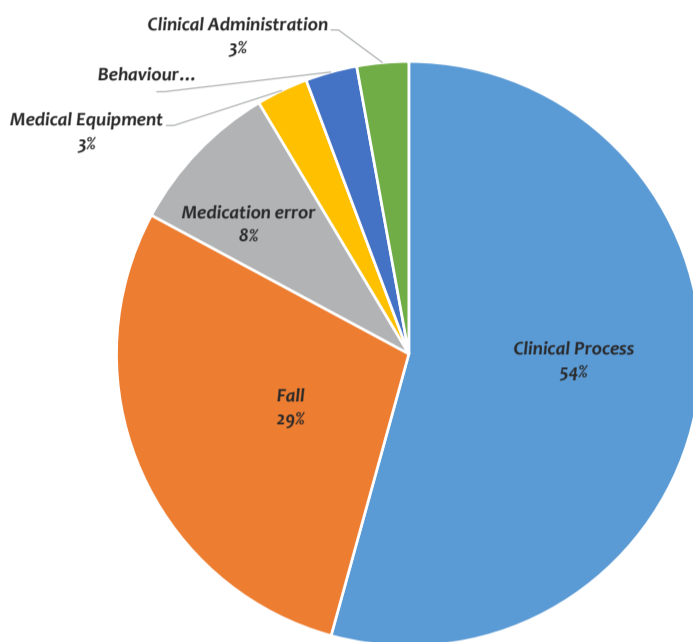
Serious adverse events (SAEs) are reported by health and disability providers in accordance with the Health Quality & Safety Commission's National Reportable Events Policy, and in general are those incidents which have resulted in a patient suffering serious harm or death.

The full release of data on SAEs at Southern DHB is subject to a national process. An annual report titled *Making our health and disability services safer*, will be released in December. Here we present a brief summary of the local data, and the work we have undertaken to respond to last year's report.

What were the main groups of SAEs last year?

The largest group of serious adverse events was a *failure in clinical processes* (involving clinical management, including delays in treatment, assessment, diagnosis and observation), followed by *falls* (serious harm from falls for example, broken hip) and *medication error* (that is dispensing, prescribing or administration of medications). How we are addressing each of these three areas is dealt with below.

Breakdown of Serious Adverse Events in 2014-15



Clinical Process

Southern DHB has a variety of paper based and electronic systems. The electronic acknowledgment of laboratory and radiology test results (how medical staff record that a test result has been reviewed and acted on) has been identified as an area where we could

make considerable improvement. We have started a project to improve our performance and safety in this area.

Falls

Rates of harm from falls remain the most consistent patient harm. Improvement work on this is part of our Patient Safety Campaign and is reported on page 10.

Medication error

We continue to have serious adverse events related to medication, with errors in both prescribing and administration. Work on improving administration safety was undertaken through *Skills for Change* (see page 5), and our work as part of the national Opioid Collaborative is on page 10.

New Systems

In 2015 Southern DHB joined with the DHBs of the South Island to implement a new integrated risk management system known as Safety1st.

Safety1st is a system that will enhance our ability to report, review and learn from incidents and complaints. The information is gathered from incidents and events, consumer feedback and registers of hazards, use of restraint and risk.

Reducing harm in aged care

An ongoing review of adverse events in aged care in the community

showed a number of areas for improvement. Work has been undertaken on medication safety, reducing falls, and infection prevention and control.

Public Health South and our Infection Prevention and Control staff support rest homes with annual training on outbreak control, and specific support around control procedures including the use of protective equipment.

Medications in the elderly are often a contributing factor in falls, and a mental health nurse practitioner provides medication reviews in rest homes where there are concerns that medications may place the patient at risk for a fall.

Similarly, nurse practitioners have been used to help with incident reviews, leading to an improvement in training and medication safety. Southern DHB can require regular audits of safe practice where incidents have occurred.

Conclusions

Serious adverse events occur throughout healthcare, and continual vigilance, analysis and improvement is needed to reduce both the severity and frequency of such events. Through the use of systems such as Safety1st, the regular reporting of incidents across the system, and targeted work to address recurrent problem areas such as falls, we can make our healthcare system safer for our patients and reduce both the human and financial costs of such adverse outcomes.

Efficiency:

Alliance South

Alliance South is a new way of determining how health services are delivered in the southern district that brings together health professionals and other leaders from across the district to focus on whole of system approaches to service planning and delivery.

Many steps have been taken to establish and form the activities of Alliance South with the refreshed Alliance Leadership Team defining and agreeing to six areas of focus being as follows:

1. Rural
2. Community and hospital pharmaceuticals
3. Urgent Care
4. Child and youth

5. Health of Older People
6. Long term conditions

These areas are highly reflective of areas of development that other Alliances around New Zealand have focused on and provide an excellent basis for the initial scope of the Alliance.

Work undertaken by the Rural Health Service Level Alliance Team to

develop a rural funding model has been agreed with implementation underway. The outcome achieved whereby the work has been led by rural clinician's demonstrates what can be achieved through the alliance model of working.

Significant work has been undertaken on developing a framework to support Alliance South activity. A transition plan with the aim of ensuring alliancing

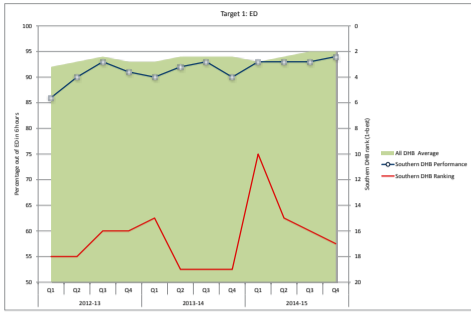
is effective, efficient and a sustainable mechanism for the delivery of transformational change is being formulated to develop and support the capability and capacity of Alliance South. To support this, an Alliance Management Team has been established and this is proving to be an effective mechanism in supporting Alliance South capability and its work plan.



AllianceSouth
Better health together

How are we doing? The National Health Targets

Emergency Department (ED) Waiting Times



Southern DHB has made steady and sustainable progress towards achieving the ED target over the past 12 months.

There are many variables that contribute to ED waiting times. Southern DHB continues to strive for an emergency and urgent care system involving primary care that is adaptable

and responsive, irrespective of patient numbers, acuity or complexity.

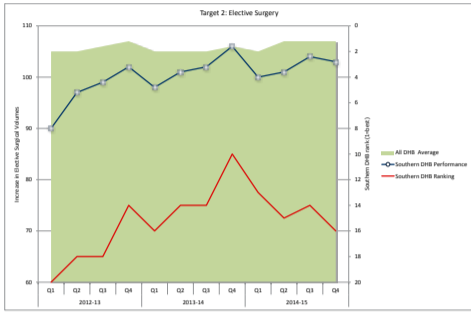
Southern DHB has implemented initiatives to improve acute patient flow and the performance against this target has increased.

These initiatives include increased use of the ED Observation Unit,

trialling a short stay unit, and a nursing fast track service in ED.

Southern DHB and the Primary Health Organisation WellSouth are working together to ensure that the 'free under 13' policy sees more children seeking urgent care from general practice.

Waits for Elective Surgery



Southern DHB has achieved the number of planned elective surgery procedures for the year. A total of 11,039 elective procedures were completed, 372 more than planned.

Southern DHB continues to provide timely and improved

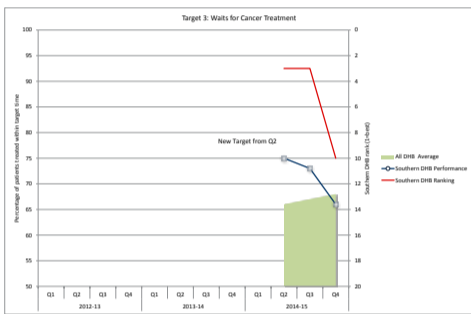
patient access to elective services by implementing DHB-wide productivity and efficiency initiatives.

Production plans are developed, monitored, and where necessary modified, based on achieving (or

working towards) performance requirements.

Productivity and efficiency initiatives include projects such as the Enhanced Day Surgery and Ambulatory Care (EDSAC) project and the Orthopaedic Pathway Programme (OPP).

Waits for Cancer Treatment



The 'Faster Cancer Treatment' (FCT) measure was established to replace the 'shorter wait for cancer treatment' measure for which the DHB consistently achieved 100%.

Southern DHB has improved the data capture for FCT but this

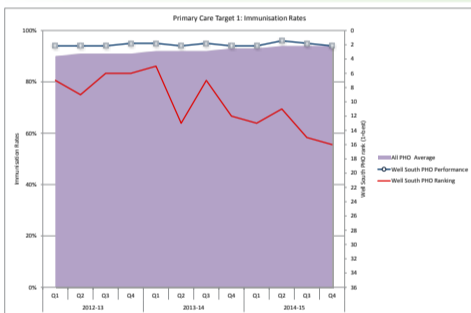
more complete capture has seen the results deteriorate to 66%

Southern DHB's FCT data system is a real benefit and is being modified to provide 'real time' information on the patient pathway. This will be very helpful in focussing efforts and

identifying service improvement opportunities.

Improving the timeliness of the cancer pathway from decision-to-treat to first treatment is important and will help contribute to achievement of the 62-day FCT health target.

Immunisation Rates



The Immunisation Health Target measures children fully immunised by eight months of age. Southern DHB has constantly achieved high immunisation coverage over the four years of measurement; fluctuating only 2% (between 93 – 95%) and always achieves above the national average. The

fluctuations relate to the number of children who have declined vaccination.

The Southern DHB ranking line demonstrates the number of DHBs which achieve very similar coverage. In quarter 4 only four DHBs achieved 95%, with Southern and three others achieving 94%.

The Ministry feedback

acknowledges the "hard work in maintaining 94% coverage and working towards 95%. As the target has previously been reached by Southern DHB, we have every confidence that it can be reached again. The Southern DHB has been one of the DHBs whose performance has benefitted the whole of NZ".

Help to Quit Smoking



Better Help for Smokers – Secondary Health Target
Evidence shows that the majority of smokers want to quit and need help to do so. The Better Help for Smokers to Quit target focuses on the ABC approach and measures the percentage of patients who have been Asked about their smoking status; provided with Brief advice to stop smoking to all people who smoke; and made an offer of, and refer to or provide, evidence based Cessation support.

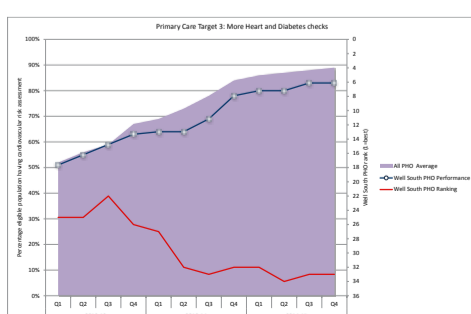
Southern DHB has been achieving the 95% target

throughout each quarter this year. We have continued to provide post discharge follow-up for patients who were not offered advice and help to stop smoking when they were in hospital. This follow up has been well received by patients and remains a valid approach to support smokers to make quit attempts.

Better Help for Smokers – Primary Health Target
WellSouth Primary Health Network has experienced data issues during the 2014/2015 year in relation to recording the ABC information. A new technology

provider commenced at the beginning of quarter three and identified an error in the historical data which resulted in a drop in performance from quarter two to quarter three. This has now been corrected and WellSouth had a 10% increase in quarter four. General Practices are submitting data monthly, enabling improved monitoring of progress. Extra resources continue to be offered to the General Practices to assist them in their data recording. The target results have increased and are now at 73.5%.

More Heart and Diabetes Checks



Progress on meeting the 90% target for Cardiovascular Disease risk assessments has not met expectations.

Movement to the 90% target by June 2015 has been steady but not at the pace anticipated.

WellSouth has increased both the investment and focused

activity to achieve the target. WellSouth provides several technology products to practices to support the target; DRINFO, Patients' Dashboard, texting services as well as funding the risk assessments.

This has been enabled by WellSouth using a new

technology provider from January 2015. Practices have greater real-time visibility on activity and progress down to patient level, and can plan and respond more effectively.

WellSouth also provides staff to support practices in identifying and contacting eligible people.

southern way

Capability Building:

Quality and Performance Improvement in Southern DHB

Over 2015, there has been a dramatic increase in the amount of improvement work underway in Southern DHB. Joining the existing *Skills for Change*, *Innovate* and *Open* programmes have been *Releasing Time to Care*, the *Excelr8* leadership programme, stand alone programmes such as *6,000 bed days*, and national work-streams such as the national *Radiology Improvement Programme* and *Opioid Collaborative*.

As the number and variety of programmes increases, it is important that there remains a level of consistency in both the approach and the focus of the programmes so as to

avoid confusion amongst staff. Through 2015 we will be looking at ways to address this issue, and provide a more consistent branding of improvement work in the DHB.

Across these last three pages, we consider some of the work to be undertaken through to *Skills for Change*, *Innovate*, and *Releasing Time to Care* approaches.



The Skills for Change programme will expand in the 2015-16 year, as demand continues to grow.

As well as the regular six-monthly cohorts in Dunedin and Southland, a cohort is planned for the Lakes District Hospital. Additional cohorts are planned in Dunedin with the hope that new cohorts will start each three months, so that directorates do not have to wait as long to start work on improvements. This will also reduce the size of the Dunedin cohorts to enhance the

sharing opportunities within the programme. We will also be placing an extra emphasis to involve groups from outside the more traditional clinical areas, and the hospital-focussed provider arm. Teams from primary care and community groups will be joining cohorts, as will teams from some of the DHB support areas such as Finance, and Planning and Funding.

Capability Building:

Innovate

New and value creating ideas make a difference at Southern DHB. We believe that staff thinking differently, creatively, with fresh eyes is key to being innovative.

The Innovation programme provides a number of ways that staff are encouraged and supported to bring their innovative ideas to life. The Southern Innovation Challenge is one way and has proven to be a huge success. The 2014-15 Southern Innovation Challenge had a record number of 16 applications.

The winner was the Emergency Management team who presented an idea for an "Emergency Management" App as another communication channel to get information to staff during an emergency event.

A sample of ideas implemented:

- non-slip placemats with educational messages to create conversation and memory cues for patients at high risk of falls;
- remote telemedicine for paediatric diabetes clinics;
- ipu whenua flax basket

for new parents who would like to bury the placenta and or umbilical cord;



- digital photo frames where those using the mental health service view photos and information about individual staff members to start a conversation and find areas of common interest;
- efficiencies through implementing information technology;
- inter-department re-homing of surplus items

You might like to watch the short clips placed on Southern DHB Innovate YouTube site about some of the ideas implemented.

2015-16
‘Creative Thinking’ workshops are to be introduced, the purpose of these are for staff to use their imagination, think differently, reframe problems, connect

and combine ideas and challenge assumptions. The aim being to approach problems with creative solutions or generate new ideas that will benefit our community.

For the 2015-16 period we plan to write an innovation guide in conjunction with Otago Polytechnic. This exciting project is to establish a common language and encourage staff to generate ideas and provide them with



Dunedin Skills for Change Cohort 5

knowledge on how they can support and be innovative.

We look forward to the ideas staff bring forward in the future.



Presenters at the Southern Innovation Challenge 2014

Future Focus:

Our priorities for improvement

Capability Building: Releasing Time to Care

Releasing Time to Care is a National Health Service programme that uses lean principles to improve patient care on hospital wards. Purchased by the Ministry of Health, the programme will be rolled out across the Southern DHB.

The roll out is being led by Nurse Directors with each Charge Nurse Manager leading the ward implementation with active participation from educators and champions.

The programme involves front line staff being leaders and engaged throughout the course of the programme and into the future.

The programme helps staff increase the time they spend directly with patients by changing the working environment and the way they carry out routine tasks. It is a modular programme that allows teams to look at how they are working now and how they can make it better in the future.

Although the programme is predominantly focused on nursing activities, all disciplines become involved as well as patients and their families and carers, as their views and experiences are vital to the process.

There are four core objectives of the programme:

- improvements in patient safety and reliability of care
- improvements in patient experience
- improvements in the efficiency of care and valuing patients time
- improvements in staff well-being.

There are 12 modules in the original framework, with a new module being rolled out every two months.



Releasing Time To Care Visual Management Board

The *Releasing Time to Care* programme has been very successful in the U.K, Australia and other DHBs in New Zealand.

For example in Shrewsbury and Telford Hospital in the U.K the introduction of the *Releasing Time to Care* programme has resulted in:

- Increased direct patient care time by nursing staff on the ward by 15%. This has been achieved by addressing a number of areas identified in the observation of care audit.
- Reducing the number of times nurses have to walk around the ward to search for patient records, equipment and other resources by 10%.
- Reviewing current stock levels, redesigning the location and storage of equipment and supplies and redirecting the time saved into direct patient care.

There are three foundation modules:

- **Knowing how we are doing**
Visual management and ward-based performance measures to allow targeted improvements.
- **Well organised ward**
Improvements in the working environment can reduce time spent finding and fetching
- **Patient status at a glance**
Visual patient information systems to improve communications and patient flow

Once the foundations modules are completed the teams will move onto the process modules. By looking at ward tasks in turn, staff ensure processes become more streamlined, compliant with policy, do not clash with other tasks, and are less interrupted. The process modules include medication administration, shift handover, patient hygiene and ward rounds.

Regular measurement on the four key objectives is an important part of the programme so that wards

know how they are doing and then focus their improvement activities on the key issues. Measures will vary depending on the type of ward but the key aspects provide information on the four core objectives.

Measures are developed by ward teams and displayed on the participating wards' visual management boards for everyone to see. Focus meeting will be held at these boards so that wards can implement improvement changes and also celebrate their successes.

Working smarter frees ward staff to spend a larger proportion of their time in direct contact with patients. Measuring how well the ward is doing will ensure that positive changes are sustained and improvements continue.

Releasing Time to Care provides a platform for staff to continually look for better ways of working so that patients receive safe, unhurried and timely care by the appropriate staff.



Releasing Time To Care Education Session

southern way

Timeliness:

Improvement in Radiology

Southern DHB is taking part in a national initiative to reduce waiting times for Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans.

The initiative is called the National Radiology Service Improvement Initiative (NRSII). It has been launched by the Ministry of Health and the National Radiology Advisory Group, with the aim of supporting DHBs to provide high quality, timely and efficient radiology services for patients and health care professionals.

The initiative will support all DHBs to achieve the 2015-16 Ministry of Health goals for CT and MRI of 95% and 85% of patients, respectively, receiving their scan within 42 days of acceptance.



The inpatient CT scan value stream map

While the goal of this initiative is to support people receiving their CT and MRI scans within the appropriate time-frame, we anticipate that improvements made will flow through to other radiology modalities.

This will be done through enhanced use of resources; better alignment between demand and capacity; consistent radiology protocols;

and improved responses to acute and elective patients.

Diagnostics are a key element in providing better, sooner, more convenient health care. Reducing waiting times for diagnostics will improve access and outcomes for patients in a range of areas including primary care, cancer pathways, emergency department waiting times and access to elective surgery.

The NRSII Project commenced at Southern DHB in August 2014 and will be completed by July 2016.

The NRSII Multidisciplinary Project Team meets weekly and has used Value Stream Mapping as its improvement methodology in both MRI and CT modalities. The findings from this exercise have formed the foundation of our local Improvement Projects.

Southern Innovation Challenge 2014 Winner:

Emergency Management App

Southern District Health Board Emergency Management Manager, Paul McNamara and Southern District Health Board Emergency Management Coordinator, Owen Black presented their idea to a panel of judges at the Southern Innovation Challenge 2014.

Their winning idea received funding to develop and produce a smartphone Emergency Management App to be used as an additional communication channel with Southern DHB staff.

The Emergency Management App will enhance the level of communication in an emergency and will be used by the Emergency Management team for important notifications which in these situations may not reach staff through the usual channels of staff emails, intranet posts, and social media.

Southern DHB Chief Executive Officer, Carole Heatly said “the Emergency Management App stood out as being a very innovative way of increasing Southern DHB’s ability to maintain services in an emergency



event by improving communications to our staff.”

The App is expected to be implemented by the end of October.



Have your say...

email your comments on the issues you would like us to focus our improvement work on:

QualityAccount@southerndhb.govt.nz

or write and post to

**Quality Account Feedback
Southern DHB
Private Bag 1921
Dunedin 9054**

What do you think we should focus on next year?