



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

It is our pleasure to present Southern District Health Board's Quality Account, sharing our annual performance from July 2015 to June 2016, from a quality and safety perspective.

Southern DHB is committed to providing a high quality service that places our patients' needs at the centre. We recognise the trust the community places in us to deliver a service that is both excellent and safe. We take this responsibility very seriously. As part of Southern DHB's 'Owning our Future Plan', establishing a strong culture of patient safety and quality improvement is a key priority.

The Quality Account supports the transparency of the health and quality outcomes being delivered, and demonstrates our commitment to evidence-based quality improvement. It also covers the areas where improvements are needed and outlines how the public and local communities play a part in making health services better and more responsive.

The community can have a high level of confidence in the services

they receive. During 2015/16 Southern DHB improved across all of the national health target areas, was top in the country for hand hygiene, and exceeded the elective surgery target – meaning more people got the treatment they needed. We have also identified areas where we have not met the expectations our community has of us, notably in the unacceptably long waiting times for our ophthalmology services, and we are focussed on addressing this situation.

Improving across all our services requires a culture of collaboration and innovation, and this has been a strong focus this year with the Southern Future programme of work. We heard from our patients about their experiences and priorities, and we thank everyone who participated in this.

Further programmes at Southern DHB encourage staff to suggest new ideas, tackle challenging issues and create efficiencies in ways of working so they can focus more time on providing quality care.

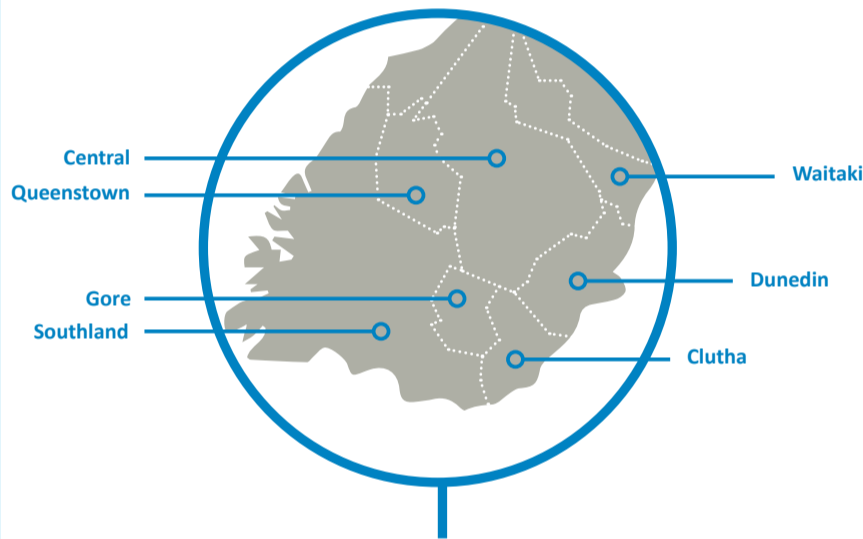
Thank you to everyone who has been involved in our quality improvement journey – we look forward to continuing to work together to deliver the very best health care service that the people of our communities expect and deserve.

Kathy Grant,
Commissioner

Chris Fleming,
Interim Chief Executive Officer



Southern DHB at a glance



62,356km²

We are the DHB in New Zealand with the largest geographical area

The Southern district has a population of **315,940** residents, the majority living in Dunedin and Invercargill

Ethnically the Southern district is predominantly **European, at 83%**. 10% are Māori, 6% Asian and 2% Pacific

There were a total of **3,352** babies born in the Southern DHB last year with the majority of these occurring at Dunedin Public Hospital and Southland Hospital

Our life expectancy at birth was **81 years**, slightly lower than the New Zealand average

Our population is slightly older when compared to the national average **51,930** people are aged 65 and over

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

Southern District Health Board

Piki Te Ora

Southern DHB's overall direction is towards a seamless, integrated health care system for our district that places the patient at the centre of how we operate.

This approach draws upon international evidence that by focussing on quality and safety, and an understanding of what patients truly place value on, health care costs less and delivers better outcomes. In the past year, we have made considerable progress towards these goals.

As well as improving our performance against the government's health targets, there has been further improvements across the wider health system, from enabling more sustainable after hours services in rural areas to investments in clinical pharmacy, aiming to reduce risks for those on multiple medications.

These outcomes sit alongside the work we are doing to build a more sustainable DHB, with improved buildings and facilities, a better financial position and supported by a positive and innovative culture.

2015/16 Key highlights

More **sustainable rural after hours services** enabled through collaboration among general practices and rural hospitals

During the **2015/16 year**, Southern DHB improved across all of the health targets

Improved financial position, finishing 2015/16 year slightly **ahead of budget**

A total of **13,324** elective procedures were completed – 886 more than planned

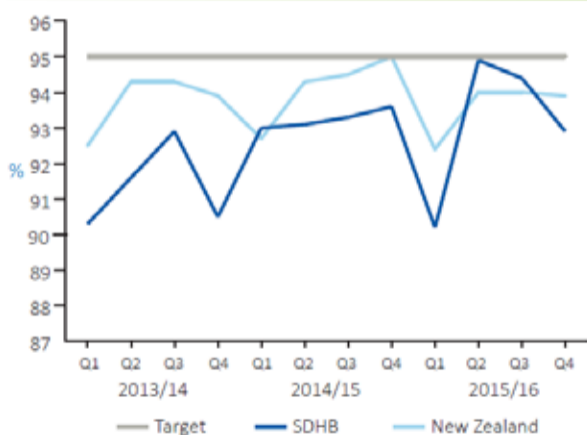
Immunisation rates **remain high**, with rates for Māori outperforming non-Māori in several measures

Another successful Southern Innovation Challenge, drawing entries from across Southern DHB

Largest ever consultation with staff and community undertaken with our Southern Future transformation programme, and generating over **3,000 items of feedback**

Progress towards upgrading facilities, including planning for redeveloping **audiology, gastroenterology** and **ICU/HDU** facilities, and preparing for Dunedin Hospital rebuild

Shorter Stays in Emergency Departments



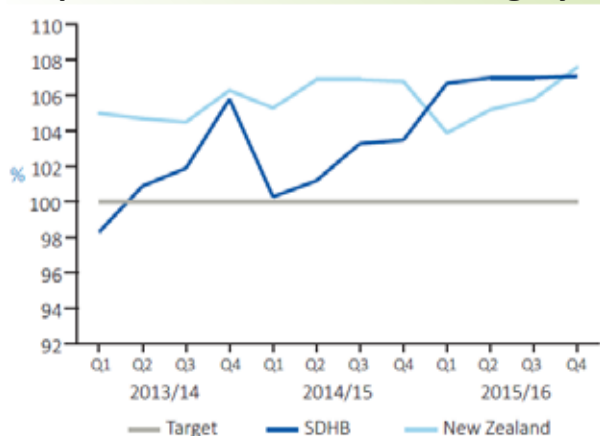
The number of people accessing Emergency Departments (ED) continues to rise. This in turn creates pressure for ensuring people receive timely care. Southern DHB achieved 95 per cent in the ED health target for the first time in Quarter Two but maintaining the target is an ongoing challenge.

Initiatives are in place to increase access to urgent care in the community and to improve acute patient flow once in ED. The "free under 13 years" policy was rolled out and ensures more children are receiving access to general practice, including free urgent care.

Further initiatives include: nurse-led early treatment zones; working with WellSouth to examine the frequent attenders; implementation of Internal Medicine Winter Flex Unit; daily meeting in ED focussing on presentations, breaches and resolutions; and streamlining of patient administrative processes.

The Urgent Care Network has recently established three workstreams to continue the improvement of urgent and acute care services across the district.

Improved Access to Elective Surgery



Southern DHB has again achieved the number of planned elective surgery procedures for the 2015/16 period. A total of 13,324 elective procedures were completed which is 886 more than planned.

Southern DHB continues to provide timely and improved access to elective services. Production plans are developed, monitored

and where necessary modified, with the expectation of working towards the performance requirements.

Faster Cancer Treatment

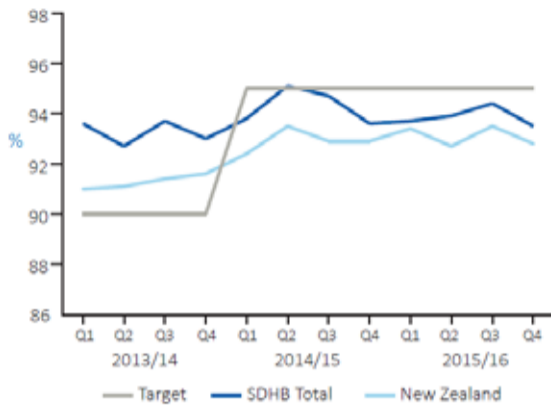


The Faster Cancer Treatment (FCT) measure was established as the health target in Quarter Two of 2014/15. It replaced the Shorter Wait for Cancer Treatment measure. The DHB has shown improvement from the previous year but like most DHBs we are still to reach the 85 per cent target. Our focus is on making sure we identify those patients where a diagnosis of cancer is suspected as early as possible. An FCT registered nurse is tasked with increasing clinical engagement,

to further improve the quality of FCT data that we receive. There is improved feedback to the multidisciplinary meetings on performance including the development of an FCT dashboard.

Accurate coding and data capture is still being improved and has impacted on data reporting. Systems within the DHB reporting system now have a mandatory field for suspicion of cancer, and there is a FCT flag on all departmental radiology referrals.

Increased Immunisation

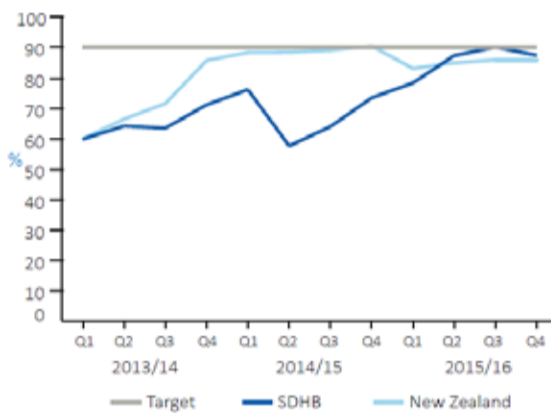


The DHB maintained a 94 per cent immunisation coverage rate for all four quarters but did not reach the 95 per cent target.

Southern DHB remains one of the higher performing DHBs for this target, and in 2015/16, the immunisation rates for Māori equalled or exceeded those of the total population.

Over 98 per cent of children aged eight months were reached and offered vaccination during the 2015/16 year. Opportunistic vaccination is offered to children at every contact with a health professional such as during visits with a Lead Maternity Carer, GP or practice nurse, when presenting at ED or Paediatric Outpatients, or at the B4 School Check.

Better Help for Smokers to Quit – Primary

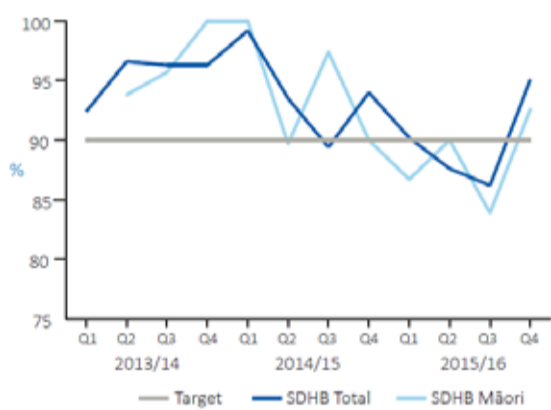


Primary care offering brief advice and support to quit smoking has increased significantly over the past year. The 90 per cent target was achieved for the first time in the third quarter.

WellSouth is now using a new IT provider which has improved data quality. Other initiatives that have been implemented include training and providing up to date monthly data and feedback on practice performances.

Resources have been provided to practices to support them with tools to improve on target performance.

Better Help for Smokers to Quit – Maternity



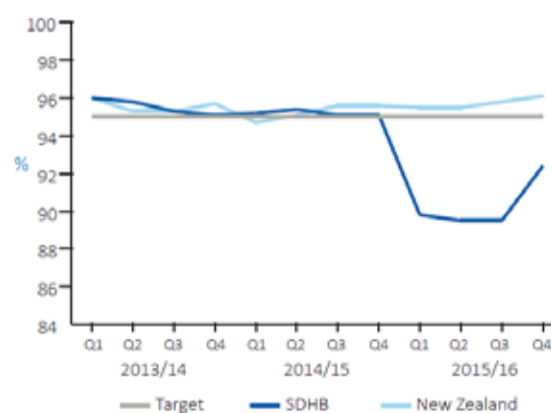
The maternity Better Help for Smokers to Quit target was achieved in two quarters in the last year.

There are some issues with the data accuracy. This is being continually worked on as part of our work with Lead Maternity Carers (LMC).

A number of initiatives have been focused around babies such as the Smokefree Babies project piloted in Dunedin and Mātaura and

the Pēpi–Pod programme which is aimed at providing a safe sleeping space for babies who have been exposed to tobacco smoke during pregnancy.

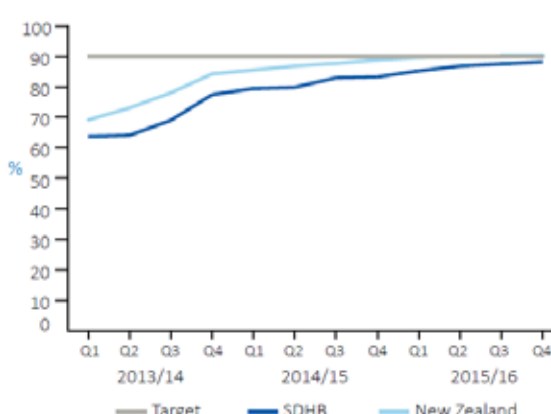
Better Help for Smokers to Quit – Secondary



While we have seen improvements across the course of the year, the DHB has not maintained this health target in the hospital setting, which highlights the challenge of embedding processes into routine business. In mid-2016 a mandatory field was included in the Emergency Department IT system recording smoking status. This will contribute to an improvement over the coming year.

The DHB continues to work towards achieving this target through strategies such as ABC training for all staff during orientation, raising awareness and education about smokefree support and continuing to support our Smokefree Champions within the DHB.

More Heart and Diabetes Checks



There has been upward progression from last year to 88 per cent at the end of 2015/16, as Southern DHB comes closer to reaching the more heart and diabetes health check target.

WellSouth has undertaken a number of initiatives including developing tables indicating practice performance. Information tools and reporting programmes are provided to practices.

WellSouth has employed Outreach Nurses in Otago and Southland to follow up hard-to-reach patients on behalf of practices.

WellSouth has improved access to primary care through the voucher programme which is supporting high needs and vulnerable populations.

Listening to our community, patients and staff

In December 2015, Southern DHB launched **'Southern Future – it's up to us'** to better understand the experiences our patients and whānau have in our care, as well as the experiences of our staff and those we work with.

Evidence shows that when patient and staff experience improves, so too does quality, safety and productivity, and higher quality, safer care costs less.

Altogether we received over 750 pages of feedback from 3,500 patients, whānau and colleagues.

Drawing from the words, themes and priorities we heard, a set of values and behaviours were developed, setting expectations for everyone who works for Southern DHB, whatever their role or level within the organisation.

We also heard about the areas that would make the greatest difference to patients and staff to improve their experiences at Southern DHB.

We are encouraged that many of our patients, whānau and colleagues reported positive experiences of being cared for or working at Southern DHB. So much of this is due to the skills and commitment of our teams and partner healthcare providers.

However, it is clear that there is room for improvement. Our focus is now on working as individuals and teams to progressively implement the priorities that have been identified, so Southern DHB can become an even better, safer place to be cared for and to work.

We would like to say thank you to everyone who has taken part, sharing time to improve the quality of healthcare they receive.

Southern Future
It's up to us

Listening to individual patient voices

Individual patients describing moments of their experience that show us when we are at our best.

She took the time to talk through everything. Felt important.

An excellent relationship between us, our specialists, medical and nursing staff. We worked in partnership and formed a relationship of trust and mutual respect. This works.

He looked me in the eye and reduced my fears. He was honest.

There was always someone to reassure me and explain what had happened.

She talked me through the pain.

Whakawhānaungatanga. They built a relationship with everyone involved.

They brightened up my day. They made me laugh.

There was always a doctor on hand. They became like family.

They explained moving from treatment to palliative care sensitively. I could be right there during procedures. I was told I could call directly. I felt involved in the process and I got direct feedback. They were personal, friendly, caring, sympathetic and prompt.

They make you feel like your world is safe.

On discharge they sped up the paperwork to help me get the 10am bus.

I'm here now because of them. They saved my life.



Staff at one of the Southern Future workshops in Dunedin.

Seven Priorities for Patients and Whānau

1. Listen, communicate more, work in partnership
2. Be consistently kind, helpful and positive
3. Value our patients', whānau & community's time
4. Protect our patients' dignity at all times
5. Create a calmer, more compassionate experience
6. Continue working to improve the food we provide
7. Keep listening to patients and whānau

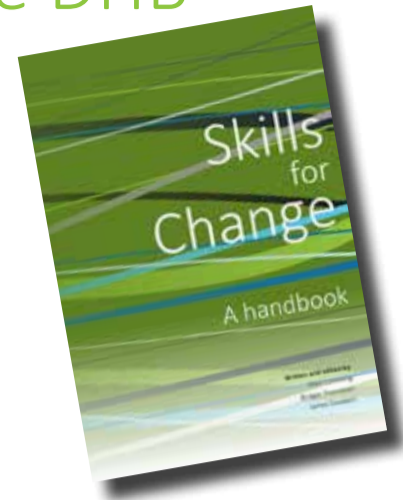
Seven Priorities for Staff, Teams and Colleagues

1. Find more time for people to focus on patients
2. Eradicate rudeness and bullying
3. Build a culture of appreciation
4. Build stronger teams across locations, roles, services
5. Liberate innovation
6. Develop great leaders
7. Create a learning culture, where people feel safe to speak up

Our shared values and behaviours

As part of Southern Future, more than 3,500 patients and colleagues developed these values and behaviours. They describe how we expect everyone who works here to behave with others - patients, whānau, colleagues, providers and other organisations. They apply to all of us, in every role or level.

Our values	What we want to see from each other, at our best...	What we never want to see from each other...
Kind Manaakitanga		
<p><i>Looking after our people:</i> we respect and support each other. Our hospitality and kindness foster better care.</p>	<ul style="list-style-type: none"> • Puts people at the centre of their care • Is attentive, helpful, caring, supportive • Treats people with respect • Protects people's dignity and privacy, and helps to reduce pain • Is reassuringly professional • Puts people at ease 	<ul style="list-style-type: none"> • Thinks they know better for others • Makes people feel like an inconvenience • Shows no compassion for anxiety, stress or pain • Is abrupt, rude, bullying or judgmental of others
Open Pono		
<p><i>Being sincere:</i> we listen, hear and communicate openly and honestly. Treat people how they would like to be treated</p>	<ul style="list-style-type: none"> • Listens and hears, with understanding and empathy • Involves people in choices • Communicates clearly and openly • Keeps people informed, so they know what's happening • Displays honesty and integrity • Speaks up if they have a concern; accepts feedback; keeps people safe 	<ul style="list-style-type: none"> • Talks over other people, makes assumptions, fobs people off • Ignores or excludes other people, whānau or teams • Leaves people in the dark, or feeling confused • Walks by poor care or behaviour, rejects feedback
Positive Whaiwhakaaro		
<p><i>Best action:</i> we are thoughtful, bring a positive attitude and are always looking to do things better.</p>	<ul style="list-style-type: none"> • Is positive, friendly, approachable, and smiles when appropriate • Always looks to improve, and has a 'can do' attitude • Aims for excellence, high quality, and the best outcomes • Is appreciative and encouraging 	<ul style="list-style-type: none"> • Negativity, blames other people, excessive grumpiness • Has a 'can't do' attitude, and acts as a barrier to change • Is satisfied with under-performance or poor quality • Belittles or criticises others' efforts
Community Whanaungatanga		
<p><i>As family:</i> we are genuine, nurture and maintain relationships to promote and build on all the strengths in our community.</p>	<ul style="list-style-type: none"> • Is culturally sensitive, respects others • Connects people, teams, providers and communities • Trusts people and is trustworthy • Works in partnership, collaborates well • Values other people's time, aims to be efficient and productive • Values people, builds relationships 	<ul style="list-style-type: none"> • Shows little consideration of cultural needs • Works in a silo, is inward-looking • Dismissive of other people's skills, experience, or ideas; micro-manages • Dismisses the value of other people's time, is late, makes people feel rushed or comes across as "too busy"



Skills for Change and problem solving in Southern DHB

Empowering staff to tackle challenges and find better, safer and more efficient ways of working is a priority, as we aim to continually improve experience of our patients, community and staff.

Southern DHB uses a standardised approach to improvement work and problem solving based on lean methodology. The A3 approach to problem solving (see examples on following pages) is used across the DHB, and is supported by the *Skills for Change* programme.

The *Skills for Change* programme is open to teams of 2-5 people, each team focussing on a problem from their workplace.

The programme is delivered over three full-day sessions, with four weeks between each session, and concludes with a presentation of the results of their project to their colleagues and managers.

Since the programme began in late 2013, 81 teams (288 staff) have gone through the programme. The majority of the staff attending have been nurses, with a good representation of other occupational groups. Projects

have come from a diverse range of services, from the highly clinical (Neonatal Intensive Care, Theatres and community) to corporate projects such as recruitment and executive meetings.

The programme covers a basic problem solving approach based on Toyota lean principles, and especially focusses on:

- A3 problem solving
- value stream mapping
- capacity and demand analysis tools
- standardised work
- visual management
- innovation.

Some of the projects are shown on the "Improving Quality" section (pages 7-9) but many other pieces of work have also been completed this year. These have included work by our partner organisations (rural hospitals and nursing homes) alongside DHB staff.

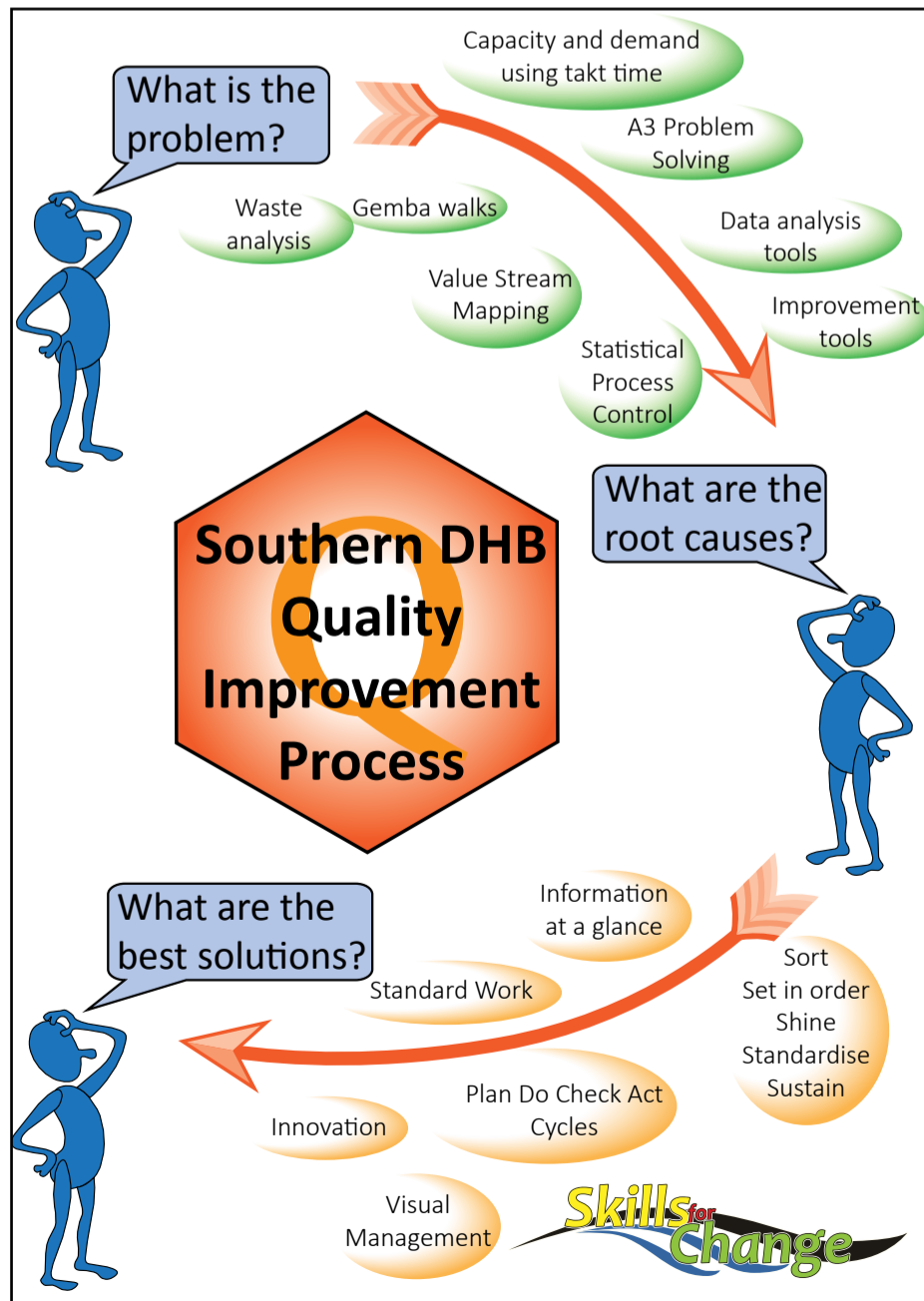
Leadership Gemba Walks

Over the 2015/16 period there has been a programme of Gemba walks involving senior leaders. Gemba is a Japanese word that literally means "the real place", and in our context of using lean methodology for improvement work, Gemba means going to the place where the work happens or where the value is created. In Southern DHB Gemba walks allow senior leaders to connect with the improvement work being done in the clinical areas, assess the use of

background in Physiotherapy but am no longer engaged in "front line" practice. I manage staff who manage staff in clinical practice so going to see and hear about the different clinical services helps me to better understand the area and its issues so I can make more informed decisions as an executive. The most rewarding thing of all though is being able to help unblock barriers the team may have to making improvements."



Executive Gemba walk to Ward 8Med. From left to right, Megan Livingstone-Young, Acting Charge Nurse; Nicola Mutch, Director of Strategic Communications; Lynda McCutcheon, Executive Director Allied Health (obscured) and Tina Gilbertson, Director of Quality.



visual management and problem solving, and identify ways in which senior staff can support, initiate and promote the work being undertaken. The concept of the Gemba walk is one that is central to our performance Excellence and Quality Improvement Strategy.

Lynda McCutcheon, Executive Director of Allied Health, Scientific & Technical offers her perspective on Gembas.

"As one of those who often undertakes Gembas it is heartening to see all the positive improvement work of the teams and services. The staff speak so proudly of the work they do and their passion and commitment to the people we help care for shines through. I come from a

Lexie O'Shea, Chief Operating Officer/Deputy CEO said "Gemba walks are the best part of what I do. I love meeting all the teams and services to hear about their improvement work and see it in action. It brings a richness to the information I need to do my job. I get to see first-hand how we are tracking against important quality indicators, such as hand hygiene, falls prevention and meeting the Minister's health targets. I also get to assist with any roadblocks to improvement. Conversely I hope that seeing me on Gemba walks encourages and reinforces to our team the importance of visual management and A3 problem solving. I trust I am sending a clear message as a leader that 'this is how we do things around here'."

A3 Improvement work in Southern DHB

The following pages contain a small selection of the many problem solving A3s produced by frontline staff during the 2015/16 year. This approach ensures that we are fixing the right things with the right solutions.

Advance Directives

Title: Advance Directives - Mental Health, Addictions & Intellectual Disability Services

Problem Statement: Currently very few people in the MHS service have Advance Directives.

Background:

- Advance Directives (ADs) were introduced in 1977 in California. Originally only for the terminally ill they were later extended to all patients who participate in health care decisions about the treatment they receive when unable to exercise consent at a later date.
- Facing the challenge, the mental health plan for 2012-17 speaks of holistic care which the use of an AD would promote. The local plan 'Raise Hope' focuses on recovery and ADs would empower decision making, encourage active participation and respects their autonomy.
- The MHS service has long had a format for Advanced Directives and guidelines in place but few appear to be written. The Advanced Directive process is yet to be made specific wide enough. Those using them are found in SDs across the service.
- Currently not enough staff or people in the service know what they are or are using them correctly. Those using them are found in SDs across the service.

Target Condition: All teams will have visual cues/pamphlets on Advance Directives and routine health record audits will show an improvement in advanced directives being written and discussed.

Proposed Solutions: A short-term project to enhance the delivery of ADs will enable positive long-term outcomes.

Service	Current	Target
Community	0	100
Residential	0	100
Day Services	0	100
Outpatient	0	100
Total	0	400

A team from the Mental Health, Addictions and Intellectual Disability Service have been working to increase the number of Advance Directives (ADs) for those accessing their services. ADs are a way for all people to participate in health care decisions about the treatment they receive when they may be unable to exercise consent at a later date.

to autonomy. The Mental Health Service has long had guidelines in place for ADs but more people and staff need to know what they are and more need to be written.

The team are working to provide educational opportunities to service users and staff, development of visual cues and pamphlets, and development of an end-to-end process that is clearly documented and easy to evaluate.

The focus for mental health services is on holistic care and recovery. ADs are a way to empower individuals' decision making and respects their right

Community Mental Health have more time to spend with patients

Staff from the Community Mental Health team wanted to have more direct time with the clients who require their service. As clinicians out visiting clients they found that there are periods when out in the community that are unproductive and bring no direct value to the clients.

they asked a number of clinicians to record the time lost over a four week period. The result indicated that this was significant.

The solution is to resource the clinicians with technology devices – such as tablets – to allow them to utilise any unproductive time more effectively. The benefits go beyond this however – clinicians are better able to use their time with clients as there is swifter access to additional support, and online educational resources. Efficiency is also increased through less handling of paperwork.

An example of this is when a client is not home at the appointed time or their plans change at short notice. It may not be practical to return to the office when another visit is scheduled in the area a short time later.

Anecdotal reporting from staff flagged unproductive time as an issue so to assess the scale of it

Title: Providing CMHT staff with Tablets to reduce non-value added waste - Muda

Problem Statement: A lack of access to IT resources whilst working out in the community is reducing the time CMHT staff can spend in direct patient contact.

Background: Currently CMHT clinicians are finding that they have periods of wasted time whilst in the community which are unproductive and brings no value to the clients. For instance when clients are not at home at the appointed time of our visit or plans change at short notice; often it is not practical to return back to Wakari from the community when another visit in the area is scheduled a relatively short time later. This represents none value added waste - Muda.

Target Condition: To eliminate non-value added waste time from our CMHT staffs schedules which can then be spent in direct patient contact.

Proposed Solutions: Clinicians are resourced with Tablets in the community to allow them to utilise what is currently identified as wasted time more productively.

Additional Benefits:

- Capacity to work more collaboratively with clients.
- Swifter access to additional resources or supports for clients - Referrals.
- Creates capacity to access online education resources with clients in the community.
- Greater efficiency reduces double handling of paperwork.

Implementation Plan:

Purchase Tablet and introduce Pilot to other CMHT's → Purchase smartphone to facilitate internet tethering → Tablet will rotate through all 6 CMHT's

Decision about proceeding with a wider rollout made → Present feedback to MHSAD Leadership team → collate feedback from all areas

Results: Phase one of the Pilot is now completed. Results from the pilot have overall been extremely positive with significant efficiencies noted.

Follow-up: Pilot completed → Evaluation completed and submitted to the Leadership Team → Approval given to purchase 16 more Tablets for phase 2 of the pilot

Current Activity: Collect data around wasted time - Caro Justine, Business case completed; Tablet purchased - Rich, Commented Pilot of Tablet within CMHT's Caro, Justine and Richard, Create Evaluation criteria for trialling - Rich Caro, Justine

Effective and Efficient Discharge Planning

Title: Effective and Efficient Discharge Planning

Problem Statement: Patients are in hospital longer than they should be

Background: Looking at the data it appears we have a process dictating discharges rather than patient need.

Evidence Proving the Problem:

Target Condition: Safe, timely, co-ordinated transfer of care for every patient

Proposed Solutions:

- Final dates of discharge agreed and target (My care plan) - Almost COMPLETE
- Rapid Rounding - keep up all on track COMPLETE
- Electronic whiteboards - Almost COMPLETE
- Bedside handover (part of releasing times to care)
- Using InterFit Care plan - COMPLETE
- MDT process - keep on track and capture necessary information - (See para A3)

Implementation Plan:

08 - Number of discharges (1/1/16-30/6/16)

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Discharges	24	37	47	35	43	8	2

1A - Numbers of discharges (1/1/16-30/6/16)

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Discharges	19	28	38	34	50	5	4

Results: BA & DR LOS

Follow-up: How will we target next 600 discharges

Current Activity:

- My Care Plan (draft) - COMPLETE - AW rollout
- MDT separated onto separate A3
- Rapid Rounding - COMPLETE
- Discharge summaries - Needs a separate (A3)
- Electronic Whiteboards - AT&R format agreed - AWTV's

Root Cause:

- Inconsistent MDT processes
- Inconsistent Goal Setting and updating progress
- No clear responsibility for discharge planning

Southern DHB wants people to spend only the absolute necessary time in hospital. Safe, timely and a coordinated transfer of care or discharge for every person ensures that people are able to get to the best place for their recovery as soon as possible.

The team investigated care plans, multi-disciplinary team meetings, and handover processes before putting in place the appropriate solutions to ensure that discharge processes are more effective and efficient. Results so far show that the new process is faster and more effective for the patient.

A team from the Older Person's Health, Clinical Support and Community Services delved into the discharge planning process for their services to ensure discharge is based on what the person requires in order to get them back to their own home.

Improving identification of Delirium in Medicine and Older Person's Health

Title: Improving the identification and management of delirium on 8MED & 6P floor

Version: 5

Date: 07/10/2016

Author: Megan Livingstone Young, Wendy Bailey, Sally O'Connor, Helen Paton, Bridget Thompson, Kim Gifford, Emma Grant.

What is the Problem?
Problem Statement: We do not have a consistent method for identifying and managing patients with a delirium.
Background: Prevalence of delirium in elderly hospitalised patients is around 10-40%. Patients with a delirium are at increased risk of injury, prolonged length of stay, poor outcomes and increased mortality.
Evidence Proving the Problem:
 Review of 10 consecutive admissions to 8MED found:
 - No evidence of formal screening for delirium
 - 5/10 identified as delirium but not confirmed (depends and no formal evidence of standardised assessment)
 - Pharmacist review in only 1/5 cases of suspected delirium
Analysis:
 Guidelines on MIDAS - 7 not well understood, poorly utilised. Support use of CAM but this is rarely used.
 No consistent screening on admission to ward.
 Patients with a delirium tend to be viewed as 'difficult' - often managed using a 'watch' Delirium generally not coded and often not included on discharge summary.
 No consistent information for patient / family about delirium
 Pharmacist review if delirium is identified is inconsistent
 Focus groups to assess nursing staff knowledge found good understanding, but limited access to resources to support interventions.
 PR rooms have clocks but no calendar. Lido beds have to be hired which is a barrier. Distraction tray set up on 6P floor and comfort box on 8MED - positive feedback and could be rolled out more widely.

Target Condition: By December 2016 all patients age 65+ admitted to wards 6A, 6B and 8MED will be screened for the presence of a delirium and, if indicated, managed on an end to end delirium pathway which reduces the risk of poor outcomes for the patient.

Proposed Solutions:
 Implement a comprehensive package for the identification and management of delirium based on the CAM-D package:
 - CAM screen on admission and every shift for 5 days (and use of RIM-CAM where appropriate)
 - Standardised education for all staff
 - Standardised intervention package including use of ultra low beds
 - Consistent documentation and coding
 - Standardised information for patients / families
 - Supported decision making for use of patient watches
 - Introduction of resources for sensory engagement

Implementation Plan:
 Start education - week 10th October
 Launch patient safety week - week of 11th October
 Start working - week 1st November
 Roll out to wider organisation across district 3 - date TBC

Results:
 8 being screened
 9 with - no system recording intervention package
 Falls (NAC screen)
 LTO

Follow-up: Link with patient watch A3 group to develop request form which incorporates CAM scoring.

Sign off: _____ **Date:** _____

Delirium is a serious disturbance in a person's mental abilities and can result in confusion and reduced awareness of your surroundings and environment. Delirium is prevalent in 10-40 per cent of elderly hospitalised people, and increases the risk of injury, a prolonged hospital stay, and poor health outcomes.

A group of staff from two services, Internal Medicine and Older Person's Health, worked together to reduce the impact of delirium.

The aim of the project was for all people aged 65 or over admitted to the 8Med, 6A and 6B wards to be screened for delirium, and managed on a delirium pathway. Pathways are a common tool used as a guide to ensure a consistent approach to managing and

treating people with the same type of symptoms or disease.

The solution put in place, in addition to the delirium pathway, has been a comprehensive package for the identification and management of delirium. The package included a screening tool to assess people on admission and for every shift for five days, standardised education for all staff, consistent documentation and coding, and appropriate resources to help manage someone with delirium, such as ultra-low beds, sensory resources and additional support.

The results so far are positive and the teams will continue monitoring to ensure the ongoing success of this important initiative.

Providing the right care in the right place

Title: Providing right place right time care

Version: 3

Date: 06/10/2016

Author: Janine Cochran, Sally O'Connor, Noelle Bennett, Sarah Graham, Sarah Kilmartin, Jo Brockle, Simon Donley, Taha Liggins, Bridget Thompson, Alan Jones

What is the Problem?
Problem Statement: We have identified a number of instances where people are not accessing the right medical services at the right time. This impacts on the Southern DHB four fold aim - there are delays in receiving tests and treatment, more resources are used and there is little opportunity for staff to improve the way they deliver care.

Evidence Proving the Problem: based on Health Round Table 2015CY data
 ED wait times are too long
 Readmission rates are high (Health Round Table rate is higher than our data)
Analysis:
 The number of patients discharged from ED to inpatient has increased but we remain unable to consistently meet the 95% target on both ED sites.
 80% of bed days utilized are in In Med / Gen Med, Cardiology and Respiratory.
 Readmissions have remained stable over the past 3 years despite efforts to make reductions.
 Patients who are admitted wait the longest in ED

Target Condition: By July 2016 this initiative aims to save 1000 hospital bed days and 22,000 ED patient hours.

Proposed Solutions:
 3 main strands (see strategy diagram):
 1. Inpatient Services
 2. Emergency Departments
 3. Outpatient and Day services

Implementation Plan: Identify priority areas and establish work streams. Use A3 problem solving methodology and mandate to trial and make changes. Collaborate with Alliance South and other directorate groups in areas of common focus.

Results:
 2015/16 completed first year implementation plan during the 2015/16 financial year.
 2016/17 completed first year implementation plan during the 2016/17 financial year.
 2017/18 completed first year implementation plan during the 2017/18 financial year.

Follow-up:

Sign off: _____ **Date:** _____

The Medical Directorate identified a number of instances where people were not getting access to the right medical services at the right time. This was evident due to the length of time people ended up waiting in the Emergency Departments (ED) and the rate of readmission for people after they had already been seen in the ED or hospital.

An A3 problem solving approach was used to identify the problem and come up with the right solutions. The aim of the work was

to save people from spending any longer in hospital than necessary, and stop them from waiting longer in the ED than absolutely necessary. This initiative had the goal to save 1000 hospital bed days and 22,000 hours of waiting time for people in the ED by July 2016.

So far the results have been positive and are making a difference in reducing delays for people utilising our services.

Time to Recruit

Title: REQUEST FOR RECRUITMENT PROCESS

Version: 6

Date: 11 February 2016

Author: Lucy Butler, Cheryl McConville, Alan Canning, Lance Elder, Jack Devenon, Gerald Manning

What is the Problem?
Problem Statement: It is currently taking more than 15 days to get 50% of the RFR forms signed off (including S&S, which adds cost in delay processes. Cost shifting occurs in the form of paying overtime, annual leave cover and supplements.

Evidence Proving the Problem:
 % of RFRs declined 2011-2015
 Number of days taken for RFR approval
 Cost per RFR to process with current steps = \$47

Target Condition: There will be a decision and sign off of all RFRs within 7 actual days

Proposed Solutions:
 Take out the non-value added steps - return to one-up delegation
 Put in new process for RFR Decs: from control to monitoring
 Standardisation - one district electronic system, and new form which is clear on info required and decision making criteria

Implementation Plan:
 RFR exec to sign off proposed solutions
 Review qualitative data from managers to assist in developing a new form
 Work with IT team to establish a new form and district wide systems

Results:
 Non value added steps removed, and delegations have been returned to Level 3
 New district wide RFR system created, along with a training guide to how to complete as RFR form.
 Monthly spread sheet tracking time taken for each RFR to be approved - 7 days
 Run chart reporting to RFR exec on RFR keep and costs

Follow-up:
 Report on monthly basis to RFR exec and an Visual Management Boards

Sign off: A3 completed _____ **Date:** _____

A group from corporate services were concerned with the length of time it took to get approval to replace a staff member. They wanted to create a standardised, district-wide system to remove the non-value added steps in the recruitment approval process, and remove bottlenecks so that requests to proceed with recruitment were processed in under seven days.

The team started with a Gemba walk to identify all steps within the process and quickly discovered a number of unnecessary steps, and many key steps that required specific times of the week to be processed. These

caused bottlenecks and delays of up to seven days. They also found that the process was a mixture of electronic and paper based systems, even though the process is supposed to be entirely electronic.

Improving the process reduced the number of steps in the approval process from 13 to six, and reduced the time taken to gain approval from an average of 15 to four days. This means that managers can appoint staff sooner, and waste is reduced by requiring less staff time to complete the process making it more efficient for all involved.

Access to cultural support for Māori Mental Health clients

Mental health inpatients have access to Māori cultural support following their discharge from hospital, provided through Te Oranga Tonu Tanga. Data collected by the Māori Mental Health Team found that fewer than 40 per cent of Māori inpatients were referred to this programme over an eight week period.

Mapping of the referral process determined that the main reason for the low numbers of referrals was the time taken to complete the referral process.

Accordingly, the Māori Mental Health Team changed the referral processes so that all clients are seen by the team within 48

hours of admission. Improved communication between the team and the wards, improved follow-up processes for the discharged clients, and simplified referral and review pathways have also been achieved.

Further, the Te Oranga Tonu Tanga team will attend the ward multidisciplinary team meetings to ensure a smooth transition from inpatient to outpatient settings.

The success of these changes will be monitored on a regular basis, and key measures are now part of the regular service review process.

Access to cultural support for Māori whānau who receive mental health services while in inpatient care facilities (Otago)
 Participants: N. Todd, G. Thompson, L. Butler, R. Singh, J. Pōtiki, S. Paddock

What is the problem?
 Māori are discharged from inpatient mental health services before Māori Mental Health (MMH) undertake an initial assessment. Within an 8 week period, 37% of inpatient Mental Health Māori were referred to Te Oranga Tonu Tanga (TOT) in Otago.

Background:
 There are inconsistencies relating to how Māori are referred to services within the Southern DHB Mental Health, Addictions and Intellectual Disability Directorate (MHAID). This leads to Māori not being fully aware of cultural support services available to them while in hospital. Ward staff may not fully understand what services are available and/or the role of MMH services in acute and intensive care.

Evidence proving the problem:
 Flowchart of Māori Admissions: Shows a process from admission to ward, through identification by TOT, to referral and assessment. Key steps include 'Identify as Māori', 'Contact TOT worker', 'Refer to TOT', and 'Assess/allocate'. A 'Daily check-in' box is highlighted in yellow.

Analysis:
 Number of Māori Admissions Sept2015 to Sept2016: [9c-80] [10a-8] [cottage-3] [ward11-5] [9a-6] [9b-45] total number: 147 Māori. Eighty six individuals were known to TOT. Sixty one admissions were unknown to the service. Time from admission to first contact with TOT was 6.4 days on average with the maximum being 11 days. The average length of stay for 9a, ward 11, 10a, cottage is not concern as period of admission is in excess of years. 9b average length of stay is 9.6 days, 9c average length of stay is 8.8 days. Allocation by TOT to a client is once a week on a Wednesday at their review meeting. (Tirohanga Hou)

Proposed solutions:
 - Review admissions to develop consistent notification/triage/assessment pathways
 - Daily review of admissions to 9a, 9b, 9c, 10a, ward11, cottage
 - Clarification of role and function of MMH Service to 9a, 9b, 9c, 10a, ward11, cottage
 - Amend admission notification to include informing TOT of admission (MIDAS 74893)
 - MMH staff provide input into and attend all MDT meetings for tangata whāiora
 - MMH provide a cultural assessment within 48 hrs of first face to face.
 - MMH service works better over a medium term (4-6 weeks). Provide a 6 week post discharge follow up to all Māori who are admitted to inpatient wards: referring to GP/PHO/NGO or other Māori/community provider as and when required.

Implementation Plan:
 - Presentation of proposed solutions to MMH team & all other relevant parties
 - Triage and the driving force for quality will be the registered nurse
 - Registered nurse will monitor referrals written/verbal referrals
 - Registered nurse will meet with staff daily to address referrals and allocate referrals
 - Registered nurse will meet with ward staff on a regular basis to address education needs and service provision and capacity of MMH service
 - MMH staff will attend MDT on wards and present written information, i.e. cultural assessment, cultural care plans at ward MDT's
 - Time line for first face to face and documentation will be confirmed at each Tirohanga Hou review meeting that MMH team participate in.

Results of progress on key measures:
 - Patient Review by Team (12/12)
 - Contact Types and Duration (12/12)
 - MHAID Patient Statistics (12/12)

Follow-up: Registered nurse and MMH manager will complete a 6 monthly audit, measuring the improvement of identified key measures, increase in numbers seen, increase in referrals, increased participation in ward MDT's, increase in cultural assessments completed.

Anaesthetic Pre-operative Assessment Clinics

Patients are now waiting less time to know if they have certainty of treatment.

At Southland Hospital the Surgical Team asked why patients were waiting so long after their First Specialist Appointment (FSA) to hear whether they had certainty of treatment. Many of our patients were waiting up to three months. A small team undertook to resolve this problem as a quality improvement initiative, using A3 methodology and lean management techniques. After a Gemba (workplace) walk of the FSA clinics, the current process was mapped out, and the time between steps was measured.

Issues and blockages at each step were recorded. A team "think tank" looked at the issues and gathered information to fully understand the problems. Then, using a fishbone technique, possible solutions were considered. The most promising solutions were identified by the team, and trialled.

As a result we have seen a tremendous improvement in waiting times; now patients can expect to wait under a month after their FSA to knowing they have certainty of treatment. Our goal is to reduce this wait-time even further, to no longer than ten days.

APAC - Southland Service
 Version: 12 Date: 04/10/2016 Author: Tracy Hall, James Goodwin, Phyl Harvey, Jo Clark, Fiona Cook, Esther Spencer, Anne-Marie Miller, John Scott, Caroline Fordey, Maree Duncan

What is the Problem?
 APAC clinic currently signs a patient off as being fit for anaesthetic at the 80th percentile of up to 107 days from FSA. Further delays of between 2 - 12 days between APAC sign off and certainty of treatment have also been identified. This creates a grey area where patients can sit for up to 3 months between FSA and waiting list confirmation.

Evidence Proving the Problem:
 Validated Elective Services Patient Pathway - FSA → Certainty of Treatment

Analysis:
 Fishbone diagram showing causes for the problem, including 'No dedicated room', 'No dedicated staff', and 'No dedicated staff for these facilities on the day'.

Proposed Solutions:
 - A dedicated room in PAU is identified on Eye Check day
 - NCU Outreach Nurses manage these returning families and use this time for outreach follow up as well, eliminating the need for a home visit.

Target Condition:
 Reduce non-productive patient wait time between FSA to certainty of treatment, to as short a time as possible.

Implementation Plan:
 - Discussions around APAC SMART triaging structure - management level implementation of Fast Track system for patients not requiring APAC input
 - Monitoring of avoidable DOS cancellations - as a KPI - TEH
 - Role out of district general health questionnaire to all specialists
 - Final drafting of Pediatric health questionnaire ready for clinical print
 - Improved patient communication - Innovation Challenge Submission

Results:
 Current: 80th Percentile wait time FSA → Sign Off: 107 days - orthopaedic
 Future State: 80th Percentile wait time FSA → Sign Off: 10 working days

Next Steps:
 - Discussions around APAC SMART triaging structure - management level implementation of Fast Track system for patients not requiring APAC input
 - Monitoring of avoidable DOS cancellations - as a KPI - TEH
 - Role out of district general health questionnaire to all specialists
 - Final drafting of Pediatric health questionnaire ready for clinical print
 - Improved patient communication - Innovation Challenge Submission

Follow-up:
 Sign off: Project completed Date

NICU Eye Checks

Babies who are born at less than 30 weeks gestation require eye checks until they reach their term date. This is to ensure that the baby's eyes are developing normally. The eye examinations require specialised equipment and personnel so the examinations are carried out in hospital, in the NICU, even if the baby has been discharged home prior to their term date.

An intensive care unit is not the best place for an outpatient procedure, so staff from the NICU undertook an A3 to understand if this was a problem that needed to be addressed. They charted

the number of outpatient eye examinations and mapped the process before exploring ways to ensure there are dedicated staff on hand to welcome and support the parents and baby, and there is an appropriate area available for the eye check.

Title: NICU Eye Checks

What is the Problem?
 Problem Statement: It is inappropriate for outpatient procedures to be carried out in an intensive care inpatient environment.

Background:
 Babies < 38 weeks require series of eye checks until they are born.
 If discharged prior they require still require checks.
 No other arrangement currently for this.
 No dedicated staff for these facilities on the day.
 Easy for Ophthalmologist to do in NICU.

Evidence Demonstrating the Problem:
 Outpatient Eye Checks 2015-2016: Bar chart showing the number of eye checks performed per month.

Analysis:
 Fishbone diagram showing causes for the problem, including 'No dedicated staff', 'No dedicated room', and 'No dedicated staff for these facilities on the day'.

Target Condition:
 Follow up NICU outpatient eye checks will be carried out in a designated room in by a designated NICU team member

Proposed/Possible Solutions:
 1. Timing of Eye checks is moved forward to earlier in the afternoon
 2. A dedicated room in PAU is identified on Eye Check day
 3. NICU Outreach Nurses manage these returning families and use this time for outreach follow up as well, eliminating the need for a home visit.

Implementation of the Plan:
 1. Ongoing discussion with Ophthalmologist on the logistics of changing the timing of eye checks
 2. Negotiating with Paediatric Team on the use of a PAU Treatment Room
 3. Formalising the use of the Outreach Nurse's time used for this purpose.

Results:
 The project is a work in progress but has stimulated discussion around ways that this necessary treatment could be re-organised and administered which meets the clinical needs while utilising NICU resources more efficiently.

Follow-up:
 Sign off: Date

The Patient Safety Improvement Programme

Last year we reported on our programme of work under the Health Quality & Safety Commission campaign “OPEN” for better care.

Southern has now established the Releasing Time to Care programme (RTTC) which has a strong focus on improving patient safety and experience of care. The RTTC programme provides a framework for patient safety and quality improvement activities in the clinical areas. You can read more about the RTTC programme on page 16.

This year we have moved to integrate the previous “Open” work and new HQSC initiatives into RTTC to ensure we continue and grow the momentum of improvement work.

Preventing Falls — Inpatients

Reducing harm from falls continues to be a priority both nationally and at Southern.

Reporting and monitoring of our information on falls is a key part of falls prevention, however documenting the assessment and the plan of care continues to be a challenge for us. There has been considerable work in this area to ensure our frontline staff and leaders know what is going on and where to focus our actions.

Process measures, such as how many patients have been assessed for being at risk from a fall, are captured on Trendcare, one of our clinical information systems.

Outcome measures, such as how many patients have had a fall, are captured on our incident management system – Safety1st. Results of our monitoring process are shown in the graphs below.

Education was provided to approximately 150 falls prevention

champions in April 2016 as part of an “April Falls” prevention theme. A key focus was education around identifying a patient that may be at greater risk of falling due to key risk factors.

There are some excellent learning packages on the South Island HealthLearn site that we can now access for Southern DHB staff.

One of the key initiatives that aims to prevent falls is to look at how we manage patients with delirium. Ongoing education on this specific type of patient care will be a key focus in 2016/17.

Preventing Falls — Community

Our falls prevention programme was extended into our community, and is proving to be a success due to our multi-sector approach. This programme is governed by the Falls and Fracture Group, which has been in place for three years.

This year two Falls and Fracture Prevention Coordinators were appointed by the WellSouth PHO, made possible due to the collaboration between the Accident Compensation Corporation and the Southern Alliance. The coordinators are developing the Falls and Fracture Liaison Service and building capability in falls and fracture prevention.

The coordinators commenced training with 18 general practices in July, and plan to develop pathways of care for those at risk of osteoporosis.

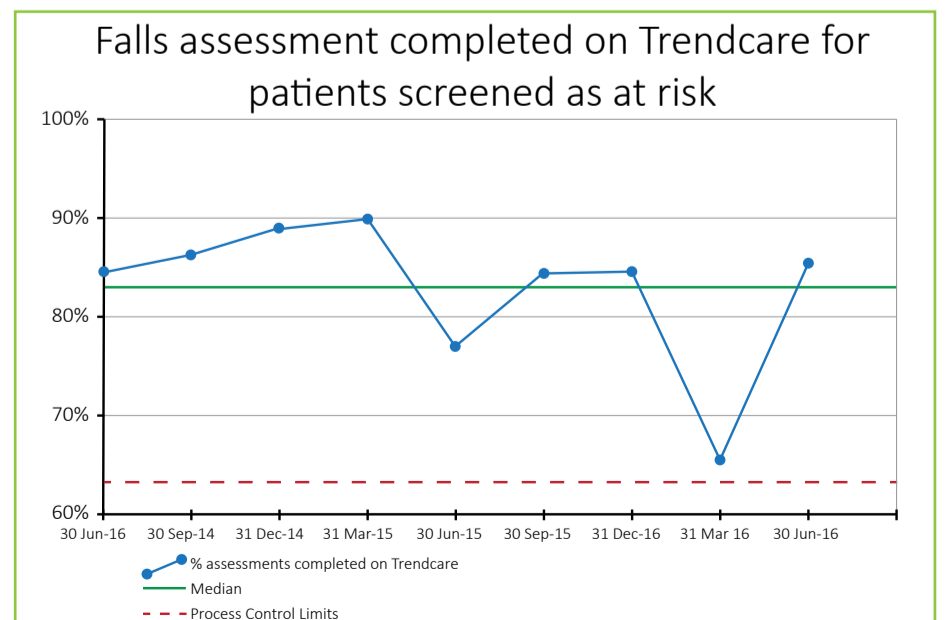
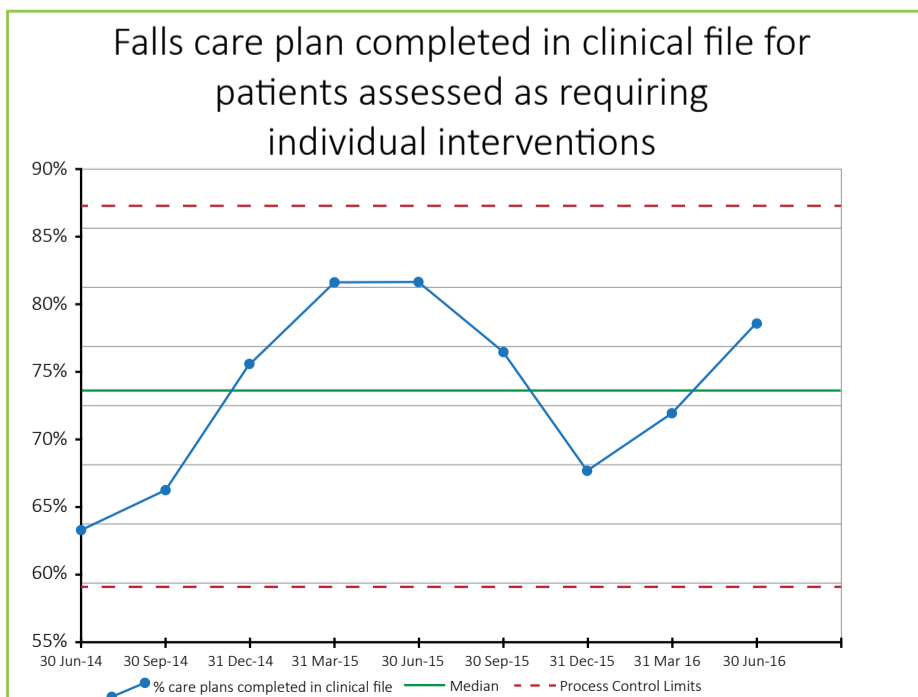
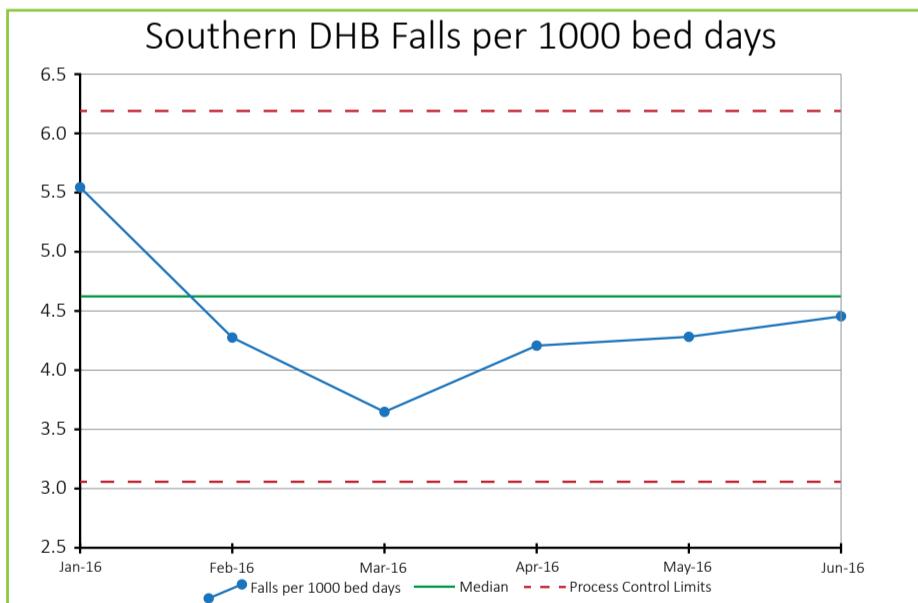


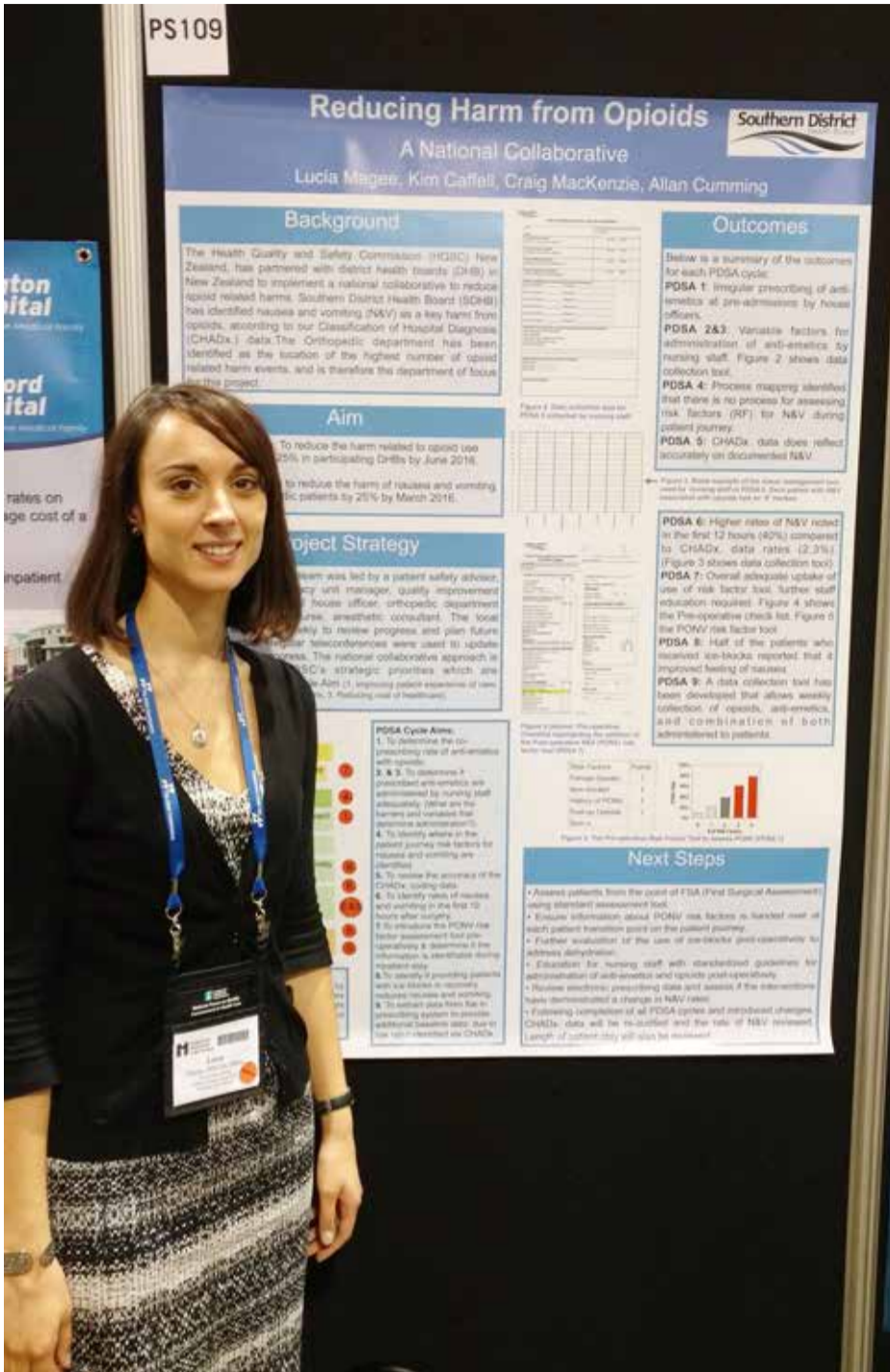
One intervention being trialled is the provision of ultra-low beds to at-risk patients

Delirium

We know that approximately 10 to 40 per cent of our elderly patients have acute delirium (confused state). This work is very important as delirium is often missed and contributes to increased patient harm. The risk of falling in patients with delirium increases significantly with a high risk of readmission to hospital if they are not managed well initially.

A pilot programme in our Medical and Older Person’s Assessment Treatment and Rehabilitation services (see page 8) includes the use of a standardised assessment tool (Confusion Assessment Method- CAM) and a standard set of interventions for staff to use to support and care for the patient. A standardised signalling tool indicates to staff and family/





Dr Lucia Magee with her poster about the Opioid Collaborative at the 27th Annual National Forum on Quality Improvement in Health Care, Orlando Florida

whānau that the patient has delirium.

There is a trial of ultra-low beds to better understand when these should be used. Additionally, there is a distraction trolley set up, offering a variety of sensory options that can be used as part of the intervention/care package for a patient.

Opioid Collaborative

A small project group from Southern DHB participated in the HQSC formative collaborative on reducing harm from opioids. We chose to look at post-operative

nausea and vomiting (PONV) with an aim to reduce nausea and vomiting related to opioids by 25 per cent by March 2016. We know from the data collected in the pilot international evidence that 20 per cent of low risk and 40 per cent of high risk patients experience PONV.

We were unable to reach the target, however we did identify a bundle of actions to standardise the process for clinical areas with the aim to recognise high risk patients, and reduce the potential harm by offering medication to prevent nausea and vomiting.



Safer Surgery

Congratulations to all the surgical teams who achieved the targets set by the Health Quality & Safety Commission for the surgical safety checklist.

The next phase of the surgical safety programme is underway which aims to have a paperless checklist system in both our main hospitals across the district.

Nursing Medication Administration Errors

Reducing harm from nursing medication administration errors is a large piece of work being carried out under the Releasing Time to Care programme. The first part of the project has been the development of a medication administration policy that includes standardised work processes. These include:

- Vests for nurses to wear when administering medications. The DO NOT DISTURB vests will help reduce the risk of errors, as disruption during medication administration is an identified risk of error. By wearing the vest nurses can concentrate on the

task at hand without being interrupted.

- Standardising each medication room so that storage and preparation areas are well organised with clear signage.
- Standardising our management of the medications people bring into hospital.

Surgical Site Infection

To reduce the harm caused by post-operative infections, we have continued work in line with the National Surgical Site Infection (SSI) Improvement Programme, focussing on hip and knee surgery. We have improved in all of the processes of care that are measured in the national programme. There remains opportunity for further improvements, including the type and dosage, timing and documentation of timing of antimicrobial agents used.

Cardiac surgery surveillance commenced in 2015, and Southern DHB is among the first DHBs to provide reports into the programme. This improvement initiative will be a focus for us in 2016/17.



Do Not Disturb vests can reduce the risk of medication errors by eliminating interruptions.



Special bags and racks to store patient's own medications can reduce the risks of the wrong medications being taken home.

Reducing Harm – Clinical Deterioration

On July 1st 2016 the Health Quality and Safety Commission (HQSC) launched a national programme of work to improve the recognition of deteriorating clinical condition and ensure timely patient specific responses. This will be a five year programme

focusing on the following work streams:

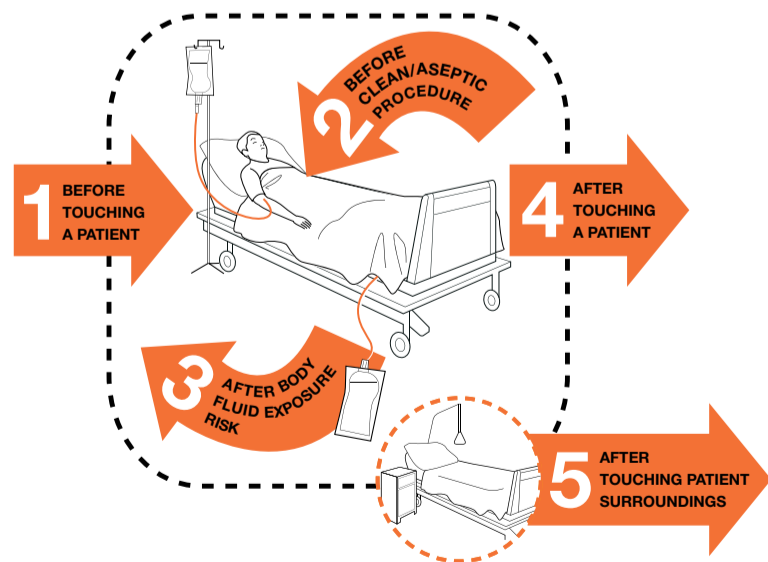
- standard rapid response system
- patient and family/ whanau escalation
- goals of treatment
- evaluation.

Hand Hygiene

We continue to be the top performer nationally for hand hygiene compliance, a fantastic result due to the hard work of all involved. A number of new areas have been brought into the audit as we extend the programme. It is expected that our figures

may fluctuate as the new areas undergo additional education moving from the regular hand washing and embracing the more complex "5 moments for hand hygiene", but we are up for the challenge.

Your 5 Moments for Hand Hygiene



Moment	When?	Why?
1 BEFORE TOUCHING A PATIENT	When approaching a patient.	To protect the patient against harmful germs carried on your hands.
2 BEFORE CLEAN/ASEPTIC PROCEDURE	When performing a clean/aseptic procedure.	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3 AFTER BODY FLUID EXPOSURE RISK	When exposed to body fluids (and after glove removal).	To protect yourself and the health-care environment from harmful patient germs.
4 AFTER TOUCHING A PATIENT	When leaving the patient's side.	To protect yourself and the health-care environment from harmful patient germs.
5 AFTER TOUCHING PATIENT SURROUNDINGS	When touching any object or furniture in the patient's immediate surroundings.	To protect yourself and the health-care environment from harmful patient germs.

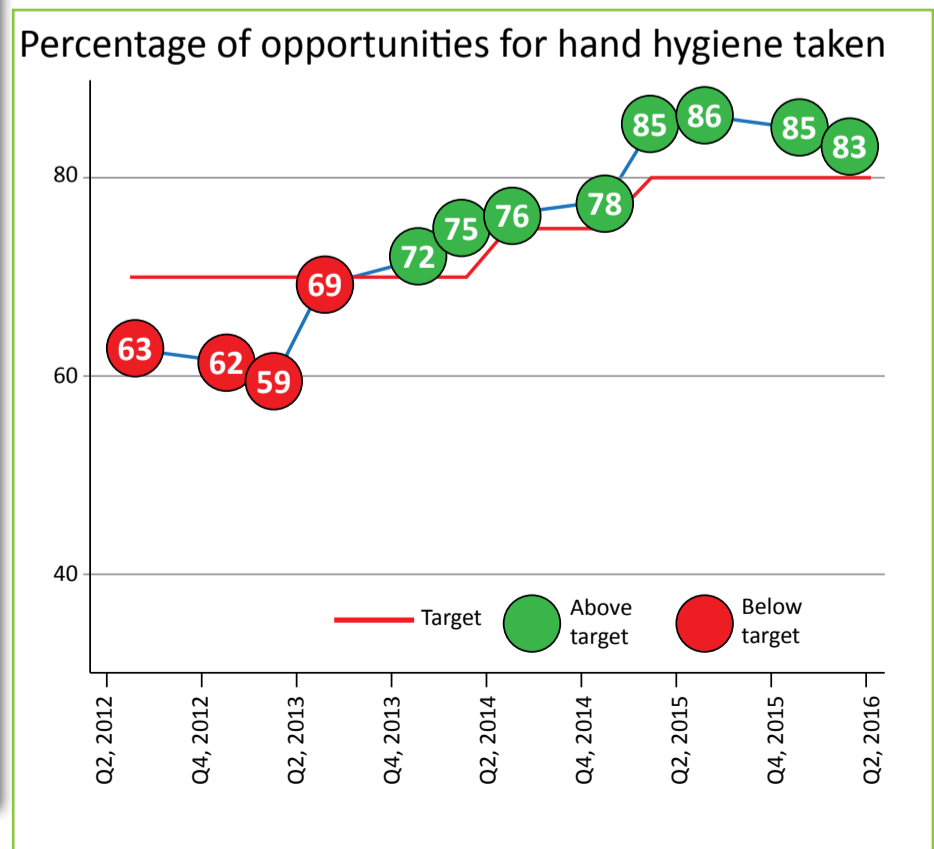
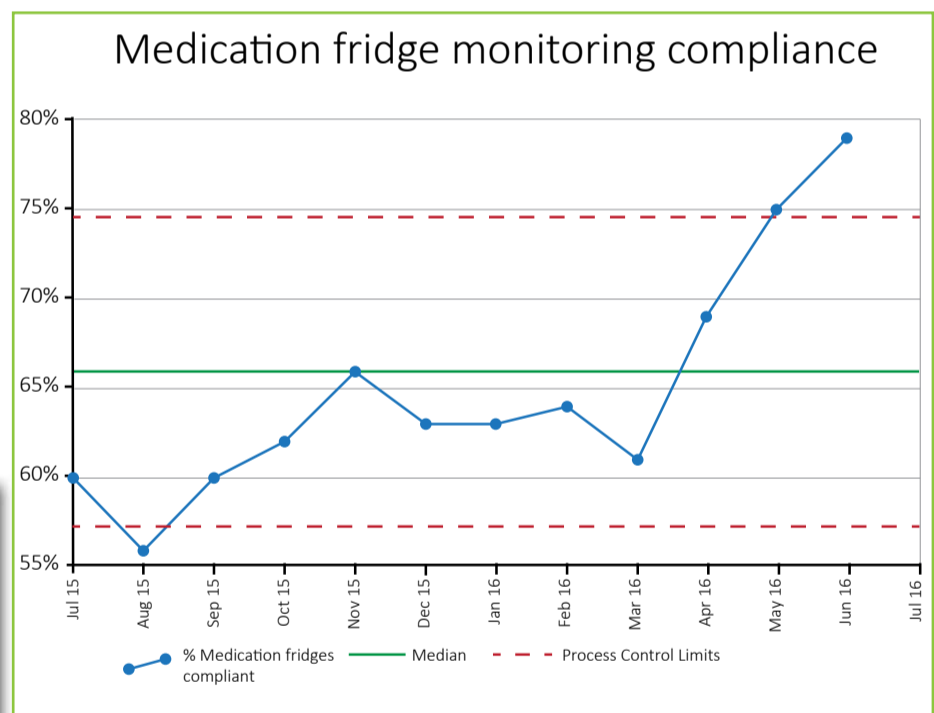
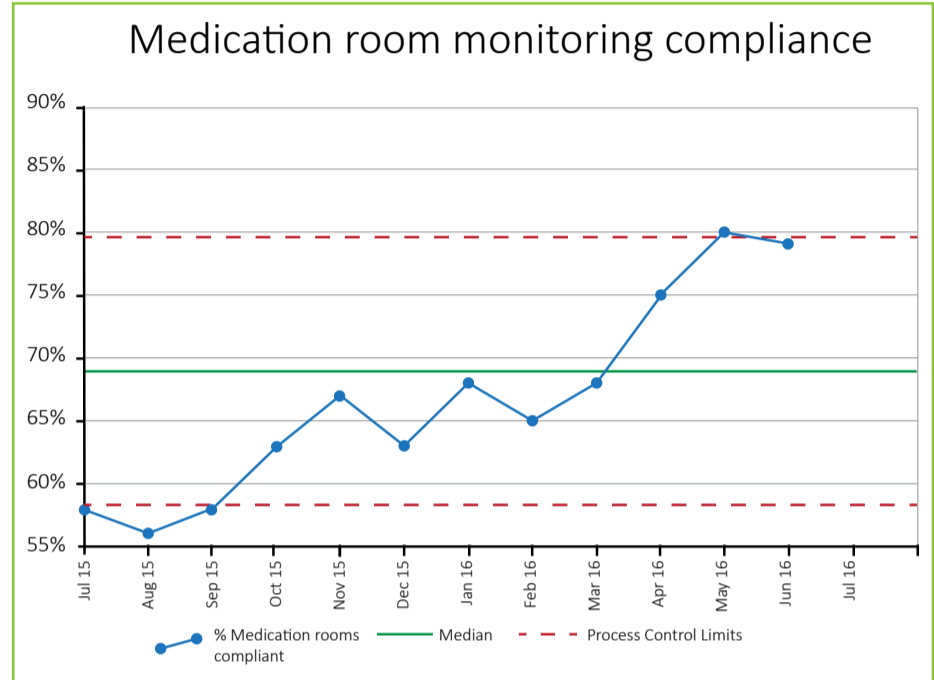
*Based on the 'My 5 moments for Hand Hygiene', URL: <http://www.who.int/gpsc/5maybackground/5moments/en/index.html> © World Health Organization 2009. All rights reserved.

Medication room/ fridge monitoring

Keeping rooms and fridges at the correct temperature is important. Medications may become ineffective if temperatures are out of a safe temperature range. Whilst we expect our fridges and rooms to maintain the right

temperature, they do need to be monitored.

Information is recorded and reported monthly, and there is a significant improvement in monitoring.



Our Serious Adverse Events Report

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. In general these are those incidents which have resulted in a patient suffering serious harm or death.

In the 2015/16 year, there were 61 events that were classified as serious adverse events at Southern DHB. As in previous years, these are subject to a national annual process, with an annual report titled *Learning from Adverse Events*, released in November 2016.

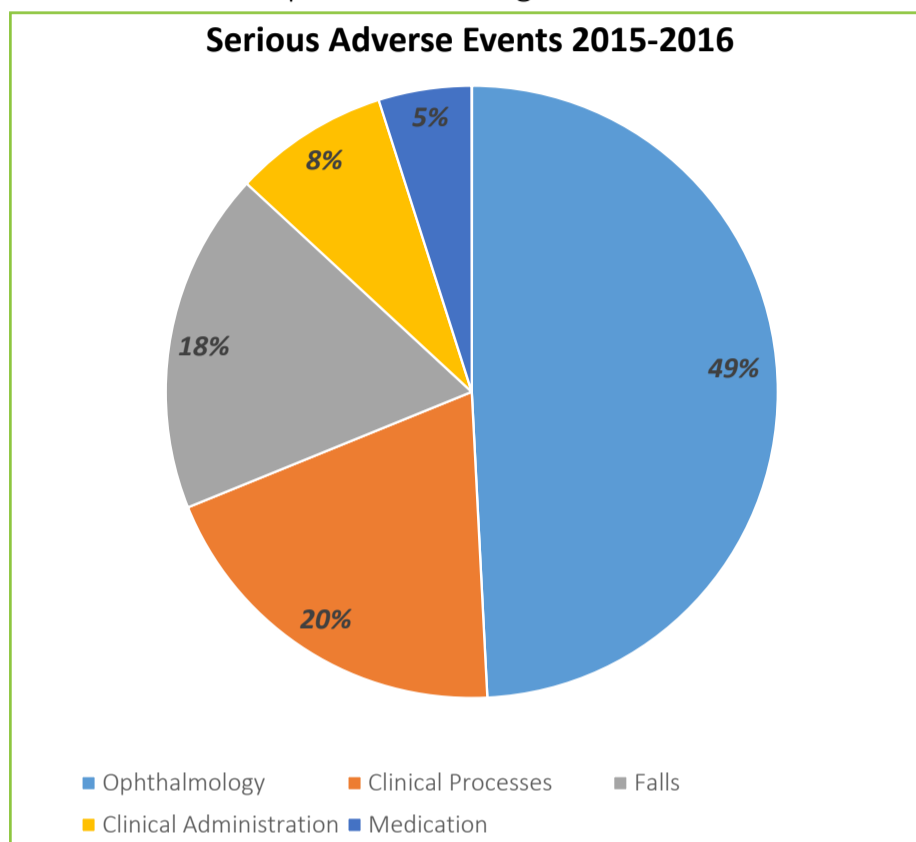
Ophthalmology

The majority of our serious adverse events in 2015/16 related to delays in our ophthalmology services, leading to 30 events where our patients' sight deteriorated whilst awaiting overdue appointments.

Southern DHB has seen a significant increase in the number of patients with chronic sight-threatening eye disease such as diabetic retinopathy, glaucoma and macular degeneration. In recent years, new treatments have become available, offering possible benefits for conditions that were previously impossible to treat. However, they require frequent follow up appointments, and Southern DHB has been unable to keep up with this increase in demand.

Southern DHB takes this situation extremely seriously and sincerely apologises to all those affected.

Since becoming aware of delays in the service in our Southland site in 2015, measures were put in place, which saw a 54 percent reduction in overdue appointments at that site. With the adverse events now also being reported in Dunedin, further steps are being



implemented including: employing additional staff and increasing the numbers of clinics we hold; improving our equipment, systems and facilities; and providing advice to support patients seeking treatment from other providers, particularly optometrists in the community.

Southern DHB has engaged an external team to review these cases to better understand what has happened, and what can be learned from the situation.

Southern DHB has made progress in reducing the length of time patients are waiting, particularly those at with the longest wait times. But we still have some way to go with this work. It is hoped the backlog can be cleared at Southland Hospital around

July 2017. A timeframe will be provided for Dunedin as planning progresses.

Clinical Process

Southern DHB has a variety of paper-based and electronic systems, and recording that staff have viewed and acted on diagnostic test results is a challenge. When there is a variety of systems that cannot be audited, there is a risk to patient safety if some results are not received or acted on appropriately.

The electronic acknowledgment of laboratory and radiology test results (the way that medical staff record that a test result has been reviewed and appropriate actions taken) was identified as an area needing considerable improvement. Over the past year the DHB has worked on a project to ensure that all results on the electronic systems are reviewed and recorded as acknowledged.

A new electronic system, Health Connect South (HCS), will be the new repository for Laboratory and Radiology results. The challenge for 2016/17 is to ensure that all results are electronically acknowledged on the new system. Paper-based reports will be fully removed ensuring there is only one record of the results that provide the information and record of acceptance which

includes the vital follow up action.

Falls

Rates of Serious Adverse Event recorded harm from falls remains similar to past years, despite more patients with complex illnesses who may have a greater risk of falls. The essentials of assessment planning and changing the way care is provided to certain groups of patients is reported on page 10.

Medication errors

Three serious adverse events related to medication were recorded this year. Last year the administration of medication was identified as an area for improvement, and progress on this is reported on page 11.

This year there have been two medication events involving breathing difficulty following the administration of opioids or narcotics for pain relief. Achieving a balance of managing pain while avoiding harm, and ensuring that careful observations are taken and acted on in a timely manner, is challenging.

The national programme to reduce harm from opioids has developed bundles of care to improve patient safety. This work is scheduled for 2016/17.

New IT Systems

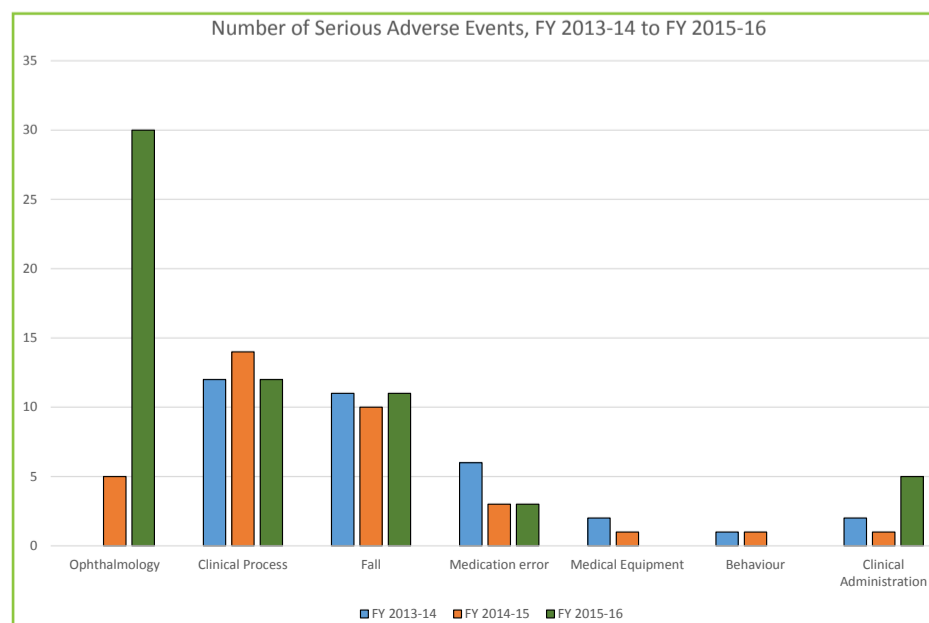
In 2015 Southern DHB joined with other DHBs in the South Island to implement a new Integrated Risk Management System known as Safety1st.

The information in Safety1st is gathered from

- incidents or events
- consumer feedback (complaints)
- risk management support
- registers of hazards
- use of restraint
- overall risk.

The DHB has begun using this data to analyse particular types of harm, and when, where and how they occur. This makes it possible to target interventions to prevent harm.

Further Safety1st tools are under development and will be launched in 2016/17. These include a new Risk Register module that will record all risks for Southern DHB.



Innovation at Southern DHB

Improving the services we provide means harnessing the ideas and creativity of our staff. Our innovation programme provides encouragement and practical support to turn ideas into reality. Numerous projects have developed, both as a direct result of initiatives within this programme, and from staff getting on and implementing their ideas as we build a culture of innovation at Southern DHB.

Falls Assessment

Nurses from Dunedin Hospital ward 3C, an inpatient orthopaedic ward, are committed to keeping patients safe from falls. The Falls Assessment Form is an important form to ascertain someone's risk of falling. It is the same form used for all in-patient areas, but 3C requires a more specialised assessment post-operatively for people who have had hip and knee replacements. They came up with the idea to build on the current form by designing further assessment questions, and placing these on a sticker that would fit on the existing form. All the nurses on the ward had input into the design and all use it. A great outcome to help keep people safe from falls.

Kids promote safe sleep

Sharon Ayto, Public Health Nurse and Child Youth Mortality Review Coordinator, had an inspirational idea while observing two pre-schoolers at play with their dolls. The children extended a lot of care to their 'babies' and part of this included putting them to bed in a pram. The children did this with great care and enthusiasm, talking to the babies before covering them completely with the multiple covers available.

Sharyn's idea was to make an educational film for early childhood teachers, with the purpose of teaching the principles that can prevent Sudden Unexpected Death of an Infant (SUDI). The film will give teachers tips for working with children to ensure they know how to put their dolls/babies to sleep using safe sleep practices. It is an opportunity to work with tomorrow's parents.

Upcycling

Southern DHB had the opportunity to collaborate with Otago Polytechnic design



Participants in the safe sleeping DVD

students who undertook the challenge to upcycle equipment that was destined for the general landfill. The outcome is an ongoing team effort between the Dunedin Hospital orderly staff and the Innovation Facilitator, Viv Allen-Kelly, to repurpose surplus equipment. To date over 300 items have been diverted from general landfill and saved the DHB from purchasing new items.

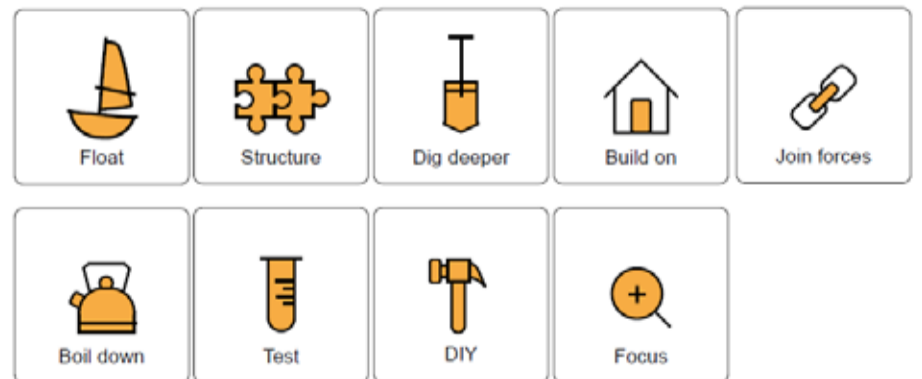
Online fire training

Kylie Machin, from the Building and Property team, recognised an opportunity to initiate online fire training. The online training means a more efficient way for staff to learn about fire safety, as the current format made it difficult to reach all clinical areas. With the exception of practical training for high-risk areas, staff would be able to complete the mandatory fire training through an e-learning platform.

Te reo Māori classes

Te reo Māori classes for all staff was an idea from the team leader of Clinical Records. The Māori Health Directorate ran with the idea by engaging staff members to be involved and run the programme. Te reo classes have commenced and group attendance is growing as people hear about the programme.

Innovation Toolkit



The book *I've Got an Idea But...* was launched to provide a toolkit for staff wanting to progress their ideas and overcome the common hurdles that get in the way. It was written by a group of people passionate about innovation to send the message that 'this is how

we do things around here', and to encourage and empower staff to innovate. For a copy of the book contact the Innovation Facilitator, Viv Allen-Kelly at innovate@southerndhb.govt.nz

Southern Innovation Challenge

This year 27 applications were presented at the Southern Innovation Challenge, a competition designed for Southern DHB staff to present their innovative ideas to a panel of judges. The winners are awarded funding which enables them to implement their ideas with support from Viv Allen-Kelly, the Innovation Facilitator from the DHB Performance team.

This year's entries were a diverse array of ideas from a wide range of staff. There was an idea to paint a street art-style mural in a tired looking area on the Wakari Hospital grounds; a play utilising actors to help staff understand the patient journey; the proposed use of apps to support patient care; one-on-one walking clinics; and a staff wellbeing programme. The winning projects will be reported on in the 2017 Quality Account.



Alan Watters from the Mental Health Community Day Programmes demonstrating the team's idea for the Southern Innovation Challenge.

The Health Roundtable

The Health Roundtable is a non-profit membership organisation incorporating 90 health service organisations and 160 facilities across Australia and New Zealand. All New Zealand DHBs are members of the Health Roundtable.

Southern DHB contributes anonymised data from all of its facilities, and in return receives benchmarking reports comparing our performance to similar hospitals across Australia and New Zealand. We use these reports to look at a number of issues, from mortality rates to patients' length of stay in hospital.

As well as providing detailed comparative reports, the Roundtable runs a series of specific topic workstreams. Currently Southern DHB participates in a number of these, including a patient safety stream. The Roundtable also runs annual improvement and innovation awards.

Being able to compare our performance to other

organisations is important in identifying potential areas of improvement. This has led to programmes in the DHB focussing on length of stay for specific conditions, reducing re-admissions, and reducing hospital-associated conditions such as dehydration. It has also assisted in identifying opportunities to strengthen the DHB's collection of data to support improvement work.



In August the Quality Improvement Academy was launched by Jenny Dodds, a third year House Officer working at Dunedin Hospital.

The primary goal of the Academy is for clinical staff and junior doctors to design, implement and coordinate their own quality improvement projects. This is done alongside mentors experienced in Quality Improvement methodology, while taking into account the time constraints of working on the shop floor. The Academy aims to increase involvement in quality improvement, provide professional development for future healthcare leaders, and maximise quality improvement initiatives to provide the best care possible for our community.

The Academy sees staff propose a project they are interested in and attend a one hour lunchtime

session to fine tune the proposal. Each group is then assigned a quality improvement mentor and a senior clinical staff member as a sponsor. Weekly lunchtime project development sessions are then held, providing the group with training, support and troubleshooting. All is done using an A3 problem solving tool.

The Quality Improvement Academy is championed by Dr Nigel Millar, Chief Medical Officer, and fits within the existing Southern DHB Skills for Change programme. It is overseen by the experienced Skills for Change team in collaboration with the RMO unit and junior clinical staff.

Three groups have embarked on projects so far to improve antibiotic prescribing, improve the documentation of cannula insertion, and streamline stroke rehabilitation from inpatient settings to the community.

Skills for Change: A Handbook

At the start of 2016, Southern DHB published a handbook to sit alongside the Skills for Change programme.

Written by Allan Cumming from the Performance Team, and Bridget Thompson and James Goodwin, the Performance and Quality Managers in the Medical and Surgical Directorates, the handbook provides more detail and a handy reference for those attending the Skills for Change training, as well as anyone

undertaking improvement work.

The book covers some theory around lean and lean leadership, as well as a wide collection of tools such as A3 problem solving, value stream mapping, visual management and other less commonly used tools. There is also an extensive chapter on graphs and charts.

Copies can be obtained by emailing allan.cumming@southerndhb.govt.nz



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 – and has been making a difference to our inpatient areas.

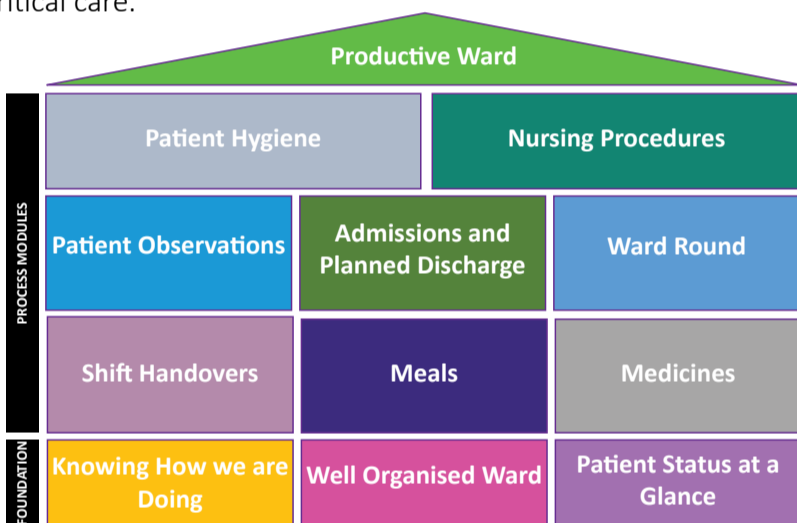
Cohort one commenced over a year ago with a number of wards having now completed the foundation modules and three process modules – shift handovers, medicines, and discharge.

The second cohort commenced in August and includes inpatient areas supporting older person's health, rehabilitation, orthopaedics, neonatal and adult intensive care, post anaesthetic care, surgical, children's, emergency department and critical care.

Well Organised Ward

The well organised ward module is an approach to simplify the workspace and reduce waste by having everything in the right place, at the right time, ready to go.

Staff focused on their work environments by decluttering – removing equipment no longer needed. They moved items to the most time-efficient locations and marked the location with mats. Store rooms were colour coded to be standardised across



Knowing How We are Doing

This is a foundation module that both cohorts have completed. The aim of this module is to understand how the ward is doing against the overall ward objectives of improving patient safety and experience, staff well-being and efficiency of care. This involved the teams:

- reviewing quality measures and indicators used in their area
- establishing quality boards to display quality measures and indicators to all staff
- getting huddle boards up and running. These are multi-disciplinary 'issues' boards focussing on factors that may affect patient safety, experience, staff well-being and efficiency
- creating their visions as a team, which are displayed at the ward entrance.

the wards. This makes it easier for all staff, especially those who are not based in a specific ward, to find what they need.

Patient Status at a Glance

The use of visual management enables important patient information to be displayed 'at a glance'. This has been done through the use of electronic white boards, and plans placed at the bedside which improves collaboration between staff and the patient.

Medicines

The medicines module focusses on the safest and most efficient approach to medication preparation and administration by limiting the number of staff administering medications at once. All non-medicine related items have been removed from the medication rooms to prevent interruptions when staff are preparing medicines.

Admission and Planned Discharge

The admission and discharge module started in September by mapping our systems to better understand reasons why patients may be waiting at certain points in the process. Solutions are being developed, and require the multi-disciplinary team being fully involved.

Shift Handover

The usual nurses' shift handover has been revamped to improve the process. This has been achieved by moving handover to the bedside so the patient is involved.

Well Organised Ward 4C



Linda Smillie, Fiona Symons, Yvonne Rush, Alison MacTaggart (registered nurses in ward 4C, general surgery/urology) in the equipment storage area.

Southern DHB Acting Charge Nurse Manager Ward 4C at Dunedin Hospital, Linda Smillie has nothing but positive comments about the Releasing Time to Care programme. "It has allowed us to take the initiative to look at ways to enable us to work smarter which enables us to spend more time with our patients," she said.

The programme encourages staff to look at what, how and why they do

things and to come up with different ways to make the ward processes more efficient and effective giving staff more time with the patients they look after.

Simple changes such as organising the way equipment is stored has made a real difference, saving time taken to access equipment and ultimately releasing more time for our nurses to care for their patients.

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

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