Waitematā
District Health Board

Best Care for Everyone

HOSPITAL ADVISORY COMMITTEE (HAC) MEETING

Wednesday 9 September 2020
1.30pm

AGENDA

Zoom link:
https://waitematadhb.zoom.us/j/99989027224
Meeting ID: 999 8902 7224

Waitematā District Health Board
Best Care for Everyone

HOSPITAL ADVISORY COMMITTEE (HAC) MEETING
9 September 2020

Venue: https://waitematadhb.zoom.us/j/99989027224 **Time: 1.30pm**

Committee Members	WDHB Management
Sandra Coney –Committee Chair Edward Benson-Cooper – Deputy Committee Chair Judy McGregor – WDHB Board Chair John Bottomley – WDHB Board Member Chris Carter - WDHB Board Member Warren Flaunty – WDHB Board Member Allison Roe – WDHB Board Member Renata Watene - WDHB Board Member	Dale Bramley – Chief Executive Officer Andrew Brant – Deputy Chief Executive Officer Robert Paine – Chief Financial Officer and Head of Corporate Services Mark Shepherd – Director, Provider Healthcare Services

APOLOGIES:

AGENDA

DISCLOSURE OF INTERESTS

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

PART I – Items to be considered in public meeting

All recommendations/resolutions are subject to approval of the Board.

	1.	**AGENDA ORDER AND TIMING**
	2.	**CONFIRMATION OF MINUTES**
1.30pm	2.1	Confirmation of Minutes of Hospital Advisory Committee Meeting (29/07/20) Actions Arising from previous meetings
	3.	**PROVIDER REPORTS**
1.35pm	3.1	Provider Arm Performance Report – June
	3.1.1	Executive Summary
	3.1.2	Human Resources
	3.1.3	Acute and Emergency Medicine Division
	3.1.4	Specialty Medicine and Health of Older People Services
	3.1.5	Child, Women and Family Services
	3.1.6	Specialist Mental Health and Addiction Services
	3.1.7	Surgical and Ambulatory Services/Elective Surgery Centre
	3.1.8	Diagnostic Services
	3.1.9	Clinical Support Services
	3.2	Provider Arm Summary Report – July
	4.	**CORPORATE REPORTS**
2.10pm	4.1	Clinical Leaders' Report
2.25pm	4.2	Quality Report - July
	5.	**GENERAL BUSINESS**
2.40pm	**6.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Waitematā District Health Board

Hospital Advisory Committee Member Attendance Schedule 2020

NAME	FEB	MAR	MAY	JUN	JUL	SEP	OCT	DEC
Sandra Coney (Committee Chair)	✓	Meetings Cancelled due to Covid-19		✓	✓			
Edward Benson Cooper (Deputy Committee Chair)	✓			✓	✓			
Judy McGregor	✓			✓	✓			
John Bottomley	✓			✓	✓			
Chris Carter	*x*			✓	✓			
Warren Flaunty	✓			✓	✓			
Allison Roe	✓			✓	*x*			
Renata Watene	✓			✓	✓			

✓ ***Attended the meeting***
x ***Apologies***
******* ***Attended part of the meeting only***
# ***Absent on Board business***
^ ***Leave of absence***

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Sandra Coney (Committee Chair)	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust	18/12/19
Edward Benson-Cooper (Deputy Committee Chair)	Chiropractor - Milford, Auckland (with private practice commitments) Edward has three (different) family members who hold the following positions: Family member - FRANZCR. Specialist at Mercy Radiology. Chairman for Intra Limited. Director of Mercy Radiology Group. Director of Mercy Breast Clinic Family member - Radiology registrar in Auckland Radiology Regional Training Scheme Family member - FANZCA FCICM. Intensive Care specialist at the Department of Critical Care Medicine and Anaesthetist at Mercy Hospital	25/03/19
John Bottomley	Consultant Interventional Radiologist - Waitematā District Health Board	17/12/19
Chris Carter	Chairperson – Henderson-Massey Local Board, Auckland Council Trustee – Lazarus Trust	18/12/19
Warren Flaunty	Chair – Trust Community Foundation Trustee (Vice President) – Waitakere Licensing Trust Shareholder – EBOS Group Shareholder – Green Cross Health Director – Life Pharmacy Northwest Chair – Three Harbours Health Foundation Trustee – Hospice West Auckland (past role)	05/02/20
Judy McGregor (Board Chair)	Chair – Health Workforce Advisory Board Associate Dean Post Graduate - Faculty of Culture and Society, AUT Member - AUT's Academic Board New Zealand Law Foundation Fund Recipient Consultant - Asia Pacific Forum of National Human Rights Institutions Media Commentator - NZ Herald Patron - Auckland Women's Centre Life Member - Hauturu Little Barrier Island Supporters' Trust	11/09/19
Allison Roe	Chairperson – Matakana Coast Trail Trust Member – Rodney Local Board, Auckland Council Member – Wilson Home Committee of Management (past role)	22/08/18
Renata Watene	Owner – Occhiali Optometrist Board Member – OCANZ Strategic Indigenous Task Force Council Member - NZAO	17/12/19

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2.1 Minutes of the Hospital Advisory Committee meeting held on 29 July 2020

Recommendation:

That the Draft Minutes of the Hospital Advisory Committee meeting held on 29 July 2020 be approved.

Draft Minutes of the meeting of the Waitematā District Health Board

Hospital Advisory Committee

Wednesday, 29 July 2020

held at Waitematā District Health Board Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 1.32pm.

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

Sandra Coney (Committee Chair)
Edward Benson-Cooper (Committee Deputy Chair)
Judy McGregor
John Bottomley
Chris Carter – *present by video conference*
Warren Flaunty
Renata Watene

ALSO PRESENT

Andrew Brant (Acting Chief Executive Officer)
Peta Molloy (Board Secretary)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Jonathan Christiansen (Chief Medical Officer)
Jocelyn Peach (Director of Nursing and Midwifery)
Sharon Russell (Associate Director, Allied Health)
Mark Shepherd (Director, Provider Healthcare Services)
Fiona McCarthy (Director Human Resources)
Lorraine Bailey (IDF Performance Manager)
Deanne Manuel (Committee Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

No public and media representatives were present during the meeting.

WELCOME

The Committee Chair welcomed those present

APOLOGIES

Apologies were received and accepted from Allison Roe and Dr Dale Bramley.

DISCLOSURE OF INTERESTS

There were no additions to the Interest Register.

There were no interests declared that might give conflict with a matter on the open agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 17 June 2020 (agenda pages 6-14)

Resolution (Moved Sandra Coney /Seconded Edward Benson-Cooper)

That the Minutes of the Hospital Advisory Committee meeting held on 17 June 2020 be approved.

Carried

Actions Arising (agenda page 15)

Updates on the matters arising were noted. No issues were raised.

3. PROVIDER ARM PERFORMANCE REPORT

The Chair advised that the Committee will adopt a rotational format for the discussion of the HAC Provider Arm report to allow for a more robust divisional discussion.

Sections 3.1.5, 3.1.8 and 3.1.9 of the report were taken as read.

3.1 Provider Arm Performance Report – May 2020 (agenda pages 16-75)

Executive Summary/Overview

Mark Shepherd (Director Provider Healthcare Services) summarised this section of the report.

Matters covered in the discussion and response to questions included:

- The month of May has been an operational transition from the COVID-19 lockdown period. Elective work has started and some services have seen increased referrals.
- A new operating theatre schedule has been implemented to address an increase in acute surgical cases.
- Recovery plans are in place to reduce waitlists as a result of COVID-19.
- Outsourcing of CAT scans will increase diagnostic capability.
- There is adaptation into new models of care such as telehealth, which has seen significant increase. Re-designed models of care will continue when possible.

- Noting the COVID-19 impact on P1 and P2 breaches as some patients did not want to come to the hospital.
- The impact of the removal of skin lesions in the 2019/20 planned care services guidelines in the elective volumes will be reviewed in the next report.
- Noting the reduction of complaint response times in the Acute and Emergency Medicine Division as a result of daily complaints management. There is a process to 'close the loop' for complaints and all are acknowledged. A survey of the complaint process was conducted last year and an update on the findings will be provided to the Committee.

This section of the report was received.

Human Resources

Fiona McCarthy (Director Human Resources) summarised this section of the report, highlighting the reduction of turn-over and a slight increase in staff re-commence in taking annual leave.

Matters covered in the discussion and response to questions included:

- Opportunities for staff feedback have been provided through enquiry sessions, sharing of lessons.
- A survey was conducted as part of the COVID-19 response and results of the survey will be provided to the Committee.

This section of the report was received.

Acute and Emergency Medicine Division

Gerard de Jong (Division Head, Acute and Emergency Medicine) and Alex Boersma (General Manager, Acute and Emergency Medicine) were present for this section of the report. The report was taken as read.

Matters covered in the discussion and response to questions included:

- It was confirmed that the trial of the 'rapid access clinic' has commenced.
- Opportunities related to the use of telehealth have been noted, along with potential downsides such as non-verbal cues. Patient preference for telehealth or face-to-face appointments should be considered.

This section of the report was received.

Specialty Medicine and Health of Older People Division

Brian Millen (General Manager) and John Scott (Head of Division, Specialty Medicine and Health of Older People) were present for this section of the report and highlighted the following:

- Community podiatrist training was successful. The programme allowed for the transfer of skills and knowledge to care for people in their communities with complex foot conditions.
- The partnership with Auckland University of Technology was also well-received by student trainees who gained practical experience.

- Vacancies reported in the Ostomy Continence Service have now been filled. The valuable support provided by the District Nursing service was acknowledged.

Matters covered in the discussion and response to questions included:

- There is a Māori podiatrist who works with whānau and AUT provides community podiatry access in their North Shore and West Auckland locations.
- It was noted that vascular examination could also provide opportunity to identify other potential diseases. An update on vascular services was requested by the Committee in a future report.
- The residential aged care programme provides training to manage incontinence of aged residential care (ARC) staff. The gerontology nurse conducts regular visits and provides regular advice and training.
- The COVID-19 response highlighted the vulnerabilities of the ARC facilities. There is a collaborative relationship with the facilities to resolve and address those.

This section of the report was received.

Child Women and Family Division

This section of the report was taken as read and the following items were raised in relation to the report:

- The Committee requested an update on the experiences of women that gave birth during the COVID-19 lockdown period, noting that some chose a home birth.
- The Committee requested additional information be provided at the next meeting on the restrictions implemented during COVID-19 by the Ministry of Health and NZ Dental Council guidelines and the impact experienced in the area of oral health.

The Committee noted that further delays in the oral health service delivery is a public health issue and agreed to recommend that the Board look into the guidelines issued jointly by the MOH and NZ Dental Council and to proceed with the appropriate action for the guidelines to be reviewed and applied within the context of COVID-19 Alert Levels.

Resolution (Moved Sandra Coney/Seconded Edward Benson-Cooper)

That the Hospital Advisory Committee recommends to the Board:

That the Board looks into the guidelines issued jointly by the Ministry of Health and the NZ Dental Council and to proceed with the appropriate action for the guidelines to be reviewed and applied within the context of COVID-19 Alert Levels.

Carried

Specialist Mental Health and Addiction Services

Derek Wright (Director), Pam Lightbrown (General Manager) and Murray Patton (Clinical Director) were present for this section of the report. The following was highlighted and responses to questions included:

- The regional psychiatry training programme previously handled by the Auckland DHB has now transitioned to Waitematā DHB. Preparation for the credentialing of the programme is in progress.
- While there is a cap on the number of trainees, there have been longstanding issues with recruitment. Availability of supervision is also considered.
- The increasing trend of referrals has been noted. COVID-19 is expected to further impact this trend.
- Work is on-going towards increasing capacity and capability of primary mental health services.
- There is a competing demand for mental health nursing workforce and psychological therapy positions, which is being seen in primary care.
- The design of the Integrated Primary Mental Health and Addictions Services will allow for short waiting times for those who access the service as there will be health coaches or health improvement practitioners in the general practices.
- The service provides general practice liaison services where nurses and psychologists provide support via a dedicated phone line.

This section of the report was received.

Surgical and Ambulatory Services/Elective Surgical Centre

Karen Hellesoe (Operations Manager) and Kate Gilmour (Associate Director of Nursing) were present for this item. The following were highlighted and response to questions included:

- The positive impact of the e-outcome form roll-out on patient experience was noted.
- The impact of COVID-19 in production was noted.
- The service has now resumed 100% of its production rate from 1 July 2020.

This section of the report was received.

Diagnostic Services

This section of the report was noted.

Clinical Support Services

This section of the report was noted.

Resolution (Moved Sandra Coney/Seconded Renata Watene)

That the report be received.

Carried

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 76-84)

Jonathan Christiansen (Chief Medical Officer), Jocelyn Peach (Director, Nursing) and Sharon Russell (Associate Director, Allied Health) were present for this item.

The following items were highlighted and response to questions included:

Medical Staff

- There are ongoing discussions with both the Universities and the Medical Council of New Zealand (MCNZ) regarding challenges related to compliance of the Community Based Attachment requirement.
- A formal regional process is in place to assist doctors facing difficulties. Individualised support is provided to meet progression goals.

This section of report was received.

Nursing and Midwifery and Emergency Planning Systems

- Work with the five nursing schools is on-going for the student clinical placement programme. Summer placements are planned to catch-up on lost hours during the COVID-19 response period.
- There is currently a low-turn-over rate, but workforce planning in coordination with key agencies is underway to ensure future supply.
- Emergency system planning continues and a small strategy group is working on key priorities.

Allied Health, Scientific and Technical Professions

- The service is continuing to attract staff who identify as Māori and Pasifika across priority professions.
- Work is progressing on the undergraduate scholarship programme to connect undergraduate students who identify as Māori and Pasifika to cultural and peer support.
- The experiences of patients with teletheraphy were also highlighted.

This section of the report was received.

Resolution (Moved Edward Benson-Cooper/ Seconded Warren Flaunty)

That the report be received.

Carried

4.2 Quality Report – March/April 2020 (agenda pages 85-167)

Jacky Bush (Quality and Risk Manager), David Price (Director Patient Experience) and Penny Andrew (Director, i3 and Clinical Lead) were present for this section of the report.

Matters covered in the discussion and response to questions included:

Patient and Whānau-Centred Care

- There will be changes to the Friends and Family Test (FFT) survey process and the net promoter score (NPS) to further reflect what is important to patients and whānau.
- There is on-going work with the Māori Patient and Whānau Experience Lead focused around engaging with Māori patients and whānau. The Committee requested an update on these initiatives in a future report.
- There is a reduction in the number of volunteers, but work is progressing with student volunteers. The Committee will be updated if previous volunteers continued careers in the health sector.
- An update on the discussion with the Consumer Council around telehealth was provided.

Quality Update

- Noting the pause in data collection by the Health Quality and Safety Commission (HQSC) during COVID-19.
- While some of the HQSC safety markers do not have specific targets set, the DHB is monitoring performance and trends as reflected in the regular reports.
- Pressure injuries recorded mostly relate to nursing assessments and have improved over the past months. Work on training for aged care workers is also on-going.
- There is a reduction of cases of seasonal influenza recorded potentially as a result of social distancing practices and hand hygiene.

This section of the report was received.

I3 update

The trial for the soundproof telehealth 'peacepods' was noted, with plans to run one at a hospital site and one at a community site being finalised.

This section of the report was received.

Resolution (Moved John Bottomley/Second Renata Watene)

That the report be received.

Carried

5. INFORMATION ITEMS

5.1 Winter Plan (agenda pages 168-197)

Katrina Holland (Clinical Nurse Director) was present for this item in the agenda.

No matters were raised and the Committee received the report.

6. GENERAL BUSINESS

There were no items of general business.

6. RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 198-199)

Resolution (Moved Sandra Coney/Seconded Edward Benson-Cooper)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 17/06/20	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
4. Proposed Legalisation and Control Bill	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i))	**Conduct of Public Affairs** **The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members, officers and employees from**

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
	of the Official Information Act 1982.	**improper pressure or harassment.** **[Official Information Act 1982 S.9 (2) (g)(ii)]**

Carried

The open session of the meeting concluded at 3.34p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATĀ DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 29 JULY 2020.

_____CHAIR

Actions Arising and Carried Forward from
Meetings of the Hospital Advisory Committee
as at 3 September 2020

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back/Comment
29/07/20	3.1	Provider Arm Performance Report - Committee to be provided with an update on findings of complaints process survey - Committee to be provided with additional information on the restrictions implemented during COVID-19 by the guidelines issued by the Ministry of Health and NZ Dental Council on the provision of oral health.	Jacky Bush Stephanie Doe	See quality report (Item 4.2 of this agenda) See update below

Auckland Regional Dental Service: Overview of COVID-19 Restrictions

Introduction

The Auckland Regional Dental Service (ARDS) is the provider of universal oral health services for pre-school and school age children across metropolitan Auckland. There are approximately 280,000 children enrolled with the service.

Services are delivered from 83 clinics, which are primarily located in schools. The majority of children are seen while they are at school, without a parent or caregiver present.

This paper provides further information to the Waitematā DHB Hospital Advisory Committee on the restrictions instituted by the Dental Council of New Zealand (DCNZ) and Ministry of Health (MoH) during COVID-19 and the impact of these on the provision of the service.

Restrictions instituted during COVID-19

The DCNZ, in conjunction with the MoH, issued guidance for each COVID-19 Alert Level. All oral health practitioners, including clinicians working within ARDS, were required to comply with these.

On 22 March 2020, the DCNZ and MoH issued guidance under Alert Level 3. The guidelines described the conditions in which oral health services could be provided and required the suspension of all non-essential and elective treatments. Only essential emergency and/or urgent treatment (i.e. provision of limited treatment to resolve severe pain that could not be controlled by medications) was able to be provided.

Guidance for operating under Alert Level 4 was issued on 31 March 2020, which continued the suspension of all non-essential and elective dental treatment until further notice.

Consequently, ARDS was unable to offer any routine services to children between 23 March and 14 May 2020. The service was reduced to six clinics during this time. Staff who were not providing direct clinical care were redeployed within the DHB or were working from home (undertaking quality improvement activities).

On 11 May 2020, guidance was issued on service provision at Alert Level 2. This enabled ARDS to recommence the provision of routine care, but required patient screening (both symptoms and epidemiological risk) and enhanced infection prevention and control measures.

However, the service experienced significant challenges with transitioning back to the provision of routine care under Alert Level 2. Specifically:

- The need to maintain physical distancing reduced the number of chairs that could operate in each clinic.
- Some schools requested that services delivered from visiting mobile clinics did not recommence until Alert Level one.
- Additional infection prevention and control measures required by the DCNZ impacted on service productivity.
- The DCNZ pre-screening requirement resulted in some children being unable to be seen at school if the service was unable to make contact with their parent and/or caregiver.

Guidance for operating under Alert Level one was issued on 9 June 2020. This continued the requirement to screen children prior to their appointment.

On 12 August 2020, the Alert Level 3 guidelines were reinstituted for oral health practitioners operating in the Auckland region. This has required ARDS to again cease all routine work and only provide emergency and/or urgent care to a specified group of children.

Impact

The restrictions in service provision have resulted in a significant increase in the number of children in arrears – as at 20 August 2020 57.8% of the enrolled population are overdue an appointment (most children are overdue between one to six months).

It is estimated that arrears will continue to grow by approximately 0.7% per week while Auckland remains under Alert Level 3.

Concern remains, even with a return to Alert Level one, that the requirement to screen all children prior to their appointment will create barriers for accessing care and will further perpetuate oral health inequities.

For some key populations, engagement with families can be challenging and is associated with reduced appointment attendance and subsequent poor oral health outcomes. Access to dental care for these groups is better supported by mobile services attending schools directly, thereby removing some of the barriers of parents having to bring a child to an appointment. However, the service has experienced challenges in reaching some families/whānau to complete the pre-screening requirement. Those children whose parents cannot be contacted are missing out on their dental examination and preventative treatments.

In addition, the completion of pre-screening has required a substantial resource requirement. This has reduced the service's ability to provide direct care to children.

Feedback from the MoH indicates that the pre-screening requirement will continue for at least the next twelve to eighteen months.

The service is currently reviewing its model of care to identify opportunities to optimise efficiency and productivity, within the anticipated constraints, and ensure that care is provided to the children with the greatest need.

Conclusion

In conclusion, the DCNZ and MoH issued guidance, which oral health practitioners had to comply with, under each COVID-19 Alert Level. These have had a significant (and will have an on-going) impact on service delivery. Planning is currently underway to identify strategies to maximise efficiency and productivity and ensure services are provided to children with the greatest need.

3.1 Provider Arm Performance Report – June 2020

Recommendation:

That the report be received.

Prepared by: Robert Paine (Chief Financial Officer and Head of Corporate Services) and Mark Shepherd, (Director Hospital Services)

This report summarises the Provider Arm performance for June 2020.

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Glossary
How to interpret the scorecards
Provider Arm Performance Report – June 2020
- Executive Summary / Overview
  - Scorecard – All services
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  - Strategic Initiatives
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  - Surgical and Ambulatory Services
  - Elective Surgery Centre
  - Diagnostic Services
  - Clinical Support Services

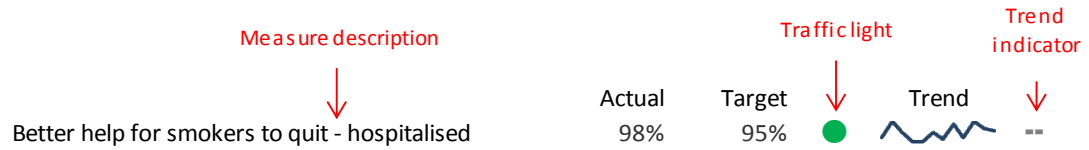
Glossary

ACC	-	Accident Compensation Commission
ADU	-	Assessment and Diagnostic Unit
ALOS	-	Average Length of Stay
ARDS	-	Auckland Regional Dental Service
AT&R	-	Assessment Treatment and Rehab
ASA	-	American Society of Anaesthesiologists
CADS	-	Community Alcohol, Drug and Addictions Service
CAMHS	-	Child, Adolescent Mental Health Service
CT	-	Computerised Tomography
CWF	-	Child, Women and Family service
DCNZ	-	Dental Council of New Zealand
DHB	-	District Health Board
DNA	-	Did Not Attend
ED	-	Emergency Department
ECHO	-	Echocardiogram
ESC	-	Elective Surgery Centre
ESPI	-	Elective Services Performance Indicators
FTE	-	Full Time Equivalent
GP	-	General Practitioner
HCA	-	Health Care Assistant
HT	-	Hypertensive Disorders
ICU	-	Intensive Care Unit
iPM	-	Patient Information Management System
KMU	-	Kingsley Mortimer Unit
LMC	-	Lead Maternity Carer
LOS	-	Length of Stay
SMHOPS	-	Specialty Medicine and Health of Older People Services
MRI	-	Magnetic Resonance Imaging
MOH	-	Ministry of Health
NASC	-	Needs Assessment Service Coordination
NGO	-	Non-Government Organisation
NSH	-	North Shore Hospital
NZNO	-	New Zealand Nurses Organisation
ORL	-	Otorhinolaryngology (ear, nose, and throat)
PFB	-	Patient Focused Booking
RMO	-	Registered Medical Officer
S&A	-	Surgical and Ambulatory Services
SCBU	-	Special Care Baby Unit
SGA	-	Small for Gestational Age Baby
SMHA	-	Specialist Mental Health and Addiction Services
SMO	-	Senior Medical Officer
WIES	-	Weighted Inlier Equivalent Separations
WTH	-	Waitakere Hospital

How to interpret the scorecards

Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target or not for the reporting period (or previous reporting period if data are not available as indicated by the *grey bold italic* font).



The colour of the traffic lights aligns with the Annual Plan:

Traffic light	Criteria: Relative variance actual vs. target		Interpretation
●	On target or better		Achieved
●	95-99.9% achieved	0.1–5% away from target	Substantially Achieved
●	90-94.9%*achieved	5.1–10% away from target AND improvement from last month	Not achieved, but progress made
●	<94.9% achieved	5.1–10% away from target, AND no improvement, OR >10% away from target	Not Achieved

Trend indicators

A trend line and a trend indicator are reported against each measure. Trend lines represent the actual data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. The small data range may result in small variations appearing to be large.

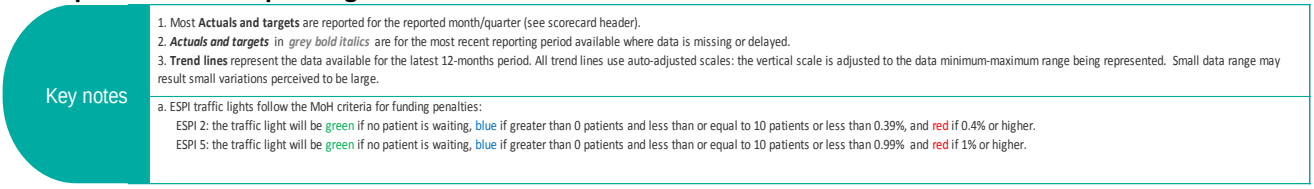
Note that YTD measures (e.g., WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

The trend indicator criteria and interpretation rules:

Trend indicator	Rules	Interpretation
▲	**Current > Previous** month (or reporting period) **performance**	Improvement
▼	**Current < Previous** month (or reporting period) **performance**	Decline
--	**Current = Previous** month (or reporting period) **performance**	Stable

By default, the performance criteria is the actual:target ratio. However, in some exceptions (e.g., when target is 0 and when performance can be negative (e.g., net result) the performance reflects the actual.

Look up for scorecard-specific guidelines are available at the bottom of each scorecard:



Provider Arm Performance Report

Executive Summary/Overview

Highlight of the month

Throughout June, elective based activity was gradually bought back on stream with all elective services working to ensure that high acuity long wait patients were prioritised. The Elective Surgery Centre remained under the COVID-19 alternative model of care for service delivery and the overall theatre utilisation model was modified to endeavour to ensure that services with highest volumes and identified clinical risk received appropriate allocation of theatre time. Productivity increased throughout the month, from 27% of planned elective surgical volumes, delivered in the last week of May to 94% delivered in the last week of June.

Additionally, we have begun evaluating opportunities to reduce operating theatre cancellation rates and develop objectives to launch a theatre optimisation project to build capacity, efficiency and reliability in surgical service delivery, given the significant amount of catch-up work previously deferred.

The redesigned theatre schedule and Institute of Innovation and Improvement (i3) developed analytic tool, has assisted in creating a more agile way of allocating theatre time by demand and allows better forecasting of future demand and Elective Planned Care.

The DHB met the 85% June planned elective care target the Ministry of Health set to be achieved coming out of COVID-19. This should see full revenue realised.

Key Issue of the Month

With a Financial Sustainability Target of $14m in expense reduction required to be delivered in the 2020/21 financial year by the Provider Arm of the DHB, the month of June was essential for setting up a redesigned Program Management Office. In June, teams were organised to analyse opportunities to commence initiatives which would realise savings as early in the financial year as possible. All divisions were allocated a 2% savings target and the Financial Sustainability Programme governance was established with regular meetings, robust project management methodology, documented business rules and measured outcomes.

Scorecard – All services

Waitematā DHB Monthly Performance Scorecard

ALL Services
June 2020
2019/20

Priority Health Outcomes

	Actual	Target		Trend	
Shorter Waits in ED	96%	95%	●		▼
Faster cancer treatment (62 days)	87%	90%	●		▲

Best Care

Patient Experience	Actual	Target		Trend	
Complaint Average Response Time	10 days	≤14 days	●		▲
Net Promoter Score FFT	84	65	●		▼
Improving Outcomes					
Better help for smokers to quit - hospitalised	99%	95%	●		--
Quality & Safety					
Older patients assessed for falling risk	100%	90%	●		▲
Rate of falls with major harm	0.17	≤2	●		▲
Good hand hygiene practice	90%	80%	●		▼
S. aureus infection rate	0.18	≤0.25	●		▼
Occasions insertion bundle used	100%	95%	●		--
Pressure injuries grade 3&4	0	0	●		--
HR/Staff Experience					
Sick leave rate	3.3%	≤3.4%	●		--
Turnover rate - external	11%	≤14%	●		▲
Vacancies - %	5%	≤8%	●		▲

Service Delivery

Elective Volumes	Actual	Target		Trend	
Provider Arm - Overall	85%	100%	●		--
Waiting Times					
ESPI 2 - % patients waiting > 4 months for FSA		*Non-Compliant*			
ESPI 5 - % patients not treated w/n 4 months		*Non-Compliant*			
ESPI 1 - OP Referrals processed w/n 10 days		*Compliant*			
Patient Flow					
Outpatient DNA rate (FSA + FUs) - Total	10%	≤10%	●		▼
Outpatient DNA rate (FSA + FUs) - Māori	19%	≤10%	●		▼
Outpatient DNA rate (FSA + FUs) - Pacific	24%	≤10%	●		▼

Value for Money

Financial Result (YTD)	Actual	Target		Trend	
Revenue	1,015,453 k	1,009,108 k	●		▲
Expense	1,105,319 k	1,009,108 k	●		▼
Net Surplus/Deficit	-89,866 k	-0 k	●		▼
Contracts (YTD)					
Elective WIES Volumes	15,620	18,348	●		▼
Acute WIES Volumes	64,687	67,317	●		▲

How to read

Performance indicators:
- ● Achieved/ On track
- ● Not Achieved but progress made
- ● Substantially Achieved but off target
- ● Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in ***grey bold italics*** are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitematā DHB

Scorecard Variance Report

Service Delivery

Elective Volumes *- 85% against a target of 100%*

The DHB met the 85% target identified by the Ministry of Health to be achieved coming out of the COVID-19 lockdown period.

Improvement Plans were submitted to the Ministry of Health in early July to determine the quantity of work required by sub-specialty services to "catch –up" on the work deferred during the initial COVID-19 lockdown periods.

The submission identified work, in potentially three tranches, dependant on Ministry of Health funding being available. The three tranches predominately involve planed elective surgery and include;

Tranche 1- An uplift of approximately 900 additional cases in the Production Volume schedule (PVS) when compared to that of 2019/20

Tranche 2- A further uplift of approximately 1200 additional cases with revenue approximating $8.9m

Tranche 3- A further uplift of approximately 990 additional cases with revenue approximating $7.3m

Discussions with the Ministry of Health are ongoing regarding the amount of elective surgery to be undertaken.

Outpatient DNA rate

The DNA rate for June was impacted by the rapid transition to telehealth and several factors reducing data clarity over this time; lag in iPM being updated to accurately reflect mode of delivery resulting in erroneous data and the transition to e-outcome forms go live. All Patient Information Management System (iPM) fields are now updated to allow correct data collection and accurate DNA volumes to be captured.

Value for Money

Financial Results - Net Surplus Deficit *– June Hospital Service Operations - $801k for month*

As the end of the financial year, June results were heavily influenced by the pandemic. If the Corporate and Provider Management divisions are excluded from the numbers, thus focusing on Hospital Service Operations, a net negative variance of $801k resulted for the month. This was made up of a positive variance in revenue of $2.3m made up predominantly from a recharge catch-up to Auckland DHB of radiology that related to cancer patients; off-set by a $3.1m overspend in expenditure made up primarily from $2.5m overspent in personnel due to the materially reduced level of leave taken due to the pandemic, plus a $600k cost of unbudgeted outsourced radiology required to help catch-up with wait-list which built up during lockdown.

The YTD result is as follows:

FINANCIAL PERFORMANCE									
$ millions	Month			YTD			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Funder Arm	5.8	-0.0	5.8	19.3	0.0	19.3	20.0	0.0	20.0
Provider Arm	-39.5	15.8	-55.2	-89.9	0.0	-89.9	-86.2	0.0	-86.2
Governance Arm	0.9	-0.0	0.9	2.4	0.0	2.4	1.8	0.0	1.8
DHB Result : Surplus / (Deficit)	-32.8	15.8	-48.5	-68.2	0.0	-68.2	-64.4	0.0	-64.4

These numbers highlight the material one-off adjustments made at year-end to recognise the additional costs of the pandemic (including a $10m deferral of anticipated profit from property sale), as well as further provisions required in relation to the Holidays Act for the 2019/20 year ($23.0m) and an increase to the prior year provision of ($18.8m).

Contracts – Elective WIES Volume *– 15,681 against a target of 18,347 for full year*

The reduction in WIES volumes relates principally to the reduction in planned elective surgery which was as low as 11% against weekly targets during the COVID-19 lockdown period. It is expected that normal activity will resume in July.

Code	Description	Unit of Measure	Actual Volume	Contract Volume	Volume Variance
S00001	General Surgery - Inpatient Services (DRGs)	Cost Weighted Discharge	3,330	3,382	-52
S45001	Orthopaedics - Inpatient Services (DRGs) ESC	Cost Weighted Discharge	2,319	3,299	-980
S45001	Orthopaedics - Inpatient Services (DRGs)	Cost Weighted Discharge	2,022	2,853	-831
S00001	General Surgery - Inpatient Services (DRGs) ESC	Cost Weighted Discharge	1,849	2,114	-265
S30001	Gynaecology - Inpatient Services (DRGs)	Cost Weighted Discharge	1,032	970	62
M10001	Cardiology - Inpatient Services (DRGs)	Cost Weighted Discharge	927	1,101	-174
W10001	Maternity inpatient (DRGs)	Cost Weighted Discharge	899	965	-66
S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	Cost Weighted Discharge	743	1,006	-263
S70001	Urology - Inpatient Services (DRGs)	Cost Weighted Discharge	700	704	-4
S30001	Gynaecology - Inpatient Services (DRGs) ESC	Cost Weighted Discharge	545	524	21
S70001	Urology - Inpatient Services (DRGs) ESC	Cost Weighted Discharge	544	500	44
M25001	Gastroenterology - Inpatient Services (DRGs)	Cost Weighted Discharge	347	362	-15
S25001	Ear, Nose and Throat - Inpatient Services (DRGs) ESC	Cost Weighted Discharge	140	203	-63
M00001	General Internal Medical Services - Inpatient Services (DRGs)	Cost Weighted Discharge	115	181	-66
M55001	Paediatric Medical Service (Inpatient)	Cost Weighted Discharge	68	77	-9
M65001	Respiratory - Inpatient Services (DRGs)	Cost Weighted Discharge	59	72	-12
M60001	Renal Medicine - Inpatient Services (DRGs)	Cost Weighted Discharge	26	35	-9
M25001	Gastroenterology - Inpatient Services (DRGs)	Cost Weighted Discharge	17	0	17
			15,681	18,347	-2,666

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Improving Quality Actions to improve equity in outcomes and patient experience		
Patient experience With Auckland DHB: • establish a gold standard approach to improve medication communication and patient empowerment for acute and primary care pharmacy staff and the broader multi-disciplinary team • develop a medication communication improvement plan to empower patients, including Māori and Pacific, to ask questions regarding their medications to support safety (EOA) • Improve our results for the national inpatient experience survey for the question 'did a member of staff tell you about medication side effects to watch for when you went home' from 44.8% (CY2018 baseline) to 47.0% (this is the lowest scoring question for both Waitematā and Auckland DHBs)	Mar 2020 Sep 2019 June2020	✓ × ✓
With our Māori and Pacific health teams (EOA), develop: • a Māori Health action plan and seek endorsement by the Māori Equity committee • Māori patient guidance (Tikanga Māori) – how to provide best care to Māori patients and whānau • evidence-based patient feedback methods for specific populations (including Māori and Pacific) to enable patients to safely comment on their experience	Sep 2019 Mar 2020 Mar 2020	✓ × ×
Workforce Actions to support and improve the skills of our staff members, and improve our organisational health literacy		
Health Literacy • Launch the joint Waitematā-Auckland DHB Health Literacy Policy and e-learning module • Monitor and evaluate uptake of the e-learning module • Hold a joint DHB health literacy symposium as part of health literacy/patient experience month • Develop and deliver face-to-face training for all telephonist and patient centre staff	Sep 2019 Ongoing Oct 2019 Dec 2019	✓ ✓ ✓ ✓

Areas off track for month and remedial plans
Equity Committee endorsed the key priorities and gaps identified within a paper about Māori Patient and Whānau Experiences at Waitematā DHB. Approval received to recruit a Māori Patient Experience and Whānau Lead position to lead the areas of work identified. Unfortunately there was a delay with finding a suitable candidate for the role and we are very pleased our new Māori Patient and Whānau Experience Lead started in April 2020. The new incumbent is in the midst of establishing her work plan to progress the above priorities. We have a plan in place for medication communication with our pharmacists at Auckland DHB and Waitematā DHB, however this work will recommence in July due to COVID-19 and resourcing challenges. Counties Manukau will also join the working group from July – to establish a regional approach.

DHB activity	Milestone	On Track
Cancer Services Actions to reduce inequalities between Māori and non-Māori patients with cancer		
Equity of access Commence a pilot programme of early contact by Māori and Pacific Cancer Nurse Specialists for all Māori and Pacific patients triaged as P1 and HSC (EOA)	Jul 2019	✓
Bowel cancer quality improvement • Review and analyse data for patients with unplanned return to surgery within 30 days • Review patient-specific data to confirm reasons why some rectal patients do not receive preoperative radiation	Sep 2019 Dec 2019	✓ ✓
Cancer plan development • Work with the Ministry to develop a Cancer plan • Implement and deliver local actions from the plan	Ongoing Jun 2020	✓ ✓
90% compliance for Māori and Pacific patients on the 62-day FCT pathway (SS11 measure) At least 85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat (SS01 measure)		

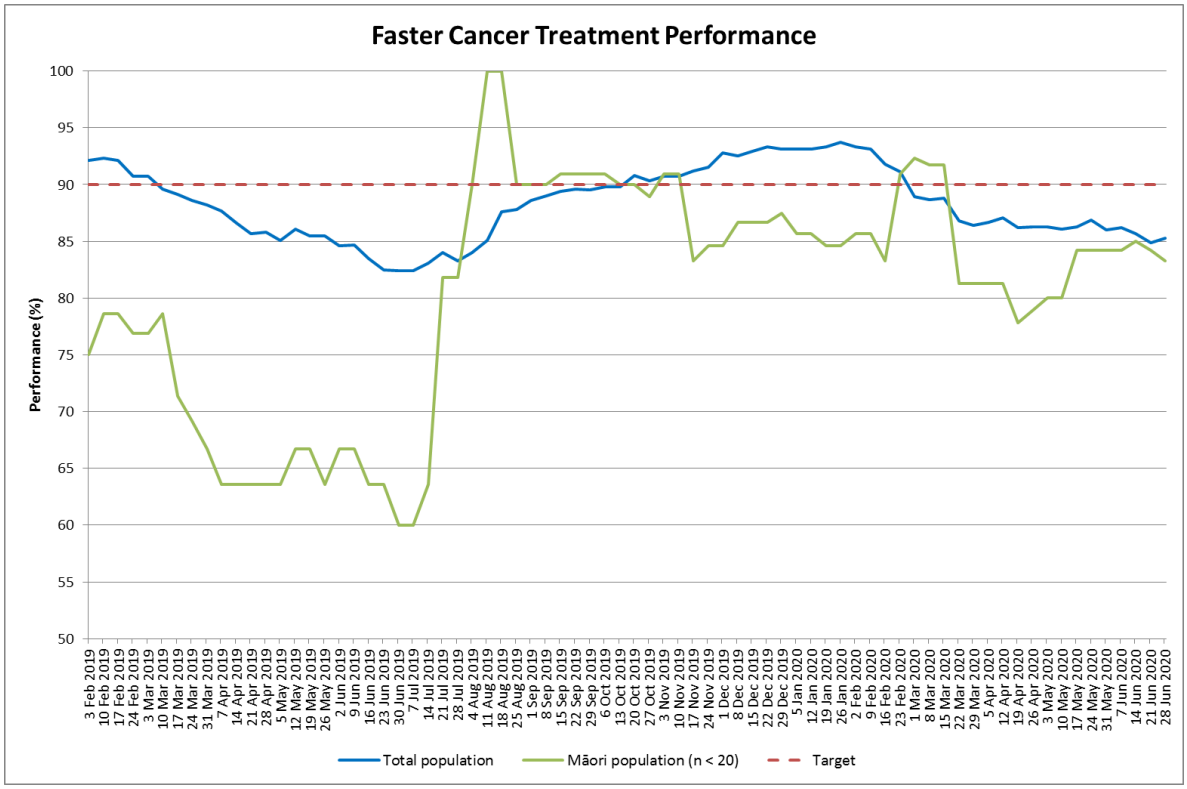
DHB activity	Milestone	On Track
Planned Care Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes		
Elective Services • Implement and oversee a process of optimising booking of elective patients as identified in the elective surgery production plan to ensure delivery of 100% of the target volumes • Prioritise high risk cancer patients and clinical priority one patients (with other patients being treated in turn) for treatment within 4 months • Ensure equity of access for Māori patients by continuing interaction with Cancer Clinical Nurse Specialist Māori, Faster Cancer Tracking (EOA) • Ensure equity of access for Pacific patients by continuing patient-focused booking (PFB; EOA) - implement PFB in three additional specialty areas • Work towards enabling patients to self-book appointments online: - email validation and digital post as BAU - clinic profile review completed - vendor workshops completed • Incorporate self-referral on symptoms (SOS) process into business as usual for Orthopaedics, General Surgery and ORL and introduce to other specialities *Deliver 32,119 Planned Care interventions* *SS07 measures: ESPI 1 100% - ESPI 2 0% - ESPI 3 0% - ESPI 5 0% - ESPI 8 100%* *Demonstrate equity of access for Pacific patients with 90% being seen within ESPI 2 timeframe* *90% of referral and outpatient letters sent via digital post*	Ongoing Ongoing Ongoing Ongoing June 2020 Dec 2019 Dec 2019 Jan 2020 From Oct 2019	✓ ✓ ✓ ✓ ✗ ✓Completed ✓ Completed ✓ Completed ✓ Completed
Three-year plan • Outline of engagement, analysis and development activities	Sep 2019	✓

• Consultation and analysis to understand local needs • Develop plan • Update on progress against plan	Dec 2019 Mar 2020 Jun 2020	✓ ✓ ✓

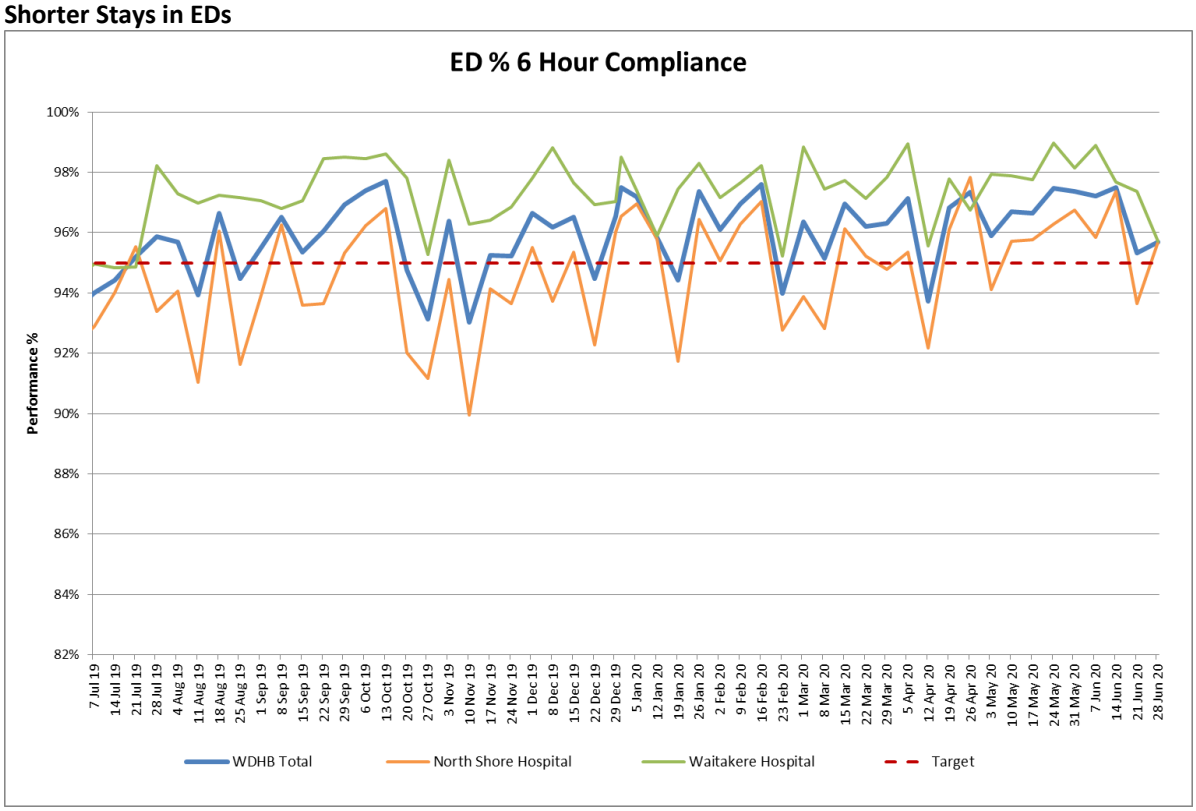
Areas off track for month and remedial plans
By March 2020 ESPI 2 compliance was being met by all but two surgical specialties (General Surgery and ORL) and on track to meet our predicted compliance position by June 2020. The impact of COVID-19 has seen all surgical specialties return to a non-compliant status. Gynaecology and Urology are both on track to be compliant by August 2020. Medicine has continued to deliver usual volumes over this period through the introduction of telehealth initiatives with only a very low volume of non-compliant patients. ESPI 5 compliance volumes have suffered the greatest impact due to reduced theatre capacity with ESC being stood down from surgical activity as part of the DHB pandemic planning and P1 / Urgent patients only being treated during Alert Level 4. All surgical specialties have developed action plans and have identified compliance trajectory timeframes. Patient Focused Booking (PFB) remains a priority to support services booking practices. The current focus of ensuring all high acuity patients receive assessment and treatment within clinical compliance adds a level of complexity to services changing booking practices in the current environment. As normal booking practices resume, work will continue to bring services online with PFB. Performance recovery plans have been developed and forwarded to the MOH for review and endorsement.

Priority Health Outcome Areas

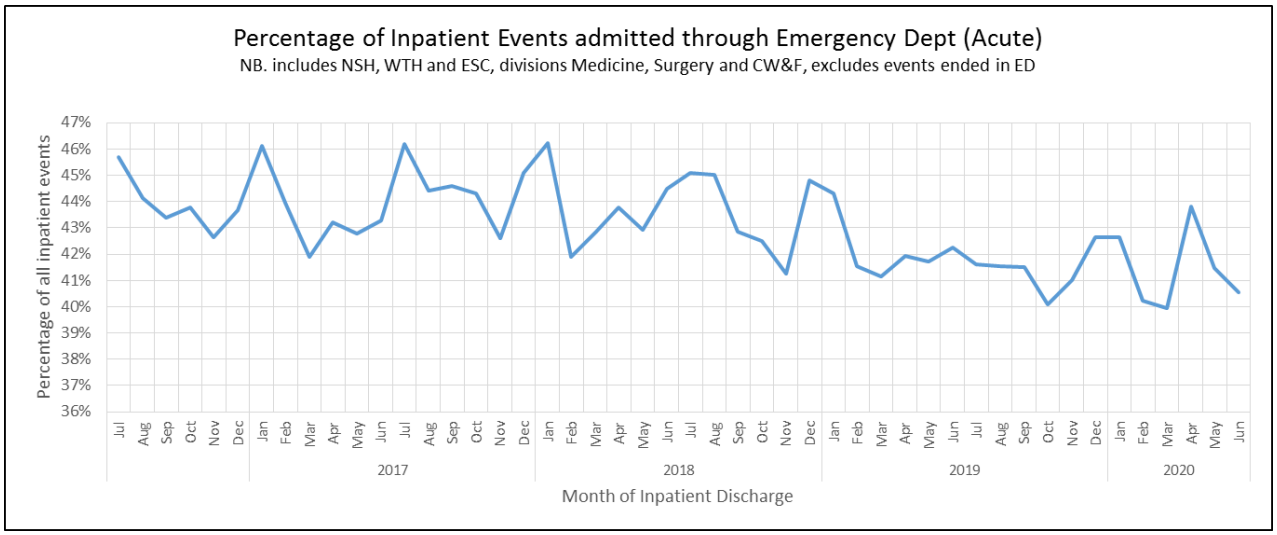
Faster Cancer Treatment



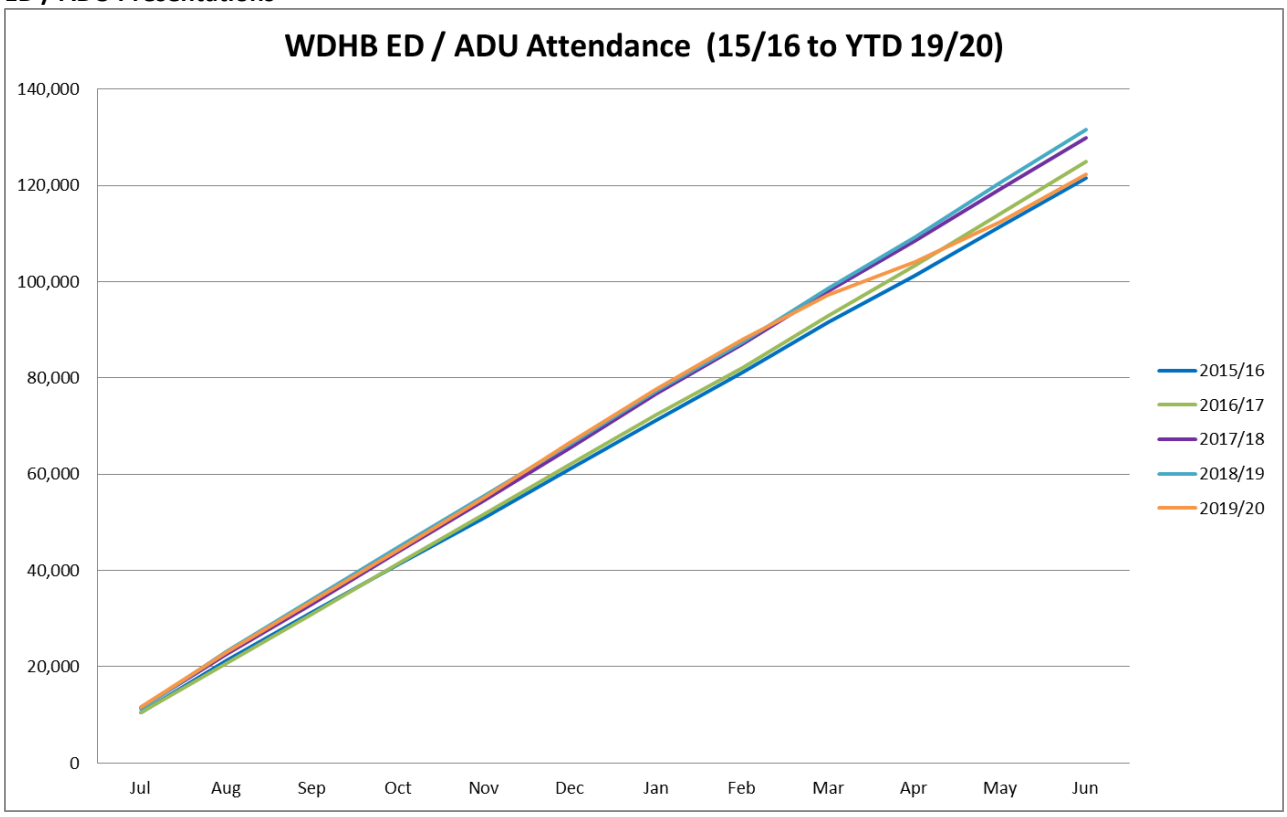
Shorter Stays in EDs



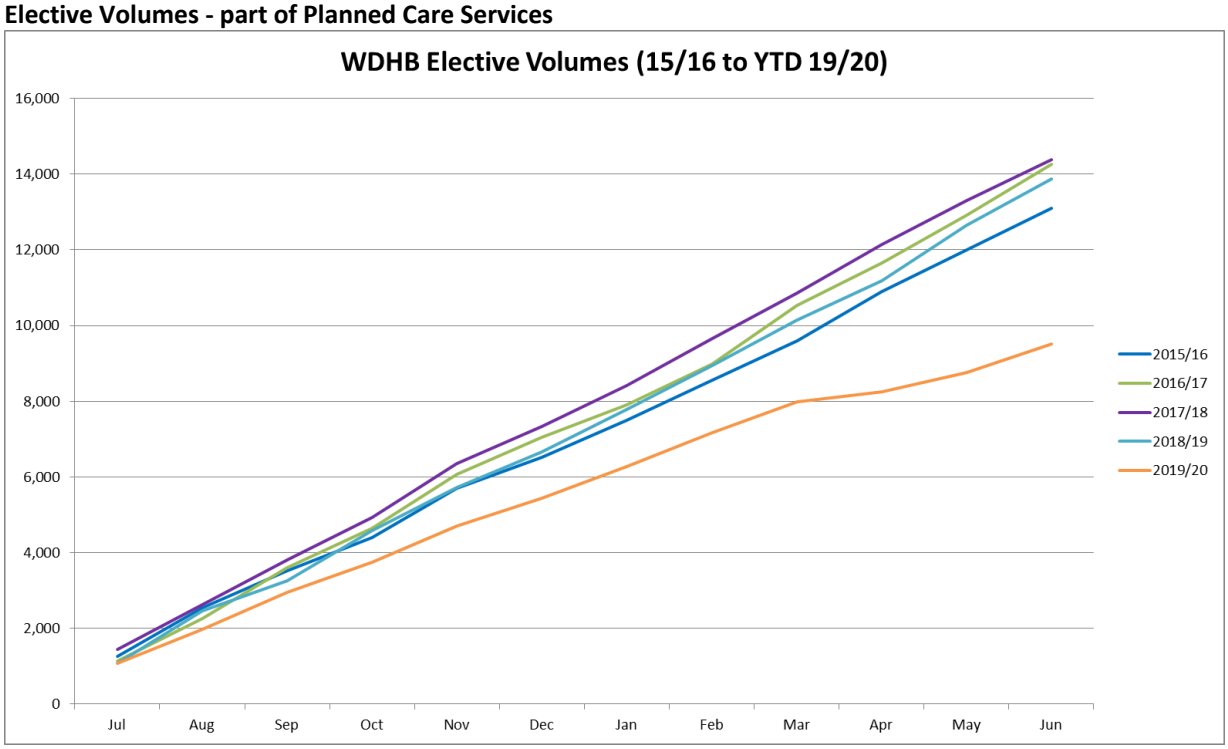
Inpatient Events admitted through ED



ED / ADU Presentations



Elective Volumes - part of Planned Care Services



*2019/20 data above had skin lesions removed, when previously it had been included, hence the drop. This related to a change in the MOH definition of planned care however going forward we will report on the provider elective discharges covering General Surgery, Orthopaedics, Gynaecology, Urology and ORL elective patients discharges for better data comparison.

Percentage Change ED and Elective Volumes

June 2020	Month Volumes	% Change (last year)	YTD Volumes	% Change (last year)
ED/ADU Volumes	9,728	-13%	122,216	-7%
Elective Volumes	749	-38%	9503	-31%

Elective Performance Indicators (part of Planned Care Services)

Zero patients waiting over 4 months

Summary (June 2020)	
Speciality	Non Compliance %
ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	15.57%
ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.	42.19%

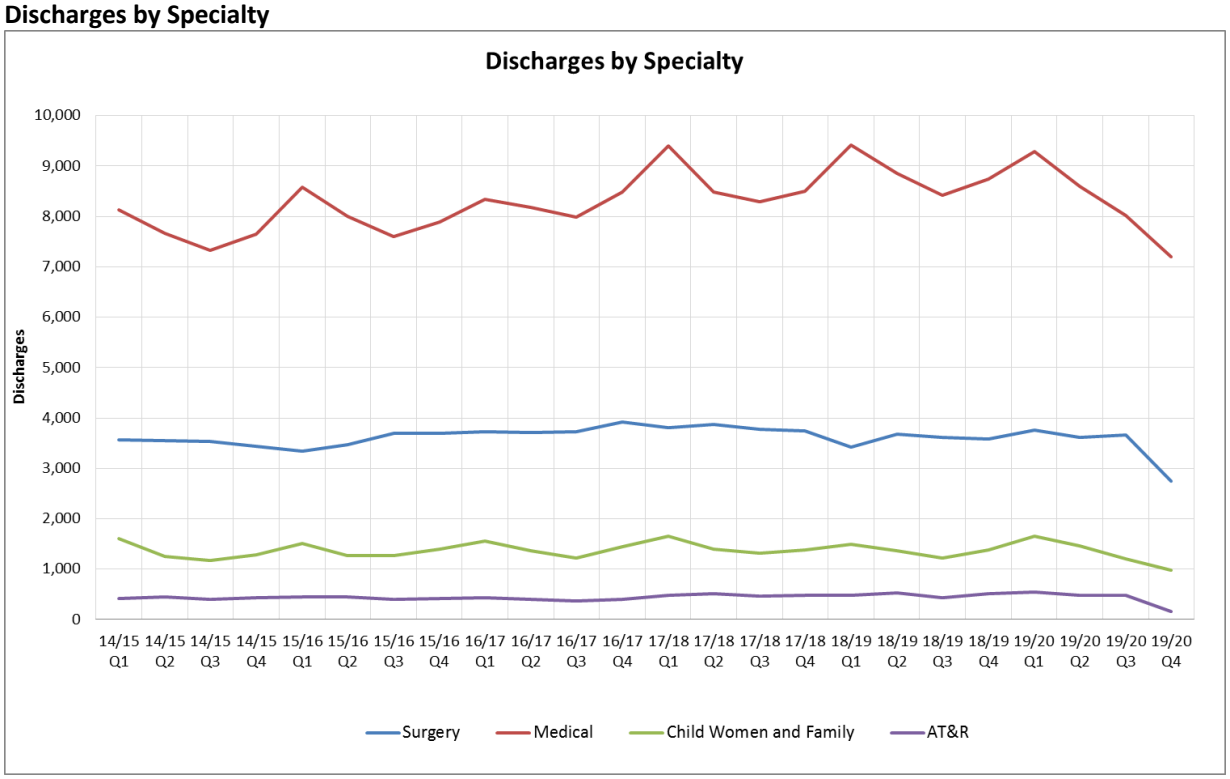
ESPI	Waitlist Specialty	Compliant	Non Compliant	Non Compliant
ESPI 2	Anaesthesiology	107	1	0.93%
	Cardiology	897	-	0.00%
	Dermatology	199	-	0.00%
	Diabetes	167	-	0.00%
	Endocrinology	180	-	0.00%
	Gastro-Enterology	675	2	0.30%
	General Medicine	146	-	0.00%
	General Surgery	983	589	37.47%
	Gynaecology	866	90	9.41%
	Haematology	147	-	0.00%
	Infectious Diseases	55	3	5.17%
	Neurovascular	72		0.00%
	Orthopaedic	1,326	581	30.47%
	Otorhinolaryngology	949	271	22.21%
	Paediatric MED	447	3	0.67%
	Renal Medicine	210	2	0.94%
	Respiratory Medicine	353	-	0.00%
	Rheumatology	189	-	0.00%
	Urology	474	15	3.07%
	Total	8,442	1,557	15.57%
ESPI 5	Cardiology	78	-	0.00%
	General Surgery	1,194	351	22.72%
	Gynaecology	337	328	49.32%
	Orthopaedic	751	972	56.41%
	Otorhinolaryngology	246	229	48.21%
	Urology	288	232	44.62%
	Total	2,894	2,112	42.19%

90% of outpatient referrals acknowledged and processed within 10 days

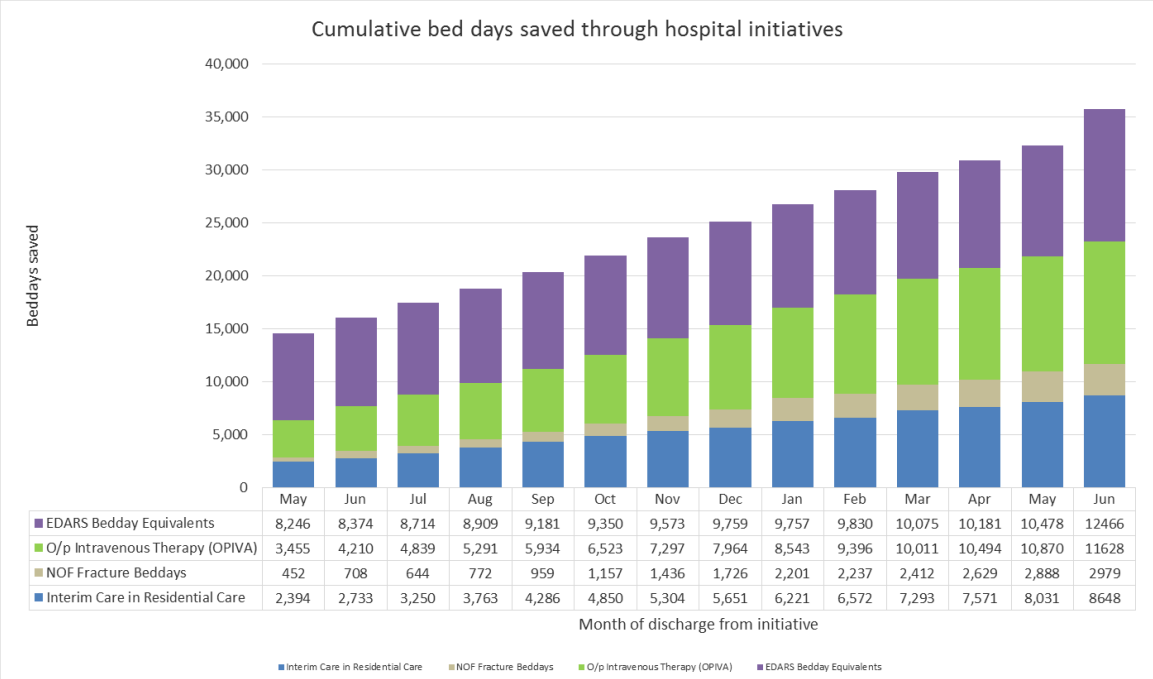
ESPI 1 (June 2020)	
Specialty	Compliance %
Anaesthesiology	100.00%
Cardiology	99.65%
Dermatology	100.00%
Diabetes	100.00%
Endocrinology	98.68%
Gastro-Enterology	97.97%
General Medicine	98.98%
General Surgery	98.80%
Gynaecology	99.48%
Haematology	100.00%
Infectious Diseases	97.26%
Neurovascular	98.51%
Orthopaedic	97.12%
Otorhinolaryngology	99.87%
Paediatric MED	96.20%
Renal Medicine	100.00%
Respiratory Medicine	100.00%
Rheumatology	99.38%
Urology	99.22%
Total	98.79%

Legend	
ESPI 1	Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
ESPI 2	Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
ESPI 5	Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher

Discharges by Specialty



Cumulative Bed Days saved through Hospital Initiatives



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
EDARS Bedday Equivalents	8,246	8,374	8,714	8,909	9,181	9,350	9,573	9,759	9,757	9,830	10,075	10,181	10,478	12466
O/p Intravenous Therapy (OPIVA)	3,455	4,210	4,839	5,291	5,934	6,523	7,297	7,964	8,543	9,396	10,011	10,494	10,870	11628
NOF Fracture Beddays	452	708	644	772	959	1,157	1,436	1,726	2,201	2,237	2,412	2,629	2,888	2979
Interim Care in Residential Care	2,394	2,733	3,250	3,763	4,286	4,850	5,304	5,651	6,221	6,572	7,293	7,571	8,031	8648

Financial Performance

Waitematā DHB Statement of Financial Performance

Provider - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	100,609	80,697	19,912	992,946	968,899	24,047	968,899
Other Income	1,754	7,229	(5,475)	22,507	40,209	(17,701)	40,209
Total Revenue	102,363	87,926	14,437	1,015,453	1,009,108	6,346	1,009,108
EXPENDITURE							
Personnel							
Medical	31,588	7,359	(24,228)	223,537	201,652	(21,885)	201,652
Nursing	42,329	23,343	(18,986)	302,925	275,119	(27,805)	275,119
Allied Health	20,450	11,115	(9,335)	139,307	128,764	(10,543)	128,764
Support	3,712	2,186	(1,526)	25,934	24,898	(1,036)	24,898
Management / Administration	13,378	6,472	(6,906)	85,428	74,560	(10,868)	74,560
Outsourced Personnel	1,613	1,187	(426)	20,526	14,586	(5,941)	14,586
	113,070	51,662	(61,407)	797,657	719,579	(78,078)	719,579
Other Expenditure							
Outsourced Services	7,849	5,235	(2,613)	63,756	62,530	(1,225)	62,530
Clinical Supplies	13,452	11,191	(2,261)	128,608	133,548	4,940	133,548
Infrastructure & Non-Clinical Supplies	7,447	4,059	(3,388)	115,298	93,450	(21,849)	93,450
	28,748	20,485	(8,263)	307,662	289,528	(18,134)	289,528
Total Expenditure	141,818	72,148	(69,670)	1,105,319	1,009,108	(96,211)	1,009,108
Cost Net of Other Revenue	**(39,455)**	**15,778**	**(55,233)**	**(89,866)**	**(0)**	**(89,866)**	**(0)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Waitematā DHB Statement of Financial Performance

Provider - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
CONTRIBUTION							
Surgical and Ambulatory	(12,878)	(11,198)	(1,680)	(145,707)	(139,824)	(5,883)	(139,824)
Acute and Emergency	(12,925)	(12,335)	(590)	(158,633)	(155,050)	(3,583)	(155,050)
Specialty Medicine and HOPS	(7,705)	(7,519)	(186)	(94,155)	(93,194)	(961)	(93,194)
Child Women and Family	(6,789)	(6,991)	202	(89,295)	(88,664)	(631)	(88,664)
Specialist Mental Health and Addiction	(11,184)	(10,631)	(554)	(134,999)	(134,425)	(574)	(134,425)
Elective Surgery Centre	(1,011)	(2,355)	1,344	(23,277)	(28,262)	4,986	(28,262)
Clinical Support	(2,828)	(2,649)	(179)	(33,362)	(31,892)	(1,470)	(31,892)
Diagnostics	(6,946)	(8,474)	1,528	(97,589)	(102,473)	4,884	(102,473)
Corporate and Provider Support	22,811	77,930	(55,118)	687,151	773,785	(86,634)	773,785
Net Surplus/Deficit	**(39,455)**	**15,778**	**(55,233)**	**(89,866)**	**(0)**	**(89,866)**	**(0)**

Financial Performance Summary

The Waitematā DHB result YTD June 2020 was a deficit of $63.409m against a forecast deficit of $64.400m and therefore favourable to forecast by $0.991m, due to additional revenue and savings on pharmaceuticals, meals and other operating costs.

The Provider Arm result YTD June 2020 was a deficit of $84.989m against a breakeven budget; $1.211m better than May 2020 forecast of $86.200m.

Key financial performance factors:

- Holidays Act impact for 2019/20, $23.0m and revaluation of prior year 2018/19 $18.8m
- Delays in the realisation of savings under the financial sustainability programme, $18.334m
- COVID-19 deferral of property sale, $10.10m
- COVID-19 staff impacts due to leave not being taken, $2.433m
- COVID-19 revenue reduction (ACC and Parking), $1.927m
- Under delivery of Electives resulting in lower revenue from the MOH, $3.9m
- Radiology outsourcing due to industrial action, $1.1m

Human Resources

Method of calculation of graphs:

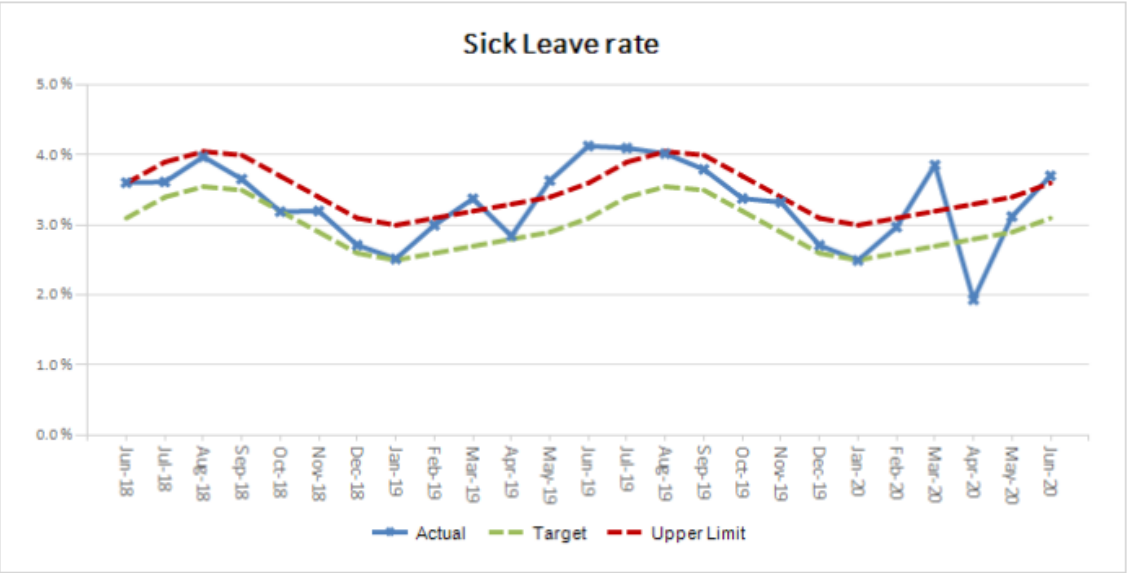
1. Overtime Rate: The sum of overtime hours worked over the period divided by worked hours over the period.
2. Sick Leave Rate (days): The sum of sick leave hours over the period divided by total hours over the period.
3. Annual Leave balance days: Count of staff with 0-76+ days equivalent 8 hour days accumulated leave entitlement.
4. Voluntary Turnover Rate: Count of ALL staff resignations in the last 12 months. This data excludes RMOs, casuals, and involuntary reasons for leaving such as redundancy, dismissal and medical grounds.

Sick Leave

Sick leave has increased in this reporting period principally due to the following:

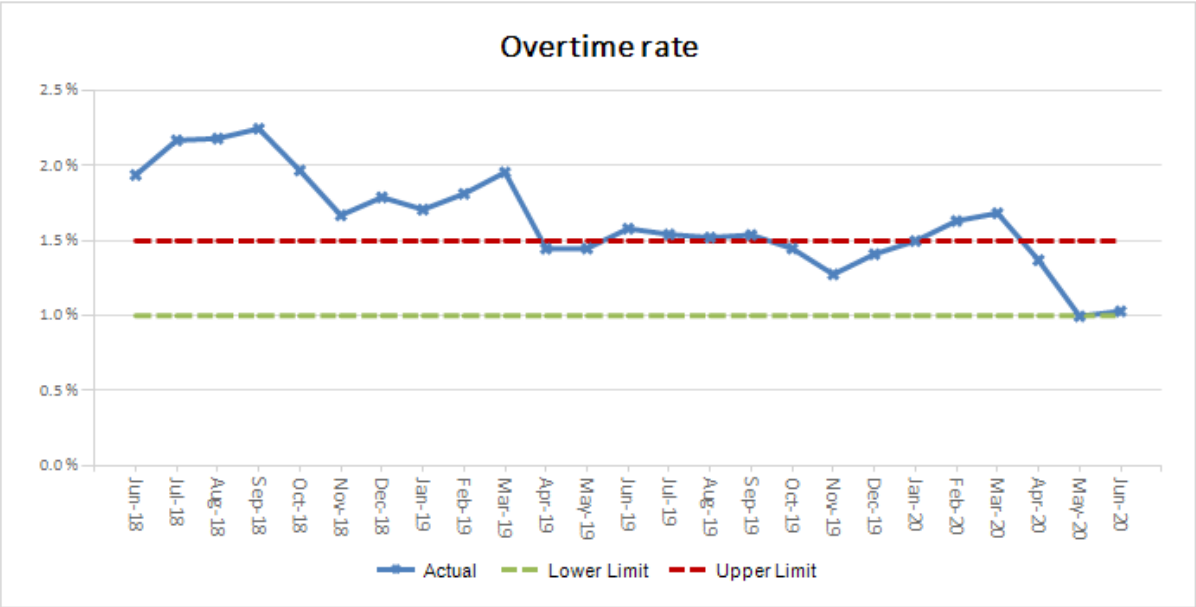
- A low tolerance for staff to stay home with minor illness / symptoms
- Employees who were asked by their GPs or self-referral for swab testing and they stayed home on sick leave for 24 hours / 48 hours (self-referrals).
- Schools requested children with minor illness /flu symptoms to stay home – employees then on sick leave (looking after dependants).

Sick leave decreases again in August back to a normal reporting pattern.



Overtime

Over time continues at low levels, rising marginally in August.



Annual Leave

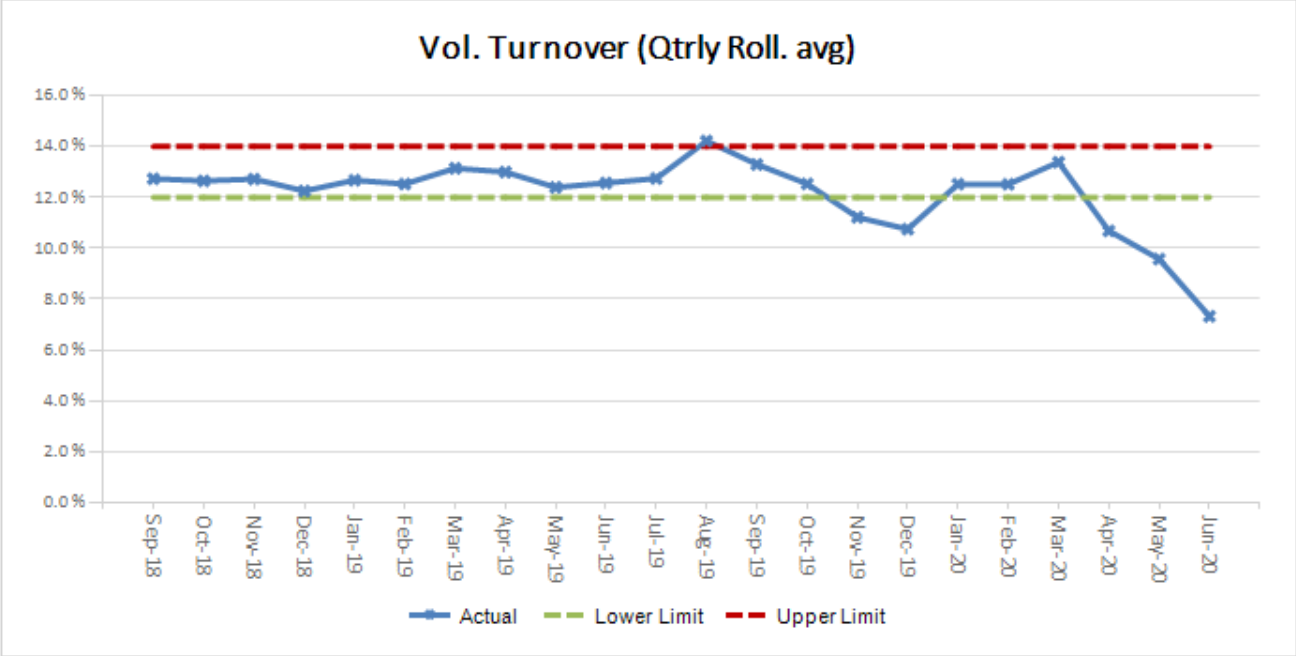
Over coming months the annual leave balances have increased on average by two additional days per annum due to the impact of National COVID-19 Alert levels 4, 3 and 2 in late March-August.

Employees commenced taking leave again in June, July and September, however, we will see in the next 12 months staff taking less leave as we move around in national and hospital alert levels and people are unable to travel or are needed to help with local or regional COVID-19 responses. Leave planning continues across the divisions to create opportunities for staff to take leave.

	Leave Bal 0-25 days	Leave Bal 25-50 days	Leave Bal 50-75 days	Leave Bal 75 days +
Acute and Emergency Medical Divison	768	338	98	45
Sub Specialty Med and HOPS	662	227	52	13
Surgical and Ambulatory	604	277	74	37
Elective Surgery Centre	80	22	1	-
Child Women & Family	888	205	25	12
Facilities and Development	43	18	3	2
Corporate	313	117	21	7
Clinical Support	249	98	17	1
Diagnostics	303	154	47	13
Director Hospital Services	224	55	15	3
Elective and Outpatient Services	82	21	8	-
Mental Hlth & Addiction	1027	335	39	4
Bowel Screening Planning	2	-	-	-
Health Outcomes Administration	67	24	4	4
Health Outcomes Planning & Health Intelligence	1	-	-	-
Total	**5313**	**1891**	**404**	**141**
Comparison with August 2019	5834	1700	303	105

Staff Turnover

Staff turnover has remained stable with this pattern reducing to just over 7% in June and reducing further in August.



Divisional Reports
Acute and Emergency Medicine Division

Service Overview

This division is responsible for the provision of General, Acute and Emergency Medical services. The division includes the departments of General Medicine, Assessment and Diagnostic Unit (ADU), Emergency Medicine, Cardiology, Medical wards and Hyperbaric Medicine.

The service is managed by Dr Gerard de Jong, Division Head Acute and Emergency Medicine and Alex Boersma, General Manager. The Associate Director of Nursing Medicine is Melody-Rose Mitchell. The Clinical Directors are Dr Hamish Hart for General Medicine, Dr Kate Allan for Emergency Care, Dr Tony Scott for Cardiology, Dr Hasan Bhally and Dr Hugh de Lautour for North Shore Hospital ADU and Dr Chris Sames for Hyperbaric Medicine.

Highlight of the Month

Waitematā DHB Emergency Department Clinical Nurse Specialist / Nurse Practitioner Intern Programme

Waitematā DHB Emergency Department has led the way in the development and implementation of the Clinical Nurse Specialist training programme within the Auckland region. This is now a university based course, with practical clinical training on site. Waitematā DHB employs 15 Clinical Nurse Specialists and 4.4FTE Nurse Practitioners. Over the next five years, we plan to expand the scope of practice and to increase the number of Nurse Practitioners with in the service, through the ongoing development of a Nurse Practitioner training programme, the establishment of the Clinical Nurse Specialist and Nurse Practitioner intern positions; and the continued development and implementation of care bundles. The wider range of care bundles will include abdominal pain and chest pain. This will allow for greater substitution between clinical roles in the emergency department as the Nurse Practitioners will work in areas of practice that are currently carried out by medical staff.

Clinical Nurse Specialists and Nurse Practitioners have worked in the emergency departments at Waitematā DHB since 2016. Clinical Nurse Specialists and Nurse Practitioners currently see and assess approximately 16% of the presentations and as such have made a very positive contribution to the service. Clinical Nurse Specialists work under the supervision of an SMO and they see and assess the lower acuity patient presenting to the emergency department. Clinical Nurse Specialist predominantly practices in the waiting room/consults area of the department, although they have a broader role in paediatrics.

CNS Joanne Henry and Nurse Practitioner Chrisy Austin

In order for an experienced Clinical Nurse Specialist to become Nurse Practitioners, as well as having the appropriate clinical skills, they will have completed a masters as well as a recognized post graduate degree including a prescribing practicum. In addition, they will need to have had their portfolio approved by the Nursing Council of NZ. To support the development of Clinical Nurse Specialists to Nurse Practitioners, we have developed a 12-month Nurse Practitioners intern programme providing a formal structure including rostered CME and during which time they will be expected to become an independent practitioner for the extended scope of practice.

Over the next five years, the number of Clinical Nurse Specialist roles within the department will remain relatively static and the Clinical Nurse Specialists will continue to work within this well-defined scope of practice. We anticipate increasing the number of Nurse Practitioners from 2.3 in 2019 to 10 in 2025.

Scorecard – Acute and Emergency Medicine Division

Waitematā DHB Monthly Performance Scorecard

Acute and Emergency Medicine
June 2020
2019/20

Priority Health Outcomes

	Actual	Target	Trend
a. Shorter Waits in ED	97%	95%	

Best Care

Patient Experience	Actual	Target	Trend
Complaint Average Response Time	5 days	≤14 days	
Net Promoter Score FFT	82	65	
Improving Outcomes			
PCI w/in 120 minutes (STEMI patients)	80%	80%	
Better help for smokers to quit - hospitalised	100%	95%	
Quality & Safety			
Older patients assessed for falling risk	100%	90%	
Rate of falls with major harm	0.10	≤2	
Good hand hygiene practice	90%	80%	
Pressure injuries grade 3&4	0	0	
HR/Staff Experience			
Sick leave rate	3.5%	≤3.4%	
Turnover rate - external	12%	≤14%	
Vacancies - %	2%	≤8%	

Service Delivery

Waiting Times	Actual	Target	Trend
General Medicine - % seen w/in 120 mins	74%	85%	
Elective coronary angiography w/in 90 days	94%	95%	
b. Angiography for ACS w/in 72 hours	75%	70%	
Chest pain clinic wait time under 6 weeks	91%	80%	
O/P Transthoracic Echo wait time under 12 weeks	21%	95%	
Patient Flow			
Elective Discharge Volumes (Cardiology)	99%	100%	
Outpatient DNA rate	11%	≤10%	
Patients with EDS on discharge	92%	85%	

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue	3,642 k	3,432 k	
Expense	162,275 k	158,482 k	
Net Surplus/Deficit	-158,633 k	-155,050 k	
Contracts (YTD)			
Elective WIES Volumes	1,039	1,281	
Acute WIES Volumes	35,062	37,328	

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- Performance ***improved*** compared to previous month
- Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Data for Medicine overall
b. Quarterly, Jun 20

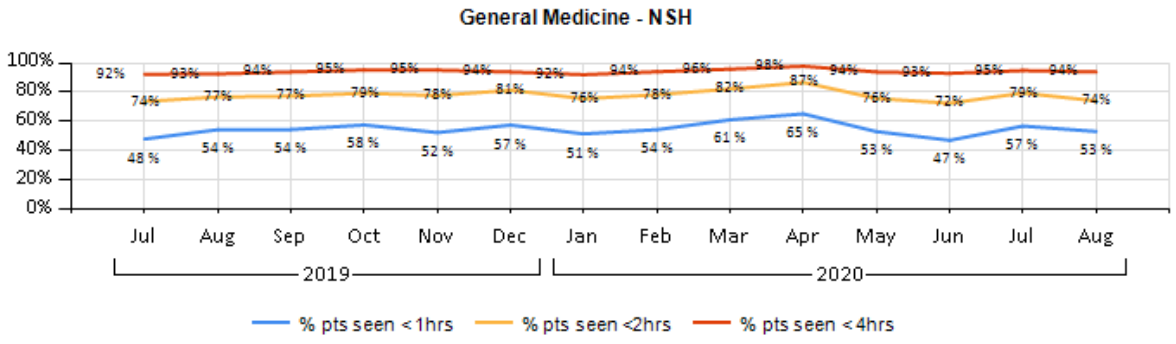
A question?

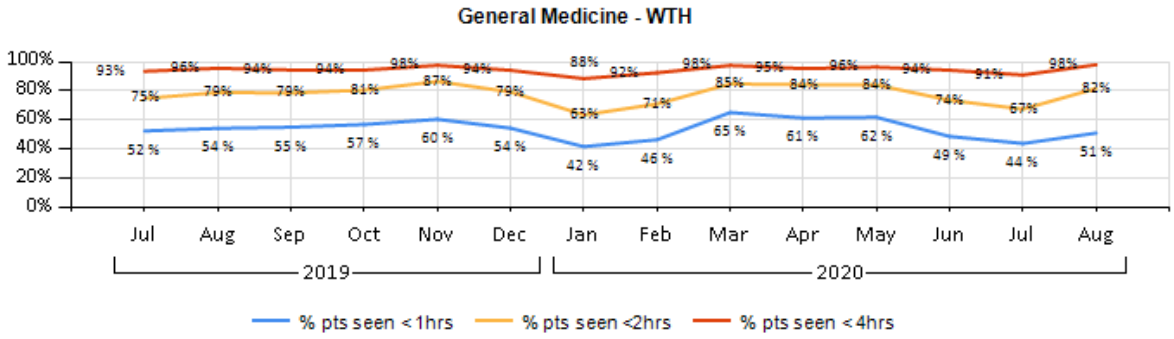
Contact:
Victoria Child - Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz
Planning, Funding and Health Outcomes, Waitematā DHB

Service Delivery

General Medicine - % seen within 120 minutes of triage – *74% against a target of 85%*

The time to be seen, at both North Shore Hospital (NSH) and Waitakere Hospital (WTH), reduced in June compared to previous months. This is in part due to the increased volumes and to reduced Resident Medical Officer (RMO) staff in Assessment and Diagnostic Unit (ADU) as a result of increased sick leave. Seen by numbers were also impacted by the House Officer Run change over. This is an area of our service we continue to work on and there is a Medical SMO present in the ADU on a daily basis between 8:00am and 8:00pm to support the assessment of acute patients and to guide the RMOs to see patients promptly.



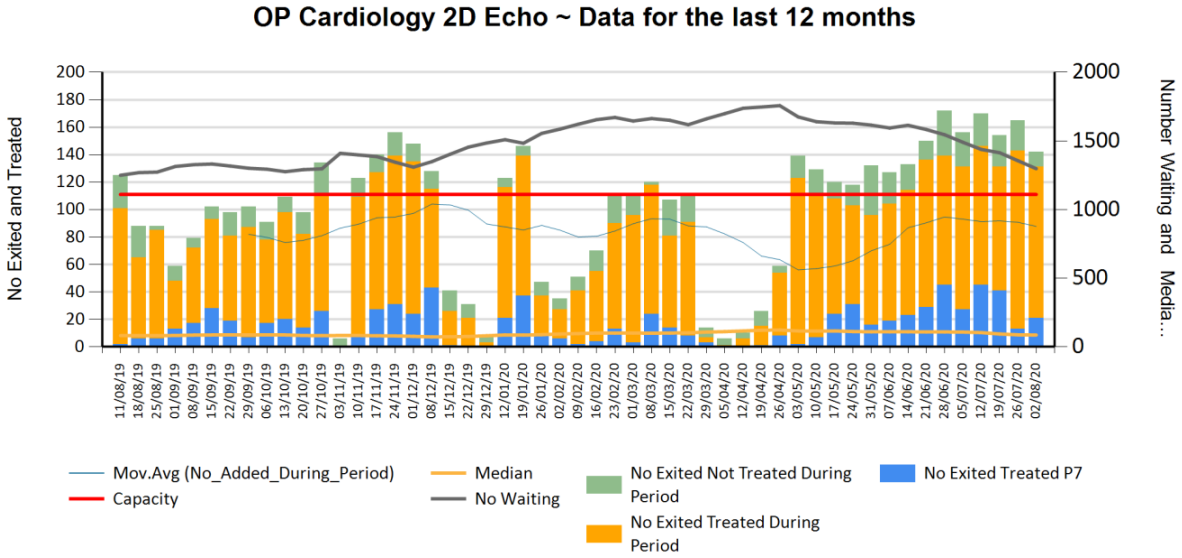


O/P Transthoracic Echo wait time under 12 weeks – *21% against a target of 95%*
Echocardiography is an essential diagnostic investigation in modern health care and access to high quality timely echo service is an important equity issue for Māori and Pacific patients. In the absence of national targets for echo (unlike radiology) the Northern Region has agreed that a clinically acceptable target for echocardiography is to scan 95% of patients within 12 weeks of referral.

Demand for echo continues to grow at a faster rate than demographic growth. All outpatient referrals are graded by an experienced SMO in line with the NZ Guidelines, and on average 13% are declined. There is no further opportunity for "demand management" without restricting clinical service to a level not supported by NZ guidelines or good clinical practice.

Waitematā DHB has been unable to consistently provide echocardiography services in a timely manner over a prolonged period. Various initiatives such as weekend lists have achieved temporary gains. At present <21% of echocardiograms are completed in outpatients, within the 12-week Northern Region target. While the waiting time for P1 patients has been maintained, the median wait time is 17 weeks – a significant improvement on 2019 when the median was as high as 22 weeks.

As a result of industrial action at the end of 2019 and the impact of COVID-19, the waiting list increased to ~1,600 by the end of May 2020. The graph below shows the improvements made since the beginning of June, the sustained increase in productivity since production resumed in May and the continued downward trend on the waiting list, which at the beginning of August sits at 1,298.



The trial of the first rapid access clinic took place on 27th July with further clinics scheduled over the coming months. The aim of this clinic is to trial an alternative model of care for new Cardiology patients referred to the service, based on a focussed ECHO, consult and advanced ECG. It is anticipated that the rapid access clinic will have a positive impact on the number of full ECHOs required as well as the number of follow-up outpatient appointments required.

Outpatient DNA rate – *11% against a target of ≤10%*
The outpatient DNA rate in Cardiology and General Medicine in June was impacted as a result of changes in the appointment process. The rapid implementation of telehealth resulted in a number of patients being incorrectly coded as DNA. This is currently under investigation and we anticipate that it will return to pre-COVID-19 performance.

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Planned Care Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes		
Coronary angiography Review the current referral and booking process to ensure capacity is maximised to achieve the 95% target	Dec 2019	✓
Acute readmissions Work with pharmacy and primary care to ensure that medicine reconciliation is conducted for 100% of patients, including those aged 75+ years	Ongoing	✓
Acute Demand Actions to improve the management of patient flow and data in the Emergency Department		
Acute data capturing • Implement SNOMED coding of ED presenting complaints • Investigate and scope requirements for ED Procedures and Diagnosis codes	Jul 2019 Dec 2019	✗
Improving patient flow for admitted patients Improve the multidisciplinary governance model within the inpatient home-based wards, with a focus on further improving patient flow and patient whānau care standards, including for Māori and Pacific patients (EOA) • Improvements include implementing regular meetings and reviews of ward performance to improve the functionality of home-based wards	Implement model in all medical wards by Sep 2019	✓
Implement Home-Based Wards at Waitakere Hospital	May 2020	✓
Improving the management of patients in ED with long-term conditions (LTCs) Expand the role of the CNS/NP in the ED to include active management of acute exacerbations of LTCs; develop bundles of care for patients with LTCs e.g. chronic obstructive pulmonary disease (COPD)	Jan 2020	✓
Improving wait times for patients requiring mental health and addiction services who present to ED Review the current model of care to minimise patient waiting times; action at least one recommendation • With Mental Health services, develop a model of care for patients in ED, including Mental Health representation at daily patient access meetings to review delays and daily flow and care of mental health patients • Develop a rapid assessment process for mental health patients to ensure timely assessment	Sep 2019; Jun 2020 Dec 2019 Dec 2019	✓ ✓ ✓
Improving the patient experience of Māori in ED		

• Greet all patients attending our EDs at triage in Te Reo Māori • Ensure diversity in our workforce to represent our patient population (EOA)	Nov 2019 Ongoing	✓
Addressing barriers to accessing primary care services With the Ministry's Kārearea Service and Te Whānau o Waipareira, develop a navigator service to support frequent users of ED services aged 0-24 years and their whānau with referrals to primary care (including holistic Māori healing), where clinically appropriate (EOA)	Implement at WTH from Dec 2019	✓
95% of patients admitted, discharged or transferred from an emergency department within 6 hours (SS10 measure)		✓

Areas off track for month and remedial plans
Acute data capturing • **Implement SNOMED coding of ED presenting complaints** • **Investigate and scope requirements for ED Procedures and Diagnosis codes** There are three parts to SNOMED coding in ED the coding of presenting complaints, the coding of procedures and the coding of diagnosis. The Waitematā DHB IT service has assessed and scoped the implementation of SNOMED and have concluded that they cannot support this with the current IT tools. They have made a capital request for $400k and are currently working through the capital request process to secure funding.

Financial Results - Acute and Emergency Medicine

Waitematā DHB Statement of Financial Performance

Acute & Emergency Medicine - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	153	218	(65)	2,865	2,788	77	2,788
Other Income	86	54	32	777	644	134	644
Total Revenue	239	272	(32)	3,642	3,432	210	3,432
EXPENDITURE							
Personnel							
Medical	4,517	4,400	(117)	55,621	55,245	(376)	55,245
Nursing	5,829	5,826	(3)	76,060	74,103	(1,957)	74,103
Allied Health	258	254	(3)	2,952	2,814	(138)	2,814
Support	0	0	0	0	0	0	0
Management / Administration	567	518	(49)	6,850	6,471	(379)	6,471
Outsourced Personnel	142	100	(42)	2,001	1,223	(778)	1,223
	11,313	11,099	(214)	143,484	139,856	(3,628)	139,856
Other Expenditure							
Outsourced Services	64	38	(26)	437	458	20	458
Clinical Supplies	1,409	1,162	(247)	13,960	14,392	433	14,392
Infrastructure & Non-Clinical Supplies	379	308	(71)	4,394	3,776	(618)	3,776
	1,852	1,508	(344)	18,791	18,626	(165)	18,626
Total Expenditure	13,164	12,606	(558)	162,275	158,482	(3,793)	158,482
Cost Net of Other Revenue	**(12,925)**	**(12,335)**	**(590)**	**(158,633)**	**(155,050)**	**(3,583)**	**(155,050)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Acute and Emergency was $590k unfavourable for June and $3,583k unfavourable YTD.

Revenue ($32k unfavourable for June, $210k favourable YTD)

The unfavourable variance for the month is due to a correction of revenue received from university teaching. The favourable YTD variance was due to revenue received from non-residents and University of Auckland teaching. There was an increase in cases qualifying for ACC in the hyperbaric service this year.

Expenditure ($558k unfavourable for June, $3,793k unfavourable YTD)

The unfavourable variance for June was due to an adverse cost impact as a result of an increase in the use of stents in cardiology as a result of increased patient volumes. The unfavourable variance YTD, as a result of nursing costs in ED and ADU, and ongoing costs in additional duties and outsourced personnel cost for ED doctors, has offset the saving made in general medicine SMOs as a result of vacancies.

Personnel ($3,628k unfavourable YTD)

Medical ($376k unfavourable YTD)

The unfavourable variance was due to high ED medical cover cost from additional sessions is offset by vacancies in general medicine and a saving from skill mix in general medicine for senior doctors. Over allocations of registrars and house officers creates a cost pressure for the division. Savings in general medicine will reduce as a result of the implementation of home based warding at WTH in December 2019.

Nursing ($1,957k unfavourable YTD)
The unfavourable variance was due to sick leave in the winter months, high ED and ADU nursing cover costs and watch costs across the division. COVID-19 also added extra cost pressure on the areas of accumulated annual leave and additional safety measures implemented in some areas caring for COVID-19 patients.

Allied Health ($138k unfavourable YTD)
The unfavourable variance was due to unbudgeted positions of sonographers; and the cost of dental assistants deployed at ED for patients screening due to COVID-19.

Support and Management/Administration ($379k unfavourable YTD)
The unfavourable variance due to 80% budgeted cover for ED.

Outsourced Personnel ($778k unfavourable YTD)
The unfavourable nursing variance was due to outsourced expenditure for watches. The medical outsourced costs related to locum cover for ED.

Other Expenditure ($165k unfavourable YTD)
Outsourced Services ($20k favourable YTD)
The favourable variance was due to the reduction in annual leave taken resulting in more medical cover by existing staff.

Clinical Supplies ($433k favourable YTD)
The favourable variance was due to lower number of cardiology procedures performed and the ongoing price reduction of cardiac implants.

Infrastructure and Non-Clinical Supplies ($618k unfavourable YTD)
The unfavourable variance was due to high ED security watch cost ($341k) and unbudgeted software cost for Emergency Q ($230k).

COVID-19 impact
ED presentations reduced during the COVID-19 period, which resulted in 5,858 less presentations than last year. Inpatient numbers have also significantly reduced since mid-March with the service creating as much capacity as possible, preparing for the impact of COVID-19. Additional budget was endorsed by the executive in March 2020 and recruitment was fast tracked to increase capacity in Ward 11. Clinical supplies for face masks, protective clothing and related products also increased during last few months.

Specialty Medicine and Health of Older People Division

Service Overview

This Division is responsible for the provision of medical sub-specialty and health of older people services. This includes respiratory, renal, endocrinology, stroke, dermatology, haematology, diabetes, rheumatology, infectious diseases, medical oncology, neurology, gastroenterology, smoke-free, fracture liaison services and Older Adults and Home Health, which in turn includes palliative care, geriatric medicine, district nursing, EDARS (early discharge and rehabilitation service), needs assessment and service coordination, the specialist gerontology nursing service Nga Kaitiaki Kaumatua, Mental Health Services for Older Adults, and the (Assessment Treatment and Rehabilitation) AT&R wards. The division also includes the Medicine patient service centre. Allied Health provides clinical support across (inpatient, outpatient and community services) across the Acute and Emergency Medicine Division, Specialty Medicine and Health of Older People Division and Surgical and Ambulatory Service and reports to the General Manager Specialty Medicine and Health of Older People.

The service is managed by Dr John Scott, Head of Division, and Brian Millen, General Manager. Melody-Rose Mitchell is the Associate Director of Nursing Acute and Emergency Medicine and Specialty Medicine and Health of Older People. The Clinical Directors are Dr Cheryl Johnson for Geriatric Medicine, Dr Sachin Jauhari for Psychiatry for the Older Adult, Dr Moira Camilleri for Palliative Care, Dr Stephen Burmeister for Gastroenterology, Dr Simon Young for Diabetes/Endocrinology, Dr Naveed Ahmed (Acting) for Renal, Dr Megan Cornere for Respiratory, Dr Eileen Merriman for Haematology, Dr Nicholas Child for Stroke, Dr Matthew Rogers for Infection, Dr Blair Wood for Dermatology and Dr Michael Corkill for Rheumatology.

Highlight of the Month

Renal Service – Central Line Associated Blood Stream Infections (CLABSI) Project

To provide haemodialysis to a patient with renal failure, the patient needs to have some form of “vascular access”. This is a place where a needle can be inserted or tubing connected to allow the patient’s blood to be withdrawn into the dialysis machine so the machine can filter blood in a manner comparable to the role normally played by the kidneys.

There are a number of means of ensuring vascular access. The best option is an arterio-venous (AV) fistula, which is made by surgically connecting up an artery and vein in the patient’s arm. These last the longest and have the lowest rate of complications, but take some time to “mature” as the vein adjusts to the greater blood flow. Alternatively, a graft can be used, which is similar in concept but made by using a piece of soft tube to join an artery and vein in the patient’s arm, or a catheter can be used, which is a tube that is placed in a large vein, and accessed near the patient’s neck. Catheter access for haemodialysis is often needed in emergency situations, or while waiting for grafts and fistulas to mature and heal.

The frequent and repeated connections to the access point required for dialysis create a risk of infection if meticulous sterile technique is not used. Infections are the third leading cause of death in dialysis populations. Infection risk is greatest with central lines. We aim to reduce the infective risk by using fistulas as much as possible and by aiming for excellent technique whenever we use vascular access.

The Waitematā DHB renal service routinely monitors the number and rate of central line associated bloodstream infections with the aim of achieving less than one infection per 1,000 central line days. In July 2019, it was noted that in the prior six months, there had been 16 haemodialysis central line associated bloodstream infections (a rate of 1.06 per 1,000 line days). This was an increase compared to a total of 10 in 2018 (0.305 per 1,000 line days).

In response, a working group was formed with the aim of reducing the rate of haemodialysis central line associated bloodstream infections to less than one per 1,000 line days. Through this working group several new processes and resources were developed to address the multi-factorial causes of line infection.

- The process for managing lines when connecting patients to the dialysis circuit has been reviewed and updated and included a move away from bottled Chlorhexidine to swab prep pads and swab sticks.
- New educational materials were developed to support the introduction of the revised policy.
- Processes for monitoring CLABSI are being updated to be automated to improve data collection and allow real time response to increases in infection.
- Updated Patient Information Leaflets were developed in conjunction with patients in the North Shore Dialysis Unit. This included a complete revision in the presentation and style of the information which has been well received by patients.
- Development of a patient education video about vascular access infections and the need to keep access areas safe to get the best treatment possible – all under the new programme branding of the life-ring '***Protect Your Dialysis Lifeline.***

These measures have been successful with the rate of infection dropping, and remaining, below one infection per 1,000 central line days since January 2020.

We are proud of the gains the renal team has achieved in this area and believe that the skills and knowledge gained through this process can be applied to other areas within the renal service. The involvement of patients in the process was also pleasing to see and our service aims for all future resources and policies to be developed with direct feedback from our patients.

Scorecard – Specialty Medicine and Health of Older People Services

Waitematā DHB Monthly Performance Scorecard

Specialty Medicine and Health of Older People
June 2020
2019/20

Best Care

Patient Experience	Actual	Target	Trend
Complaint Average Response Time	5 days	≤14 days	
Net Promoter Score FFT	86	65	
Improving Outcomes			
b. Patients admitted to stroke unit	*64%*	*80%*	
b. Acute Stroke to rehab w/in 7 days	*20%*	*80%*	
a. InterRAI assessments - LTHSS clients	*99%*	*95%*	
Better help for smokers to quit - hospitalised	100%	95%	
Quality & Safety			
Older patients assessed for falling risk	100%	90%	
Rate of falls with major harm	0.03	≤2	
Good hand hygiene practice	96%	80%	
Pressure injuries grade 3&4	0	0	
HR/Staff Experience			
Sick leave rate	3.2%	≤3.4%	
Turnover rate - external	11%	≤14%	
Vacancies - %	5%	≤8%	

Service Delivery

Waiting Times	Actual	Target	Trend
Urgent diagnostic colonoscopy w/in 14 days	100%	90%	
Diagnostic colonoscopy w/in 42 days	37%	70%	
Surveillance colonoscopy w/in 84 days	43%	70%	
Patient Flow			
Outpatient DNA rate	10%	≤10%	
Patients with EDS on discharge	90%	85%	

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue	8,865 k	8,733 k	
Expense	103,020 k	101,927 k	
Net Surplus/Deficit	-94,155 k	-93,194 k	
Contracts (YTD)			
Elective WIES Volumes	453	469	
Acute WIES Volumes	2,409	2,420	

How to read

Performance indicators:
- Achieved/ On track
- Not Achieved but progress made
- Substantially Achieved but off target
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Quarterly Dec 19 latest data
b. May 2020 - coding dependent

A question?

Contact:
Victoria Child - Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz
Planning, Funding and Health Outcomes, Waitematā DHB

Scorecard Variance Report

Best Care

Patients admitted to Stroke unit *– 64% against a target of 80%*

In May, 39 out of 60 patients (64%) who were identified as having had an acute stroke were admitted to our Stroke wards. A clinical review of the 21 patients not admitted to a stroke ward has been completed. Four patients were not admitted to the stroke ward at Waitakere Hospital as the dedicated ward was closed for a period of time as part of our DHBs response to COVID-19. At North Shore Hospital, three patients required end of life care and remained on non-stroke wards, three were appropriately managed on surgical wards, two were discharged before they could be transferred to our stroke wards and one patient had a complex medical admission and decision was made to not move the patient to a stroke ward following a discussion with the family.

Acute Stroke to rehab with-in seven days *– 20% against a target of 80%*

In May, two out of ten patients (20%) identified as having had an acute stroke were transferred to a rehabilitation ward within seven days. A clinical review of the eight patients not transferred within seven days has been completed. Six patients were deemed too unwell to transfer, with one experiencing a further event during their admission; one was delayed due a delayed diagnosis and transfer of care during their admission and one was delayed due to a lack of available rehabilitation bed.

Service Delivery

Diagnostic colonoscopy within 42 days *– 37% against a target of 70%*

The endoscopy service did not achieve the MOH target for Normal Diagnostic Colonoscopy (70% patients seen within 42 days) and Surveillance colonoscopy (70% within 84 days) in June 2020. All planned internal activity has now fully resumed. Outsourced contractors have also committed to completing the volumes agreed for 2019/20 and arrangement have been made to maintain service July through to September to allow new contracts to be agreed. A provisional recovery plan has been prepared outlining the activity required to facilitate a return to compliance against the national indicators by July 2021.

Surveillance colonoscopy with-in 84 days *– 43% against a target of 70%*

As per above

Compliance with patient safety checks in Adult Mental Health Ward

Eight clinical notes were randomly audited throughout from 1-30 June. The need for safety checks was correctly documented in all cases and all current risk assessments were up to date.

Waitematā DHB Priorities Variance Report

Deliverable/Action	On Track
Patients admitted to Stroke unit target 80%	✖
Acute Stroke to rehab with-in 7 days target of 80%	✖
Diagnostic colonoscopy with-in 42 days target of 70%	✖
Surveillance colonoscopy with-in 84 days	✖
Compliance with patient safety checks in Adult Mental Health Ward	✓

Areas off track for month and remedial plans
Stroke: the stroke ward at Waitakere was closed early May in response to COVID-19. At North Shore, the rehabilitation wards were also closed in response to COVID-19 (with Ward 14 re-opened to 15 beds late May and later increased to 24 in response to increased demand. Ward 15 remained closed throughout May). Rehabilitation continued on the acute and surgical wards for most of May and resumed in the rehabilitation wards in June. During this period we significantly increased our capacity to provide supported ward and home based rehabilitation. **Colonoscopy:** All planned internal activity has resumed and outsourced contractors have committed to

completing the volumes agreed for 2019/20. Arrangement has been made to maintain service July through to September to allow new contracts to be agreed. A provisional recovery plan has been prepared outlining the activity required to facilitate a return to compliance against the national indicators by July 2021.

Financial Results – Specialty Medicine and Health of Older People

Waitematā DHB Statement of Financial Performance

Specialty Medicine and HOPS - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	428	668	(240)	7,798	7,999	(201)	7,999
Other Income	128	62	66	1,066	734	332	734
Total Revenue	556	730	(174)	8,865	8,733	131	8,733
EXPENDITURE							
Personnel							
Medical	1,917	1,851	(66)	23,900	23,228	(673)	23,228
Nursing	2,333	2,631	298	31,499	32,625	1,126	32,625
Allied Health	1,855	1,750	(106)	22,472	21,814	(658)	21,814
Support	0	0	0	0	0	0	0
Management / Administration	341	345	4	4,473	4,370	(103)	4,370
Outsourced Personnel	54	48	(6)	931	582	(349)	582
	6,501	6,625	124	83,275	82,618	(657)	82,618
Other Expenditure							
Outsourced Services	630	474	(156)	4,305	5,398	1,093	5,398
Clinical Supplies	874	959	85	12,650	11,478	(1,172)	11,478
Infrastructure & Non-Clinical Supplies	257	192	(65)	2,790	2,433	(357)	2,433
	1,760	1,624	(136)	19,745	19,309	(435)	19,309
Total Expenditure	8,261	8,249	(12)	103,020	101,927	(1,092)	101,927
Cost Net of Other Revenue	**(7,705)**	**(7,519)**	**(186)**	**(94,155)**	**(93,194)**	**(961)**	**(93,194)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Specialty Medicine and Health of Older People Division was $186k unfavourable for June and $961k unfavourable for the YTD.

Revenue ($174k unfavourable for June, $131k favourable YTD)

The unfavourable variance for June was due to low numbers of bed nights qualifying for reimbursement from ACC under the Non-Acute Rehab contract as Ward 15 had beds closed from low occupancy post COVID-19. This was also the case during Level 4 for April and May across Wards 14 and 15. The overall favourable variance YTD was mainly due to higher volumes of bed nights, being particularly high in July-September, and January at over 1,000 bed nights per month, but due to COVID-19 ended up $1m below prior COVID-19 full year forecasts.

Expenditure ($12k unfavourable for June, $1,092k unfavourable YTD)

The June variance was on budget. The YTD unfavourable variance was due mainly to high demand for mobility aids and Mental Health Services for Older Adults respite, over allocation of RMOs and improved retention and recruitment of allied staff. This was partly offset by a redistribution of nursing costs during April–June on Ward 14 and 15 (as reduced bed numbers due to low demand during and post COVID-19 period).

Personnel ($657k unfavourable YTD

Medical ($673k unfavourable YTD)

The YTD unfavourable variance is due to an over allocation of Registrars and House Officers, and unbudgeted doctor costs to meet Mental Health Services for Older Adults service size.

Nursing ($1,126k favourable YTD)

The YTD favourable variance is mainly due to redeployment of AT&R wards (Wards 14 and 15) nursing costs to other areas of the hospital following closure of beds due to low demand during and post the COVID-19 period. There was also a reduction in watch costs due to low occupancy and demand during this time.

Allied Health ($658k unfavourable YTD)

The YTD unfavourable variance is mainly due to improved retention and recruitment of allied, with some additional costs incurred to cover an Easter roster to help manage COVID-19 risk.

Support and Management/Administration ($103k unfavourable YTD)

The YTD unfavourable variance is partly due to low leave taken (including over the COVID-19 period) as well as some additional management costs incurred during Easter to help manage the risk of increased demand from COVID-19.

Outsourced Personnel ($349k unfavourable YTD)

Outsourced Personnel is unfavourable due to unbudgeted outsourced watches in the Mental Health Services for Older Adults ward. This is partly offset by underspend in the health care assistant budget.

Other Expenditure ($435k unfavourable YTD)

Outsourced Services ($1,093k favourable YTD)

Outsourced services are favourable YTD partly due to a lag in gastro outsourced procedures being performed both due to a late start with one supplier's contract, but also due to COVID-19 preventing these procedures from being performed during COVID-19 Alert Levels 4 and 3. Needs Assessment Service Coordination (NASC) Respite is also favourable both due to lower demand during COVID-19 as well as a one off prior year accrual release.

Clinical Supplies ($1,172k unfavourable YTD)

Clinical Supplies is unfavourable YTD due to a higher demand for mobility aids, higher demand for respite for mental health of older adult patients and higher demand for treatment disposables for the district nursing teams.

Infrastructure and Non-Clinical Supplies ($357k unfavourable YTD)

Infrastructure and non-clinical supplies is mainly unfavourable due to additional equipment repairs funded by additional research revenue, as well as smaller overspends on vehicles and staff travel.

Child, Woman and Family Services

Service Overview

This Division is responsible for the provision of maternity, obstetrics, gynaecology and paediatric medicine services for our community, for the regional Out of Home Children's Respite Service, the Auckland Regional Dental Service (ARDS), and the national Child Rehabilitation Service. Services are provided within our hospitals, including births, outpatient clinics and gynaecology surgery, and within our community, e.g. community midwifery, mobile/transportable dental clinics and the Wilson Centre.

The service is managed by Dr Meia Schmidt-Uili, Division Head and Stephanie Doe, General Manager. Head of Division Nursing is Marianne Cameron, Director of Midwifery is Emma Farmer and Head of Division Allied Health is Susan Peters. The Clinical Directors are Dr Christopher Peterson for Child Health, Dr Diana Ackerman for Women's Health and Dr Kirsten Miller (acting) for ARDS.

Highlight of the Month

Implementing a change in model of care to improve access and outcomes for women with a small for gestational age baby or hypertension in pregnancy

A review of acute antenatal assessments in March 2020 showed that almost half the women attending for an antenatal review were seen in the acute assessment area on the maternity wards, rather than through the antenatal clinic.

This number of acute admissions places significant burden on ward staff and resources. It also results in fragmented and delayed care for women, as labour and birth emergencies need to take priority.

Further analysis showed that 28% of women at North Shore and 45% of women at Waitakere were receiving care related to two conditions:

1. Small for gestational age baby (SGA)
2. Gestational hypertension.

Women with these two conditions often need multiple repeat attendances to review blood or scan results, and benefit from a more structured and planned follow-up regime.

As a result, the service reviewed the model of care in and developed a plan to transition the care of these women from the acute assessment areas to antenatal clinic. This plan required improved triage and non-contact advice to enable some women to be managed by their midwife in the community. Lead obstetricians were identified for North Shore and Waitakere hospitals to ensure consistent care planning. Clinical guidelines were reviewed and updated with clearer care pathways. A new radiology model was agreed, which linked ultrasound scans with clinic appointments to reduce duplication and minimise the number of times women needed to attend the hospital for appointments.

The revised model of care was implemented from June 2020, with all new referrals being redirected to clinics. Over the following four weeks, the follow-up appointments were also transitioned.

The model has the advantage of providing the most appropriate care in the most appropriate location. It values the woman's time by minimising the number of return visits by coordinating scan and clinic appointments. Whilst the service still requires some further refinement, it is already delivering on some of the planned benefits, such as shorter wait times and better care coordination.

Key Issues

Recruitment challenges – Child Health clinical psychology

The Child Health clinical psychologist works with children and families that require psychological support for health and/or disability related needs. The service currently has a 1.00FTE position allocated and 0.60FTE of the role has been vacant for the last two years.

There has been on-going recruitment drives throughout this period with no success. This has resulted in a growing wait list. There is also concern that the long-term vacancy has resulted in clinicians not referring to the service, therefore it is likely there is unmet need.

The service has been working in collaboration with psychologists in Marinoto (Child and Adolescent Mental Health Services) and with non-government organisations to support family's access to psychological support and therapy. A review of the model of care is also underway to ensure that the service is being provided to the families/whānau with the greatest need. In addition, the Child Health social worker role has been extended to support families/whānau with less complex psychological needs.

Exploring the feasibility of introducing an outpatient hysteroscopy service

Hysteroscopy is a diagnostic procedure that enables a clinician to visualise the uterine cavity and take endometrial biopsies. It is the 'gold standard' procedure for the diagnosis and treatment of intrauterine abnormalities causing abnormal uterine bleeding.

The Gynaecology service currently provides approximately 400 hysteroscopies per year. These are all delivered in theatre, under general anaesthetic. However, globally gynaecological health care has shifted to innovative approaches utilising minimally invasive techniques delivered in procedure clinics, without the need for general anaesthesia.

There is overwhelming evidence supporting minimally invasive procedures, including – improved patient satisfaction, reduced clinical risk and decreased economic burden to patients and health care providers. In addition, outcomes are equitable with approaches that are more traditional.

Given this, the service is currently exploring the feasibility, and resourcing required, of introducing an outpatient hysteroscopy service for women at Waitematā DHB.

It is anticipated that the introduction of an outpatient hysteroscopy service will create efficiencies – for example, the average length of stay for the current model of care is three hours, whereas the outpatient procedure takes 30 minutes to complete. It will also enable the reallocation of theatre time for caring for women who need to have procedures completed under general anaesthetic. Furthermore, it will provide a framework for transitioning other gynaecological procedures to minimally invasive approaches.

Scorecard – Child, Women and Family Services

Waitematā DHB Monthly Performance Scorecard

Child Women and Family Services and Elective Surgery Centre

June 2020

2019/20

Priority Health Outcomes

	Actual	Target	Trend
Shorter Waits in ED	97%	95%	

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	6 days	≤14 days	
Net Promoter Score FFT	80	65	
Improving Outcomes			
Exclusive breastfeeding on discharge	75%	75%	
Women smokefree at delivery	94%	95%	
Better help for smokers to quit - hospitalised	98%	95%	
a. Oral health - % infants enrolled by 1 year	94%	95%	
a. Oral health - exam arrears 0-12 yr	54%	≤10%	
Quality and Safety			
Good hand hygiene practice	88%	80%	
HR/Staff Experience			
Sick leave rate	3.6%	≤3.4%	
Turnover rate - external	11%	≤14%	
Vacancies - %	5%	≤8%	

Service Delivery

	Actual	Target	Trend
Elective Volumes			
CWF Services	105%	100%	
Waiting Times			
Gateway referrals waiting over 8 weeks	10	5	
Patient Flow			
Outpatient DNA rate	11%	≤10%	
Theatre utilisation Gynaecology	88%	85%	
Patients with EDS on discharge	94%	85%	
a. Oral Health - chair utilisation	5.3	11	

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue	8,732 k	9,516 k	
Expense	98,026 k	98,180 k	
Net Surplus/Deficit	-89,295 k	-88,664 k	
Contracts (YTD)			
Gynaecology Elective WIES (excl ESC)	1,030	970	
Gynaecology Acute WIES	1,430	1,418	
Maternity WIES	7,746	7,699	
Paediatrics WIES	1,495	1,834	
Neonatal WIES	2,225	2,414	

How to read

Performance indicators:

- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Oral health data - Total WDHB, ADHB and CMDHB, DHB of service. 2019 updated census (2013) population projections from Jan 20 onwards significantly reduce population to be enrolled, resulting in increased enrolment coverage compared with 2019.

A question?

Contact:

Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**

Planning, Funding and Health Outcomes, Waitematā DHB

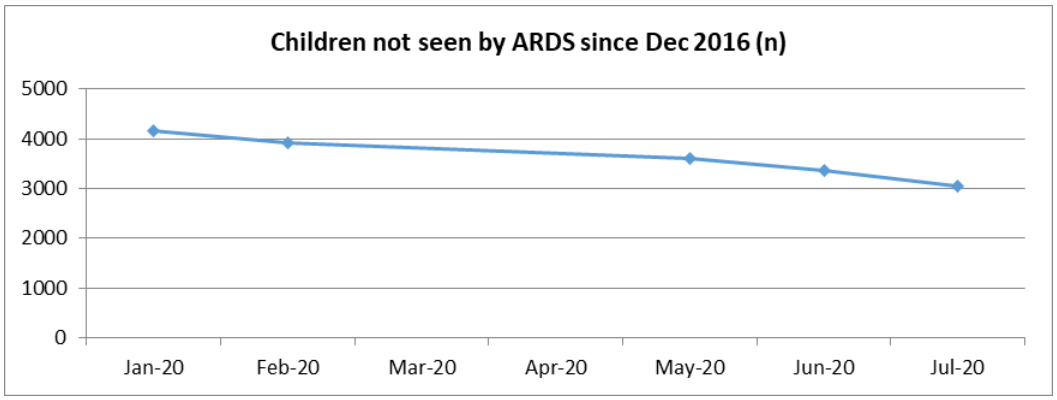
Scorecard Variance Report

Best Care

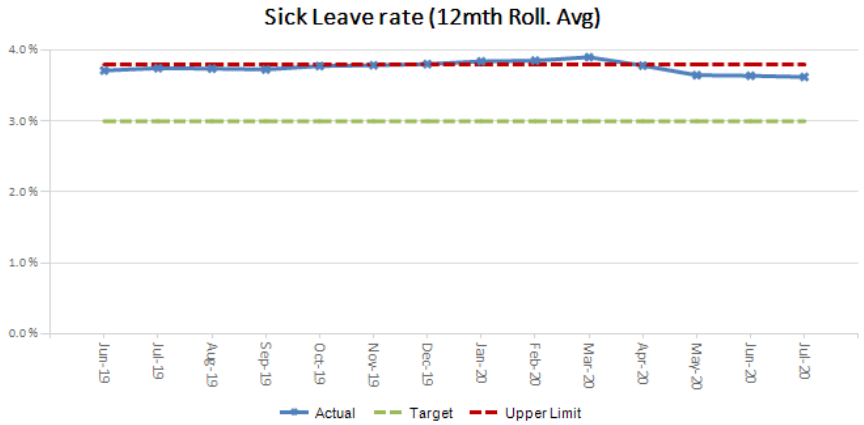
Oral health – exam arrears 0-12yrs *– 54% against a target of ≤10%*

Arrears continue to be off track. The Dental Council of New Zealand (DCNZ) requirements to undertake pre-screening of all children prior to attending an appointment is continuing to create barriers to accessing oral health services. The process of contacting all parents/caregivers prior to seeing a child in clinic is proving to be resource intensive and staff are experiencing challenges in making contact with families/whānau. These concerns and the impact of the screening requirements have been raised with the DCNZ.

However, the service has made good progress with providing care for children who have not been seen for the longest. The improvement made is detailed in the graph below:



Sick leave rate *– 3.6% against a target of ≤3.4%*
Although sick leave remains above target, there has been continuous improvement across the Division over the last three months.



Service Delivery
Gateway referrals waiting over 8 weeks *– 10 against a target of 5*
There has been an increase in the number of children waiting longer than the recommended eight weeks for a Gateway Assessment. This is because Gateway clinics were not held over the COVID-19 lockdown period. Additional clinics have been provided during June to support a reduction in the waitlist.

Outpatient DNA rate – *11% against a target of ≤10%*
There was an increase in non-attendances at Paediatric outpatient clinics during June. Further investigation indicated this was due a delay in the postal delivery of appointment letters and text reminders. These issues have been resolved.

Oral health – chair utilisation *– 5.3 against a target of 11*
Whilst chair utilisation remains below target, there has been a significant improvement from the previous month. There has been further improvement during July 2020, but it anticipated that the revised DCNZ pre-screening requirements would continue to have an adverse impact on productivity over the coming months.

Value for Money
Paediatric WIES *– 1,495 against a target of 1,834*
The paediatric admission volumes have been significantly lower than expected for the month of June. There has been 45% less admissions compared to June 2019.

***Neonatal WIES** – 2,225 against a target of 2,414*
The volumes of admissions to SCBU have remained constant but there has been a decrease in acuity, which has impacted on the WIES received.

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Review the regional midwifery workforce plan	Jun 2020	✓
Support new graduates by providing dedicated clinical coach support in the first year of practice	Jun 2020	×
Implement recently revised maternity model of care, including: • additional staffing • best quality learning experiences to undergraduate students • Quality Leadership Programme for all core midwives	Jun 2020	×
Implement the regionally agreed Midwifery Workforce Plan, which includes: • flexible (24/7) student placements • joint appointment of clinical coaching roles to support undergraduate and newly qualified midwives (with AUT) • focus on study pathways and continue investment to support Māori and Pacific students (EOA)	Jun 2020	×
Continue to ensure that all midwives operate to their competencies and to a full scope of practice (this is business as usual)	On-going	✓

Areas off track for month and remedial plans
Work is underway to include the funding in the next financial year for the clinical coach, this will support the new graduate midwives and ensure a robust workforce succession plan.

Financial Results - Child, Women and Family Services

Waitematā DHB Statement of Financial Performance

Child Women and Family - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	797	800	(2)	7,849	8,459	(611)	8,459
Other Income	59	109	(50)	883	1,057	(174)	1,057
Total Revenue	857	908	(52)	8,732	9,516	(784)	9,516
EXPENDITURE							
Personnel							
Medical	1,695	1,605	(90)	20,712	20,364	(348)	20,364
Nursing	2,540	2,531	(9)	32,167	31,310	(857)	31,310
Allied Health	2,022	2,298	276	26,136	28,808	2,672	28,808
Support	22	26	3	285	310	25	310
Management / Administration	418	432	14	5,138	5,026	(112)	5,026
Outsourced Personnel	223	107	(116)	2,136	1,306	(830)	1,306
	6,921	6,999	78	86,574	87,123	550	87,123
Other Expenditure							
Outsourced Services	57	45	(12)	614	547	(67)	547
Clinical Supplies	316	499	184	5,865	6,138	273	6,138
Infrastructure & Non-Clinical Supplies	352	356	4	4,974	4,372	(602)	4,372
	725	900	175	11,453	11,057	(396)	11,057
Total Expenditure	7,645	7,899	254	98,026	98,180	154	98,180
Cost Net of Other Revenue	**(6,789)**	**(6,991)**	**202**	**(89,295)**	**(88,664)**	**(631)**	**(88,664)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for CWF was $202k favourable for June and $631k unfavourable for the YTD.

Revenue ($52k unfavourable for June, $784k unfavourable YTD)

The YTD unfavourable position reflects reduced Child Respite and Colposcopy activity – including a one off $76k adjustment relating to 2018/19, a delay in the commencement of the ARDS Free Oral Health Service for Pregnant Women in Tamaki service level agreement and a ceased ARDS pre-school contract. In addition to this, there are a number of Child Health service level agreements being rolled over to 2020/21 due to COVID-19 related delays. This has impacted revenue budgets for 2019/20.

Expenditure ($254k favourable for June, $154k favourable YTD)

The favourable variance for June was influenced by ongoing impacts of COVID-19, predominately on ARDS. The YTD unfavourable position was driven by high demand for maternity and neonatal inpatient services, partially offset by reduced paediatric inpatient demand and community nursing under spends, increased spending to ensure safe medical roster coverage, ARDS clinical equipment maintenance, processing of aged invoices and staff claims, high dental supplies pre-COVID, patient laundry and food expenses. The majority of these costs are being offset by dental service vacancies.

Personnel ($550k favourable YTD)

Medical ($348k unfavourable YTD)

The unfavourable variance is predominately Obstetrics and Gynaecology acute and elective demand. The service has had to adopt a safe staffing roster to ensure that it is able to function appropriately whilst supporting a junior registrar workforce. Acute activity remains at 101% of contracted WIES with electives at 106% of contracted WIES.

Nursing ($857k unfavourable YTD)
The unfavourable variance was predominately due to unbudgeted maternity caesarean section and antenatal assessment demand resulting in roster gaps covered for a period by expensive overtime. The recent new graduate midwife intake along with an incentive scheme to increase base contract FTE has provided significant benefits in reducing the high rate of overtime. Maternity acute activity remains at 102% of contracted WIES YTD. Neonatal services cost pressures are also a significant factor in this adverse YTD result. This is however being partially offset by unusually low demand for paediatric inpatient services and reduced public health nursing costs due to staff being redirected to the airport and Auckland Regional Public Health Service during the COVID-19 response.

Allied Health ($2,672k favourable YTD)
The favourable variance was primarily due to therapist and therapy assistant vacancies across ARDS. It is also inclusive of under spends associated with a delay in the start of budgeted service level agreements for Free Oral Health Service for Pregnant Women in Tamaki (ARDS) and Child Development Service Northern Region Expansion Programme. ARDS staffing levels have improved with the recruitment of therapy staff in January and remained stable through to the end of the financial year.

Support and Management/Administration ($87k unfavourable YTD)
The unfavourable variance is associated with an FTE reduction initiative particularly across ARDS from July 2019 through to February 2020.

Outsourced Personnel ($830k unfavourable YTD)
The unfavourable variance was due to medical locum and after hours cover along with external nursing costs associated with increased service demand and for vacancies where internal cover options are not available.

Other Expenditure ($396k unfavourable YTD)
Outsourced Services ($67k unfavourable YTD)
The unfavourable variance was due to prior year invoicing of Urodynamic studies activity and the outsourcing of postnatal care due to bed capacity and/or safe staffing levels within the North Shore Hospital Maternity Facility.

Clinical Supplies ($273k favourable YTD)
The favourable variance is the result of COVID-19 related ARDS dental clinic closures offsetting existing cost pressures associated with patient demand across Community Child Nursing and Neonatal services. Most notable supplies demand in items such as continence and hygiene supplies, syringe, needles and sharps products and monitoring equipment. The result is also inclusive of a one off stock credit received in June.

Infrastructure and Non-Clinical Supplies ($602k unfavourable YTD)
The unfavourable variance to date is a combination of ARDS repairs and maintenance and cleaning outsourced costs, new staff uniforms, demand driven food and groceries across both Maternity facilities, new ARDS titanium license fees and motor vehicle repairs and maintenance charges across the division. COVID-19 related dental clinic closures have also impacted spend by easing some of the above cost pressures.

Specialist Mental Health and Addiction Services

Service Overview

This service is responsible for the provision of specialist community and inpatient mental health services to Waitematā residents. This includes child, youth and family mental health services, adult mental health services including two acute adult in-patient units, community alcohol, drug and other addiction services across the Auckland metro region, Whītiki Maurea providing mental health services to Waitematā residents and addiction services across metro-Auckland, Pasifika Peoples mental health services and regional forensic services that deliver services to the five prisons across the northern region as well as eight in-patient villas and a regional medium secure Intellectual Disability unit including an intellectual disability offenders liaison service. Mental Health and Addiction services have around 9000 active tāngata whai i te ora in our care at any point in time. Less than 1% of these would be in an inpatient unit. This means 99% of the tāngata whai i te ora in our care are living in the Community.

The group is led by Derek Wright (Director Mental Health and Addictions Lead), Dr Murray Patton (Clinical Director) and Pam Lightbown (General Manager). The Associate Director of Nursing is Alex Craig and the Clinical Directors are Dr Greg Finucane for Adult, Dr Frances Agnew for Whitiki Maurea and Takanga A Fohe, Dr Krishna Pillai for Forensics, Dr Emma Schwarcz for CADS, and Dr Mirsad Begic for Child, Youth and Family.

Highlight of the Month

Child and Youth
Awards: The Child and Youth portfolio has been very pleased to have the Waitematā DHB Mental Health Nurse of the Year awarded to one of the nurses in the Maternal Mental Health team. Joy Skelton received this award for her outstanding strengths based philosophy that encourages clients to take charge of their own recovery, as well as areas such as her strengths around the client experience and developing this.

The Child and Youth portfolio also have one of our new Occupational Therapists Morgyn Hartdegen, achieve the Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa Graduate Award. There are two awards annually, one for the overall top graduate from Auckland University of Technology and one from Otago Polytechnic. It is great to be attracting staff of such a high calibre.

Intermediate school Dialectical Behaviour Therapy (DBT)
The Child and Youth service, Marinoto North, is also about to roll out the first New Zealand Intermediate school based pilot of Dialectical Behaviour Therapy in schools. This initiative was developed in conjunction with North Shore Police and the Intermediate School Principals Association as a response to concerns raised by them following seeing increased incidents of Intermediate aged children self-harming as a result of emotional dysregulation. It is a term based approach for teachers and guidance counsellors to support and manage young people experiencing distress resulting in self-harm and dysregulated behaviours.

Previously, Dialectical Behaviour Therapy has been used with older adolescents and only recently has the approach for younger children been developed in the United States. The service has been fortunate to recruit a Clinical Psychologist with considerable expertise in Dialectical Behaviour Therapy and links to international experts to implement this work with Marinoto staff.

Key Issues

Adult High Care Occupancy

The adult inpatient occupancy is commonly over 100% and although we have some scope when staffing allows to use 'flexi beds', the problem lies in our intensive care areas which have no space to flex upwards. Running intensive care units at this occupancy is not ideal and on the occasions where we have a person, who for clinical reasons needs an extended period of stay in ICU, this is normally due to extended periods of high levels of behavioural arousal with risk toward other patients and staff. An extended stay for any one person, in effect, limits access to an environment where overall the length of stay enables 'turnover' within shorter periods of time The optimum occupancy for an acute inpatient unit is 85%, this would be similar for an intensive care unit. The demand for intensive care unit beds is growing and this typically means patients are being held in the Emergency Department, often with security present until an intensive care bed becomes available. This is an issue nationally and it will be raised with the Ministry of Health at the next General Manager/Clinical Directors meeting.

The two main issues experienced are that we have no intermediate option between intensive care unit and the 'open' ward, and that we are running at 100% occupancy in the intensive care unit space we do have. We are looking at the reasons for admission into intensive care unit, to review whether an intermediate level space is what is required, or whether in fact the solution has to be an expansion of core high care capacity.

Child and Youth

Young people presenting with Autistic Spectrum Disorder and challenging behaviours have very limited options for services. Their behaviours often mean they are not suited to Developmental Paediatrics and their cognitive and spectrum related issues mean they equally are not best served solely by mental health services. Whilst there is a willingness on the part of both of these services to work together, there is a gap for young people with spectrum disorders. Both Auckland Metro District Health Boards have Consult Liaison services for children and young people who straddle both physical health and mental health needs. However, Waitematā does not have any specified funding for this joint work. We will be exploring this with the Mental health funder.

Forensics

Recruitments of Registered Nurses within the Forensic Prison Team*.*

There is a national shortage of Registered Nurses in New Zealand. The Forensic Prison Team at Regional Forensic Psychiatry Service continues to have Registered Nurses vacancies, competing with the Department of Corrections for nurses with similar expertise, however Corrections pay more. The regional service level agreement with Department of Corrections is difficult to meet. We continue with our rolling advert as well as secondments in place. We are currently looking at the option of the Prison Nurse roles being more specialist and therefore attracting a higher salary

Scorecard – Specialist Mental Health and Addiction Services

Waitematā DHB Monthly Performance Scorecard
Specialist Mental Health and Addiction Services
June 2020
2019/20

Priority Health Outcomes

	Actual	Target	Trend
Shorter Waits in ED	70%	80%	▼

Best Care

Patient Experience	Actual	Target	Trend
Complaint Average Response Time	12 days	≤14 days	▲
Improving Outcomes			
Better help for smokers to quit	99%	95%	--
Seclusion use Forensics - Episodes	41	≤14	▲
Seclusion use Adult - Episodes	4	≤5	▲
Adult Inpatient Unit AWOL (clients)	0	≤1	▲
Forensic Unit AWOL (clients)	0	≤1	--
High Care Area/ICU 15 min observations	100%	95%	--
a. MH Access Rates 0-19 years (Total)	*3.81%*	*3.49%*	--
a. MH Access Rates 0-19 years (Māori)	*5.20%*	*4.70%*	--
a. MH Access Rates 20-64 years (Total)	*3.78%*	*3.43%*	--
a. MH Access Rates 20-64 years (Māori)	*9.46%*	*7.80%*	--
HR/Staff Experience			
Sick leave rate	3.5%	≤3.4%	--
Turnover rate - external	10%	≤14%	--
Vacancies - %	6%	≤8%	--

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue	16,329 k	14,572 k	▲
Expense	151,328 k	148,997 k	▼
Net Surplus/Deficit	-134,999 k	-134,425 k	▼

Service Delivery

Waiting Times (latest available)	Actual	Target	Trend
a. Adult (20-64) <3 weeks	*82%*	*80%*	▲
a. CADS (0-19) <3 weeks	*86%*	*80%*	▼
a. CADS (20-64) <3 weeks	*95%*	*80%*	▼
CYF <3 weeks	100%	95%	--
a. Forensic (20-64) <3 weeks	*83%*	*90%*	▼
Prison inpatient waiting list	1	0	▲
b. Patient Flow			
Bed Occupancy - Adult Acute	89%	80-90%	--
Bed Occupancy - CADS Detox	27%	80-90%	▼
Bed Occupancy - Forensics Acute&Rehab	100%	80-90%	--
Bed Occupancy - ID	81%	80-90%	--
Community Care			
Preadmission community care - adult	81%	75%	▲
Post discharge community care - adult	84%	90%	▼
Clinical contact directly with consumer - adult	86%	80%	▲
Clinical contact directly with consumer- CADS	88%	80%	▲
Clinical contact directly with consumer - CYF	90%	80%	▲
Clinical contact directly with consumer - Forensic	89%	80%	▲
Whanau contacts per service user - adults	65%	70%	▲
Whanau contacts per service user - child	98%	80%	▲
Whanau contacts per service user - youth	100%	80%	--

How to read

Performance indicators:
- Achieved/ On track
- Not Achieved but progress made
- Substantially Achieved but off target
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Reported approx 3 months in arrears (Apr data).
b. Rolling 3 month indicator

A question?

Contact:
Victora Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitematā DHB

Priority Health Outcome Areas

Shorter waits in ED – 70% against a target of 80%

The data shows ED breeches over this period which reflect high acuity overall. We continue working with hospital operations and the Emergency Department staff to look at a way forward, this includes a future proof the model of care as well as a more sustainable approach to urgent care centres. Due to an increase in demand across the service since lockdown has ceased, we have implemented more regular reviews to assist with service flow, some examples of what we have done are as below;

- Twice daily bed meetings which assess the entire service capacity which includes cultural services
- Reassessment of tāngata whai i te ora in the inpatient units to identify and plan discharges and respite options
- Attend ED at 830 to reassess tāngata whai i te ora that have been waiting for beds
- Review of respite beds availability daily

Best Care

Seclusion use Forensics – 41 against a target of ≤14

There were 14 tāngata whai i te ora who presented with psychiatric and/or behavioural acuity in the month. The episodes were spread across the Service with distinct tāngata whai i te ora in five units across Mason clinic.

Service Delivery

Waiting Times (latest available)

Forensic (20-64) <3 weeks – 83% against a target of 90%

This metric has been adversely affected by the COVID-19 emergency. During the emergency, our ability to enter the prisons to conduct routine psychiatric in-reach work was constrained by the Department of Corrections. During this time the Forensic Prison Team continued to receive referrals. Those referrals that were triaged as non-urgent were deferred until constraints around entrance to prisons had relaxed. The Forensic Prison Team has now caught up with all deferred referrals so a change in trend is expected.

Prison inpatient waiting list – 1 against a target of 0

Prisoner in Auckland Prison - 64 days on the waitlist was actually sub–acute and required reinstatement on medication. Bed occupancy has exceeded capacity due to very high demand from Courts and Prisons and difficulty with finding safe and sustainable places to discharge those with enduring psychiatric and cognitive disability. The Service cannot directly influence the demand from Courts and Prisons but maintains good working relationship with both those stakeholders and are always working to find better ways of meeting mental health needs of those in custody.

Patient Flow

Bed Occupancy – CADS Detox – 27% against a target of 80-90%

The Inpatient Unit remained closed at Level 3 as we have one nursing station and medication room so could not meet the requirements for Infection Control purposes. We opened at reduced capacity at Level 2 to ensure we could isolate if needed and fully opened at Level 1. We are now back to capacity.

Bed Occupancy – Forensics Acute & Rehab – 100% against a target of 80-90%

Bed occupancy has exceeded capacity due to very high demand from Courts and Prisons and difficulty with finding safe and sustainable places to discharge those with enduring psychiatric and cognitive disability.

The Service continues to have supernumerary Intellectual Disability contracted beds. This is on the Risk Register and a dialogue has begun with the Ministry of Health in relation to the purchase of additional substantive Intellectual Disability beds.

The Service anticipates improved capacity for discharge with re-opening of Kaupapa Māori step down beds being provided by Kahui Te Kaha in August 2020. This should relieve some of the inpatient pressures and occupancy rates will fall.

Community Care

Post discharge community care – Adult – 84% against a target of 90%

Discrepancies occur at times when transfer of care to another out of area service occurs and has not been closed to admitting service. We continue to have reports daily that the clinical coordinators in each service follow up.

Whanau contacts per service user- adults – 65% against a target of 70%

We continue to train staff in Family Inclusive Practice and inform on how to record data correctly to ensure we capture the information effectively. This is also reflected on when caseload supervision is completed in the community teams by the clinical coordinator.

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Inquiry into mental health and addiction Working in partnership with all stakeholders to build an integrated approach to mental health, addiction and wellbeing in response to He Ara Oranga		
Embedding a wellbeing focus Collaborate with schools to expand access to programmes led by Child Youth and Family Mental Health services on school sites, including those with high Māori and Pacific populations (EOA); expand the programme to two further schools	Jun 2020	✓
Building the continuum/increasing access and choice Increase access to Pacific children and youth by receiving referrals from NGOs, existing services, and Pacific parents who are clients of mental health and addictions services, consistent with the Takanga A Fohe service delivering a family-inclusive service; evaluate outcomes, including youth and family feedback	Dec 2019	✓
Review current primary care liaison programmes with a view to expanding effective programmes	Dec 2019	✓
Crisis Response Improve the consistency of crisis team responses and grow staff capability in standardised assessment tools and evidence-based brief interventions across all population groups	Jun 2020	✓
Workforce Develop a centralised workforce capability database to track staff training initiatives progress, including cultural competency training for working with Māori and Asian patients (EOA)	Dec 2019	✓
Forensics Provide a summary of existing workforce development plans or programmes within Waitematā DHB and work to expand the volume and capability of the forensic specialist staff group	Summary by Sep 2019; expansion by Dec 2019	Awaiting guidance from MOH re Wellbeing budget
Confirm the establishment of any new roles allocated to Waitematā DHB during 2019/20, including risks identified, mitigated, and any impact on other essential services	Jun 2020	Awaiting guidance from MOH re Wellbeing budget
Contribute as appropriate to the MOH Forensic Framework project to identify an agreed Forensic model of care, including provision of Kaupapa Māori services (EOA)	Ongoing	✓
Population mental health Actions to improve population mental health and addiction, particularly in our priority populations		
Implement phase II of Supporting Parents Healthy Children	Dec 2019	✓
With Equally Well sector partners, determine and plan an appropriate response to Māori and Pacific with enduring co-morbid health issues (EOA)	Dec 2019	✓
Continue to reduce Māori compulsory treatment order rates (EOA)	Ongoing	✓
Mental health and addictions improvement activities Actions to support an independent and high quality of life in our population		
Participate in the HQSC project to improve service transitions to primary care by ensuring transition plans/discharge letters contain a follow-up plan (with a copy to the person concerned); this activity is supported across all	Nov 2019	✓ In progress – timeframe

DHB activity	Milestone	On Track
services, including kaupapa Māori and Pacific mental health and addiction services (EOA)		extended by HQSC
Minimise restrictive care through engagement in HQSC Zero Seclusion project activities, with a focus on the regional forensic services, which has a high prevalence of Māori patients (EOA)	Sep 2019	✓ In progress – timeframe extended by HQSC
Participate in the HQSC project to reduce the occurrence of serious adverse events through ensuring learnings are introduced into clinical practice in a responsive manner, including Māori and Pacific representation in the adverse event investigation and recommendation process (EOA)	Dec 2019	✓ In progress – timeframe extended by HQSC
Participate in the HQSC project to improve physical health	Jun 2020	Deferred by HQSC
Addiction Actions to support an independent and high quality of life in people with addiction issues, particularly priority groups		
Increase access to Māori kaupapa addiction services for Māori who are in community probation services (EOA)	Jun 2020	✓
Improve access for Pacific youth with substance use issues; establish a consult-liaison relationship with 5 schools across Auckland with high proportions of Pacific students (EOA)	Jun 2020	✓
Identify an appropriate outcome measure for Maternal Mental Health specialist services, ensuring cultural acceptability to Māori and Pacific (EOA)	Jun 2020	✓

Financial Results – Specialist Mental Health and Addictions Services

Waitematā DHB Statement of Financial Performance

Specialist Mental Health and Addiction - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	1,093	950	144	13,207	12,054	1,153	12,054
Other Income	384	220	164	3,122	2,518	603	2,518
Total Revenue	1,477	1,170	308	16,329	14,572	1,757	14,572
EXPENDITURE							
Personnel							
Medical	2,396	2,506	109	28,786	31,604	2,818	31,604
Nursing	5,557	5,170	(386)	67,504	65,129	(2,375)	65,129
Allied Health	2,808	2,591	(217)	33,724	33,110	(614)	33,110
Support	134	130	(4)	1,731	1,593	(138)	1,593
Management / Administration	549	520	(30)	6,804	6,561	(244)	6,561
Outsourced Personnel	402	160	(242)	3,581	2,167	(1,414)	2,167
	11,846	11,076	(770)	142,130	140,163	(1,967)	140,163
Other Expenditure							
Outsourced Services	8	12	4	128	149	21	149
Clinical Supplies	168	103	(65)	1,086	1,260	173	1,260
Infrastructure & Non-Clinical Supplies	639	609	(31)	7,983	7,426	(557)	7,426
	816	724	(92)	9,198	8,835	(363)	8,835
Total Expenditure	12,662	11,800	(861)	151,328	148,997	(2,330)	148,997
Cost Net of Other Revenue	**(11,184)**	**(10,631)**	**(554)**	**(134,999)**	**(134,425)**	**(574)**	**(134,425)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for SMHA was $554k unfavourable for June and $574k unfavourable for the full year.

Revenue ($308k favourable for June, $1,757k favourable YTD)

The favourable variance for June was due to a combination of additional revenue for service users with high care needs (intellectual disability) in the Pohutakawa ward of the Mason Clinic. The MOH provides additional funding in recognition that the level of care needed far exceeds what is provided in our base level funding. Revenue for court reporting continued to be higher than budgeted volumes due to high levels of activity (which is not expected to continue as this related to catch up from COVID-19 lockdown).

Expenditure ($861k unfavourable for June, $2,330k unfavourable YTD)

The unfavourable variance for June was mainly due to COVID-19 additional nursing and allied health costs, offset by medical positions not yet recruited into. Overtime remains an issue though further driven in June by backfill for COVID-19 absences, acuity and vacancies. The unfavourable YTD in Non-Clinical supplies is mainly due to independent consultant reports following major adverse incidents and cover for Divisional Lead, with additional repairs and maintenance.

Personnel ($770k unfavourable for June and $1,967k unfavourable YTD)

Medical ($2,818k favourable YTD)

The favourable variance was due to vacancies, 12.7FTE in June and an average of 13.6 FTE YTD.

Nursing ($2,375k unfavourable YTD)

The unfavourable variance was due to 67FTE nursing vacancies in June and an average of 87FTE YTD, offset by substantial overtime and the use of Healthcare Assistants, to support gaps in Registered Nursing positions.

Allied Health ($614k unfavourable YTD)
The unfavourable variance was due to COVID-19 stand downs, backfill requirements and the increased need to support nursing vacancies where possible. During the year we have seen overtime costs to service out of hours group therapy sessions.

Other Expenditure ($92k favourable for June, $363k unfavourable YTD)

Outsourced Services ($21k favourable YTD)
The favourable variance was due to the reduced use of contract staff to cover non-medical vacancies. This is offset by staff overtime in personnel costs.

Clinical Supplies ($173k favourable YTD)
This was favourable due to underspend in the Flexifund worth $311k but is offset by increased PPE and other COVID-19 supplies.

Infrastructure and Non-Clinical Supplies ($527k unfavourable YTD)
The unfavourable variance was mainly due to Consultant resource to support the 5 independent IPU reviews ($168k) additional COVID-19 cleaning and food ($195k), facility charges and outsourced maintenance ($290k).

Surgical and Ambulatory Services/Elective Surgical Centre

Service Overview

The Surgical and Ambulatory Services provide elective and acute surgery to our community encompassing surgical specialties such as general surgery, orthopaedics, otorhinolaryngology and urology, and includes outpatient, audiology, clinics, operating theatres and pre and post-operative wards and ICU. The service is managed by Dr Richard Harman (Acting Chief of Surgery), Karen Hellesoe (Acting General Manager) and Kate Gilmour (Associate Director of Nursing).

The Elective Surgery Centre provides elective surgical services to our community, led by Dr Bill Farrington (Clinical Director) and Janine Wells (ESC Operations Manager).

Highlight of the Month

Promotional and educational videos were made showcasing the work of Central Sterile Services Department, (CSSD) which have been aired on the Waitematā DHB Facebook page. Staff within the department are proud of what was achieved and pleased with the way the important yet often unseen work of their department has been portrayed. Additionally, a number of applicants for recent positions within the department reported that they had seen the videos and that these had contributed to their decision to apply.

Key Issues

- Elective production for the month of June remained at 85%, on the back of COVID-19. Planning during the month has focused on ensuring we can achieve a minimum of 100% from 1 July. WIES was also below target for the same reasons.
- ESPI 2 and 5 continue to be non-compliant. Detailed service improvement plans were submitted to the Ministry of Health at the end of June.

Scorecard - Surgical and Ambulatory and Elective Surgical Centre

Waitematā DHB Monthly Performance Scorecard

Surgical and Ambulatory Service / Elective Surgery Centre

June 2020

2019/20

Priority Health Outcomes

	Actual	Target	Trend
Shorter Waits in ED	95%	95%	--

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	14 days	≤14 days	▲
b. Complaint Average Response Time - ESC	*7 days*	*≤14 days*	
Net Promoter Score FFT - S&A	90	65	▼
Improving Outcomes			
Better help for smokers to quit - hospitalised	99%	95%	--
a. #NOF patients to theatre w/in 48 hrs	89%	85%	▼
Skin Abscess - median LOS hrs	32	≤24	▼
Laproscopic Cholecystectomy - median LOS hrs	99	≤48	▼
Laparoscopic Appendicectomy - median LOS hrs	52	≤36	▼
Quality & Safety			
Older patients assessed for falling risk	100%	90%	--
Occasions insertion bundle used	100%	95%	--
Good hand hygiene practice	88%	80%	▼
ICU - rate of CLAB per 1000 line days	0.6	≤1	--
HR/Staff Experience			
Sick leave rate	3.2%	≤3.4%	--
Sick leave rate - ESC	4.0%	≤3.4%	▲
Turnover rate - external	11%	≤14%	▲
Turnover rate ESC - external	14%	≤14%	▼
Vacancies - %	4%	≤8%	▲

Service Delivery

Elective Volumes	Actual	Target	Trend
Provider Arm - Overall	85%	100%	--
Surgical and Ambulatory Services	86%	100%	▲
Elective Surgical Centre - ESC (YTD)	80%	100%	▼
Elective Surgical Centre - ESC (month)	61%	100%	▲
Patient Flow			
Outpatient DNA rate (S&A)	10%	≤10%	▼
Theatre utilisation - NSH	91%	85%	▲
Theatre utilisation - WTH	75%	85%	▼
Theatre utilisation - ESC	88%	85%	▲
Patients with EDS on discharge	92%	85%	--
Day of surgery cancellations	5.7%	6%	--

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue	10,440 k	9,874 k	▲
Expense	179,423 k	177,960 k	▼
Net Surplus/Deficit	-168,983 k	-168,086 k	▼
Contracts (YTD)			
Elective WIES Volumes - S&A	6,487	7,946	▲
Elective WIES Volumes - ESC	5,343	6,640	▼
Acute WIES Volumes - S&A	15,278	15,169	▲

How to read

Performance indicators:

- Achieved/ On track
- Not Achieved but progress made
- Substantially Achieved but off target
- Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Coding dependent, June 2020

b. Sep 17 data - no complaints since

A question?

Contact:

Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**

Planning, Funding and Health Outcomes, Waitematā DHB

Best Care

Skin Abscess Median LOS *– 32 hours against a target of ≤24*

The median length of stay for skin abscess patients increased in June compared to April and May with the main delay occurring from operating time to discharge. This indicates a greater need for criteria led discharging so this will be the service focus for July and August.

Laparoscopic Cholecystectomy Median LOS *– 99 hours against a target of ≤48*

The median length of stay for the Cholecystitis pathway rose in June compared to April and May. The data indicates that delays are occurring from booking for operating time until discharge. The April timeframe of 49 hours, was the best result since the pathway work commenced and, indicates that a key driver to a reduced length of stay is access to acute theatre time which was enhanced during COVID-19. The service have reconfigured the theatre schedule to provide for additional acute theatre time each week so will monitor the effect of this in July and August.

Laparoscopic Appendicectomy Median LOS *– 52 hours against a target of ≤36*

The median length of stay for the appendicitis pathway rose in June compared to April and May. Although seven patients had clear clinical reasons for delays and eight met the target timeframe, the data is clear that the delay is from Operating Theatre (OT) to discharge so the service will be focusing its efforts on criteria-led discharge.

Sick leave rate ESC *– 4% against a target of ≤3.4%*

The sick leave for ESC whilst higher than our target number remains stable. For the month of June it is impacted by four specific injury and illness events.

Service Delivery

Provider Arm Overall Elective Volumes *– 85% against a target of 100%*

The elective shortfall year to date has been primarily caused by the impact of COVID-19 – the reconfiguration of ESC and the reduction in elective operating lists from March - May. However, prior to COVID-19 there were cancelled Orthopaedic lists arising from theatre nursing shortages and lack of SMO backfill (July - October). The radiology strike action in 2019 also contributed to the delays in orthopaedic elective work as imaging is routinely used in orthopaedic theatres. A further contributor is the uneven rate of presentation of acutes which at times displaces elective patients. This is an on-going pressure so the current focus is on creating additional acute orthopaedic capacity after hours to protect weekday elective operating time. Elective volumes from 1 July are at or above 100%.

S&A Elective Volume *– 86% against a target of 100%*

As per Provider Arm comment.

ESC Elective Volume (YTD) *– 80% against a target of 100%*

The key impact on production in ESC was the impact of COVID as ESC was reconfigured to manage the DHB COVID response and theatres closed over late March and April.

ESC Elective Volume (month) *– 61% against a target of 100%*

As per Provider Arm comment.

Value for Money

Elective WIES Volumes – S&A *– 6487 against a target of 7946*

The key reason for the WIES under delivery has been the reduced volume delivery as outlined above.
The WIES was also impacted by the change in case mix and complexity when Fellows backfill SMO annual leave . COVID-19 had an impact from late March as elective theatres were closed and surgeries were clinically prioritised to P1 and P2 cases.

ORL WIES is below plan due to on-going SMO vacancies and difficulties securing locum cover to backfill. This is expected to improve in August with the return of an SMO from maternity leave and one additional SMO contracted to start in December.

Elective WIES Volumes – ESC *– 5343 against a target of 6640*

The elective WIES was in the main lower prior to COVID due to the inability to backfill orthopaedic and general surgery lists in October and January. In late March, the ESC was converted into a COVID-19 ready ICU and was incrementally opened for clinically prioritised patients from May. Full elective operating has resumed from July.

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Bowel Screening Actions to meet colonoscopy wait times and equitable access to bowel screening		
Provide equitable access to diagnostic procedures for Māori and Pacific people who have a positive result by: • contacting participants with a positive result for a colonoscopy pre-assessment within 15 days (EOA) • offering an appointment for colonoscopy within 45 days (EOA)	Ongoing	✓
Work with primary care to improve Māori and Pacific participation by trialling a process whereby people for whom a GP has sent a test kit request are telephoned and supported to participate (EOA)	Jun 2020	x
Implement an audit process for data correctness and completeness on the	Jun 2020	✓

Register and the endoscopy system		
Work with our patient experience team to improve engagement with our Māori and Pacific colonoscopy patients, with the aim of reducing the ethnic gap in DNA rates between ethnicities (EOA)	Jun 2020	✓
Undertake a clinical audit of our colonoscopy surveillance waitlist to identify individuals or cohorts that no longer require a procedure	Dec 2019	✓
95% of Māori and Pacific participants with a positive result: • are contacted for a colonoscopy pre-assessment within 15 days • receive a first offered appointment within 45 days 5% increase in Māori and Pacific participation where request for a test kit has come via primary care <5% error rate SS15 colonoscopy measures		

Areas off track for month and remedial plans
The data was analysed after an initial six months of telephone support work and found to have no impact on participation in this group. This activity was subsequently discontinued as the results did not justify the use of the staff resources.

Financial Results - Surgical and Ambulatory and Elective Surgical Centre Combined

Waitematā DHB Statement of Financial Performance

S&A and ESC Combined - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	973	798	175	9,501	9,107	394	9,107
Other Income	67	66	1	939	767	172	767
Total Revenue	1,040	863	176	10,440	9,874	565	9,874
EXPENDITURE							
Personnel							
Medical	4,908	4,579	(330)	59,055	57,176	(1,879)	57,176
Nursing	4,319	4,225	(94)	53,983	52,739	(1,244)	52,739
Allied Health	537	500	(37)	6,693	6,242	(451)	6,242
Support	195	214	19	2,490	2,771	280	2,771
Management / Administration	491	383	(109)	5,196	4,663	(533)	4,663
Outsourced Personnel	96	603	507	7,016	7,204	189	7,204
	10,547	10,503	(44)	134,433	130,795	(3,638)	130,795
Other Expenditure							
Outsourced Services	231	114	(117)	1,782	1,374	(407)	1,374
Clinical Supplies	3,727	3,427	(300)	39,227	41,377	2,150	41,377
Infrastructure & Non-Clinical Supplies	424	373	(51)	3,982	4,414	432	4,414
	4,382	3,914	(468)	44,990	47,165	2,175	47,165
Total Expenditure	14,929	14,417	(512)	179,423	177,960	(1,463)	177,960
Cost Net of Other Revenue	**(13,889)**	**(13,554)**	**(336)**	**(168,983)**	**(168,086)**	**(897)**	**(168,086)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for S&A and ESC was $336k unfavourable for June and $897k unfavourable for the YTD.

Revenue ($176k favourable for June $565k favourable YTD)

The favourable variance for June arose due to additional revenue from ACC and also from ADHB for Ophthalmology and the annual payment for use of the Discharge Lounge as an oncology patient location.
As well as the above, the favourable YTD variance arose from several other unbudgeted revenue streams, notably Orthopaedic ACC revenue ($273k) and research grant revenue ($146k).

Expenditure ($512k unfavourable for June, $1,463k unfavourable YTD)

The unfavourable variance for June was driven by end of year accrual activity and clinical supply inventory adjustments. Direct personnel costs in the month were $551k over budget. However, these were offset by savings in outsourced personnel costs ($507k).

The unfavourable variance YTD was driven by pre-COVID-19 activity mainly in personnel costs and locum costs which was offset by savings in clinical supplies arising out of lower than planned production volumes.

Personnel ($3,638k unfavourable YTD

Medical ($1,879k unfavourable YTD)

The over-allocation of Registrars and House Officers in Orthopaedics and General Surgery led to a $1.4mn overspend against budget. Currently there are eight over-allocations against budget. There were also additional roster allowances, approximately $200k paid to ICU and Anaesthetist SMOs during COVID-19 to ensure 24/7 coverage.

Nursing ($1,244k unfavourable YTD)

Staff vacancies across the S&A and ESC as well as high levels of unplanned leave within certain areas has led to a reliance on casual staff, bureau nursing and overtime. At NSH, the unfavourable variance was driven in the early part of the year by theatre vacancies which resulted in a reliance on overtime ($120k) and casual staff ($260k). There were also high levels of overtime ($140k) within ICU throughout the year due to vacancies. Other unplanned leave and vacancies within the surgical wards has resulted in $383k of unbudgeted internal bureau costs.

Despite the reduction in volumes during the COVID-19 lockdown, the restrictions on nursing and allied health staffing in conjunction with the need to backfill staff who were on various COVID-19 related leave meant that there was no savings in nursing personnel. For example, although there were theatres unused in the period, rosters were required to staff them in the event of COVID-19 surgical presentations.

Allied Health ($451k unfavourable YTD)
The unfavourable variance was partly due to success in fully recruiting to the FTE budget within Anaesthetic Technician group in mid-year and maintaining staff at that level for the first time in several years. This resulted in the vacancy factor built into the personnel budget not being fully achieved. There was also significant COVID-19 related overtime and allowance costs in April and May ($65k) as well as additional COVID-19 leave costs.

Support and Management/Administration ($253k unfavourable YTD)
The favourable variance arising from vacancies within CSSD support officers ($282k) was offset by a lower staff vacancy ratio than planned within Management and Admin staff across the division, resulting in a net unfavourable position.

Outsourced Personnel ($189k favourable YTD)
The unfavourable variance prior to COVID-19 ($800k) was driven by the need at NSH to use locum personnel to cover vacancies in ORL, Anaesthesia and theatre nursing. ESC Package of Care (POC) costs were higher prior to COVID-19 due to prior year costs coming through in the year.

These unfavourable variances were fully offset in the COVID-19 period by the substantial decrease in the need for locum staff in quarter four and the closure of ESC theatres for POC work.

Other Expenditure ($2,175k favourable YTD)
Outsourced Services ($407k unfavourable YTD)
The unfavourable variance arose due to inadequate funding to complete the contracted volume of minor skin lesion procedures via GPs ($515k) and varicose vein catch-up of wait list volumes which existed prior to the transfer of the service to Auckland DHB ($210k). There were unbudgeted laboratory services for both Surgical Pathology ($120k) and Bowel Screening ($180k) the latter of which attracts revenue from MOH. These costs were mostly offset by the release of an accrual relating to the wait lists at the end of the previous financial year of $437k and lower outsource volumes e.g. Breast Screening due to COVID-19.

Clinical Supplies ($2,150k favourable YTD)
Prior to COVID-19, clinical supplies were showing a favourable variance due to lower production volumes at all locations. Lower than expected orthopaedic volumes had resulted in approximately $930k lower than budgeted spend on implants and prostheses which were partly offset by overspend on instruments and equipment.

The closure of and staged re-opening of theatres due to COVID-19, in addition to the changing case mix of elective surgeries, impacted the favourable variance by $1.6m in clinical supply costs. The severely reduced Orthopaedic elective volumes which, along with 25% lower acute presentations in April and May, resulted in a significant saving in implants and prostheses ($1.4m).

Infrastructure and Non-Clinical Supplies ($432k favourable YTD)
The favourable variance has been driven both at ESC and NSH by savings in laundry prior to lockdown in addition to the significant savings arising out of the COVID lockdown.

Diagnostic Services

Service Overview
This division is responsible for the provision of Pharmacy, Laboratories and Radiology services.

The service is managed by Brad Healey General Manager. The Operation Managers and Clinical Directors are Ariel Hubbert for Pharmacy, Lee-Ann Weiss and Dr Matt Rogers (Clinical Director) for Laboratories and Elizabeth McKenzie (acting) and Dr Philip Clark (Clinical Director) for Radiology.

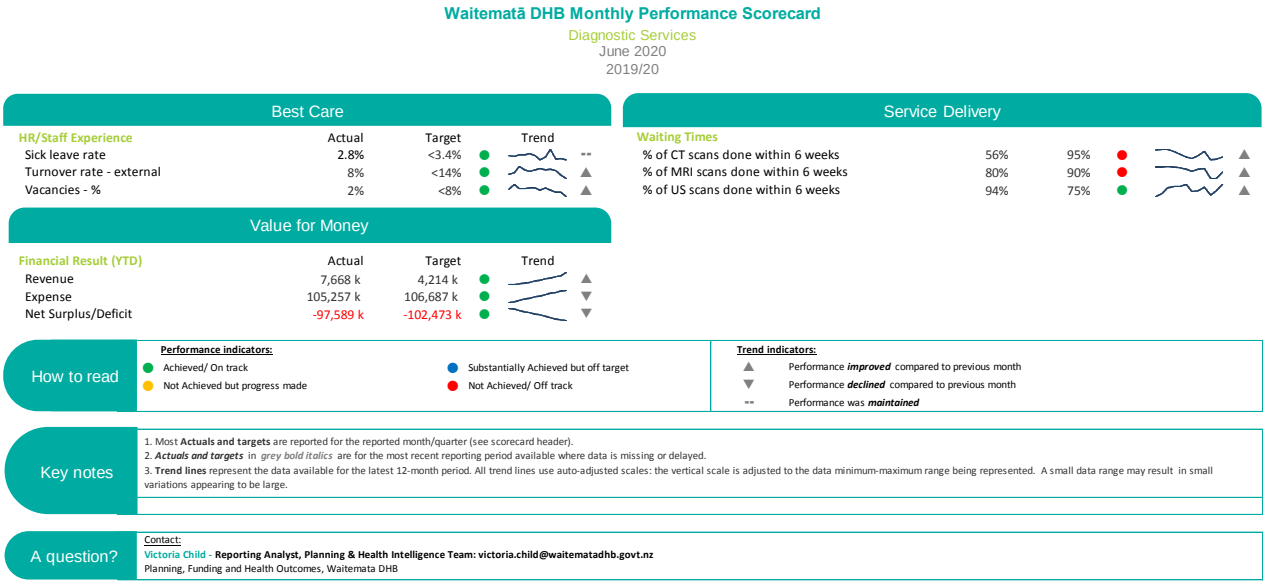
Highlight of the Month
Successful transition for all services back to business as usual.

Key Issues
Pharmacy – there is a national and international shortage of critical medicines due to the impact on production and supply chain of COVID-19. The pharmacy is working with metro DHBs, wholesalers, Medsafe and Pharmac to mitigate risk, manage supply and anticipate upcoming shortages. We expect disruption for the next 18 to 24 months. We have identified stocklines which need increased supplies on site to limit problems that impact service delivery and are working to resolve storage issues.

Laboratory – we received three major non-conformances as a result of the recent IANZ (International Accreditation New Zealand) accreditation review. These relate to review of the Giardia/ Crypto external quality assurance programme (insufficient follow-up from an incorrect result obtained), verification reports required for the platelet function analyser and Cellavision could not be located on the day of the audit and six incidents of phlebotomists not following the Waitematā DHB patient identification policy. We are expecting to resolve all these issues over the next two months.

Radiology –has been actively managing patient waiting lists post COVID-19. The additional outsourcing approved by the Board for CT (Computerised Tomography Scan) and plain film x-rays in late May commenced mid-June and we expect to complete in late September / early October.

Scorecard – Diagnostic Services



Scorecard Variance Report

% of CT scans done within six weeks – 56% against a target of 95%

We commenced outsourcing of 1,450 CT scans in mid-June as planned. We expect it will take several months until we see any uplift in performance against the MOH target due to these scans being overdue before the outsourcing started.

% of MR scans done within six weeks – 80% against a target of 90%

Performance against the target has improved from 59% in May to 80% in June. This is due to MRI (Magnetic Resonance Imaging) being back to normal production level plus additional sessions being undertaken.

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Planned Care Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes		
Radiology - CT		
• Install new CT scanner at North Shore Hospital	Aug 2019	✓
• Streamline acute and elective workflows across CT scanners for improved service efficiency	Nov 2019	✓
• Recruitment and workforce development	On-going	✓
Radiology - MRI		
• Achieve compliance with 90% target	Oct 2019	✓
• Continue outsourcing programme to maintain compliance	On-going	✓

DHB activity	Milestone	On Track
Improving Quality Actions to improve equity in outcomes and patient experience		
Antimicrobial resistance The DHB works closely with the Auckland Regional Public Health Service to	Sep 2019	✓ Completed

DHB activity	Milestone	On Track
ensure advice, information and education is disseminated about antimicrobial resistance and supports efforts to inform the public Complete a hospital-wide antibiotic prescribing survey using the National Antibiotic Prescribing Survey (NAPS) tool to assess prescribing appropriateness for all patients		

Financial Results

Waitematā DHB Statement of Financial Performance

Diagnostic Services - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	2,154	200	1,954	6,502	2,256	4,245	2,256
Other Income	110	163	(53)	1,166	1,958	(791)	1,958
Total Revenue	2,264	363	1,900	7,668	4,214	3,454	4,214
EXPENDITURE							
Personnel							
Medical	1,399	1,226	(173)	14,999	15,461	461	15,461
Nursing	266	244	(22)	3,197	2,992	(204)	2,992
Allied Health	2,501	2,340	(160)	30,125	29,032	(1,093)	29,032
Support	0	0	0	0	0	0	0
Management / Administration	198	214	17	2,441	2,693	252	2,693
Outsourced Personnel	4	4	(0)	73	48	(25)	48
	4,367	4,028	(339)	50,835	50,226	(609)	50,226
Other Expenditure							
Outsourced Services	789	528	(260)	7,456	6,332	(1,124)	6,332
Clinical Supplies	3,860	4,102	242	45,158	48,005	2,846	48,005
Infrastructure & Non-Clinical Supplies	193	179	(14)	1,808	2,125	317	2,125
	4,843	4,810	(33)	54,422	56,461	2,039	56,461
Total Expenditure	9,210	8,837	(372)	105,257	106,687	1,430	106,687
Cost Net of Other Revenue	**(6,946)**	**(8,474)**	**1,528**	**(97,589)**	**(102,473)**	**4,884**	**(102,473)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Diagnostic Services was $1,528k favourable for June and $4,884k favourable for the YTD.

Revenue ($1,900k favourable for June, $3,454k favourable YTD)

The favourable variance for the YTD is due to additional rebates received from Pharmac for hospital medicines.

Expenditure ($372k unfavourable for June, $1,430k favourable YTD)

The favourable variance for the YTD was due to pharmaceutical and radiology clinical supplies.

Personnel ($609k unfavourable YTD)

Allied Health personnel costs are over in Radiology as anticipated vacancy savings have not materialised due success in recruitment initiatives. This has been partially met by savings in Medical personnel costs due to SMO vacancy within Advanced Interventional Radiology which means outsourcing some volumes for this service.

Other Expenditure ($2,072k favourable YTD)

Outsourced Services ($1,124k unfavourable YTD)

The unfavourable variance YTD is due to outsourced radiology volumes which are off-set by favourable variances in personnel and clinical supplies.

Clinical Supplies ($2,846k favourable YTD)

The favourable variance for the YTD was due to drug costs in the inpatient pharmacy being $1,391k favourable YTD primarily due to lower inpatient volumes due to COVID-19 Alert Level restrictions. Radiology supplies are also $1,210k favourable for the YTD due to Advanced Interventional Radiology and CT services not operating at capacity due to staffing shortages.

Infrastructure and Non-Clinical Supplies ($317k favourable YTD)

The favourable variance for the YTD was due to savings in information technology connectivity costs for the Rural Point of Care project as this component of the project has not yet progressed.

Clinical Support Services

Service Overview

This division is responsible for the provision of Clinical Support Services Division includes Food Services, Security, Traffic and Fleet, Clinical Engineering, Clinical Support Services, Contact Centre Collaboration.

The service is managed by Brad Healey General Manager. The Operation Managers are Barbara Schwalger for Clinical Support Services, Barbara Schwalger (acting) for Clinical Engineering, Chris Webb for Security, Traffic and Fleet, Teresa Stanbrook for Food Services and Matthew O'Connor for Contact Centre.

Highlight of the Month

Successful transition for all services back to business as usual post COVID-19.

Key Issues

Key Issues

There are two challenges for clinical engineering. The first being that Inspection, Prevention and Maintenance of clinical equipment is at 72% (against internal target of 95%) with 3,102 items outstanding. A review of work processes and productivity in the Clinical Engineering team is currently underway. The second is related to bed and patient handling equipment Inspection Prevention and Maintenance, initially it was agreed to bring this work back-in-house for a focussed effort on process and productivity improvement, however, a decision has now been made to issue an RFP (Request for proposal) to the market to outsource this work.

Clinical Engineering
Genius G3 Tympanic Thermometers- The organisation has 1,098 of these units and in November last year, the supplier sent a product alert advising we needed to calibrate the units six-monthly, however the calibration units which have been supplied are posing issues and we have met with supplier. They have undertaken to replace the units free of charge (FOC) which would mean we would be able to reduce our IPM (Inspection, Prevention and Maintenance) Outstanding by that number and would give us some time to look for an alternative and have asked for funding for the resources required to do this swap out. Other DHBs have similar issues and HealthSource and Pharmac are currently working on this contract.

Scorecard – Clinical Support Services

Waitematā DHB Monthly Performance Scorecard

Clinical Support
June 2020
2019/20

Best Care

HR/Staff Experience	Actual	Target	Trend
Sick leave rate	3.5%	<3.4%	--
Turnover rate - external	16%	<14%	▲
Vacancies - %	4%	<8%	▲

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue	339 k	190 k	▲
Expense	33,701 k	32,082 k	▼
Net Surplus/Deficit	-33,362 k	-31,892 k	▼

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitemata DHB

Scorecard Variance Report

Best Care

Turnover Rate – external - 16% against a target of 14%

Turnover rate this month has remained at 16% for 12 month rolling average. Turnover is primarily in Support personnel of cleaning, orderly, traffic and security staff and vacancies are covered by casual staff. This KPI is lower than the 22% rate as at January 2019 reflecting the concerted effort being done in recruitment and retention of this staff group.

Financial Results

Waitematā DHB Statement of Financial Performance

Clinical Support Services - June 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	0	0	0	0	0	0	0
Other Income	39	16	23	339	190	149	190
Total Revenue	39	16	23	339	190	149	190
EXPENDITURE							
Personnel							
Medical	0	0	0	0	0	0	0
Nursing	1	0	(1)	1	0	(1)	0
Allied Health	0	(16)	(16)	8	(197)	(205)	(197)
Support	1,546	1,434	(112)	18,031	17,457	(574)	17,457
Management / Administration	188	148	(40)	2,001	1,884	(117)	1,884
Outsourced Personnel	36	12	(24)	385	152	(233)	152
	1,770	1,578	(192)	20,426	19,296	(1,130)	19,296
Other Expenditure							
Outsourced Services	0	0	0	0	0	0	0
Clinical Supplies	(3)	89	92	1,526	1,109	(417)	1,109
Infrastructure & Non-Clinical Supplies	1,099	997	(102)	11,749	11,678	(72)	11,678
	1,096	1,086	(10)	13,275	12,786	(489)	12,786
Total Expenditure	2,866	2,664	(202)	33,701	32,082	(1,619)	32,082
Cost Net of Other Revenue	**(2,828)**	**(2,649)**	**(179)**	**(33,362)**	**(31,892)**	**(1,470)**	**(31,892)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Clinical Support Services was $179k unfavourable for June and $1,470k unfavourable for the YTD.

Revenue ($23k favourable for June, $149k favourable YTD)

The favourable variance for the YTD was due to new concession levies from staff café sales as well as Security Services charging for the issue of ID cards.

Expenditure ($202k unfavourable for June, $1,619k unfavourable YTD)

The unfavourable variance for the YTD was due to staff related costs and equipment repairs.

Personnel ($1,130k unfavourable YTD)

The unfavourable variance for the YTD does not include $406k of casual security guard costs that are coded in Infrastructure and Non-Clinical Supplies. Vacancy factor savings are partially being met by turnover in Clinical Support cleaners and orderlies where approximately 18% of shifts are covered by lower cost casual workforce.

Other Expenditure ($489k unfavourable YTD)

Clinical Supplies ($417k unfavourable YTD)

The unfavourable variance for the YTD was due to clinical equipment repairs and maintenance particularly older beds which has had repair costs of $286k YTD. This was necessary to utilise our maximum bed stock over winter period.

Infrastructure and Non-Clinical Supplies ($72kun favourable YTD)

The unfavourable variance YTD was due to outsourced casual security guards where the budget is held as personnel cost as well as increased costs relating to traffic management changes recently implemented .

Patient meal costs are $336k favourable reflecting the low inpatient volumes as result of COVID-19 restrictions.

3.2 Provider Arm Performance Summary Report – July 2020

Recommendation:

That the report be received.

Prepared by: Robert Paine (Chief Financial Officer and Head of Corporate Services) and Debbie Holdsworth (Acting Director of Hospital Services)

This report summarises the Provider Arm performance for July 2020.

Table of Contents

Glossary
How to interpret the scorecards
Provider Arm Performance Summary Report – July 2020
Executive Summary / Overview
Scorecard – All services
Priority Health Outcome Areas
Elective Performance Indicators (part of Planned Care Programme)
Financial Performance

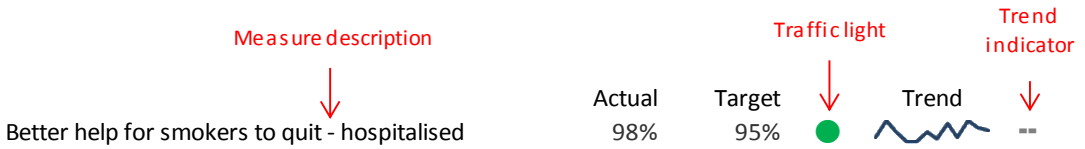
Glossary

ACC	-	Accident Compensation Commission
ADU	-	Assessment and Diagnostic Unit
ALOS	-	Average Length of Stay
ARDS	-	Auckland Regional Dental Service
AT&R	-	Assessment Treatment and Rehab
ASA	-	American Society of Anaesthesiologists
CADS	-	Community Alcohol, Drug and Addictions Service
CAMHS	-	Child, Adolescent Mental Health Service
CT	-	Computerised Tomography
CWF	-	Child, Women and Family service
DCNZ	-	Dental Council of New Zealand
DHB	-	District Health Board
DNA	-	Did Not Attend
ED	-	Emergency Department
ECHO	-	Echocardiogram
ESC	-	Elective Surgery Centre
ESPI	-	Elective Services Performance Indicators
FTE	-	Full Time Equivalent
GP	-	General Practitioner
HCA	-	Health Care Assistant
HT	-	Hypertensive Disorders
ICU	-	Intensive Care Unit
KMU	-	Kingsley Mortimer Unit
LMC	-	Lead Maternity Carer
LOS	-	Length of Stay
SMHOPS	-	Specialty Medicine and Health of Older People Services
MRI	-	Magnetic Resonance Imaging
MoH	-	Ministry of Health
NGO	-	Non Government Organisation
NSH	-	North Shore Hospital
NZNO	-	New Zealand Nurses Organisation
ORL	-	Otorhinolaryngology (ear, nose, and throat)
RMO	-	Registered Medical Officer
S&A	-	Surgical and Ambulatory Services
SCBU	-	Special Care Baby Unit
SGA	-	Small for Gestational Age Baby
SMHA	-	Specialist Mental Health & Addiction Services
SMO	-	Senior Medical Officer
WIES	-	Weighted Inlier Equivalent Separations

How to interpret the scorecards

Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target or not for the reporting period (or previous reporting period if data are not available as indicated by the *grey bold italic* font).



The colour of the traffic lights aligns with the Annual Plan:

Traffic light	Criteria: Relative variance actual vs. target		Interpretation
●	On target or better		Achieved
●	95-99.9% achieved	0.1–5% away from target	Substantially Achieved
●	90-94.9%*achieved	5.1–10% away from target AND improvement from last month	Not achieved, but progress made
●	<94.9% achieved	5.1–10% away from target, AND no improvement, OR >10% away from target	Not Achieved

Trend indicators

A trend line and a trend indicator are reported against each measure. Trend lines represent the actual data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. The small data range may result in small variations appearing to be large.

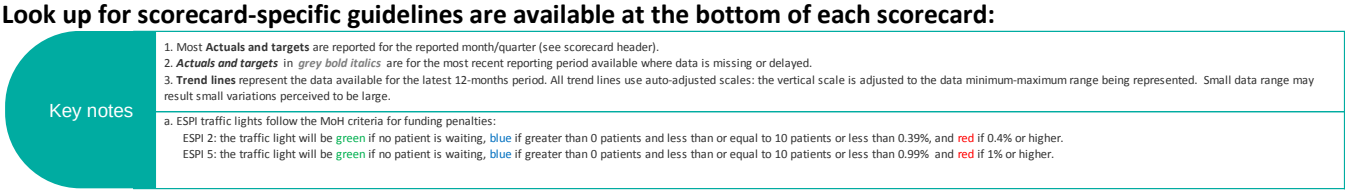
Note that YTD measures (e.g., WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

The trend indicator criteria and interpretation rules:

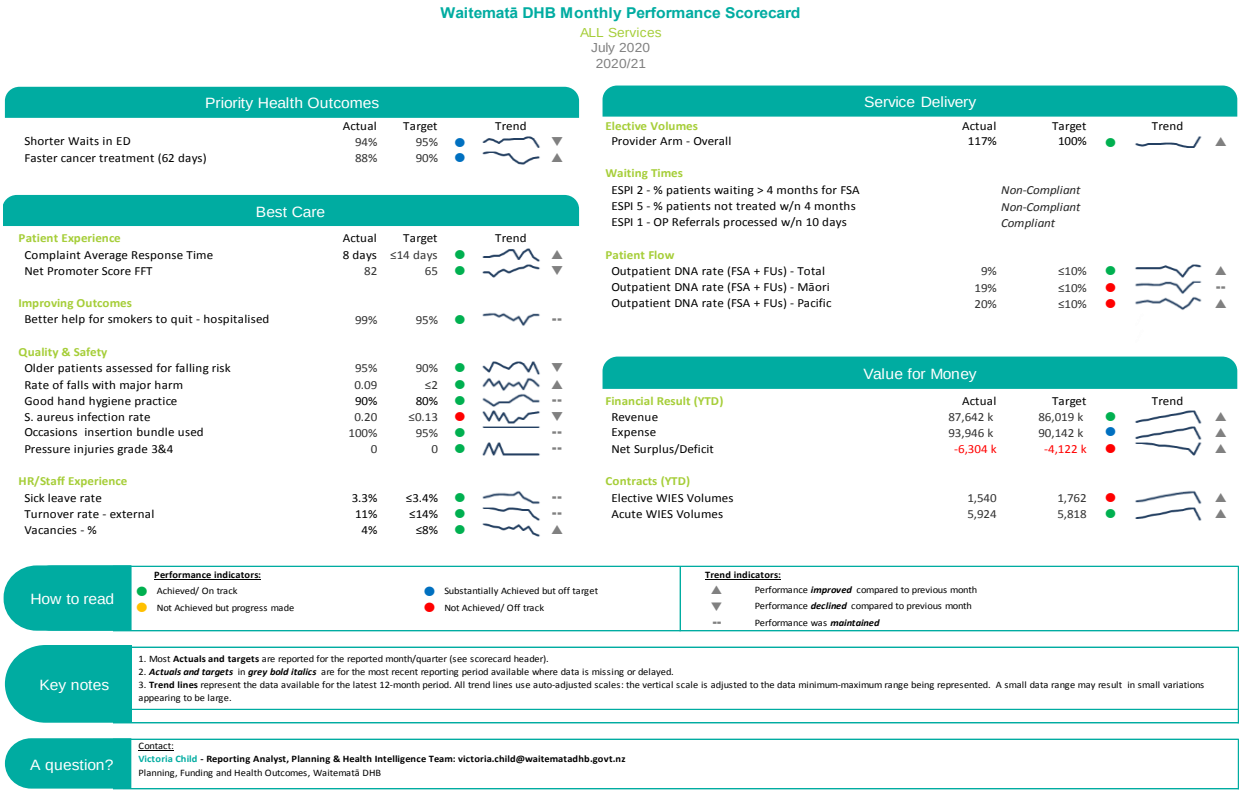
Trend indicator	Rules	Interpretation
▲	**Current > Previous** month (or reporting period) **performance**	Improvement
▼	**Current < Previous** month (or reporting period) **performance**	Decline
--	**Current = Previous** month (or reporting period) **performance**	Stable

By default, the performance criteria is the actual:target ratio. However, in some exceptions (e.g., when target is 0 and when performance can be negative (e.g., net result) the performance reflects the actual.

Look up for scorecard-specific guidelines are available at the bottom of each scorecard:



Scorecard – All services



Note: 2020/21 Planned care targets (Including Elective volume) not yet finalised

Scorecard Variance Report

Elective Volumes *– 117% against a target of 100%*

The DHB met and exceeded the 100% target identified by the Ministry of Health, which was achieved including the additional elective volume (Price Volume Schedule) uplift agreed to be achieved in 2020/21. Post June and the COVID-19 lockdown period, our provider services have redesigned their internal processes to reduce cancellation rates and improve patient booking and planning.

A revised theatre schedule has also provided greater theatre time to services with the most significant demand. Improvement Plans, submitted to the Ministry of Health in early July, determined the quantity of work required by sub-specialty services to "catch –up" on work required to bring patient elective waiting times back into acceptable timeframes. Trajectories have been set with each subspecialty to ensure elective volumes are achieved and timelines met.

Outpatient DNA rate- *9% against a target of <10%*

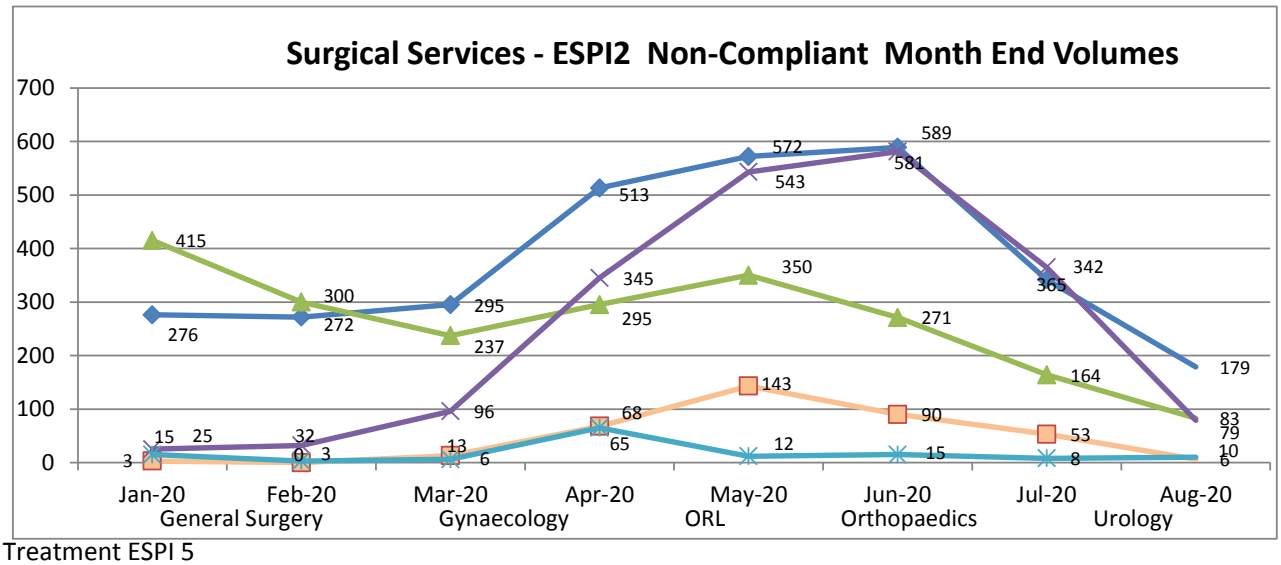
The DNA rate for July remains below target, however priority populations including Māori and Pacifica, remain outside target. Despite this there has been a significant improvement of 4% in the reduced proportion of Pacifica not attending clinic appointments. It is believed to be a result of increased use of telehealth over the past months. This will be monitored over time to determine if this is a new trend.

Waiting times- *ESPI 2 non-compliant against target*

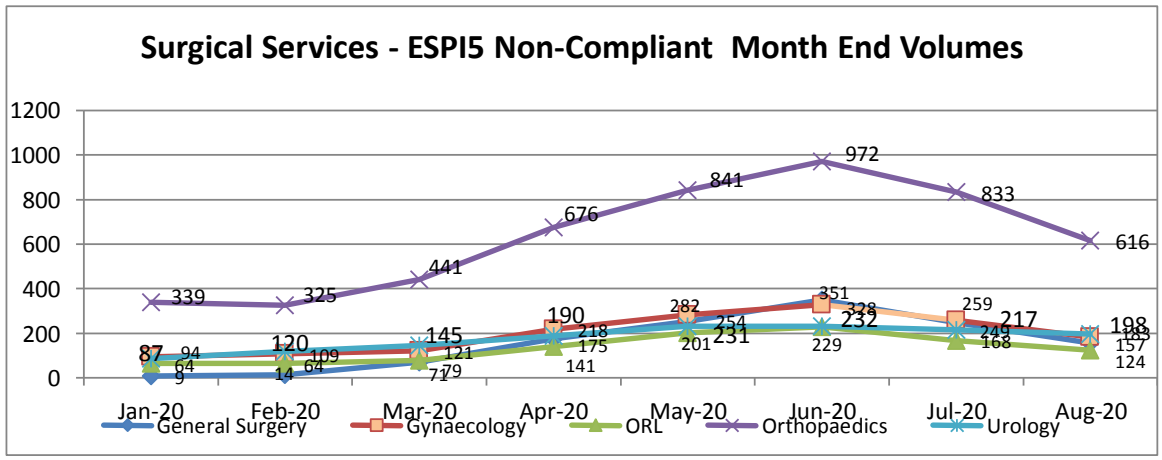
While the COVID -19 lockdown period impacted on our ability to provide timely access to care which is indicated in ESPI 2 assessment and 5 treatment, particularly in surgery. The DHB showed considerable improvement towards compliance and a meaningful reduction in the number of patients seen outside of recommended assessment and treatment times. All Medical specialties are now compliant and all surgical specialties have less patients being assessed (ESPI 2) outside clinically appropriate timeframes , than in the period prior to COVID-19. ESPI 5 treatment

times are continuing to improve. The DHB has detailed improvement plans to ensure all specialties to be compliant over the next 12 months.

Assessment ESPI 2



Treatment ESPI 5

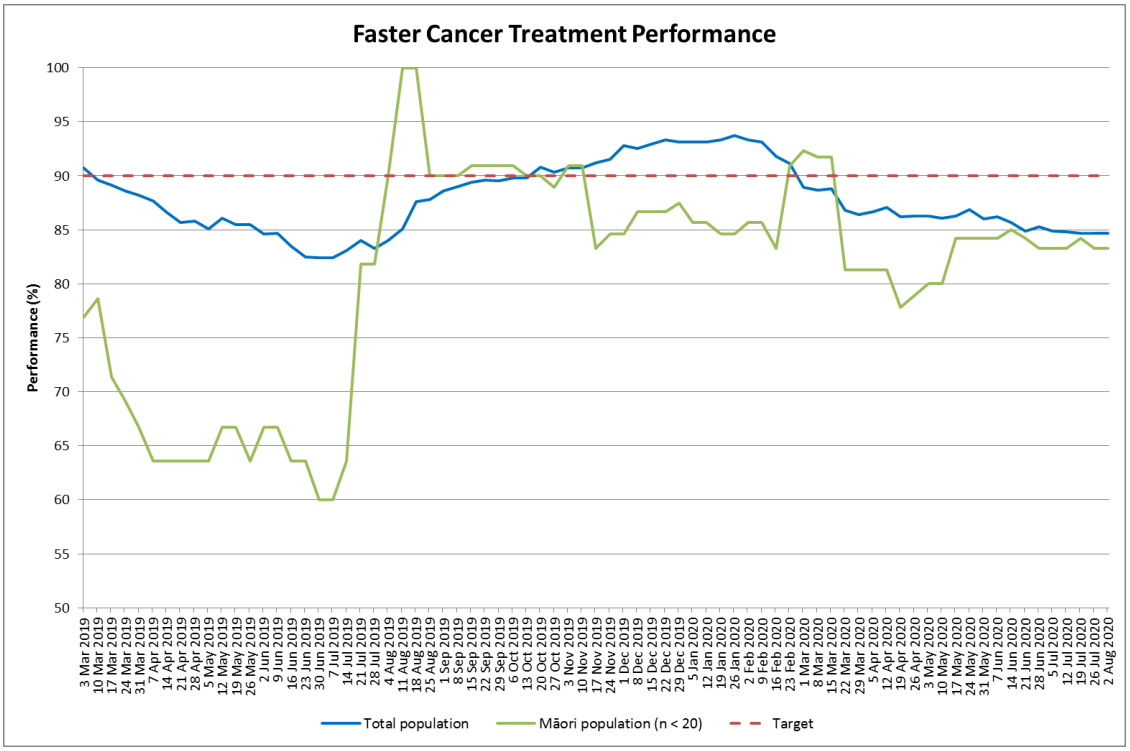


Value for money- *Elective WEIS volumes 222 WEIS < target*

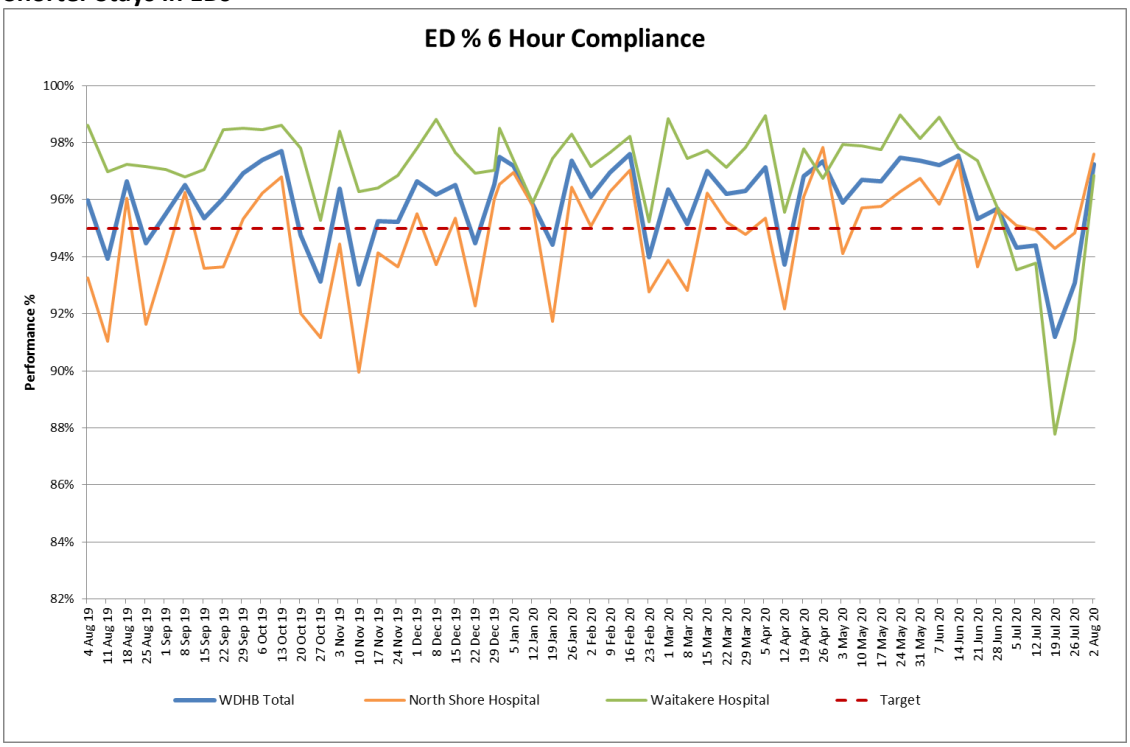
Elective volumes are considerably improved as reported (117% against a target of 100%), however, WEIS appears below target by 222 WEIS . This is currently being reviewed , as coding of clinical information to allocate an appropriate Diagnostic Related Group (DRG) can take up to approximately 28 days following discharges at the end of any given month. This means that as at time of this report coding data will just have been finalised and accurate reporting will relate to this.

Priority Health Outcome Areas

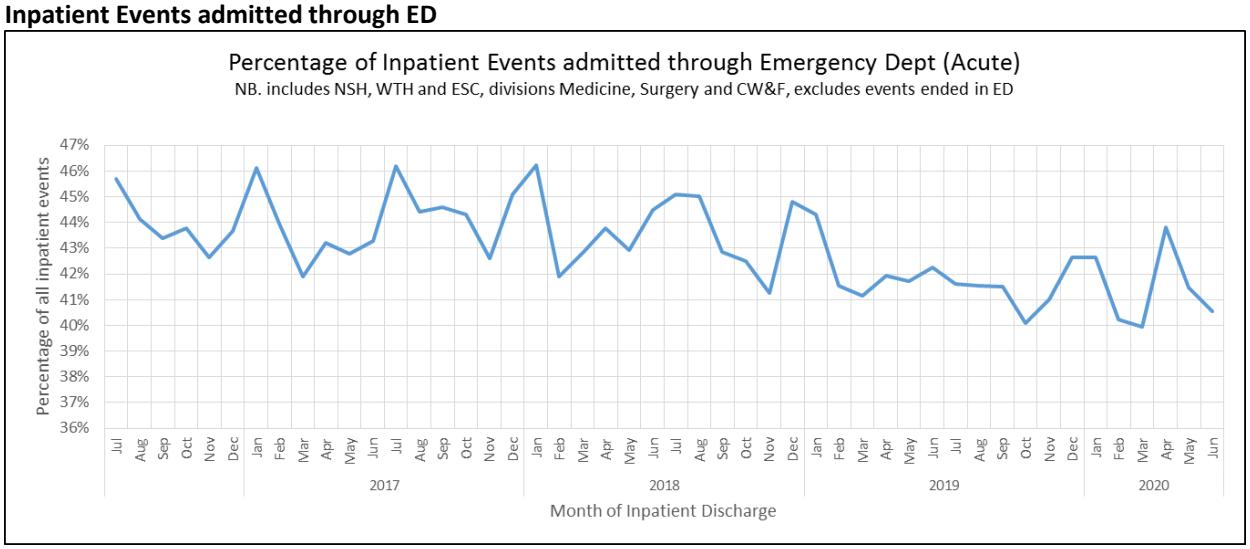
Faster Cancer Treatment



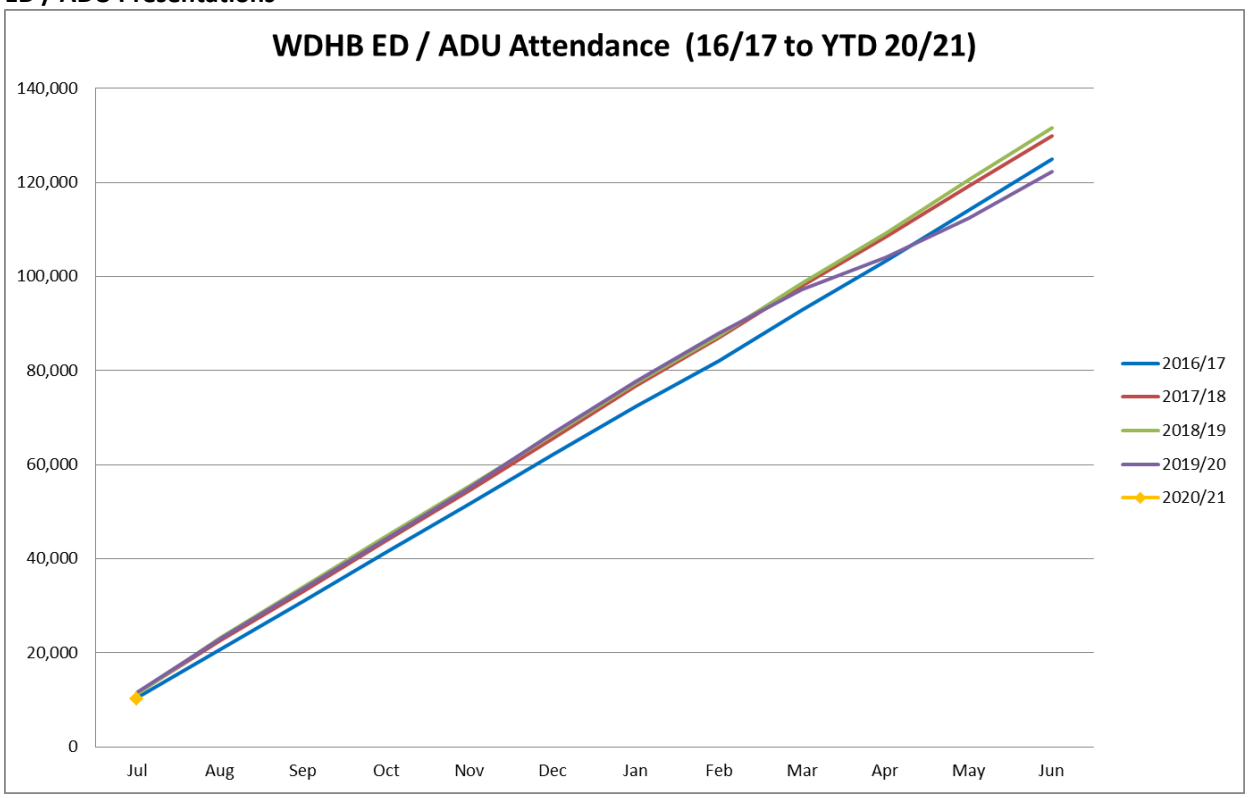
Shorter Stays in EDs



Inpatient Events admitted through ED



ED / ADU Presentations



Percentage Change ED and Elective Volumes

July 2020	Month Volumes	% Change (last year)	YTD Volumes	% Change (last year)
ED/ADU Volumes	10,187	-12%	10,187	-12%

Elective Performance Indicators

Zero patients waiting over 4 months

Summary (Jul 20)	
Speciality	Non Compliance %
ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	8.54%
ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.	34.16%

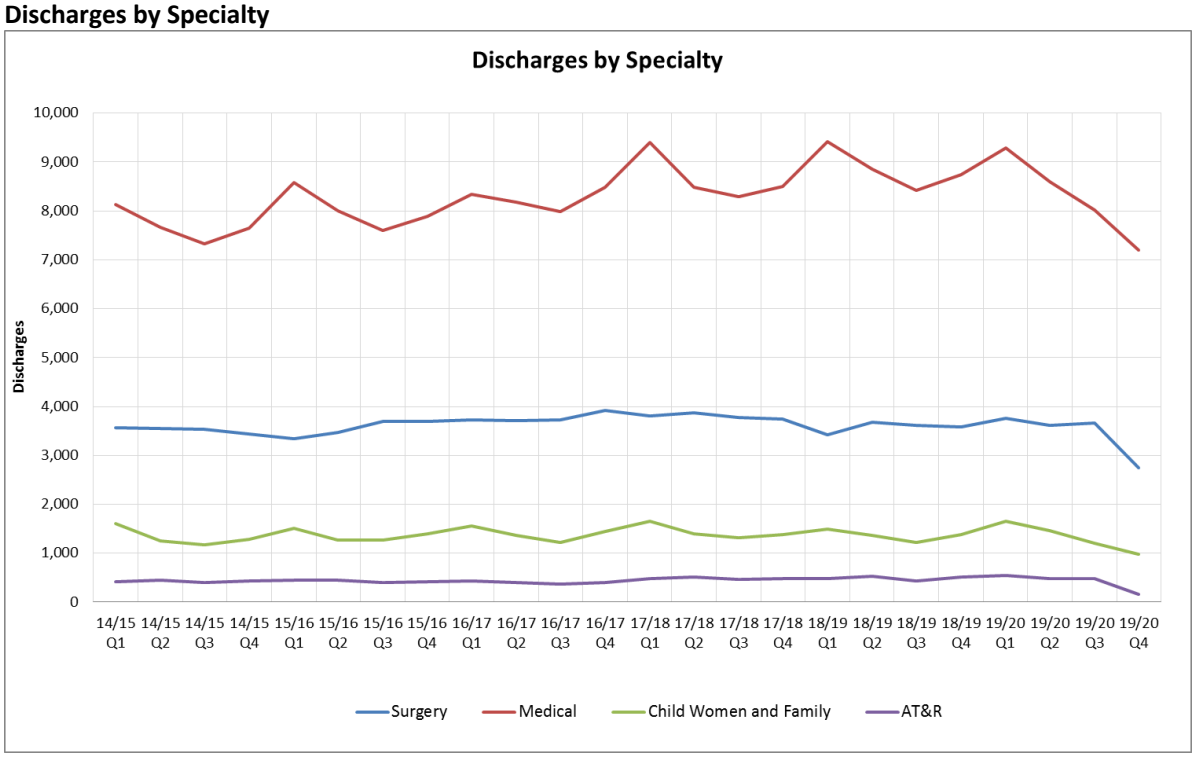
ESPI	WL Specialty	Compliant	Non Compliant	Non Compliant
ESPI 2	Anaesthesiology	94	-	0.00%
	Cardiology	1,005	-	0.00%
	Dermatology	225	-	0.00%
	Diabetes	223	-	0.00%
	Endocrinology	212	-	0.00%
	Gastro-Enterology	771	1	0.13%
	General Medicine	201	-	0.00%
	General Surgery	1,216	342	21.95%
	Gynaecology	933	53	5.38%
	Haematology	248	-	0.00%
	Infectious Diseases	52	-	0.00%
	Neurovascular	82		0.00%
	Orthopaedic	1,741	365	17.33%
	Otorhinolaryngology	1,075	164	13.24%
	Paediatric MED	487	2	0.41%
	Renal Medicine	217	-	0.00%
	Respiratory Medicine	418	-	0.00%
	Rheumatology	218	-	0.00%
	Urology	595	8	1.33%
	Total	**10,013**	**935**	**8.54%**
ESPI 5	Cardiology	88	-	0.00%
	General Surgery	1,419	249	14.93%
	Gynaecology	403	259	39.12%
	Orthopaedic	873	833	48.83%
	Otorhinolaryngology	242	168	40.98%
	Urology	301	217	41.89%
	Total	**3,326**	**1,726**	**34.16%**

90% of outpatient referrals acknowledged and processed within 10 days

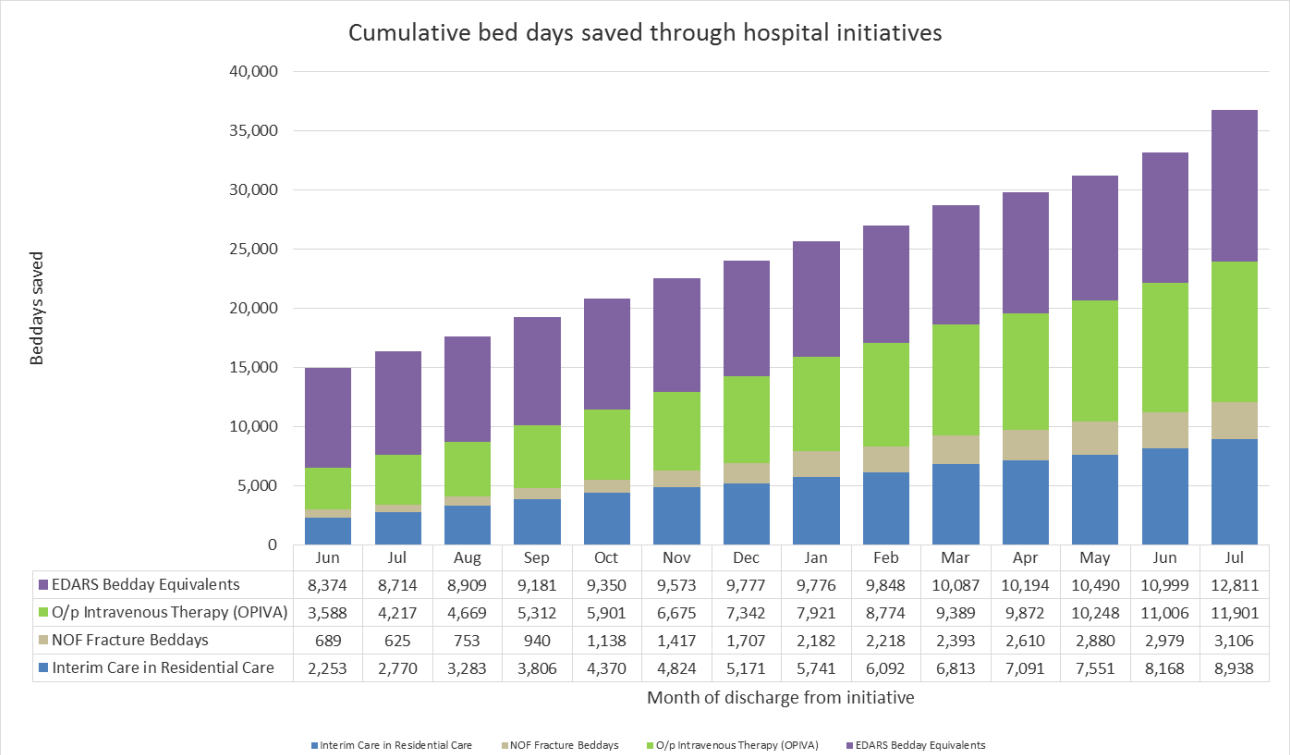
ESPI 1 (Jul 20)	
Specialty	Compliance %
Anaesthesiology	98.21%
Cardiology	99.52%
Dermatology	100.00%
Diabetes	100.00%
Endocrinology	99.35%
Gastro-Enterology	97.97%
General Medicine	96.86%
General Surgery	99.10%
Gynaecology	100.00%
Haematology	98.13%
Infectious Diseases	98.80%
Neurovascular	100.00%
Orthopaedic	96.21%
Otorhinolaryngology	99.88%
Paediatric MED	97.49%
Renal Medicine	100.00%
Respiratory Medicine	99.02%
Rheumatology	92.00%
Urology	99.77%
Total	98.55%

Legend	
ESPI 1	Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
ESPI 2	Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
ESPI 5	Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher

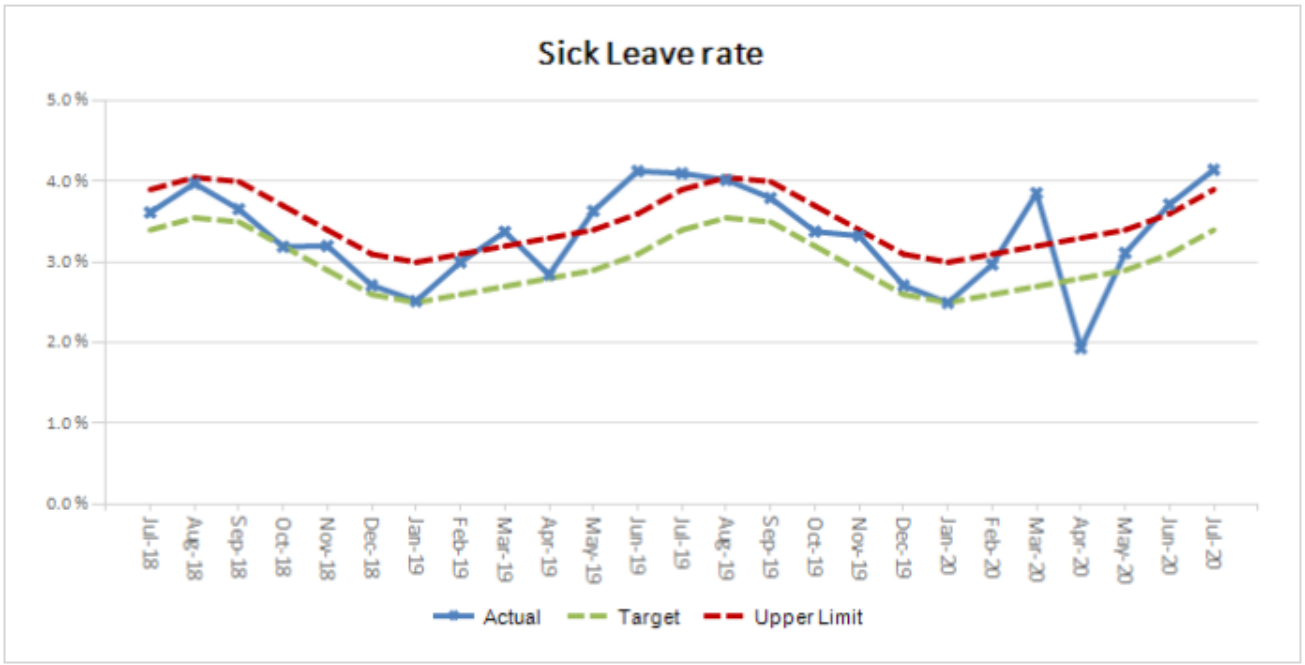
Discharges by Specialty

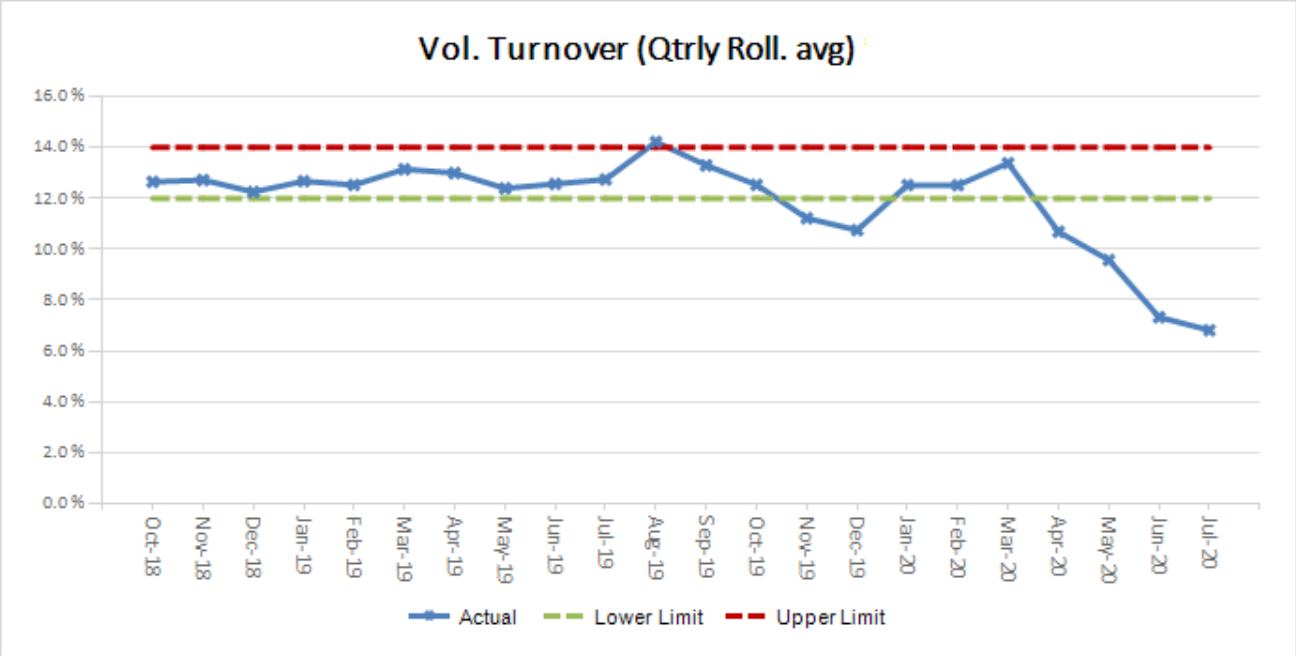


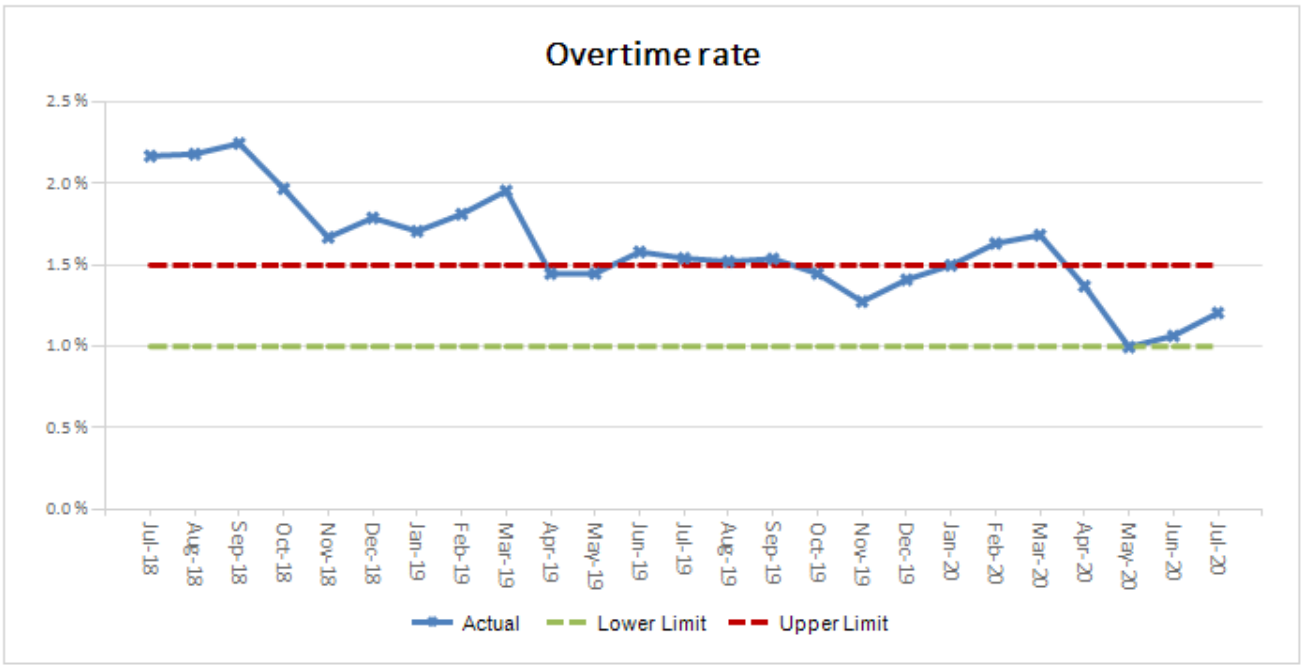
Cumulative Bed Days saved through Hospital Initiatives



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
EDARS Bedday Equivalents	8,374	8,714	8,909	9,181	9,350	9,573	9,777	9,776	9,848	10,087	10,194	10,490	10,999	12,811
O/p Intravenous Therapy (OPIVA)	3,588	4,217	4,669	5,312	5,901	6,675	7,342	7,921	8,774	9,389	9,872	10,248	11,006	11,901
NOF Fracture Beddays	689	625	753	940	1,138	1,417	1,707	2,182	2,218	2,393	2,610	2,880	2,979	3,106
Interim Care in Residential Care	2,253	2,770	3,283	3,806	4,370	4,824	5,171	5,741	6,092	6,813	7,091	7,551	8,168	8,938




Vol. Turnover (Qtrly Roll. avg)
16.0 %
14.0 %
12.0 %
10.0 %
8.0 %
6.0 %
4.0 %
2.0 %
0.0 %
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Actual
Lower Limit
Upper Limit


Overtime rate
2.5 %
2.0 %
1.5 %
1.0 %
0.5 %
0.0 %
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
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Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Actual
Lower Limit
Upper Limit

Financial Performance

Waitematā DHB Statement of Financial Performance

Provider - July 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	84,724	84,033	691	84,724	84,033	691	1,007,731
Other Income	2,918	2,241	677	2,918	2,241	677	42,386
Total Revenue	87,642	86,274	1,368	87,642	86,274	1,368	1,050,117
EXPENDITURE							
Personnel							
Medical	18,272	18,016	(256)	18,272	18,016	(256)	223,004
Nursing	25,451	24,202	(1,249)	25,451	24,202	(1,249)	295,310
Allied Health	11,851	11,208	(643)	11,851	11,208	(643)	134,537
Support	2,178	2,219	41	2,178	2,219	41	27,233
Management / Administration	6,981	7,595	614	6,981	7,595	614	88,189
Outsourced Personnel	1,812	1,430	(383)	1,812	1,430	(383)	15,947
	66,545	64,669	(1,876)	66,545	64,669	(1,876)	784,221
Other Expenditure							
Outsourced Services	6,048	5,529	(519)	6,048	5,529	(519)	66,016
Clinical Supplies	11,735	11,938	203	11,735	11,938	203	138,077
Infrastructure & Non-Clinical Supplies	9,469	8,261	(1,208)	9,469	8,261	(1,208)	98,603
	27,252	25,728	(1,523)	27,252	25,728	(1,523)	302,696
Total Expenditure	93,796	90,397	(3,399)	93,796	90,397	(3,399)	1,086,917
Cost Net of Other Revenue	**(6,154)**	**(4,123)**	**(2,031)**	**(6,154)**	**(4,123)**	**(2,031)**	**(36,800)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Waitematā DHB Statement of Financial Performance

Provider - July 2020

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
CONTRIBUTION							
Surgical and Ambulatory	(14,329)	(13,730)	(599)	(14,329)	(13,730)	(599)	(143,512)
Acute and Emergency	(14,590)	(14,173)	(417)	(14,590)	(14,173)	(417)	(157,481)
Specialty Medicine and HOPS	(9,269)	(9,070)	(199)	(9,269)	(9,070)	(199)	(94,010)
Child Women and Family	(8,625)	(9,001)	376	(8,625)	(9,001)	376	(90,664)
Specialist Mental Health and Addiction	(13,407)	(12,744)	(664)	(13,407)	(12,744)	(664)	(136,764)
Elective Surgery Centre	(2,380)	(2,524)	144	(2,380)	(2,524)	144	(27,891)
Clinical Support	(3,446)	(3,263)	(183)	(3,446)	(3,263)	(183)	(32,830)
Diagnostics	(9,895)	(9,866)	(29)	(9,895)	(9,866)	(29)	(104,546)
Corporate and Provider Support	69,787	70,249	(461)	69,787	70,249	(461)	750,898
Net Surplus/Deficit	**(6,154)**	**(4,123)**	**(2,031)**	**(6,154)**	**(4,123)**	**(2,031)**	**(36,800)**

Comment on major variances by Provider Service

The overall result for Provider was $2.821m unfavourable for July and $4.554m unfavourable for the YTD.

Surgical and Ambulatory (S&A) ($664k favourable YTD)
The unfavourable variance for July was due to the impact of continued over-allocations from NRA ($117k) as well as costs associated with the trial of the short stay unit as a Surgical ADU ($72k). Skin Lesion volumes continued to be above the budgeted level with an expectation that this will continue ($72k). There were also higher than planned clinical supply costs in the month ($208k), particularly in Disposable Instruments, Orthotics, and Treatment Disposables. The service also carried an unmet savings target worth $243k.

Acute and Emergency Medicine ($417k unfavourable YTD)
The unfavourable variance is driven by:

- Emergency Departments (ED) high attendance rates at NSH ED continued in July while WTH ED still remained lower than pre-COVID-19 level. Some cost reduction on medical cover was offset by the fact there have been two senior medical staff on long term sick leave. This financial pressures has been mitigated by implementing new medical cover model, it still is one of the major risk areas for the services.
- Inpatient wards had a typical winter busy month both in terms of bed days and WIES. High nursing cost was driven by high penal cost due to some payroll adjustment, watch cost has been reduced successfully due to better control and new policy implemented. Medical costs were lower than budget due to some RMO cost adjustment.
- Cardiology services had very busy month, with 56% increased pacemaker cases for the month compared with same period last year. The overall increased capacity in sonographer team helped reduced ECHO waiting list but resulted higher cost for reporting reading. Also catching up on the volume lost due to COVID-19 previously has cost pressure on the service for the whole year.

Sub Specialty Medicine and HOPS ($0.219m unfavourable YTD)
The unfavourable variance is partly driven by pressure on the allied churn targets from record low vacancy rates of 17FTEs as at July 20 worth ($55k). The service also is carrying an unmet savings target worth ($158k).

Child Women and Family (CWF) ($376k favourable YTD)
The favourable variance was predominately driven by ARDS therapy vacancies along with COVID-19 related reduced consumables spending associated with significant dental clinic closures. Reduced demand for Paediatric inpatient services, several one off benefits include the receipt of prior year Child Respite funding and the timing of recruitment for maternity staff. Cost pressures remain in Obstetrics and Gynaecology core staffing and outsourcing costs due to current service demand.

Specialist Mental Health and Addiction (SMHA) ($664k unfavourable YTD)
The overall result for SMHA was $664k unfavourable for July.
Staffing costs are over budget, current vacancies are 60FTE less than July 2019, with increased retention of staff due to COVID-19. Vacancies: medical (12 FTE) noting one position has yet to be filled with applicant overseas, nursing (71FTE) and allied (36FTE). Overtime continues to be significant due to some continued acuity but high levels of sick leave. Revenue was favourable by $148k due to increased Intellectual Disability funding for two supernumery NHI contracts and higher activity providing court reports.

Elective Surgery Centre (ESC) ($219k favourable YTD)
The favourable variance was due to the ESC not being open for Point of Care (POC) cases in the first three days of July (13% reduction on production plan). This resulted in positive variances in the POC costs ($180k) and also in clinical supplies ($52k).

Clinical Support ($183k unfavourable YTD)
The unfavourable variance was due to allocated savings target of $222k not being met. A number of initiatives are being progressed that will realise benefits in future periods.
Patient meals are favourable with lower than anticipated inpatient volumes.

Diagnostics ($29k unfavourable YTD)
The unfavourable variance in Radiology was due to the cost of catch up both through additional sessions resulting in additional personnel costs ($78k) and through outsourcing ($290k for CT and X-Ray).
Lower than anticipated inpatient volumes has resulted in favourable variance in laboratory supplies and pharmaceutical costs.

Child Women and Family (CWF) ($376k favourable YTD)
The favourable variance was predominately driven by ARDS therapy vacancies along with COVID-19 related reduced consumables spending associated with significant dental clinic closures. Reduced demand for Paediatric inpatient services, several one off benefits include the receipt of prior year Child Respite funding and the timing of recruitment for maternity staff. Cost pressures remain in Obstetrics and Gynaecology core staffing and outsourcing costs due to current service demand.

4.1 Clinical Leaders' Report

Recommendation:

That the report be received.

Prepared by: Dr Jonathan Christiansen (Chief Medical Officer), Dr Jocelyn Peach (Director of Nursing and Emergency Systems Planner), and Sharon Russell, (Associate Director of Allied Health, Scientific and Technical Professions)

Quality and Risk

To improve the transparency of adverse event investigation timelines, a new Key Performance Indicator (KPI) measuring Service and Division compliance with the Health Quality Safety Commission's 70-day investigation expectation has been introduced. This KPI has been included in the Division's Quality Reports.

The upgrade of the incident reporting system, RiskMonitor Pro to RL6 is progressing well. The initial training of the Quality Teams (Corporate as well as Specialist Mental Health and Addiction Services) has commenced. Both of these teams, and a selection of system users, have been given access to the demo/ 'sandpit' site, to enable them to become familiar with the system and identify any potential challenges with the roll out. If the upgrade remains on track, the 'go live' phase will be mid-October 2020. The 'go live' phase will be supported by a training and communications plan.

Medical Education

Key issues:

1. COVID-linked changes: rotation dates, well-being, recruitment, orientation
2. Breaches to conditions of Annual Practicing Certificates
3. Community based attachments (CBA) – There has been no change since the last update to the committee (29 July 2020).

COVID-linked changes

RMO annual training and employment rotation – new commencement dates
The national Chief Executives (CEs) confirmed the decision to shift the commencement of the annual employment and training cycle for Registered Medical Officers (RMOs), with the new start dates being mid-January for House Officers and February for Registrars. This decision followed a national process led by all 20 DHBs with a wide formal consultation (including Universities, specialty colleges, unions, medical students, RMOs, Senior Medical Officers (SMOs), Chief Medical Officers (CMOs), Medical College New Zealand (MCNZ) and the Northern Regional Alliance (NRA)).

This change has short and long term gains for New Zealand healthcare with potential improvements in training, well-being and supervision as well as compensation for COVID-19-related lost training time. Although COVID-19 was the catalyst for change, a desire to delay the starting dates for training until after the summer public holiday period, and to align with Australian training dates, has been an active discussion for many years. Once implemented this will be a permanent and beneficial change.

This is a significant national change affecting all DHBs and implementation is well underway. The 20 DHBs have agreed to work with RMOs and their Unions to address any concerns about how this change is implemented, and to maximise their training opportunities. They have also confirmed that there will

be flexibility, and recognition of individual RMO needs and circumstances through the implementation. This could include undertaking to compensate RMOs for additional costs incurred in exceptional circumstances, and where alternate mitigations can not be achieved.

For the Northern Region, there is a process for RMOs to seek exceptions and raise concerns, which is closely linked to the CMOs. Thus far, few requests have been made for an exception or cost mitigation.

It is anticipated that Waitematā DHB will be fully staffed over the period between the previously expected end of the employment year in 2020, and the new start dates in 2021. It is likely we will have some supernumerary RMOs, as the implementation process allows Trainee Interns, who are eligible, the choice of taking up House Officer roles at the end of November. Resolving issues of supervision and orientation for new trainee interns in the transitional six weeks will be a focus of the Director of Clinical Training.

There will be additional staffing and other costs incurred by all DHBs as a result of this change and the during the transitional period. The quantum of those costs is not known at this stage, but will be clearer by mid-October.

RMO well-being
Informal out of hours gatherings are facilitated through RMO leadership. The feedback thus far is that this further period of COVID-19 Alert Level 3 lockdown has not led to major impacts on individual RMO well-being.

RMO recruitment
Waitematā DHB will recruit fewer International Medical Graduates than usual due to more local applicants and barriers to immigration (visas, flights, isolation).

Disruption to orientation process
Due to COVID-19 leading to the temporary closure of Whenua Pupuke, the need for social distancing and the on-going changes to RMO start dates and staff sick leave has impacted significantly on orientation planning and processes. Work is ongoing to minimise impact on this essential training.

Annual Practicing Certificate (APC) breaches
Two Waitematā DHB RMOs were identified to be working outside the specific conditions of their APCs. This was resolved immediately with the engagement of the Medical Council. We are working with the Northern Regional Alliance (as the DHB's employment agent) to improve the monitoring and checking processes, and reviewing all departmental orientations to ensure that reminders are given.

RMO's undertaking procedures in Obstetrics.
The work of the "Informed Consent Steering Group" has resulted in the implementation of an electronic "dashboard" in the Obstetric service, which provides clarity about the achievement of surgical competencies for the Advanced Training registrars. This ensures that the service is aware of the varying supervision needs of the individual registrars. This in turn informs the overall process of informed consent, acknowledging where a doctor in training may require direct supervision in the operating theatre for a specific procedure.

Nursing and Emergency Planning Systems

Nurses, Midwives and Health Care Assistants account for 43% of the total DHB workforce.

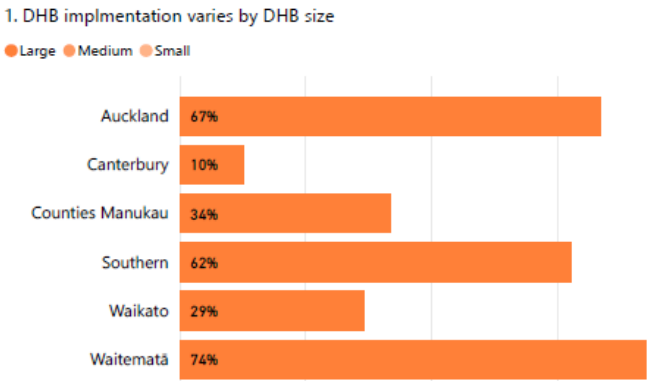
Quality, Safety and Practice Development

Quality, Safety and Practice Development
- Safe Care priorities / quality framework
- Clinical Practice Effectiveness: Best Practice Essentials of Care; Patient and Whanau Centered Care Stds
- Competence assessment
- Credentialling
- Equity of care outcomes
- Workload monitoring: Trendcare, Care Capacity Demand Management [CCDM]

Despite COVID-19 slowing down routine activity, work is continuing on incident review and trend monitoring. Work to improve practice performance in essentials of care, **pressure prevention requirements**, **falls prevention** rate, **intravenous line management** (bacteraemia) and **infection prevention and control** continues**.** Division Nurse Leaders are enforcing corrective actions as it is critical to have consistent compliance with best practice.

Care Capacity Demand Management (CCDM) programme has made good progress. Waitematā DHB has achieved 74% to national target.

The FTE calculation is being readied for the Council sign off. There are a few areas outstanding that requires 12 months of consistent Trendcare data, so will remain challenging.



Workforce Planning and Workforce Development

Workforce Planning & Development
- Planning: supply and demand
- Professional Development & Recognition Programme [PDRP]
- Learning Framework /Education
- New Graduate Programme [NEtP, NESP]
- Return to Practice / CAP
- Unqualified Staff Devt [HCA]
- Undergraduate student placements
- Post Graduate Education
- Extended / Advanced Practice

The new graduate programme completion ceremony for the September 2019 to August 2020 group was cancelled due to COVID-19 lockdown restrictions. An alternative celebration will be planned, potentially using zoom, as venues are restricted and group size cannot exceed 100.

Student clinical placements have been affected again as schools are reluctant to have students in place at the current COVID-19 lockdown level. Concern arises about how this will affect student completion and the flow-on workforce pipeline.

Workforce planning is forecasting need in line with current reduced turnover.

Professional Relationships and Resilience

Professional Relationships & Resilience

- Staff Experience and Resilience
- Code of Practice for Managing Fatigue and Shift Work in Hospital based Nursing
- Professional networks
- Schools of Nursing
- Primary Care, Aged Residential Care, NGO
- Technology and Innovation: evitals e-notes, infusion
- Innovation projects
- Clinical Awards

In July we acknowledged Sofia Krylova our Endoscopy Nurse Practitioner intern as Nurse of the Year for Specialty Medicine. Sofia was a new graduate at Waitematā DHB before moving to endoscopy and commencing the Nurse Endoscopist programme. She was nominated for her persistence and tenacity along what has been a challenging journey from Registered Nurse in the Gastroenterology Unit to Nurse Endoscopist Intern and now to Nurse Practitioner Intern.

Sofia Krylova: Nurse Endoscopist – Nurse Practitioner Intern

Sofia is an outstanding positive and professional role model who is hard working within her role. In her own time, she has undertaken continuing post graduate study and increasing her knowledge through keeping up to date through additional required learning outside of that. She is well-liked and respected by her peers and senior medical staff, for her professional attitude, enthusiasm, knowledge, skill, willingness to learn, and ability to share her knowledge with others.

Sofia Krylova

Emergency Systems Planning

The monthly Emergency Management Group is progressing the review of emergency response plans, training and exercising. Particular emphasis is on the first responder team (Duty Nurse Managers, Security, Orderlies and Emergency Department teams) and how they work together. Work is also progressing to ensure compliance with the new Fire & Emergency New Zealand (FENZ) compliance.

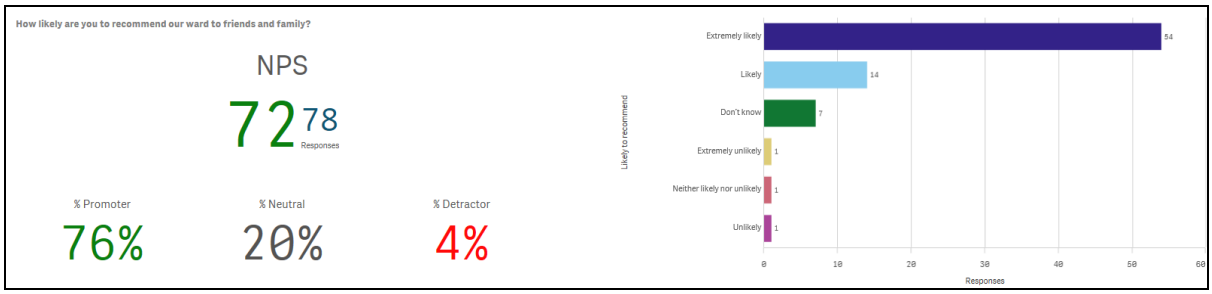
The Incident Management Team for COVID-19 has worked hard to implement changes and ensure readiness for this current resurgence.

Allied Health, Scientific and Technical Professions

(Forty-two (42) professions, accounting for 24% of the Waitematā DHB workforce.)

Everyone Matters, With Compassion, Connected and Better, Best, Brilliant

Friends and Family Test – Allied Health July 2020



A selection of comments received in July 2020 for Allied Health group:

- *"Because not only were you efficient, you are also pleasant and nice to be around."*
- *"Margaret was gentle and efficient."*
- *"Very glad I am recovered fast because of his help and work with my recovery. Thanks."*
- *"Because of your professionalism and all the help, and the friendliness."*
- *"I am very pleased with service provided."*

A selection of the comments received in July 2020 for the Oral Health group:

- *"My daughter was dealt with gently and with respect."*
- *"Excellent service care and relational skills with kids."*
- *"We are Korean and the therapist is Korean as well so it is really convenient for the community to understand clearly. Excellent service."*
- *"Great staff, sensitive and explained well."*

A selection of the comments received in July 2020 for the Radiology group:

- *"You are absolutely marvellous, handles people with care and compassion, nothing seemed too much for her, went out of her way to help. Please thank her."*
- *"I am so grateful and very impressed with all the care I received in these difficult circumstances."*

Recruitment and retention of Māori and Pasifika workforce

Four allied health professions (Oral Health, Dietetics, Occupational Therapy and Physiotherapy) are in focus, with work plans in place locally, regionally and nationally in order to recruit and retain Māori and Pasifika clinicians reflecting the communities we serve.

Current Māori and Pasifika staff across those priority professions, and staff required to reflect the working population as of July 2020 are:

MALT PRIORITY AH PROFESSIONS July 20	Māori in current workforce *	% of Māori in current workforce	Number of Māori to reflect working population	Additional Māori required	Recruited last 12 months	Terminated last 12 months	Last 12 months movement
Oral Health Therapist	15	8.43%	16	1	1	-4	-3
Dietitian	2	3.92%	5	3	0	0	0
Occupational Therapist	8	4.97%	15	7	4	-2	2
Physiotherapist	10	8.93%	10	0	4	-2	2
Total AH Priority Professions	**35**	**6.97%**	**46**	**11**	**9**	**-8**	**1**

PALT PRIORITY AH PROFESSIONS July 20	Pacific in current workforce *	% of Pacific in current workforce	Number of Pacific to reflect working population	Additional Pacific required	Recruited last 12 months	Terminated last 12 months	Last 12 months Movement
Oral Health Therapist	15	8.43%	13	0	1	0	1
Dietitian	0	0.00%	4	4	0	0	0
Occupational Therapist	3	1.86%	12	9	0	0	0
Physiotherapist	3	2.68%	8	5	0	-1	-1
Total AH Priority Professions	**21**	**4.18%**	**37**	**18**	**1**	**-1**	**0**

Reasons for leaving Waitematā DHB, across all allied health scientific and technical professions for Māori and Pasifika continues to be: to leave the district, leaving for personal reasons and leaving to go to another job in public health. On-going work is being undertaken to better understand those that choose not to disclose why they are leaving via choosing personal reasons, including offering exit interviews with the Director of Allied Health Scientific and Technical Professions.

Everyone Matters

Improving access for patients

We are pleased to see the Computed Tomography Coronary Angiogram (CTCA) service at Waitakere Hospital commence. The service will give greater equitable access to our communities located within the Waitakere region with a direct impact on patients who previously had to travel to North Shore Hospital to undergo the procedure. The service is currently being utilised as an outpatient service with plans to move to into the inpatient cohort once fully established.

(The Cardiology team at Waitakere Hospital – left to right Leonice Oh Cardiology Charge Nurse, Jaseentha Francis Cardiology Registered Nurse, Vanessa Leman Computed Tomography Team Leader Waitakere Radiology, Wilma Lewis Associate Clinical Charge Nurse, Paul Hanson Computed Tomography Medical Imaging Technician)

Better, Best Brilliant

Occupational Therapy New Graduate Award

Morgyn Hartdegen, a new graduate occupational therapist working in the Specialist Mental Health and Addiction Service, has been awarded one of two Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa Graduate Awards. This annual award is awarded to the graduate with the highest level of achievement within the occupational therapy programme. There are two awards each year for each of the programmes from Auckland University of Technology and Otago Polytechnic. Morgyn has written an insightful article in the July 2020 Occupational Therapy Magazine about her journey and what Occupational therapy means to her.

Physiotherapy Practice Publication

Lesley Anderson (Senior Surgical Physiotherapist) and Waitematā DHB have been featured in the Australian Journal of Physiotherapy outlining research showing the cost effectiveness of pre-operative physiotherapy intervention to prevent post-operative pulmonary complications (PPC's) after upper abdominal surgery. This research has been published internationally in multiple journals over the past two (2) years. We would like to acknowledge Lesley, the research team and all those who have contributed to, on behalf of Waitematā District Health Board, to this research.

Connected

Career engagement in Oral Health

A small group of Auckland Regional Dental Service (ARDS) oral health staff supported the Health Careers Wānanga for rangatahi held in July 2020 at Auckland University. The event was supported by a range of health professional groups and was very well attended by a large number of high-school students who are considering a career in one of the health disciplines.

Attracting Māori and Pasifika staff into an oral health career is an important step towards increasing alignment of the workforce in ARDS to the communities we serve, to reduce health inequities. The diversity in our current workforce reflects a growing success in this area.

Pictured:
Rehutai Tipene and Carnie Tagaloa (oral health therapists),
and Beatriz Calderon-Chamat (ARDS Community Engagement Coordinator).

Compassion

Rural care to patients via Telehealth

The Allied Health Early Discharge and Rehabilitation Service (EDARS) service were provided iPads by the Well Foundation to support in-home therapy via video-conferencing through the initial COVID-19 lockdown period. Due to the success of this pilot, iPads are now available on loan to patients that currently have no digital device available. The iPads are loaned to the patient prior to discharge from the acute ward to use at home to be able to complete Telehealth sessions with their therapists. With the help of an iPad, patients are able to receive regular telehealth therapy sessions without the need for therapists to visit the home. The use of iPads has widened the geographical reach for the EDARS team, allowing the team to reach rural areas which previously were unattainable, whilst also providing an effective therapy service.

4.2 Quality Report – July 2020

Recommendation:

That the report be received.

Prepared by: Dr Penny Andrew (Clinical Lead, Quality), Stacey Hurrell (Corporate Compliance Manager) and David Price (Director of Patient Experience)

Contents

1. Health Quality and Safety Markers
2. HQSC Quarterly QSM Dashboard
3. DHB Key Quality Indicators and Trends
4. Safe Care
5. Improvement Active Projects Report
6. Patient and Whānau Centred Care

Acronyms

Acronym	Definition	Acronym	Definition
ADU	Assessment and Diagnostic Unit	IT	Information Technology
ACP	Advance Care Planning	IVL	Intravenous luer
AKI	Acute Kidney Injury	KPI	Key Performance Indicator
AMS	Antimicrobial Stewardship	LOS	Length of Stay
ANTT	Aseptic non Touch Technique	LCC	Lakeview Cardiology Centre
BSI	Blood Stream Infections	MACE	Major Adverse Cardiac Events
CADS	Community Alcohol and Drug Service	MALT	Māori Alliance Leadership Team
CAUTI	Catheter Associated Urinary Tract Infection	M&M	Mortality and Morbidity
CCOT	Critical Care Outreach Team	MRSA	Methicillin Resistant Staphlococcus aureus
CDI (C.diff)	*Clostridium difficile (C.difficile) infection*	MRO	Micro Resistant Organism
CeDSS	Clinical e-Decision Support	MSU	Mid-Stream urine
		NMDS	National Minimum Data Set
CGB	Clinical Governance Board	N/A	Not Applicable
CLAB	Central Line Associated Bacteraemia	NRFit	Neuraxial and Regional connectors
CPP	Chronic Pelvic Pain	NZEWS	New Zealand Early Warning Score
CWFS	Child Woman and Family Service	NPS	Net Promoter Score
CXR	Chest X-Ray	PACE	Pathway for Acute Care of the Elderly
ESC	Elective Surgery Centre	PDP	Patient Deterioration Programme
ePA	Electronic Prescribing and Administration	PERSy	Patient Experience Reporting System
eMR	E-Medicine Reconciliation	PICC	Peripherally Inserted Central Catheter
ED	Emergency Department	PROM	Patient Reported Outcome Measure
EDARS	Early Discharge and Rehabilitation Services	PWCCS	Patient Whānau Centre Care Standards
ELT	Executive Leadership Team	QI	Quality Improvement
ETT	Exercise Tolerance Test	QoL	Quality of Life
FFT	Friends and Family Test	QSM	Quality and Safety Markers
FHC	Front of House Coordinator	SAB	S.aureus bacteraemia
FY	Financial Year	SAC	Severity Assessment Code
HABSI	Hospital Acquired Blood Stream Infection	S&A	Surgical and Ambulatory
HCAI	Health-care associated infection	SAQ	Safety Attitude Questionnaire
HDU	High Dependency Unit	SCBU	Special Care Baby Unit
HH	Hand Hygiene	SMART	Specific, Measurable, Achievable, Reliable and Time bound
HOPE	Health Outcomes Prediction Engineering	SMT	Senior Management Team
HQSC	Health Quality and Safety Commission	TBA	To Be Advised
HRT	Health Round Table	TRAMS	Tracheostomy Review and Management Service
ICU	Intensive Care Unit	UTI	Urinary Tract Infection
IORT	Intraoperative Radiotherapy	WTK	Waitakere Hospital
IP&C	Infection, Prevention and Control	XPs	Extended Properties
ISBAR	Identify, Situation, Background, Assessment, Recommendation	YTD	Year to date

1. Health Quality and Safety Markers

The Quality and Safety Markers (QSMs) are used by the Health Quality and Safety Commission to evaluate the success of its national patient safety campaign, *Open for better care*, and determine whether the desired changes in practice and reductions in harm and cost have occurred. The markers focus on the four areas of harm covered by the campaign:

1. Falls
2. Healthcare associated infections (hand hygiene, central line associated bacteraemia and surgical site infection)
3. Perioperative harm
4. Medication safety
5. Pressure injuries
6. Deteriorating patient
7. Patient experience

For each area of harm there are a set of process and outcome markers. The process markers show whether the desired changes in practice have occurred at a local level (e.g. giving older patients a falls risk assessment and developing a care plan for them). The outcome markers focus on harm and cost that can be avoided. Process markers at the DHB level show the actual level of performance, compared with a threshold for expected performance:

- 90% of older patients are given a falls risk assessment
- 90% of older patients at risk of falling have an appropriate individualised care plan
- 90% compliance with procedures for inserting central line catheters in ICU (insertion and maintenance bundle compliance)
- 80% compliance with good hand hygiene practice
- Surgical Site Infections rate per 100 procedures [target has not been set by HQSC)
- 100% primary hip and knee replacements antibiotic given 0-60 minutes before 'knife to skin' [first incision]
- 95% primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more
- 100% of audits where all components of the surgical safety checklist were reviewed
- 100% of audits with surgical safety checklist engagement scores of five or higher
- >50 observational audits are carried out for each part of the surgical checklist
- Number of DVT/PE cases per quarter *(target has not been set by HQSC)*
- Percentage of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic medicine reconciliation was undertaken within 72hrs [of admission] *(target has not been set by HQSC)*
- Percentage of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic medicine reconciliation was undertaken within 24hrs [of admission] *(target has not been set by HQSC)*
- Percentage of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic medicine reconciliation was included within as part of the discharge summary *(target has not been set by HQSC)*
- Percentage of patients with a documented sedation score*(target has not been set by HQSC)*
- Percentage of patients with documented bowel function monitored *(target has not been set by HQSC)*

- Percentage of patient with uncontrolled pain*(target has not been set by HQSC)*
- Percentage of patients with documented opioid related adverse events*(target has not been set by HQSC)*
- Percentage of patients with a hospital acquired pressure injury *(target has not been set by HQSC)*
- Percentage of patients audited for pressure injury risk who received a score *(target has not been set by HQSC)*
- Percentage of patients with the correct pressure injury care plan implemented *(target has not been set by HQSC)*
- Percentage of wards using the NZ early warning score *(target has not been set by HQSC)*
- Percentage of audited patients with an early warning score calculated correctly for the most recent set of vital signs *(target has not been set by HQSC)*
- Percentage of audited patients that triggered an escalation of care and received the appropriate response to that escalation as per the DHB's agreed escalation pathway *(target has not been set by HQSC)*
- Number of in-hospital cardiopulmonary arrests in adult inpatient wards, units or departments *(target has not been set by HQSC)*
- Number of rapid response escalations *(target has not been set by HQSC)*
- Score of 8.5 per domain - improvement in national patient experience survey response results over time
- Maintain and improve national patient experience survey response rate over time

The future timetable for Health Quality and Safety Commission Quality Safety Marker (QSM) reporting in 2020 is:

Period covered	Publication date (indicative)
Q1 2020 (Jan–Mar 20)	Delayed due to COVID-19
Q2 2020 (Apr–Jun 20)	30 September 2020
Q3 2020 (Jul–Sep 20)	18 December 2020

2. Health Quality and Safety Commission Quarterly QSM Dashboard

Quality Safety Markers (QSM)			Target	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Last Quarter Change
Falls		% older patients assessed for falls risk	90%	95%	98%	96%	98%	97%	98%	99%	99%	100%	⇧
		% older patients assessed as significant risk of falling with an individualised care plan	90%	98%	97%	96%	94%	99%	99%	98%	96%	97%	⇩
Health Care Associated Infections	Hand Hygiene (HH)	% of compliant HH moments	80%	89%	89%	89%	90%	89%	88%	93%	91%	92%	⇧
	CLAB	% occasions insertion bundle used in ICU	90%	98%	100%	99%	100%	100%	100%	100%	100%	100%	⇔
		% occasions maintenance bundle used in ICU (*not currently an HQSC Target*)	90%	96%	97%	92%	96%	97%	99%	99%	98%	91%	⇩
	Surgical Site Infections	Surgical Site Infections rate per 100 procedures [target has not been set by HQSC. *National Q4 2018 rate = 1.0 infection per 100 procedures*	HQSC has not defined a target	0.0	0.0	0.5	1.5	0.3	0.7	0.3	0.4	TBC	⇩
				Cumulative rate 1.0 (From Jul 13)									
		100% primary hip and knee replacements antibiotic given 0 -60 minutes before 'knife to skin' [first incision]	100%	98%	95%	97%	97%	97%	98%	100%	HQSC SSI data lags by one – two quarters		-
		95% > primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more	90%	96%	97%	99%	98%	97%	98%	100%			-
		100% of primary hip and knee replacements will have alcohol based skin preparation	100%	94%	100%	98%	100%	95%	95%	Not provided by HQSC			-
		100% of primary and knee replacements will have surgical antimicrobial prophylaxis discontinued with 24 hours post-operatively	100%	100%	100%	100%	100%	99%	99%	Not provided by HQSC			-
	eMedRec	% of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic reconciliation was undertaken - within 72hrs [of admission]	TBD	Reporting Commenced Quarter 4 2019						90%	82%	85%	⇧
		% of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic	TBD							63%	64%	67%	⇧

Quality Safety Markers (QSM)			Target	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Last Quarter Change
Medication Safety		reconciliation was undertaken within 24hrs [of admission]											
		% of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic reconciliation was included within as part of the discharge summary	TBD							92%	92%	96%	⇧
	Opioids	% of patients with a documented sedation score	TBD	*Until HQSC completes Privacy Impact Assessment for Waitematā DHB data, we will provide aggregated data only*			72%	76%	85%	86%	86%	86%	⇔
		% of patients with documented bowel function monitored	TBD				4.0%	3.0%	3.5%	3.0%	4.3%	4.5%	⇧
		% of patient with uncontrolled pain	TBD				18%	8%	0.5%	0.0%	0.8%	0.2%	⇩
		% of patients with documented opioid related adverse events *HQSC Provide*	TBD					0.49%	0.35	0.58%	TBA	TBA	-
Patient Deterioration	% of eligible wards using the NZ Early Warning System (EWS)		TBD					100%	100%	100%	100%	100%	⇔
	% of audited patients with an EWS score calculated correctly for the most recent set of vital sign		TBD					100%	100%	100%	100%	100%	⇔
	% of audited patients that triggered an escalation of care and received appropriate response to that escalation as per DHB agreed escalation pathway		TBD					70%	72%	78%	69%	70%	⇧
	Rate of in-hospital cardiopulmonary arrests in adult inpatient wards, units or departments per 1000 admissions (NMDS) *HQSC Provide*		TBD		0.9%	1.3%	1.0%	0.2%	0.6%	0.5%	1.5%	TBC	-
	Rate of rapid response escalations per 1000 admissions (NMDS) *HQSC Provide*		TBD	*HQSC Data provided from Q3 2019*					19%	19.7%	TBC	TBC	-

Pressure Injuries	% of patients audited for pressure injury risk who received a score (NMDS)	90%		88%	86%	85%	86%	87%	89%	88%	88%	⇔
	% of patients with the correct pressure injury care plan implemented	90%		71%	62%	68%	68%	68%	65%	70%	69%	⇩
	% of patients audited with a hospital acquired pressure injury	TBD		1.6%	2.4%	0.6%	1.2%	1.0%	0.6%	1.3%	0.6%	⇩
	% of patients audited with non-hospital acquired pressure injury	TBD				2.1%	1.6%	2.2%	1.4%	2.9%	3.3%	⇧

Meets or exceeds the target	Within 5% of the target	More than 5% away from target	Positive increase ⇧	No change ⇔	Positive Decrease ⇩	Negative Increase ⇧	Negative Decrease ⇩

Note: QSMs collation suspended by HQSC until June 2020

Quality Safety Markers			Target		Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 & Q2 2020	Last Quarter Change
Peri-Operative Care	Surgical Safety	Uptake: % of audits where all components were reviewed	100%	Sign In	98%	98%	98%	100%	100%	98%	100%		98%		
				Time Out	100%	97%	100%	98%	98%	100%	100%		100%		
				Sign Out	92%	100%	98%	98%	100%	98%	98%		100%		
		Engagement: % of audits with engagement scores of five or higher	95%	Sign In	84%	93%	85%	96%	88%	89%			97%		
				Time Out	89%	90%	92%	94%	94%	100%	98%		100%	TBC	
				Sign Out	94%	95%	95%	100%	92%	98%			98%		
		Observations: number of observational audits carried out for each part of the surgical checklist (minimum of 50 observations per quarter)	≥ 50	Sign In	57	56	56	52	51	57	48	49	65		
				Time Out	54	64	61	51	53	53	52	45	64		
				Sign Out	52	55	56	52	50	51	45	36	55		

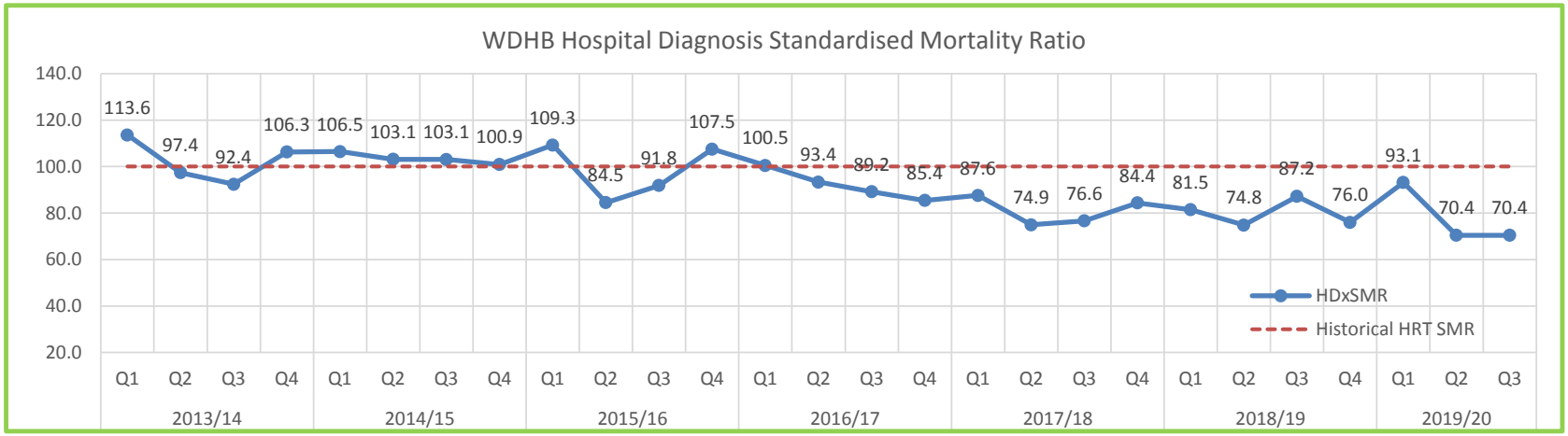
Data not published by the HQSC if observations were <50
Less than 75%
More than 75%
Target Achieved

3. DHB Key Quality Indicators and Trends

Quarterly HDxSMRs

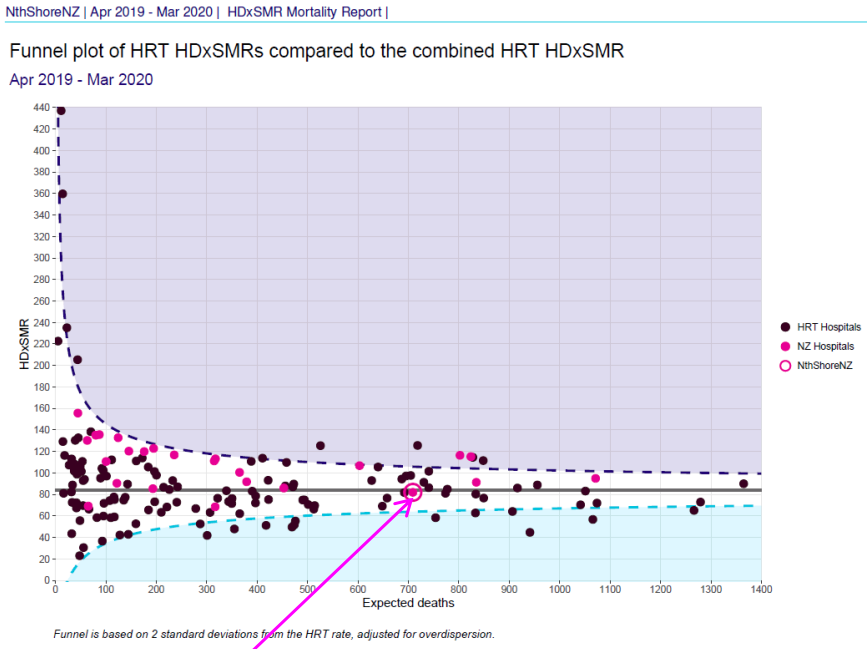
Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)
The HDxSMR is expressed as a ratio and seeks to compare actual deaths occurring in hospital (or in hospital and following hospital admission), with a predicted number of deaths based on the types of patients admitted to the hospital. The HDxSMR is a new HRT mortality methodology introduced in November 2016 (see Key Quality Indicator 'Mortality' below for further description of the new HRT mortality methodology).

Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)
Waitematā DHB's HDxSMR (combined NSH + WTH) **Q3 FY2019/2020 = 70.4**



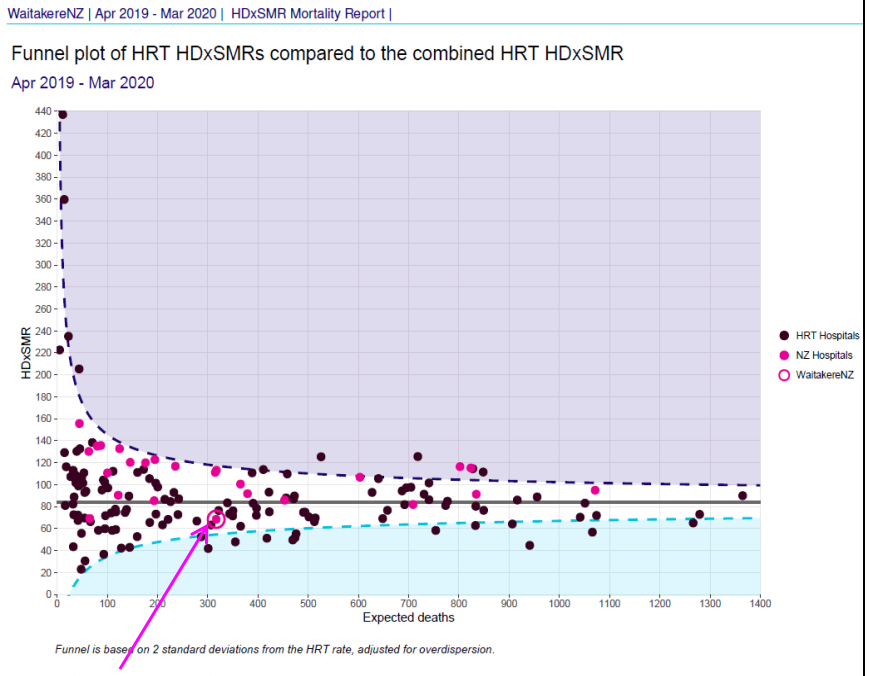
12 month Data - HDxSMR April 2019 – March 2020:

NB: Delays incurred by Health Round Table impacting on the receipt of the latest HDxSMR; will be updated as soon as available



North Shore Hospital

HDxSMR	
(12 months: Apr 2019 – Mar 2020)	
Episodes	**69,714**
Deaths	**581**
Expected Deaths	**708.8**
Combined HRT HDxSMR for Apr20 – Mar20	**84**
NZ HDxSMR for Apr20 – Mar20	**102**
Network HDxSMR	**78**

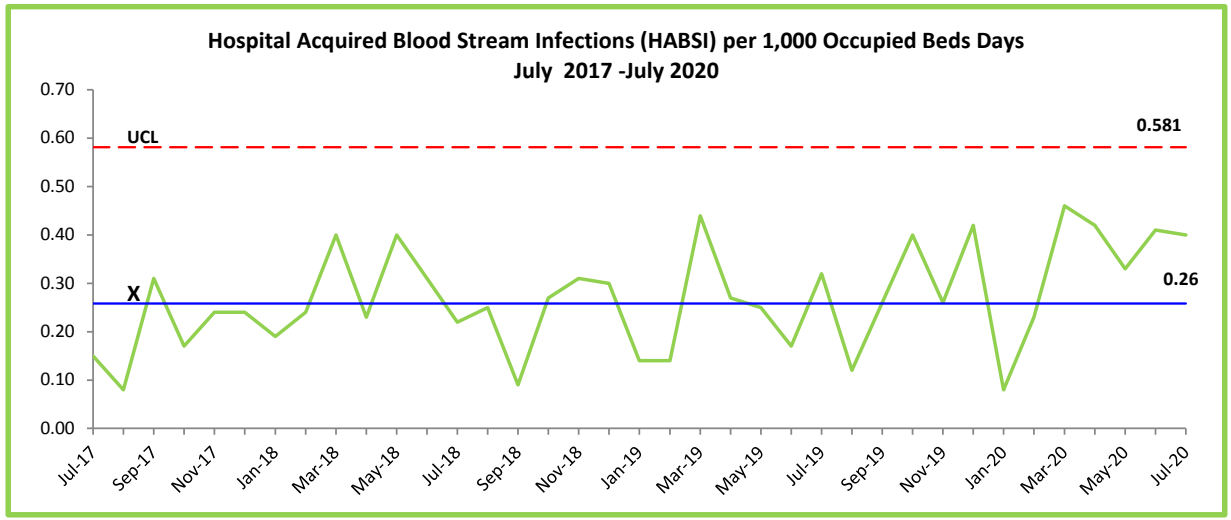


Waitakere Hospital

HDxSMR	
(12 months: Apr 2019 – Mar 2020)	
Episodes	**34,846**
Deaths	**217**
Expected Deaths	**316.7**
Combined HRT HDxSMR for Apr20 – Mar20	**84**
NZ HDxSMR for Apr20 – Mar20	**102**
Network HDxSMR	**78**

3.1 Hospital Acquired Blood Stream Infections (HABSI)

Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
0	Total # of infections	6 (May)	9 (Jun)	10 (Jul)	*HABSI is defined as a bloodstream infection attributable to hospital where acute or rehabilitation care is provided, if the infection was not incubating on admission. Typically bacteraemia diagnosed after 48 hours of admission, on readmission, related to a device, or within 30 days of procedure (if no alternate source identified) is categorised as a HABSI. There is no recognised national benchmark 'acceptable' rate or target for HABSI.*
0.00	# of infections per 1,000 occupied bed days	0.33 (May)	0.41 (Jun)	0.40 (Jul)	



- **Mean rates of HABSI/1,000 occupied bed days**

	Rate	N=
2016	0.35	89
2017	0.25	67
2018	0.26	70
2019	0.26	71
Q1/Q2 2020	0.32	37

*The Infection, Prevention and Control Committee's Executive Report for **Q1/Q2 2020 is attached at Appendix 1***

Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends

HABSI Analysis July 2020

Source	Total	Area	Organism	Comments
CAUTI	2	Ward 8	E coli (MBL positive)	A patient with metastatic bowel cancer (involving lung and liver) developed a hospital acquired bloodstream infection (HABSI) following elective abdominal exteneration[1]
		Titirangi Ward	Mixed Pseudomonas aeruginosa	A patient developed a hospital acquired bloodstream infection (HABSI) related to urinary tract infection
IVL	2	Ward 3	Staphylococcus aureus	A patient developed a hospital acquired bloodstream infection (HABSI) likely related to a peripheral intravenous line; patient very agitated and pulling at lines which may have contributed to the infection
		Huia Ward	Staphylococcus aureus	A patient developed a hospital acquired bloodstream infection (HABSI) likely related to a peripheral intravenous line
Other	3	Ward 4	Escherichia coli	A patient with a long-standing indwelling urinary catheter (for benign prostatic hyperplasia[2] (BPH)) developed a hospital acquired bloodstream infection (HABSI) post an open prostatectomy.
		ICU	Staphylococcus aureus	A patient developed a hospital acquired bloodstream infection (HABSI) likely related to tracheal aspirate
		Ward 9	Staphylococcus aureus	A patient developed a hospital acquired bloodstream infection (HABSI) likely related to a urinary source
Unknown	3	Ward 3	Staphylococcus aureus	All three patients developed a hospital acquired bloodstream infection (HABSI) from multiple likely sources
		Ward 8	Klebsiella oxytoca	
		ICU	Klebsiella pneumoniae + Enterococcus faecalis	

3.2 Hand Hygiene (HH) Compliance

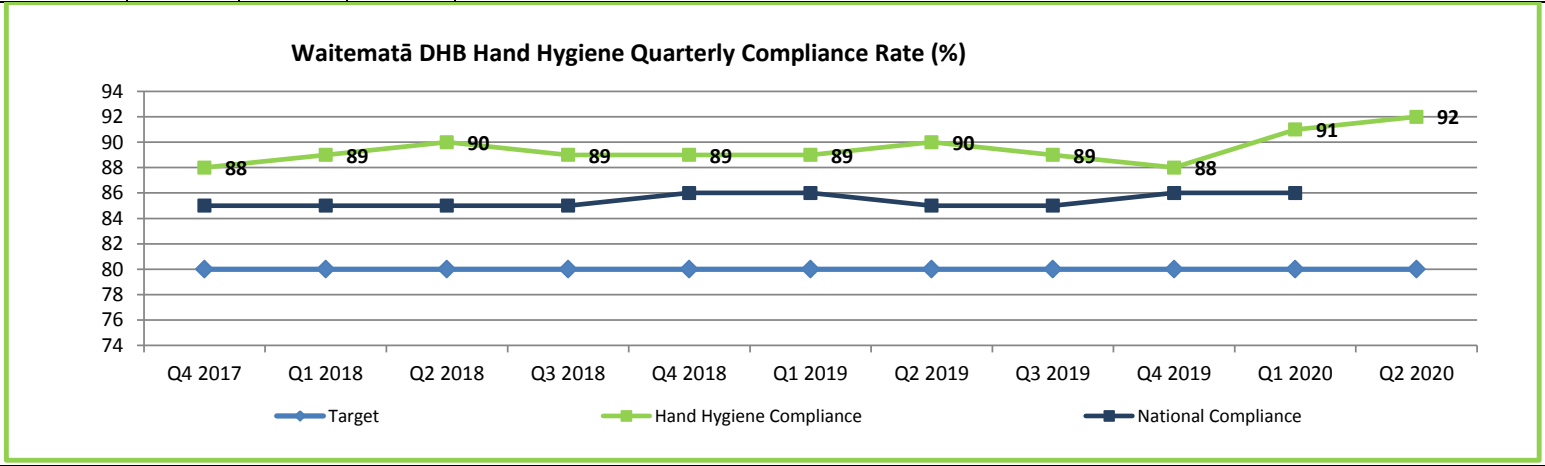
Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
>80%	% rate of compliance with five Hand	92% (May)	90% (Jun)	91% (Jul)	Waitematā DHB continues to achieve a Hand Hygiene compliance rate above the National Target of >80% and the National average compliance rate of 85%

[1] **Pelvic exenteration** (or pelvic evisceration) is a radical surgical treatment that removes all organs from a person's pelvic cavity. The urinary bladder, urethra, rectum, and anus are removed. The procedure leaves the person with a permanent colostomy and urinary diversion.

[2] **Benign prostatic hyperplasia (BPH) —** also called prostate gland enlargement — is a common condition as men get older. An enlarged prostate gland can cause uncomfortable urinary symptoms, such as blocking the flow of urine out of the bladder. It can also cause bladder, urinary tract or kidney problems.

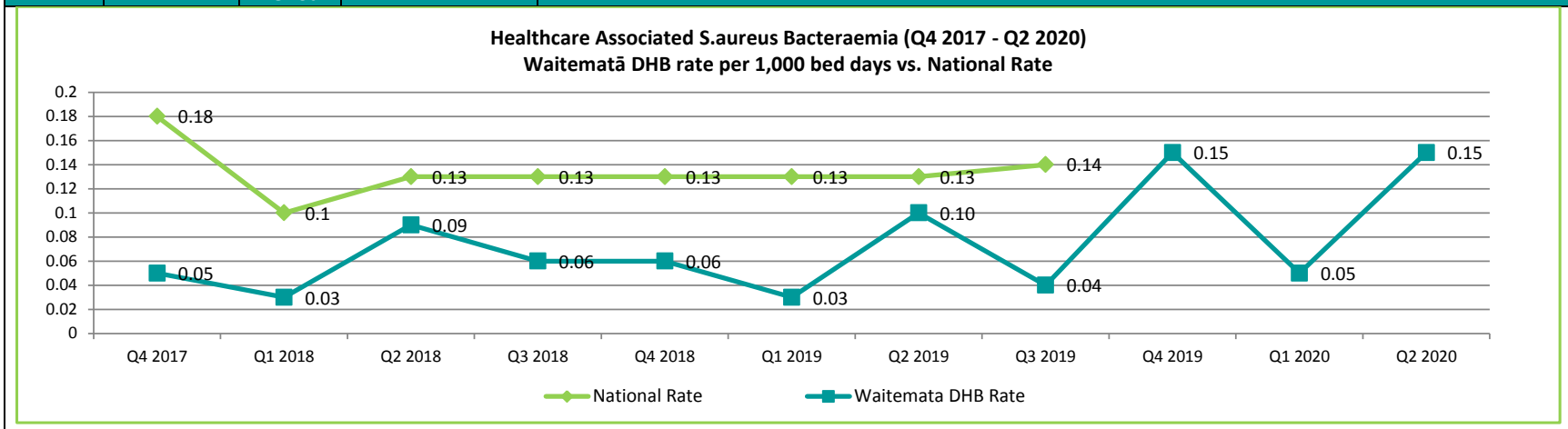
Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
	Hygiene Moments				

Hand Hygiene Results by Division – July 2020	
Division	**Compliance**
Acute & Emergency Medicine	90%
Child Women & Family	91%
Specialty Mental Health + Addictions	98%
Specialist Medicine + Health of Older People	89%
Surgical & Ambulatory	90%
Total	**91%**



0	Total # of Hospital Associated SAB infections	3 (May)	4 (Jun)	5 (Jul)	**Staph Aureus Blood Stream Infections/ Healthcare Associated Bacteraemia (HCA-BSI)** *The rate of S.aureus bacteraemia (SAB) infections attributed to healthcare is the national outcome measure for hand hygiene compliance. The SAB rate is based on HHNZ's definition to maintain consistency in DHB reporting.*
0	# of Hospital Associated SAB infections per 1,000 bed days	0.17 (May)	0.18 (Jun)	0.20 (Jul)	*The Waitematā DHB Hand Hygiene Reports for* ***July 2020 is attached at Appendix 2***

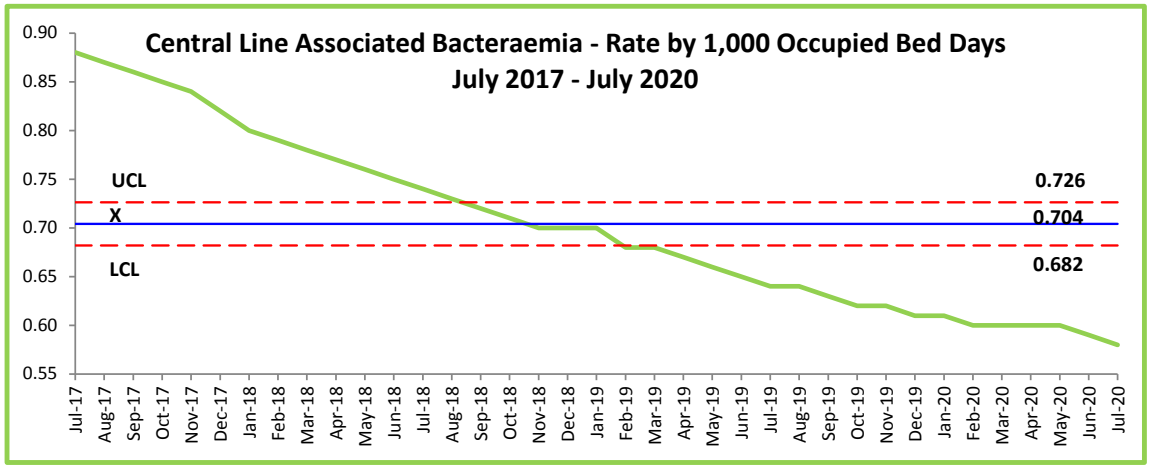
Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends



3.3 Central Line Associated Bacteraemias (CLAB)

Target	Measure	Previous Report Period	Current Report Period		Commentary/Trends
<1	# of CLAB infections per 1,000 line days (ICU)	0.60 (May)	0.60 (Jun)	0.58 (Jul)	**Central Line Associated Bacteraemia (CLAB)** *Patients with a central venous line are at risk of a blood stream infection (CLAB). Patients with a CLAB experience more complications, increased length of stay, and increased mortality; and each case costs approximate $20,000 - $54,000. CLAB infections are largely preventable using a standardised procedure for insertion and maintaining lines (insertion and maintenance bundles of care). NSH's ICUs compliance with standard procedure and rates of CLAB are Health Quality and Safety Markers.* The ICU is currently **1,065 days** CLAB Free as at **31 July 2020** • Central lines are inserted in the operating theatre and maintenance of the lines on the wards is followed up by theatre, ICU and the Infection Prevention and Control team staff supporting ward staff • The total number of central lines (centrally and peripherally) inserted in **July = 23** • CLAB rates at Waitematā DHB remain low and most wards have very long CLAB free periods due to both good compliance and infrequency of patients with central lines
>98%	% bundle compliance at insertion (ICU)	100 % (May)	100 % (Jun)	100% (Jul)	
>98%	% bundle compliance maintenance (ICU)	92% (May)	93 % (Jun)	91% (Jul)	

Target	Measure	Previous Report Period	Current Report Period	Commentary/Trends



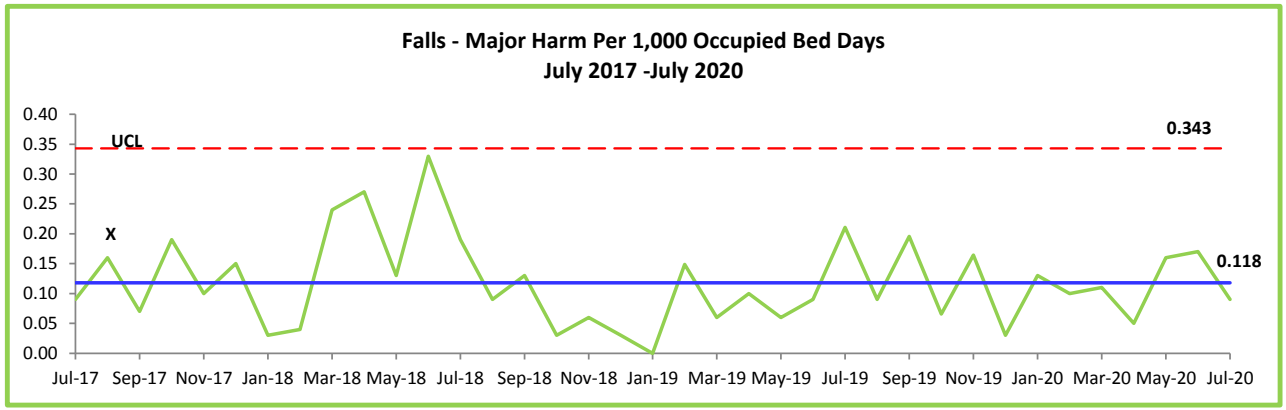
3.4 Surgical Site Infections

Target	Measure	Previous Report Period	Current Report Period	Commentary/Trends
TBA	-	0.4% (SSI Rate Q2 Apr – Jun 2019)	0.7% (SSI Rate Q3 Jul – Sep 2019)	*Surgical Site Infections (SSIs) – in scope procedures for SSI are primary and revision hip and knee arthroplasty at either North Shore Hospital or the Elective Surgery Centre (ESC) in accordance with the National Surgical Infection Improvement Programme. The surveillance criteria 90 days post-operatively for deep and 30 days for superficial infection.* • **Zero** SSI for **Q1 2020** reported by Infection, Prevention and Control

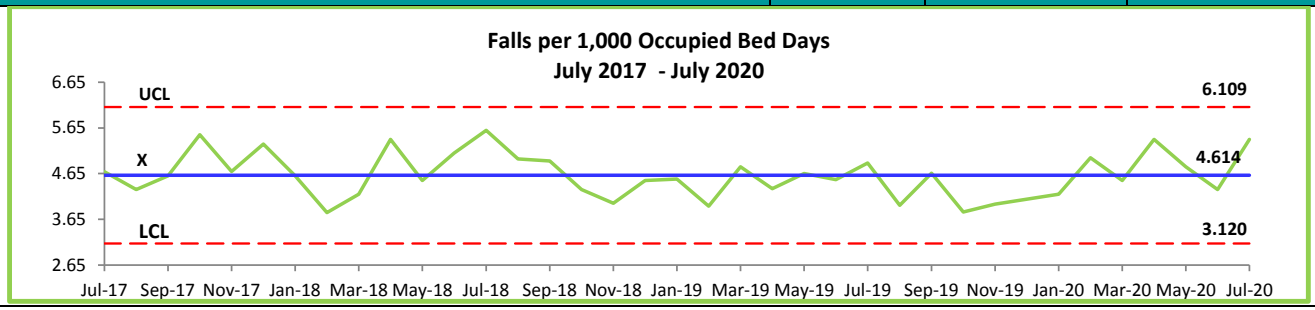
3.5 Falls with Harm

Target	Measure	Prev. Report Period	Current Report Period		Commentary
	Total number (#) of falls	120 (May)	127 (Jun)	177 (Jul)	*Verbal Update to be provided by Director of Nursing*
<5.0	Rate of falls per 1,000 Occupied Bed Days (OBD)	4.8 (May)	4.3 (Jun)	5.4 (Jul)	
	Total number of multi-fallers	18 (May)	14 (Jun)	17 (Jul)	

Target	Measure	Prev. Report Period	Current Report Period		Commentary
>90%	% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling	96% (May)	100% (Jun)	95% (Jul)	
>90%	% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling within eight hours of admission	80% (May)	88% (Jun)	85% (Jul)	
>90%	% patients 75 years and over (55 years and over Māori and Pacific) assessed as being at sufficient risk of falling have an individualised care plan in place	80% (May)	98% (Jun)	100% (Jul)	
	Total number of falls where an injury has occurred (including Major Harm)	39 (May)	39 (Jun)	46 (Jul)	
	Rate of falls where an injury has occurred (including Major Harm) per 1,000 Occupied bed day	1.6 (May)	1.3 (Jun)	1.4 (Jul)	
	Total number of falls with major harm (SAC 1 and 2)	4 (May)	5 (Jun)	3 (Jul)	
	Rate of falls with major harm per 1,000 Occupied bed day	0.16 (May)	0.17 (Jun)	0.09 (Jul)	
0	Total number of reported fractured neck of femurs (NOF) as a result of a fall while in hospital (included in the major falls with harm rate)	2 (May)	0 (Jun)	0 (Jul)	
0	Total number of coded fractured neck of femurs (NOF) as a result of a fall while in hospital	2 (May)	TBC (Jun)	TBC (Jul)	

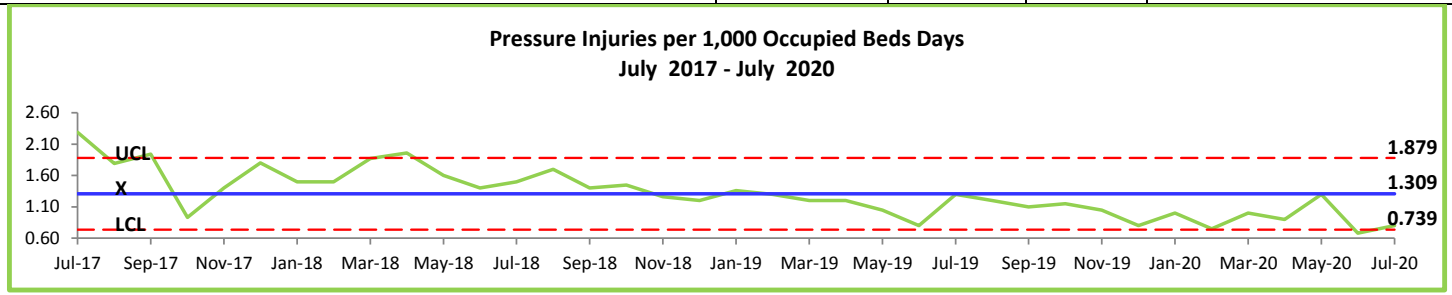


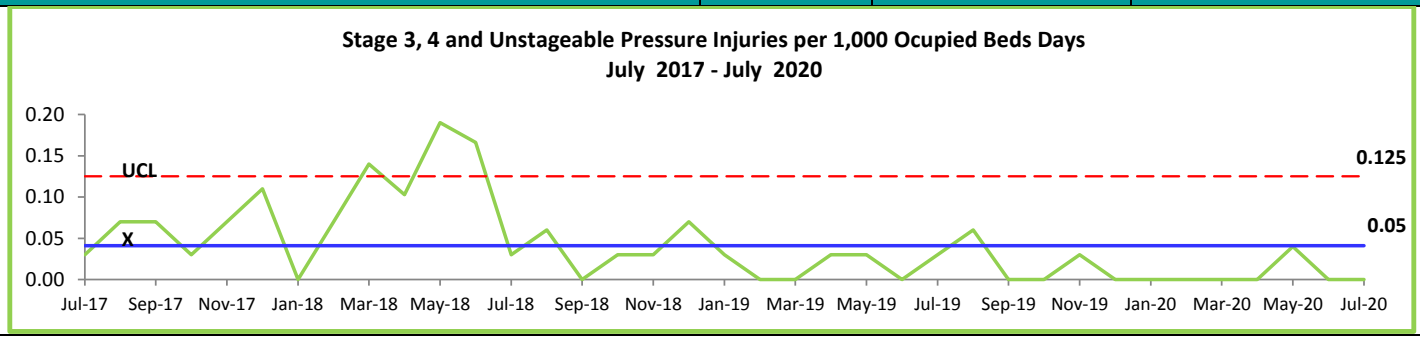
Target	Measure	Prev. Report Period	Current Report Period	Commentary



3.6 Pressure Injuries

Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
100%	% patients risk assessed within specified time frame (eight hours)	77 % (May)	61% (Jun)	76% (Jul)	
100%	% patients audited who received a score	94 % (May)	88% (Jun)	89% (Jul)	
100%	% patients with the correct care plans implemented	66 % (May)	69% (Jun)	61% (Jul)	
	Number of patients with reported confirmed pressure injuries (Incident Reporting System – Risk MonitorPRO)	33 (May)	20 (Jun)	25 (Jul)	
	Rate of confirmed pressure injuries per 1,000 Bed Days	1.3 (May)	0.7 (Jun)	0.8 (Jul)	
0	Number of reported confirmed Stage 3, 4 or unstageable pressure injuries (Incident Reporting System – Risk MonitorPRO)	1 (May)	0 (Jun)	0 (Jul)	
	Rate of confirmed Stage 3, 4 or unstageable pressure injuries per 1,000 Bed days	0.04 (May)	0.00 (Jun)	0.00 (Jul)	



Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends
				

3.7 E-Medicine Reconciliation (eMR), ePrescribing and Administration (ePA)

Target	Measure	Previous Report Period	Current Report Period	Commentary
100%	% patients with eMR completed within 24 hours on admission and discharge	87%	90%/92%	**Electronic Medicines Reconciliation (eMR/eMedRec)** - *no change from previous report* eMedRec (electronic Medicines Reconciliation) is live in 919 acute beds across North Shore and Waitakere hospitals. An admission Med Rec is completed for 80-90% of all ward patients (in areas where eMedRec available). The rollout of eMedRec was completed to all planned areas in 2019. Maternity and the Emergency department remain the only acute specialties where the software is not enabled. Waitematā DHB is now reporting quarterly Quality and safety markers (QMSs) for eMedRec to HQSC. The Orion Health eMedRec software and the Soprano Medical Templates technology that it is built on are outdated technology and considered 'sunset' products by the vendor. We are approaching the limits of what these solutions are capable of and there are several areas where enhanced functionality or a new solution would be valuable e.g. the ability to do eMedRec and generate prescriptions in outpatient settings. **Electronic Prescribing and Administration (ePA)** – *no change from previous report* **MedChart Performance:** We agreed with healthAlliance some time ago to move the remaining MedChart servers to the new Virtual Farm as there was some performance improvement when some were moved across. Since then there has been a focus on looking at how MedChart can be run across the region. The VMs (servers) still need to be moved. **iPad Freezing:** While the new TWA wireless network was tested and confirmed to be significantly faster; it has since been moved into production and implemented on ward 10. Testing in production has shown it is *now performing more slowly than SWA*. This has been escalated within healthAlliance and we are waiting on next steps.

3.8 Complaint Responsiveness

<table>
<tr><th>Target</th><th>Measure</th><th>Previous Report Period</th><th colspan="2">Current Report Period</th><th>Commentary</th></tr>
<tr><td><15 days</td><td>Average time to respond to complaints in the reporting month</td><td>15 (May)</td><td>10 (Jun)</td><td>8 (Jul)</td><td>
The average days to respond have gradually decreased over the last four years and services across the DHB are working diligently to ensure they meet the target of <15 calendar days to respond
<table>
<tr><th></th><th>Average Days to Respond</th></tr>
<tr><td>2015</td><td>18</td></tr>
<tr><td>2016</td><td>19</td></tr>
<tr><td>2017</td><td>15</td></tr>
<tr><td>2018</td><td>14</td></tr>
<tr><td>2019</td><td>12</td></tr>
<tr><td>2020 YTD</td><td>12</td></tr>
</table>
<table>
<tr><th colspan="2">Average Days to Respond – Provider Arm</th></tr>
<tr><th>Division</th><th>July 2020</th></tr>
<tr><td>Acute & Emergency Medicine</td><td>8</td></tr>
<tr><td>Child, Women & Family</td><td>7</td></tr>
<tr><td>Specialist Mental Health & Addictions</td><td>11</td></tr>
<tr><td>Specialty Medicine and Health of Older People</td><td>10</td></tr>
<tr><td>Surgical & Ambulatory</td><td>10</td></tr>
</table>
</td></tr>
</table>

3.9 Overview of findings from six monthly Complaints process survey

In June 2018, the Waitematā DHB Quality and Risk Team commenced a monthly survey to complainants in order to understand their experience of the DHB's Complaints Process. The survey is sent out once their complaint has been responded to and closed. The survey considers the experience with regard to making a complaint, the complaints process and the complaint response. The complaints process survey for the period January to June 2020 shows that 87% of complainants found it very or fairly easy to lodge a complaint, with 67% knowing who was looking into their complaint. 71% of complainants were contacted from the services on receipt of the complaint; we continue to work with the services to encourage this.

Seventy one per cent of the respondents felt that the complaints process was fair. Reasons for the respondent stating that they felt it wasn't fair included: Issues remaining unresolved, lack of discussion and understanding by the service. Fifty one per cent of respondents were happy with the response received, while 35% were not (14% did not answer this question). Those who were dissatisfied with their response were due to issues remaining unresolved, perceived lack of accountability/ownership by the service or they felt that the response letter did not give a clear explanation of the outcome of the investigation. Sixty four per cent felt that their concerns were listened to, with the services providing a clear explanation. However, 29% found that the response letter did not give a clear explanation of the outcome of the investigation, some felt, they were not listened to and there was not enough information given. There was also a comment about feeling that the process was not patient focused enough.

All the learnings from this on-going survey are used to support the services in improving our responses and responsiveness to complaints. It also helps develop the on-going Complaint Management Training delivered by the Director of Patient Experience and Complaints and Adverse Events Manager.

4. Safe Care

4.1 Infection Prevention and Control (IP&C)

*IP&C Surveillance Overview and Audit Results for **July 2020***

Month	Total ESBL (Def)	Total HABSI	Total C.diff (HO-HCA)	Total Waitematā DHB Hand Moments	% National HH Moments Passed (Ave)	%I&PC Facilities Standards Met Overall (Ave)	% Commodes Clean
January 2019	17	3	3	5079	89%	97%	100%
February 2019	18	3	3	4824	89%	98%	83%
March 2019	16	10	4	4939	90%	98%	98%
April 2019	15	6	4	4783	89%	97%	86%
May 2019	12	6	5	4722	90%	97%	91%
June 2019	4	4	2	4516	90%	97%	95%
July 2019	16	7	8	4859	88%	100%	97%
August 2019	7	3	5	4583	91%	96%	100%
September 2019	9	6	2	4989	89%	97%	100%
October 2019	9	8	4	5039	87%	99%	99%
November 2019	7	6	4	4486	87%	98%	99%
December 2019	8	9	5	4560	89%	98%	95%
Overall 2019	138	71	49	57,379	89%	99%	99%
January 2020	5	2	2	4897	89%	97%	100%
February 2020	6	5	2	4392	91%	98%	100%
March 2020	3	9	4	4624	93%	97%	97%
April 2020	3	6	6	3818	93%	95%	100%
May 2020	4	6	4	4730	92%	99%	100%
June 2020	4	9	TBC	4656	90%	97%	100%
July 2020	11	10	TBC	4,750	91%	97%	96%

RAG Rating Legend

% National HH Moments Passed	% I&PC Facilities Standards Met	% of Clean Commodes
≥ 80%	≥ 99%	≥ 99%
≥ 70%	≥ 90%	≥ 90%
< 70%	< 90%	< 90%

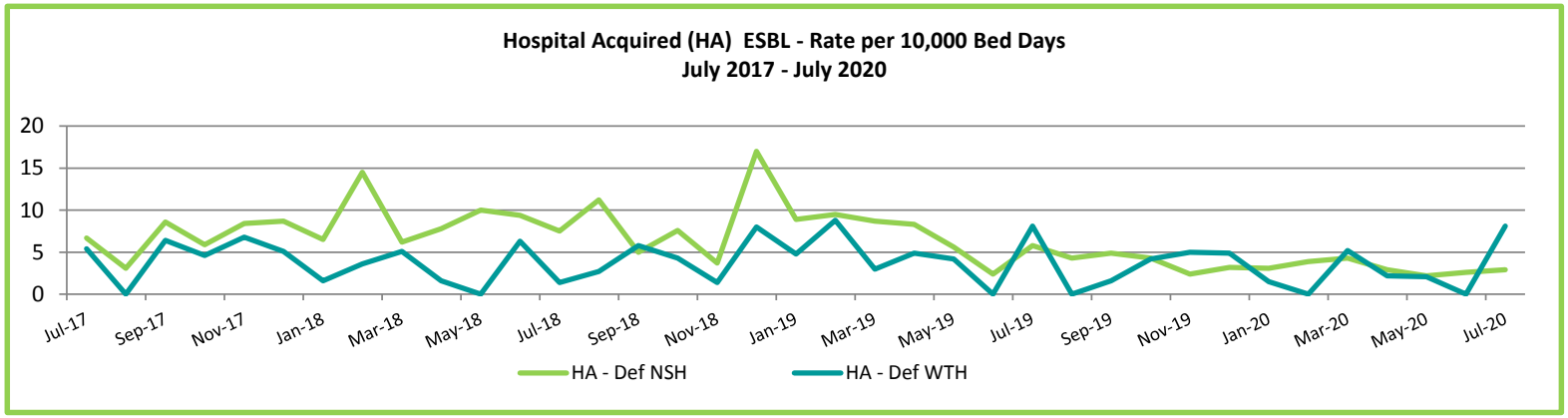
4.2 Surveillance

4.2.1 Extended Spectrum Beta Lactamase (ESBL)	July 2020
HA-ESBL is now defined as Isolation of ESBL producing Enterobacteriaceae (e.g. E.Coli or Klebsiella sp.) from a clinical or screening specimen >72 hours post admission (not 48 hours as per the old definition), in a patient with previously negative or unknown ESBL status. This new definition now aligns with ICNET and CDC Surveillance Definition	

HA –ESBL 2020	NSH		WTH	
	Counts	Rates	Counts	Rates
July	5	2.9	6	8.1

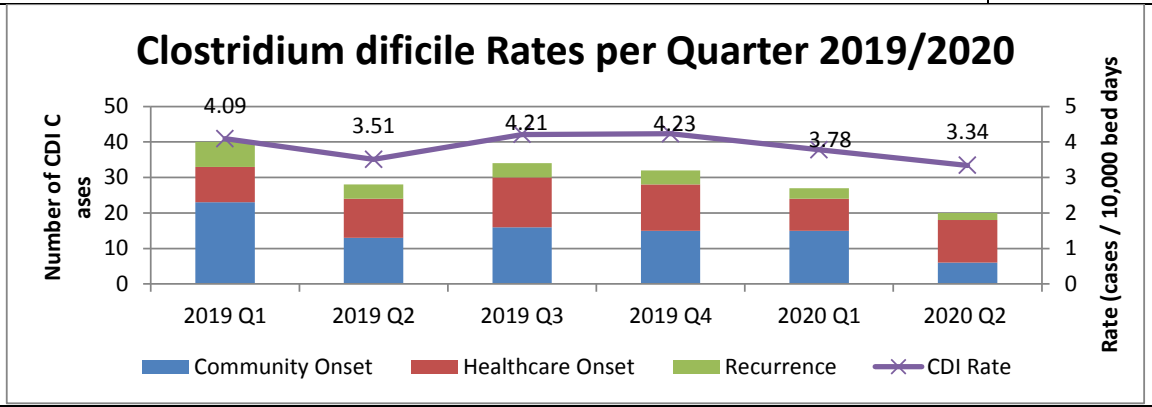
There has been an overall reduction in the HA-ESBL colonisation and infections in newly colonised patients at both NSH and WTH in Q1/Q2 2020.

For the **Q1/Q2 2020** period there were **33** HA-ESBL cases identified (27 NSH/8 WTH) in comparison to the same period last year (2019) which had **82** HA-ESBL cases (66 NSH/16 WTH); this indicates a **59.8%** ⇩reduction. This shows a rate reduction from **6.2**/10,000 bed days (**Q1/Q2 2019**) to **2.8**/10,000 bed days (**Q1/Q2 2020**).



4.2.2 Clostridioides difficile (CDI)	Comments
Waitematā DHB Surveillance Definitions for CDI ***Healthcare facility Onset (HO-HCA)*** *- CDI symptom onset is more than 48 hours after admission (third calendar day).* ***Community Onset healthcare facility associated (CO-HCA)*** *-Discharged from a healthcare facility within previous four weeks.* ***Community Onset Community Associated (CO)*** *-No admission in the last 12 months.* ***Indeterminte*** *-Discharged from a healthcare facility within the previous 4-12 weeks.* ***Recurrent*** *-Episode of CDI that occurs eight weeks or less after the onset of a previous episode provided the symptoms from the prior episode have resolved.*	The overall rate for CDI remains static around 3.5/10,000 bed days; however Q2 2020 had an increase of HO-HCA (12 CDI identified. **Q1 2020 (27 CDI cases)** • 15 CO • 9 HO-HCA

4.2.2 Clostridioides difficile (CDI)	Comments
Clostridium difficile (C.difficile) infection (CDI) Summary *Clostridium difficile infection (CDI) typically results from the use of antibiotics that affect the normal gut flora, promoting the growth of gut flora. Prevention, therefore, is dependent on appropriate antibiotic use.*	• 3 recurrent • Proportion of **HO-HCA** infections **36**% • Overall rate **Q1 3.78**/10,000 bed days **Q2 2020 (20 CDI cases)** • 6 CO • 12 HO-HCA • 2 recurrent • Proportion of **HO-HCA** infections **66%** • Overall rate **Q2 3.34**/10,000 bed days



4.2.3 Methicillin Resistant Staphylococcus Aureus (MRSA)

Waitematā DHB continues to have low hospital acquired Methicillin Resistant Staphylococcus Aureus (HA –MRSA) infection rates based on information primarily collected from laboratory antibiotic susceptibility data; 90% of MRSA are community acquired.

Table below shows the number of MRSA isolates in 2019- 2020 – the increase in know MRSA clinical isolates could be attributed to introduction of ICNET since 2018.

Description	2019 NSH/WTH (TOTAL)	2020 Jan-Jun NSH/WTH (TOTAL)
MRSA isolates	**190/147 (337**)	**85/57 (142)**
Community MRSA and other HCF (new cases)	**111/93 (204)**	**36/23 (59)**
Community MRSA (known on admission)	**73/52 (125)**	**44/32 (74)**

4.2.3 Methicillin Resistant Staphylococcus Aureus (MRSA)

New healthcare onset (hospital acquired)	**6/2 (8)**	**5/2 (7)**
Health care onset (known on admission)	**None**	

4.2.4 Vancomycin Resistant Enterococci (VRE)

Active Vancomycin Resistant Enterococci (VRE) surveillance, similar to Extended Spectrum Beta Lactamase (ESBL) since 2007 and Carbapenemase producing Enterobacterales and Pseudomonas (CPE) since 2017, is performed at WDHB since May 2015 after an outbreak at NSH in 2014. Identification of new VRE colonisation or infection continues to be very low due to enhanced IPC measures including use of Deprox for environmental decontamination in selected situations.

Only 3 new HA-VRE colonisations were identified between Jan –Mar 2020 in Ward 14, Ward 10, and Ward 3.

- Contact tracing of patients sharing rooms did not find in evidence of cross transmission at NSH.
- No VRE infections were seen over a prolonged period and burden of VRE has also reduced.

4.2.5 Carbapenemase-producing Enterobacteriaceae

*National concern has been raised about the emergence and spread of **Carbapenemase producing Enterobacterales and Pseudomonas (CPE)** in New Zealand since 2015. These are the "next generation" of antimicrobial resistant bacteria with minimal or no effective antibiotics that can be used for treatment of infections caused by them. In addition, CPEs have important Infection, Prevention and Control implications.*

Different types of Carbapenemase genes (NDM, OXA-48, and KPCs) confer resistance which can be detected by molecular testing.

- **In 2019,** 14 of 45 suspicious isolates were confirmed as CPE by molecular testing. Of these, 11 patients were hospitalised or had recently travelled overseas.
- **In January -June 2020** there were only **three** confirmed CPE from community patients
- No CPE clusters or outbreaks have been identified at Waitematā DHB to date

4.2.6 Seasonal Influenza

Waitematā DHB has a yearly seasonal Influenza surveillance program which usually commences in March every year. In addition, hospital acquired (HA-Inf) is a unique designation used in our surveillance since 2017. It identifies inpatients admitted initially for other medical reasons but developed Influenza during their hospital stay, likely through acquisition from either other patients, staff, visitors or environment. Therefore, confirmation of Influenza after 72 hrs of admission is defined as HA-Inf.

Data includes only confirmed patient cases where influenza like illness (ILI) symptoms developed 48 hours after admission. Source of acquisition variable (healthcare worker, patient, visitors)

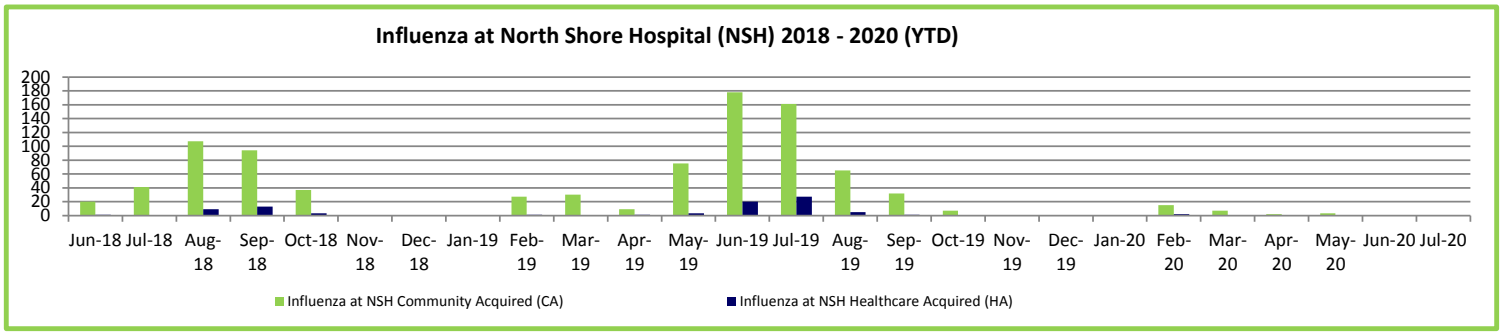
Summary Q1/Q2 2020:

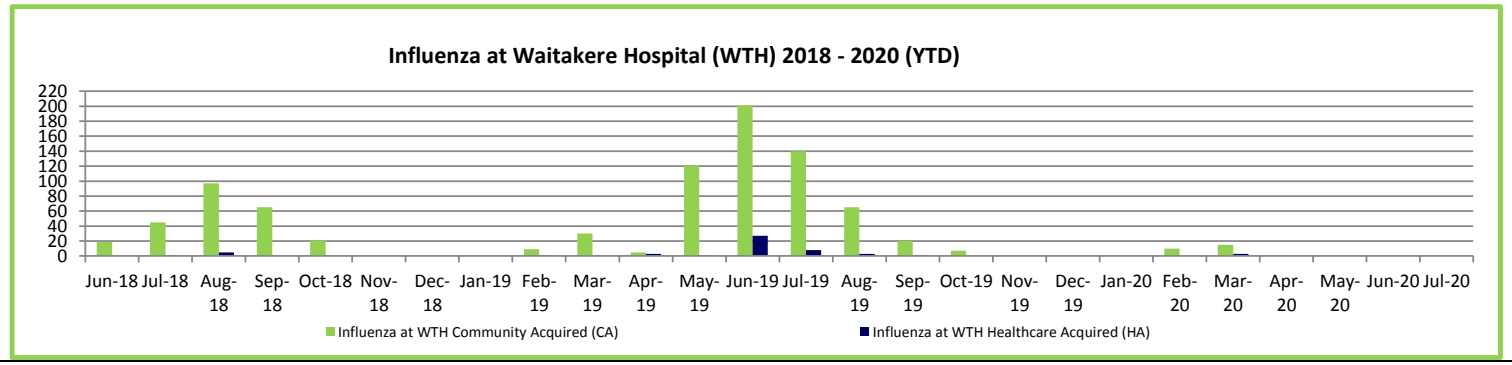
- Marked decline in the seasonal influenza activity during COVID-19 restrictions period which appears to have been sustained to date; **58** cases 2020 (YTD) compared to **359** for the same period last year (83.8% ⇩reduction)
- Only **six** influenza cases (all community acquired) were diagnosed since April 2020
- Staff influenza vaccine uptake was at a record high of **71%** for 2020

NSH	Feb	Mar	Apr	May	Jun	Jul
CA-INF	15	7	2	3	0	0
HA-INF	2	0	0	0	0	0

WTH	Feb	Mar	Apr	May	Jun	Jul
CA-INF	10	15	1	0	0	0

HA-INF	0	3	0	0	0	0





4.2.7 Communicable Diseases, Clusters and Outbreaks

Q1-Q2 2020 Overview

Disease	Cases	Ward	Staff Contact	Patient Contacts	
Tuberculosis	4	Ward 10/Huia Ward/ED WTH	37	23	Contact tracing undertaken as patient not initially isolated in airborne precautions due to low clinical suspicion
N. meningitides (sputum)	1	Anawhata Ward	7	0	Staff contacts offered prophylaxis; patient had persistent cough
Influenza	3	Waiatarau Unit	0	0	Cluster identified in March, contained to the three patients

5. Innovation and Improvement Team Active Projects Report

Overview of Work Programmes

July 2020

CURRENT i3 WORK IN PROGRESS

Leapfrog Programme

- *See Leapfrog Programme Report – Phase 3 projects (separate report)*
- Phase 4 plan in development
- Information Systems Strategic Group (meets fortnightly)

Data/Analytics

- Qlik Sense – currently in development: Palliative Care; Congestive Heart Failure; COVID-19; equity dashboards; Choosing Wisely (labs); Surgical Pathology, Costing
- DataRobot trial – prediction of hospital occupancy
- Development of regional data store + dashboard: DHB waitlists and Quarantine
- Regional Data Design Authority – representation
- AI lab concept development
- Collaboration with HQSC on impact of COVID measures
- MH Snapshot – design + implementation
- Care Pathways system development – currently outpatients eOutcomes; surgical waitlist; stroke pathway; COVID monitoring; ED best care bundles
- Clinical calculator register/approval process

Digital Transformation

- i3 website: **http://i3.waitematadhb.govt.nz/** (upgrade in progress)
- Waitematā DHB website rebuild
- Intranet website migration to Office 365
- Sharepoint development (Intranet update + off-site access; preparation for potential Controlled Docs and CeDSS transition)
- PERSy analytics + PROMs (incl EQ-5D)
- Patient and Whānau Centred Care Standards (PWCCS) analytics
- Risk Pro / RL6 upgrade
- Web Apps (MHS: THEO)

Health Leadership + QI

- Tier 1: QI e-learning via Awhina Learning for all staff
- Tier 2: Annual QI Workshop series; Safety in Practice Programme (Primary Care and Community Pharmacies); MH QI programme 2020
- Tier 3 Programme – CMO developing CD training plan
- Fellows Programme – currently 7 fellows (range of FTE among fellows)
- RACMA programme – currently x1 RACMA fellow sponsored by CMO
- Public Health Registrars – new registrar commencing 2021
- Summer students – advertising studentships for Dec 2020/Jan 2021
- Health Excellence Awards – Planning for May/June 2021

Care Redesign Innovation and Improvement Team Projects

- *See Innovation and Improvement Project Team report (below)*

Innovation + Research

Leapfrog Programme – *see separate report*

Regional + National IS Development – Clinical Director of Innovation

- Business Design Council MoH + national Digital Investment Board
- Refresh of Northern Region's ISSP incl data governance
- Managed Isolation/Quarantine Facilities IS Design

Digital Academy

- Planning for academy week in Nov 2020

Academic Partnership Programmes

- Interns: Bioscience Enterprise AI commercial models; Masters of Health Leadership eRx business case for paediatrics
- AUT Good Health Design partnership – mock-ups for Tōtara Haumaru

Innovative Design

- Mock-up /design space (Portacom) Tōtara Haumaru Design Phase starting focused testing in design space; maternity birthing unit

Precision Driven Healthcare (research projects)

- Smart Search/ NLP of free text documents for clinical use (ICU) – phase 2 under consideration
- GP referrals triage (cardiology + gynae)
- Risk calculators (readmission risk prediction)

Horizon Scanning/ Innovation Library

- MHS ligature point prevention
- End of Life care at Waitematā DHB

Research

- Gynae – endometriosis in Māori + Pacifica; oestrogen pessary
- Tranexamic sutures – pharmacokinetic study
- Inpatient and Outpatient Survey (HRC grant) – patient perspective of information

Person Centered Design

- Patient reported outcome measures (PROMS) - see Project Report
- PREMs
- Values Programme – appreciative inquiry; Values reports (PERSy)
- Patient Engagement System – see Leapfrog Programme
- AUT Good Health Design

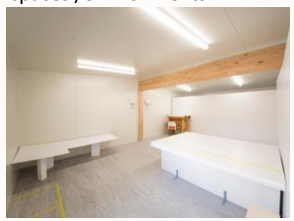
Issues

Outpatients Services Improvement Programme

OPEX (FTE) is required to sustain programme improvements

Achievements/Events

Portacom / SCBU mock-up A Portacom has been sited at the back of i3/the library/haematology house and will be used as a design space for modelling and testing ECIB designs such as the ideal ward/bed spaces/en-suites/an atrium/theatre spaces. The design space will be a place where staff come together with patients, the community and designers to test ideas and build models and prototypes. The space has already been used by the Child Women and Family Service to model and test spaces for maternity facilities at Waitakere Hospital/new facility (pictures below). The i3 is collaborating with the AUT's Good Health Design to make person-centred design and community engagement and co-design core to how we create future health spaces /environments.



Rapid Cardiology Screening Clinic On Monday 27 July we ran a Rapid Cardiology Screening Clinic at Waitakere Hospital. The clinic aims to reduce the need for patients to attend multiple outpatient appointments. The 'one stop shop' clinic includes a blood test and observations on arrival, an advanced electrocardiogram (AECG), an echocardiogram (ECHO) and a cardiologist consultation. Patient and staff feedback has been positive. We plan to refine our processes and run further clinics to understand patient outcomes. The next two clinics will run in September and October.

Surgical Implant Tracking System The i3 team has created a "DHB first" by developing a simple, low-cost system to record and store bar codes of surgical implants in our electronic patient management system and the patient's electronic health record (Clinical Portal). This means any patient impacted by an implant product recall can be quickly identified and followed up, and complications caused by implants more readily identified. The innovation was developed in response international investigations and recommendations of complications from surgical mesh used in urogynaecology surgery.

Achievements/Events

The Outpatient Emailer is a software tool clinicians can use to send an email to a patients who already have a validated email address, along with an option to:

- attach static documents - e.g. health questionnaire, procedure information
- attach documents from the Clinical Portal – e.g. a medical certificate
- include URLs to Patient Experience Reporting System (PERSY)/Patient reported outcome measures (PROMS) questionnaires to be completed by a patient online and stored in the patient's clinical record
- see a history of email information sent to a patient

The application has been developed by i3 and HIG and tested within 10 weeks. A pilot has just commenced with Dr Wendy Burgess, O&G consultant, and will be extended to ORL in the next couple of weeks. If successful, the Emailer will be shared to other specialties from September. Meanwhile, the development team are now working on a rapid email validation tool: the ability for a clinician/staff member to collect a patient's email address and submit/validate whilst the patient is present (ETA is November).

Article, co-authored by Lisa Sue (i3 Project Manager), published in the ANZJ Surgery on *Bedside ultrasonography for acute gallstone disease: a diagnostic accuracy study of surgical registrars and emergency medicine physicians*. This article describes how acute gallstone disease, primarily biliary colic and acute cholecystitis, represents a significant burden on surgical services; prolonged waiting times for ultrasonography to confirm a diagnosis contributes to inefficiency and delays surgery. A trial undertaken at Waitematā DHB shows that bedside ultrasound provides an opportunity for clinicians to make a diagnosis more promptly and streamline acute surgery.

Review paper by Dr Susanna Galea-Singer for the Basic and Clinical Neuroscience Journal: *COVID19 and Substance Use Disorders: Recommendations to a Comprehensive Healthcare Response. An International Society of Addiction Medicine (ISAM) Practice and Police Interest Group Position Paper* This article describes how the COVID-19 pandemic is associated with higher morbidity and mortality particularly in vulnerable populations, including people Who Use Drugs (PWUD). PWUDs are a marginalized and stigmatised group with weaker immune responses, vulnerability to stress, poor health conditions, high-risk behaviours, and lower access to health care services. These conditions put them at a higher risk of COVID-19 infection and its complications. In this paper, an international group of experts on addiction medicine, infectious diseases, and disaster psychiatry explore concerns and provide recommendations to manage the comorbidity of COVID-19 and Substance Use Disorder.

eCALD will be running two Cross-Cultural Interest Group Webinars:

- **eCALD® Cross-cultural interest group seminar | 18th August 2020**
  "The harmful effects of e-cigarette and vaping"
- **eCALD® Cross-cultural interest group seminar | 20th October 2020**
  "Cultural complexities in capacity assessments"

Innovation and Improvement Project Team: Active Projects Report

Project Name	Project Summary	Requester	PM Resource	Budget	Forecast Variance	This Period	Last Period	Phase
Organisation wide / Multiple Divisions								
Outpatients *See Leapfrog Programme Report*	Expedite implementation of telephone appointments at scale across outpatients and community • Currently working with the following specialties: Gynaecology + DHB Mother; Diabetes; Endocrinology; Renal; Gen Med; Cardiology; Gen Surgery	Dale Bramley Jonathan Christiansen	Kelly Bohot Lisa Sue					Executing
	Expedite implementation of video conference appointments at scale across outpatients and community • Integration of iPM + Zoom • Currently working with the following specialties: Gynaecology + DHB Mother; Diabetes; Endocrinology; Renal; Gen Med; Cardiology; Gen Surgery	Jonathan Christiansen	Kelly Bohot Charlie Aiken					Executing
	Paperlite-paperless outpatient appointments (incl ePrescribing; eOutcomes; eNotes;eLabs; eSurgical Waitlist (incl eAnaesthetic assessment, CPAC score); eForms + eACC	Jonathan Chrisitansen Lara Hopley	Kelly Bohot Tim Alvis Dean Croft					Executing
	Remote patient monitoring	Penny Andrew/Robyn Whittaker	Barbara Corning-Davis Kelly Bohot					Executing
Patient Deterioration Programme (PDP)	An organisation and national programme to improve the management of the clinically deteriorating patient. The Programme has 3 main streams: (1) Recognition and response systems; (2) Kōrero mai: Patient, family and whānau escalation (3) Shared goals of care	Jos Peach Penny Andrew	Jeanette Bell	N/A	N/A			
	1. PDP: Recognition and Response Systems - National Maternal Early Warning System (completed) Maternity National Maternal Early Warning System (MEWS)	Penny Andrew	Sue French	N/A	N/A			Executing (MEWS)
	2. PDP: Kōrero mai: Patient, family and whānau escalation	David Price	Jeanette Bell	N/A	N/A			Closed
	3. PDP: Shared Goals of Care	Penny Andrew Carl Peters	Jeanette Bell	N/A	N/A			Pilot closing
Anaesthesia Outpatients Service	Support service redesign –pre-assessment process model of care; scoping current processes in ESC, NSH + WTH	Dave Burton	Lisa Sue	N/A	N/A			Planning
Smartpage *See Leapfrog Programme Report*	Expediting Smartpage for Registrars Smartpage 777 module Upgrading application to version 2020.2 in this reporting period	Stuart Bloomfield	Joel Rewa-Morgan	$50k (opex) phase 2	0%			Executing

Allied Health Telehealth Toolkit	Scoping tools required to sustain telehealth in AH outpatients and community AH teams	Jude Sprott	Danni Yu	N/A	N/A			Executing
ARC Facility Admission Planning	Support the development of a plan how we will respond in the event of another COVID-19 outbreak in an ARC facility	Brian Millen John Scott	Sue French	N/A	N/A			On hold
Survive Sepsis Improvement Collaborative	A quality improvement project that aims to reduce inpatient sepsis mortality to <15% by September 2017 Continue to develop measurement set and sepsis dashboard	Penny Andrew Dr David Grayson Dr Matt Rogers Shirley Ross Kate Gilmour	Kelly Bohot	N/A	N/A			Further execution on hold
Patient Engagement System *See Leapfrog Programme Report*	Re-scope project. Joel Rewa-Morgan assigned as Project Manager. PIC decision on hold.	Dale Bramley	Joel Rewa-Morgan	$88K	0			Planning
PROMS Programme *See Leapfrog Programme Report*	Establish a system for developing, collecting and utilising patient reported outcome measures (PROMs) to inform patient experience and outcome improvements in clinical practice and health care delivery planning	Penny Andrew	Mustafa Shaabany	N/A	N/A			Phase 1 Closed Planning Phase 2
Capex Process Review	Process mapping of current CAPEX request and approval process and identify opportunities for improvement - Ready for presentation to SMT / ELT	Robert Paine Chris Watson	Lydia Gow	N/A	N/A			Closing
eOrders Phase 2 *See Leapfrog Programme report*	Support with implementation of eOrders phase 2 - procedures	Lara Hopley	Laura Broome					On hold (Sept 2020)
Asset Tracking	Support to scope and develop a business case for an e-Asset Tracking System	Chris Watson	Mustafa Shaabany	N/A	N/A			Planning
Clinical Photography Silhouettelite Test *See Leapfrog Programme Report*	Test Silhouettelite app to understand benefits for wound assessment and monitoring	Jos Peach Kate Gilmour	Kelly Bohot	N/A	N/A			Planning
Surgical								
Surgical Programme	Support Surgery Division with production planning, data analytics, service planning	Mark Shepherd Richard Harman	Jonathan Wallace Laura Broome	N/A	N/A			Executing
General Surgery Clinical Pathways (appendicitis, laparoscopic cholecystectomy, abscesses)	Improve general surgery patient experience: reduce length of stay, variation and cost of care	Richard Harman Sam Titchener	Lisa Sue	N/A	N/A			Executing
Informed Consent Operating Theatres	PM support to improve the process of informed consent for patients undergoing surgery, particularly for patients undergoing sensitive examinations in gynaecology + maternity.	Jonathan Christiansen Diana Ackerman	Lisa Sue	N/A	N/A			Closing

	Issues include registrar supervision/oversight; presence of students and industry reps in theatre							
Surgical Implant Tracking	Develop a system to track surgical implants. The aim is to capture product information at point of entry into Waitematā DHB and assign a unique Waitematā DHB identifier in bar code format that can be captured and linked to a patient at point of care (in theatre) and beyond	Michael Rodgers Eva Fong	Mustafa Shaabany	N/A	N/A			Closed
Osteoarthritis Chronic Care Programme	Support AH leader to scope a programme of work to introduce low intervention medical pathway for osteoarthritis patients; develop a project plan to create working model	Mark Shepherd Richard Harman Matt Walker Jude Sprott	Danni Yu	N/A	N/A			Scoping
Enhancing patient safety with NRFit Neuraxial Connectors	Develop plan to pilot non-IV NRFit luer in anaesthesia; scope scale of roll-out; develop business case for procurement; implement replacement	Denis Court Andrew Love	Dina Emmanuel	N/A	N/A			Planning
Medical								
Renal Service Quality Improvement Programme	Support service with Quality Improvement (QI) Programme • Reduce central line associated bacteraemia (CLAB) infection rate • Qlik dashboard	Janak De Soyza Andy Salmon	Dina Emmanuel	N/A	N/A			Executing
TransforMED	Phase 1: Improve the experience of acute medical inpatients by eliminating unnecessary waiting, reducing deconditioning, improving flow, and providing team-based care through four workstreams: - Inpatient Wards: eliminate unnecessary patient waits + implement SAFER bundles of care - ADU: improve flow, earlier access to senior doctor + diagnostics - Pathway for Acute Care of the Elderly (PACE): early identification and care of frail elderly - Medical Model: home-based wards and collaborative, Multi-disciplinary team (MDT) ward service Planning for phase 2 (development of 2nd blueprint)	Gerard de Jong Alex Boersma John Scott Brian Millen	Kelly Bohot	N/A	N/A			Phase 1 (delivery of 1st five year blueprint) -closing Phase 2 – supportin g planning of 2nd Blueprint
Chest Pain Pathway	Complete a review of the chest pain pathway including: - Review of local and international literature - Audit of Exercise Tolerance Test (ETTs) and patient outcomes	Jonathan Christiansen Kate Allan	Kelly Bohot	N/A	N/A			On hold – closing approx. Sept 2020
OptimisED+ Providing best care by continuous improvement	Review, Identify opportunities and implement further improvements in the Emergency Department, to consistently deliver best emergency care by optimising ED staffing, capacity-demand matching, and leadership structures and roles	Willem Landman	Dina Emmanuel	N/A	N/A			Closing
Rapid Cardiac Screening Clinic	Develop a model of care for a new rapid cardiac screening (RCS)	Patrick Gladding	Kelly Bohot	N/A	N/A			Executing

Model of Care	clinic model of care. Develop a business case to introduce a new model of care that will include • Improved, timely access to initial outpatient cardiology evaluation • Improved screening process to allow risk stratification that enables early intervention for higher acuity patients Identification and elimination of unwarranted tests and investigations	Alex Boersma						
Child Woman and Family								
Urogynaecology Service	Develop a local service for women: management of urogynaecological conditions stress urinary incontinence (SUI) + pelvic organ prolapse (POP); and management of complications associated with previously implanted surgical mesh Support development of a business case for women in Waitematā DHB and the Northern Regions with SUI or POP, and those affected by mesh complications	Jonathan Christiansen Eva Fong	Sue French	N/A	N/A			On hold PM seconded to NHRCC
Mental Health and Addiction Services								
Acute Adult MHS Quality Improvement Programme	Support the development and implementation of a QI programme for the acute mental inpatient units and related community services in response to client incidents (deaths in inpatient units and community in 2018-2019)	Derek Wright Murray Patton Pam Lightbown	Laura Broome					Closing
Community								
PM secondment to NHRCC to support quarantine/isolation facility management processes	NHRCC		Sue French					In progress

Quality Improvement Training	Overview	Involvement	Sponsor(s)	PM Resource	Comment
Tier 2 project-based QI Training Programme	Teach QI skills to hospital and community staff and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Penny Andrew	Barbara Corning-Davis + PM support Laura Broome Dina Emmanuel Jeanette Bell	Ongoing
Adult MHS Quality Improvement Programme	As above	As above	Derek Wright Pam Lightbrown	Barbara Corning-Davis	Planning for QI training programme integrated with Inpatient Units QI

					programme
Safety in Practice Programme	The programme aims to promote a safety and improvement culture within community teams including general practice (GP), pharmacy and urgent care teams, within the Auckland region. The programme is adapted from the Scottish Patient Safety Programme in Primary Care	I³ Innovation and Improvement PM	Tim Wood Stuart Jenkins	Sue French	On hold PM seconded to NHRCC
RMO Clinical Governance Training	QI training involving project-based learning in the workplace with QI coaching	Content development and delivery	Andrew Brant Penny Andrew Naomi Heap Ian Wallace	Jonathan Wallace	RMO Clinical Governance Training
Management Foundations	Teach QI skills to participants and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Sue Christie	Barbara Corning-Davis	Management Foundations

Support Requests

Current Support Requests

Project Name	Sponsor / Requestor	Description	Request received	Scoping Completed Approved date	Assigned to	Comment
Organisation-wide/Multiple Divisions						
Two-way Patient Whānau / Clinician Communication	Carl Peters	Request for support to design a 2 way communication system between patients' whānau and clinicians e.g. video-conference ward rounds	06/20			To be included in Leapfrog Programme Patient Engagement System Phase 2 planning
Nursing Education		Support team to identify and implement opportunities to transition face:face teaching to digital format	22/05/20			
Food Services Improvement Programme	Brad Healey	Request for PM resource support opportunities identified from improvement workshop	16/03/ 2020			
HIMSS EMRAM Assessment		MOH Mandate to undertake EMRAM assessment as part of a national stocktake	14/03 2020			On hold
Digital Academy	Robyn Whittaker Penny Andrew	PM support to plan and design September 2020 programme	14/03 2020			On hold
End PJ Paralysis Campaign	Tamzin Brott	Support the 'Get up, Get dressed, Get moving' (end PJ paralysis) annual campaign	03/03/ 2020			Declined

Fax Free		Support with scoping and MOH mandate for fax free in corporate and clinical settings across Waitematā DHB	28/02/2020			On hold
MHSOA Community Services	Brian Millen	Review MHSOA Services and develop a service improvement plan (similar to District Nursing Services review)	02/2020			Declined
Community Children Nursing	Marianne Cameron	Review Community Children Nursing and develop improvement plan	07/2019			Declined
Two-way Patient Whānau /Clinician Communication	Charlie McFarlane	Request for help to design a 2 way communication system between patients and whānau and staff e.g. post anaesthesia care updates	20/11/19			To be included in Leapfrog Programme Patient Engagement System Phase 2 planning
Choosing Wisely	Penny Andrew	PM support to document programme: (i) what we are doing with decision support in eOrders labs + radiology; and eReferrals (primary care clinical pathways) + virtual clinics (ii) maintain a list of the current ANZ Choosing Wisely recommendations (ii) Qlik dashboards and clinical pathways this to identify + implement further opportunities	01/2019		Jeanette Bell	Commence July 2020, Complete September 2020. On hold – July 2020
Blue Mirror App	Lara Hopley	Scope proof of concept, and app testing with external vendor	June 2020	June 2020	Jeanette Bell	Discrete project. Awaiting next steps
Surgical						
Starving patients for theatre	Lara Hopley	Improve communication between wards and theatre for patients awaiting surgery - NBM unnecessarily/starved for prolonged periods: 1. design and implement a digital solution using ward whiteboard/trendcare (EAP & NBM),	28/02/20			

		2. change management				
Surgical House Officer patient list	Siraj Rajarathnam	Request to develop an automated patient list by teams for house officers that pulls relevant information from inpatient snapshot and admission note to be printed out and used as a workable document each day.	29/07/20			
Transition Pain Service	Michael Kluger	Request to support the development of a transition pain service (TPS) model. Phase 1: use the screening questions, with a trigger for NHIs to be forwarded to the TPS. Create a threshold to activate a referral/ contact. NHIs to be sent to the Acute Pain Service (APS)/TPS team. This may result in solely a phone contact and advice on activity/ medications/ discussing concerns. Specific intervention tools are being evaluated. Patients will be flagged via the booking system so both the anaesthetists and APS team are aware for peri-op review. Postoperatively these cases and others that may be flagged during their hospital, stay will have at least x1 post-op contact within 7 days offering advice on medications and pain management. Request for support to develop: ▪ Process to collate the preoperative/ surgical questionnaire data ▪ Trigger tool to calculate high risk and method to send these NHIs to TPS/APS ▪ Process to allow documentation of contacts by the TPS group to identify activity and outcomes	05/08/20			

		▪ Identify appropriate outcome tools that are patient centred				
Medical						
Child Women and Family Service						
Clinical Support Services						

Closed since last report				
Project/Work/Request	**Sponsor/Requestor**	**Overview**	**PM /Outcome**	**Close out / summary report location**

Patient Deterioration Programme (PDP) Progress Summary

Sponsors: Jos Peach and Penny Andrew
Project Manager: Jeanette Bell
Phase: Executing

Opportunity / Problem Statement:
Our processes and systems to support safe, consistent, effective 24 hour care for the clinically deteriorating patient are not always adequate, presenting an on-going risk to patient safety. Local and national scoping has identified a number of improvement opportunities and initiatives to further develop and strengthen our management of the deteriorating patient.
Waitematā DHB has identified a local programme of work to consider as well as participation in the Health Safety and Quality Commission (HQSC) national and regional patient deterioration programme (July 2016 to June 2021).

Objective / Aim:
To introduce a patient deterioration programme to promote a structured and systematic approach towards improving the management of deteriorating patients at Waitematā DHB.

Status Update:

- Executive Sponsor meetings and regular updates to the Clinical Governance Board (CGB)
- DHB Programme extended from June 2020 to June 2021 to align with National programme timeline

Recognition and Response Systems (see separate progress summary reports)

- Adult - National vital signs chart and early warning system implemented May 2019
- Maternity - National Maternity Early Warning System (MEWS) implemented in Maternity and Hine Ora March 2020. Whole of hospital roll out still required.
- Other - Mental Health: National adult vital signs chart and early warning system for inpatients and Community Alcohol and Drug Service inpatient unit being considered by Mental Health alongside request for eVitals. National neonate system being developed by ACC.

Kōrero mai: Patient, family and Whānau Escalation (CLOSED)

- Business as usual service provided by Waitematā Central and led by Patient Experience Team
- Monthly reporting to PDP Executive Steering Group
- Patient and staff awareness campaign planned, plan to implement in mental health on hold
- Plan to add Kōrero mai service data to QlikSense

Shared Goals of Care

- Waitematā DHB pilot (wards 3 and 15) with HQSC on new national Shared Goals of Care principles, tools and resources closing – testing completed, closure report circulating for comment.
- Implementation of national Shared Goals of Care form as electronic document and associated training and resources planned
- Serious Illness Conversation Guide conversation framework one off training session July 31

Measurement

- Deteriorating patient dashboard and EWS audit results in Qlik Sense , Quarterly HQSC quality safety markers reporting
- NZEWS auditing reduced from weekly to monthly on 22 October 2020, MEWS audit testing commenced July, MEWS dashboard in production July

Project Risks:

- Large scale of programme and change
- Large number of stakeholders informed: Clinician availability, staff engagement
- Impact of other service and staffing changes on project timelines and plans

Project Issues:

- No clinical lead for PDP dashboard
- DHB's non-involvement in HQSC national Advance Care Planning Programme impacting Shared Goals of Care work stream as DHB unable to access recommended national Serious Illness Conversation Guide training
- Electronic shared goals of care form development delayed with no timeline for completion due to HIG competing priorities
- Whole of hospital MEWS rollout delayed waiting for SmartPage upgrade

Next Steps:

- Meeting to refine Patient Deterioration Dashboard
- Add Kōrero mai service data and publish MEWS and MEWS audit in QlikSense
- Preparation for Shared Goals of Care electronic form completion and implementation
- Revisit Steering Group membership for 2020

Timeline

	Milestone	Status	Completion
Recognition and Response Systems - Implementation of National Vital Signs Chart and Early Warning Score **(adult)**		General hospitals Implemented 6 May 2019	Adult general 2019
Recognition and Response Systems - Implementation of National Vital Signs Chart & Early Warning Score (**maternity**)	May 2019 start	Implemented	March 2020
Kōrero mai: Patient, family and Whānau Escalation Co-design	Closed	Implemented now BAU	CLOSED
Shared Goals of Care	Executing	Pilot closing, work stream to continue	June 2021

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	June 2021	N/A

PDP Work Stream 1: Recognition and Response Systems - Maternity (MEWS) Progress Summary

Sponsors: Penny Andrew
Project Manager: Sue French
Phase: Planning

Opportunity / Problem Statement:

Recent international and national reviews of maternal morbidity have highlighted opportunities to improve systems for recognising and responding to deteriorating maternity inpatients. The Health Quality Safety Commission (HQSC) has developed a nationally consistent, standardised approach to recognising and respond to acute deterioration of pregnant or recently pregnant (up to 42 days later) inpatient women.

The aim of Maternal Early warning Systems (MEWS) is to reduce:

- Harm through using a consistent process nationally
- Duplication of effort across multiple DHB's
- Number of pregnant and recently pregnant women admitted to Intensive Care
- Length of stay of pregnant and recently pregnant women in Intensive Care, high dependency and maternity units

Objective / Aim:

Transition from Waitematā Maternity Early Warning Score to New Zealand Early Warning System (NZMEWS) and Waitematā mandatory escalation pathway for pregnant and recently pregnant women (up to 42 days later) admitted to inpatient maternity and Hine Ora ward by July 2020.

Status Update:

- NZMEWS implemented in Maternity and Hine Ora 17 March 2020
- Upgraded visualisation on eVitals in progress
- Required upgrade to Smartpage still in early stages – no timeline for implementation of required changes
- NZMEWS data in QlikSense Patient Deterioration app production completed July – checking in progress
- NZMEWS auditing testing commenced in July

Project Risks:

- Work stream will require across service engagement
- Clinician availability
- Need to keep large number of stakeholders informed
- Human resource resistance to organisation wide change process

Project Issues:

- Whole of hospital MEWS unable to be implemented until Smartpage is ungraded, and there is no confirmed timeline for this work. HQSC expectation is that all DHB have MEWS implemented hospital wide by December 2020
- Potential technical issues with Smartpage, In-patient Snap, Clinical Whiteboard, Trendcare and Capacity-At-A-Glance, due to eVitals changes

Next Steps:

- Confirm Alcidion release date with NZMEWS change
- Complete MEWS auditing set up
- Publish MEWS in deteriorating patient database
- Stocktake work outstanding with team

Timeline

Milestone	Status	Estimated Completion Date
Initiating	Complete	September 2019
Planning	Complete	January 2020
Executing	In progress	17 March 2020
Closure	Not started	December 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
		N/A

PDP Work Stream 3: Shared Goals of Care Progress Summary

Sponsors: Penny Andrew and Carl Peters
Project Manager: Jeanette Bell
Phase: Executing

Opportunity / Problem Statement:
Unwanted or unwarranted treatments at the end of life can contribute to suffering for patients, families and whānau, moral distress for clinicians, and unnecessary expenditure for the health system.

Planning and managing end of life decision making and care can be challenging for clinicians and is often not adequately addressed, placing acutely deteriorating patients at risk of unwanted or unwarranted treatment, particularly at the end of life.
Waitematā DHB is one of two national pilot sites for the nationally drafted Shared Goals of Care principles, tools and resources. Mid Central DHB is the other site. Ward 3 and 15 will be the pilot wards for this project.

Objective / Aim:
To develop a consistent organisational approach to determining, communicating and documenting shared goals of care for adult inpatients to ensure all adult inpatients have patient centred clinically appropriate care plans in the event of acute deterioration and at the end of life.

Status Update:
- Ward 3 and 15 pilot of draft national Shared Goals of Care form and principles testing completed. Closure report written and in circulation for comment.
- Shared Goals of Care form and resources published nationally by HQSC in response to COVID-19. Plan to implement form as electronic documents replacing current Ceiling of Care document on Inpatient Snapshot, and adding an electronic shared goals of care page to document conversations in one place. In development.
- Plan to develop education and support package to support Shared Goals of Care discussions
- Clinical Lead (Carl Peters) and Project Manager attending National working group meetings on national principles
- Serious Illness Conversation Guide framework training from HQSC completed 31 July 2020 (one off workshop)

Project Risks:
- Work stream will require across service engagement
- Need to keep large number of stakeholders informed
- Clinician availability, staff engagement

Project Issues:
- HQSC is using national Advance Care Planning Programme (ACP) to meet some Shared Goals of Care objectives (i.e. Serious Illness Conversation Guide training). Waitematā DHB is not taking part in full national ACP programme so will not have access to this resource and will have to find an alternative approach to meet objectives
- Electronic form development delayed and no timeline for completion

Next steps:
- Finalise closure report and confirm next steps
- Electronic form development
- Development of local resources – patient, staff (conversations training and toolkit)

Timeline

Milestone	Status	Completion
Initiating	Complete	Aug 2019
Planning	On going	June 2021
Execution	Pilot complete	June 2021
Close	Pilot closing	Pilot close: July 2020 Work stream close (HQSC programme close time line)

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
	extended to June 2021	N/A

Anaesthesia Outpatients Service Progress Summary

Sponsors: Dave Burton
Project Manager: Lisa Sue
Phase: Planning

Opportunity / Problem Statement:
Prior to elective surgery patients are often obliged to attend multiple outpatient appointments across different dates. This linear process results in a breakdown in communication between specialties; delays in patient assessment, investigation and optimisation; requires multiple administrative steps; and puts an unnecessary burden on patients and whānau in time and expense.

Some of the outpatient pre-anaesthetic assessment clinics are avoidable. The current model involves non-contact triage, which yields a 40% SMO assessment (PAC) rate. Literature and other DHBs have demonstrated face-to-face nurse run (SMO led) pre-anaesthetic assessment hubs have the potential to achieve a 10% SMO PAC rate.

Objective / Aim:
Redesign the model of care for outpatient pre-anaesthetic assessments delivered by anaesthetic specialty nurses, testing the introduction of a one-stop pre-anaesthetic assessment hub based in the outpatient clinic.

As a proof of concept, a test will offer patients the opportunity to have their anaesthetic assessment immediately after their Orthopaedic First Specialist Appointment (FSA) upon decision for surgery. Patients will be warned in advance that they may need to stay in clinic slightly longer for a nurse or anaesthetist run anaesthetic assessment rather than attend a separate hospital appointment.

Status Update:

- 14 July - Completed a one-day test of change to understand clinic flow and feasibility.
- Analysed data for clinic flow, staff and patient experience, waiting room volumes
- Started test of change summary report

Project Risks:

Project Issues:

- Attendance to the walk in anaesthetic assessment clinic is dependent on timely first specialist or follow up appointment with their surgeon. During the test of change, the afternoon first specialist appointments were delayed or overrunning, for example, a clinic session that was due to complete at 4pm, did not complete until 6pm.

Next Steps:

- Costing walk in assessment clinic data to be analysed
- Complete test of change summary report
- Options appraisal of next steps

Timeline

Milestone	Status	Completion
Initiate	Complete	March 2020
Plan	Complete	June 2020
Execute	In progress	September 2020
Close	Not started	December 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $			
Opex $			

Scope	Timeline	Budget

Allied Health Telehealth Toolkit Progress Summary

Sponsors: Jude Sprott
Project Manager: Danni Yu
Phase: Planning

Opportunity / Problem Statement:
The current non-electronic assessment tools and documentation processes impairs the effectiveness and efficiency of telehealth consultations. These barriers can reduce the use of telehealth consultation due to negative experiences such as inconvenience and possibly reduced quality of care.

Objective / Aim:
Aim
To increase the use of video consultation to 15% across Allied Health adult outpatient and community disciplines in 6 months.

Objectives
- To offer patients choice of telehealth
- To increase staff confidence at using video conference
- To have a clinical workflow that enables the delivery of video appointments
- Provide patients access to discipline specific information to supplement their care

Status Update:

Completed:
- Complete tool lists from disciplines
- Prioritised tools

In progress:
- Clinician Zoom training
- Prioritising assessment tools to get reviewed by Ashok Furtado
- Email tool for validating email address and sending patient information
- Explore the options for sending discharge letters

Project Risks:
Lack of hardware and space for telehealth in some disciplines
Incompatibility of hardware – iPad lags, cannot share screens, running apps at the same time etc.
Patients accessibility and capability using telehealth
Lack of confidence in video conference – clinicians, admin clerks, patients

Project Issues:
There are other aspects of telehealth, which can jeopardise the effective and efficient use of telehealth; some issues are outside the scope of this project such as the space and hardware issues. Some tools such as sending information and discharge letter electronically to patients are dependent on email verification, which is under development.

Next Steps:
- Complete Zoom training
- Complete prioritising assessment tools and sent for review
- Discharge letters options listed and compared
- Email tool completed and benefit analysed

Timeline

Milestone	Status	Completion
Complete tool lists from disciplines Prioritised tools	Completed	21/07/2020
Planning and completing the Zoom training	In progress	

Budget	Spend to Date	Forecast to Complete	Variance
Capex $			
Opex $			

Scope	Timeline	Budget

ARC Facility Admission Planning Progress Summary

Sponsors: Brian Millen and John Scott
Project Manager: Sue French
Phase: On hold

Opportunity / Problem Statement:
Learnings from the COVID-19 planning and response to Aged Residential Care (ARC) preparedness and outbreak management have provided opportunities to improve our processes and response to further waves of patients with COVID infections.
The Incident Review Report COVID-19 Staff Infections Waitakere Hospital April 20203 made the following recommendations for outbreak planning:

- Ensure a plan is in place to support ARC facilities during the COVID-19 pandemic
- Develop a plan for managing a cohort(s) of COVID-19 patients transferred from ARC facilities to WTH and NSH
- Review plans to receive and place patients with confirmed COVID-19 at North Shore and Waitakere Hospitals

Objective / Aim:
Develop an ARC On-call Response and Outbreak Management Team plan and processes to support local Aged Residential Care (ARC) facilities the DHB in any further episode of COVID-19 outbreak.

Status Update:

- Working group convened roles and work outputs confirmed
- Process mapping for On-call Response Team (ORT) and Outbreak Management Team (OMT) complete. Processes agreed by Investigation Committee
- Project Plan agreed by Executive Sponsor
- On-call Response Team and Outbreak Management team composition, roles and responsibilities compete
- Terms of Reference documents for groups in consultation phase
- Templates for daily meeting structure, outcome, actions/decision log and progress updates under development
- Set criteria for on-call team to determine if a facility does not need full support
- Link to COVID-19 Patient Management Plan June – August 2020

Project Risks:

- Large number of stakeholders to maintain momentum and communication with
- Clinician and manager capacity to remain engaged in planning process during return to Business As Usual (BAU).

Project Issues:
Very short time line between Investigation Meetings to complete work required across number of individuals given risks noted above

Next Steps:

- Confirm location of document storage and access
- Make explicit that the ARPHS MO will be a single point of contact into the management team
- Define further detail of contract tracing process for the facility
- Develop risk assessment criteria for critical vulnerabilities and threshold for escalating to next step/level of DHB support in facility and connect to DHB escalation alert for standing down BAU in Cullen Ward with activation of COVID environmental control in ESC
- Engage volunteers to review document, to include doctor, cleaner, nurse, health care assistant
- The document has been submitted and approved

Timeline

	Milestone	Status	Completion
	Scoping	June 20	Complete
	Planning	In progress	15 July
	Execution	Not started	TBC – proposed August 2020
	Close	Not started	TBC – proposed August 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	0	0	0
Opex $	0	0	0

Scope	Timeline	Budget

[3] Waitematā DHB. May 2020. Incident Review Report COVID-19 Staff Infections Waitakere Hospital April 2020 COVID-19 Incident Review Report

Survive Sepsis Improvement Collaborative Progress Summary

Sponsor:	**Penny Andrew, David Grayson, Shirley Ross, Kate Gilmour and Matt Rogers**
Project Manager:	**Kelly Bohot**
Phase:	**On hold**

Problem Statement:
Sepsis poses significant morbidity and mortality risks to our patients, and with every hour delay to treatment there is an 8% increase in mortality. Waitematā DHB does not reliably recognise and treat patients with sepsis in a timely manner.

Aim:
To reduce the rate of inpatient sepsis mortality to less than 15% by August 31, 2017.

Project Issues:
Further validation of data required. There are issues with specificity and sensitivity of the data, which uses multiple sources (eVitals, laboratory, clinical notes and coded data). Further work is needed to develop a reliable sepsis data dashboard. An expert group (Dr Matt Rogers, Dr Hasan Bhally, Dr Nick Gow, and Kirsten Bondesio) is working with the i3 team to further develop the dashboard. We are also learning from work completed at Waikato DHB and Imperial College Health Partners, London.

Next Steps:
Await direction to recommence (post eVitals implementation in ED)

Status Update:
Work stream 1: Best Practice Guidelines
Work stream 2: Improvement Activities
Work stream 3: Clinical education programme
Work stream 4: Measurement and Evaluation

Project Timeline

Activities	Status	Timeline
Publish adult guidelines	Complete	January 2018
Complete maternity guidelines	Complete	January 2018
Identify resource for paediatric workstream	Complete	January 2018
Develop test and analyse Qlik data	In progress	TBA
Complete Project Implementation Review	In progress	TBA

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	On hold	N/A

Patient-Reported Outcome Measures (PROMs) - Progress Summary

Sponsor: Penny Andrew

Project Manager: Mustafa Shaabany

Phase: Phase 1: Closing

Opportunity / Problem Statement:

Data collection for patient-reported and clinician assessed outcome measures and patient experience of service is currently fragmented, requires extensive resources and lacks transparency for clinical providers and service funder and planners. The lack of an efficient data capture system limits the capacity to make improvements in real-time for patients and whānau.

Objective / Aim:

Develop a reliable, systematic PROMs data collection and reporting system.

Triangulate patient-reported outcomes (PROMs), patient experience, clinical outcomes data and health economics analysis to provide a meaningful and reliable dataset for clinicians about an individual patient's potential to achieve improved quality of life throughout their condition and treatment.

Provide reliable PROMs data for population health analysis and improvement.
To create a synthesis between PROMs, PERSy and the HOPE project (health outcome prediction engine in stroke) for greater efficiency and improvement opportunities for service providers and end user application.

Status Update:

- Create 3 IPOS surveys for palliative care - Completed
- Document the process of onboarding of services - Completed
- Fix technical issues preventing us from sending and receiving emails using PROMs generic email - Completed
- Write the phase 1 closeout report – Completed
- Exploring options for ongoing admin support required for the programme - In progress

Project Risks:

- Cost/acquisition of electronic devices and licence fees for individual services to carry out surveying with patients – there is no budget in the services or HIG/i3
- Risk of other people seeing patient information if it is sent to patients via email – mitigated via validation process with patients consenting to use email

Project Issues:

- Nil

Next Steps:

- Report under development. Report will be submitted to governance group, SMT and PIC once complete
- Continue providing support for the existing services using PROMs and onboarding new services
- Include PROMs in the Outpatients Email Tool

Timeline

Milestone	Status	Estimated Completion Date
Initiating	Completed	June 2018
Planning	Completed	August 2019
Executing	Completed	November 2020
Closure	In progress	December 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	On Track	N/A

Asset Tracking Progress Summary

Sponsors: Chris Watson
Project Manager: Mustafa Shaabany
Phase: Planning

Opportunity / Problem Statement:

Waitematā DHB does not have a technical solution for locating and tracking the real-time status and movement of assets within its buildings. The SmartPage system is used to send alerts when pool equipment is needed or ready to be picked up, however this system does not track the physical location of the equipment. Other assets need to be located manually for servicing and maintenance purposes or for service delivery needs.

Objective / Aim:

Support to scope and develop a detailed business case to be submitted to PIC for investment approval.

Status Update:

- Finalise & approve objectives and Critical Success Factors (CSFs) – Completed
- Finalise long list – Completed
- Long options list analysis workshop to filter out any options that does not meet the CSFs – Completed
- PSO gate review – Completed
- Submit seed funding business case to ELT – Completed

Project Risks:

- Dependence on Wi-Fi infrastructure impacting possible ROI
- Dependence on developing, approving and ownership of processes with relevant services that can be triggered by the Real Time Location system (RTLS) i.e., staff having a process for helping a patient when they press the duress button, or a process that gets triggered if an asset is not detected by the RTLS.

Project Issues:

Nil

Next Steps:

- Commence work on the detailed business case (depends on the approval on the business case presented to ELT)

Timeline

	Milestone	Status	Completion
Submit seed funding business case to ELT	03/08/2020	Completed	

Budget	Spend to Date	Forecast to Complete	Variance
Capex $			
Opex $			

Scope	Timeline	Budget

Surgical Programme Progress Summary

Sponsors: Mark Shepherd and Richard Harman
Project Manager: Jonathan Wallace and Laura Broome
Phase:

Opportunity / Problem Statement:
An impact of Covid-19 has been an increase in waitlists for P3 elective surgery, with P1 and P2 waitlists being held relatively stable through the re-prioritisation of theatre resource during the COVID-19 response phase. The current situation presents the following challenges:

- Prioritising a patient-centred approach to operational responses to elective waitlists, with equity as a focus
- Maintaining excellence in both patient care and operational efficiency across acute and elective services that share theatre, staff and ward resources
- Addressing the significant analytical challenges this complex situation poses, in an efficient and sustainable manner for those tasked with making operational and clinical decisions

Objective / Aim:
There is an opportunity to embed the capability of Qlik Analytics within the Surgical and Ambulatory services, through further co-development of the surgical dashboards and training and support with using these tools.

Status Update:

- The project is currently being established using an Agile approach
- Kanban board of priority actions is being developed and will be further developed with the team
- Demonstration of the Surgical Divisional dashboard to Surgical Operations Managers and Perioperative Nurse Coordinators by Monique Greene, i3 Information Analyst
- Development of a surgery production planning tool

Project Risks: None

Project Issues: None

Next Steps:

- Further development of the project approach and plan
- Training and support for Surgical Operations Managers and Perioperative Nurse Coordinators in the use of the Qlik dashboard
- Development of training materials and resources to support use of the Qlik dashboard

Timeline

Milestone	Status	Completion
Initiate	In progress	
Plan		
Execute		
Close		

Budget	Spend to Date	Forecast to Complete	Variance
Capex $			
Opex $			

Scope	Timeline	Budget

General Surgery Clinical Pathways Progress Summary

Sponsor: Richard Harman and Sam Titchener

Project Manager: Lisa Sue

Phase: Executing

Opportunity / Problem Statement:

The Department of General Surgery has identified an opportunity to quantify ways to improve patient outcomes and experience, and reduce health care costs within General Surgery. The focus of this work is the development and implementation of evidence-based protocols for three presentations – abscess, appendicitis and cholecystitis, which account for approximately two thirds of general surgery acute cases booked for theatre.

Objective / Aim:

To identify and implement solutions to meet target length of stay and improve patient experience and outcomes for patients who undergo simple abscess drainage, appendicectomy, and cholecystectomy procedures, by December 2020

Status Update:

Project manager support remains on hold since COVID-19 period until a review of organisation priorities have been completed.

- Diagnosis of simple cholecystitis with bedside ultrasound scans
  - Second diagnostic audit near completion
  - A refresher education session was held for general surgery registrars
  - Journal article manuscript regarding first diagnostic audit published in the ANZ Journal of Surgery. Article can be found here: https://doi.org/10.1111/ans.16169
- Acute arranged laparoscopic cholecystectomy list launched

Project Issues:

- No issues to report for this period.

Next Steps:

Cholecystitis bedside ultrasound scan project:

- Require 17 more scans until sample size of 100 scans completed
- Data analysis of scans

Timeline

Milestone	Status	Estimated Completion Date
Initiate	Complete	September 2017
Plan	Complete	December 2018
Execute	In progress	March 2020
Close	On track	December 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	On track	N/A

Informed Consent Operating Theatres Progress Summary

Sponsors: Jonathan Christiansen and Diana Ackerman
Project Manager: Lisa Sue
Phase: Closing

Opportunity / Problem Statement:
Since the updates to the Informed Consent Policy and the Agreement to Treatment / Consent form in 2018, the approach to communicate the policy, including its principles and process of obtaining informed consent for patients undergoing surgery, has been a departmental responsibility, which presented variation in practice.
Following further concerns raised in early 2019, there was a need to clarify the informed consent processes around teaching, supervision of health care professionals in training, and intimate examinations and procedures. An opportunity presented to improve the delivery of guidance in terms of communicating the informed consent principles, education, and supporting systems to facilitate the appropriate obtainment of informed consent.

Objective / Aim:
The aim of the Informed Consent Project is to provide assurance that processes and documentation are in place to ensure best practice in the day to day application of the informed consent principles within Surgical Services.

Status Update:

- Health Care Industry Representatives in Perioperative Setting Policy now published in Controlled Documents.
- Revised Agreement to Treatment / Consent Form is endorsed and undergoing Controlled Documents process.
- Decision for a phased roll out of consent forms. There is currently stock of pre-printed versions of the old consent form to last through to October/November.
- Closure report drafted and undergoing review.

Project Risks:

- When the new consent form is available, there is a risk the old form will continue to be used in some services.

Project Issues:

- Some users of the Registrar credentialing application lost access rights during a Qlik Sense upgrade. Although access rights are restored, there is a risk that access rights will be lost with future Qlik Sense upgrades.

Next Steps:

- Closure report to be completed
- Board presentation of project closure

Timeline

Milestone	Status	Completion
Initiate	Complete	June 2019
Plan	Complete	July 2019
Execute	Near completion	August 2020
Close	In progress	August 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $			
Opex $			

Scope	Timeline	Budget

Surgical Implant Tracking Progress Summary

Sponsor: Michael Rodgers and Eva Fong
Project Manager: Mustafa Shaabany
Phase: Closing

Opportunity / Problem Statement:
We do not have a reliable, efficient system to track surgical implants; this means we cannot:

- track exactly which devices are implanted in which patients
- quickly trace and alert individual patients in the event of a product recall

Currently:

- Data collection for surgical implants is fragmented; in some locations, data is stored in an isolated IT system, in others, it is documented manually in the physical (paper) patient record
- A lack of standardised data results in data gaps, poor visibility, and difficulties connecting patient information and technical details about implants (e.g. implant model no, manufacturer or lot number)
- Surgical implant spend is not accurately tracked, which adversely impacts our reporting to the MoH
- We lack a local register to collect information about surgeries involving mesh. As a result of world-wide concerns about surgical mesh, the MoH (on Sept 18), directed DHBs to hold and maintain such a register

Objective / Aim:

(i) Develop a surgical implant tracking system that will:

- Enable fast, efficient and complete identification of patients with implants in the event of a product recall
- Allow tracking of implant outcomes (e.g. complications, clinical outcomes) by patient demographics, procedure type and surgeon

(ii) Measure the waste and unwarranted variation

Status Update:

- Train nurses in ESC & NSH on the use of the barcodes to scan implants - Completed
- Approve Qlik app to view an aggregated list of implants by governance group - Completed
- Add reference tables to the WDHB data warehouse - Completed
- Explore solutions for scanning barcodes printed on 2 lines - Completed
- Develop a plan for sustaining the rollout and ongoing use of the system – Completed
- Complete a project implementation report - Completed
- Present the Project outcomes to the Clinical Governance Board CGB - Completed with positive feedback
- Publish the Qlik app to the surgical divisional dashboard - In progress
- The Theatre Leadership Group will have a standing item at their monthly meeting to check the data quality and ensure integrity of surgical implant tracking is maintained
- Close out report completed and presented to Clinical Governance Board 25.06.2020

Project Risks:

- The Nexus system is not replaced with iPM
- The need for development resources might delay or stop the progress of the project

Project Issues:
Nil

Next Steps:

- Qlik app to be published into the Surgical Divisional Dashboard

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Complete	March 2019
Initiating	Complete	August 2019
Planning	Complete	December 2019
Executing	Complete	March 2020
Closure	Complete	June 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $nil to date	N/A	N/A	$0
Opex $nil to date	N/A	N/A	$0

Scope	Timeline	Budget
On track	On track	On track

Enhancing Patient Safety with NRFit Neuraxial Connectors- Progress Summary

Sponsors: Andrew Love
Project Manager: Dina Emmanuel
Phase: Planning

Opportunity / Problem Statement:
Patient safety is being compromised by the occurrence of incidents involving the accidental neuraxial administration of medicines. Injection of medication in the fatty tissue that surround the nerve roots as they exit the spine (also known as an epidural) or into the cerebrospinal fluid which surrounds the spinal cord (also known as a spinal), which are intended for intravenous use and vice versa, resulting in the patient receiving drugs through the wrong delivery route. The current controls in place have not proven to be effective and incidents have continued to occur. Although not high in frequency, these incidents are serious and potentially fatal.

Objective / Aim:
To enhance patient safety, prevent harm and reduce wrong route medication errors. Adopt ISO 80369-6 compliant NRFit® connectors to replace traditional Luer devices for all neuraxial procedures.

Status Update:
- Established working group - Complete
- Team agreed to run the project following Agile method-Kanban board -Project board established
- Create project plan - Complete
- Visit is organised to meet with NRFit project lead clinician (Matt Drake) at ADHB to share and learn from their rollout experience-complete
- Emailed all CD's requesting a representative from their area – feedback received from some services
- Establish (Luer) product list currently in use within WDHB-WIP

Project Risks:
- Clinician resistance to use the new NRFit connectors
- New connectors are difficult to use
- Not all connector sizes are currently available in the NRFit standard
- Supply chain constraints, delays or issues with supply/continuity of supply
- Delays in approving business case which leads to delays in implementation and rollout

Project Issues:
Nil

Next Steps:
- Confirm current product list used within Waitematā DHB
- Identify current product usage
- Approach potential suppliers
- Organise workshops (suppliers to show NRFit product replacement and usage)
- Organise trials

Timeline

Milestone	Status	Completion
Scoping	Complete	July 2020
Initiating	Complete	July 2020
Planning	In progress	
Execution		
Close		

Budget	Spend to Date	Forecast to Complete	Variance
Capex $			
Opex $			

Scope	Timeline	Budget
On track		

Renal Service Quality Improvement Programme – Progress Summary

Sponsors: Janak de Zoysa and Andy Salmon
Project Manager: Dina Emmanuel
Phase: Executing

Opportunity:
- To support the renal service with improvement support/coaching for key initiatives and the use of improvement science

Objective / Aim:
- To provide support to teams using Qlik Sense for data collection and analysis for service annual KPI presentations
- Support other improvement project(s) as identified through service priorities and KPI presentations
- Provide improvement training & coaching to teams undertaking improvement projects
- Improvement project:
  Renal central line associated bacteraemia (CLAB) project: Reduce the rate of renal central line associated bacteraemia to less than 1 per 1,000 line days by March 2020

Project Risks:
- Unable to complete/validate Renal dashboard (to include all KPI measures) due to Qlik team time constraint and other priorities.

Project Issues:
Nil

Status Update:
- CLAB Project:
  - Validation of cause and effect and process map with staff- complete
  - Develop river Diagram- complete
  - Change ideas identified and prioritised-complete
  - Review and confirm ANTT poster final version- complete
  - Review and update educational leaflets- complete
  - Create ANTT audit tool template- complete
  - Update procedure report to include additional fields and extract CLABSI date to renal Qlik dashboard-WIP
  - Translate educational leaflets to additional 4 languages
- Other support:
  - There are 8 main KPI's covering the renal service performance. The aim is to be able to capture the data and monitor via Qlik Sense. This will be the first step to identify improvement opportunity for the service
  - Currently the work is focused on refining KPI 1. Definition of KPI1 is "Patients known to the renal service for >6months will have received Renal Replacement Therapy "RRT" education before starting RRT
  - There are some focussed changes to QLIK and some focussed changes in the Renal Service that will give us a high level of confidence in the KPI1 data, and enable us to implement quality improvement changes

Next Steps:
- Complete ANTT audit tool electronically(similar to hand hygiene audit)
- Extract audit information and view from renal Qlik dashboard
- Edit and update procedure report to include the required fields to extract CLABSI information and view from renal Qlik dashboard
- Complete the translation of the educational leaflets to additional 4 languages
- Create patient educational video

Timeline

Milestone	Status	Completion
Initiating	Completed	September 2019
Planning	Completed	November 2019
Execution	In progress	August 2020
Close	Not started	August 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	On track	N/A

Chest Pain Pathway
Progress Summary

Sponsor: Jonathan Christiansen and Kate Allan

Project Manager: Kelly Bohot

Phase: On hold

Problem Statement:

The purpose of the project is to understand whether our care of patients presenting with chest pain can be improved. The pathway was implemented 3-4 years ago. Since this time there have been new publications about improving care processes for patients with chest pain/acute coronary syndrome. The review of the pathway includes:

- Review of national and international literature
- Review of local data

The following were investigated:

1. Which of our current three risk scores identifies patients
   a. who are safe to discharge?
   b. who will have a coronary event <30 or < 180 days from presentation?
2. Is an exercise tolerance test (ETT) useful for low risk patients?
3. Does an ETT have negative or positive predictive value or neither?
4. Is high risk ethnicity a predictor of clinical course?
5. Do demographics alone identify safe for discharge/high risk patients?

Gestalt and Troponin identified as most effective indicators for risk stratification in the Chest Pain Pathway (most effective predictors of a chest pain event in patients with low risk chest pain).

Status Update:

- Qlik dashboard under development
- 67% increase in number of low-intermediate risk patients discharged from Emergency Medicine: 1,604 patients in 2017/18 compared to 2,690 patients in 2018/19.
- Number of patients on pathway and MACE (cardiac outcomes) currently lower than predicted in model. This may be a consequence of how we are identifying our patient cohort and needs further exploration

Project Risks:

Nil

Project Issues:

- Patients on the chest pain pathway do not always have an electronically documented risk score available. Cohort currently identified by triage category, specialty and assessment outcome. *Need to review appropriateness of triage category as MACE score lower than anticipated. Recent electronic changes in ED have impacted workflow and potentially chestpain data capture. Investigate impact of workflow changes on data integrity*
- *Clinical lead resource currently unavailable due to change in ED leadership roles/IMT. Dashboard review on hold until August 2020 as requested by clinical lead*

Next Steps:

- On hold – Plan to review and complete dashboard August 2020 once clinical resource is available again.

Milestone	Status	Estimated Completion Date
Complete audit and data analysis	Complete	April 2018
Validate model with additional dataset	Complete	April 2018
Develop new interim Chest Pain Pathway document	Complete	May 2018
Implement interim Chest Pain Pathway document	Complete	June 2018
Develop Chest Pain Pathway (New assay)	To be confirmed	December 2018
Develop Qlik dashboard	On hold	August 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	On hold	N/A

OptimisED+

(Providing best care by continuous improvement)

Progress Summary

Sponsor: Willem Landman
Project Manager: Dina Emmanuel
Phase: Closing

Opportunity / Problem Statement:

Since 2012 Emergency Department-ED has experienced an increased demand and growth in presentation numbers and complexity. This has limited our ability to consistently deliver optimal emergency care which compromises patients and staff safety and wellbeing.

Objective / Aim:

Through OptimisED + we will be able to consistently deliver best emergency care by optimising our staffing, capacity-demand matching and leadership structure and roles.

Outcome Measures

Stream One: Staffing

- Define adequate staffing numbers and skills to meet 85th centile demand
- Improve staff safety
- Better understand the reasons for nurses leaving ED
- Review salary and rates over the last 5 years
- Identify improvement opportunities for ED recruitment process

Stream Two: Capacity and Demand

- Short Stay in ED (SSED) >95%
- No inappropriate spaces
- Adequate staffing numbers and skill mix to meet 85th centile demand

Stream Three: Leadership structure and roles

- Review the current leadership structure throughout ED

Stream Four: Mental Health

- Analyse physical areas for mental health patients in ED
- Identify ED nurse time spent caring for mental health patients

Completed

- Second PDSA trial. The new process is aiming to more efficiently and effectively manage patients presented to ED by "Pit Crew" team and swiftly assessing, ordering the required tests and initiating referral/disposition process as required
- Time and motion study for nurses in both NSH and WTH
- Bench mark patient/nursing ratios for all ED locations
- resolved some issues identified in the current nursing recruitment process
- Review of registered nurse workforce on both sites (NSH and WTH)
- Visited CMDHB and discussed their clerical process map

WIP

- Review of ED clerical workforce together with patient registration process on both sites (NSH and WTH)-this will be managed by ED team

Project Risks:

- Unable to execute and implement recommendations resulting in deterioration of the current situation with declining patient and staff safety and wellbeing

Project Issues:

- Financial constraints
- Environmental constraints (physical areas/space)
- Impact of other services on ED

Next Steps:

- Complete close out report

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Completed	Feb 2019
Initiating	Completed	March 19
Planning	Completed	March 19
Executing	Completed	July 20
Closure	In progress	August 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	On track	N/A

Rapid Cardiac Screening Clinic Model of Care - Progress Summary

Sponsor: Patrick Gladding and Alex Boersma
Project Manager: Kelly Bohot
Phase: Planning

Opportunity / Problem Statement:
The initial outpatient evaluation of patients with cardiac symptoms is complicated and an outmoded process that has resulted in long wait times and rapidly rising costs as population demand increases. This situation is unsustainable and requires innovative approaches to improving patients' experience and efficient use of limited health system resources.

Objective / Aim:
Develop a model of care for a new rapid cardiac screening (RCS) clinic model of care
An initial business analysis for a new RCS model of care has been completed. A business case is being developed to introduce a new model of care and will include

- Improved, timely access to initial outpatient cardiology evaluation
- Improved screening process to allow risk stratification that enables early intervention for higher acuity patients
- Identification and elimination of unwarranted tests and investigations

The model utilises multiple new mobile and rapid screening technologies to accurately risk-stratify patients with undifferentiated cardiac symptoms. These technologies are point-of-care cardiac biomarkers, a 5-minute point-of-care echocardiogram and an AI-based electrocardiogram evaluation – all of these approaches have been locally validated and have a sound evidence base. The RCS clinic has been piloted and found to have a much higher throughput than the traditional cardiology clinic model – this will potentially enable a significant impact on waiting lists.
The innovative use of new medical technologies presents an opportunity for a highly valuable collaboration between Waitematā DHB, MedTech CoRE and industry partners. The establishment of formal clinical research collaboration for the RCS has been proposed, with a defined programme of research into cardiac screening, outcomes and integration of new technologies into pathways and decision-making processes.

Status Update:

- Business case on hold while test of a first specialist appointment (FSA) clinic is completed
- Test one completed 27.07.2020
- 10 patients (P2 & P3 First Specialist Appointments) received Advanced Electrocardiogram, Echocardiogram and consultant appointment.
- 60% of patients discharged to primary care post clinic.

Project Risks:
N/A
Project Issues:

- Test clinic postponed multiple times due to strike action and COVID 19.

Next Steps:

- Refine process based on learnings from test one
- Further tests planned for 14.09.2020 and 19.10.2020

Timeline

Milestone	Status	Estimated Completion Date
Data analysed	Completed	15 March 2019
Defined aim and objectives	WIP	13 May 2019 (SRO Extended)
Planning	In progress	July 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
		N/A

Urogynaecology Service Progress Summary

Sponsor: Jonathan Christiansen and Eva Fong
Project Manager: Sue French
Phase: On hold

Opportunity / Problem Statement:
The treatment of Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP) with surgical mesh has occurred at Waitematā DHB since 1995 for SUI, and 2000 for POP.
The implantation of a mesh mid-ureteral sling (MUS) has become the 'gold standard' procedure for SUI surgery. Most mesh devices were launched without clinical trials, meaning complication rates were never established prospectively. For the majority of women surgical treatment with mesh for SUI and POP has led to good long-term results with no complications. However, some women experience complication, and for some women complications have devastating and lifelong consequences. Increasing national and international concern for the failure rate and complications of mesh in these procedures has led to several large-scale reviews and investigations worldwide. The Ministry of Health (MOH) has asked all District Health Boards (DHB) to stop using surgical mesh in urogynaecological surgery unless they can guarantee that credentialing standards and robust informed consent process are being met.

Objective / Aim:
To review Waitematā DHB's urogynaecology services and develop a proposed model of care for the provision of secondary and tertiary urogynaecology services with scope for national delivery of tertiary care for this patient group. The model of care will surgeon credentialing, informed consent and surgical implant tracking processes that meet national and international standards.

Status Update:
- Development of credentialing assessment framework and proctoring framework completed.
- Credentialing policy, Knowledge and Skills Framework, Assessment Framework and Proctoring Framework submitted to Credentialing committee 23 June 2020.
- Recruitment process for international proctor on hold pending outcome of credentialing committee decision.
- Patient information documents six-month evaluation in planning complete. Awaiting confirmation of allocation of Project Manager to complete..
- Development of e-learning module and education strategy on hold, pending outcome of credentialing assessment review by Credentialing Committee.
- Work with Virtual Medical Coaching for Urogynaecology Virtual Reality surgeon training module on hold pending outcome of decision for continued Project Manager support. Well Foundation are aware

Project Risks:
- Large scale of programme and change
- Potential for local, regional and national priorities and timelines to differ
- Human resource resistance to organisation wide change process
- Dr Eva Fong on sabbatical January 2020, for 12 weeks – will add delays to all timelines and extension to project completion

Project Issues:
- 25 June 2020: Project on hold during COVID period. Capacity for on-going project management support currently under review.

Next Steps:
- Manage required changes from Credentialing committee
- Launch framework
- Complete consumer assessment of patient information documents

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Complete	November 2018
Initiating	Complete	April 2019
Planning	In progress	December 2019
Executing	Not started	TBC

Budget	Spend to Date	Forecast to Complete	Variance
Capex $nil to date	N/A	N/A	$0
Opex $nil to date	N/A	N/A	$0

Scope	Timeline	Budget
On track	Delayed	On track

Remote Patient Monitoring

Progress Summary

Sponsors: Robyn Whitaker
Project Manager: Barbara Corning-Davis
Phase: Scoping

Opportunity / Problem Statement:

Approximately 275 patients are admitted for heart failure diagnoses each month and about 20% of these are readmitted within 28 days. Literature suggests the rate of readmission can be reduced by approximately 25% with remote monitoring of patient's weight and blood pressure.

Remote monitoring also provides an opportunity to increase patients' knowledge and confidence in managing their condition.

Objective / Aim:
To pilot a remote monitoring application with heart failure, diabetes, and renal patients.

Status Update:

- Proposal for a Pilot Project has been drafted and circulated with stakeholders for comment.

Project Risks:

The vendor under consideration does not have a robust patient interface, so we would need to build that functionality with tailored messaging to patients based on their data recordings. The vendor is interested in co-design with us.

An API will need to be developed so the patient's data collected with the remote monitoring application will be shared with other clinicians providing care for that patient.

Project Issues:

Next Steps:
Determine feasibility, funding

Timeline

	Milestone	Status	Completion
Set up test instance; Conduct demos for clinician	August 2020		
Pilot application with 30 patients (October) and 100 patients (December)	Oct-Dec 2020		
Develop AI messaging Develop AIP for sharing data in clinical portal	Feb 2021		
Evaluate process, outcome measures	Apr 2021		

Budget	Spend to Date	Forecast to Complete	Variance
Capex $			
Opex $			

Scope	Timeline	Budget

Tier 2 Quality Improvement Workshops
Quality Improvement Programme

Sponsor: Penny Andrew

Project Manager: Barbara Corning-Davis

Phase:

Opportunity / Problem Statement:
An understanding of quality improvement and experience in the applying quality improvement tools is essential for systematic, continuous quality improvement and innovation across the organisation.

Objectives / Aims:
- Develop Tier 1 Quality Improvement (QI) e-learning modules that provide basic, foundation-level QI knowledge that is available through Awhina Learning (Completed).
- Develop an experience-based quality improvement training programme available to all staff across the DHB (Tier 2 of the Transforming Care Programme).
-Develop a teaching faculty and an alumni network to sustain a culture of continuous quality improvement.

Status Update:
There has been significant attrition in the workshops (33%), partly due to participants' workload challenges post-lockdown, and partly due to participants transitioning to new roles.

- **Round 8 Quality Improvement Workshop started on 11 February** and 10 participants will present mid-progress updates on **27 August.**
- A Quality Improvement Workshop for Mental Health started on 4 March at Paramount Drive and 12 participants will present mid-progress updates on **26 August.**
- i3 is providing a new round of Quality Improvement training for hospice and aged residential care providers which started 27 February and 13 participants will present their mid-progress updates for **19 August.**

Project Risks:
Due to competing clinical duties, low levels of clinical staff uptake of opportunity to learn and apply QI Methodology (Waitematā DHB has very low levels of clinical staff trained in QI Methodology: (<0.25%)

Project Issues:
- Need to continue to expand programme capacity, through mentorship and coaching alumni.

Next Steps:
- Present module on Lateral Thinking at i3's next Strategic Planning session

Timeline

Milestone	Status	Estimated Completion Date
Training at NSH and WTH	completed	Ongoing
Training in community	completed	Ongoing
FMEA module	completed	8 January

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	On track	N/A

Adult MHS Quality Improvement Programme – Progress Summary

Sponsor:	**Derek Wright, Murray Patton and Pam Lightbrown**
Project Manager:	**Laura Broome**
Phase:	**Executing**

Opportunity / Problem Statement:
There has been a cluster of serious adverse events within mental health services. Investigations into these adverse events and an overarching review of He Puna Waiora have been undertaken. A quality improvement plan has been developed to ensure the learning's from these incidents are implemented to improve the model of care and ensure better outcomes for service users.

Objective / Aim:
The quality improvement plan aims to coordinate the investigations and review; ensure that the recommendations from the investigation and reviews are integrated into a quality improvement programme; and ensure the quality improvement programme is implemented effectively.

Status Update:

- A plan has been developed to transition the programme from the current governance structure (Executive Sponsor Group, Steering Group and Expert Advisory Group) to the SMH&AS Clinical Governance. The purpose of this is to make the programme sustainable and ensure a culture of continuous quality improvement is developed within the inpatient units.
- A new inpatient unit clinical governance group has been established to oversee the quality improvement programme, this group will be co-chaired by the Associate Service Clinical Director and Clinical Nurse Director. This group is also overseen by the SMH&AS Clinical Governance Group.
- All five Adverse Event Investigation reports are signed off by the Adverse Event Committee. There were 61 recommendations made from these reports. Of these 13 have been completed, 31 are being added into the transition plan and new continuous quality improvement programme and 17 sit outside of this plan and will be overseen by the SMH&AS Clinical Governance Group.
- The draft He Puna Waiora overarching review report has been made available and the recommendations from this report have been included in the transition plan and continuous quality improvement programme.

Project Risks:

- IT server and WIFI upgrades which are required for Electronic Therapeutic Observations (THEO) work to progress.

Project Issues:
N/A

Next Steps:

- Approval of the transition plan by the ELT and board.

Timeline

Milestone	Status	Estimated Completion Date
Initiate	Complete	August 2019
Plan	Complete	September 2019
Execute	Complete	July 2020
Close	In progress	August 2020

Safety in Practice
Progress Summary

Sponsor: Stuart Jenkins and Tim Wood
Project Manager: Sue French (Improvement Advisor role)
Phase: On hold

Opportunity / Problem Statement:

Safety in Practice (SiP) is designed to enhance quality improvement capability of general practice (GP) teams within the Auckland region, by focusing on patient safety. In order to achieve this goal, a range of tools and resources (adapted from the Scottish Patient Safety Programme in Primary Care), alongside support from improvement and clinical experts are provided to general practice teams to foster a patient safety culture.

In 2017 a pilot programme for twenty community pharmacies and four acute care clinics to participate in SiP commenced; clinical modules specific to this practice domain were developed and tested.

Objective / Aim:

To develop more reliable practice systems and to promote a safety and improvement culture within general practices and community pharmacies

Status Update:

- Award Winner for Accident Compensation Corporation Awards 2020;: Category - Reducing Harm in the Community.
- Anticoagulant project visits complete
- Safety Culture Tool reports and outcome support visits complete
- Expression of Interest open for 2020-2021 closed
- Confirmed team capacity is 110 for 2020-2021.
- Combined General Practice, Pharmacy and Urgent Care Learning session 4 successfully delivered via Zoom media
- Module reviews in progress for 200-21 year
- Planning for 2020-21 programme content ands delivery method in progress. Intention for 3 virtual delivery and 1 face to face session.

Project Risks:

Nil noted

Project Issues:

- Insufficient resource/mismatch of skills and expertise required to support programme (administration; quality improvement; programme development).
- Reduction in improvement advisor capacity for 2019-2020 programme year.

Next Steps:

- Learning session for Quality Improvement skills for 2020-21 cohort year planned to occur August 2020

Timeline

Milestone	Status	Estimated Completion Date
Initiate (SiP year 6 2019-20)	Complete	July 2019
Plan	Complete	August 2019
Execute	In progress	July 2020
Close (Year 6 GP, Year 2 Pharmacy)	On track	July 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	On track	N/A

RMO Clinical Governance Training Progress Summary

Sponsors: Andrew Brant, Penny Andrew, Naomi Heap and Ian Wallace
Project Manager: Jonathan Wallace
Phase: Ongoing

Opportunity / Problem Statement:
Our RMO workforce is the source of many of our future clinical leaders. An opportunity exists to provide training and practical experience in clinical governance activities.

Objective / Aim:
To provide protected time for RMOs to undertake clinical governance activities. This includes weekly teaching on clinical governance and quality improvement methodology and undertaking a project with a department or service while at Waitematā DHB.

Status Update:
Project is progressing well post-COVID 19. A number of successful project have been undertaken across a range of services.

Our RMOs for the current rotation have just commenced and are in the process of selecting their projects.

Project Risks:
Slightly shortened current rotation due to COVID-19 but does not pose a significant risk to RMO project completion

Project Issues:
Interruption due to COVID-19 response. Normal programme has now resumed

Next Steps:
Increase RMO opportunities to take part in

Timeline

	Milestone	Status	Completion
	Project initiation	Complete	Q3 2018

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	N/A
Opex $	N/A	N/A	N/A

Scope	Timeline	Budget

6. Patient and Whānau Centered Care

6.1 Patient Experience Feedback – July 2020 update

6.1.1 National Inpatient Survey

In January 2020, the Commission announced they had contracted Ipsos New Zealand, an independent research company, for the provision of the inpatient survey and primary care survey data collection and reporting system services. A subsequent review of the former Inpatient Patient Experience Survey was also conducted and a refresh of the survey, is being launched in August 2020, will include the coordination of core questions between the Adult Hospital Survey (AHS) and the Adult Primary Care Survey (APCS).

Revision of the Adult Hospital Survey

The questionnaire was reviewed in 2020 to ensure the questions being asked remained relevant to today's patients and the survey continues to serve its objectives as a tool for DHBs to obtain a set of consistent national indicators to carry out local assessment and improvement. The survey design was refreshed to align with sector needs. This was done by consulting with a number of stakeholders, including representatives from each DHB and building on the evidence base that has emerged since their initial design.

Following this review, a series of 19 cognitive testing interviews was conducted with priority populations in Auckland and Hawkes Bay, representing Māori and Pacific and a variety of ages, genders and languages. These were conducted to confirm understanding of the question wording and communication strategies for improving participation. The resulting survey has core questions that are common between this survey and the primary care survey. This change will allow for actionable results as well as reduced response burden for patients.

6.1.2 Friends and Family Test

In July, the Net Promoter Score (NPS) dropped slightly to 82 from 84 in June. We received feedback from 750 people which is still lower than our usual response rate of over 900, however, it has increased steadily each month since Level 1 COVID-19. The NPS performs consistently above the DHB target of 65.

Friends and Family Test Overall Results

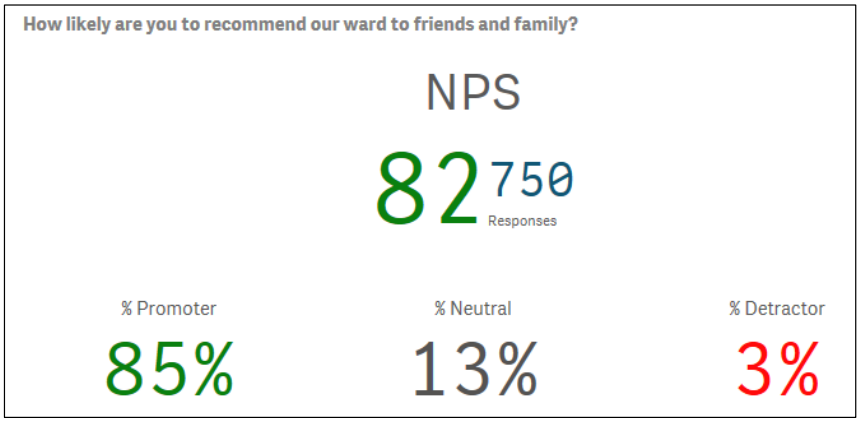
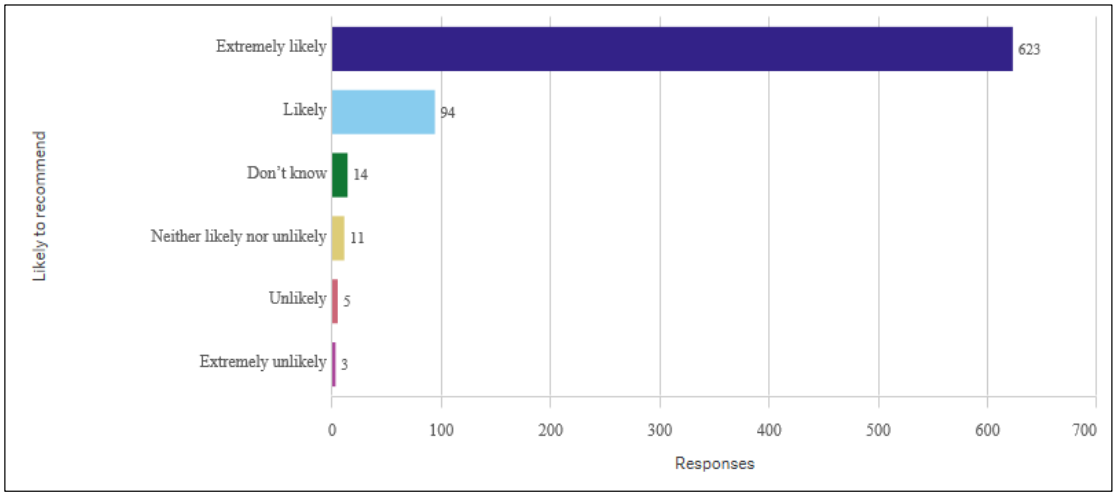
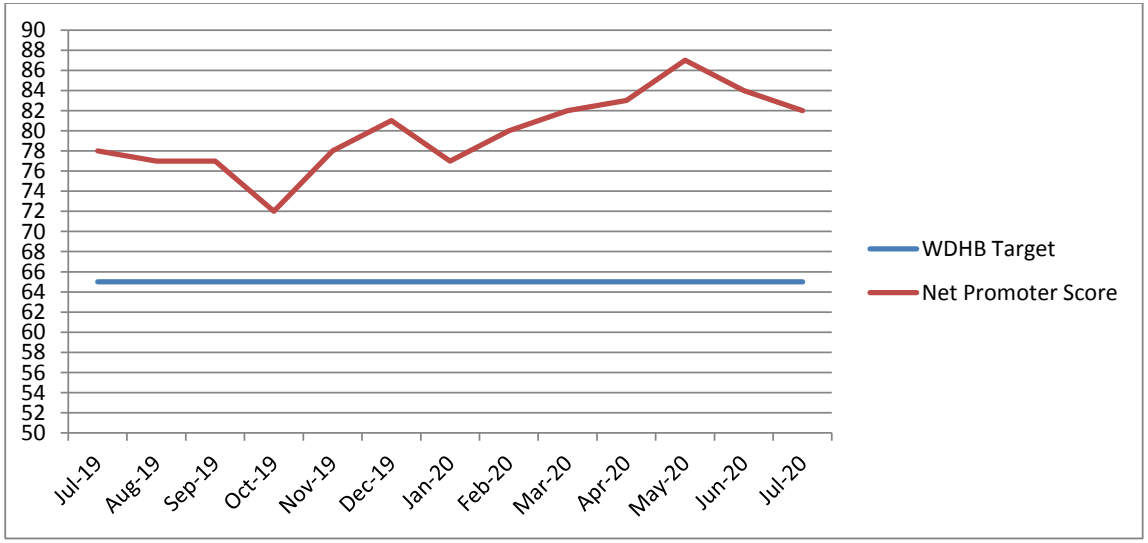


Figure 1: Waitematā DHB overall NPS



Graph 1: Waitematā DHB overall FFT results



Graph 2: Waitematā DHB Net Promoter Score over time

Total Responses and NPS to Friends and Family Test by ethnicity

July 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Responses	486	47	58	38	138
NPS	82	88	78	98	86

Table 1: NPS by ethnicity

In July, all ethnicities met the Waitematā DHB NPS target and score 65 and above. Pacific achieved an impressive NPS score of 98 for 'would you recommend our service'.

July 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Did we see you promptly?	80	82	81	90	83
Did we listen and explain?	85	84	86	90	86
Did we show care and respect?	92	92	90	98	92
Did we meet you expectations?	82	84	80	93	84
Were we welcoming and friendly?	92	90	92	98	92

Table 2: NPS for all questions by ethnicity

In July, all measures score above the DHB target. Pacific scored an impressive 98 for 'welcoming and friendly' amd 'care and respect'. Whilst 'did we see you promptly' is our lower performer, it must be noted that this measure has made significant improvement over the last year for Pacific participants.

Friends and Family Test Comments

- "*Everyone treated me (and each other) super respectfully. They always kept me informed and were super attentive, making sure I was okay. I felt really cared for. Thank you.*" ***Endoscopy, WTH***
- "I didn't want to come to hospital as had a bad experience in the past. However it has turned out quite the opposite. *The team were concise with their explanations. Nursing staff and Allied Health staff also helpful in getting things organised.*" ***Anawhata Ward, WTH***
- *"My daughter was dealt with gently and with respect."* ***ARDS Botany***
- *"Very helpful, friendly and thorough appointment.* ***Whānau Centre Paediatric Outpatient Clinic***
- *"Everyone was so compassionate, empathetic, caring and explained to the umpth degree. Did not leave me wondering, what if, what now. Well done and thanks for caring"* ***Surgical Unit, WTH***
- *"I didn't know what this appointment was about, but I am extremely happy with the service, its more than I expected."* ***Allied Health Community Child Health West***
- *"The staff are kind to you and always smiling."* ***Ward 15, NSH***

Friends and Family Test by ward

		July 2020	
Division	**Ward**	**Responses**	**NPS**
AH	Allied Health Community Adults North	10	89
AH	Allied Health Community Adults Rodney	4	100
AH	Allied Health Community Adults West	4	100
AH	Allied Health Community Child Health West	1	100
AH	Allied Health Early Discharge And Rehabilitation Service (EDARS)	12	100
ESC	North Shore Hospital Elective Surgery Centre Cullen Ward	22	86
SMHOP	North Shore Hospital Haematology Day Stay	23	100
S&AS	North Shore Hospital Hine Ora Ward	10	90
S&AS	North Shore Hospital Intensive Care Unit/High Dependency Unity (ICU/HDU)	8	75
A&EM	North Shore Hospital Lakeview Cardiology (LCC)	65	87
CWF	North Shore Hospital Maternity Unit	94	72
S&AS	North Shore Hospital Outpatients	25	46
CWF	North Shore Hospital Special Care Baby Unit (SCBU)	12	100
A&EM	North Shore Hospital Ward 2	16	88
A&EM	North Shore Hospital Ward 3	21	95
S&AS	North Shore Hospital Ward 4	33	85
A&EM	North Shore Hospital Ward 5	21	60
A&EM	North Shore Hospital Ward 6	8	88
S&AS	North Shore Hospital Ward 7	44	86
S&AS	North Shore Hospital Ward 8	36	97
S&AS	North Shore Hospital Ward 9	28	86
A&EM	North Shore Hospital Ward 10	9	78
A&EM	North Shore Hospital Ward 11	28	75
SMHOP	North Shore Hospital Ward 14	3	67
SMHOP	North Shore Hospital Ward 15	15	100
CWF	Wilson Centre	1	100
A&EM	Waitakere Hospital Anawhata Ward	25	68
A&EM	Waitakere Hospital Huia Ward	20	68
SMHOP	Waitakere Hospital Muriwai Ward	10	89
CWF	Waitakere Hospital Rangatira Ward	22	95
CWF	Waitakere Hospital Special Care Baby Unit (SCBU)	10	100
S&AS	Waitakere Hospital Surgical Unit	16	94

Table 3: FFT results by ward

Key for above table:
Service/Ward Responses: *Green – achieved response target, Red – did not achieve response target*
NPS: *Green – met NPS target (65+), Amber – nearly met target (50-64), Red – did not meet target (<50)*

In July, the number of wards and services who met their response targets increased from 44% last month to 69% this month. Of these wards/services, 91% scored at or above the Waitematā DHB target. Five wards achieved an NPS score of 100, these are Haematology Day Stay, Ward 15, EDARS, SCBU North Shore and SCBU Waitakere (see table below). The main reasons for these positive scores include professional and caring staff who make patients and whānau feel at ease, great service, highly knowledgeable staff, excellent care and good explanations.

This month, the lowest NPS scores are for Outpatients and Ward 5 at North Shore Hospital. Negative comments received were all from Outpatients and these include expensive parking, long wait times and more seating needed in waiting areas.

A summary of the FFT results can be seen below.

Ward/Service – Exceptional NPS	**Target Responses**	**Achieved**	**NPS Score**
Haematology Day Stay, North Shore Hospital	20	23	100
Ward 15, North Shore Hospital	10	15	100
EDARS, Allied Health	10	12	100
SCBU, North Shore Hospital	10	12	100
SCBU, Waitakere Hospital	10	10	100
Ward/Service – Low NPS	**Target Responses**	**Achieved**	**NPS Score**
Outpatients, North Shore Hospital	20	25	46
Ward 5, North Shore Hospital	20	21	60

Table 4: FFT Results Summary

Patient and Whānau Centred Care Standards Programme (PWCCSP)
A PWCCSP November 2020 check-in process, for all areas except mental health and addictions, was endorsed at the July PWCCSP steering group. Patient interviewing by a small team of specially recruited and trained hospital volunteers commenced to obtain Part A data for the PWCCSP at North Shore and Waitakere Hospitals. A November check-in process for Mental Health and Addictions is planned, to be ready to present at the August 2020 PWCCSP Steering group meeting.
Other focus areas for the PWSCCP are:

- Expanding the program content. Work groups have been set up to develop a whānau standard and a staff wellbeing standard. There is also work starting on developing a Leadership standard.
- On-going work continues to support both the Community Mental Health Service and Auckland Regional Dental Service who are both anticipated to be able to run pilots later this year.

6.2 Patient Experience Activity Highlights

Consumer Council Update & Highlights
The Consumer Council met in July, celebrating their first year anniversary. They discussed the following agenda items at their most recent meeting:

- Telehealth
- Māori Patient and Whānau Experience
- Redesign of the Waitematā DHB website

Volunteer Recruitment Statistics

Volunteer number has increased by 35 from previous month, however five volunteers have resigned during the month of July. This increase is due to the registration and onboarding of 40 Westlake Students.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
52	122	2	176

Table 5: Volunteers Recruitment

Volunteer Activity Highlights

The Westlake Boys and Girls volunteers commenced their volunteer programme in July. Unfortunately COVID-19 caused a delay to this service commencing. The students completed online and face to face training prior to their start date. Every Saturday and Sunday morning, they will provide support to patients on Ward 14 and 15, providing companionship and activity support to our rehabilitation patients. Some students will also complete the Friends and Family Test throughout most wards at North Shore Hospital.

Asian Health Services Team Highlights

- ***Health Seminar about Advance Care Planning (ACP) for the Asian community***

Asian Health Services (AHS) was requested to provide a health talk for the Asian community. AHS worked with Mrs H. J. Kim, the Health Quality Safety Commission (HQSC)'s consumer network member, the Korean society of Auckland and our DHB's gerontology nurse specialist to provide comprehensive health information in response to the request. In 2016, Asian Health Services (AHS) completed a successful co-design project with the community and received Waitematā DHB's health excellence award in improving patient experience. One of our community champions from the co-design project received excellent feedback after sharing her story during the seminar.

This collaborative workshop information was acknowledged by the HQSC and their news webpage is available at:
https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fwww.hqsc.govt.nz%2four%2dprogrammes%2fpartners%2din%2dcare%2fnews%2dand%2devents%2fnews%2f4091%2f&umid=b871b2d7-c342-4634-948b-dd71ab43f812&auth=a3bd55c094d03421cab4e906146bf630b01a7779-356c2b97cbc8dd4dbbbd492caacba259d6a9a6a7

Photo with (HQSC)'s consumer network member (Ms. Kim – 4th from right) and the chair of the Korean society (3rd from right)

- ***Asian Health Services (AHS) staff – Full time Equivalent (FTE)***

No. of current staff	22 FTE
No. of management	1
No. of iCare Call Centre & Asian Patient Support Service (APSS)	4.7
No. of APSS Bureau (contractors)	10
No. of Asian Mental Health Service (AMHS)	5.5
No. of AMHS Bureaus (contractors)	20
No. of WATIS Interpreting service	9.5
No. of Contracted Interpreters	186
Vacancy	1.3 (0.5 APSS & 0.75 WATIS)
Total	238(23FTE + 215 contractors)

- ***Asian Patient Support Service & iCare call Centre (July 2020)***

No. of total enquiries	1,920
No. of iCare call centre enquiry - NZ Health info, GP, Breast Screen etc.	1,401
No. of active clients (patients) under APSS care	142
No. of new inpatient referrals - complex issue & cultural support	94
No. of support episodes by cultural support coordinators	519
No. of clinical meetings & face to face liaison	235
No. of phone support	99
No. of clinical coordination	170
No. of family supported	30
No. of exit	72
No. of health or cultural workshop or promotion or survey	2
No of participants of workshops	32 (20 community members + 12 nurses)
No. of document & resources – cultural review /input	6

- ***Asian Mental Health Service (July 2020)***

No. of active mental health clients (target KPI: 75)	91
No. of new referral - mental health client	16
No of client support hours	338
No. of support meeting hours	146
No. of liaison psychiatry referral	0
No. of active forensic MH clients	2
No. of acute MH inpatient ward or Crisis team referral	6
No. of active clients of Asian Clinical Psychological Service & referrals	10
No. of exit	14
No. of Asian Wellbeing Group Sessions	5
No. of workshops (e.g. Incredible years parenting / Sensory modulation)	0

- ***WATIS Interpreting Service (July 2020)***

No. of contracted interpreters (covering 90+ languages & dialects)	186 + NZ Sign language interpreters
No. of FTE interpreters (employed)	3.75 (0.75 FTE vacancy)
No of interpreting episodes	5,266
No. of face to face interpreting	2,643
No. of Video interpreting service(VIS)	7
No. of appointment confirmation	1,645
No. of telephone assignment	521
No. of telephone interpreting	432
No. of primary health interpreting episodes	354
No. of document translated or proof reading	18
% DNA of WATIS users	0.7%
Booking unfulfilled	1.97%

Pastoral Care Update

- **Pastoral Care Activity for the Voluntary Chaplains Assistants (VCAs) across Waitematā DHB**

No. of visits to patients	676
No. of visits to family	183
No. of visits to staff	107
Hours volunteered	34.15 (Waitakere) 94.45 (North Shore)

July was the first full month where Voluntary Chaplains Assistants (VCAs) could return to supporting patients at each hospital. Many VCAs chose not to return to the volunteer programme due to health reasons. In July, the new VCA training commenced with eight new trainees for North Shore and one new trainee for Waitakere. Due to preference and work load, some of the new VCAs used zoom to attend the training sessions. Below is a photo of a training session in progress.

Patient Experience Activity Overview July 2020

On track	*Generally on track – minor issues/delays*	*Off track/not started*

Project Name	Project Summary	Patient Experience Lead	Update	Status
Volunteers				
Ward and outpatients Volunteer Programme	Waitematā DHB aims to have volunteers working on all wards throughout the organisation to support specific tasks and enhance the patient experience. Providing social connections and meeting basic patient needs in a busy ward environment is important to our patients.	Genevieve Kabuya	- The Patient Experience team was still working with some wards/ services to facilitate the return of other volunteers when the current Alert response changed. All volunteers have been stood down again.	
On-boarding and training for volunteers	Developing systems and processes to ensure that the on boarding and training programme for volunteers aligns with current processes for Waitematā DHB staff/contractors. This will be linked to a central database managed through Occupational Health and Safety. This new process will ensure that volunteers have completed their mandatory training before receiving or renewing their Waitematā ID cards.	Genevieve Kabuya	- Volunteers who are in the process will be inducted/on-boarded once all services have returned. - 40 Westlake students have been registered through better impact and on boarded-inducted with the online training.	
Asian Health Services				
Community Health Workshop	Asian Health Services offer 4 community workshops per year to improve the Asian community's understanding of New Zealand's health system and support services	Grace Ryu	- 2 Chinese health workshops in North Shore & West Auckland (March and October 2019) - 1 Korean health workshop completed (May 2019) - 1 Japanese health workshop completed (April 2019) - 1 Indian health workshop will be held in 2020	
Let's get real - Asian Workforce Development Project	Te Pou and Asian Health Services are working together to enhance ethnic workforce development in Waitematā DHB by providing Real-skills surveys and various learning opportunities, as well as cultural workshops in FY2019-20.	Grace Ryu Tiffany Tu Carol Lee	- Real skills survey for Asian Patient Support Service team - completed - Asian Mental Health Team and WATIS team to complete the survey by end of Dec 2019 - Mental health supervision for DHB interpreters and MBIE interpreters in Sep 2019 - *Let's get real* workshop for DHB's mental health workforce on 13 September 2019	

			- Muslim & former Refugee cultural workshops on 15 Nov 2019 - Pacific cultural workshop for Asian & ethnic workforce on 6 Dec 2019 - Staff to attend Maori Cultural workshops (Hauora Māori with Dame Naida Glavish, Chief Advisor Tikanga) via Awhina - Mental health Trainings for ethnic interpreters in May 2020	
Youth Suicide Prevention Project	This is part of the suicide prevention project of Waitematā DHB & Auckland DHB priorities guidelines for 2019/20. An expected focus is for improving awareness of youth suicide prevention and mental well-being in the community.	Grace Ryu Hannah Lee Tiffany Tu	- 1st Youth Life skills workshop was held at Kristin School in May 2019 with 95 participants - 2nd Youth Life skills workshop was completed at Epsom Girls Grammar School in Sep 2019 with 168 participants - Both workshops received excellent feedback	
Asian Patient Support Service – Consumer & staff survey	Asian Patient Support Service conducts surveys every 2 years to collect feedback from patients and their families, as well as DHB staff according to the service quality action plan	Grace Ryu Ivy Liang	- Written survey forms were distributed to patients and families from June 2019 - On-line Survey Monkey links were sent to DHB staff from September - On-line survey completed in December 2019 and an evaluation report to complete in January 2020	
Supporting International Collaboration with Asian countries	Waitematā DHB has an international collaboration team (Dr Lifeng Zhou, chief advisor) to work with Asian countries. Asian Health Services (AHS) supported the international collobration team and will support future collaboration acitivities as a partnership organisation.	Grace Ryu Hong Lo Stella Luo Rachel Oh	- AHS supported 3 delegation groups from China & Korea in 2018-19 by providing NZ health system information and AHS information - AHS team supported the Inaugural Health Forum on International Collaboration with Asian Countries on 8 November 2019 - Project: Evaluation and Optimization of Jarvisen Smart Voice Interpreter (Project Lead: Dr Lifeng Zhou, Dr Maggie Ma)	
Asian cultural advice at the regional level governance groups	Asian representation and cultural input at regional governance groups on requests.	Grace Ryu	- Collaborative Mental Health and Addictions Credentialing Programme Governance Group - Regional Head & Neck Cancer Oversight Group	
COVID-19 Collaborative Public Health Promotion	Asian Health Services cooperated with Auckland Regional Public Health Service (ARPHS) and other DHBs for public health promotions including documents translations and support at the border	Grace Ryu Belle Zhong Ivy Liang Jenny Kim	- Public health promotion and language support at Auckland International Airport - COVID-19 : Translation for posters for Emergency Department - Translation for DHB's health documents and messages on DHB's social media (Facebook) - Urgent translations of COVID-19 related documents for Auckland Regional Public Health Service (ARPHS) - School Resource COVID-19 Information for Parents : translation in multiple languages	

Appendix 1

Waitemata DHB Infection Prevention and Control Jan-June 2020 Report

This report summarises the results from routine IP&C surveillance performed between January and June 2020. This activity was performed during the COVID-19 pandemic at different NZ national alert levels between March 22nd (level 2) leading into a period of high community transmission in April till mid-May (high alert), followed by de-escalation to level 1 on June 8th, 2020 with no ongoing community cases of COVID-19 at present.

1a. Hospital Acquired Bloodstream Infections

Summary points:

1) **There was an overall increase in HABSI rate (including during the COVID 'high alert' period) contrary to the trend with other healthcare related infections, and with improved compliance with hand hygiene and standard precautions.**
2) **In June alone there were 2 IV luer related, 1 central line related and 1 CAUTI related HABSI's.**

A total of **40** HABSI's were identified from Jan- June 2020 - rate **0.34** /1000 bed days which is slightly higher comparable to last few years. The monthly distribution of HABSI for first 6 month (Table 1), source of HABSI (Table 2) and summary of cases in last 6 months (Table 3) can be found below.

- E.coli was most common pathogen **(14/40- 36%)** followed by S.aureus **(n=8**), K.pneumonia **(n=3)** and other pathogens **(n=15).** 3 of 14 E.coli and none of 3 K.pneumoniae isolates were ESBL producers.
- As shown in Table 2, 33% of HABSI were device related, including 6 IV luer related- and considered potentially preventable. While the **two** CLAB's did not have any apparent correctable causes, complete assessment of preventability for IV luer related HABSI's has been difficult due to poor documentation in addition to excessive duration of IV luers and use of antecubital fossa for insertion (non-preferred site). Seven CAUTI related HABSI's also occurred. CAUTI surveillance and quality improvement initiatives will recommence to review if prolonged catheter days are contributory.
- In June, a total of 9 HABSI's were recorded (Table 3), including 4 device related HABSI's.

Table1: Monthly HABSI rate (per 1000 bed days) at WDHB Jan –June 2020

2020	Jan	Feb	Mar	April	May	June
Total No. HABSI	4	5	9	7	6	9
Rates/1000 Bed Days	0.17	0.23	0.46	0.49	0.33	0.41

Table 2: Comparison of sources of HABSI 2018 – 2020

HABSI source	2018	2019	2020 (Jan –June)
Vascular device	**18** 7 CLAB 11 IVL	**12** **3 CLAB** **9 IVL**	**6** **2 CLAB** **4 IVL**
CAUTI	8	**5**	**7**
Post proc/ surgical	8	**10**	**11**
Other (mostly UTI)	25	**31**	**5**
Unknown	11	**13**	**11**
TOTAL	**70**	**71**	**40**

Table 3: HABSI cases in June 2020

Source	Total	Ward	Organism
CAUTI	1	Ward 2	E coli (ESBL)
CVL	1	Ward 5	S.aureus
IVL	2	Wainamu	S.epidermidis
		Ward 5	S.aureus
Other	1	Ward 4	
	4	ICU/HDU	S.aureus
Unknown		Ward 9	S.aureus
		Ward 6	S. epidermidis
		Ward 8	Candida albicans

1b. Healthcare associated bacteraemia (HCA-BSI)

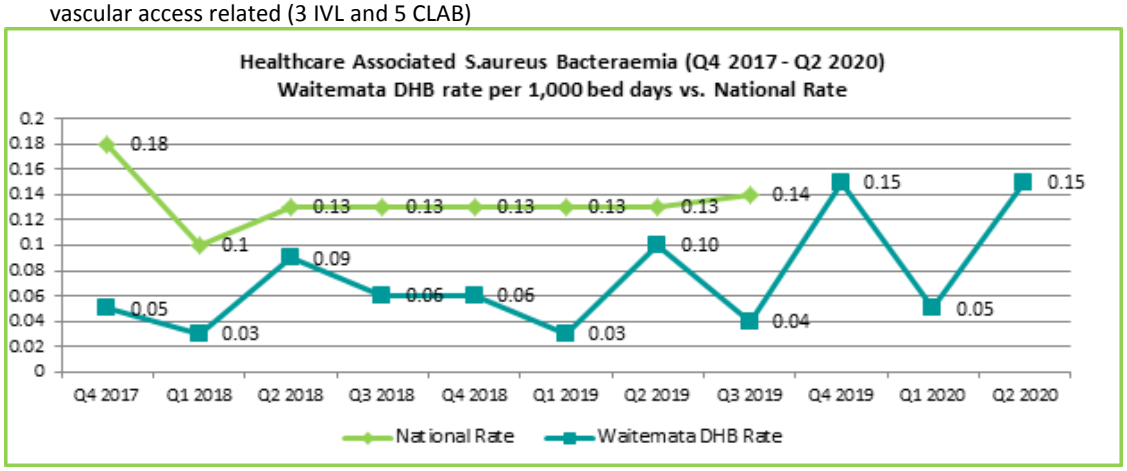
- A total of 16 HCA-BSI's were recorded in last 6 months.
  Renal dialysis pts with CLAB accounted for 44% of cases with S. aureus isolated in 4 cases.
- In Nov'19, Renal Services commenced project with i3 to reduce HCA-CLAB. The project is currently in progress. Overall number of HCA-CLAB has declined in renal patients compared to 2nd half of 2019.

Source	Total	Ward	Comments
CLAB	7	Renal Dialysis	Haemodialysis patients with long term tunnel line
Other	2	Ward 9, Huia	Readmitted with urosepsis
Post -Surgery or Procedure	5	Surgery	Majority of these were intra-abdominal post-surgery or procedure
Unknown	2	Renal & Ward 4	Unable to establish source

1c. Healthcare associated S.aureus bacteremia (SAB HCA-BSI)

Surveillance for S.aureus HCA-BSI is a requirement from Health Quality and Safety Commission as a quality indicator and outcome measure for hand hygiene. This includes both HABSI and HCA-BSI caused by S.aureus.

- A total of 14 SAB HCA - BSI were identified in first half of 2020 (rate 0.11/10, 000 OBD). 8 of SAB was vascular access related (3 IVL and 5 CLAB)



2. Extended spectrum Beta lactamase producing bacteria (ESBL)

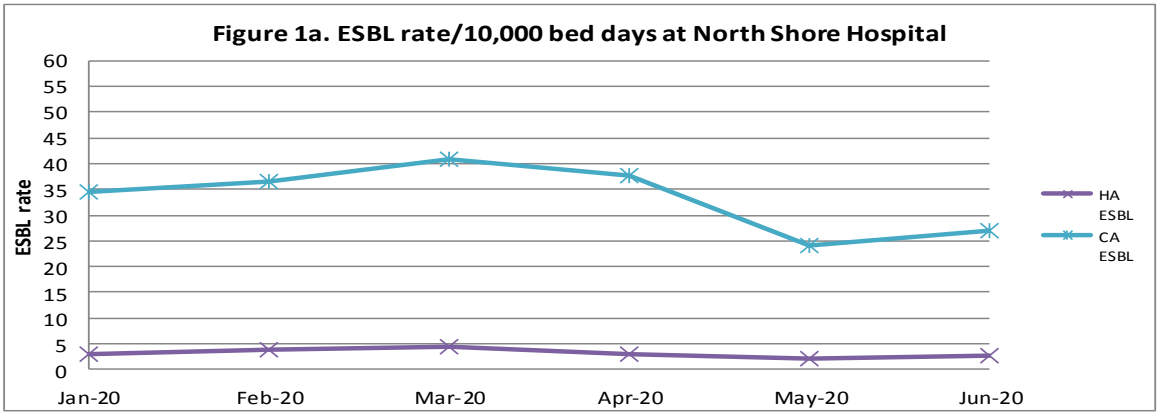
Summary point:
An overall reduction in HA-ESBL colonisation and infections in newly colonised were seen both at NSH and WTH in last 6 months of 2020.

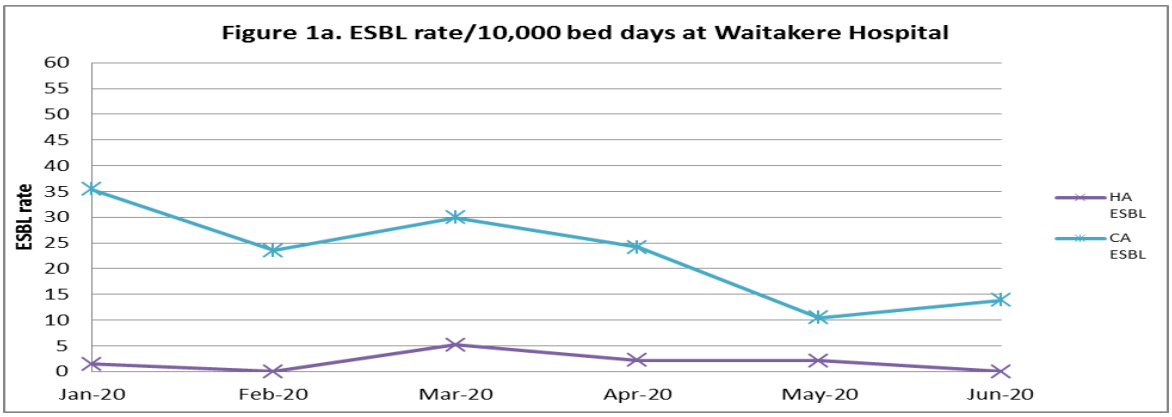
A total of 33 HA-ESBL patients (27 at NSH, 8 at WTH) with either new colonisation or infection were identified compared to 138 HA-ESBL over a 12-month period in 2019.
This equates to a decline in HA -ESBL rate from 5.1 /10, 000 OBD in 2019 to 2.8 /10, 000 OBD in 2020

Table 1: HA-ESBL rates/number at WDHB

HA-ESBL rate/10,000 bed days (number)	2019 Rate 5.1 (138)	2020	Jan	Feb	Mar	Apr	May	Jun
		NSH	3.1 (5)	3.9 (6)	4.3 (6)	2.9 (3)	2.2 (3)	2.6 (4)
		WTH	1.5 (1)	0	5.2 (3)	2.2 (1)	2.1 (1)	0

Figure 1a Distribution of community (CA) vs hospital (HA) ESBL Jan – June 2020





Differences between types of ESBL and place of acquisition are shown in Table 2
ESBL E.coli appears to be the predominant strain in both community and hospital acquired ESBL with E coli accounting for 78% of new ESBL acquisitions.
Despite a high prevalence of CA-ESBL in WDHB patients, the number of clinical and screening isolates with ESBL in hospitalised patients remained relatively low with 33 HA ESBL (EC n= 23 , KP n=5 , Other n=5) compared to 304 CA ESBL (EC n = 281, KP n= 48).
NSH contributed to 81% of overall HA ESBL isolated and surgical services 40% of all HA-ESBL, followed by 33% across General Medicine and sub-specialities at NSH.

TABLE 2: Comparison of ESBL KP, EC, other sp. in terms of place of acquisition. This table incudes both screening swabs and clincal isolates)

Types	ESBL KP	ESBL EC	Other
HA-ESBL	**5**	23	5
CA- ESBL	**48**	281	23
TOTAL	**53**	304	28

3. Carbapenemase-producing Enterobacteriaceae

Waitemata DHB has undertaken CPE screening as part of active MDRO screening for high risk patients since 2017. Any patient suspicious of CPE on initial testing is placed in contact isolation pending further confirmation.
In 2019 14 of 45 suspicious isolates were confirmed as CPE by molecular testing. Of these, 11 patients were hospitalised or had recently travelled overseas.
In Jan-Jun 2020 there were only 3 confirmed CPE from community patients
No CPE clusters or outbreaks have been identified at WDHB to date

4. Methicillin Resistant Staphylococcus Aureus (MRSA)

WDHB continues to have low HA -MRSA infection rates based on information primarily collected from laboratory antibiotic susceptibility data. 90% of MRSA are community acquired
Table below shows the number of MRSA isolates in 2019- 2020.
Increase in know MRSA clinical isolates could be attributed to introduction of ICNET since 2018.

Description	2019 NSH/WTH (TOTAL)	2020 Jan-Jun NSH/WTH (TOTAL)
MRSA isolates	**190/147 (337**)	**85/57 (142)**
Community MRSA and other HCF (new cases)	**111/93 (204)**	**36/23 (59)**
Community MRSA (known on admission)	**73/52 (125)**	**44/32 (74)**
New healthcare onset (hospital acquired)	**6/2 (8)**	**5/2 (7)**
Health care onset (known on admission)	**None**	

5. Vancomycin resistant Enterococci (VRE)

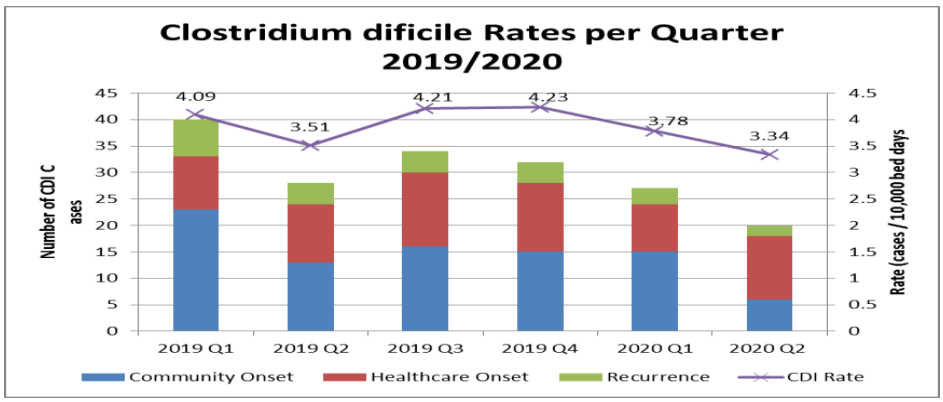
Active VRE surveillance, similar to ESBL since 2007 and CPE since 2017, is performed at WDHB since May'15 after an outbreak at NSH in 2014. Identification of new VRE colonisation or infection continues to be very low due to enhanced IPC measures including use of Deprox for environmental decontamination in selected situations.

Only 3 new HA-VRE colonisations were identified between Jan –Mar 2020 in Ward 14, Ward 10, and Ward 3.
Contact tracing of patients sharing rooms did not find in evidence of cross transmission at NSH.
No VRE infections were seen over a prolonged period and burden of VRE has also reduced.

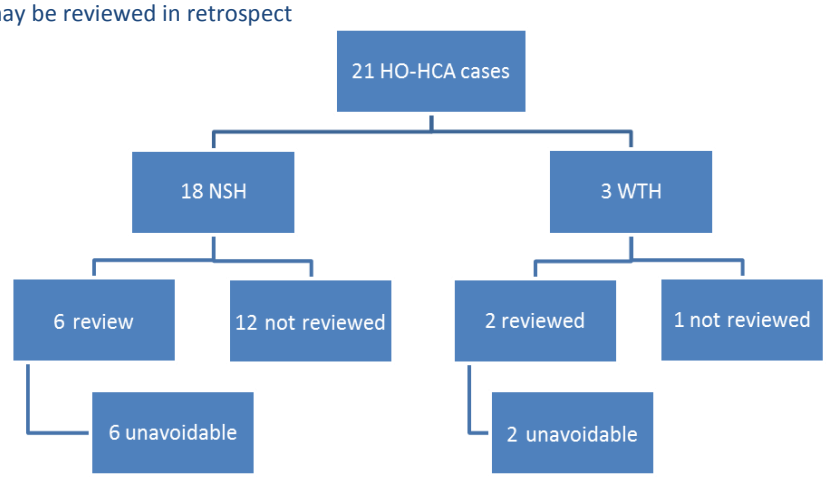
6. Clostridium Difficile (now called Clostridioides difficile) Jan –June 2020

Summary point:
The overall rate of CDI remains stable around 3.5/10,000 bed days. However, in the last quarter the proportion of HO-HCA CDI was higher with 12 CDI cases identified.

C.difficile numbers and classifications 2020 in Quarters 1 & 2
Quarter 1: A total of 27 CDI cases detected, comprising: 15 CO, 9 HO-HCA and 3 recurrent
The proportion of HO-HCA infections was 36%.The overall rate for Q1 is 3.78 per 10,000 bed days
Quarter 2: A total of 20 CDI cases detected, comprising: 6 CO, 12 HO-HCA and 2 recurrent
The proportion of HO-HCA infections was 66%. CDI ate was 3.34 per 10,000 bed days



WDHB has an active review process of all HO-HCA and recurrent CDIs. The process aims to identify avenues for improvement of antimicrobial prescribing practices in order to reduce the incidence of CDI. These reviews are undertaken by the ID physician / microbiologist and AMS pharmacist at the time of CDI diagnosis. A letter outlining the causes and corrective actions is sent to responsible clinician if the case is considered avoidable. The review of HO-HCA cases was temporarily stopped due to COVID-19 pandemic till end May, although some may be reviewed in retrospect



7. Seasonal Influenza

Summary points:

1) **There was a marked decline in the seasonal influenza activity during the COVID restrictions period which appears to be sustained to date. Only 6 Influenza cases (all community acquired) were diagnosed since April.**
2) **Staff influenza vaccine uptake was at a record high (71%) in 2020.**

Waitematā DHB has a yearly seasonal Influenza surveillance program which usually commences in February every year. In addition, hospital acquired (HA-Inf) is a unique designation used in our surveillance since 2017. It identifies inpatients admitted initially for other medical reasons but developed Influenza during their hospital stay, likely through acquisition from either other patients, staff, visitors or environment. Confirmation of Influenza after 72 hrs of admission is defined as HA-Inf.

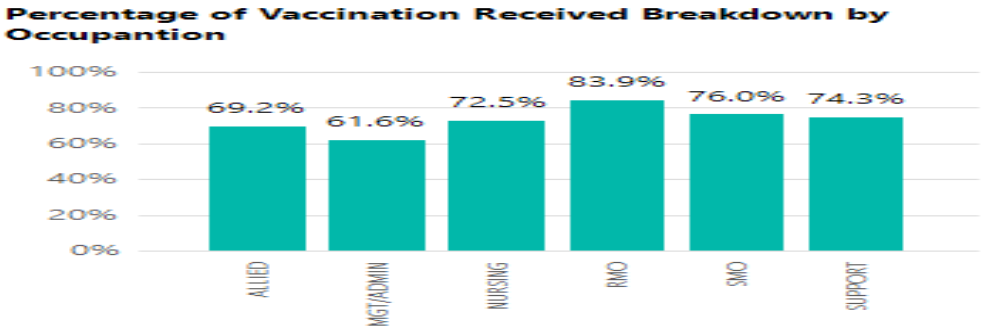
The 2020 season so far has been characterised very low presentation of patients with Influenza like illness, total of **58** compared to same period in 2019 with **359 confirmed** cases. In March 2020, Mental Health inpatient unit had a cluster of three nosocomial acquired influenza.

NSH	2019	Feb	March	April	May	Jun
CA- INF	603	15	7	2	3	0
HA- INF	58	2	0	0	0	0
WTH		**Feb**	**March**	**April**	**May**	**Jun**
CA- INF	606	10	15	1	0	0
HA- INF	44	0	3	0	0	0

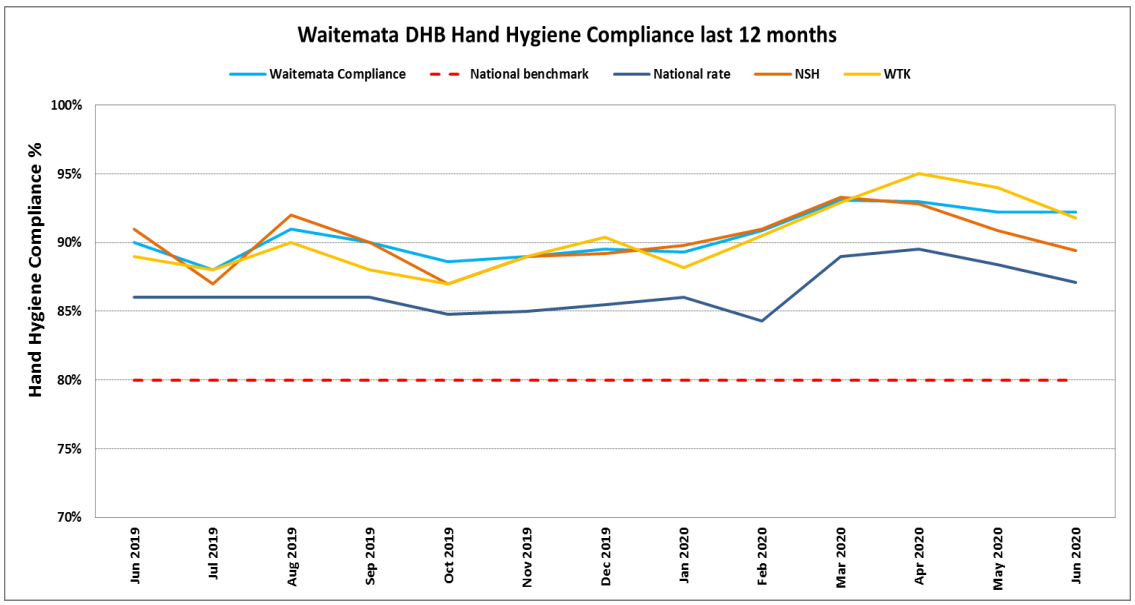
WDHB staff flu vaccine uptake for 2019 has increased to 71.2% compared to 59% in 2018 uptake as shown below Figure 1&2.

Waitemata DHB Influenza Vaccination uptake – 2020

Operating Group	Service	RC short description	Percentage	Total Employees	Vaccinated Employess
⊞Acute and Emergency Medical			83.7%	1396	1169
⊞Child Women & Family			69.9%	1103	771
⊞Clinical Support			74.7%	454	339
⊞Corporate			58.4%	461	269
⊞Diagnostics			78.9%	522	412
⊞Director Hospital Services			56.2%	468	263
⊞Elective and Outpatient Services			75.0%	112	84
⊞Elective Surgery Centre			76.8%	99	76
⊞Facilities and Development			67.4%	46	31
⊞Governance and Funding			43.2%	111	48
⊞Locum			29.4%	34	10
⊞Mental Hlth & Addiction			65.8%	1434	943
⊞Sub Specialty Med and HOPS			71.6%	990	709
⊞Surgical and Ambulatory			73.3%	1078	790
Total			71.2%	8308	5914



8. Waitemata DHB Summary - Hand Hygiene Report Jan –June 2020



- Formal hand hygiene activities were heavily disrupted by COVID 19 – there are however a few successes which need to be highlighted. From Feb-May every dept. in the organisation recorded a compliance rate of greater than 80% - this is the first time this has been achieved and reflects the messaging around hand hygiene importance both within the DHB and nationally.
- During level 4 lockdown Waitemata DHB moments contributed heavily to the overall national hand hygiene compliance rate due to other DHB's not requiring auditing to be carried out.
- In addition the number of validated Gold Auditors has risen significantly from 33% at the start of the year to 75% by the end of June. This represents more than 150 gold auditors which have now completed the online training. There remains 34 auditors who still need to complete their training and these are being helped individually by members of the IPC team.
- The Gold Auditor training has been cemented into Ko Awatea and staff have accepted the process of self-registration onto the training day. Now that it's on Ko Awatea staff now get education hours allocated to their record via Leader.

9. Surgical Site Infections (SSI) for knee and hip arthroplasties

Table: SSI number and rates from 2016 to Quarter 1 2020 at Waitematā DHB

In scope procedures for SSI surveillance are primary and revision hip/knee arthroplasty performed at either NSH or elective surgical centre (ESC) in accordance with National Surgical Infection Improvement (SSII) program. The surveillance criteria 90 days post-operatively for deep and 30 days for superficial infection

2020

Q1 - **One superficial SSI** has been identified (rate **0.4**/100 procedures; this SSI was from NSH)
Q2 - **One superficial SSI** has been identified (rate **2.2** /100 procedures; this SSI was from NSH
NB- no in scope procedures performed in ESC during April /May due to COVID 19

Table: SSI number and rates 2016 to Q1 2020 at Waitemata DHB

Year	2016		2017		2018		2019				2020	
Quarter			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Total procedures	1217	1191	217	304	240	229	261	297	289	287	**232**	**45***
SSI's (n)	12	13	2	2	1	0	4	1	2	1	**1**	**1**
Rate %	1		1		0.5		1.5	0.3	0.7	0.3	**0.4**	-

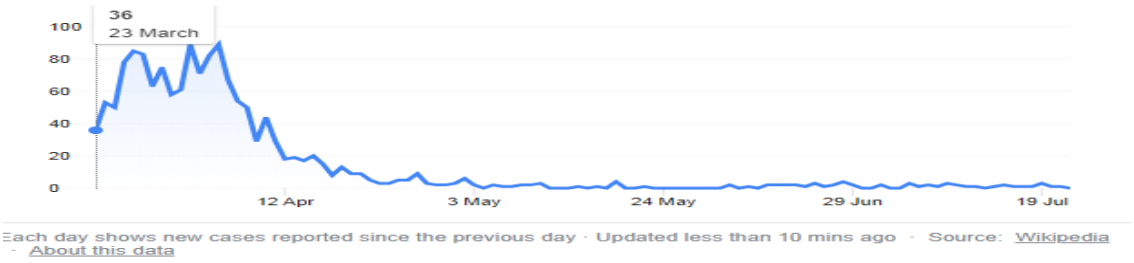
*Data for Q2 being collated

10. Communicable Diseases, Clusters and Outbreaks

Disease	Cases	Ward	Staff contacts	Patient contacts	Comments
TB	4	Wd 10, Huia ED WTH	Approx. 37 In progress	23	Contact tracing initiated as pts not isolated in airborne precautions due to low clinical suspicion initially.
N. meningitides (sputum)	1	Anawhata	7	0	Staff contacts offered prophylaxis. Patient had persistent cough
Influenza	3	Waiatarau	0	0	Cluster identified in March , contained to three residents

11. COVID-19 – Update June- July

From 8th June, New Zealand went into in Alert Level 1 as a result of 22 days with no community transmission. Alert level 1 includes government response to unite against COVID -19 includes restrictions, testing and tracing, and All-of-Government Response Group. No evidence of community transmission since 22nd May 2020. Since 16th June 51 new cases have been identified in returning residents in managed isolation and quarantine Waitemata DHB through the COVID readiness group has an operational plan for COVID 19 with several work streams feeding into this plan.



Links to COVID - 19 website
https://waitematadhb.hanz.health.nz/sites/COVID-19/Pages/default.aspx
https://covid19.govt.nz/covid-19/
https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases

12. Infection Control involvement in DHB, Community, National Projects

- Review furniture, furnishings and fittings for Waitemata DHB projects
- Health Source - RFP
- Health Source – Mattress and pressure relieving devices project –in progress
- Updated policies and procedures
- Gold Auditors training
- Link Reps Study Day
- Orientation RMO
- PPE and COVID 19 in-service
- Providing IP&C support during outbreaks for Providers
- Reviewing new products as a result of backorder created by COVID 19
- Reviewing new products - Product Management Committee
- Welcome to Waitemata Orientation Programme
- On-going project to increase ICNET capability
- COVID 19- IMT – WDHB
- COVID 19 – IMT –ARC

13. Building, Renovations and other issues

- IP&C input for ECIB
- IP&C input SCBU refurbishment WTH
- IP&C input Diagnostic Breast Screening
- IP&C input Primary Birthing Unit
- IP&C input Waitakere new build
- HDU provision of extra rooms to manage COVID -19

Appendix –Waitemata DHB IPC Surveillance Definitions

ESBL Definitions	
HA-ESBL (Hospital acquired) ESBL defination was changed in August 2018. HA ESBL includes both Definite, probable and possible	HA-ESBL is defined as Isolation of ESBL producing Enterobacteriaceae (e.g. E.coli or Klebsiella sp.) from a clinical or screening specimen > 72 hrs post admission (not 48 hrs. as per old definition), in a pt. with previously negative or unknown ESBL status
Community Acquired (CA)	Isolation of ESBL from clinical or screening specimen within 48 hours of admission in a low risk patient with no exposure to acute or long term care facilities in last 6 months
Other Healthcare Facility onset ESBL (OHCF-E)	Isolation of ESBL on admission screen or clinical isolate within 48 hours admission in patients not previously ESBL colonised, admitted to WDHB acute care from rest home, private hospital, or other non WDHB acute care facilities
MRSA definitions	
Community onset MRSA (CA)	New MRSA identified from either clinical isolate or screening within 48 hrs. of admission in a patient with no contact with acute healthcare or contact >30 days prior to identification
A) Hospital Acquired (HA)	New MRSA identified after 72 hours of hospital stay
B) Healthcare associated (HCA)	Previous WDHB admissions and NEW MRSA identified in a patient admitted for <72 hours but had prior contact in the last 30 days with NSH/WTH
C) Healthcare associated-Other (HCA-O)	New MRSA identification in a patient admitted for <48 hours and had prior contact in last 30 days with any other DHBs or healthcare facility
D) Hospital acquired in known (HA in known)	MRSA identified in known patients after 72 hours of admission
VRE definitions	
VRE Burden	Total number of new and previously known VRE colonised/infected patients seen at NSH/WTK hospital during a month
VRE Incidence	Newly identified VRE colonised or infected pts during particular month.
A: Definite hospital acquired (HA)	If admission screen was negative and subsequent screening cultures >48 hrs. after admission confirm VRE
B: Probable hospital acquired (HA-Prob)	If admission screen not performed and subsequent screening cultures >72 hrs. After confirm VRE.
C: Other (CA)	If VRE is isolated on admission screen or within 72 hrs. Of admission to NSH/WTK.
VRE infection (HA inf in known)	Any infection diagnosed either on admission to or during hospital stay. Includes infections in previously colonised
CPE /CPO NSH defination and Alerts	
NSH PCR positive	CPE = carbapenemase-producing Enterobacteriaceae CPO = carbapenemase-producing organism i.e. Acinetobacter, pseudomonas
NSH PCR negative, ESR PCR pending	Possible CPO, awaiting confirmation
ESR PCR comes back negative	Non-CP CRO = non-carbapenemase producing, carbapenem resistant organism (R to carbapenems due to mechanisms other than carbapenemase production).This is confirmed by Clinical Microbiologist

Hospital Acquired (HA)	New CPE/CPO identified after 72 hours of hospital stay
Community onset (CA)	New CPE/CPO isolated on admission screen or within 72 hr.'s admission
Bacteraemia	
Hospital Acquired BSI (HABSI)	Positive blood culture greater than 48hours after admission, procedure in last 48 hours, previous admission in last 48 hours.
Healthcare Associated BSI (HCA)	Occurred with 48 hours of admission from patients that had procedure in last 30 days from WDHB or not admitted, outpatient receiving treatment from WDHB, include dialysis and home dialysis patients.
Community Associated BSI (CA)	Positive blood culture less than 48 hours after admission.
HABSI category	Other - caused by UTI, wounds, pneumonia etc
	Unknown -Source of bacteraemia unknown
	Surgical /procedure - ERCP , Nephrostomy, TURP, TRUS, SSI
	CLAB - CVL, Tunnel line, Groshong, PICC etc.
	IVL - Peripheral venous catheter
	CAUTI - IDC , SPC
Clostridium Difficile	
Healthcare Facility Onset - HO-HCA	CDI symptom onset more than 48hours after admission (3rd calendar day).
Community Onset health care facility associated - CO-HCA	Discharged from a healthcare facility within previous 4 weeks.
Community Onset Community Associated - CO	No admission in the last 12 weeks.
Indeterminate	Discharged from a healthcare facility within the previous 4 to 12 weeks.
Recurrent	Episode of CDI that occurs 8 weeks or less after the onset of a previous episode provided the symptoms from the prior episode resolved.
Influenza	
Community associated CA	positive result less than 72 hours after admission, admitted with coryzal symptoms and febrile > 38.0 degrees
Hospital acquired HA	positive result after 72 hours from admission, not admitted with coryzal symptoms and not febrile >38.0 degrees

Appendix 2

Monthly Hand Hygiene Report: July 2020

Highlights:

- One of the cornerstones of moving to level 1 is **hand washing**
- The overall Waitemata DHB hand hygiene compliance for the month of July 2020 is 90.6% and decrease of 2% from June.

Waitemata DHB hand hygiene compliance in the last 12 months.

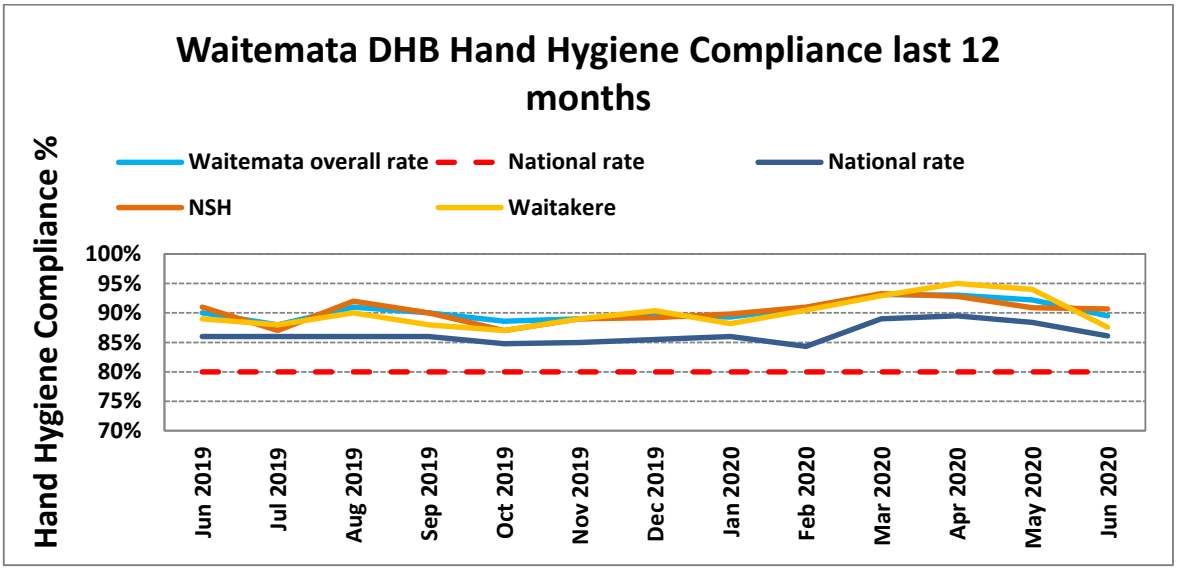


Table 1:Overall Waitemata DHB hand hygiene compliance by facility.

Name	Correct Moments	Total Moments	Compliance Rate
Waitemata DHB	4252	4750	90.6%
Elective Surgery Centre	228	225	89.4%
North Shore Hospital	2618	2886	90.7%
Waitakere Hospital	1458	1664	87.6%
Specialist Mental Health and Addictions	211	216	97.7%
Wilson Centre	42	44	95.5%

All Gold Auditors and Charge Nurses now have logins to be able their own data - It is recommended that the department reports are printed and publically displayed in each department's quality board.

Monthly Hand Hygiene Report: July 2020

Table 2: Overall Waitemata DHB hand hygiene compliance by HCW type

	Name	Correct moments	Total moments	Compliance rate
1	Nurse/Midwife	2215	2409	91.9%
2	Medical Practitioner	561	668	84.0%
3	Allied Health Care Worker	204	242	84.3%
4	Phlebotomy Invasive Technician	191	204	93.6%
5	Health Care Assistant	509	563	90.4%
6	Cleaner & Meal staff	164	183	89.6%
7	Administrative and Clerical Staff	26	29	89.7%
8	Student Doctor	36	41	87.8%
9	Other - Orderly & Not Categorised Elsewhere	224	280	80.0%
10	Student Allied Health	13	14	92.9%
11	Student Nurse/Midwife	109	117	93.2%

Table 3:Overall Waitemata DHB hand hygiene compliance by moment.

1 - Before Touching A Patient	1240	1480	83.8%
2 - Before Procedure	461	517	89.2%
3 - After a Procedure or Body Fluid Exposure Risk	601	635	94.6%
4 - After Touching a Patient	1303	1394	93.5%
5 - After Touching A Patient's Surroundings	713	800	89.1%

Areas which did not meet the national standard of 80%:

Ward/Area	Compliance Rate **July 20**	Compliance for previous 3 months	Comments
NSH ADU	78.6%	Apl 83% May 92.2% June 80.6%	
NSH theatre	66%	Apl 97.1% May no data submitted June 55.9%	Has not submitted data for 3 out of 7 months in 2020
NSH Ward 6	96.4 – see comments	Apl 93.1% May 87.4% June 69.4%	Only 28 moments submitted for July
WTK PACU	75%	Apl 98% May 88.3% June 100%	
WTK ADU	65.3%	Apl 85.7% May 84.5% June 88.8%	
WTK Muriwai	69.8%	Apl 99%% May 100% June 100%	

All Gold Auditors and Charge Nurses now have logins to be able their own data - It is recommended that the department reports are printed and publically displayed in each department's quality board.

Monthly Hand Hygiene Report: July 2020

National Requirements for the Hand Hygiene Program :

As part of the hand hygiene (HH) program managed by the health quality safety commission (HQSC), we are required to validate our HH audit data. The auditing process and schedule for Northshore and Waitakere hospital are available.

In addition the HQSC requires that all Gold Auditors complete annual online validation training – emails have been sent regarding the process for this.

Number of moments required by clinical units

- Inpatient medical, surgical, radiology, endoscopy, maternity, paediatric units **= 100 moments per month**
- Outpatient units (including outpatient Haemodialysis and Haematology units), Wilson Centre, Hine Ora, CVU, interventional radiology NSH (AIR) **= 50 moments per month**
- Inpatient mental health / detox units, hyperbaric unit **= 25 moments per month.**

Hand hygiene auditor training for 2020

Your progress

Hand Hygiene Gold Auditor Training Workshop

Date	Time	Room	Capacity	Status	Options
16 October 2020	8:00 AM - 4:00 PM	Waitemata DHB: Harakeke Room, Ground Floor, Whenua Pupuke, North Shore Hospital (Room details)	5 / 25	Booking open	Attendees Sign-up

View all events

Please register via Ko Awatea for this course

All Gold Auditors and Charge Nurses now have logins to be able their own data - It is recommended that the department reports are printed and publically displayed in each department's quality board.

6. Resolution to Exclude the Public

Recommendation:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 29/07/20	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
4. End of Life Choice Act 2019	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under	**Conduct of Public Affairs** The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members,

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
	section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.	officers and employees from improper pressure or harassment. [Official Information Act 1982 S.9 (2) (g)(ii)]