



Waitematā
District Health Board

Best Care for Everyone

HOSPITAL ADVISORY COMMITTEE (HAC) MEETING

Wednesday 5 February 2020
1.30pm

AGENDA

VENUE

**Waitematā District Health Board
Boardroom
Level 1, Shea Tce
Takapuna**

Venue: Waitematā DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna

Time: 1.30pm

<p><u>Committee Members</u> Sandra Coney –Committee Chair Edward Benson-Cooper – Deputy Committee Chair Judy McGregor – WDHB Board Chair Max Abbott – WDHB Board Member 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 Arena Williams - WDHB Board Member</p>	<p><u>WDHB Management</u> Dale Bramley – Chief Executive Officer Andrew Brant – Deputy Chief Executive Officer Robert Paine – Chief Financial Officer and Head of Corporate Services Dr Jonathan Christiansen - Chief Medical Officer Jocelyn Peach – Director of Nursing and Midwifery Debbie Holdsworth – Interim Director Hospital Services Lorraine Bailey – IDF, Performance Manager Tamzin Brott – Director of Allied Health Fiona McCarthy – Director Human Resources</p>
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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 (04/12/19) Actions Arising from previous meetings
3. PROVIDER REPORTS	
1.35pm	3.1 Provider Arm Performance Report – November 2019 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 Performance Summary Report – December 2019
4. CORPORATE REPORTS	
2.25pm	4.1 Clinical Leaders' Report
2.40pm	4.2 Quality Report PRESENTATION: Surgical Implant Tracking System
5. GENERAL BUSINESS	
2.55pm	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)								
Edward Benson Cooper (Deputy Committee Chair)								
Judy McGregor								
Max Abbott								
John Bottomley								
Chris Carter								
Warren Flaunty								
Allison Roe								
Renata Watene								
Arena Williams								

- ✓ **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
Judy McGregor (Board Chair)	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 Chair - Health Workforce Advisory Board	11/09/19
Max Abbott	Pro Vice-Chancellor (North Shore) and Dean - Faculty of Health and Environmental Sciences, Auckland University of Technology Patron - Raeburn House Advisor - Health Workforce New Zealand Board Member - AUT Millennium Ownership Trust Chair - Social Services Online Trust Board member - Rotary National Science and Technology Forum Trust	19/03/14
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 - Waitemata District Health Board	17/12/19
Chris Carter	Chairperson – Henderson-Massey Local Board, Auckland Council Trustee – Lazarus Trust	18/12/19
Sandra Coney (Committee Chair)	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust	18/12/19
Warren Flaunty	Trustee (Vice President) – Waitakere Licensing Trust Shareholder – EBOS Group Shareholder – Green Cross Health Director – Life Pharmacy Northwest Chair – Three Harbours Health Foundation Director – Trusts Community Foundation Ltd Trustee – Hospice West Auckland (past role) Shareholder – Genesis Energy	23/10/19
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
Arena Williams	Director – Kōwhiri Elections Services Limited Trustee – Jacqueline Allan Family Trust Beneficiary – Ngāi Tahu and Whai Rawa Savings Limited Beneficiary – Te Aitanga-a-Mahaki Family member is an Associate of Meredith Connell Admitted Barrister and Solicitor of the High Court of New Zealand Member – Te Rūnanga o Wairaka (Unitec)	18/12/19

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 04 December 2019

Recommendation:

That the Minutes of the Hospital Advisory Committee meeting held on 04 December 2019 be approved.

Draft Minutes of the meeting of the Waitematā District Health Board

Hospital Advisory Committee

Wednesday, 04 December 2019

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

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

James Le Fevre (Committee Chair)
Judy McGregor
Kylie Clegg
Edward Benson-Cooper
Sandra Coney
Warren Flaunty
Brian Neeson

ALSO PRESENT

Andrew Brant (Deputy Chief Executive Officer)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Jonathan Christiansen (Chief Medical Officer)
Fiona McCarthy (Director Human Resources)
Lorraine Bailey (IDF Performance Manager)
Jane Hawkins (Interim 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

Jodi Yeats, The Rangitoto Observer

WELCOME

The Committee Chair welcomed those present and thanked Sandra Coney for chairing
the last meeting in his absence.

APOLOGIES

Apologies were received and accepted from Max Abbott, Matire Harwood, Allison Roe,
Dale Bramley, Tamzin Brott and Debbie Holdsworth.

DISCLOSURE OF INTERESTS

There were no additions to the Interests 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 23 October 2019 (agenda pages 7-14)

Resolution (Moved Sandra Coney / Seconded Warren Flaunty)

That the Minutes of the Hospital Advisory Committee meeting held on 23 October 2019 be approved.

Carried

Actions Arising (agenda page 15)

The actions were noted with a request to remove reference to Kylie Clegg from the first action arising.

No issues were raised.

3. PROVIDER ARM PERFORMANCE REPORT

3.1 Provider Arm Performance Report – September (agenda pages 16-78)

Executive Summary/Overview

Jonathan Christensen (Chief Medical Officer) summarised this section of the report.

Matters discussed and responses to questions included:

- Jonathan acknowledged and commended the work of many staff during recent industrial actions. The loss of 1000 CT Scan slots was noted as significant impact, with assistance being sought from the private sector.
- Elective Performance indicators in the surgical services remain a concern in view of workforce shortages and on-going industrial actions.
- A review of the burden of industrial actions is to be undertaken as partial strikes take longer and are more 'corrosive' in terms of the impact to services.
- Judy noted that the action could be supportive of the observations of the Health and Disability Review Committee wherein 'a new way of working together' could be considered to ensure that workers' voice are included in the assessment of the impact.
- A numerical error was noted on page 30 under of the agenda, 'Provider Report for September 2019: full year expenditure – other' should read 289,528 not 289,529 with totals adjusted accordingly.
- In relation to page 22 of the agenda, the Committee suggested that an equity 'lens' be considered in the roll out of patient focused bookings as they relate to the outpatient DNA rate.
- There is a very coordinated approach in the provision of support being given to Samoa with the Measles outbreak. Nurses and psychology staff have been sent; providing this support has not impacted the DHB's services.

Human Resources

Fiona McCarthy (Director Human Resources) was present for this report.

Fiona noted that good progress is being made with overtime rates continuing to track downwards. Further work is required to decrease the overtime rate down to 1%.

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.

Gerard de Jong introduced the report. Matters discussed and questions and responses included the following

- In response to a question about the average 40 chest pain referrals received per week being 20% higher than other DHBs in the North Region, it was advised that the reason is because Waitematā DHB includes a much broader definition of chest pain and symptoms which is different to the other three northern region DHBs.
- The Chair acknowledged the success of the Nursing Recruitment campaign.
- The management team was requested to review communications distributed to patients in the event of industrial action, in particular providing them an indication of the schedule to assist them in making informed decisions

1.59pm - The Committee Chair welcomed Jodi Yeats (The Rangitoto Observer) to the meeting.

Specialty Medicine and Health of Older People Division

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

The implementation of Airwatch (a mobile device management tool) was highlighted, Airwatch has provided significant improvements in the process, productivity and engagement with the District Nursing Service. The committee commended the work and results achieved.

The report was received.

Child, Women and Family Services

Stephanie Doe (General Manager) and Emma Farmer (Head of Division Midwifery) were present for this section of the paper.

- Stephanie Doe introduced the report and highlighted the National Child Rehabilitation Service Referral project which has completed the review of their

process and introduced e-referrals system to improve information sharing and assist in timely decision-making.

- There have been some improvements in attendance of all ethnicities across oral health clinics particularly in South Auckland with the implementation of the 'supportive treatment pathway'. In support of this, the Committee suggested to revisit the notice/language being used in communicating with DNA patients in particular for children, so as to remove the element of blame.

The committee received the report.

Specialist Mental Health and Addiction Services

Susanna Galea-Singer (Director), Pam Lightbrown (General Manager), Alex Craig (Head of Division Nursing) and Murray Patton (Consultant) were present for this item.

Matters discussed and responses to questions included:

- The DHB launched an in-practice support service for people presenting to GPs with mental health issues. This service provides a dedicated phone line that connects the GP directly to a psychiatrist. The service is proving to be successful and they are considering developing the same practice support service for Addiction services.
- Long stay patients continue to place demand on the system.
- Concern was raised in terms of the risks related to the number of people awaiting placement and the equity of care. A whole of system approach is taken into consideration with assessment of patient safety as a priority, and includes consulting with other DHBs and community services for assistance.
- The department is considering the development of a specialist Mental Health Emergency Department to meet the needs of people who present to the ED.

Surgical and Ambulatory Services

John Cullen (Interim Chief of Surgery), Karen Hellesoe (Operations Manager) and Sam Titchener (General Manager) were present for this item.

It was highlighted that a number of key vacancies have now been filled and that training strategies and initiatives are in the pipeline such as additional FTE for specialist nurse to assist SMO resulting in better utilisation of SMO time. A regional view for recruitment of ORL specialists was also discussed.

The paper was received.

Diagnostic and Clinical Support Services

Jonathan Wallace (General Manager and Head of Division) was present for this section of the report.

Jonathan highlighted the tremendous team work by staff during the industrial action. He also noted that recruitment of 13 Medical Imaging Technicians (MITs) is currently underway.

The committee discussed the food services contract and requested more information about the service. The committee also requested that food service improvements be included as part of the support services report as a standing item.

The report was received.

3.2 Provider Arm Performance Summary Report – October 2019 (agenda pages 79-90)

The report was noted by the committee.

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 91-101)

Jocelyn Peach (Director Nursing and Midwifery and Emergency Planning) and Jonathan Christiansen (Chief Medical Officer) were present for this item. An apology was received from Tamzin Brott (Director, Allied Health, Scientific and Technical Professions).

Medical Staff

The report was taken as read.

This section of the report was noted.

Allied Health, Scientific and Technical Professions

This section of report was received.

Nursing and Midwifery and Emergency Planning Systems

Jocelyn summarised this report, highlighting the positive engagement that the Christmas decoration has created not only with nurses and clinicians but in particular, its contribution to patient therapy.

4.2 Quality Report (agenda pages 102-187)

Jacky Bush (Quality and Risk Manager) and Penny Andrew (Clinical Lead, Quality) were present for this section of the report.

It was noted that feedback on the trial and testing of the Surgical Implant Tracking system which is being developed is positive. This low cost system will use bar codes on implants allowing a QR scanner to input information directly into our information system. Further detail will be provided on how the system works to the committee. There may be an opportunity to license and commercialise this as an intellectual property.

i3 update

Penny summarised the section of the report related to i3.

The report was received.

Patient and Whānau Centered Care

Jacky Bush was present for this section of the report.

The report was received.

5. INFORMATION ITEMS

There were no information items in the agenda.

The Committee Chair acknowledged the work of the Committee and report presenters over the year, noting that discussions had moved to more proactive approach into service and that great progress has been made.

6. RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 188)

Resolution (Moved Edward Benson-Cooper / Seconded Kylie Clegg)

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 23/10/19	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	Privacy The disclosure of information would not be in the public interest

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
	<p>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)]</p>	<p>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)]</p> <p>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)]</p>

Carried

The open session of the meeting concluded at 3.12 p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATĀ DISTRICT HEALTH BOARD HOSPITAL
ADVISORY COMMITTEE MEETING OF 04 DECEMBER 2019

_____ COMMITTEE CHAIR

3.1 Provider Arm Performance Report – November 2019

Recommendation:

That the report be received.

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

This report summarises the Provider Arm performance for November 2019.

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Surgical and Ambulatory Services

Elective Surgery Centre

Diagnostic Services

Clinical Support Services

Asian Health Services

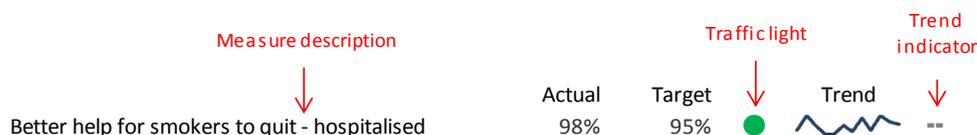
Glossary

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
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
ICU	-	Intensive Care Unit
KMU	-	Kingsley Mortimer Unit
SMHOPS	-	Specialty Medicine and Health of Older People Services
MRI	-	Magnetic Resonance Imaging
MoH	-	Ministry of Health
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
SMHA	-	Specialist Mental Health & Addiction Services
SMO	-	Senior Medical Officer

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-month 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:

Key notes	<ol style="list-style-type: none"> Most Actuals and targets are reported for the reported month/quarter (see scorecard header). Actuals and targets in <i>grey bold italics</i> are for the most recent reporting period available where data is missing or delayed. Trend lines represent the 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. Small data range may result small variations perceived to be large.
	<ol style="list-style-type: none"> ESPI traffic lights follow the MoH criteria for funding penalties: ESPI 2: the traffic light will be green if no patient is waiting, blue 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: the traffic light will be green if no patient is waiting, blue if greater than 0 patients and less than or equal to 10 patients or less than 0.99% and red if 1% or higher.

Provider Arm Performance Report

Executive Summary/Overview

Summary

Dr Debbie Holdsworth, Director Funding continues as the acting Director Hospital Services. The independent review has been underway and plans to commence permanent recruitment to this position are imminent.

The Medical Imaging Technologists (MIT) industrial action has been settled however we continue to experience disruptive industrial action by other workforce represented by the APEX union and are currently under partial strike action by the sonographers to include echosonography. This action is unique to the metro Auckland DHBs. Detailed strike planning, to ensure patient safety can be maintained, has taken staff out of their day jobs, followed by managing through periods of industrial action and subsequent recovery to manage patients who have had care deferred. The operational impact is significant and will take well over 12 months to recover. Work is being undertaken regionally to more accurately assess the operational impact.

The tragedy of Whakaari/White Island has had a devastating impact on elective capacity at Counties Manukau DHB. Our contribution to the regional impact for the immediate three weeks was to take over responsibility for Counties' patients with acute fractured neck of femurs and Auckland's acute hand patients, to reduce the demand on theatre time at Counties. Overall we received 19 patients with fractured neck of femurs and 30 acute hand patients. Fourteen elective Waitematā patients were cancelled to accommodate this additional acute load.

With the exception of planned care and waiting time targets impacted by industrial action, the overall service delivery performance of the Provider Arm remains stable. We have retained the Emergency Department (ED) target at 95%, one of few DHBs to do so, although this is increasingly coming under pressure, and also retained the Faster Cancer treatment target (90%) for total population. There is an equity gap for Māori resulting from small number variation. In this period there six Maori patients tracked with five compliant and one breach resulting in 83.3% achievement. We have been able to respond promptly to patient and family concerns with the Complaint Response time now an average of ten days. Staff sick leave, turnover and vacancies have all been within targets.

Highlight of the month

Our 19/20 annual plan has been formally signed by the Minister and published on our website. Our strategic initiative reporting can now be updated from next month to reflect the agreed updated plan.

Key Issue of the Month

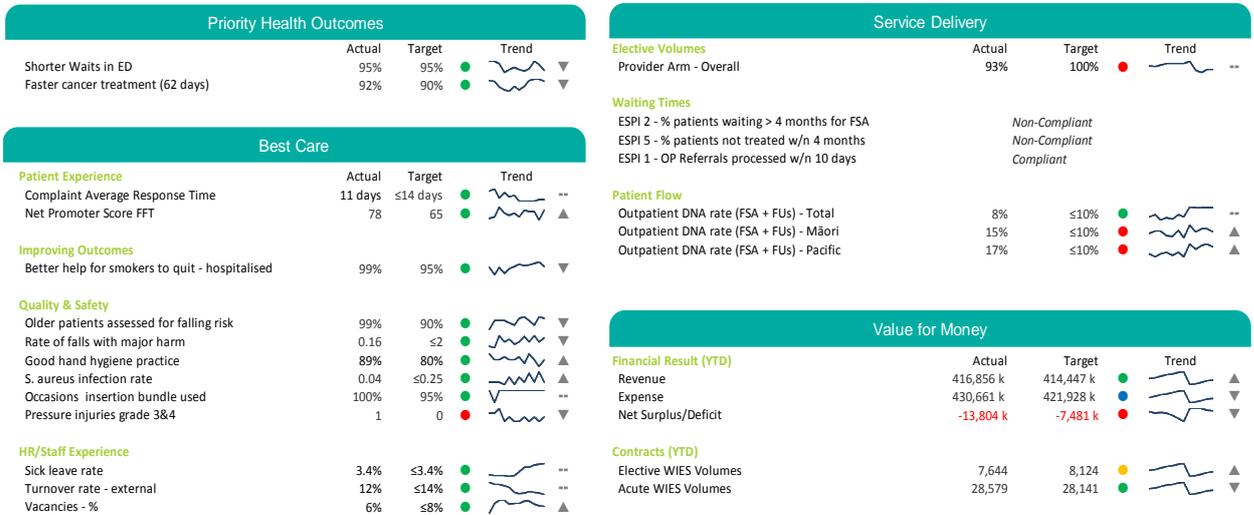
Elective Performance indicators in the surgical services remain a concern, particularly in ORL where national and regional workforce shortages of SMOs present a major challenge, and in orthopaedics which has taken the impact of increased acute surgery, Whakaari/White Island response and ongoing industrial action. Recovery plans for these two services are a priority however realistically will be over a longer timeframe and further work is needed on optimising theatre productivity and staffing cover.

Financial Performance Summary

Scorecard – All services

Waitematā DHB Monthly Performance Scorecard

ALL Services
November 2019
2019/20



How to read	Performance indicators:	Trend indicators:
	<ul style="list-style-type: none"> ● Achieved/ On track ● Not Achieved but progress made ● Substantially Achieved but off target ● Not Achieved/ Off track 	<ul style="list-style-type: none"> ▲ Performance improved compared to previous month ▼ Performance declined compared to previous month ● Performance was maintained
Key notes	<ol style="list-style-type: none"> Most Actuals and targets are reported for the reported month/quarter (see scorecard header). Actuals and targets in grey bold italics are for the most recent reporting period available where data is missing or delayed. 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	

Strategic Initiatives Variance Report

Deliverable/Action		On Track
Cancer Services		
1. Develop a work plan for Māori and Pacific Cancer Nurse Coordinators to further support improved cancer outcomes (EOA)	July 2018	✓
2. Work with primary care to provide education and support to implement the prostate cancer decision support tool	On-going	✓
3. With the Northern Cancer Network (NCN), review current resourcing and provision of survivorship care	As determined by NCN	✓
4. Further develop the local delivery of oncology plan; introduce local delivery of zoledronic acid infusions for breast cancer patients	August 2018	✓
5. Evaluate the live outcome process in the melanoma MDM and plan to pilot in further MDMs	Evaluate by August 2018, pilot planned for October 2018	✓

Access to Elective Services			
6.	Implement patient-focused booking for scheduling first specialist assessment (FSA) appointments across all services within Elective Services	May 2019	✘
7.	Develop processes, systems and implementation plan for scheduling follow-up appointments using the patient-focused booking process by 2019/20; implement initially within Medical Services	June 2019	✓
8.	Implement perioperative nurse-led coordination and management of all procedure/theatre bookings for Elective Services, including improved coordination of patient flow with clinical guidance and oversight. This will include management of high acuity, high complexity patients, in support of better access to earlier intervention for Maori and Pacific Populations (EOA)	March 2019	✓
9.	Alignment of all Waitematā DHB services to the Elective Patient Access Policy and Guidelines to ensure our standards, key requirements and processes are adhered to for the delivery of planned care	February 2019	✓

Areas off track for month and remedial plans
<p>The roll out of Patient-Focused Booking continues across sub specialty groups within ORL, Cardiology and Gastro. However, the roll out to additional services is behind projected timeframes as requires ESPI 2 compliance.</p> <p>Orthopaedic Spines and Urology will be next to be implemented.</p> <p>Implementation was slower than anticipated due to the need for services' clinic profiles to accurately reflect their clinic activity, being able to 'book out' FSA clinic capacity ahead of introducing the model (as we book up to four months ahead) and staff resources to support the process.</p>

Scorecard Variance Report

Best Care

Pressure Injuries

Showing sustained improvement due to the intensive improvement programme being lead by Jocelyn Peach.

Service Delivery

Elective Volumes

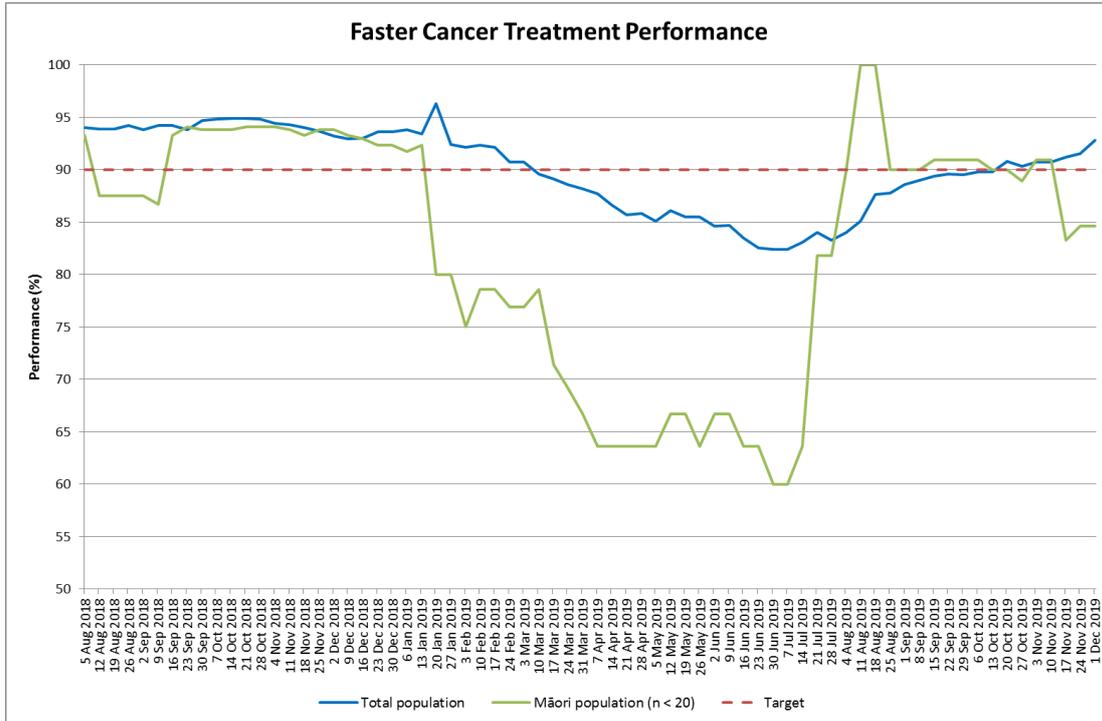
Planned Care performance indicators in the surgical services are a significant concern particularly in ORL and Orthopaedics as previously reported.

Outpatient DNA rate

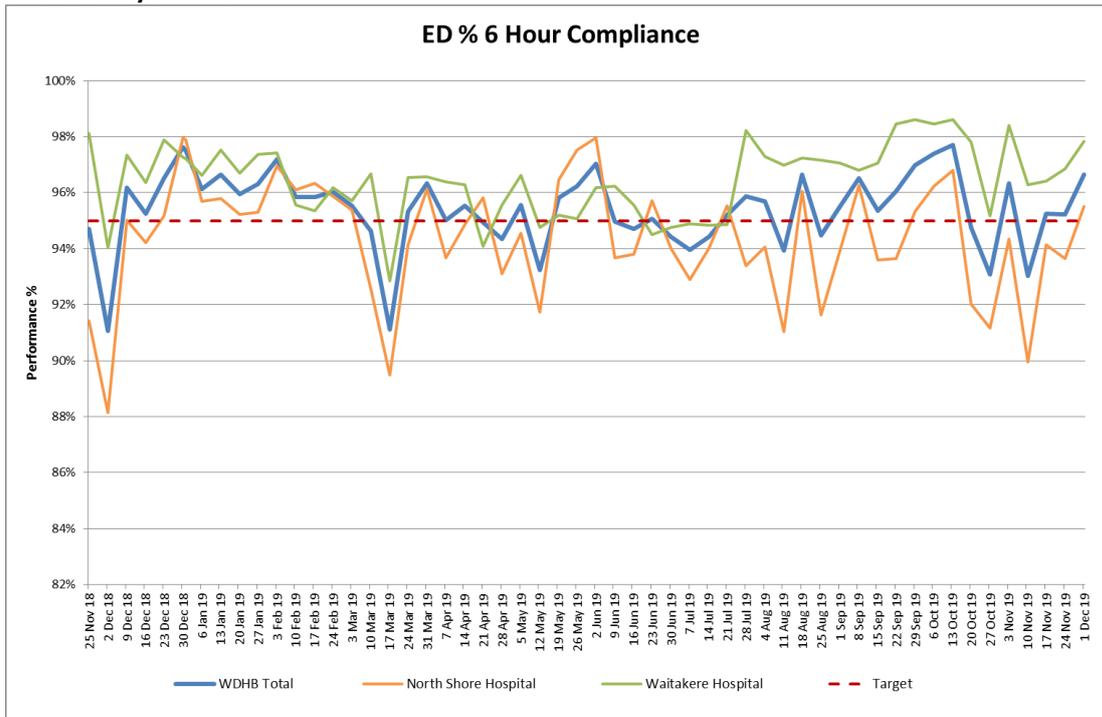
While the overall DNA rate continues to be met, the equity gap for Māori and Pacific continues to be a focus. Patient focused booking is a key action in our 'Did Not Attend' (DNA) strategy under the equity framework to address this. In light of the ESPI2 challenges which limit ongoing rollout of patient focused booking, further review will be undertaken to consider alternative strategies for Māori and Pacific within existing resources.

Priority Health Outcome Areas

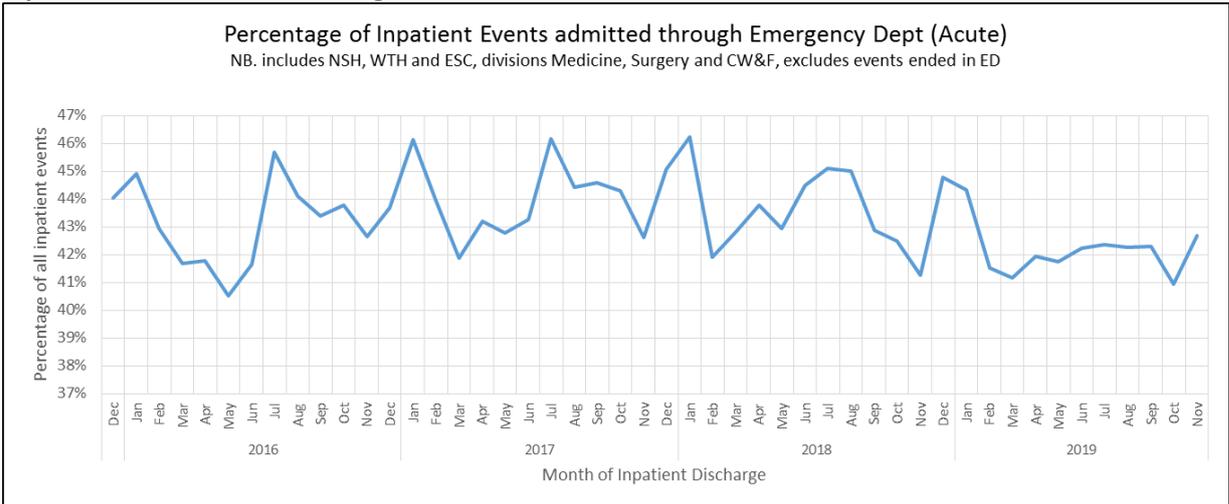
Faster Cancer Treatment



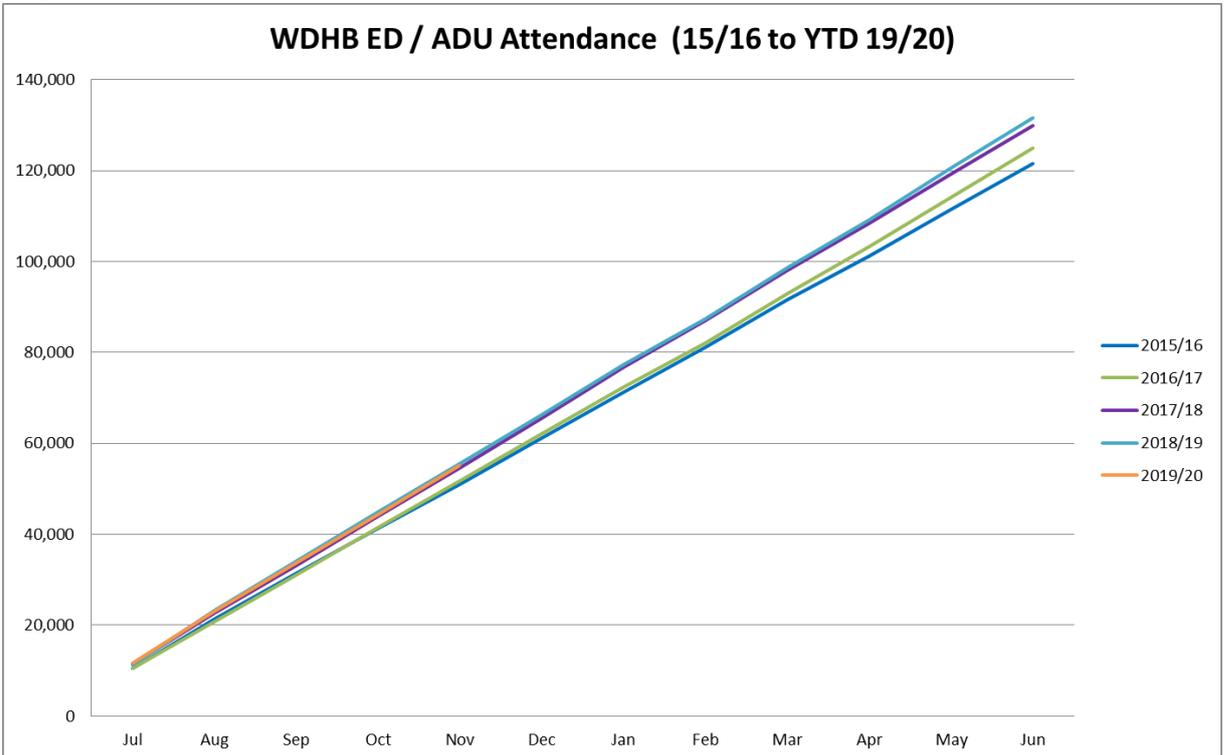
Shorter Stays in EDs



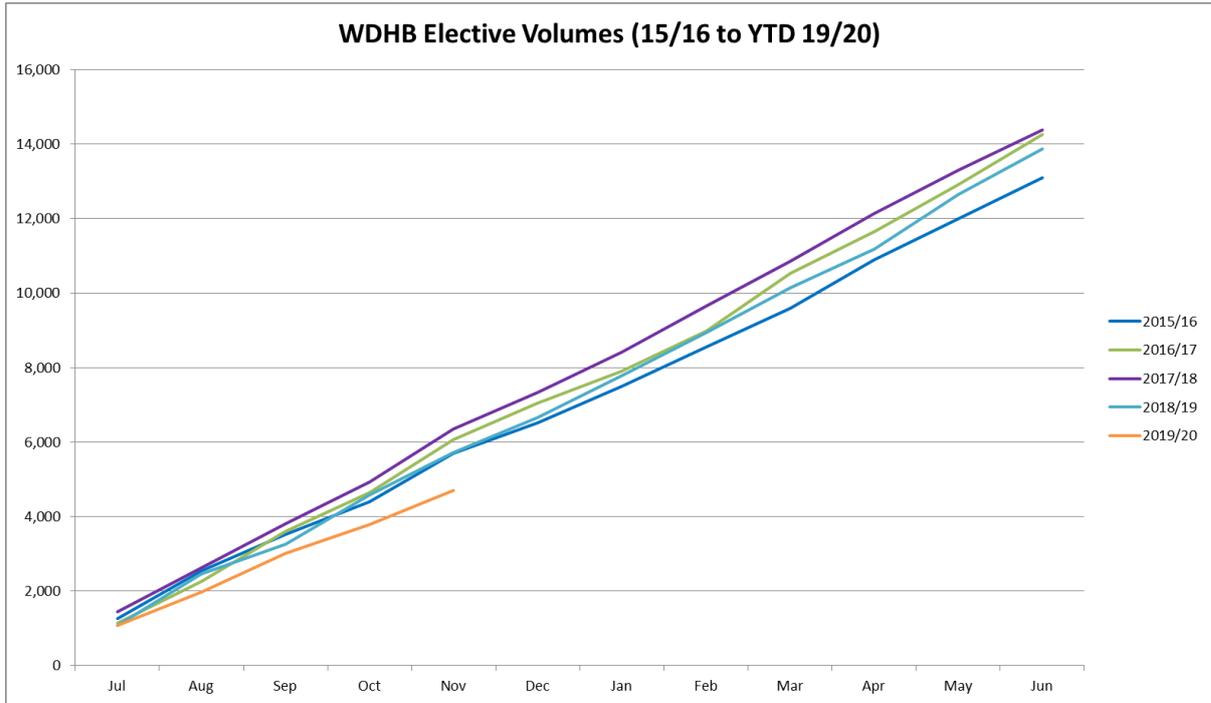
Inpatient Events admitted through ED



ED / ADU Presentations



Elective Performance Indicators - part of Planned Care Programme



Note: Changes were made to the electives health target for 2015/2016

Percentage Change ED and Elective Volumes

November 2019	Month Volumes	% Change (last year)	YTD Volumes	% Change (last year)
ED/ADU Volumes	10,783	1%	55,135	-1%
Elective Volumes	914	-20%	4,695	-18%

Elective Performance Indicators (part of Planned Care Services)

Zero patients waiting over 4 months

Summary (November 19)	
Speciality	Non Compliance %
ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	5.97%
ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.	8.54%

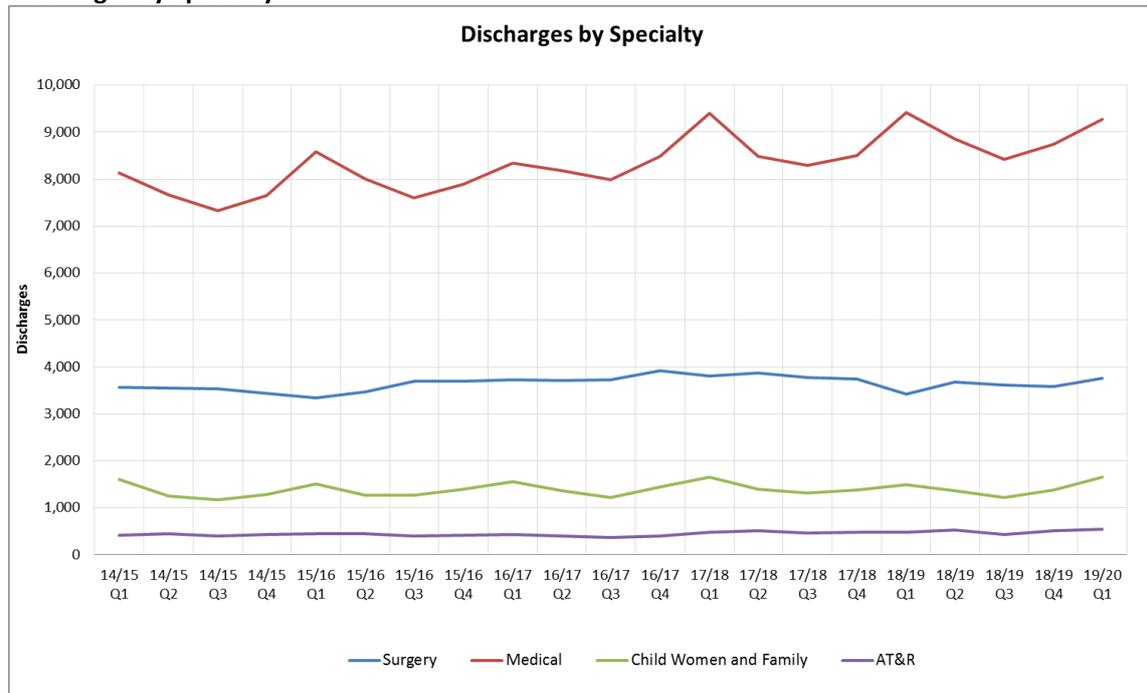
ESPI	Specialty	Compliant	Non Compliant	Non Compliant
ESPI 2	Anaesthesiology	108	-	0.00%
	Cardiology	1,208	-	0.00%
	Dermatology	244	-	0.00%
	Diabetes	109	-	0.00%
	Endocrinology	307	-	0.00%
	Gastro-Enterology	903	-	0.00%
	General Medicine	115	-	0.00%
	General Surgery	1,967	62	3.06%
	Gynaecology	1,066	10	0.93%
	Haematology	272	-	0.00%
	Infectious Diseases	61	-	0.00%
	Neurovascular	110	-	0.00%
	Orthopaedic	1,839	17	0.92%
	Otorhinolaryngology	1,093	655	37.47%
	Paediatric MED	1,087	19	1.72%
	Renal Medicine	235	1	0.42%
	Respiratory Medicine	656	1	0.15%
	Rheumatology	229	-	0.00%
	Urology	732	19	2.53%
	Total	12,341	784	5.97%
ESPI 5	Cardiology	151	1	0.66%
	General Surgery	1,508	8	0.53%
	Gynaecology	516	63	10.88%
	Orthopaedic	1,101	211	16.08%
	Otorhinolaryngology	467	44	8.61%
	Urology	378	58	13.30%
	Total	4,121	385	8.54%

90% of outpatient referrals acknowledged and processed within 10 days

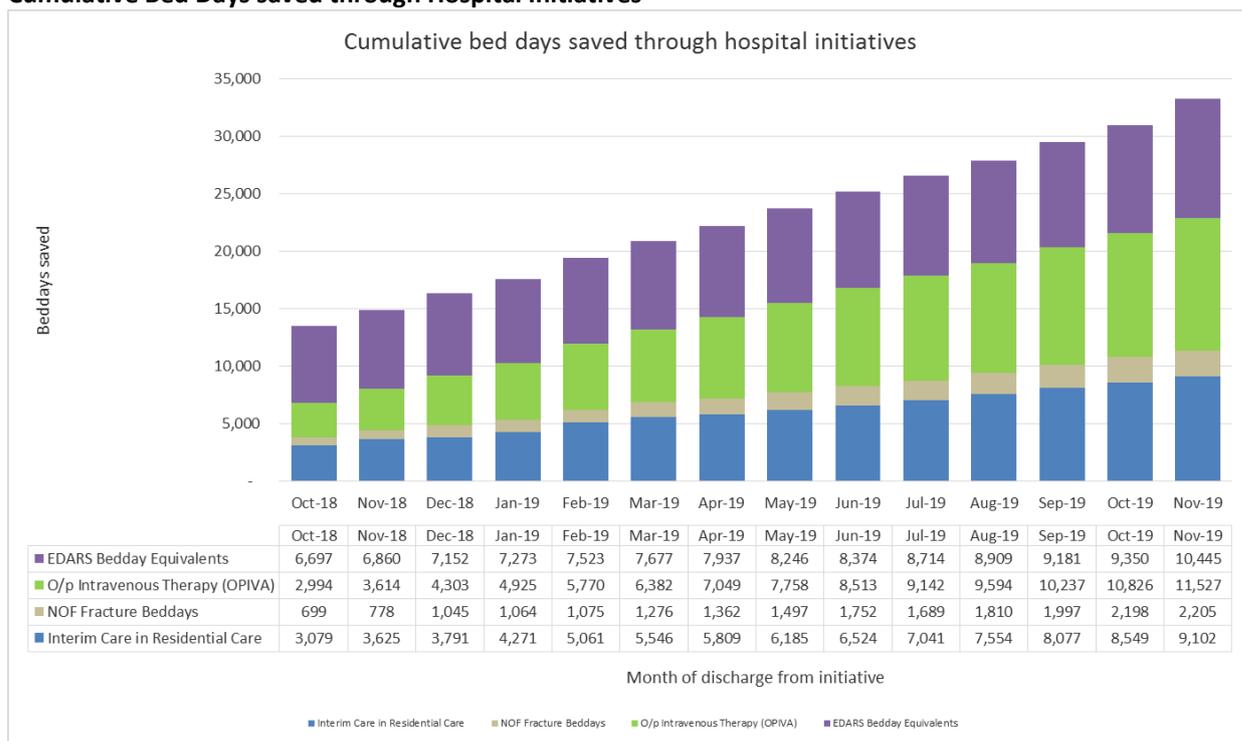
ESPI 1 (November 19)	
Specialty	Compliance %
Anaesthesiology	98.46%
Cardiology	99.24%
Dermatology	98.25%
Diabetes	99.15%
Endocrinology	99.21%
Gastro-Enterology	99.72%
General Medicine	99.43%
General Surgery	96.99%
Gynaecology	99.15%
Haematology	98.71%
Infectious Diseases	97.75%
Neurovascular	98.55%
Orthopaedic	99.43%
Otorhinolaryngology	99.88%
Paediatric MED	96.45%
Renal Medicine	99.07%
Respiratory Medicine	100.00%
Rheumatology	100.00%
Urology	100.00%
Total	98.92%

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

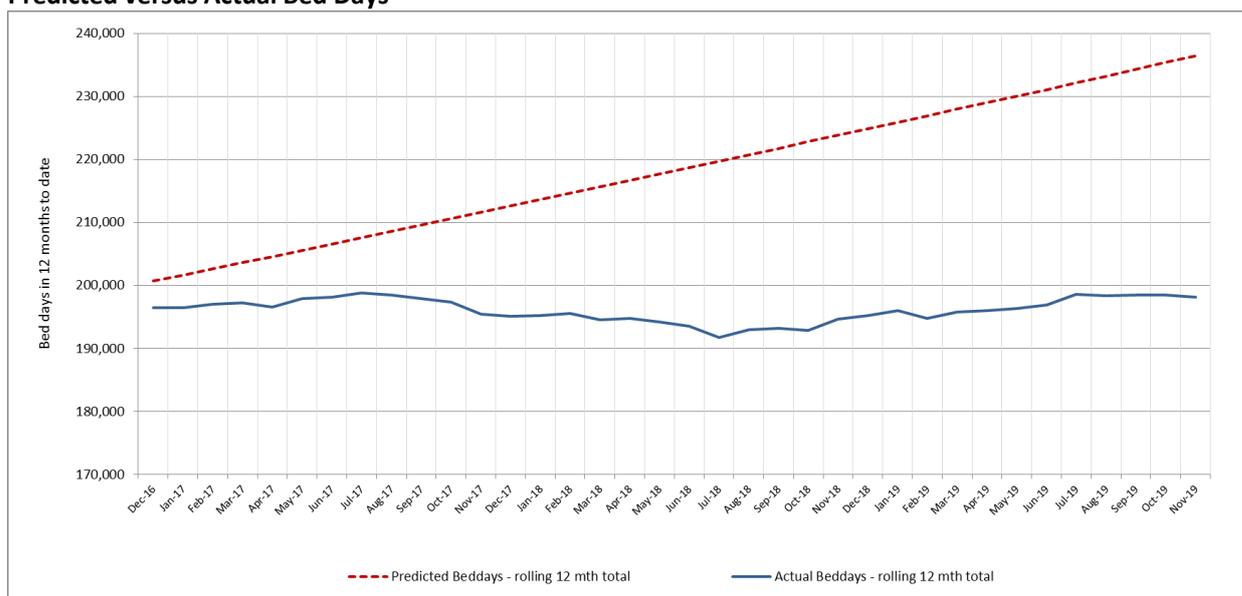
Discharges by Specialty



Cumulative Bed Days saved through Hospital Initiatives



Predicted versus Actual Bed Days



Financial Performance

Waitematā DHB Statement of Financial Performance

Provider - November 2019							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	81,370	80,756	614	405,615	403,867	1,748	968,899
Other Income	2,353	2,119	233	11,241	10,581	661	40,209
Total Revenue	83,723	82,875	847	416,856	414,447	2,409	1,009,108
EXPENDITURE							
Personnel							
Medical	17,339	17,301	(38)	84,176	86,059	1,883	201,652
Nursing	23,863	23,530	(332)	114,051	111,775	(2,277)	275,119
Allied Health	10,761	11,205	444	52,456	53,044	587	128,764
Support	1,943	1,999	56	9,532	10,055	523	24,898
Management / Administration	6,509	6,102	(407)	31,939	31,126	(812)	74,560
Outsourced Personnel	1,639	1,219	(420)	8,957	6,358	(2,600)	14,586
	62,054	61,357	(697)	301,111	298,416	(2,695)	719,579
Other Expenditure							
Outsourced Services	5,075	5,374	299	25,015	26,365	1,350	62,530
Clinical Supplies	11,039	10,944	(96)	54,989	56,618	1,629	133,548
Infrastructure & Non-Clinical Supplies	8,472	7,914	(558)	49,546	40,529	(9,017)	93,450
	24,586	24,232	(355)	129,550	123,512	(6,037)	289,529
Total Expenditure	86,640	85,588	(1,052)	430,661	421,928	(8,733)	1,009,108
Cost Net of Other Revenue	(2,918)	(2,713)	(204)	(13,804)	(7,481)	(6,323)	0

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

Waitematā DHB Statement of Financial Performance

Provider - November 2019							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
CONTRIBUTION							
Surgical and Ambulatory	(11,377)	(10,974)	(404)	(57,267)	(56,604)	(663)	(139,237)
Acute and Emergency	(12,484)	(12,182)	(302)	(61,823)	(61,485)	(339)	(155,306)
Specialty Medicine and HOPS	(7,425)	(7,436)	11	(36,852)	(37,049)	198	(91,414)
Child Women and Family	(6,983)	(6,968)	(16)	(36,351)	(35,316)	(1,035)	(88,426)
Specialist Mental Health and Addiction	(10,608)	(10,936)	328	(51,933)	(52,430)	497	(134,073)
Elective Surgery Centre	(2,337)	(2,266)	(71)	(12,563)	(12,130)	(433)	(28,272)
Clinical Support	(2,616)	(2,506)	(110)	(13,712)	(13,100)	(611)	(31,865)
Diagnostics	(7,807)	(7,980)	173	(40,663)	(41,928)	1,265	(101,325)
Corporate and Provider Support	58,720	58,534	186	297,359	302,561	(5,202)	769,919
Net Surplus/Deficit	(2,918)	(2,713)	(204)	(13,804)	(7,481)	(6,323)	0

Comment on major variances by Provider Service

The overall result for Provider was \$0.204m unfavourable for November and \$6.323m unfavourable for the YTD.

Surgical and Ambulatory (S&A) (\$663k unfavourable YTD)

The unfavourable variance is driven by:

- Over delivery in outsourced Skin Lesions against the production plan.
- Locum costs in Anaesthesia and ORL due to SMO vacancies, the latter resulting in ORL volumes below plan.
- External theatre nurse bureau costs arising from high unplanned leave.
- The above costs are partially offset by savings in implants and prostheses due to the under-delivery in orthopaedic volumes which arose from the high number of theatre cancellations.

Acute and Emergency Medicine (\$0.339m unfavourable YTD)

While close to budget, the service has realised savings in personnel driven by a skill mix benefit in Medicine personnel costs, offset by higher ED locum and bureau costs and increased ED watches.

The service has a number of savings initiatives including flexing beds, a review of patient watches, and nursing models of care.

Sub Specialty Medicine and HOPS (\$0.198m favourable YTD)

The favourable variance is driven by higher ACC revenue, offset by increased clinical supply costs for medical aids and Mental Health Services Older Adults (MHSOA) respite.

The service has a number of savings initiatives including a review of ACC events, and enhanced services for mobility aid managements.

Child Women and Family (CWF) (\$1.035k favourable YTD)

The unfavourable variance is driven by:

- Previously high admission rates across both Neonatal units and Paediatrics. Neonatal units track at 90% of CWD YTD November 2019 and Paediatric inpatient ward is at 113% of CWD YTD. Paediatrics down from the winter peak of 137%. There is further evidence that Paediatric inpatient demand is reducing as expected, whilst Neonatal inpatient activity is fluctuating.
- Maternity roster pressures associated with workforce shortages and demand for antenatal assessment and caesarean section services.
- Maternity services continues to be impacted by a national midwifery workforce shortage, which, compounded with high demand for antenatal assessment and caesarean section services, has necessitated the interim reliance on high cost overtime from existing staff in order to cover maternity roster gaps. The service is focused on mitigations, including a retention payment for staff who increased their base FTE and reduce overtime as well as a focus on attracting as many new graduates as possible in early 2020.
- A junior registrar workforce is also impacting Obstetrics & Gynaecology clinics. A buddy system is in place requiring Senior Medical Officer over sight at additional cost.
- Inpatient and community based services demand and price driven clinical supplies increases.

The service continues to make good progress with its tactical savings initiatives, with benefits being realised across many of the following - Obstetric and Anaesthetic on-call accommodation, changes in Child Rehabilitation and contract costs to better align with a new funding model, and changes in the provision of clinical supplies to families accessing Community Child Nursing services.

Specialist Mental Health and Addiction (SMHA) \$497k favourable YTD)

The favourable variance was due to increased revenue from Forensic Services. Court billing revenue volumes are higher than forecast and Intellectual Disability service (ID) revenue which is ahead of forecast due to a new ID service user. Overall personnel costs are favourable largely driven by medical vacancies, though some medical cover is outsourced. There are Nursing and allied vacancies but these are offset by overtime.

Elective Surgery Centre (ESC) (\$433k unfavourable YTD)

The unfavourable variance is driven by:

Prior year costs for package of care

- Higher than planned volume of day cases impacting on nursing costs
- Unbudgeted nursing graduate costs, credit expected at end of financial year
- Change in casemix resulting in higher than budgeted laparoscopic consumables

Clinical Support (\$611k unfavourable YTD)

The unfavourable variance was due to increased equipment and bed repairs in Clinical Engineering. Traffic management costs have also increased due to recent changes in available spaces and shuttles from North Shore Event Centre. Inpatient Pharmacy is favourable due to cost savings relating to Pyxis Med-stations. Waitematā DHB has come to the end of the lease term and is assessing options to upgrade the equipment that will be required to implement 'Closed Loop Medication Management'.

Diagnostics (\$1265k favourable YTD)

The favourable variance arose from savings on clinical supplies due to the level of outsourcing within Radiology, especially in Advanced Interventional Radiology, in addition to an accrual release for service contracts no longer in place.

Corporate and Provider Support (\$5.202m unfavourable YTD)

The unfavourable variance is driven by:

- Delayed realisation of financial savings obligations (phased straight line)

Offsets to the shortfall in savings obligations include:

- Release of residual provisions for settled MECA
- Interim savings pending commitments for new initiatives
- Capital Charge adjustment on Holiday Pay provision
- Lower than plan reliance on outsourced radiology services

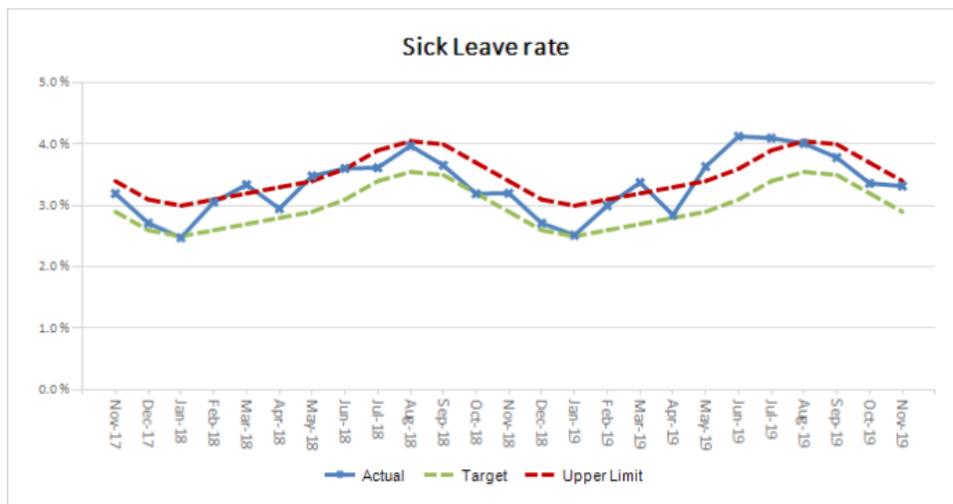
Human Resources

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.

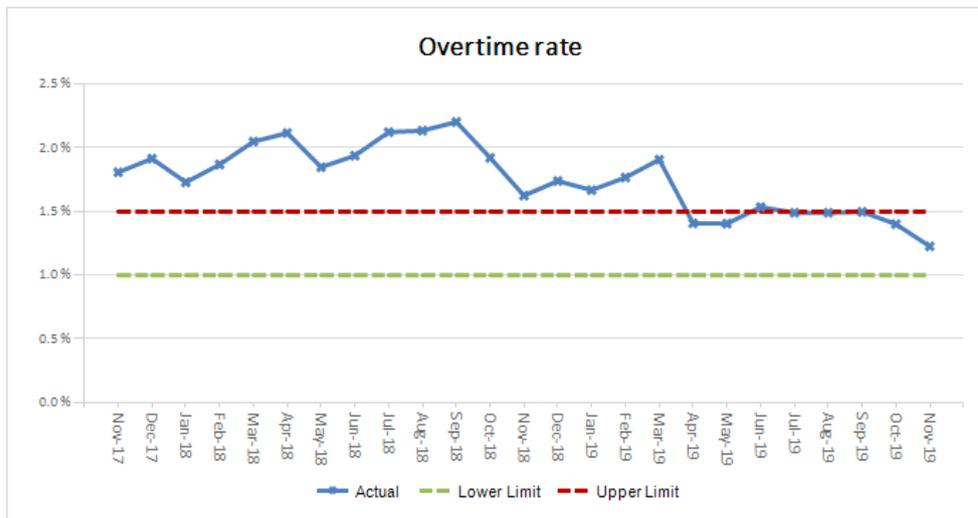
Sick Leave

Sick leave continues to reduce in November and December in line with expected trends. Sick leave has reduced across all services and we continue to actively monitor sick leave levels and utilise reporting available, to identify areas or individuals where responses are needed.



Overtime

Overtime continues to decrease below the upper tolerance level in November and December.



Annual Leave

Overall the DHB has been making good progress on leave management with the average annual leave balance for the organisation at 24 days which is the same as last year. This shows we are managing leave well, taking account of the growth our workforce.

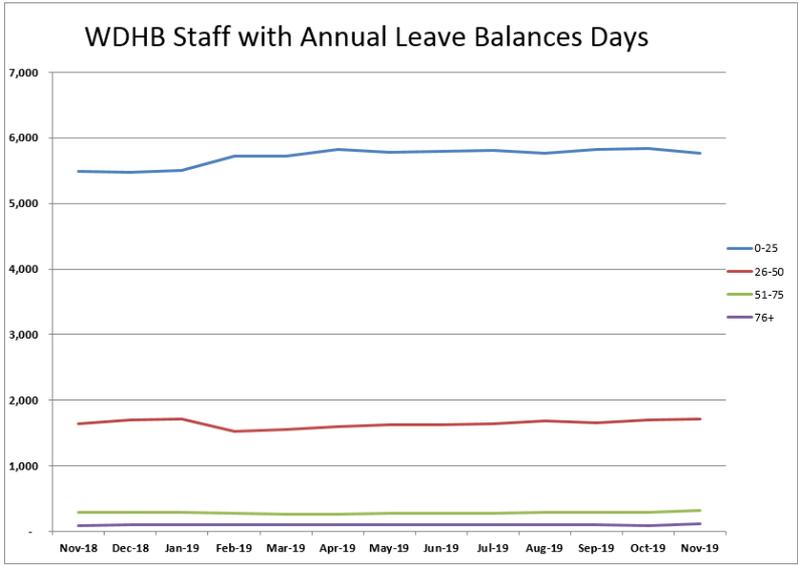
Several pieces of work to improve our leave systems are underway

- An audit on leave booked over the last 10 months is underway to check leave taken and booked has been captured.
- Work is due to complete in February to capture and pay all SMO leave, via our time and attendance system, which provides a visible record of leave planned and taken.
- Work on an automated workflow for SMO leave applications is in pilot for roll out in March.

In December leave balances 25-75 days reduced as expected.

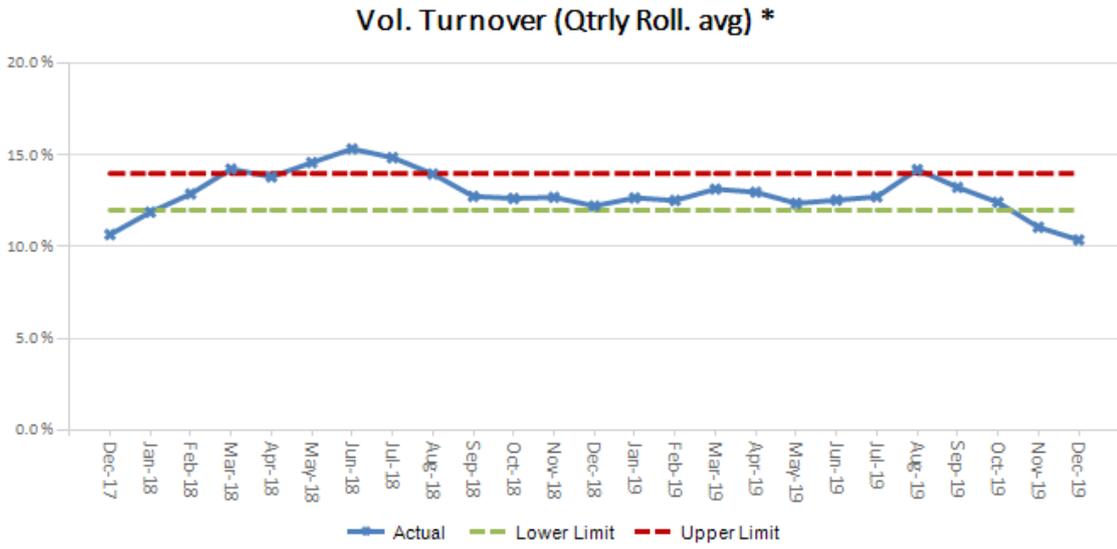
Active leave planning continues across the divisions including cover to ensure staff with large leave balances can take their leave.

Annual Leave November 2019	Leave Bal 0-25 days	Leave Bal 25-50 days	Leave Bal 50-75 days	Leave Bal 75 days +
Surgical and Ambulatory	726	273	60	26
Elective Surgery Centre	75	26	3	
Child Women & Family	890	192	24	14
Facilities and Development	27	17	4	
Corporate	316	105	19	5
Acute and Emergency Medical Division	938	348	76	36
Clinical Support	259	81	10	1
Diagnostics	329	138	36	11
Director Hospital Services	212	57	9	2
Elective and Outpatient Services	79	20	3	
Mental Hlth & Addiction	1,020	312	38	4
Sub Specialty Med and HOPS	716	198	40	15
Governance and Funding	81	18	4	4
Total	5,668	1,785	326	118
Comparison - November 2018	5,497	1,719	292	102



Staff Turnover

Staff turnover has remained stable with this pattern continuing into December.



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 Acting Associate Director of Nursing Medicine is Melody-Rose Mitchell. The Clinical Directors are Dr Hamish Hart for General Medicine, Dr Willem Landman 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

Karearea Service at Waitakere Emergency Department

The Karearea service commenced in July 2019 in the Emergency Department at Waitakere Hospital. As part of this new initiative, a kairahi (navigator) was appointed by the Waiperera Trust, funded by the Ministry of Health, to address the needs of Pepe, Tamariki and Rangatahi aged 0-24 years and their whānau living in west Auckland, who have attended the Waitakere Emergency Department more than twice over a twelve-month period. The role of the Kairahi is to identify the barriers to health services and then reduce these barriers by offering patients and their whānau improved access to relevant health services that are based in the community. These services can range from GP enrolments, assistance with transportation, knowledge and advocacy for housing, legal documentation, child care relief, home visits, as well as referrals to appropriate services.



WTH Karearea team (left to right) Lanuola Asiasiga, Audrey Tinsley, Jade Bryce-Vaai, Lorraine Symons-Busby

Referral Process

Patients & whānau who are identified as benefiting from the Karearea Service are given information regarding the service. Verbal consent is obtained by the Clinician and a referral form is completed. These referral forms are collected on a weekly basis by the Kairahi who then makes contact with the patients and their whānau. A Karearea Advisory group has been set up to evaluate the efficacy of the service. This group meets monthly to discuss the progress of the service.

When the programme was first implemented referrals were slow, however over time the service as gained momentum and this has been reflected in an increase in referral numbers. The service supports a maximum of 16 patients at any one time.

Key Issues

Nurse Led Clinics for Cardiac Rehabilitation for patients with Acute Coronary Syndrome

Acute coronary syndrome is a spectrum of clinical presentations characterised by a sudden reduction in blood supply to the heart muscle. This is usually caused by the development of a blood clot, or a cholesterol rich plaque within a coronary artery.

Cardiac rehabilitation is recommended for all patients following an acute coronary event to ensure the best physical, psychological and social conditions, so that patients with chronic or post-acute cardiovascular disease, may, by their own efforts, preserve or resume optimal functioning in society and, through improved health behaviours, slow or reverse progression of disease.

The goals of cardiac rehabilitation are to:

- Prevent further cardiovascular events by empowering patients to initiate and maintain lifestyle changes.
- Improve quality of life through the identification and treatment of psychological distress.
- Facilitate the patient's return to a full and active life by enabling the development of their own resources.
- Promote medication adherence.

Historically, patients were seen by the Cardiac Rehabilitation (Rehab) Clinical Nurse Specialist on the ward after their cardiac event. The role of the nurse was to provide patient education and support prior to discharge. In addition, the Cardiac Rehab Clinical Nurse Specialists run weekly education classes. As part of their rehabilitation programme, many patients attend the cardiac rehabilitation education classes as outpatients, to gain a more comprehensive understanding of how they can make changes to their lifestyle and reduce the chances of further cardiac events. In addition, patients with acute coronary syndrome were scheduled for a cardiology follow-up clinic, either with a registrar or Senior Medical Officer (SMO), ideally within six weeks of discharge, however it has been challenging to adhere to the recommended timeframes for follow up, partly due to the volumes of patients presenting.

To ensure a more timely follow up for patients admitted with acute coronary syndrome, we have implemented some changes to the historic model and have developed a phased approach, supported by cardiac nurses and Cardiac Rehab Clinical Nurse Specialists:

- **Phase I** - education and preparation for discharge including the "My heart recovery plan" – this is now undertaken by trained cardiology nurses on the cardiology ward.
- **Phase II** - follow up in clinic and education regarding the cardiac rehab programme – this is delivered by Clinical Nurse Specialists in a Cardiac Rehab clinic 4-6 weeks post event. Clinical Nurse Specialists will continue to support the outpatient cardiac rehabilitation education classes.

Our aim is to accommodate all patients discharged from Lakeview and Huia Wards, following an admission with acute coronary syndrome, into a nurse-led Phase II follow up clinic, thereby seeing patients in a timelier manner and releasing the clinicians to see more complex follow-up patients. By utilising the ward nurses to support the inpatient education we have freed up the clinical nurse

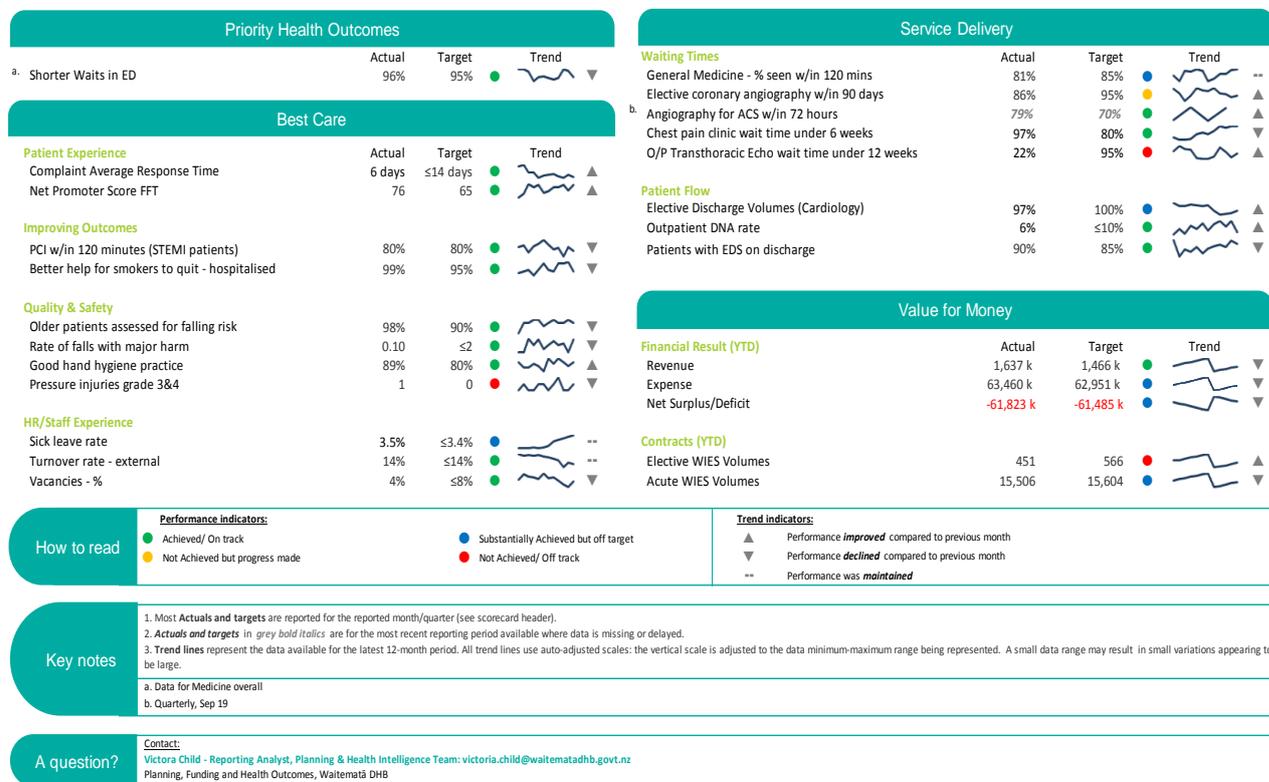
specialists to provide timely outpatient follow up. The Clinical Nurse Specialists are supervised by a SMO and there are currently two nurse led clinics per week at North Shore Hospital. We plan to expand this service to five clinics per week, including Waitakere Hospital.

Scorecard – Acute and Emergency Medicine Division

Waitematā DHB Monthly Performance Scorecard

Acute and Emergency Medicine

November 2019
2019/20



Scorecard Variance Report

Best Care

Pressure injuries grade 3 & 4 – 1 against a target of 0

In November 2019, there was an unstageable pressure injury reported. Pressure injury prevention strategies have been implemented across all acute and emergency medicine wards. These strategies align with the recommendations of the Waitematā DHB Pressure Injury Management Steering Group. Important aspects include timely and accurate assessments, implementing appropriate interventions and on-going evaluation. Whilst we have seen considerable reduction in hospital acquired pressure injuries, it is imperative that we maintain vigilant monitoring of practice and approved strategies.

Service Delivery

Elective coronary angiography within 90 days – 86% against a target of 95% >

11 out of 62 patients had their elective angiography procedure outside of the 90-day target, with a slight improvement in the median wait time in October. There was an increase in volumes through the cath lab in November over previous months.

Outpatient Transthoracic Echo wait times under 12 weeks – 22% against a target of 95% >

There has been an impact on outpatient waiting times due to industrial action by cardiac sonographers. The waiting time for P1 patients has been maintained at under two weeks and the median wait time for P2 ECHOs is currently 12 to 13 weeks, against a clinical target of 6 weeks.

The service had begun to improve the P3 waiting times (routine ECHOs) as a result of patient focussed bookings. However, as a result of the industrial action in November, with further extended strikes in December and an extended strike scheduled from January to April 2020 we will not be able to sustain this improvement.

Approximately 45% of patients who have a FSA (First Specialist Appointment) in Cardiology are referred for an ECHO. We were planning to trial a rapid access clinic in February, which was deferred from December due to industrial action, however, it is likely now to be further delayed. Our hypothesis is that a rapid access clinic with a short focused ECHO will reduce the number of patients requiring a full ECHO and it should also have a positive impact on the number of follow ups required as the patient will have a fast or focused ECHO as part of their initial consultation.

Value for Money

Elective WIES volumes – 451 against a target of 566

Elective WIES volumes were under contract by 115 and acute WIES volumes were under contract by 102.

Strategic Initiatives Variance Report

Deliverable/Action	On Track
Shorter stays in ED	
1. Implement a review of all 'stranded' patients, i.e. those with a length of stay >10 days in general medicine – June 2019.	✓
2. Develop and plan to improve access to acute outpatient clinics from the ADU: next day for general medicine and access to subspecialty outpatient clinics in a timely manner for acute patients – June 2019.	✓
3. Ensure diversity in our work force to represent our patient population (EOA) – June 2019.	✗

Areas off track for month and remedial plans
<p>Ensure diversity in our work force to represent our patient population (EOA).</p> <p>This is off-track from a timeline perspective. We are currently analysing the diversity of our workforce and this will be completed next month. In the interim, we have implemented a number of strategies to improve the diversity of our nursing work force.</p> <p><i>Nursing & Recruitment</i> Interviewing all Māori and Pacific applicants (self-identified) to NETP roles Interviewing all Māori and Pacific applicants (self-identified) that meet the minimum criteria to All roles Actively supporting the Māori/PI Health Care Assistant (HCA) development programme Service nursing leads liaising fortnightly with recruitment to review workforce development initiatives</p>

Working closely with the new Māori Workforce Recruitment Consultant recruited to help with Māori recruitment

Nursing & Retention

Utilising social networks to engage with Māori nurses through professional forums –
Waitematā DHB & ADHB Māori Nurses Annual Hui; Māori Health Professionals Monthly Hui
Nursing Orientation – Tikanga Best Practice Policy offered to all existing and new staff
Nursing Education 2020 – prioritising all nursing staff to complete Culturally and Linguistically
Diverse groups (CALD) training online
Senior Staff Training – AEM senior managers have completed or to complete training –
'Engaging Effectively with Māori'

Financial Results - Acute and Emergency Medicine

Waitematā DHB Statement of Financial Performance

Acute & Emergency Medicine - November 2019							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	162	240	(78)	1,292	1,198	94	2,875
Other Income	67	54	13	345	268	76	644
Total Revenue	228	293	(65)	1,637	1,466	171	3,519
EXPENDITURE							
Personnel							
Medical	4,414	4,283	(130)	22,100	22,755	655	54,987
Nursing	5,949	5,845	(104)	28,626	27,985	(641)	74,820
Allied Health	224	229	5	1,158	1,169	10	2,750
Support	0	0	0	0	0	0	0
Management / Administration	524	496	(28)	2,744	2,670	(74)	6,407
Outsourced Personnel	184	100	(84)	850	511	(338)	1,223
	11,295	10,954	(341)	55,477	55,089	(388)	140,187
Other Expenditure							
Outsourced Services	25	38	13	130	191	61	458
Clinical Supplies	1,083	1,175	93	6,060	6,079	19	14,403
Infrastructure & Non-Clinical Supplies	309	308	(1)	1,793	1,591	(202)	3,777
	1,417	1,521	104	7,983	7,862	(121)	18,637
Total Expenditure	12,712	12,475	(237)	63,460	62,951	(510)	158,824
Cost Net of Other Revenue	(12,484)	(12,182)	(302)	(61,823)	(61,485)	(339)	(155,306)

* 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 \$302k unfavourable for November and \$339k unfavourable for the YTD.

Revenue (\$62k unfavourable for November, \$171k favourable YTD)

The unfavourable variance for November was due to low ACC revenue for the month. The favourable YTD variance was due to revenue received from non-residents and University of Auckland teaching.

Expenditure (\$237k unfavourable for November, \$510k unfavourable YTD)

The unfavourable variance for November and YTD was mainly due to high costs in nursing and outsourced personnel which offset the favourable results on medical personnel cost.

Personnel (\$388k unfavourable YTD)

Medical (\$655k favourable YTD)

The favourable variance was due to some vacancies in ED offsetting the cost of additional session for the cover, skill mix in general medicine for senior doctors and under allocation of registrars and house officers.

Nursing (\$641k unfavourable YTD)

The unfavourable variance was due to sick leave for the winter months and high watch cost.

Outsourced Personnel (\$338k unfavourable YTD)

The unfavourable variance was due to outsourced nursing expenditure for watches and locums for ED.

Other Expenditure (\$121k unfavourable YTD)

Outsourced Services (\$61k favourable YTD)

Clinical Supplies (\$19k favourable YTD)

Infrastructure and Non-Clinical Supplies (\$202k unfavourable YTD)

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 (inpatient, outpatient and community) 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 Acting 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 Janak de Zoysa for Renal, Dr Megan Cornere for Respiratory, Dr Ross Henderson for Haematology, Dr Blair Wood for Dermatology and Dr Michael Corkill for Rheumatology.

Highlight of the Month

Improving access to kidney transplant, enabling renal patients to live more independent lives

Renal replacement therapy is a lifesaving intervention for patients with end stage kidney disease. Options for renal replacement therapy include in-centre haemodialysis, home-based haemodialysis or peritoneal dialysis and kidney transplantation (live or deceased donor).

Of these options, kidney transplantation is the preferred one for most patients. Transplantation provides substantial benefits to patients, in terms of quality and length of life, whilst also being more cost effective than long term dialysis use. In New Zealand however, there are many more people waiting for a kidney transplant than there are kidneys available.

Whilst some patients receive a deceased donor kidney others are fortunate enough to receive a kidney from a living donor. Most donors are well known to the recipient, family or friends, but a small number are also provided anonymously by altruistic donors. At Waitematā DHB, one of our Renal Clinical Nurse Specialists, Michelle Elima, acts as a key support for all people interested in donating a kidney. Successful donation typically takes around one year to complete and requires several steps to ensure not only the suitability of the kidney but also the well-being and safety of the donor. Michelle provides unlimited support throughout their journey ensuring they remain informed and empowered at all times.

John Mackie recently successfully donated a kidney and was happy to share his experience. John is one of a small number of altruistic donors who have no relationship or knowledge of the potential recipient of their kidney. Previously having worked in healthcare as a cardiopulmonary medical

technologist John first came across the idea of donating a kidney when he saw a brochure at a routine GP visit. He and his wife Wendy both decided to see if they were eligible to donate and ended up speaking with Michelle in November 2017.

John felt that donating a kidney was something he could do *“to give back after being given a second chance following some challenges earlier in his life”*. John also has some personal experience of seeing the challenges renal patients face on a day by day basis on dialysis during his time working as a medical deliveries driver. Whilst both he and his wife participated in the initial assessment, only John was deemed a suitable donor after going through the full assessment process.

Throughout his journey John says he feels that he has experienced huge support; with Michelle always available or ringing back to answer any and all questions. Whilst he had some initial concerns that he might be viewed *“as just another kidney”* he says these fears very quickly disappeared. He says that everyone throughout the process was supportive and caring, putting him at the centre of everything they did.

Following all the investigations and assessments John was cleared to be a donor and underwent surgery in 2019. He made a good recovery and was able to get back to his normal routine. He has since retired and enjoying this new phase of his life. When asked about how he feels after the whole process he says that he has a very nice feeling which he described as *“anonymous satisfaction”*. A few months following the operation he was extremely delighted to receive an anonymous card from the recipient of his kidney. He’s simply glad that his gift has been able to go on and transform an individual’s life.

New Zealand has historically had a poor rate of organ donation compared to other countries. The implementation of the donor liaison roles across New Zealand in conjunction with the establishment of the National Renal Transplant Service has resulted in an increase in the number of live donor kidney transplants, with 180 kidney transplants provided in New Zealand in 2017/18. Around half of all kidney transplants at Waitematā now come from live donors – typically 12-13 per year.

Funding for the donor liaison roles was scheduled to end in June 2020. However, its success has been such that the Ministry of Health confirmed in December that funding would be extended for at least another year and likely two years. This is welcome news and will allow our service to continue providing valuable support to donors.

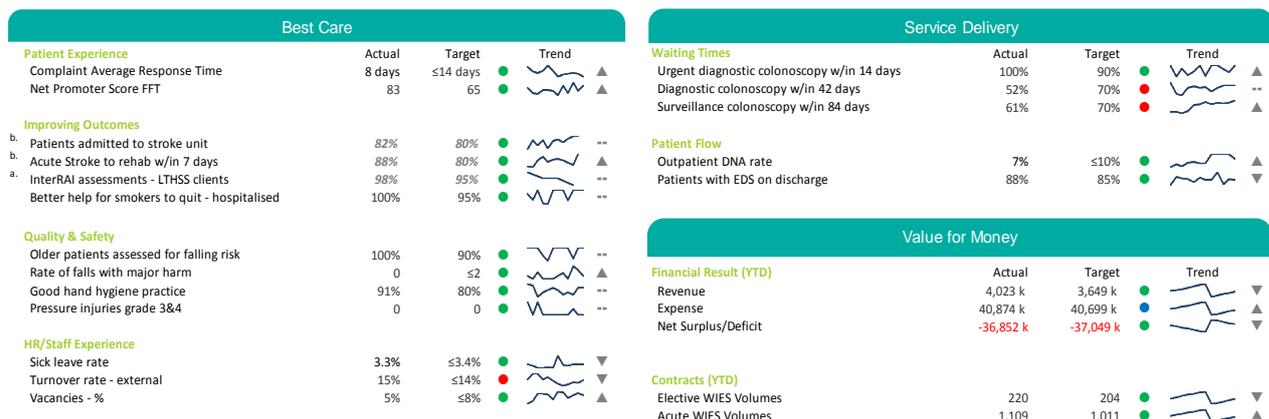
Scorecard – Specialty Medicine and Health of Older People Services

Waitematā DHB Monthly Performance Scorecard

Specialty Medicine and Health of Older People

November 2019

2019/20



How to read	Performance indicators:	Trend indicators:
	<ul style="list-style-type: none"> Achieved/ On track Not Achieved but progress made Substantially Achieved but off target Not Achieved/ Off track 	<ul style="list-style-type: none"> Performance improved compared to previous month Performance declined compared to previous month Performance was maintained
Key notes	<ol style="list-style-type: none"> Most Actuals and targets are reported for the reported month/quarter (see scorecard header). Actuals and targets in <i>grey bold italics</i> are for the most recent reporting period available where data is missing or delayed. 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. 	
	<ul style="list-style-type: none"> a. Quarterly Jun 19 latest data b. Oct 19 data, Nov n/a yet 	
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

Turnover rate external – 15% against a target of ≤14%

The turnover rate has demonstrated a marginal increase between October and November 2019 but remains close to target.

Service Delivery

Diagnostic colonoscopy with-in 42 days – 52% against a target of 70%

The endoscopy service did not achieve the Ministry of Health target for Normal Diagnostic Colonoscopy (70% patients seen within 42 days) and Surveillance colonoscopy (70% within 84 days) in November 2019. While the number of patients referred for colonoscopy continues to remain high we had made some progress in this target from 40% in January. We continue to focus on booking our long waiters (>120 days) and this has dropped from a peak of 160 in April to 40 in November 2019.

Surveillance colonoscopy with-in 84 days – 61% against a target of 70%

The number of patients added to the Surveillance waitlist has stabilised over the last couple of months. There has been some steady improvement in this target from around 40% in January 2019 to 61% currently. Increased outsourcing from September with our second private provider has helped with our performance.

Compliance with patient safety checks in Adult Mental Health Ward

Thirteen clinical notes were randomly audited throughout from 1-30 November 2019. The need for safety checks was correctly documented in all cases and all current risk assessments were up to date.

Strategic Initiatives Variance Report

Deliverable/Action	On Track
Stranded Patients	
1. Implement a review of all 'stranded' patients, i.e. those with a length of stay >20 (i.e. 'stranded') in AT&R – June 2019.	✓
Fracture Liaison	
2. Identify and address barriers to older people being referred to and using the Fracture Liaison Service (FLS) – June 2019.	✓

Areas off track for month and remedial plans
All areas on track.

Financial Results – Specialty Medicine and Health of Older People

Waitematā DHB Statement of Financial Performance

Specialty Medicine and HOPS - November 2019

(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	678	670	8	3,845	3,348	497	7,940
Other Income	43	60	(17)	178	301	(124)	724
Total Revenue	721	730	(9)	4,023	3,649	373	8,664
EXPENDITURE							
Personnel							
Medical	1,820	1,810	(10)	9,716	9,449	(267)	22,745
Nursing	2,435	2,458	24	11,681	11,713	31	31,289
Allied Health	1,692	1,830	138	9,039	9,314	275	21,754
Support	0	0	0	0	0	0	0
Management / Administration	377	346	(32)	1,908	1,878	(30)	4,385
Outsourced Personnel	41	48	7	326	243	(83)	582
	6,365	6,491	126	32,670	32,597	(74)	80,755
Other Expenditure							
Outsourced Services	437	536	100	1,739	2,281	542	5,398
Clinical Supplies	1,137	937	(200)	5,361	4,790	(572)	11,483
Infrastructure & Non-Clinical Supplies	207	201	(6)	1,104	1,031	(73)	2,442
	1,781	1,675	(106)	8,204	8,102	(102)	19,323
Total Expenditure	8,146	8,166	20	40,874	40,699	(175)	100,078
Cost Net of Other Revenue	(7,425)	(7,436)	11	(36,852)	(37,049)	198	(91,414)

* 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 Service was \$11k favourable for November and \$198k favourable for the YTD.

Revenue (\$373k favourable YTD)

The favourable variance for YTD was due to higher volumes of bed nights qualifying for reimbursement from ACC under the Non-Acute Rehab contract. These volumes were particularly higher in July-September at over 1,000 bed nights, but historically this is unusual, and have come back down in October-November.

Expenditure (\$20k favourable for November, \$175k unfavourable YTD)

The YTD expenditure is due to mobility aids overspend, partly offset by a favourable spend to budget due to lower volumes of endoscopy procedures being provided by outsourced providers.

Personnel (\$126k favourable for November, \$74K unfavourable YTD)

November was favourable mainly due to Allied Health vacancies. This was offset YTD by unfavourable medical variance from unrealised budgeted savings, as well as \$83k unfavourable YTD on outsourced cost due to the use of external bureau for watches when internal watches could not be sourced.

Other Expenditure (\$106k unfavourable for November, \$102k unfavourable YTD)

Outsourced Services (\$542k favourable YTD)

The favourable variance was due to delay in contracting for outsourced endoscopy services. Both contracts are now operational and the planned volumes impacted by the delay will be recovered.

Clinical Supplies (\$572k unfavourable YTD)

The unfavourable variance was due to demand for mobility aids as well as write-offs for old equipment as the backlog is cleared. Respite care needed for mental health community patients has also increased in demand. A centralised equipment team set up to control costs and ensure efficient use of equipment, and the process for requesting and approving respite will be reviewed in the new year.

Infrastructure & Non-Clinical Supplies (\$73k unfavourable YTD)

This is mainly due to overspends in security, vehicle registration and staff travel, and cleaning supplies.

Child, Women 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 and Dr Diana Ackerman for Women's Health.

Highlight of the Month

Better, best, brilliant – Growing advanced practice nursing roles in Women's Health

Waitematā DHB now has a second nurse practitioner in the Women's Health Service. Julie Avery has been working in the DHB since 2017, initially as the early pregnancy clinical nurse specialist and more recently as the nurse practitioner intern in the Colposcopy service. Julie has now completed her internship and in November 2019 was endorsed by the Nursing Council of New Zealand with a nurse practitioner scope of practice. This is a significant achievement and the culmination of years of study and practice under the mentorship of medical and nursing colleagues.

Julie continues to primarily work in the Colposcopy service and her increased scope of practice adds further strength, flexibility and sustainability to the Women's Health clinical team.

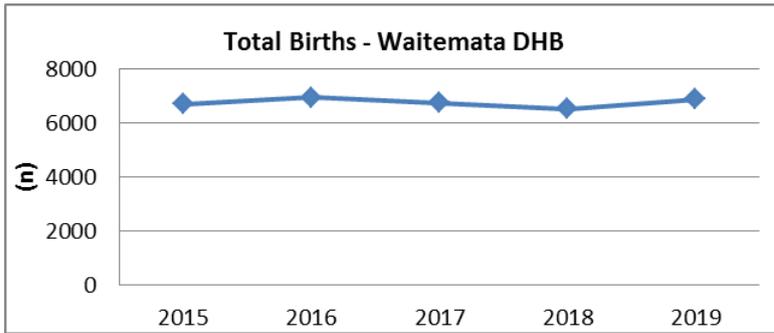
The service's other Nurse Practitioner and Lead Colposcopist, Georgina McPherson, has been invited by the Australian Society for Colposcopy and Cervical Pathology to join their Committee of Management as a co-opted member and New Zealand representative, effective April 2020. This is the first time a nurse has been appointed to this Committee. As a co-opted Committee member, Georgina will have full voting rights and is able to attend all meetings. Her involvement will also be required as a faculty member at the various courses run by the Society and the bi-annual scientific meeting.

Georgina also has a special interest in improving access to cervical screening for Pacific women and has recently submitted her Doctoral thesis about her research into Pacific women navigating colposcopy services in New Zealand. Georgina has subsequently volunteered to provide cervical screening to women in the Cook Islands. In this small community, it is not always culturally accepted to have screening completed by a local community member, so Georgina's involvement aims to improve access for women to this important screening programme.

Key Issues

Increased demand in the Maternity Service

Concerns have been highlighted about increasing demand in the Maternity Service, although as demonstrated in the graph below, births have not substantially increased over the past five years.



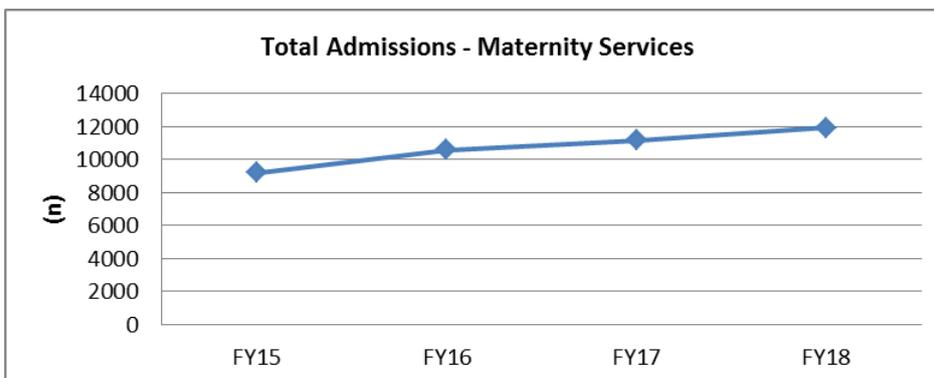
Given this, a review has been completed to understand the factors and drivers of the increased demand. This has highlighted that there has been a change in birth type over the past five years, with a decrease in normal birth and an increase in caesarean birth. The change over time and current rate, by birth type is outlined in the table below.

Birth Type	Percentage change since 2013	Current rate
Normal birth	↓ 9.1%	56.6%
Instrumental birth	↓ 5.9%	9.6%
Caesarean (total)	↑ 12.2%	34.4%
▪ Acute (unplanned) caesarean	↑ 16.7%	23.2%
▪ Planned (elective) caesarean	↑ 4.7%	10.3%

There has also been an increase in the rates of obesity and diabetes in pregnancy, with up to 10% of diabetes in women of Asian ethnicity. This has an impact on the degree of monitoring and oversight needed in pregnancy, during birth and for neonatal care where the risk of hypoglycaemia is higher.

There have also been changes in clinical practice that have resulted in an increase in women being referred for acute antenatal assessment for conditions such as hypertension, reduced fetal movements, slowed fetal growth and bleeding in pregnancy.

The graph below shows there has been a 30% increase in admissions to maternity over the last five years.

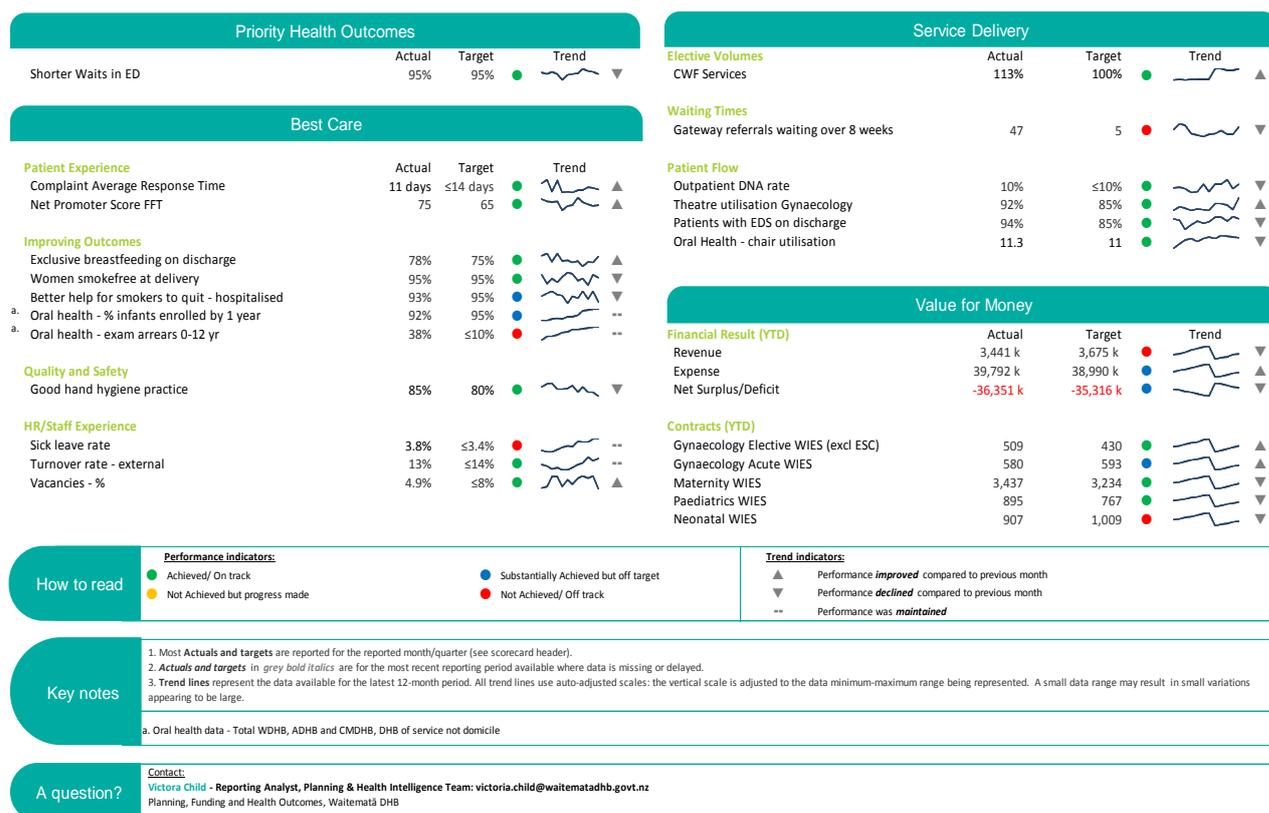


The service is currently working through the Care Capacity Demand Management (CCDM) programme to determine midwifery staffing requirements. This is being undertaken in partnership with staff and unions. Medical staffing requirements are also being reviewed.

Further work is underway to understand the factors that are impacting the increasing caesarean section rate. This is being led by key clinical leaders in the Women’s Health service. A review of the model of care for antenatal assessments is also being completed.

Scorecard – Child, Women and Family Services

Waitematā DHB Monthly Performance Scorecard Child Women and Family Services and Elective Surgery Centre November 2019 2019/20

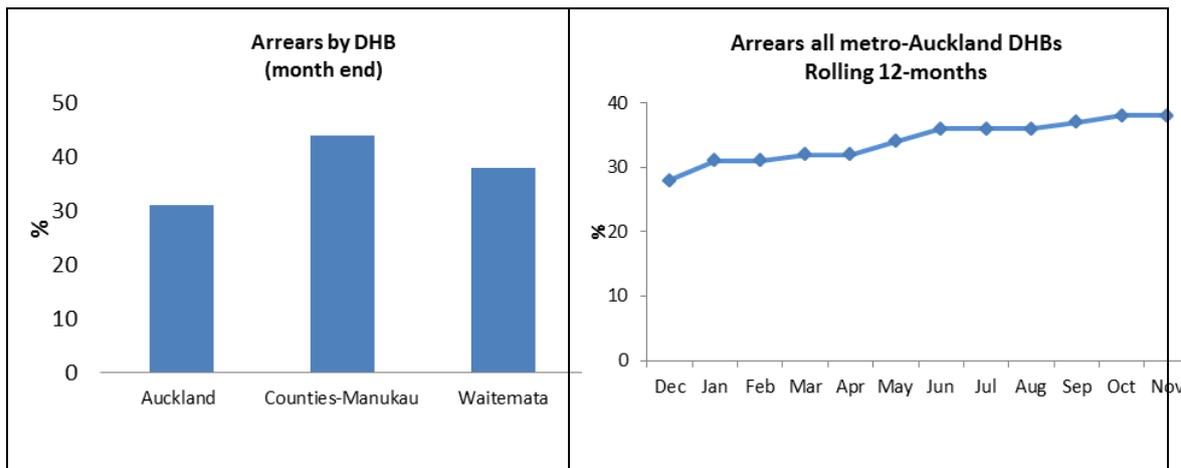


Scorecard Variance Report

Best Care

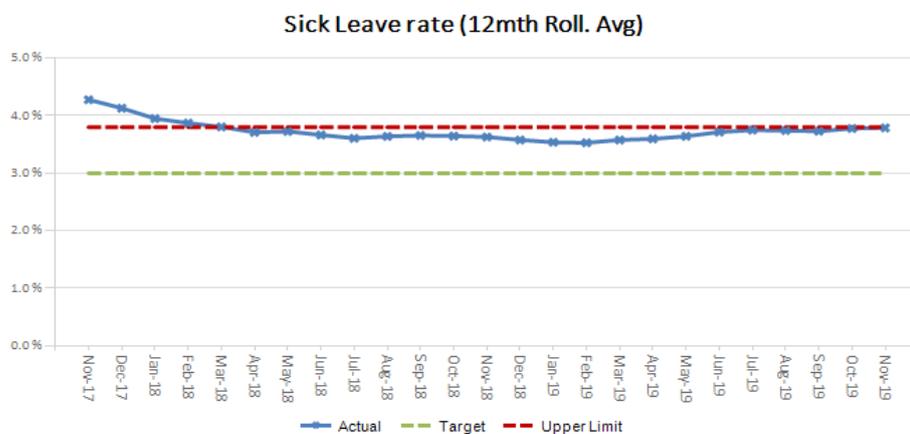
Oral health - exam arrears 0-12 years – 38% against a target of ≤10%

As detailed in the graphs below, arrears remain high across all three metro Auckland DHBs. The service continues to progress initiatives to improve productivity and booking practices. Work also continues on the follow up of children who have not been seen for an extended period. However, arrears will remain high due to discontinuation of the long standing practices where therapists ‘administratively completed’ or adjusted the recall date of children who did not attend scheduled appointments. Both these practices made it appear that a group of children, who had not been seen, were not in arrears. These children are now appropriately showing as in arrears.



Sick leave rate – 3.8% against a target of ≤3.4%

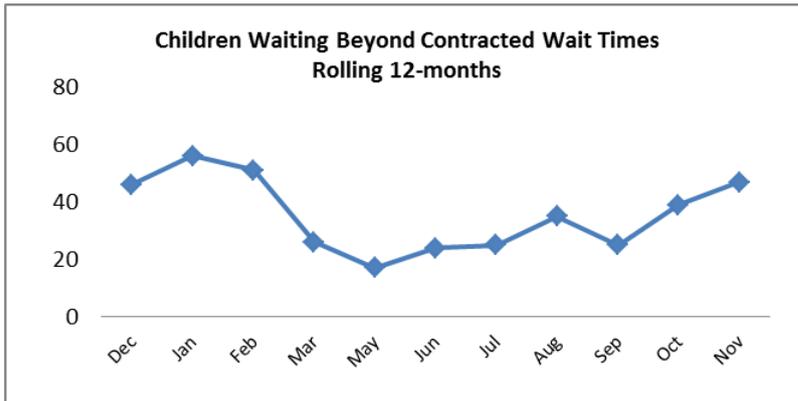
The sick leave rate continues to be above target in ARDS (4.1%). There are a small group of staff who have required extended leave due to significant health conditions and/or injuries.



Service Delivery

Gateway referrals waiting over 8 weeks – 47 against a target of 5

There has been an increase in the number of children waiting for a Gateway assessment. A full review of the waitlist, to ensure accuracy, is currently underway and additional clinics have been scheduled for February 2020.



Strategic Initiatives Variance Report

Deliverable/Action	On Track
Support to Quit Smoking	
1. Employ a Midwife Smokefree Coordinator to improve the quality of ABC and smoking cessation support for pregnant women and their whānau – June 2019	✓
Child Wellbeing	
2. Fully implement the fluoride varnish programme for pre-schoolers – June 2019	✓
3. Trial a tool to identify unmet health needs in new entrants – June 2019	✓

Areas off track for month and remedial plans
All areas on track.

Financial Results - Child, Women and Family Services

Waitematā DHB Statement of Financial Performance

Child Women and Family - Nov 2019

(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	485	680	(195)	2,954	3,213	(259)	8,154
Other Income	100	92	8	488	462	26	1,108
Total Revenue	585	773	(187)	3,441	3,675	(233)	9,262
EXPENDITURE							
Personnel							
Medical	1,411	1,550	139	8,318	8,341	23	20,165
Nursing	2,492	2,422	(71)	12,141	11,637	(504)	31,181
Allied Health	2,025	2,361	335	10,858	11,653	795	28,846
Support	25	23	(2)	119	122	2	310
Management / Administration	399	369	(30)	2,109	2,032	(78)	4,798
Outsourced Personnel	133	107	(26)	838	546	(291)	1,306
	6,486	6,831	345	34,383	34,330	(53)	86,606
Other Expenditure							
Outsourced Services	64	45	(19)	290	229	(61)	547
Clinical Supplies	604	506	(98)	2,784	2,579	(205)	6,143
Infrastructure & Non-Clinical Supplies	415	358	(57)	2,335	1,852	(483)	4,392
	1,083	909	(174)	5,409	4,660	(749)	11,082
Total Expenditure	7,569	7,741	172	39,792	38,990	(802)	97,688
Cost Net of Other Revenue	(6,983)	(6,968)	(16)	(36,351)	(35,316)	(1,035)	(88,426)

* 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 \$16k unfavourable for November and \$1,035k unfavourable for the YTD.

Revenue (\$187k unfavourable for November, \$233k unfavourable YTD)

The unfavourable variance for November related to a one off adjustment in Child Respite MoH funding. The YTD unfavourable position is a combination of reduced Colposcopy and Child Respite bed day activity, a one off adjustment relating to Colposcopy for the 2018/19 financial year and a delay in the commencement of the ARDS Oral Health Service for Pregnant Women in Tamaki service level agreement.

Expenditure (\$172k favourable for November, \$802k unfavourable YTD)

The favourable variance for November was predominately related to staff vacancy and a reimbursement for gratuity expenses incurred. The YTD unfavourable position was due to high demand for inpatient services, covering gaps in maternity rosters, ARDS clinical equipment maintenance, processing of aged invoices and staff claims, high dental supplies costs, patient laundry and food expenses. These costs are being partly offset by vacancies.

Personnel (\$53k unfavourable YTD)

Medical (\$23k favourable YTD)

The favourable variance is the result of an offset between higher Obstetrics and Gynaecology roster cover and several medical vacancies across the division. A delay in the service level agreement for Oral Health Service for Pregnant Women in Tamaki is also a favourable factor.

Nursing (\$504k unfavourable YTD)

The unfavourable variance was due to continuing variable demand for Neonatal and Paediatric inpatient services (93% and 113% of contracted WIES YTD) as well as Maternity services. A strategy to increase part time staff contract hours to reduce the overtime impact is being implemented. Maternity tracks at 108% of contract WIES YTD.

Allied Health (\$795k favourable YTD)

The favourable variance was due to ongoing therapist and therapy assistant vacancies across ARDS. It is also inclusive of under spends associated with a delay in the start of a budgeted service level agreement for Oral Health Service for Pregnant Women in Tamaki. ARDS new graduates will commence mid-January 2020.

Support and Management/Administration (\$76k unfavourable YTD)

The unfavourable variance is associated with an FTE reduction initiative particularly across ARDS.

Outsourced Personnel (\$291k unfavourable YTD)

The unfavourable variance was due to medical locum and external nursing cover associated with increased service demand and for vacancies where internal cover options are not available.

Other Expenditure (\$749k unfavourable YTD)

Outsourced Services (\$61k unfavourable YTD)

The unfavourable variance was due to late invoicing of Urodynamic Studies activity along with higher than anticipated radiology service charges.

Clinical Supplies (\$205k unfavourable YTD)

The unfavourable variance was due a combination of increased dental supplies and treatment disposables costs. These budget pressures relate to increased patient demand across ARDS, Paediatric, Neonatal and Community Child Nursing services.

Infrastructure and Non-Clinical Supplies (\$483k unfavourable YTD)

The unfavourable variance to date is a combination ongoing high ARDS repairs and maintenance and cleaning outsourced costs, demand-driven food and groceries across Maternity facilities and motor vehicle repairs and maintenance charges across the division.

Specialist Mental Health & 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.

The group is led by Dr Susanna Galea-Singer (Director and Head of Division) and Pam Lightbown (General Manager). The Head of Division Nursing is Alex Craig and the Clinical Directors are Dr Greg Finucane for Adult, Dr Frances Agnew for Whītiki Maurea and Takanga A Fohe, Dr Jeremy Skipworth for Forensics, Dr Emma Schwarcz for CADS, and Dr Mirsad Begic for Child, Youth and Family.

Highlight of the Month

Expansion of Mason Clinic site

Waitematā District Health Board announced the purchase of a significant block of additional land that will enable expansion of the Mason Clinic in Point Chevalier, a forensic mental health facility that serves the entire Northern Region. Mason Clinic is operated by Waitematā District Health Board and serves the populations of the four Northern Region District Health Boards (Northland, Waitematā, Auckland and Counties Manukau), which collectively total 1.9 million people.

It has 114 mental health beds and 12 forensic intellectual disability beds and also provides a base for all other Auckland Regional Forensic Service operations. The site includes medium secure, minimum secure and open units to facilitate recovery and community reintegration, with a focus on acute treatment and rehabilitation. Mental health services have been on the site since the 1870s.

Waitematā District Health Board's CEO Dr Dale Bramley confirmed the Mason Clinic's footprint will expand by 2.8 hectares.

"There is constant pressure on our existing services at the Mason Clinic and this land purchase allows us to plan with certainty for future developments that will increase capacity and meet the needs of a growing population for the next 50 years," says Dr Bramley. "We look forward to working with the Government to prioritise the development of extra forensic mental health service capacity in the Northern Region and thank them for this very important investment into mental health services."

Health Minister Hon David Clark says the land purchase is an important step forward in ensuring a high standard of care for forensic mental health patients into the future. "The Mason Clinic looks after some of our most difficult and vulnerable patients. It's important they are cared for well, for their own good and for that of the wider community. "I look forward to making further announcements about this important project next year," says Dr Clark.

The land purchase is in addition to an extensive programme of facility upgrades underway across the Mason Clinic site, which includes a new \$22 million, 15-bed medium secure unit that is expected to open in late 2020. A 15-bed unit Te Aka opened in 2017. The redevelopment of the Mason Clinic,

including the provision of additional capacity, is consistent with the Northern Region Long Term Investment Plan, National and Regional Mental Health Services Strategies. It also contributes to wellbeing under the Government’s Living Standards Framework.

This redevelopment will allow the Mason Clinic to continue improving lives through responsive forensic services. It will further support the development of our streaming models to ensure the core values of providing respectful, safe, and recovery focused care that is culturally appropriate with an evidence and values base are delivered.

Adult- Placement of Long Stay Clients to Community Beds

Recently we have been looking more closely at the long stay clients waiting in Adult inpatient units and how we can support them into community funded placements. Waitemata District Health Board’s Adult Services along with our Non-Government Organisation partners, Local Coordination Services and funders have successfully supported five people, all of whose length of stay exceeded more than eight months in the acute units, into community accommodation. Success factors have included dedicated time by the associate Service Clinical Director and flexibility in providing extra support packages in the community. The focus on transition for the remainder of these clients (n=11) will continue, followed up by an evaluation and recommendations for an improved pathway in the longer term.

Key Issues

SMH&A Presentations in ED

Presentations to the Emergency Department of people experiencing mental health issues have continued to increase over the latter part of 2019. This is impacting on the ability to meet the six hour breach target. There are several factors impacting on the services’ ability to quickly see people in the Emergency Department and discharge to the community, respite or an inpatient bed. These include on-going 100% occupancy in the Adult Inpatient Units, delays with community acute teams attempting to provide assessment into the emergency department whilst managing acute demands in community settings, and staff vacancies, both Medical and Nursing.



In regular meetings with ED/Liaison, we have contributed to the development of a self-harm and agitation bundle, which has now been published. The bundle is used to guide clinicians in the Emergency Department with the immediate assessment and treatment of people who present with either self-harm and/or significant agitation.

Further work with senior Mental Health, Emergency Department, Police and St John representatives, at a service wide level, is occurring to strengthen interface and operational functions. This includes changes to practice, e.g.: AWOL, national reporting changes, review of incidents, communication and

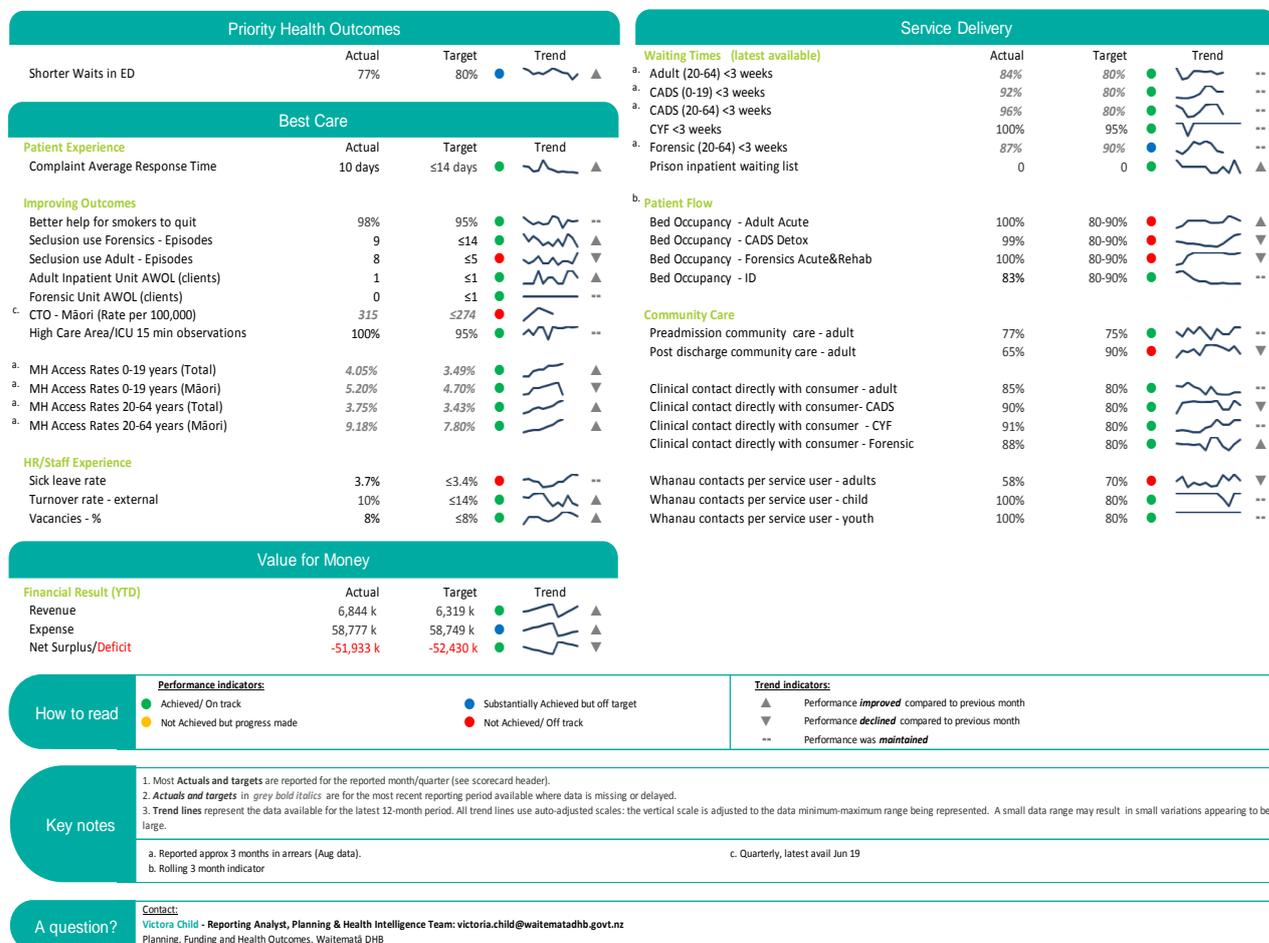
training of staff across departments. This group meets bi-monthly (led jointly by Mental Health, Adult Services and Emergency Department) and provides oversight of the North and West Operational Police/Mental Health/Emergency Department/Security groups.

Twice-daily bed flow meetings are occurring jointly in mental health, including representatives from the Emergency Department as required. A business case has been presented to the Board and approved, subject to additional funding, to provide mental health services in the North Shore Hospital Emergency Department.

Adult Post discharge community care - There have been fluctuations in this KPI with a decrease over recent months. Due to unusually high demands across the service with increasing numbers of new presentations and admissions that need to be prioritised, community teams have triaged and deferred non-urgent activities. Reviewing the daily reporting for seven days post discharge follow up will be a focus over the next month, with feedback for each that did not meet target being requested from clinical coordinators. This will also be monitored weekly in the clinical leads meeting.

Scorecard – Specialist Mental Health & Addiction Services

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



Scorecard Variance Report

Best Care

Seclusion use Adult- Episodes - 8 against ≤ 5

Higher than usual use of seclusion is due to a combination of a couple of people with significant acuity and also the high occupancy and general acuity across both units.

CTO – Māori (Rate per 100,000) – 315 against a target of ≤274

The volume of Māori on community treatment orders (CTO) has decreased from 326 to 315 since the last reporting period. Reducing CTOs for Maori remains an equity focus for Mental Health Services. The Quality Improvement project working group is working on two change ideas: clinical leadership; and improving consultation with family/whānau, during the process of CTO implementation and on-going review.

HR/Staff Experience

Sick leave rate – 3.7% against a target of ≤3.4%

This has remained the same as last month again mainly due to a seasonal variance. We continue to work at reducing sick leaves through various ways including on-going discussions and developing management plans with staff with low sick leave balances and general reminder to all staff on importance of maintaining adequate sick leave balances and supports that are available (e.g. Employee Assistance Programme and Occupational Health).

Service Delivery

Patient Flow

Bed Occupancy – Adult Acute – 100% against a target of 80-90%

Occupancy within the adult inpatient units remains high. The number of adult inpatient beds for the WDHB adult population has not been increased for the past two decades and coupled with population growth the service has become significantly stretched. Attempts to manage occupancy have resulted in reduced length of stay (LOS) beyond what would be expected, and an increase in re-admission rates. However, five flexi beds were approved last year, although are not expected to utilised until early 2020 due to recruitment into the Registered Nurse positions. Also, improvement work on the model of care and interface between the inpatient unit and community services has gone a long way to improve the efficiency of the units. However, resource is required to increase the number of beds in the region. A business case has been drafted.

Bed occupancy – CADS Detox –99% against a target of 80-90%

This is due to the impact of the Substance Addiction Compulsory Assessment and Treatment (SACAT) Act where patients are now admitted to the inpatient unit for assessment under the Act. To help mitigate this, an eleventh bed was opened. This is impacting our occupancy target but a necessary measure to help reduce waiting times for admission to the unit and the overall wait list.

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

The Mason Clinic has experienced high demand across the service in the last reporting period: medium secure Intellectual Disability and Mental Health units have regularly been over numbers, and minimum secure units are at capacity. We are working hard to get back to a more manageable inpatient volumes, but a lack of community discharge options along with high prison acuity are presenting barriers to this. The service is expecting to have Kaupapa Māori step down beds available early 2020.

Community Care

Post discharge community care – adult – 65% against a target of 90%

There have been fluctuations in this KPI with a decrease over recent months. This is due to unusually high demands across the service with significant numbers of new presentations and admissions, causing community teams to defer non-urgent activities. Reviewing the daily reporting for seven days post discharge follow up will be a focus over the next month, with feedback for each that didn't meet target being requested from clinical coordinators. This will also be monitored weekly in the clinical leads meeting.

Whānau contacts per service user – adults – 58% against a target of 70%

The service is finding it challenging to meet this target but remains one of the national leaders in this KPI. If measures included meeting with family (with the patient present), the percentages of family contacts would be significantly increased. More granular data at a local level identifies high phone contacts also.

Strategic Initiatives Variance Report

On Target include a ✓ or a ✗

Deliverable/Action	On Track
Participate in the Health Quality and Safety Commission Project (HQSC)	
1. Participate in the HQSC project commencing June 2018 with the aim to improve service transitions to primary care through ensuring 95% of transition plans/discharge letters contain a follow-up plan (with a copy sent to the person concerned); this activity is supported across all services, including kaupapa Māori and Pacific mental health addiction services (EOA) – June 2019.	✓
2. Participate in the HQSC project commencing March 2019 that aims 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) – June 2019.	✓
3. Minimise restrictive care through engagement in HQSC Zero Seclusion project activities, with the aspirational goal of eliminating seclusion in inpatient units and a focus on the regional forensic services, which has a high prevalence of Māori patients (EOA) – June 2019.	✓
Supporting Parents Healthy Children	
4. Implement adequate systems to identify parents across all services - June 2019.	✓

Financial Results – Specialist Mental Health & Addictions Services

Waitematā DHB Statement of Financial Performance

Specialist Mental Health and Addiction - Nov 2019

(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	1,119	1,044	75	5,459	5,219	240	12,102
Other Income	261	220	41	1,385	1,099	285	2,518
Total Revenue	1,380	1,264	116	6,844	6,319	525	14,620
EXPENDITURE							
Personnel							
Medical	2,409	2,450	41	11,992	12,994	1,003	31,395
Nursing	5,119	5,448	329	24,350	24,318	(32)	65,139
Allied Health	2,684	2,733	49	13,624	13,459	(166)	32,685
Support	128	120	(8)	703	655	(48)	1,593
Management / Administration	514	505	(8)	2,748	2,694	(54)	6,505
Outsourced Personnel	381	217	(163)	1,490	960	(529)	2,167
	11,234	11,473	239	54,906	55,080	174	139,484
Other Expenditure							
Outsourced Services	11	12	1	53	62	9	149
Clinical Supplies	86	103	18	351	527	175	1,259
Infrastructure & Non-Clinical Supplies	657	612	(45)	3,466	3,081	(385)	7,799
	754	728	(27)	3,871	3,670	(201)	9,207
Total Expenditure	11,989	12,201	212	58,777	58,749	(28)	148,691
Cost Net of Other Revenue	(10,608)	(10,936)	328	(51,933)	(52,430)	497	(134,071)

* 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 \$328k favourable for November and \$497k favourable for the YTD.

Revenue (\$116k favourable for November, \$525k favourable YTD)

The favourable variance for November was due to court revenue volumes being higher than forecast, unbudgeted revenue for patients with intellectual disability (ID) and additional funding in relation to prison In-reach services.

Expenditure (\$212k favourable for November, \$28k unfavourable YTD)

The favourable variance for November was due in part to new nursing and medical positions not yet recruited into and medical and nursing vacancies. There was also a reduction in nursing overtime spend in November. The unfavourable YTD is due to outsourced medical cover and repairs & maintenance.

Personnel (\$703k favourable YTD)

Medical (\$1,003k favourable YTD)

The favourable variance was due to vacancies, 17.2 FTE in November and an average of 13.8 FTE YTD

Nursing (\$32k unfavourable YTD)

The favourable variance was due to 99.0 FTE nursing vacancies in November and an average of 95 FTE YTD. This has been offset by casual and overtime.

Allied Health (\$166k unfavourable YTD)

The unfavourable variance was due to overtime (\$68k), allowances (\$39k) and professional memberships (\$49k)

Support and Management/Administration (\$102k unfavourable YTD)

The unfavourable variance was due to 5 vacancies in November and 7.6 FTE YTD offset by casual and overtime spends and low leave taken

Outsourced Personnel (\$521k unfavourable YTD)

The unfavourable variance was due to the use of locums to cover medical vacancies along with outsourced forensic court reporting due to increased volume of court reports.

Other Expenditure (\$210k unfavourable YTD)

Clinical Supplies (\$175k favourable YTD)

This was favourable due to underspend in the Flexifund worth \$125k and is expected to be utilised in the coming months.

Infrastructure and Non-Clinical Supplies (\$385k unfavourable YTD)

The unfavourable variance was mainly due to facility charges and outsourced maintenance (\$195k), and other various smaller overspend such as patient meals (\$67k).

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 John Cullen (Acting Chief of Surgery), Sam Titchener (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

Acute orthopaedics is seeing a sustained level of acute volume impacting on the service. In order to maintain elective delivery alongside a busy acute programme the service has developed and implemented an agreed cancellation process to minimise any elective cancellations. The early feedback is this is working well with improved streamlined decision making. Data will be collated after three months to review effectiveness of the new policy.

Key Issues

ESPI Position for Surgical Services

The Surgical and Ambulatory Services has seen a declining overall ESPI position in Q1/2 this FY. The services are ensuring detailed information is available for all non-compliant patients so that clinical risk is managed closely and long waiting patients are prioritised. Detailed resource management plans (services with high non-compliant volume will undergo capacity and resource review), ensuring efficient theatre/clinic utilisation to maximise capacity and regular consistent clinical waitlist management are in place in all specialities. The cumulative effect of vacancy across all workforces, industrial action on-going and the regional support for the White Island disaster has been the contributing factors to the current position. All services are working to bring all non-compliant services back to compliance in as short a time frame as possible.

Theatre Nurse Skill Mix/Vacancy

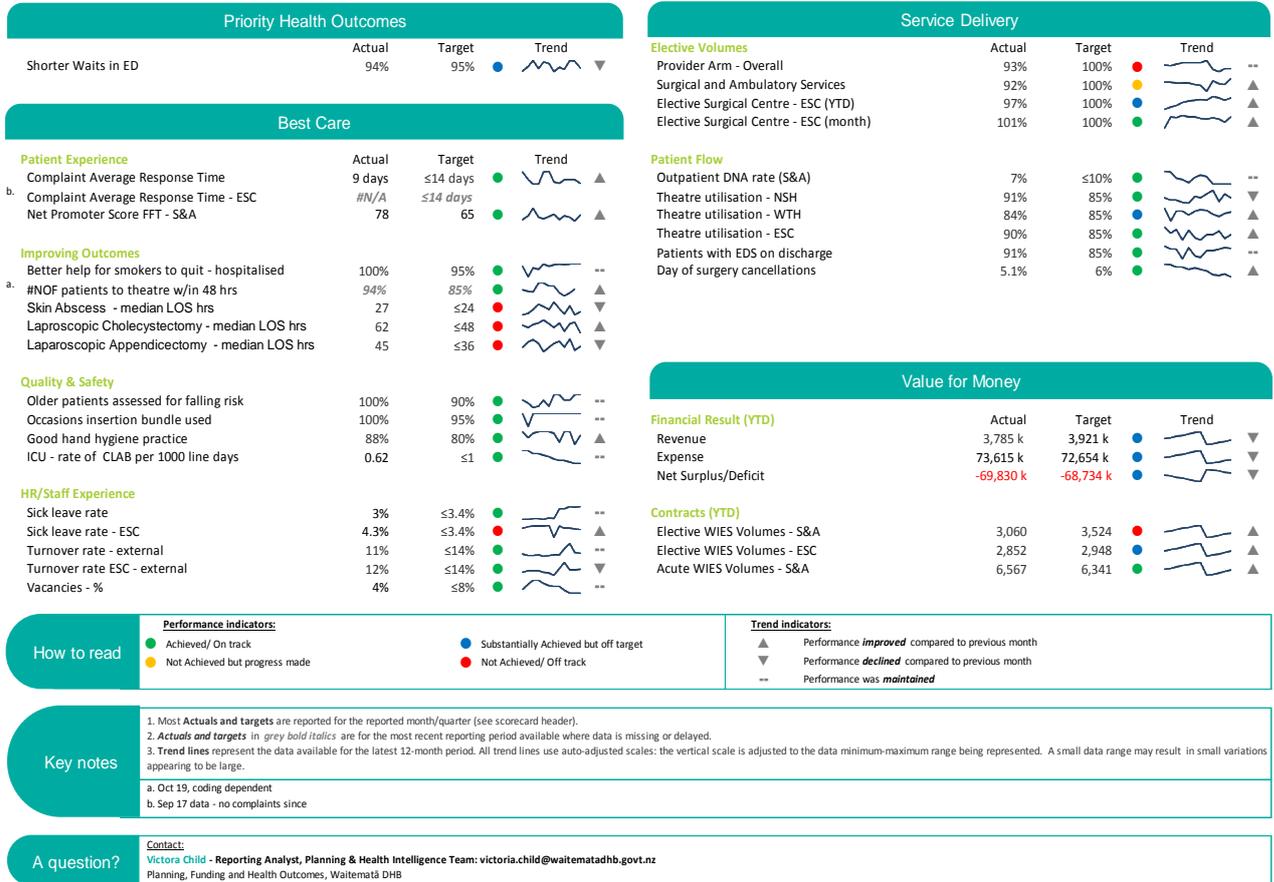
A significant amount of work to recruit to vacancy and train staff continues in the operating rooms at NSH with budgeted FTE being recruited to at the end of November. Since then however, on-going resignations and high sick leave persist. Vacancy in the Clinical Nurse Manager Role is impacting on the day to day operational delivery of the ORs, If unsuccessful in the current recruitment round, the service will second to that role to ensure stability. A roster review is underway looking at reducing overlap time in the afternoon to enable theatres that are running later into the early evening to be able to be supported and continue.

Endoscopy Vacancies

The endoscopy service has received 1 resignation and 3 retirements from within the nursing workforce at the end of November and December. The service is being well supported by senior leadership group and an Acting Floor Coordinator is now in place to support the team while recruitment is underway. There is risk regarding service delivery from the end of January when the leaving dates are realised.

Scorecard - Surgical and Ambulatory and Elective Surgical Centre

Waitematā DHB Monthly Performance Scorecard
Surgical and Ambulatory Service / Elective Surgery Centre
November 2019
2019/20



Scorecard Variance Report

Best Care

Skin Abscess Median LOS – 27 hours against a target of ≤24 hours

Laparoscopic Cholecystectomy Median LOS – 62 hours against a target of ≤48 hours

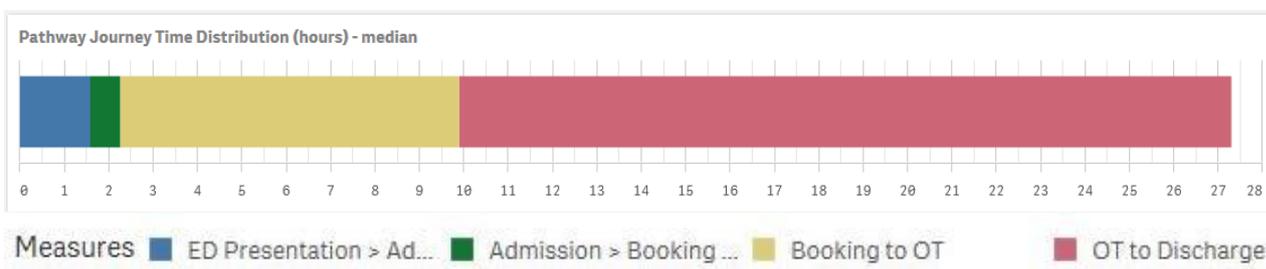
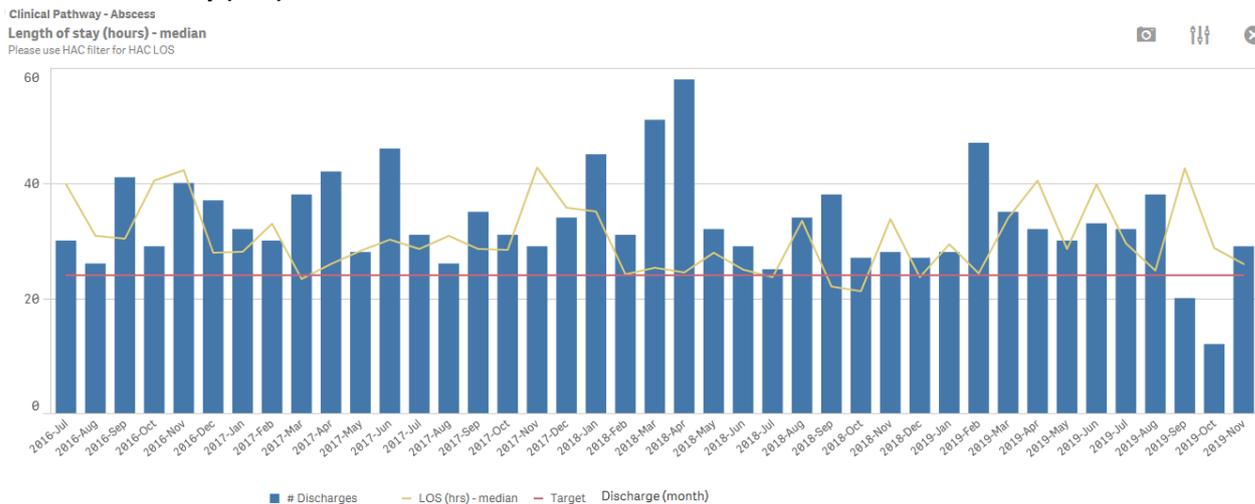
Laparoscopic Appendicectomy Median LOS – 45 hours against a target of ≤36 hours

General Surgery Pathways: Abscess, Appendicitis, Acute Cholecystitis

November 2019

Please note the data for November may be incomplete in Qlik Sense due to delay in clinical coding.

(i) Abscess Pathway: abscess drainage for acute ASA 1 and 2 (low risk) patients. Aim: length of stay (LOS) ≤ 24 hours



- (i) Project baseline patients (between July 2016 to June 2017): patients with an acute abscess treated via traditional pathway, Median LOS = 30.3hrs.
- (ii) Patients with an acute abscess treated via traditional pathway in November 2019, Median LOS = 27.3hrs
- (iii) Abscess Pathway (Minor Procedures List in the Procedure Room): There were no abscess patients treated via the Minor Procedures List in November 2019. No LOS comparison between treatment pathways can be made for this period.

Comments:

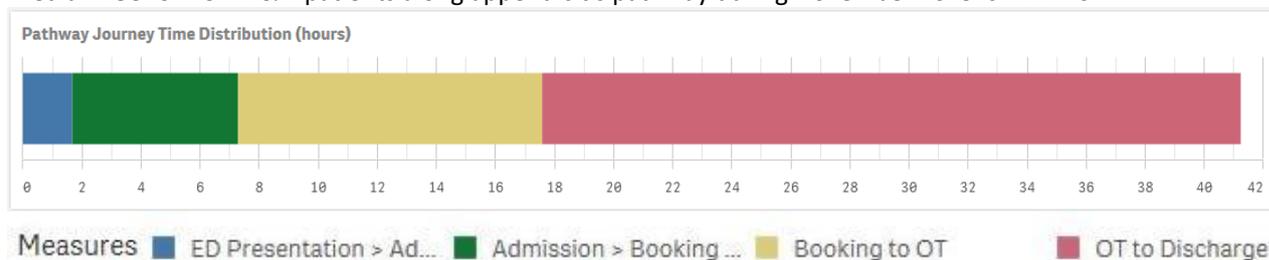
In November, 16 of the 52 abscess patients took longer than 24 hours to access theatre from admission (Access to theatre ranged between 12 to 50 hrs).

Between 5 November 2019 to 28 November 2019, 8 Minor Procedures List were scheduled. One list proceeded in the second acute theatre and utilised for two lap appendectomies and three gynaecology cases. The remaining 7 minor procedure lists were cancelled due to staffing and the patients were operated on theatre lists. While theatre nurses are allocated to the procedure room, the on-going challenges with recruitment and high sick leave result in the reassignment of staff, from the minor procedure room to the acute and clinically complex ORs on the day, to cover staff short falls. Recruitment and retention strategies are well underway in the operating theatre and include the appointment of a Clinical Nurse Manager to support the daily operations on the floor, an open day show casing theatres and updated recruitment videos, and a review of the nursing roster, to improve allocation of staffing resources.

Appendicitis Pathway for acute ASA 1 and 2 (low risk) patients. Aim: length of stay (LOS) ≤ 36 hours



Median LOS for ASA 1 & 2 patients along appendicitis pathway during November 2019 is **41.2hrs**



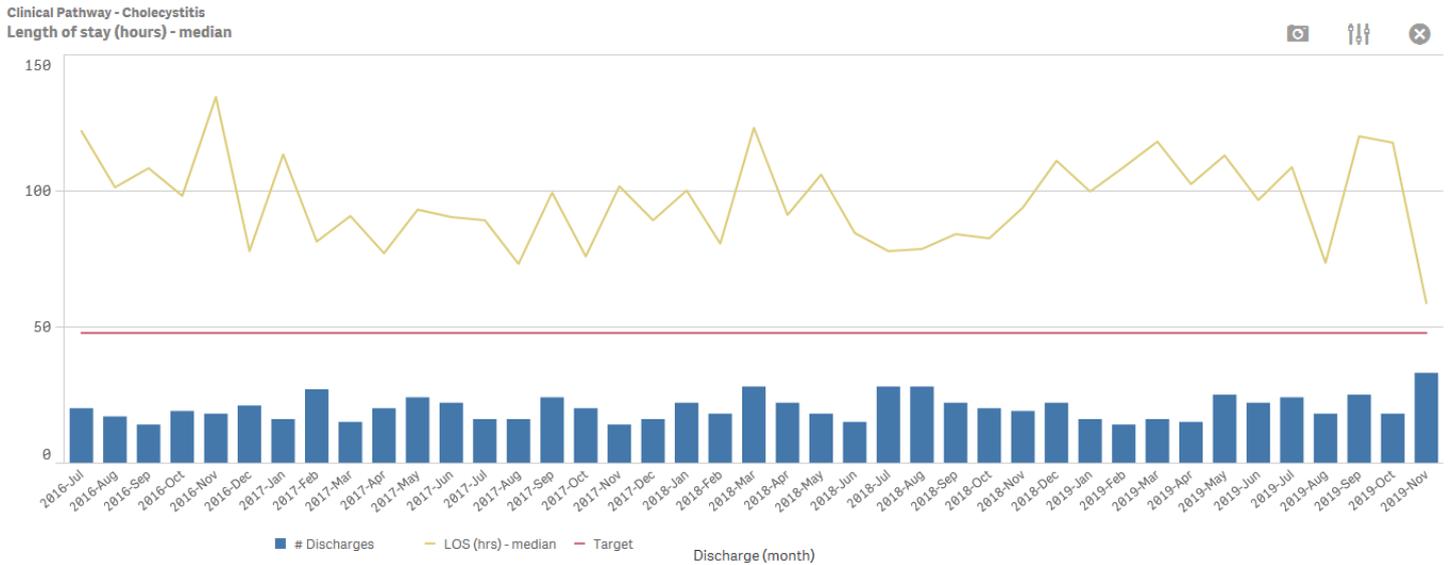
Comments:

In November, 18 of the 47 appendicectomy patients in scope had extended LOS, primarily due to the clinical condition requiring IV antibiotics post-surgery.

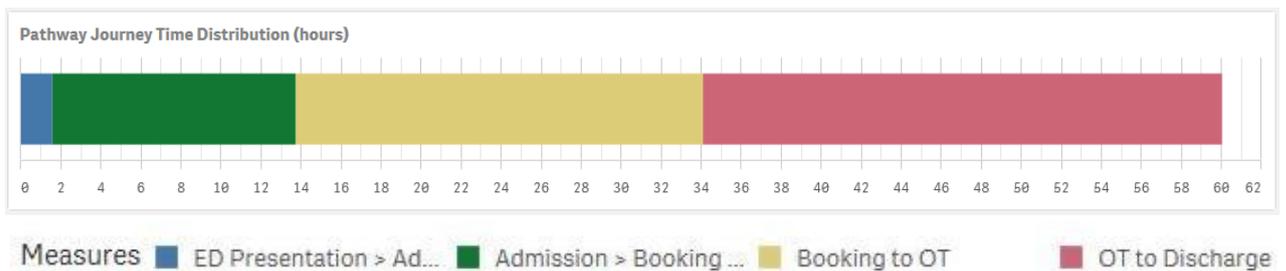
Criteria Led Discharge (CLD)

- Further work embedding CLD into practice is required.
- Nursing in service training completed in Short Stay Ward.
- Electronic work certificates went live November 27th.
- Exploring communication improvements so that nurses are notified that patients have been flagged for CLD. Work commenced in understanding the opportunity to create a flag on the electronic white board. In the interim, trial in place for orange flash cards that sit in the front of the patient's notes.

**(ii) Cholecystitis (inflamed gallbladder) Pathway for acute ASA 1 and 2 (low risk) patients.
Aim: length of stay (LOS) ≤ 48 hours**



Median LOS for ASA 1 and 2 patients on the cholecystitis pathway during November 2019 is **60hrs**. Acknowledging this is potentially to increase once clinical coding is completed.



Comments:

- In November, 13 of the 34 acute cholecystitis patients had valid clinical reasons for long LOS. This increases the median LOS for the cohort.
- Patient access to theatre is an on-going issue. Acute arranged laparoscopic cholecystectomy lists require theatre list redistribution before this can be scheduled as business as usual.

Gallbladder Point of Care Ultrasound Scans

- Approval and sign off obtained for strategic assessment seeking a new point of care ultrasound (POCUS) machine.
- Protocol written and approved by General Surgery and Emergency Medicine clinical directors on the provision of POCUS machine use.
- Completed the first diagnostic audit with 6 months data, demonstrating high specificity and sensitivity for diagnosing symptomatic gallstones.
- Further work required on exclusion criteria therefore another diagnostic audit has been agreed.
- Due to registrar change over, the next scheduled POCUS training is in February, diagnostic audit will commence after this training session.

Sick leave rate ESC – 4.3% against a target of ≤3.4%

The sick leave has seen slight improvement since September (4.5%) however it remains a challenge across ESC, a review of the sick leave indicates a number of injury related ACC sick days contributing to the high sick leave %. This is expected to improve in January 2020.

Service Delivery

Provider Arm Overall Elective Volumes – 93% against a target of 100

A small improvement on the September result (90%), however, challenges for elective delivery continue, see comment below. The under delivery is predominately in NSH theatres,

S&A Elective Volumes – 92% against a target of 100%

Some progress has been made in the delivery of elective volumes overall, ESC has achieved target for the month of November in their elective surgery delivery. Theatre nurse shortages in NSH has previously been identified as a contributing factor and a focus on recruitment and retention is underway, skill mix remains challenging for orthopaedic theatres as does high sick leave. A review of sick leave data and policy is underway. Unexpected SMO leave has been challenging to backfill and leaders within services are reviewing planned SMO leave and roster cover models.

Value for Money

Elective WIES Volumes – S&A – 3,060 against a target of 3524

The elective WIES volume is below target due to cancellation of elective lists across multiple specialties to accommodate acute work and the inability to backfill lists for unplanned SMO leave. A new cancellation policy is now in place for the orthopaedic theatres, to mitigate where possible, cancellations.

Strategic Initiatives Variance Report

Deliverable/Action	On Track
Access to Elective Services	
1. Implement patient-focused booking (PFB) for scheduling first specialist assessment (FSA) appointments across all services within Elective Services – June 2019	✘
2. Implement perioperative nurse-led coordination and management of all procedure/theatre bookings for Elective Services, including improved coordination of patient flow with clinical guidance and oversight. This will include management of high acuity, high complexity patients, in support of better access to earlier intervention for Maori and Pacific populations (EOA) – June 2019	✓

Areas off track for month and remedial plans
1. The ability to continue with the introduction of PFB across Elective Services has been impacted by service non-compliant ESPI 2 volumes. A sub speciality PFB rollout is planned as services regain compliance with Urology and Orthopaedic Spines anticipated to commence by the end of February 2020.

Financial Results - Surgical and Ambulatory and Elective Surgical Centre Combined

Waitematā DHB Statement of Financial Performance

S&A and ESC Combined - Nov 2019							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	743	778	(35)	3,425	3,582	(156)	9,028
Other Income	65	68	(4)	359	339	20	641
Total Revenue	807	847	(39)	3,785	3,921	(136)	9,669
EXPENDITURE							
Personnel							
Medical	4,497	4,525	28	23,593	23,437	(156)	56,724
Nursing	4,380	4,107	(273)	20,350	19,953	(398)	52,610
Allied Health	530	524	(6)	2,630	2,519	(111)	6,197
Support	196	231	35	1,017	1,153	135	2,780
Management / Administration	392	353	(39)	2,082	1,921	(161)	4,589
Outsourced Personnel	647	577	(70)	4,019	3,183	(836)	7,204
	10,641	10,316	(324)	53,691	52,165	(1,527)	130,103
Other Expenditure							
Outsourced Services	212	114	(99)	414	579	165	1,374
Clinical Supplies	3,297	3,292	(5)	17,762	18,072	310	41,339
Infrastructure & Non-Clinical Supplies	372	364	(8)	1,747	1,838	91	4,363
	3,881	3,770	(111)	19,923	20,489	566	47,076
Total Expenditure	14,522	14,086	(435)	73,615	72,654	(960)	177,179
Cost Net of Other Revenue	(13,714)	(13,240)	(474)	(69,830)	(68,734)	(1,096)	(167,510)

* 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 \$474k unfavourable for November and \$1,096k unfavourable for the YTD.

The S&A result was driven by the need to scale back the production plan in the first four months of the year by cancelling elective theatre lists. The key reasons were:

- The inability of S&A to backfill SMOs on leave,
- The recurring medical vacancies within ORL,
- The impact of high unplanned leave within the theatre nursing team and
- The high volume of acute surgeries, particularly within Orthopaedics.

The impact of the above was a significantly lower than budgeted spend on implants and prostheses although this was in part offset by higher than budgeted laparoscopic costs. The vacancies and leave issues resulted in a significant spend in locum and nursing bureau in the period.

Although ESC volumes are lower to date than planned, the YTD variance is unfavourable due to un-accrued FY 2019 POC costs which were charged in September as well as unexpected nursing costs. A change in the casemix being handled at ESC has also resulted in higher than budgeted laparoscopic costs, which offset clinical supply savings in other areas.

Refer to below commentary for a detailed overview for S&A and ESC performance against budget.

Surgical and Ambulatory – S&A

Waitematā DHB Statement of Financial Performance

S&A - Nov 2019							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	743	778	(35)	3,425	3,582	(156)	9,028
Other Income	65	68	(4)	359	339	20	641
Total Revenue	807	847	(39)	3,785	3,921	(136)	9,669
EXPENDITURE							
Personnel							
Medical	4,494	4,522	29	23,579	23,425	(154)	56,695
Nursing	3,862	3,618	(244)	17,812	17,556	(256)	46,417
Allied Health	530	524	(6)	2,630	2,519	(111)	6,197
Support	188	223	36	976	1,111	135	2,678
Management / Administration	378	338	(40)	2,002	1,838	(164)	4,392
Outsourced Personnel	(195)	(235)	(40)	(754)	(1,347)	(594)	(2,967)
	9,257	8,990	(266)	46,245	45,102	(1,143)	113,411
Other Expenditure							
Outsourced Services	202	94	(108)	334	477	143	1,142
Clinical Supplies	2,431	2,458	26	13,116	13,540	424	30,980
Infrastructure & Non-Clinical Supplies	295	278	(16)	1,356	1,405	49	3,373
	2,928	2,830	(98)	14,806	15,423	617	35,496
Total Expenditure	12,185	11,820	(364)	61,052	60,525	(527)	148,907
Cost Net of Other Revenue	(11,377)	(10,974)	(404)	(57,267)	(56,604)	(663)	(139,237)

* 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 was \$404k unfavourable for November and \$663k unfavourable for the YTD.

Revenue (\$39k unfavourable for November, \$136k unfavourable YTD)

The unfavourable variances for November and YTD were driven by lower volumes than planned in Bowel Screening. This was offset by a corresponding saving in Bowel Screening expenditure, overall, the result is break-even for the service. Otherwise revenue was above budget due to higher than planned DHB Service Level Agreement (SLA) revenue and income from research grants.

Expenditure (\$364k unfavourable for November, \$527k unfavourable YTD)

The unfavourable variance for November was driven by a YTD correction of Health Care Assistants costs from the Department of Medicine to S&A in addition to a catch up on laboratory costs.

YTD the lower than planned production volumes in Orthopaedics and ORL provided a favourable variance in clinical supplies which has been offset by higher than expected locum costs as well as reliance in NSH Theatres on bureau nurses to cover unplanned vacancies. Outsourced skin lesion surgery continued to be higher than planned. There was also a one-off accrual release benefit in August relating to prior year Orthopaedic wait list costs that has helped the YTD position.

Personnel (\$226k unfavourable YTD)

Medical (\$154k unfavourable YTD)

The unfavourable variance YTD (1%) was driven by higher than expected costs in the current run rates for Registrars which has offset vacancy savings in medical officers.

Nursing (\$256k unfavourable YTD)

The unfavourable variance YTD (1.5%) was driven by fewer vacancies than planned and the cost of new graduates.

Allied Health (\$111k unfavourable YTD)

The unfavourable variance was mainly caused by an unbudgeted funded research position which will be corrected this month. There are also less variances than planned within Allied Health.

Support and Management/Administration (\$29k unfavourable YTD)

The favourable variance, arising from vacancies within Central Sterile Supply Department (CSSD) support officers, was offset by fewer vacancies than expected within Management and Administration staff across the division, resulting in a net unfavourable position.

Outsourced Personnel (\$594k unfavourable YTD)

The unfavourable variance YTD was driven by locum costs incurred to cover vacancies within Anaesthesia and ORL as well as high sick leave in Anaesthesia. There was also a higher than planned reliance on external bureau nurses within theatres due to the need to cover unplanned leave and vacancies.

Other Expenditure (\$617k favourable YTD)

Outsourced Services (\$143k favourable YTD)

The favourable variance arose due to the release of an accrual relating to the wait lists at the end of the previous financial year. This saving was partially offset by higher than expected outsourcing of skin lesion procedures to GP and varicose vein catch-up of wait list volumes which existed prior to the transfer of the service to ADHB.

Clinical Supplies (\$424k favourable YTD)

The positive variance was driven by savings in implants and prostheses which arose due to the lower than planned volume of Orthopaedic cases. This was partially offset by an increase in costs in instruments and equipment which is currently being reviewed to determine the underlying cause.

Elective Surgical Centre - ESC

Waitematā DHB Statement of Financial Performance

ESC - Nov 2019							
(\$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	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0
EXPENDITURE							
Personnel							
Medical	3	2	(0)	14	12	(2)	29
Nursing	518	489	(29)	2,539	2,396	(142)	6,193
Allied Health	0	0	0	0	0	0	0
Support	8	8	(0)	41	41	0	102
Management / Administration	14	15	2	80	83	3	197
Outsourced Personnel	842	812	(30)	4,773	4,530	(243)	10,172
	1,384	1,326	(58)	7,446	7,063	(383)	16,692
Other Expenditure							
Outsourced Services	11	20	9	80	102	22	232
Clinical Supplies	866	835	(31)	4,645	4,532	(114)	10,359
Infrastructure & Non-Clinical Supplies	77	85	9	391	433	42	989
	953	940	(13)	5,117	5,067	(50)	11,580
Total Expenditure	2,337	2,266	(71)	12,563	12,130	(433)	28,272
Cost Net of Other Revenue	(2,337)	(2,266)	(71)	(12,563)	(12,130)	(433)	(28,272)

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

Comment on major financial variances

The overall result for ESC was \$71k unfavourable for November and \$433k unfavourable for the YTD.

Personnel (\$383k unfavourable YTD)

Nursing (\$142k unfavourable YTD)

Nursing costs were above budget due to the cost of new graduate nurses and several one-off costs. There has also been an increase in the volume of day cases at ESC which has negatively impacted on nursing costs.

Outsourced Personnel (\$243k unfavourable YTD)

Although volumes are lower than planned at ESC, the package of care costs are above budget due to un-accrued prior year costs for SMOs coming through in September.

Other Expenditure (\$50k unfavourable YTD)

Clinical Supplies (\$114k unfavourable YTD)

The unfavourable variance was due to unbudgeted spend on laparoscopic equipment reflecting the evolution in the casemix at ESC to more laparoscopies. This cost was partially offset by savings in other clinical supplies including implants and prostheses and treatment disposables.

Diagnostic Services

Service Overview

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

The service is managed by Brad Healey. The Operation Managers and Clinical Directors are Marilyn Crawley for Pharmacy, Lee-Ann Weiss and Dr Matt Rogers (Clinical Director) for Laboratories and Wilhelmina Mentz and Dr Philip Clark (Clinical Director) for Radiology.

Highlight of the Month

Radiology

A settlement has been reached for the MITs and no further industrial action planned for this group.

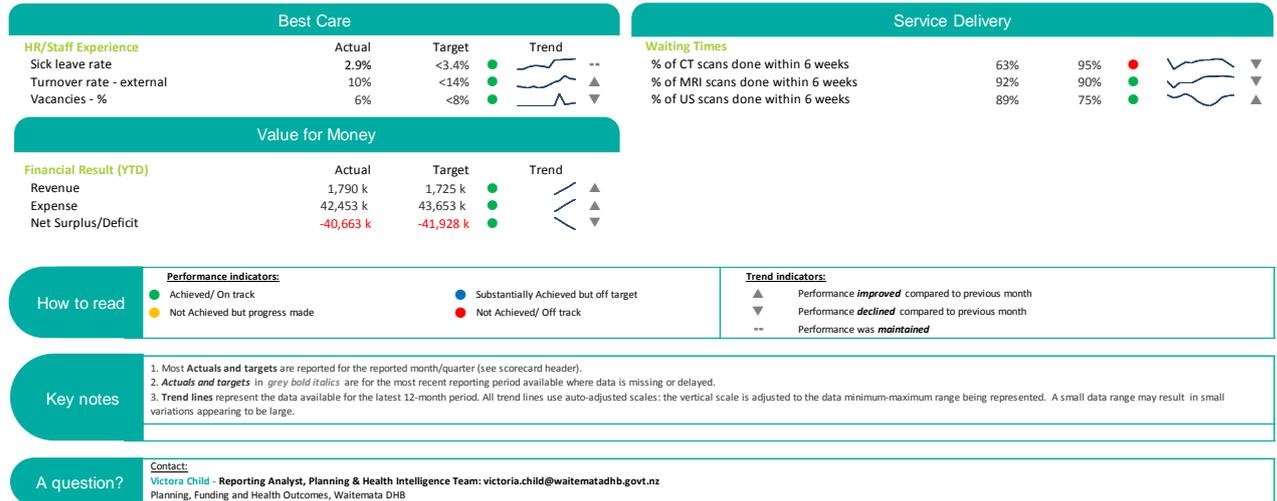
Key Issue

Radiology

Further notices have been issued for Sonographers industrial action. This is planned to last three months, and will significantly impact patient waiting times. Steps to mitigate the clinical risk associated with this are underway.

Scorecard – Diagnostic Services

Waitematā DHB Monthly Performance Scorecard
Diagnostic Services
November 2019
2019/20



Scorecard Variance Report

% of CT scans done within six weeks – 63% against a target of 95%

The industrial action taken by Medical Imaging Technologists impacted significantly on the compliance rate for CT. Despite an increase in outsourcing, a further drop in compliance can be expected in the next quarter, before improvement will be seen towards the end of the financial year.

Financial Results

Waitematā DHB Statement of Financial Performance

Diagnostic Services - Nov 2019

(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	309	182	127	972	909	63	2,183
Other Income	206	163	43	817	816	2	1,958
Total Revenue	515	345	170	1,790	1,725	65	4,140
EXPENDITURE							
Personnel							
Medical	1,135	1,210	75	6,154	6,293	139	15,360
Nursing	256	227	(29)	1,161	1,096	(65)	2,984
Allied Health	2,203	2,260	56	11,624	11,401	(223)	27,932
Support	0	0	0	0	0	0	0
Management / Administration	194	207	14	1,013	1,144	131	2,663
Outsourced Personnel	4	4	(0)	21	20	(1)	48
	3,792	3,908	116	19,973	19,954	(18)	48,987
Other Expenditure							
Outsourced Services	514	621	107	2,817	2,822	5	6,332
Clinical Supplies	3,918	4,004	86	18,986	20,000	1,015	48,022
Infrastructure & Non-Clinical Supplies	98	(208)	(306)	677	876	199	2,125
	4,530	4,417	(114)	22,480	23,698	1,219	56,479
Total Expenditure	8,322	8,325	3	42,453	43,653	1,200	105,466
Cost Net of Other Revenue	(7,807)	(7,980)	173	(40,663)	(41,928)	1,265	(101,325)

* 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 \$173k favourable for November and \$1,265k favourable for the YTD.

Revenue (\$170k favourable for November, \$65k favourable YTD)

The favourable variance for the YTD is due to Laboratory and Radiology income for work done for other DHBs.

Expenditure (\$3k favourable for November, \$1,200k favourable YTD)

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

Personnel (\$18k unfavourable YTD)

The unfavourable variance YTD is due to Allied Health staff in Radiology and Inpatient Pharmacy where low levels of leave has been taken in order to meet service demands. This is being offset by SMO vacancy within Advanced Interventional Radiology which means outsourcing some volumes for this service.

Other Expenditure (\$1,219k favourable YTD)

Clinical Supplies (\$1,015k favourable YTD)

The favourable variance for the YTD was due to drug costs in the inpatient and outpatient pharmacies being \$448k favourable YTD as total drug costs are at same level as 2018/19. Radiology

supplies are also \$644k 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 (\$199k 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

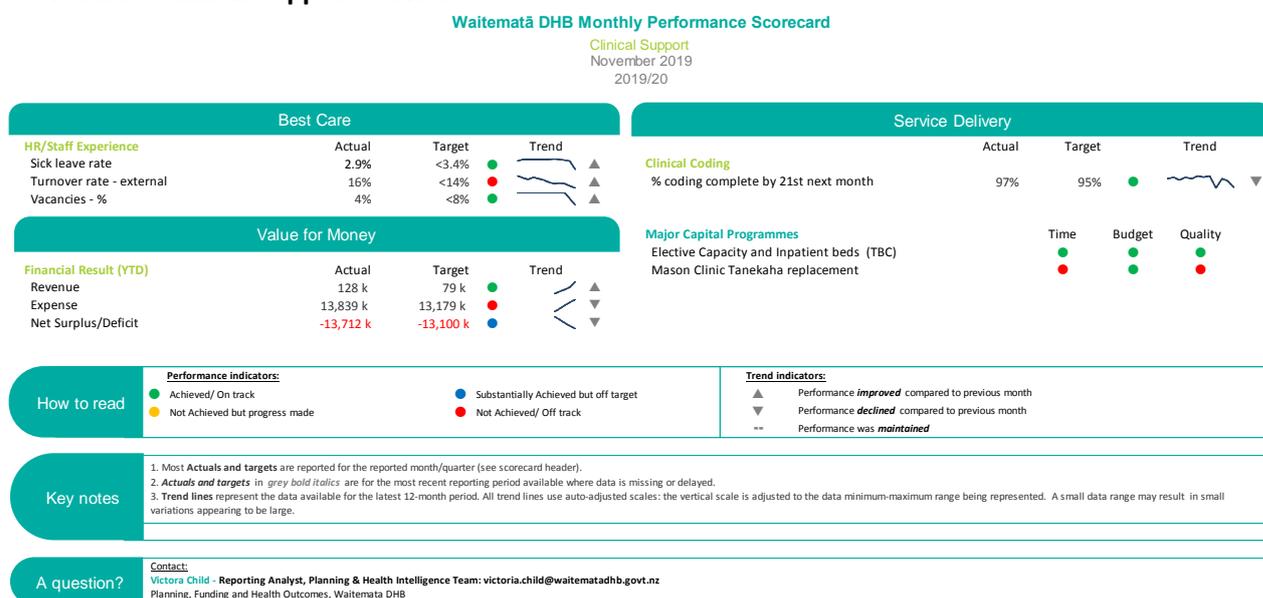
This division is responsible for the provision of Clinical Support Services Division includes Food Services, Security, Traffic and Fleet , Clinical Engineering, Clinical Support Services, Contact Centre Collaboration.

The service is managed by Brad Healey General Manager. The Operation Managers are Barbara Schwalger for Clinical Support Services, Vispi Dantra 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

Dr Jonathan Wallace has been appointed as the new Associate Director of the Institute which is a loss to our service but thankfully not to the organisation. We are delighted to welcome Brad Healey as our new General Manager for Diagnostic Services and Clinical Support Services. Brad has held a number of senior positions at Counties Manukau DHB and his knowledge and expertise will be invaluable in managing the service.

Scorecard – Clinical Support Services



Scorecard Variance Report

Turnover rate has fallen in the month but is still above the target at 16% for quarterly rolling average. Turnover is primarily in cleaning and orderly staff and vacancies are covered by casual staff.

Expenditure is over budget YTD due to staff related costs and equipment repairs.

Financial Results – Clinical Support Services

Waitematā DHB Statement of Financial Performance

Clinical Support Services - Nov 2019							
(\$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	51	16	35	128	79	48	190
Total Revenue	51	16	35	128	79	48	190
EXPENDITURE							
Personnel							
Medical	0	0	0	0	0	0	0
Nursing	0	0	0	0	0	0	0
Allied Health	0	(16)	(16)	0	(82)	(82)	(197)
Support	1,369	1,314	(55)	6,991	7,029	38	17,457
Management / Administration	138	144	6	812	758	(54)	1,865
Outsourced Personnel	18	12	(5)	110	63	(47)	152
	1,525	1,454	(71)	7,913	7,769	(144)	19,277
Other Expenditure							
Outsourced Services	0	0	0	0	0	0	0
Clinical Supplies	149	95	(54)	695	463	(232)	1,109
Infrastructure & Non-Clinical Supplies	993	972	(20)	5,231	4,948	(283)	11,669
	1,142	1,067	(74)	5,926	5,410	(516)	12,778
Total Expenditure	2,667	2,521	(145)	13,839	13,179	(660)	32,055
Cost Net of Other Revenue	(2,616)	(2,506)	(110)	(13,712)	(13,100)	(611)	(31,865)

* 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 \$110k unfavourable for November and \$611k unfavourable for the YTD.

Revenue (\$35k favourable for November, \$48k 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 (\$145k unfavourable for November, \$660k unfavourable YTD)

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

Personnel (\$144k unfavourable YTD)

The unfavourable variance for the YTD does not include \$200k 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 16% of shifts are covered by lower cost casual workforce.

Other Expenditure (\$516k unfavourable YTD)

Clinical Supplies (\$232k 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 \$148k YTD. This was necessary to utilise our maximum bed stock over the winter period.

Infrastructure and Non-Clinical Supplies (\$283k unfavourable 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.

Asian Health Services

Service Overview

This service is responsible for the provision of culturally appropriate, accessible, responsive and effective services for the growing Asian, migrant and ethnic communities within the Waitematā District Health Board catchment.

The service consists of four components:

- iCare call centre – free information and advice on New Zealand Health Services, GP books and breast screening support
- Asian Patient Support Service – providing cultural and emotional support and, socio-cultural assessment coordination service for Waitematā Asian inpatients and health seminars for the Asian community and cultural advice/workshops for health professionals
- Asian Mental Health Service – providing socio- cultural assessment and psycho-education, life-skills counselling, culturally appropriate cognitive behavioural therapy (CBT), one -off clinical consultation, psychological services, parenting course and Asian wellbeing group sessions
- Waitematā Translation and Interpreting Service (WATIS) – 24/7 translation and interpreting service for Waitematā DHB secondary and primary health service users covering 90+ languages including NZ sign language

The service is led by David Price, Director - Patient Experience and the Operations Manager is Grace Ryu.

Division Priorities for 2019/20

- Supporting vulnerable Asian and ethnic patients and families in DHB hospital settings
- Cultural advisory to the DHB at point of service and strategic planning
- Improving health awareness within the Asian community
- Suicide prevention and mental health awareness
- Asian and ethnic workforce development

Highlights of the Month

Health workshop for the Chinese Community

Asian Health Services organised various health workshops for the Asian communities over the past 20 years.

In October 2019, there were requests from the West Auckland Chinese community who wanted to know more about the health system and support services for older people in New Zealand. Fifty five people attended the workshop. All participants stated the information presented met their needs very well and 97% of the respondents thought that good knowledge of the topic was demonstrated.



Asian and Ethnic Workforce Development Project 2019-20

The 2018 Census showed that there are 180 ethnicities in NZ who speak 176 different languages and comprise of 157 different religious backgrounds.

Waitematā DHB’s Asian Health Services (AHS) and *Te Pou o te Whakaaro Nui* are aware of the importance of clinical teams’ cultural competency and their enthusiasm to learn various cultures that may impact our healthcare service. The Asian Workforce Development Project has been implemented by providing various learning opportunities for the health workforce in 2019-20. Asian Health Services hosted a **Learning Together Day** with two cultural workshops and speakers who talked about cultural values related to Muslims and former refugees, their physical and psychological traumas, and how we can work together effectively.

Approximately 80 staff attended including mental health clinicians in 3 different locations via Zoom video conference, and excellent feedback was received.



Lunar New Year Celebration 恭喜发财 새해 복 많이 받으세요 !



Asian Health Services (AHS) team will host the Lunar Chinese New Year celebration on Friday, 24 January at 3 Mary Poynton Terrace. The celebration event includes cultural information, traditional games as well as staff networking to mark the Year of the Rat.

Waitematā DHB has an Asian workforce of over 30% and they play important roles in clinical and non-clinical daily functions. Their contribution and cultural needs are acknowledged by the DHB.

Financial Results

Comment on major financial variances

The overall result for Asian Health was \$13k favourable for November 2019 and unfavourable \$13k for the 2018/19 financial year. The unfavourable Year To Date position is being driven by higher Interpreters costs. These costs are in line with last years' interpreter spending.

Waitemata DHB Statement of Financial Performance

Asian Health Services - November 2019							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	0	1	(0)	2	4	(3)	11
Other Income	10	10	(1)	69	52	17	125
Total Revenue	10	11	(1)	71	56	14	135
EXPENDITURE							
Personnel							
Medical							
Nursing							
Allied Health	95	113	18	533	551	19	1,346
Support							
Management / Administration	10	8	(2)	42	40	(2)	97
Outsourced Personnel							
	105	120	16	575	591	16	1,443
Other Expenditure							
Outsourced Services	10	15	5	57	77	20	184
Clinical Supplies	118	110	(9)	632	559	(72)	1,338
Infrastructure & Non-Clinical Supplies	5	7	2	27	35	9	85
	134	132	(2)	716	672	(44)	1,607
Total Expenditure	238	252	14	1,291	1,263	(28)	3,050
Cost Net of Other Revenue	(228)	(241)	13	(1,220)	(1,207)	(13)	(2,915)

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

Performance Metrics – (scorecard to be developed)

➤ Asian Health Services (AHS) staff

No. of current staff	23 FTE
No. of iCare Call Centre & Asian Patient Support Service (APSS)	4.7
No. of APSS Bureau (contractors)	9
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	184
Total	236 (23FTE + 213 contractors)

➤ Asian Patient Support Service & iCare call Centre (November 2019)

No. of total enquiries	1,724
No. of iCare call centre enquiry - NZ Health info, GP, Breast Screen etc.	1,319
No. of new inpatient referrals - complex issue & cultural support	85
No. of support episodes by cultural support coordinators	405
No. of clinical meetings & face to face liaison	241
No. of phone support	59

No. of clinical coordination	105
No. of exit	57
No. of health or cultural workshop or promotion or survey	4
No of participants of workshops	98 DHB staff, 5 survey interviews
No. of document & resources – cultural review /input	4

➤ **Asian Mental Health Service (November 2019)**

No. of active mental health clients (target KPI: 75)	88
No. of new referral - mental health client	11
No of client support hours	187
No. of support meeting hours	118
No. of liaison psychiatry referral	0
No. of active forensic MH clients	1
No. of acute MH inpatient ward or Crisis team referral	6
No. of active clients of Asian Clinical Psychological Service & referrals	10 (0 in waiting list)
No. of exit	14
No. of Asian Wellbeing Group Sessions	4
No. of workshops (e.g. Incredible years parenting / Sensory modulation)	4

➤ **WATIS Interpreting Service (November 2019)**

No. of contracted interpreters (covering 90+ languages & dialects)	184 + NZ Sign language interpreters
No. of FTE interpreters (employed)	3.75 (0.75 FTE vacancy)
No of interpreting episodes	4,660
No. of face to face interpreting	2,627
No. of appointment confirmation	1,508
No. of telephone assignment	397
No. of telephone interpreting	128
No. of primary health interpreting episodes	261
No. of document translated or proof reading	0
% DNA of WATIS users	0.6%
Booking unfulfilled	2.56%

Strategic Initiatives Variance Report

Project Name	Project Summary	Deliverable / Action	Domain / Staff Value	On Track
Asian Health Services (AHS)				
Improving Community Health Awareness	Asian Health Services offer community workshops to improve the Asian community's understanding of New Zealand's health system and support services available for the Asian, migrant and ethnic communities.	<ul style="list-style-type: none"> - Chinese health workshops in North Shore & West Auckland (March and October 2019) - Korean health workshop (May 2019) - Japanese health workshop (April 2019) - Indian health workshop will be held in 2020 	Community engagement Health Promotion Education "Connected"	✓
Asian Workforce Development	Te Pou and Asian Health Services are working together to enhance ethnic workforce	<ul style="list-style-type: none"> - Real skills survey for Asian Health Services team in 2019-20 - Mental health supervision for 	Workforce Development	✓

Project - <i>Let's get real</i>	development in the Waitematā DHB area by providing Real-skills surveys and various learning opportunities, as well as cultural workshops in FY2019-20.	<ul style="list-style-type: none"> - DHB and MBIE interpreters - Let's get real workshop for DHB's mental health workforce in September 2019 - Muslim & former refugee cultural workshops in 2019 - Pacific cultural workshop for Asian & ethnic workforce on 6 Dec 2019 - Mental health training for ethnic minority interpreters in April 2020 - Māori cultural workshop for Asian workforce in 2020 	"Everyone matters"	
Community Mental Health Awareness and 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.	<ul style="list-style-type: none"> - 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 	<p>Suicide prevention</p> <p>Community health promotion</p> <p>"with compassion"</p>	✓
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	<ul style="list-style-type: none"> - Written survey forms were distributed to patients and families from June 2019 - On-line Survey Monkey links were sent to DHB staff from September 2019 - On-line survey by middle of December 2019 - Evaluation report will be submitted by end of January 2020 	<p>Quality Management & Assurance</p> <p>"Connected"</p>	✓
International Collaboration with Asian Countries	Waitematā DHB has the international collaboration team to work with Asian countries on future opportunities for sharing experience, expertise and information (e.g. digital health, the use of big data and artificial intelligence in healthcare, system integration, leadership and talent development, facility building, medical research and the use of new technologies). Asian Health Services (AHS) will continue to support the international collaboration team as a partnership organisation.	<ul style="list-style-type: none"> - 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 - Meetings with the international collaboration team to discuss future opportunities <p>e. g. Utilisation of new technology in the interpreting service in Waitematā DHB</p>	<p>International collaboration</p> <p>Innovation & improvement</p> <p>"Better Best Brilliant"</p>	✓

3.2 Provider Arm Performance Summary Report – December 2019

Recommendation:

That the report be received.

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

This report summarises the Provider Arm performance for December 2019.

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How to interpret the scorecards

Provider Arm Performance Summary Report – December 2019

 Executive Summary / Overview

 Scorecard – All services

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 Elective Performance Indicators

 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
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
ICU	-	Intensive Care Unit
KMU	-	Kingsley Mortimer Unit
SMHOPS	-	Specialty Medicine and Health of Older People Services
MRI	-	Magnetic Resonance Imaging
MoH	-	Ministry of Health
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
SMHA	-	Specialist Mental Health & Addiction Services
SMO	-	Senior Medical Officer

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:

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-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. Small data range may result small variations perceived to be large.

a. ESPI traffic lights follow the MoH criteria for funding penalties:
 ESPI 2: the traffic light will be **green** if no patient is waiting, **blue** 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: the traffic light will be **green** if no patient is waiting, **blue** if greater than 0 patients and less than or equal to 10 patients or less than 0.99% and **red** if 1% or higher.

Scorecard – All services

Waitematā DHB Monthly Performance Scorecard

ALL Services
December 2019
2019/20

Priority Health Outcomes			
	Actual	Target	Trend
Shorter Waits in ED	96%	95%	
Faster cancer treatment (62 days)	91%	90%	

Best Care			
	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	12 days	≤14 days	
Net Promoter Score FFT	81	65	
Improving Outcomes			
Better help for smokers to quit - hospitalised	100%	95%	
Quality & Safety			
Older patients assessed for falling risk	98%	90%	
Rate of falls with major harm	0.03	≤2	
Good hand hygiene practice	89%	80%	
S. aureus infection rate	0.19	≤0.25	
Occasions insertion bundle used	100%	95%	
Pressure injuries grade 3&4	0	0	
HR/Staff Experience			
Sick leave rate	3.4%	≤3.4%	
Turnover rate - external	12%	≤14%	
Vacancies - %	5%	≤8%	

Service Delivery			
	Actual	Target	Trend
Elective Volumes			
Provider Arm - Overall	92%	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	8%	≤10%	
Outpatient DNA rate (FSA + FUs) - Māori	15%	≤10%	
Outpatient DNA rate (FSA + FUs) - Pacific	17%	≤10%	

Value for Money			
	Actual	Target	Trend
Financial Result (YTD)			
Revenue	496,576 k	497,289 k	
Expense	520,612 k	505,181 k	
Net Surplus/Deficit	-24,036 k	-7,893 k	
Contracts (YTD)			
Elective WIES Volumes	8,962	9,305	
Acute WIES Volumes	33,972	33,843	

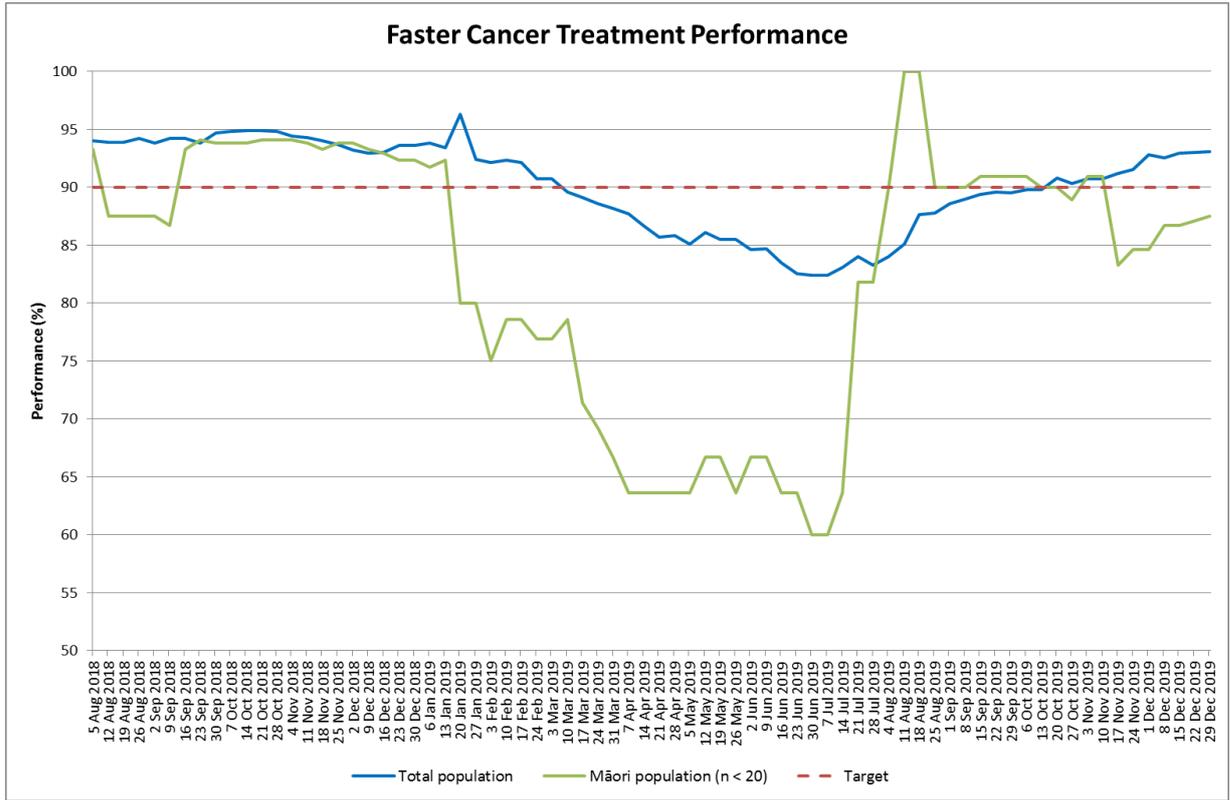
How to read	Performance indicators:		Trend indicators:	
	Achieved/ On track	Substantially Achieved but off target	Performance improved compared to previous month	Performance declined compared to previous month
Not Achieved but progress made	Not Achieved/ Off track	Performance was maintained		

Key notes

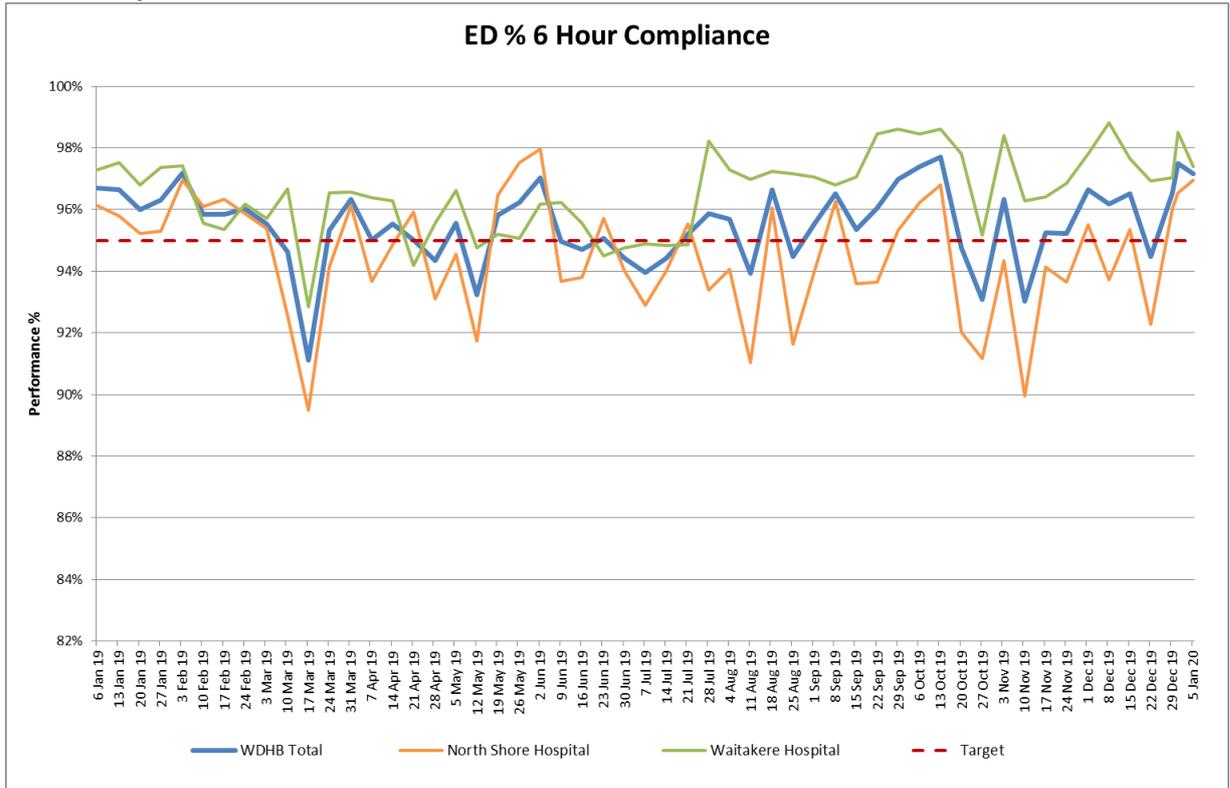
A question?

Health Targets

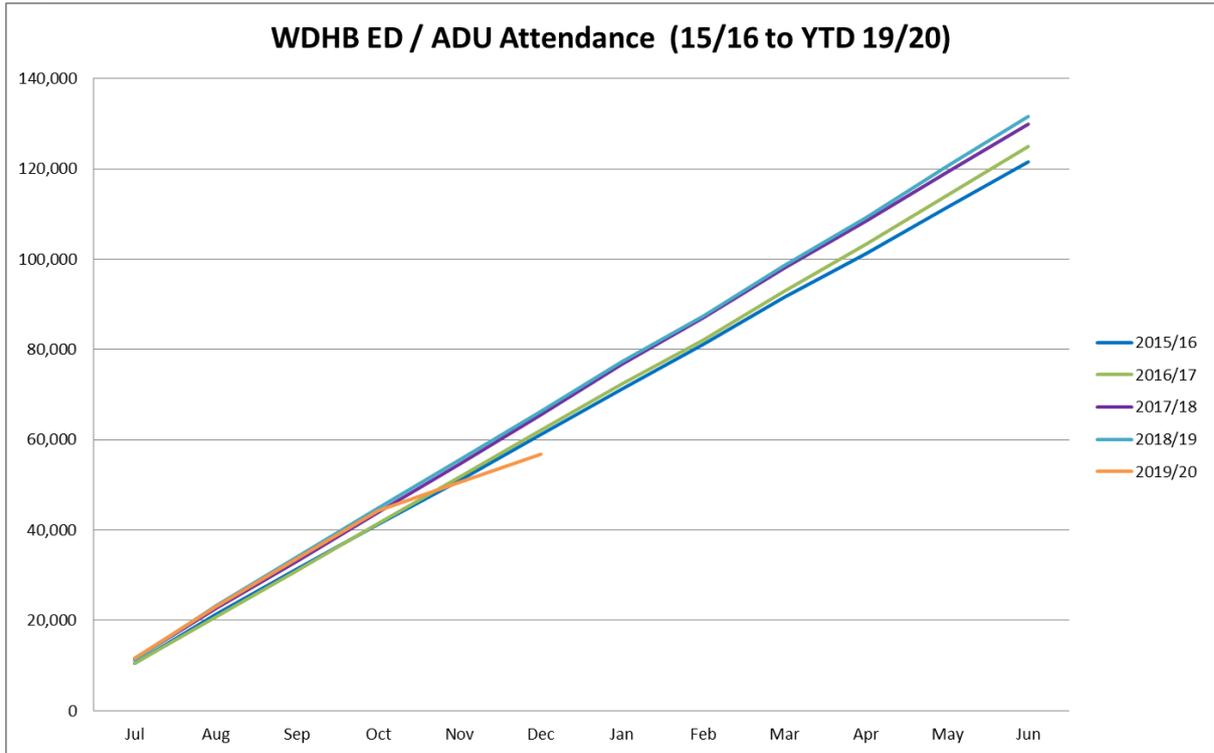
Faster Cancer Treatment



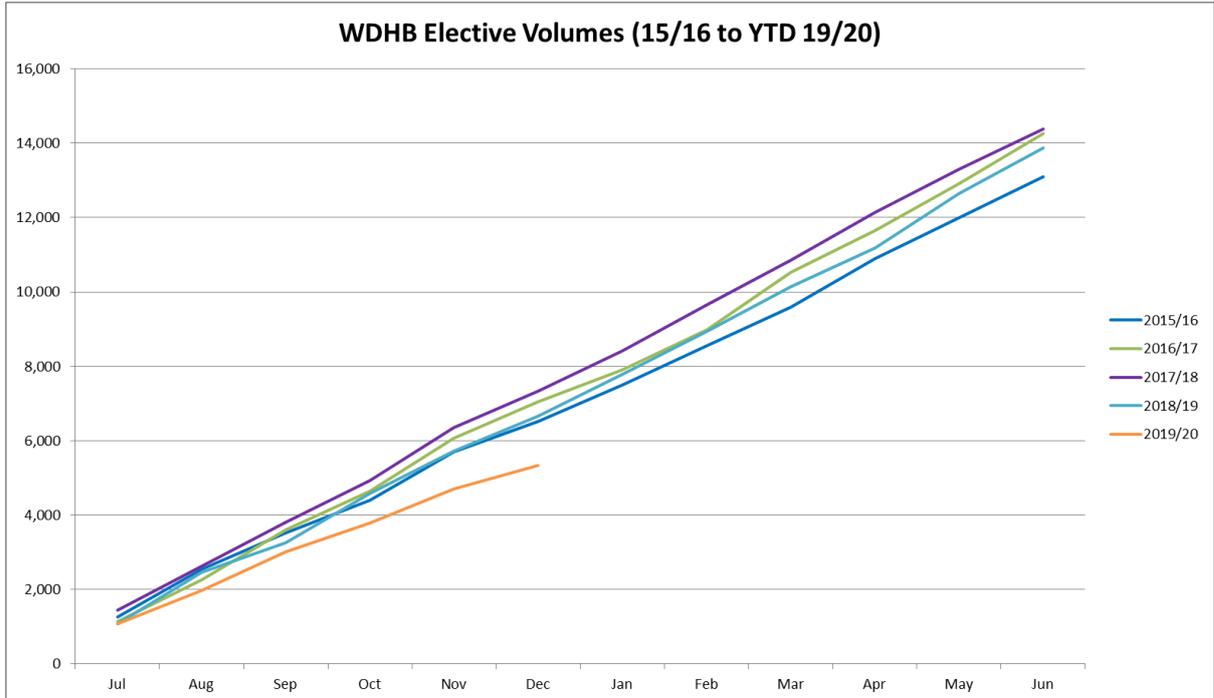
Shorter Stays in EDs



ED / ADU Presentations



Improved Access to Elective Surgery



Percentage Change ED and Elective Volumes

December 2019	Month Volumes	% Change (last year)	YTD Volumes	% Change (last year)
ED/ADU Volumes	11,514	7%	56,851	-14%
Elective Volumes	649	-31%	5344	-19.7%

Elective Performance Indicators

Zero patients waiting over 4 months

Summary (Dec 19)	
Speciality	Non Compliance %
ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	5.02%
ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.	9.82%

ESPI	Specialty	Compliant	Non Compliant	Non Compliant
ESPI 2	Anaesthesiology	96	-	0.00%
	Cardiology	1,231	-	0.00%
	Dermatology	251	-	0.00%
	Diabetes	144	1	0.69%
	Endocrinology	342	-	0.00%
	Gastro-Enterology	861	-	0.00%
	General Medicine	159	-	0.00%
	General Surgery	1,866	81	4.16%
	Gynaecology	948	2	0.21%
	Haematology	262	-	0.00%
	Infectious Diseases	63	-	0.00%
	Neurovascular	114	-	0.00%
	Orthopaedic	1,768	17	0.95%
	Otorhinolaryngology	1,050	492	31.91%
	Paediatric MED	1,052	36	3.31%
	Renal Medicine	292	-	0.00%
	Respiratory Medicine	657	-	0.00%
	Rheumatology	276	-	0.00%
	Urology	681	11	1.59%
	Total	12,113	640	5.02%
ESPI 5	Cardiology	141	-	0.00%
	General Surgery	1,696	20	1.17%
	Gynaecology	556	77	12.16%
	Orthopaedic	1,150	257	18.27%
	Otorhinolaryngology	458	50	9.84%
	Urology	405	76	15.80%
	Total	4,406	480	9.82%

90% of outpatient referrals acknowledged and processed within 10 days

ESPI 1 (December 19)	
Specialty	Compliance %
Anaesthesiology	100.00%
Cardiology	98.09%
Dermatology	98.64%
Diabetes	97.46%
Endocrinology	100.00%
Gastro-Enterology	99.68%
General Medicine	96.17%
General Surgery	95.89%
Gynaecology	97.14%
Haematology	97.19%
Infectious Diseases	98.68%
Neurovascular	100.00%
Orthopaedic	96.99%
Otorhinolaryngology	99.85%
Paediatric MED	98.13%
Renal Medicine	100.00%
Respiratory Medicine	99.38%
Rheumatology	100.00%
Urology	100.00%
Total	98.23%

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

Financial Performance

Waitematā DHB Statement of Financial Performance

Provider - December 2019							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	79,979	80,805	(826)	485,594	484,672	922	968,899
Other Income	1,534	2,036	(502)	12,776	12,617	159	40,209
Total Revenue	81,513	82,842	(1,329)	498,369	497,289	1,081	1,009,108
EXPENDITURE							
Personnel							
Medical	17,725	17,219	(506)	101,900	103,277	1,377	201,652
Nursing	23,515	22,296	(1,219)	137,566	134,071	(3,495)	275,119
Allied Health	11,051	10,625	(426)	63,508	63,669	161	128,764
Support	1,989	2,027	38	11,521	12,082	562	24,898
Management / Administration	6,548	6,186	(362)	38,487	37,312	(1,175)	74,560
Outsourced Personnel	1,872	1,107	(765)	10,830	7,465	(3,365)	14,586
	62,700	59,460	(3,240)	363,811	357,876	(5,935)	719,579
Other Expenditure							
Outsourced Services	5,553	4,986	(567)	30,568	31,351	783	62,530
Clinical Supplies	9,580	10,656	1,076	64,569	67,274	2,705	133,548
Infrastructure & Non-Clinical Supplies	9,020	8,151	(870)	58,566	48,680	(9,886)	93,450
	24,154	23,793	(361)	153,703	147,305	(6,398)	289,529
Total Expenditure	86,854	83,253	(3,601)	517,515	505,181	(12,333)	1,009,108
Cost Net of Other Revenue	(5,341)	(412)	(4,929)	(19,145)	(7,893)	(11,252)	0

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

Waitematā DHB Statement of Financial Performance

Provider - December 2019							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
CONTRIBUTION							
Surgical and Ambulatory	(12,658)	(11,827)	(831)	(69,925)	(68,431)	(1,494)	(139,369)
Acute and Emergency	(15,309)	(14,702)	(607)	(77,133)	(76,187)	(946)	(155,427)
Specialty Medicine and HOPS	(8,887)	(8,102)	(785)	(45,739)	(45,152)	(587)	(91,315)
Child Women and Family	(8,014)	(7,748)	(266)	(44,366)	(43,064)	(1,302)	(88,403)
Specialist Mental Health and Addiction	(12,399)	(12,636)	238	(64,332)	(65,067)	735	(134,071)
Elective Surgery Centre	(2,181)	(2,058)	(123)	(14,744)	(14,188)	(556)	(28,264)
Clinical Support	(2,646)	(2,499)	(147)	(16,357)	(15,599)	(758)	(31,865)
Diagnostics	(7,907)	(8,208)	301	(48,569)	(50,135)	1,566	(101,325)
Corporate and Provider Support	64,661	67,369	(2,708)	362,020	369,930	(7,910)	770,040
Net Surplus/Deficit	(5,341)	(412)	(4,929)	(19,145)	(7,893)	(11,252)	0

Comment on major variances by Provider Service

The overall result for Provider was \$4.929m unfavourable for December and \$11.252m unfavourable for the YTD.

Surgical and Ambulatory Services (YTD \$1.494m unfavourable to budget)

The unfavourable variance is driven by:

- Over-allocations in current RMO runs.
- High overtime rates in nursing.
- Locum costs in Anaesthesia and ORL due to SMO vacancies, the latter resulting in ORL volumes below plan.
- Theatre nurse bureau costs in the first 4 months of the financial year arising from high unplanned leave.
- Over delivery in outsourced Skin Lesions against the production plan.
- The above costs are partially offset by savings in implants and prostheses due to the under-delivery in Orthopaedic volumes which arose from theatre cancellations between July to October.

Acute and Emergency Medicine Services (YTD \$0.946m unfavourable to budget)

The unfavourable result is mainly due to high medical cover cost in ED and nursing cover cost for ED and ADU with high ED watch demands. The service has realised some savings driven by a skill mix benefit in Medicine personnel costs. The service anticipates financial pressures for the remaining months this year with the introduction of Home Based Ward in WTH from December 2019 and additional over-allocations for registrars and house officers.

The service has realised some financial benefit from medical staff skill mix in ED and has a number of savings initiatives including: flexing beds, a review of patient watches, and a review of nursing models of care.

Specialty Medicine and Health of Older Persons Services (YTD \$0.587m unfavourable to budget)

The unfavourable variance is driven increased clinical supply costs for medical aids and Mental Health Services Older Adults (MHSA) respite. This is partly offset by an increase in Non-Acute Rehab ACC revenue.

The service has a number of savings initiatives including a review of ACC events, and enhanced services for mobility aid managements.

Child, Women and Family Services (YTD \$1.302m unfavourable to budget)

The unfavourable variance is driven by:

- Previously high / now fluctuating admission rates across both Neonatal units. Neonatal units are tracking at 90% of CWD YTD December 2019. This measure, can at times, not fully represent the actual demand of the units due to the lengthy occupancy and timing of discharge. Actual cot numbers have been significantly higher this year compared with last year.
- Maternity services continue to be impacted by a national midwifery workforce shortage which, compounded by high demand for antenatal assessment and caesarean section services, has necessitated the interim reliance on high cost overtime from existing staff in order to cover maternity roster gaps. The service is focused on mitigations, including a retention payment for staff that agree to increase their base FTE and reduce over time (effective from February 2020), as well as a focus on attracting as many new graduates as possible in early 2020.
- Inpatient and community based services demand and price driven clinical supplies increases.
- One off redundancy payments due to the recent end of a service level agreement with the MoH.

The service continues to make good progress with its tactical savings initiatives with benefits being realised across the following - Obstetric and Anaesthetic on call accommodation, changes in Child

Rehabilitation contract costs with ADHB and changes in the provision of clinical supplies to families accessing Community Child Nursing services.

Specialist Mental Health and Addiction Services (YTD \$0.735m favourable to budget)

The favourable variance is driven by:

- Additional Intellectual Disabilities and Court Billing revenues.
- High medical and nursing vacancies only part covered by locum and bureau staff.

This is partly offset by:

- Overtime in Adult Services due to acute caseloads.
- Facilities repairs and maintenance costs.

Nursing vacancies are being supported by additional Healthcare Assistants and Social Workers, in addition to reliance on overtime from the current team. Recruitment has been successful but partially offset by additional turnover.

Elective Surgery Centre (YTD \$0.556m unfavourable to budget)

The unfavourable variance is driven by:

- Higher than planned number of day cases impacting on nursing costs.
- Change in casemix resulting in higher than budgeted laparoscopic consumables partially offset by lower treatment disposables and prostheses costs.
- Prior-year package of care costs.

Clinical Support Services (YTD \$0.758m unfavourable to budget)

The unfavourable variance is driven by:

- Increased equipment and bed repairs in Clinical Engineering.
- Traffic management costs have also increased due to recent changes in available spaces and shuttles from North Shore Event Centre.

Diagnostics Services (YTD \$1.566m favourable to budget)

The favourable variance is driven by:

- Receipt of inpatient and outpatient drug costs and additional rebates.

Corporate and Provider Arm Support Services (YTD \$7.923m unfavourable to budget)

The unfavourable variance is driven by:

- Delayed realisation of financial savings obligations (phased straight line).
- Adjustment to planned care revenue based on current under delivery of YTD volumes.

Offsets to the shortfall in savings obligations include:

- Capital charge adjustment on Holiday Pay provision.
- Interim savings pending commitments for new initiatives
- Release of residual provisions for settled MECA

4.1 Clinical Leaders' Report

Recommendation:

That the report be received.

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

Quality and Risk

In December 2019, Waitematā District Health Board (DHB) underwent an audit against the 'Health and Disability Services Standards of a Health and Disability Service Provider'. The audit, in order to maintain certification as a service provider, was conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

The certification audit included site visits to North Shore Hospital, Waitakere Hospital, Wilson Centre, Mason Clinic, Elective Surgery Centre and He Puna Waiora. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the on-site visit. As part of the audit, thirteen individual patient tracers and three systems tracers were undertaken.

The auditors noted that Waitematā DHB continues to prioritise quality improvements to service provision in an environment of increasing demand. The values of the organisation are embedded and clinical leadership and engagement was demonstrated. Consumer and community engagement is a priority and patients interviewed were positive about the care and treatment they received.

The final audit report has now been submitted to HealthCERT (Ministry of Health) for review and approval. The result and certification period, will be available publically within the next couple of months.

Prevocational medical education (December 2019)

Prevocational Educational Supervisor (PES)

Dr Heather Gardner will be stepping back from her role as PES by the end of February 2020. Recruitment is underway for her successor, with good interest in the role.

Medical Council New Zealand (MCNZ) requires that each prevocational intern has an allocated educational supervisor. Each supervisor should have 0.1FTE to supervise up to 10 interns. We currently have 12 supervisors, including the Director of Clinical Training (DCT).

We have 59 PGY1s and 56 PGY2s and 20 international medical graduates. At present, the DCT supervises those house officers who are above the numbers that can be allocated to the other supervisors. A business case has been submitted for additional 0.2FTE PES.

Community Based Attachments (CBAs)

MCNZ has mandated that by 2020 all Interns must complete a CBA over the course of their two prevocational training years. The Council's expectation is that all interns beginning PGY2 in November 2020 will have completed a CBA by the end of their training year.

In order to fulfil this requirement, Waitematā DHB requires 15 Community Based Attachments (CBAs). We currently have eight CBAs and a business case has been submitted for an additional 7FTE, although, we hope to be able to reduce this with some co-funded placements.

Quarter Four run feedback (August – November 2019)

The quarterly feedback results are collected by the Northern Regional Alliance (NRA). Results for Quarter Four have now been published and the highlights are as follows:

Q4 RMO run feedback highlights	
Response rate for Waitematā DHB	24.3%
Scores out of 5	
Overall satisfaction	3.8
Level of support from supervisors	4.2
Orientation and teaching	3.6
Management and admin support	3.5
Clinical workload	2.5
Positive feedback themes	
Opportunity to get involved and take more responsibility	
Learning opportunities	
Collegial support and staffing levels	
Good MDT work	
Enjoyed the eSystems and technological advances	
Negative feedback themes	
Service orientation lacking	
Rostering problems - covering leave as a reliever without being paid reliever rates / unplanned cross cover	
Missed off the PGY2 teaching invitation group list	
COWs power running low during ward rounds	
Difficult getting leave	
Work loads / reduced learning and feedback / staff working relationships suffer	

PGY1 & PGY2 teaching – Early December teaching sessions ran well, there was limited teaching over the Christmas and New Year period.

Medical registrar orientation – A business case has been submitted for 0.4FTE permanent orientation co-ordinator for General Medicine and the medical sub specialties. December orientation went well but the feedback was strongly in favour of a more protracted offering, in particular clinical skills training for paracentesis, lumbar punctures and use of ultra-sound.

MCNZ accreditation

Having offered an extension of the prevocational training accreditation, contingent on meeting the CBA mandate, MCNZ have since signalled that they will grant the extension without pursuing the CBA caveat.

General Medicine registrar orientation

A business case has been submitted for a permanent 0.4FTE to maintain the registrar orientation. A scaled back version of the orientation will be offered at the December changeover as there is limited capacity in Medical Education Training Unit (METU) to support the medical services with on-boarding.

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

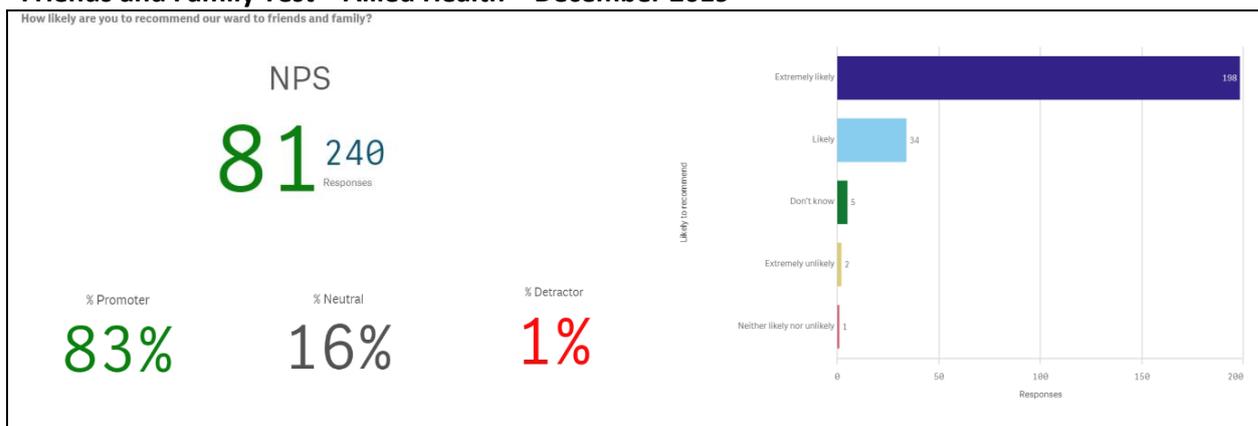
Appointment Associate Director Allied Health Scientific and Technical Professions – Fixed Term Secondment

We are pleased to announce the appointment of Sharon Russell to the role of Associate Director of Allied Health Scientific and Technical Professions, from 3 February 2020 until 3 July 2020 for the duration of Tamzin Brott's secondment to the Chief Allied Health Professions Officer role at the Ministry of Health.

Sharon joined Waitematā DHB in 2009 and has clinical and leadership experience across a wide range of the DHB's inpatient services including Assessment, Treatment and Rehabilitation (AT&R), Medical and Surgical rotations, Orthopaedics, the Elective Surgical Centre, Emergency Care and our Assessment and Diagnostic Unit (ADU) at North Shore Hospital.

For the past three years, Sharon has held the role of Professional and Clinical Leader Physiotherapy across Waitematā DHB. In that time Sharon has worked collaboratively with regional and national peers on initiatives to improve patient outcomes and staff experience across the Allied Health group including the #EndPJparalysis campaign. Sharon is passionate about patient centric care and the use of new technology in how we deliver care and make care more accessible. We welcome Sharon to the role.

Friends and Family Test – Allied Health – December 2019



A selection of comments received in December 2019 include:

- *“Service and Promptness was perfect - could not ask for better - other departments could learn a lot!!!Because of the ability to get me going with the exercises. Everyone is so easy to get with and professional.”*
- *“Very helpful and encouraging. Good to know doing exercises right.”*
- *“Excellent service. Good professional information and very easy manner.”*
- *“Friendly motivated staff who encouraged and helped me all the way.”*
- *“I am very pleased with physio treatment and will continue to do my exercises at home. Thank you.”*
- *“They know what they are doing and very friendly.”*
- *“I liked the way my son was treated.”*

- *“The respect shown to my mother was excellent and very friendly.”*
- *“Excellent care and service and understanding”*

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.

We continue to connect undergraduate students who identify as Māori and Pasifika to the Waitematā DHB scholarship programme and the cultural and peer support offered throughout their undergraduate programme and beyond as new graduates. Current Māori and Pasifika staff across those priority professions and staff required to reflect the working population as at November 2019 are:

MALT PRIORITY AH PROFESSIONS Nov 2019	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
Oral Health Therapist	16	9.94%	15	0	4	-4
Dietitian	3	6.25%	4	1	1	-2
Occupational Therapist	7	4.49%	14	7	3	-1
Physiotherapist	6	5.56%	10	4	2	-2
Total AH Priority Professions	32	6.77%	43	11	10	-9

PALT PRIORITY AH PROFESSIONS Nov 2019	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
Oral Health Therapist	14	8.70%	12	0	3	-2
Dietitian	0	0.00%	4	4	0	0
Occupational Therapist	3	1.92%	11	8	2	0
Physiotherapist	4	3.70%	8	4	0	0
Total AH Priority Professions	21	4.44%	35	14	5	-2

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 reason’ and ‘leaving to go to another job in public health’. On-going work is being undertaken to more fully 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.

Allied Health Service (Adult Physical Health) – preparing for the future

A review of the adult physical health allied health group has been completed with a new structure confirmed and implemented to support the ongoing growth of the organisation into the future.

Background

Adult Allied Health services have, over time, undergone changes in structure with significant revisions occurring in both 2010 and 2013. By 2018, it was increasingly clear that the Allied Health structure was not best placed to support continued changes in demand and future planned services.

Key challenges were identified as:

- Alignment of team clusters to clinical workload and patient pathways
- Distribution of FTE across teams to match service demand – particularly across inpatient and community services
- Clinical leadership for all disciplines across each team
- Distribution of discipline specific senior roles across teams to meet clinical demand
- Geographical split of teams with alignment to patient pathways
- Leadership support for more remote teams such as Rodney
- Access to administrative support for all teams
- Team structures that enable flexibility in staff movement to meet clinical need
- Support in teams to increase Team Leaders capacity to drive change and quality improvement.

Consultation

In July 2018, a period of consultation was commenced to determine the most appropriate structure for Allied Health services now and into the immediate future within existing budget and FTE cap. The consultation process, including workshops, attracted extensive engagement and feedback from staff. In May 2019, following two rounds of consultation, the final structure for Allied Health services was released. The final structure has the following aspects:

- Establishment of new roles Team Manager (4) and Clinical Leader (13) for each discipline within each team
- Formation of four multidisciplinary teams aligned to workload and patient pathways led by Team Managers
- Formation of single community team across the district, to support flexibility to geographical need
- Introduction of Clinical Leadership into all teams (discipline specific Clinical Leader roles)
- Increased career pathways for clinicians with formation of Clinical Leader roles
- More clearly aligned support for teams from administration/Therapy Assistants

Outcome

By the end of 2019, all staff had transitioned to the new team structure with all but one of the newly established roles being filled. Final recruitment of the remaining Team Manager role is expected to be completed by the end of February 2020. Through the early part of 2020, both team and service wide plans will be developed to ensure that we are on- track to achieving the benefits from this change in structure.

Connected and Better, Best, Brilliant

Allied Health Scientific and Technical (AHST) New Graduate/Trainee Programme

Having completed two years of the Allied Health Scientific and Technical New Graduate/Trainee Programme, we are now settling into a consolidated programme for 2020, with content and structure based on feedback from new graduates involved in the inaugural pilot programme in 2018, and the follow up revised programme last year, 2019.

At the writing of this report, the 2020 programme had 47 new graduates registered from nine professions, including 26 Oral Health Therapists from the Auckland Regional Dental Service.

Discipline	Numbers to date
Dietitian	5
Medical Laboratory Scientist	1
Oral Health Therapist	26
Occupational Therapy	2
Pharmacy Intern	2
Physiotherapist	6
Provisional Cardiac Physiologists	2
Speech Language Therapy	2
Social Work	1
Total	47

The aim of the new graduate/trainee programme is to provide tool box of skills to enable a successful transition from student to clinician or successful trainee, and assist our new graduates/trainees to become confident and valued members of the Allied Health Scientific and Technical (AHST) service. The programme aims to build capabilities for effective inter-professional collaboration and increase connections by learning with and from AHST colleagues from across the organisation, essentially building a peer support network within and outside professions.

Programme Objectives include:

1. Delivery of a semi structured, supportive first year of practice for new graduates/trainees entering the workforce
2. Facilitate the transition from student to professional
3. Build capabilities for effective inter-professional collaboration
4. Provide opportunities to become confident members of the AHST service
5. To utilise a framework of critical thinking and reflective models of practice in a group environment
6. To consolidate Waitematā DHB values and behaviours

These objectives are achieved via a series of sessions with subject matter expert guest speakers followed by semi facilitated sessions, with topics selected by the group focusing on the 'on top' issues for them as they translate learning and knowledge into practise. Sessions include:

Session Number	Module Topic
Session 1	<p>Welcome from leaders and managers - An opportunity to meet key leaders within the DHB</p> <p>Inter-professional practice – This module will support the understanding of your own role and those in other disciplines to provide effective collaborative practice using case studies</p> <p>Patient and family experience – This module will support your understanding of patient and family centred practice, your ability to engage with the interests and values of patients and to place them at the centre of your interventions. It is also an opportunity to hear a direct lived experience from a Waitematā DHB patient</p>
Session 2	<p>A full session facilitated by Sue Christie (Workforce Development Consultant) covering:</p> <ul style="list-style-type: none"> • Values in Action • Effective conversations and communication strategies • Being an effective team member • Leadership. <p>This module will increase your understanding of communication skills including having challenging conversations and giving and receiving feedback. It will focus on the principles of team dynamics, group processes and individual styles to support effective inter-professional practice. It is an opportunity to reflect, develop and understand your own leadership capabilities and assist you in applying these within your role.</p>
Session 3	<p>Culturally safe practice in Aotearoa – Three modules delivered by</p> <ul style="list-style-type: none"> • He Kamaka Waiora (Maori Health) • Tautai Fakataha (Pacific Health) • Asian Health. <p>These modules will focus on cultural awareness, knowledge, sensitivity and our own values and beliefs within the health setting</p>
Session 4	<p>‘Creating Healthy Workplaces/Self-care wellbeing - (details to be confirmed)’</p> <p>Setting topics for Sessions 5-7</p>
Sessions 5-7	<p>Facilitated new graduate led sessions - These are facilitated group sessions where topics are set and agreed by participants at the beginning of each session.</p> <p>The sessions provide opportunities to connect with each other, raise contemporary issues and concerns relevant to you, and to explore experiences and solutions in a shared learning environment.</p>
END OF YEAR CELEBRATION	CELEBRATION

We look forward to meeting our new graduates and trainees at the end of February 2020 as they commence the programme.

With Compassion

Workshop with New Zealand AIDS Foundation - Living with HIV and challenging HIV stigma

Following World AIDS day on 1 December 2019 we held a workshop (which was open to all DHBs via Zoom) on 13 January 2020 with the New Zealand AIDS Foundation that aimed to raise awareness of

HIV and AIDS in Aotearoa New Zealand, understanding the lived experience of living with HIV and challenging the stigma of HIV.

Stigma and discrimination around HIV/AIDS is often directed towards key affected populations such as men who have sex with men, people who inject drugs and sex workers. Those living with HIV/AIDS are marginalised by the associated stigma and it is reported that one in eight (1 in 8) people, living with HIV worldwide, are denied appropriate access to health services as a direct consequence of discrimination. As a result, suicide rates amongst individuals diagnosed with HIV is disproportionately high.

As healthcare professionals, there is a responsibility to be up to date with current information in order to dispel myths regarding HIV and how it is passed on, risk of transfer, and working with people who are living with HIV.

Attendance at the workshop, which was held in the Whenua Pupuke auditorium, was opened up to all Waitematā DHB staff and other DHBs via zoom. As a result, alongside the full auditorium, there were eight additional sites who took part in the workshop, including participants from Wellington, Nelson and Hamilton.



(L-R) Jacek Kolodziej -Scientific Officer New Zealand AIDS Foundation, Kurt – Positive Speaker, Positive Speakers Bureau,

Rodrigo Olin – Senior Projects Officer Community Engagement New Zealand AIDS Foundation

Wendy Jessup – Team Manager Acute Allied Health Inpatients, North Shore Hospital, Waitematā District Health Board

Fantastic feedback was received from those who took part and it is planned to conduct the workshop again during 2020.

Nursing; and Emergency Planning Systems

Prepared by Jocelyn Peach, Director of Nursing and Emergency Systems Planner
 Nurses, Midwives and Health Care Assistants account for 43% of the total DHB workforce.

Quality, Safety and Practice Development

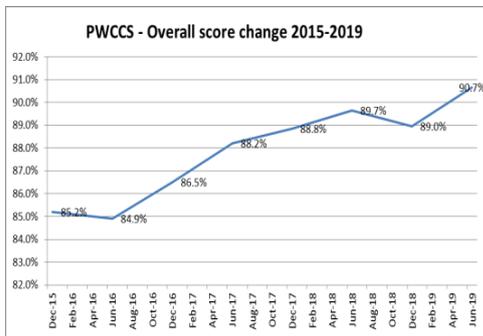
Quality, Safety and Practice Development

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

The nurse leaders in each division are prioritising the quality, safety and practice development programme for their Division in 2020. This includes priorities arising from the recent audits.



In 2019, the 43 wards reviewed as part of the **Patient and Whanau Centered Care Standards programme** has showed continued gradual improvement. The programme has been underway since 2015.



	Improvement	2015	2019
Communication	5.7	87.4	93.1%
Clinical Monitoring and Management	1	78	79.0%
Care Environment	9.7	83.2	92.9%
Comfort and Pain Management	1.1	90.3	91.4%
Respect, Privacy and Dignity	6.7	90.9	97.6%
Nutrition and Hydration	12.8	80.9	93.7%
Safety and Prevention	5.9	83.8	89.7%
Personal Care	1.5	87.4	88.9%
Self Care	4.9	84.6	89.5%
Overall Score	5.5	85.2	90.7%



Pressure Injury Prevention Management [PIPM]

There has been improvement over the past 12 months

Measures for Pressure Injuries	2016	2017	2018	2019	Analysis
Number of patients with <u>reported confirmed</u> pressure injuries (Incident Reporting System – Risk MonitorPRO)	384	563	549	413	↓ 25% decrease in reported confirmed pressure injuries sustained in 2019 compared to 2018
Number of <u>confirmed</u> pressure injuries per 1,000 Bed Days	1.1	1.6	1.5	1.1	↓ 27% reduction in the rate of pressure injuries sustained in 2019 compared to 2018
Number of <u>reported confirmed</u> Stage 3, 4 or unstageable pressure injuries (Incident Reporting System – Risk MonitorPRO)	23	20	29	7	↓ 76% decrease in the number and rate of Stage 3, 4 and unstageable pressure injuries sustained in 2019 compared to 2018
Number of <u>confirmed</u> Stage 3, 4 or unstageable pressure injuries per 1,000 Bed days	0.06	0.06	0.08	0.02	



The national **Care Capacity Demand Management [CCDM] programme** has progressed according to the approved timetable, with three business cases now ready to be submitted through the DHB management assessment process. Other areas are still working through quality data entry and analysis process and will be completed in 2020. All other requirements of core dataset, variance response management [VRM] are in place and used each shift.

Workforce Planning & 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

New Graduate nurses will commence their 2020 programme on 10 February 2020. Eighty seven (87) nurses have been recruited for this intake (57 of which are General Medical, Surgical and Child Health; 13 General Practice and Aged Care; 17 Mental Health). There are two potential further intakes in 2020, one in May and another in September.

Waitematā DHB has provided the graduate programme since 2001, with increasing numbers recruited annually. The programme supports nurses in medical, surgical and child health settings; aged residential care and primary health care; mental health; and midwifery. New graduates are supported by experienced educators and preceptors.

- Senior nurses and midwives are working on Waitematā DHB’s workforce planning and development strategies, including focus on recruitment, selection, orientation, development, retention and succession planning for current staffing and for the new Elective Capacity Inpatient Building (ECIB). The work includes consultation with Schools of Nursing in the region regarding access to quality clinical placements.
- Waitematā DHB is working with the Lead Directors of Nursing groups to address supply and demand of nurses for current and future workforce.
- Learning frameworks for front-line nurses and midwives are in place for 2020 across all specialities to ensure that staff are competent and safe in their practice. Over 450 learning sessions are offered across the year by service nurse educators. Two hundred and four (204) nurses have been provided with funding for post graduate study in 2020, corresponding to 61% of the 335 applications received, while the further 131 are on the waitlist].

- Intakes are scheduled in 2020 for health care assistant and nurse recruitment. This includes those who are new to health, Māori and Pacific-focused and support to complete a Level 3 New Zealand Qualifications Authority (NZQA) national certificate.

Professional Relationships & 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: vitals e-notes, infusion
- Innovation projects
- Clinical Awards



There is an international awareness campaign in 2020 to acknowledge and highlight Nurse and Midwife contribution. The Chief Nurse has signed New Zealand up to participate. Each employer and professional group has been challenged to develop a programme for the year to profile contribution of the professions and individuals to the health of communities. The senior nurse and midwives in this DHB are finalising initiatives that will engage with others in the DHB and also with community and the wider district. These ideas are being tested with staff to ensure their perception of value.

Emergency Systems Planning

A new team (1.8 FTE) is being recruited to achieve the extensive work programme in the provider services. This includes re-fresh/training of the first response team, incident management team and general update; specific exercise/testing for wardens and key high risk departments.

A contractor has been recruited to assist with the specific business continuity plan review needed to manage the capital building programme.

4.2 Quality Report – November and December 2019

Recommendation:

That the report be received.

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

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	KPI	Key Performance Indicator
AMS	Antimicrobial Stewardship	LOS	Length of Stay
CAUTI	Catheter Associated Urinary Tract Infection	MACE	Major Adverse Cardiac Events
CDI (C.diff)	<i>Clostridium difficile (C.difficile) infection</i>	MALT	Māori Alliance Leadership Team
CGB	Clinical Governance Board	MRSA	Methicillin Resistant Staphlococcus aureus
CLAB	Central Line Associated Bacteraemia	MRO	Micro Resistant Organism
CCOT	Critical Care Outreach Team	MSU	Mid-Stream urine
CeDSS	Clinical e-Decision Support	N/A	Not Applicable
CPP	Chronic Pelvic Pain	NPS	Net Promoter Score
ESC	Elective Surgery Centre	PACE	Pathway for Acute Care of the Elderly
ePA	Electronic Prescribing and Administration	PDP	Patient Deterioration Programme
eMR	E-Medicine Reconciliation	PERSy	Patient Experience Reporting System
ED	Emergency Department	PICC	Peripherally Inserted Central Catheter
EDARS	Early Discharge and Rehabilitation Services	PROM	Patient Reported Outcome Measure
ELT	Executive Leadership Team	PWCCS	Patient Whānau Centre Care Standards
ETT	Exercise Tolerance Test	QI	Quality Improvement
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
IT	Information Technology		
IVL	Intravenous luer		

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 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)
Q4 2019 (Oct-Dec 19)	31 March 2020
Q1 2020 (Jan-Mar 20)	30 June 2020
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	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Last Quarter Change
Falls		% older patients assessed for falls risk	90%	97%	96%	95%	98%	96%	98%	97%	98%	99%	↑
		% older patients assessed as significant risk of falling with an individualised care plan	90%	95%	95%	98%	97%	96%	94%	99%	99%	98%	↓
Health Care Associated Infections	Hand Hygiene (HH)	% of compliant HH moments	80%	85%	89%	90%	89%	89%	89%	90%	89%	88%	↓
	CLAB	% occasions insertion bundle used in ICU	90%	100%	99%	99%	98%	100%	99%	100%	100%	100%	↔
		% occasions maintenance bundle used in ICU (<i>not currently an HQSC Target</i>)	90%	96%	95%	91%	96%	97%	92%	96%	97%	99%	↑

Quality Safety Markers (QSM)			Target	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Last Quarter Change	
Surgical Site Infections		Surgical Site Infections rate per 100 procedures [target has not been set by HQSC. <i>National Q4 2018 rate = 1.0 infection per 100 procedures</i>]	HQSC has not defined a target	0.7	0.9	0.7	0.0	0.0	1.5	0.4	TBA	TBA	↓	
		<i>Cumulative rate 1.0 (From Jul 13)</i>												
		100% primary hip and knee replacements antibiotic given 0 -60 minutes before 'knife to skin' [first incision]	100%	96%	98%	95%	97%	97%	97%	97%	98%	<i>HQSC SSI data lags by two quarters</i>		↑
		95% primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more	90%	97%	96%	97%	99%	98%	97%	98%			↑	
		100% of primary hip and knee replacements will have alcohol based skin preparation	100%	98%	94%	100%	98%	100%	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%	100%	99%	Not provided by HQSC		↓				
Medication Safety	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	<i>Orion working nationally on version of SQL script for testing/validation</i>								-		
		% of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic reconciliation was undertaken within 24hrs [of admission]	TBD	<i>Orion working nationally on version of SQL script for testing/validation</i>								-		
		% 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	<i>Orion working nationally on version of SQL script for testing/validation</i>								-		
	Opioids	% of patients with a documented sedation score	TBD	<i>Until HQSC completes Privacy Impact Assessment for Waitematā DHB data, we will provide aggregated data only</i>						84%	85%	85%	86%	↑
		% of patients with documented bowel function monitored	TBD							3.0%	3.3%	4.0%	3.0%	↓
		% of patient with uncontrolled pain	TBD							84%	11%	0.0%	0.0%	↔

Quality Safety Markers (QSM)			Target	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Last Quarter Change
		% of patients with documented opioid related adverse events	TBD	HQSC Data provided from Q3 2019							0.49%	TBA	-
Patient Deterioration		% of eligible wards using the NZ Early Warning System (EWS)	TBD							100%	100%	100%	↔
		% of audited patients with an EWS score calculated correctly for the most recent set of vital sign	TBD							100%	100%	TBA	↔
		% 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%	TBA	↑
		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%	TBA	↑	
		Rate of rapid response escalations per 1000 admissions (NMDS) HQSC Provide	TBD								19%	TBA	-

Pressure Injuries	% of patients audited for pressure injury risk who received a score (NMDS)	90%	Reporting commenced Q3 2018	88%	86%	85%	86%	87%	89%	↑
	% of patients with the correct pressure injury care plan implemented	90%		71%	62%	68%	68%	68%	65%	↓
	% of patients audited with a hospital acquired pressure injury	TBD		1.6%	2.4%	0.6%	1.2%	1.0%	0.6%	↓
	% of patients audited with non-hospital acquired pressure injury	TBD				2.1%	1.6%	2.2%	1.4%	↓

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 ↓
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Quality Safety Markers		Target		Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Last Quarter Change
Peri-Operative Care	Uptake: % of audits where all components were reviewed	100%	Sign In	100%	98%	98%	98%	100%	100%	98%	100%		98%	↓
			Time Out	100%	100%	97%	100%	98%	98%	100%	100%		100%	↔
			Sign Out	100%	92%	100%	98%	98%	100%	98%	98%		100%	↑
	Engagement: % of audits with engagement scores of five or higher	95%	Sign In	94%	84%	93%	85%	96%	88%	89%			TBA	↔
			Time Out	84%	89%	90%	92%	94%	94%	100%	98%		TBA	↓
			Sign Out	83%	94%	95%	95%	100%	92%	98%			TBA	↔
	Observations: number of observational audits carried out for each part of the surgical checklist (minimum of 50 observations per quarter)	≥ 50	Sign In	51	57	56	56	52	51	57	48	49	65	↑
			Time Out	56	54	64	61	51	53	53	52	45	64	↑
			Sign Out	52	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

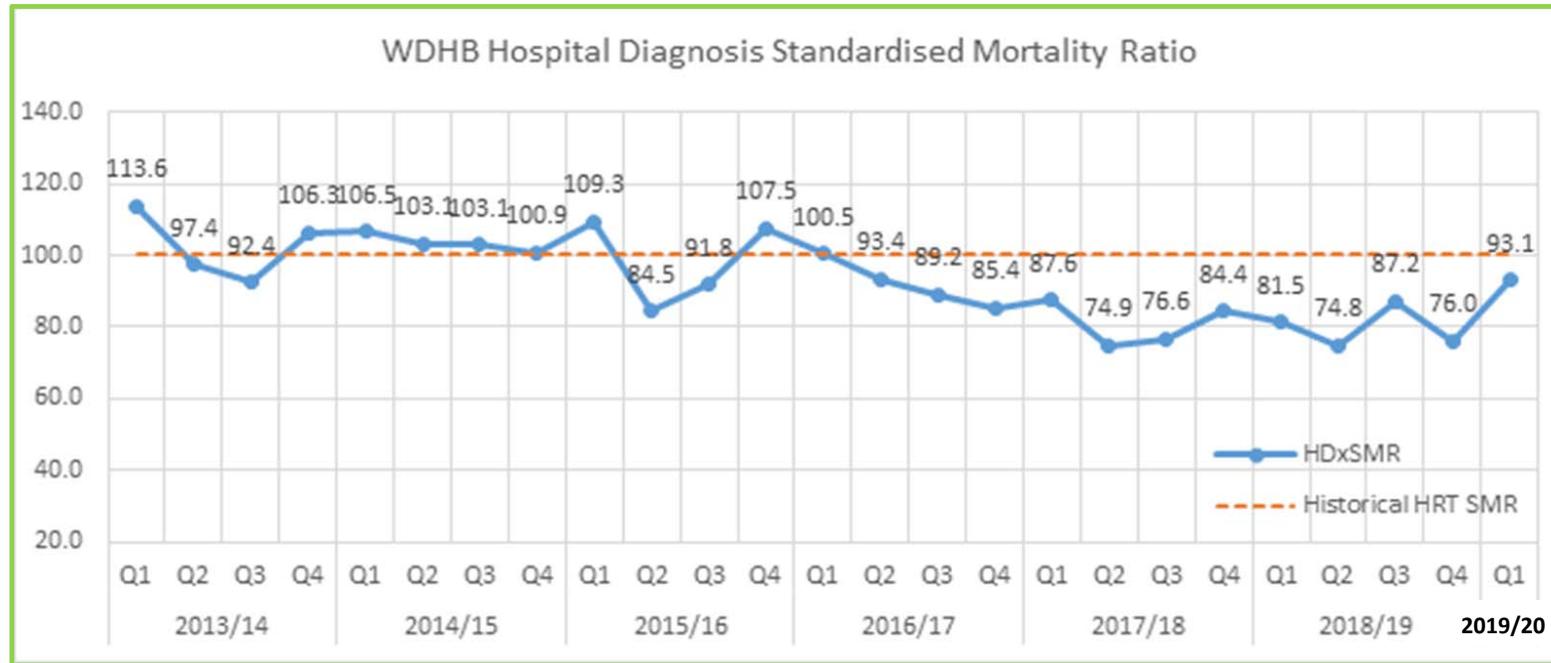
Quarterly HDxSMRs

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).

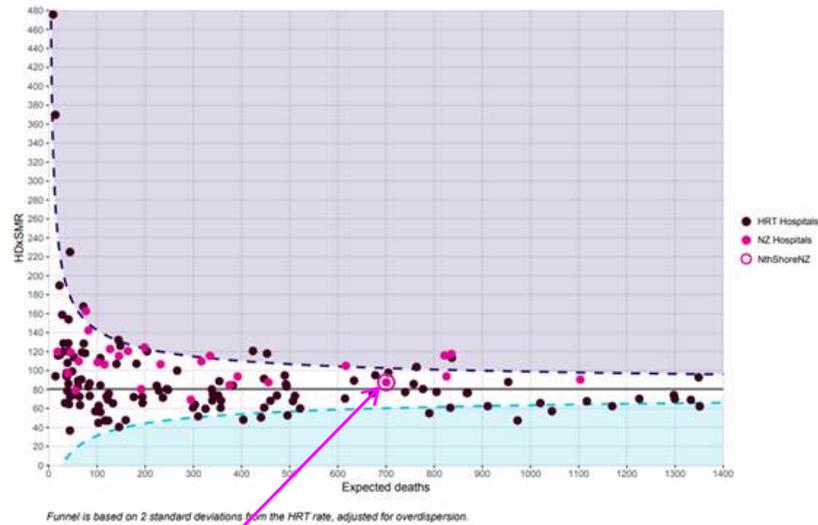
Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)

Waitematā DHB's HDxSMR (combined NSH + WTH) Q1 FY2019/2020 = 93.1



12 month Data - HDxSMR Oct 2018 – Sep 2019:

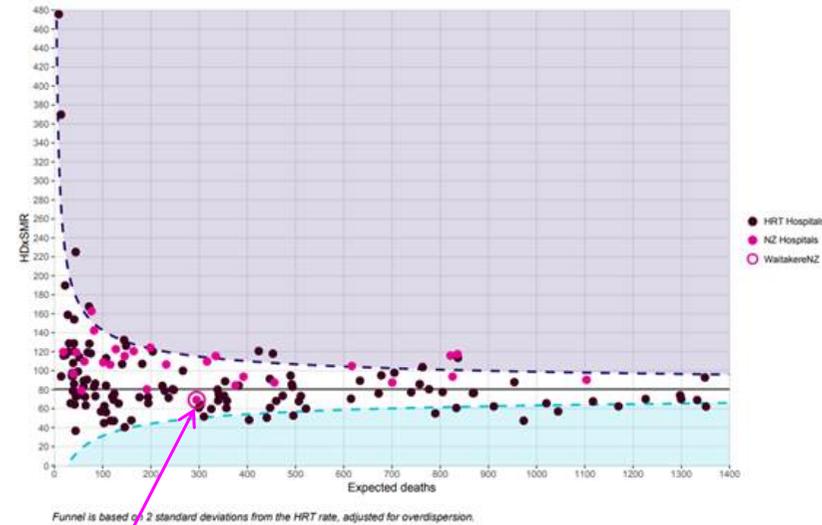
Funnel plot of HRT HDxSMRs compared to the combined HRT HDxSMR
Oct 2018 - Sep 2019



North Shore Hospital

HDxSMR	
(12 months: Oct 2018 -Sep 2019)	88
Episodes	68,978
Deaths	613
Expected Deaths	700.3
Combined HRT HDxSMR for Oct 18-Sep 19	80
NZ HDxSMR for Oct 18-Sep 19	101
Network HDxSMR	82

Funnel plot of HRT HDxSMRs compared to the combined HRT HDxSMR
Oct 2018 - Sep 2019



Waitakere Hospital

HDxSMR	
(12 months: Oct 2018 -Sep 2019)	69
Episodes	34,214
Deaths	204
Expected Deaths	294.7
Combined HRT HDxSMR for Oct 18-Sep 19	80
NZ HDxSMR for Oct 18-Sep 19	101
Network HDxSMR	82

3.1 Hospital Acquired Blood Stream Infections (HABSI)

Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends																																			
0	Total # of infections	8 (Oct)	6 (Nov)	9 (Dec)	<p>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.</p> <p>Hospital Acquired Blood Stream Infections (HABSI per 1,000 Beds Days) Dec 2017 - Dec 2019</p>																																			
0.00	# of infections per 1,000 occupied bed days	0.36 (Oct)	0.26 (Nov)	0.42 (Dec)																																				
<p>• Mean rates of HABSI/1,000 occupied bed days</p> <table border="1"> <thead> <tr> <th></th> <th>Rate</th> <th>N=</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>0.35</td> <td>89</td> </tr> <tr> <td>2017</td> <td>0.25</td> <td>67</td> </tr> <tr> <td>2018</td> <td>0.26</td> <td>70</td> </tr> <tr> <td>2019</td> <td>0.26</td> <td>71</td> </tr> </tbody> </table>							Rate	N=	2016	0.35	89	2017	0.25	67	2018	0.26	70	2019	0.26	71																				
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<p>• HABSI Source</p> <table border="1"> <thead> <tr> <th>Source</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> </tr> </thead> <tbody> <tr> <td>Vascular Device</td> <td>14 (3 CLAB, 11 IV)</td> <td>9 (5 CLAB, 4 IVL)</td> <td>18 (7 CLAB, 11 IVL)</td> <td>12 (3 CLAB, 9 IVL)</td> </tr> <tr> <td>CAUTI</td> <td>5</td> <td>15</td> <td>8</td> <td>5</td> </tr> <tr> <td>Post procedure/surgery</td> <td>25</td> <td>14</td> <td>8</td> <td>10</td> </tr> <tr> <td>Other (mostly non-IDC related UTI)</td> <td>31</td> <td>16</td> <td>25</td> <td>31</td> </tr> <tr> <td>Unknown</td> <td>14</td> <td>13</td> <td>11</td> <td>13</td> </tr> <tr> <td>TOTAL</td> <td>89</td> <td>67</td> <td>70</td> <td>71</td> </tr> </tbody> </table>						Source	2016	2017	2018	2019	Vascular Device	14 (3 CLAB, 11 IV)	9 (5 CLAB, 4 IVL)	18 (7 CLAB, 11 IVL)	12 (3 CLAB, 9 IVL)	CAUTI	5	15	8	5	Post procedure/surgery	25	14	8	10	Other (mostly non-IDC related UTI)	31	16	25	31	Unknown	14	13	11	13	TOTAL	89	67	70	71
Source	2016	2017	2018	2019																																				
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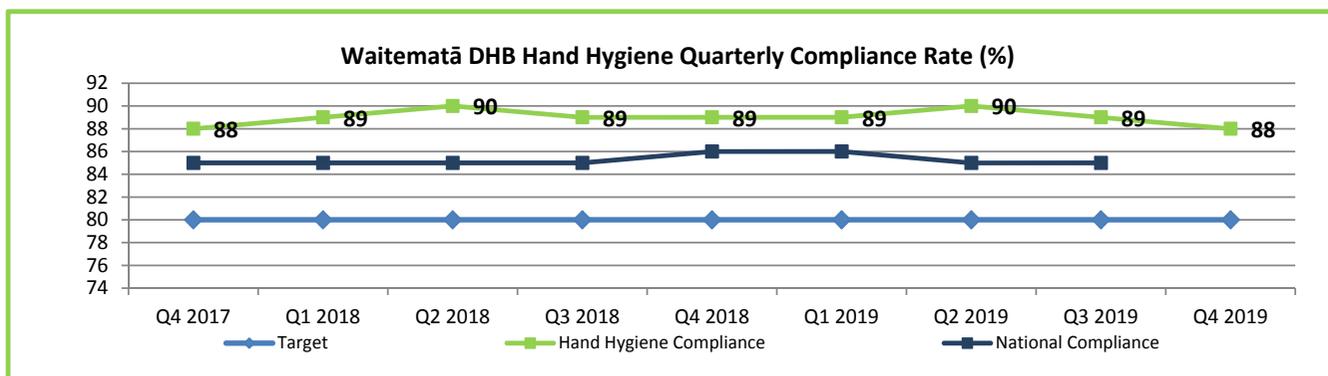
Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends																															
				<ul style="list-style-type: none"> A total of 71 HABSIs were identified in 2019 with an overall rate of 0.26/1,000 bed days which remains comparable to 2018 and 2017 E.coli is the most common pathogen (30%) which included three ESBL E coli. The following were the next most common pathogens: <ul style="list-style-type: none"> Staph aureus 15% Klebsiella pneumoniae 15% Pseudomonas aeruginosa 8% Intravenous Luer related HABSIs continue to be predominant <ul style="list-style-type: none"> ACC and Waitematā DHB are commencing a partnership led project in early 2020 “Know your IV Lines” the focus of which will be on implementing a “bundle” approach to reducing IVL infections 43% HABSIs are related to “other” of which the majority of these are non-IDC related urosepsis (urinary infections) The three CLAB HABSIs were identified as not having any identifiable corrective causes <p>The <i>Infection, Prevention and Control Committee’s Executive Report for 2019</i> is attached – Appendix 1</p>																															
<p>HABSIs Analysis November 2019</p> <table border="1"> <thead> <tr> <th>Source</th> <th>Total</th> <th>Area</th> <th>Organism</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td rowspan="2">CAUTI</td> <td rowspan="2">2</td> <td>Ward 4</td> <td>E coli</td> <td>• A patient developed a hospital acquired blood stream infection from an indwelling urinary catheter (IDC); placement of the IDC was appropriate</td> </tr> <tr> <td>Ward 6</td> <td>E coli</td> <td>• A patient developed a hospital acquired blood stream infection from an indwelling urinary catheter (IDC); placement of the IDC was appropriate</td> </tr> <tr> <td>IVL</td> <td>1</td> <td>Ward 11</td> <td>Staphylococcus aureus</td> <td>• A patient developed a hospital acquired blood stream infection following the insertion of an IVL in the ante-cubital fossa (crook of the elbow).</td> </tr> <tr> <td rowspan="2">Other</td> <td rowspan="2">2</td> <td>Ward 8</td> <td>Bacteriodes fragilis</td> <td>• A patient developed a hospital acquired blood stream infection from a pre-sacral abscess; they required a return to theatre to drain the abscess</td> </tr> <tr> <td>Ward 6</td> <td>E coli</td> <td>• A patient with a history of E coli urosepsis developed a hospital acquired blood stream infection</td> </tr> <tr> <td>Unknown</td> <td>1</td> <td>Wainamu Ward</td> <td>Pseudomonas aeruginosa (PAER)</td> <td>• A patient developed a hospital acquired blood stream infection; a source was unable to be identified</td> </tr> </tbody> </table>					Source	Total	Area	Organism	Comments	CAUTI	2	Ward 4	E coli	• A patient developed a hospital acquired blood stream infection from an indwelling urinary catheter (IDC); placement of the IDC was appropriate	Ward 6	E coli	• A patient developed a hospital acquired blood stream infection from an indwelling urinary catheter (IDC); placement of the IDC was appropriate	IVL	1	Ward 11	Staphylococcus aureus	• A patient developed a hospital acquired blood stream infection following the insertion of an IVL in the ante-cubital fossa (crook of the elbow).	Other	2	Ward 8	Bacteriodes fragilis	• A patient developed a hospital acquired blood stream infection from a pre-sacral abscess; they required a return to theatre to drain the abscess	Ward 6	E coli	• A patient with a history of E coli urosepsis developed a hospital acquired blood stream infection	Unknown	1	Wainamu Ward	Pseudomonas aeruginosa (PAER)	• A patient developed a hospital acquired blood stream infection; a source was unable to be identified
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Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends	
HABSI Analysis December 2019					
	Source	Total	Area	Organism	Comments
	CAUTI	1	Muriwai Ward	Klebsiella pneumoniae (KP)	<ul style="list-style-type: none"> A patient developed a hospital acquired blood stream infection from an indwelling urinary catheter (IDC) A trial removal of the catheter was unsuccessful and as such another IDC had to be inserted The CAUTI insertion bundle and clinical reason for IDC were both appropriate
	Post Procedure	2	Radiology	Staphylococcus aureus	<ul style="list-style-type: none"> A patient developed a hospital acquired blood stream infection 48 hours following a renal biopsy
			Ward 4	Enterococcus faecalis	<ul style="list-style-type: none"> A patient developed a hospital acquired blood stream infection following a liver biopsy
	Other/ Unknown	6	Ward 5	Klebsiella pneumoniae (KP)	<ul style="list-style-type: none"> A patient developed a hospital acquired blood stream infection (urosepsis) from a non-indwelling catheter related urinary source
			Ward 5	Pseudomonas aeruginosa (PAER)	<ul style="list-style-type: none"> A patient with a background history of multiple myeloma's¹ developed a hospital acquired blood stream infection thought to be related to reddened skin and weeping wounds
			Ward 14	Pantoea Species	<ul style="list-style-type: none"> A patient developed a hospital acquired blood stream infection as a result of cholecystitis (inflammation of the gallbladder)
			Ward 15	E coli	<ul style="list-style-type: none"> A patient developed a hospital acquired blood stream infection (urosepsis) from a non-indwelling catheter related urinary source
			Huia Ward	Klebsiella pneumoniae (KP)	<ul style="list-style-type: none"> A patient developed a hospital acquired blood stream infection (urosepsis) from a non-indwelling catheter related urinary source
			Muriwai Ward	E coli	<ul style="list-style-type: none"> A patient developed a hospital acquired blood stream infection related to skin/tissue cellulitis (bacterial infection underneath the skin surface)

¹ **Multiple myeloma** is a type of blood cancer that affects plasma cells. In multiple myeloma, malignant plasma cells accumulate in the bone marrow (the soft, spongy tissue at the centre of the bones), crowding out the normal plasma cells that help fight infection. These malignant plasma cells then produce an abnormal antibody called M protein, which offers no benefit to the body and may cause tumours, kidney damage, bone destruction, and **impaired immune function**

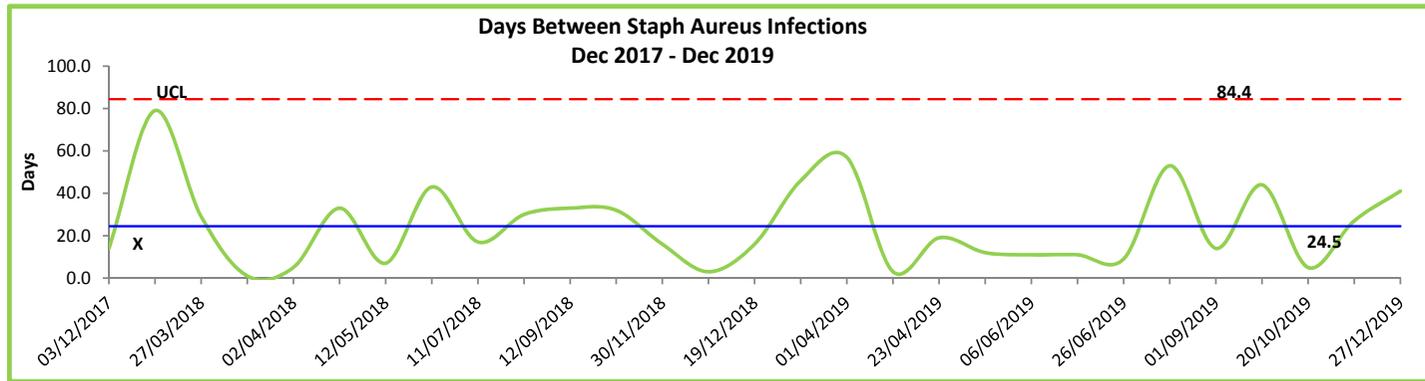
3.2 Hand Hygiene (HH) Compliance

Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
>80%	% rate of compliance with five Hand Hygiene Moments	87% (Oct)	89% (Nov)	89% (Dec)	<p>Waitematā DHB continues to achieve a Hand Hygiene compliance rate above the National Target of 80% and the National average compliance rate of 85%</p> <p>The <i>Hand Hygiene Report for 2019</i> is attached – <i>Appendix 2</i></p>



0	Total # of Hospital Associated SAB infections	5 (Oct)	1 (Nov)	4 (Dec)	<p>Staph Aureus Blood Stream Infections/ Healthcare Associated Bacteraemia (HCA-BSI)</p> <p><i>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.</i></p>
0	# of Hospital Associated SAB infections per 1,000 bed days	0.23 (Oct)	0.04 (Nov)	0.19 (Dec)	<p>The length of time between infections is increasing which may reflect improved compliance with hand hygiene practices.</p> <p><i>This is a 'days between' control chart (below) and, therefore, the clustering of data points below the mean (\bar{X}) represents events occurring close in time or an increased relative frequency of events.</i></p>

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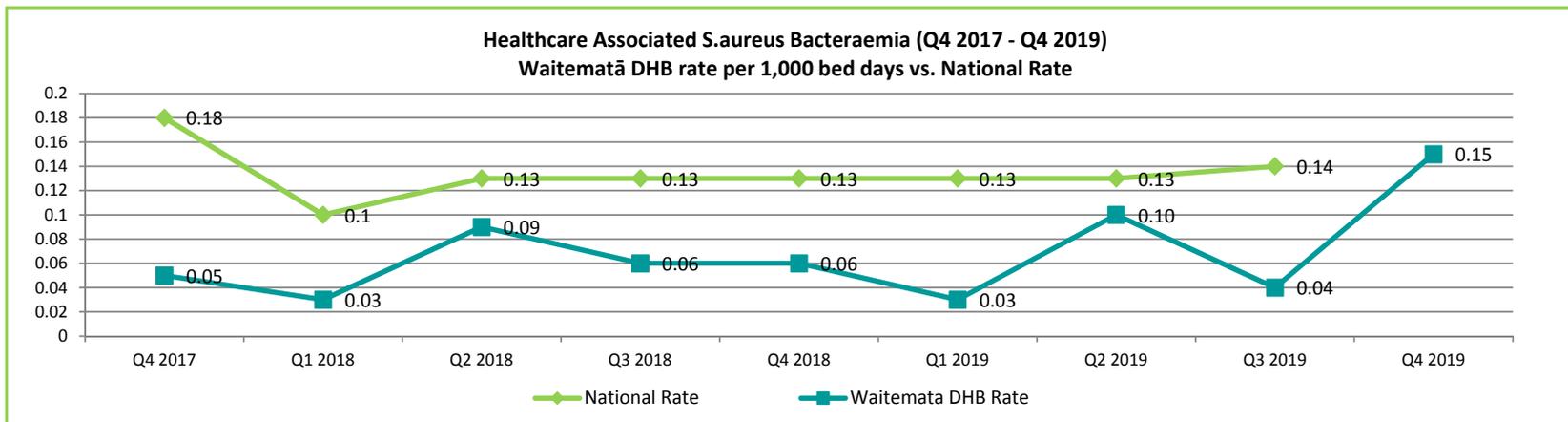


Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends
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Surveillance for *S.aureus* HCA-BSI is a requirement from Health Quality and Safety Commission as a quality indicator and outcome measure for hand hygiene. This includes both HABS and HCA-BSI caused by *S.aureus*.

- A total of **22** Staph aureus bacteraemia (SAB) HCA - BSI were identified from Jan –December 2019 with a rate of **0.08** per 1,000 OBD
- **18** of SAB was vascular access related (**7** IVL and **11** CLAB)
- **50%** of these SAB were hospital acquired and other **50%** was health care associated from outpatients and community renal dialysis patients
- Waitematā DHB’s SAB rate remains consistently below the national average (0.11-0.13 per 1,000 bed days)

Year	SAB (N=)	SAB Rate
2017		0.07
2018	18	0.07
2019	22	0.08



The Quarter 4 2019 rise is linked to an increase in renal CLAB. The Infectious Disease team are working with the Renal Services to understand the contributory factors. A report with the findings of this investigation is expected in February 2020.

3.3 Surgical Site Infections

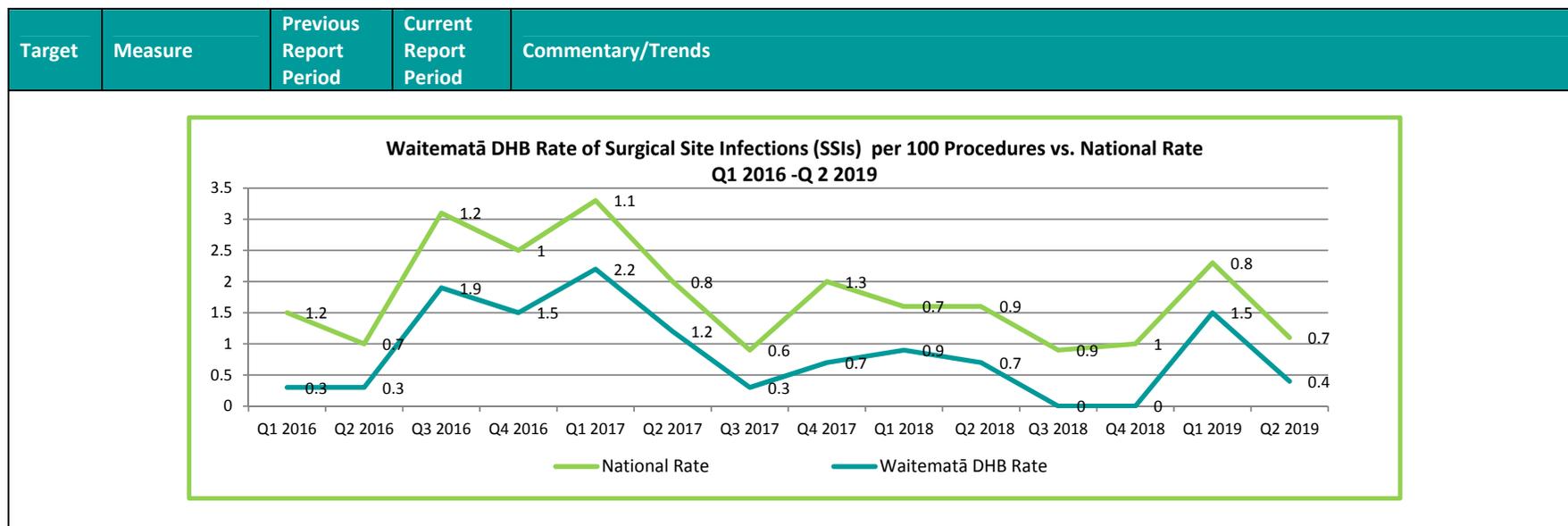
Target	Measure	Previous Report Period	Current Report Period	Commentary/Trends
TBA	-	1.5% (SSI Rate Q1 Jan – Mar 2019)	0.3% (SSI Rate Q2 Apr – Jun 2019)	<p><i>Surgical Site Infections (SSIs) – in scope procedures for SSI are primary and revision hip and knee arthroplasty at either North Shore Hospital 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.</i></p> <ul style="list-style-type: none"> SSI rate for Jan-June 2019 was high in the Q1 2019 with four SSI's (rate 1.5/100 Procedures) One SSI has been identified for Q2 (rate 0.3/100 Procedures) Of the five SSIs for 2019, two were deep (one NSH and one ESC) and three were superficial SSI's (two ESC) A deep hip SSI from S.aureus occurred in March 2019 which was the first S.aureus SSI since introduction of Staph decolonisation bundle in Nov 2017 Cultures were negative in all other SSIs One deep SSI in the Elective Surgical Centre (ESC) for Q3; surveillance for this period has not been confirmed by HQSC as this time

SSIs per 100 operations (Q1 2016 –Q1 2019)

Quarter	Q1 2016	Q2	Q3	Q4	Q1 2017	Q2	Q3	Q4	Q1 2018	Q2	Q3	Q4	Q1 2019	Q2	Q3
Procedures	299	340	311	267	274	331	288	303	217	304	240	229	261	250	
#SSIs	1	1	6	4	6	4	1	2	2	2	0	0	4	1	
Waitematā 's Rate	0.3	0.3	1.9	1.5	2.2	1.2	0.3	0.7	0.9	0.7	0.0	0.0	1.5	0.4	
National Rate	1.2	0.7	1.2	1.0	1.1	0.8	0.6	1.3	0.7	0.9	0.9	1.0	0.8	0.7	TBC

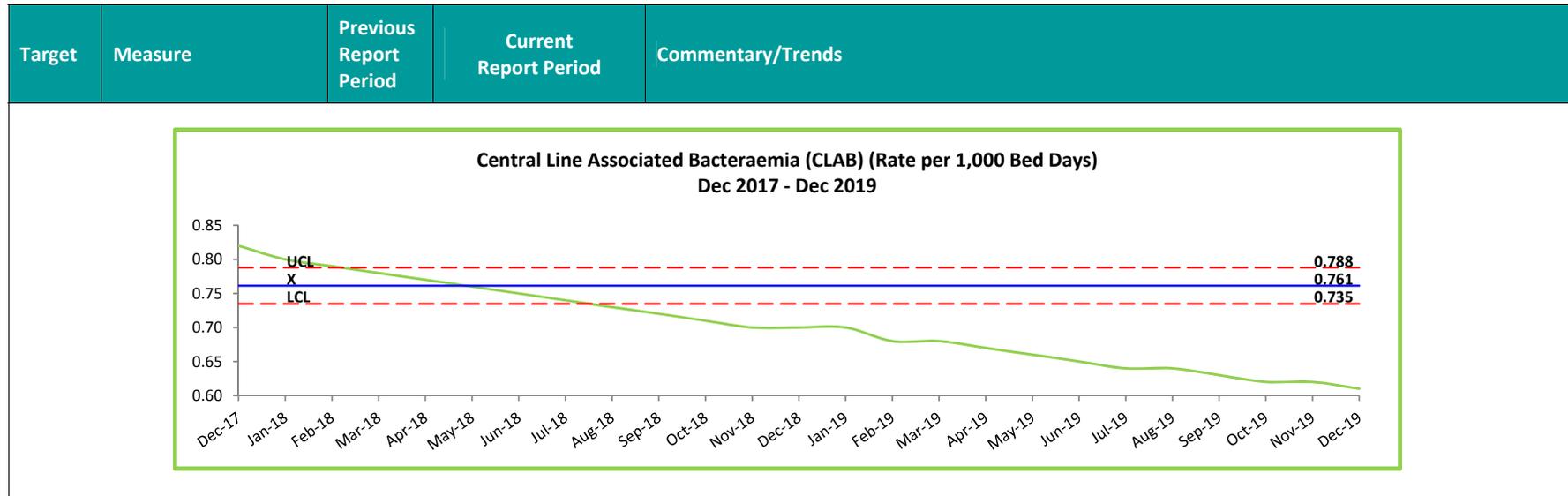
Number of SSI per quarter by classification (Q1 2016 – Q1 2019)

Quarter	Q1 2016	Q2	Q3	Q4	Q1 2017	Q2	Q3	Q4	Q1 2018	Q2	Q3	Q4	Q1	Q2	Q3
Superficial hip	0	0	2	0	3	0	0	0	1	0	0	0	1	1	
Deep hip	1	0	2	3	2	3	1	0	0	0	0	0	1	0	
Superficial knee	0	1	2	0	0	1	0	1	1	2	1	0	1	0	
Deep knee	0	0	0	1	1	0	0	1	0	0	0	0	1	0	1
Total SSIs	1	1	6	4	6	4	1	2	2	2	1	0	4	1	TBC



3.4 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)	0.62 (Oct)	0.62 (Nov) 0.61 (Dec)	<p>Central Line Associated Bacteraemia (CLAB) <i>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.</i></p>
>98%	% bundle compliance at insertion (ICU)	100% (Oct)	100% (Nov) 100% (Dec)	<p>The ICU is currently 852 days CLAB Free as at 31 December 2019</p> <ul style="list-style-type: none"> 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
>98%	% bundle compliance maintenance (ICU)	100% (Oct)	100% (Nov) 98% (Dec)	<ul style="list-style-type: none"> The total number of central lines (centrally and peripherally) inserted in Nov = 21 / Dec = 36 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

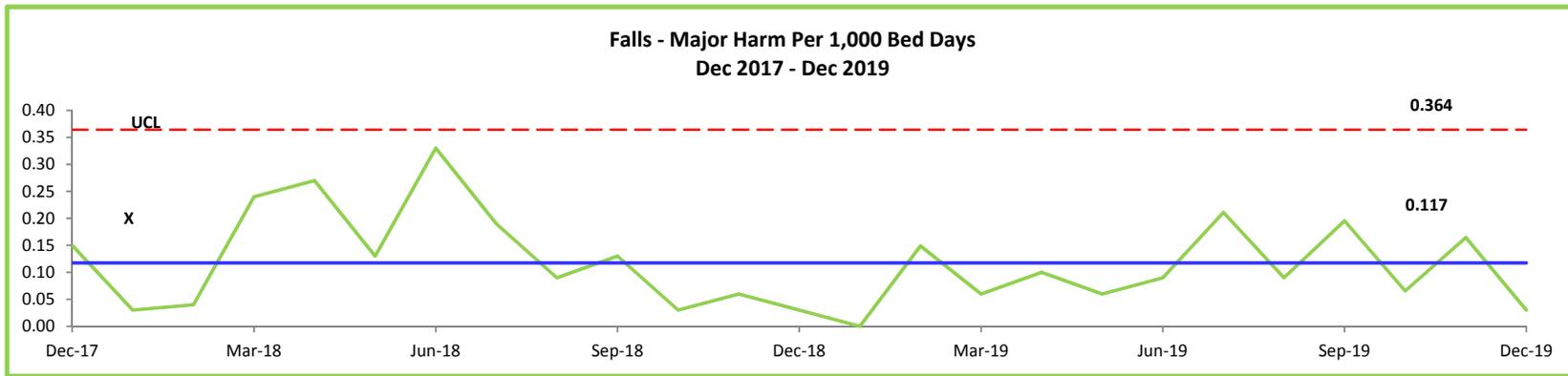
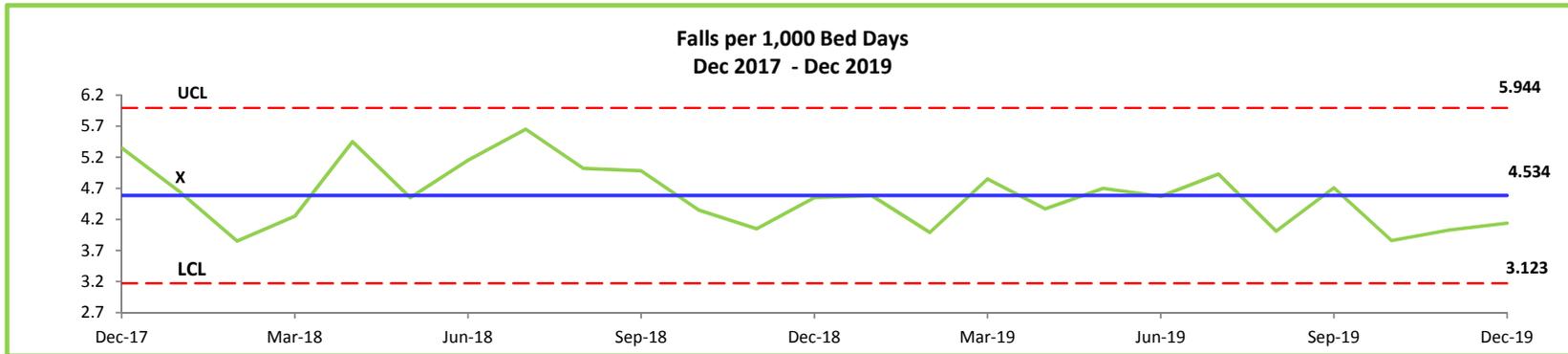


3.5 Falls with Harm

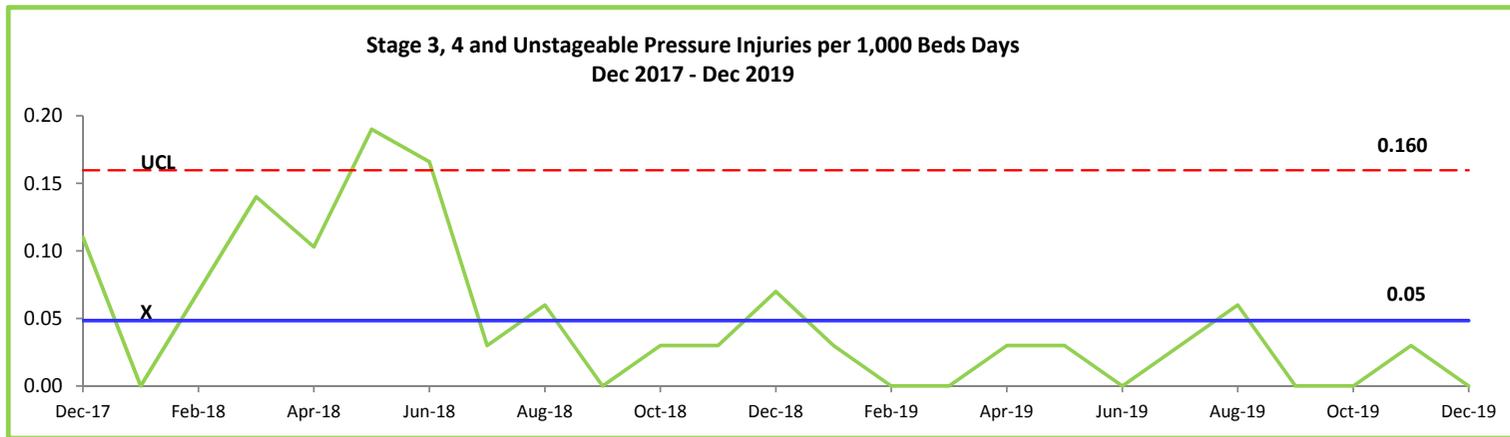
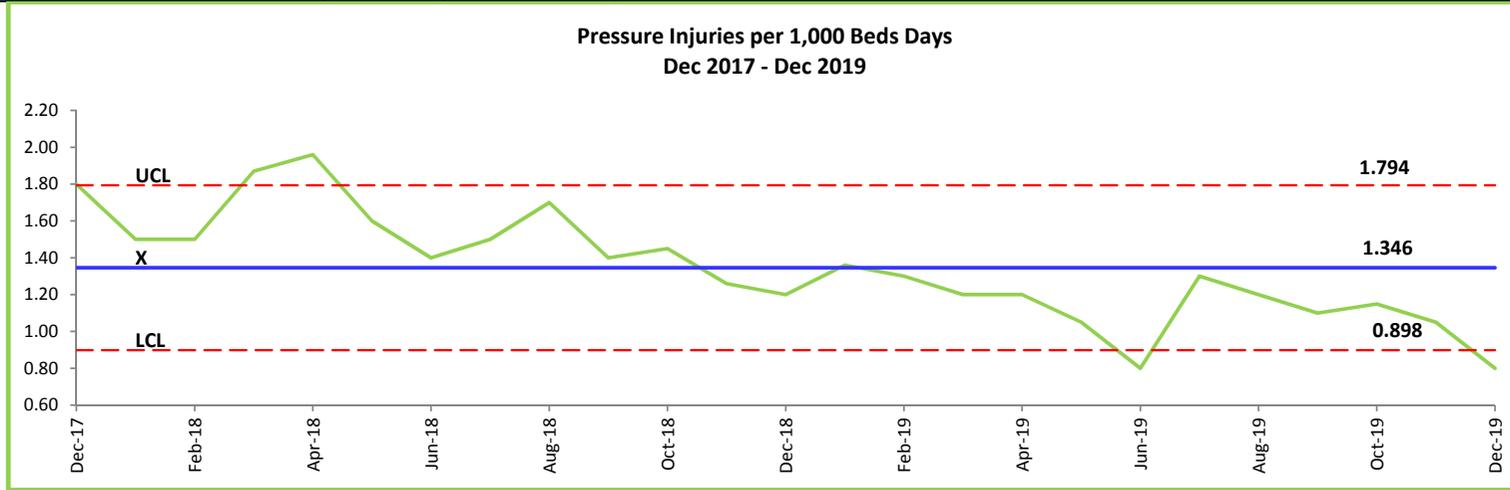
Target	Measure	Prev. Report Period	Current Report Period		Commentary																																				
	Total number (#) of falls	120 (Oct)	121 (Nov)	120 (Dec)	<table border="1"> <thead> <tr> <th>Measures for Falls</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>Analysis</th> </tr> </thead> <tbody> <tr> <td>Total number of falls</td> <td>1552</td> <td>1687</td> <td>1698</td> <td>1599</td> <td>↓ 6.0% decrease in number of falls compared to 2018</td> </tr> <tr> <td>Number of falls per 1,000 OBD</td> <td>4.4</td> <td>4.7</td> <td>4.7</td> <td>4.4</td> <td>↓ 6.6% decrease in the rate of falls compared to 2018</td> </tr> <tr> <td>% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling (average)</td> <td>98%</td> <td>96%</td> <td>96%</td> <td>98%</td> <td>↑ 2.0% Increase in this measure</td> </tr> <tr> <td>% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling within eight hours of admission</td> <td>85%</td> <td>82%</td> <td>78%</td> <td>82%</td> <td>↑ 2.0% Increase in this measure</td> </tr> <tr> <td>% patients 75 years and over (55 years and over Māori and Pacific)</td> <td>89%</td> <td>96%</td> <td>98%</td> <td>98%</td> <td>↔ no change to this measure</td> </tr> </tbody> </table>	Measures for Falls	2016	2017	2018	2019	Analysis	Total number of falls	1552	1687	1698	1599	↓ 6.0% decrease in number of falls compared to 2018	Number of falls per 1,000 OBD	4.4	4.7	4.7	4.4	↓ 6.6% decrease in the rate of falls compared to 2018	% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling (average)	98%	96%	96%	98%	↑ 2.0% Increase in this measure	% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling within eight hours of admission	85%	82%	78%	82%	↑ 2.0% Increase in this measure	% patients 75 years and over (55 years and over Māori and Pacific)	89%	96%	98%	98%	↔ no change to this measure
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<5.0	Rate of falls per 1,000 Occupied Bed Days (OBD)	3.9 (Oct)	4.0 (Nov)	4.1 (Dec)																																					
	Total number of multi-fallers	8 (Oct)	12 (Nov)	14 (Dec)																																					
>90%	% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling	100% (Oct)	99% (Nov)	98% (Dec)																																					
>90%	% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling within eight hours of admission	85% (Oct)	84% (Nov)	85% (Dec)																																					

Target	Measure	Prev. Report Period	Current Report Period		Commentary								
>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	99% (Oct)	96% (Nov)	99% (Dec)	<i>assessed as being at sufficient risk of falling have an individualised care plan in place (average)</i>								
	Total number of falls where an injury has occurred (including Major Harm)	32 (Oct)	41 (Nov)	27 (Dec)	<i>Total number of falls where an injury has occurred (including Major Harm)</i>				393	428	435	484	↑ 10.6% increase in the number of overall injuries occurring from falls in comparison to 2018
	Rate of falls where an injury has occurred (including Major Harm) per 1,000 Occupied bed day	1.1 (Oct)	1.4 (Nov)	0.9 (Dec)	<i>Number of falls where an injury has occurred (including Major Harm) per 1,000 Occupied bed day</i>				1.1	1.2	1.2	1.3	↑ 0.1 increase in rate in comparison to 2018
	Total number of falls with major harm (SAC 1 and 2)	2 (Oct)	4 (Nov)	1 (Dec)	<i>Total number of falls with major harm (SAC 1 and 2)</i>				41	40	44	37	↓ 16% decrease in the number of falls with major harm
	Rate of falls with major harm per 1,000 Occupied bed day	0.07 (Oct)	0.13 (Nov)	0.03 (Dec)	<i>Number of falls with major harm per 1,000 OBD</i>				0.12	0.11	0.12	0.12	↔ No change to overall rate and remain s consistent with the past four years
	Total number of <u>reported</u> fractured neck of femurs (NOF) as a result of a fall while in hospital (included in the major falls with harm rate)	0 (Oct)	2 (Nov)	0 (Dec)	<i>Total number of fractured neck of femurs (NOF) as a result of a fall while in hospital</i>				11	11	10	11	↔ number of falls resulting in a fractured neck of femur
	Total number of <u>coded</u> fractured neck of femurs (NOF) as a result of a fall while in hospital	0 (Oct)	2 (Nov)	TBA (Dec)	<i>Total number of coded fractured neck of femurs (NOF) as a result of a fall while in hospital</i>				-	-	10	11	

Target	Measure	Prev. Report Period	Current Report Period	Commentary
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Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends
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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%	-	<p>Electronic Medicines Reconciliation (eMR/eMedRec) eMedRec (electronic Medicines Reconciliation) is live across 919 acute beds at 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 specialties where the software is not enabled.</p> <p>WDHB has been working with HQSC and other eMedRec stakeholder DHBs to agree on nationally appropriate quality and safety markers (QSMs) around the Med Rec process. After several iterations, a set of structure and process measures have been agreed upon and WDHB will be reporting these in the future.</p> <p>The Orion Health eMedRec software and the Soprano Medical Templates technology that eMedRec 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.</p> <p>Electronic Prescribing and Administration (ePA) – no change from previous update</p> <p>MedChart Performance: healthAlliance (hA) has agreed to move the remaining MedChart servers to the new Virtual Farm as there was some performance improvement when some servers were moved across. We are waiting for this to be scheduled.</p> <p>iPad Freezing: The new wireless network TWA has been tested by the ePrescribing team and confirmed to be significantly faster. This network has also improved disconnections from WiFi which cause significant problems on SWA. We are waiting for plan from healthAlliance to roll out to all clinical areas.</p>

3.8 Complaint Responsiveness

Target	Measure	Previous Report Period	Current Report Period		Commentary												
<15 days	Average time to respond to complaints in the reporting month	11 (Oct)	11 (Nov)	12 (Dec)	<ul style="list-style-type: none"> 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 border="1" data-bbox="855 400 1321 587"> <thead> <tr> <th></th> <th>Average Days to Respond</th> </tr> </thead> <tbody> <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> </tbody> </table>		Average Days to Respond	2015	18	2016	19	2017	15	2018	14	2019	12
	Average Days to Respond																
2015	18																
2016	19																
2017	15																
2018	14																
2019	12																

4. Safe Care

4.1 Infection Prevention and Control (IP&C)

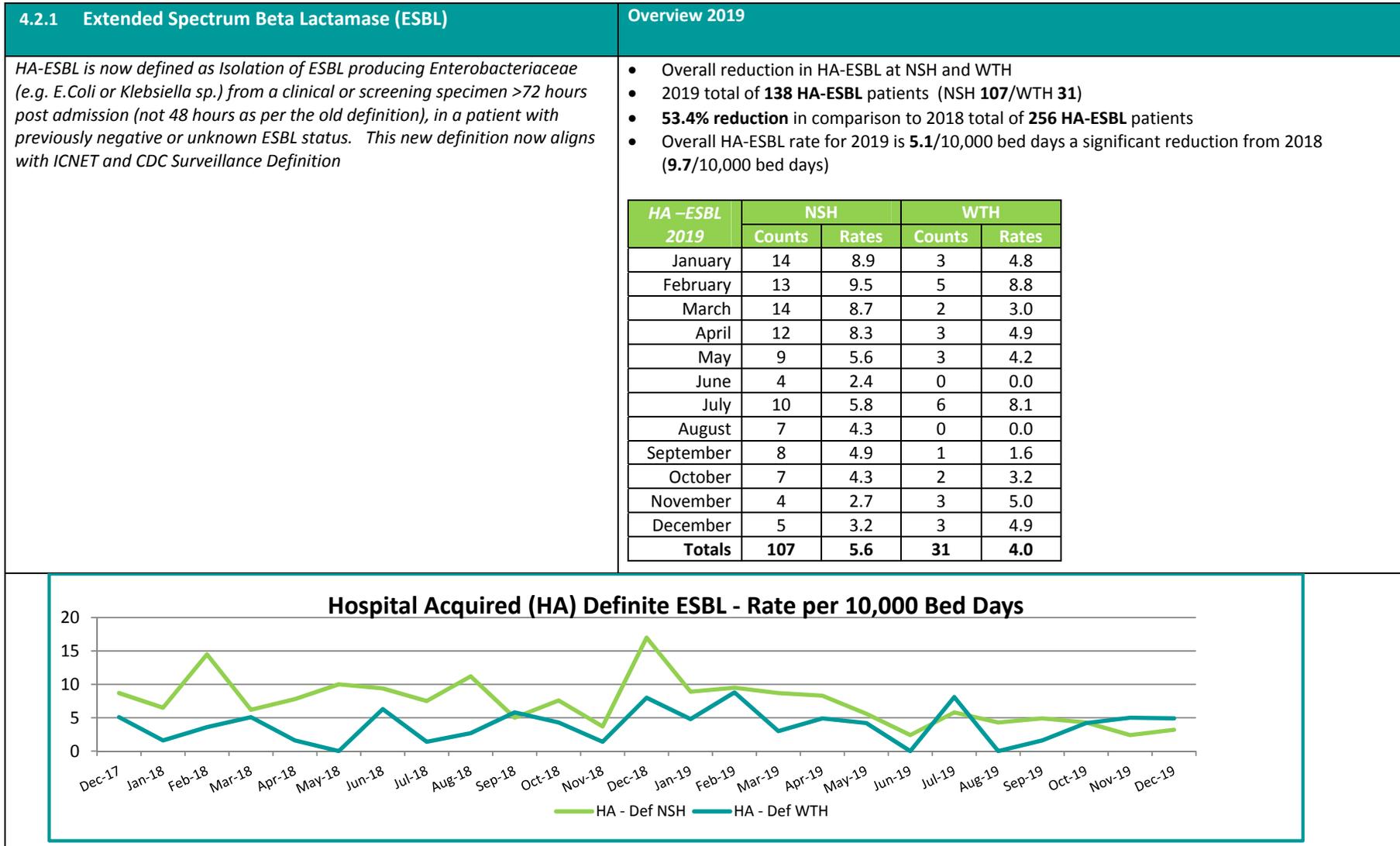
IP&C Surveillance Overview and Audit Results for 2019

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	57379	89%	99%	99%

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)

Overview 2019

Table below provides a 2019 comparison of ESBL *Klebsiella Pneumoniae* (KP), *E coli* (EC) and other species in terms of whether acquired in hospital (HA) or the community (CA)

Types	ESBL KP	ESBL EC	Other
HA	43	76	19
CA	91	674	45
TOTAL	134	750	64

Distribution of Hospital Acquired ESBL amongst Wards with four or more HA-ESBL

Ward	3	4	5	7	8	10	14	15	Anawhata	Titirangi	Wainamu
Number of HA-ESBL	4	8	7	12	17	7	4	6	8	8	9

4.2.2 Clostridioides difficile (CDI)

Overview 2019

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.

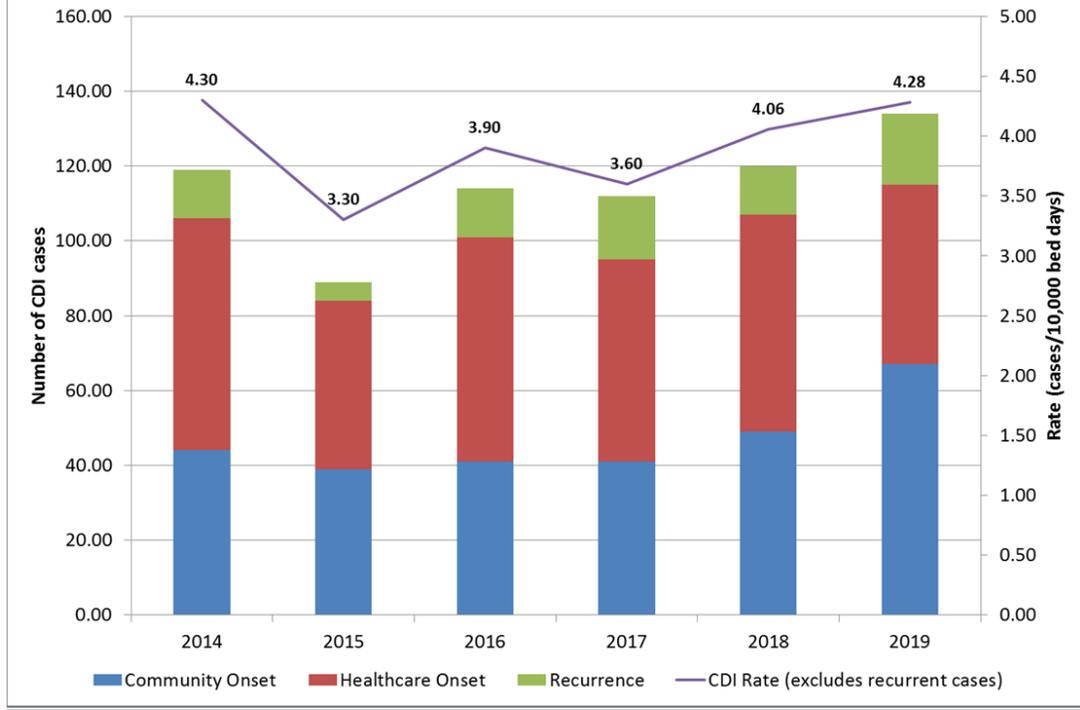
Indeterminate - Discharged from a healthcare facility within the previous 4-12 weeks.

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.

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.

- **134** CDI cases for **2019**; overall rate **4.3**/10,000 bed days
 - 35 x Community Onset Community Associated (CO)
 - 12 x Community Onset (indeterminate)
 - 25 x Community Onset healthcare facility associated (CO-HCA)
 - 45 x Healthcare facility Onset (HO-HCA)
 - 19 x recurrent
- **42%** of all CDI were HO-HCA
- **31%** increase in community onset CDI in 2019 (67) in comparison to 2018 (49)
- HO-HCA infections are the lowest since 2015 so the attributed increase in the overall CDI rate is related to the increasing prevalence of community onset infections
- 96% of all 2019 HO-HCA CDI cases have been reviewed by a infectious diseases physician, a microbiologist and an anti-microbial pharmacist
- Noted that there are higher rates of “avoidable” HO-HCA CDI at WTH



4.2.3 Methicillin Resistant Staphylococcus Aureus (MRSA) - Overview 2019

- Waitematā DHB continues to have a low rate of MRSA based on information primarily collected from laboratory susceptibility data
- 98% of MRSA are community acquired

The number of MRSA isolates in 2018-2019 is shown in the below table:

NB: Increase in known MRSA clinical isolates for 2019 could be attributed to the introduction of ICNET (Infection Control electronic database) to capture this data; ICNET multi-resistant organism surveillance was fully introduced to Waitematā DHB in July 2018

Description	2018 NSH/WTH Total	2019 NSH/WTH Total
MRSA Isolates	157/105 (262)	190/147 (337)
Community MRSA and other Healthcare facilities (new cases)	117/82 (199)	111/93 (204)
Community MRSA (known on admission)	10/13 (23)	73/52 (125)
New healthcare onset (hospital acquired)	24/14 (38)	6/2 (8)
Healthcare onset (known on admission)	6/1 (7)	0/0

4.2.4 Vancomycin Resistant Enterococci (VRE) - Overview 2019

- Only two VRE have been identified in 2019 (March (Ward 5) and May (Ward 8))
- Contact tracing of patients sharing rooms did not find evidence of cross-transmission at NSH
- Two community acquired VRE isolated from high risk patients
- No VRE infections were seen over a prolonged period and the burden of VRE has also reduced slightly

4.2.5 Carbapenemase-producing Enterobacteriaceae - Overview 2019

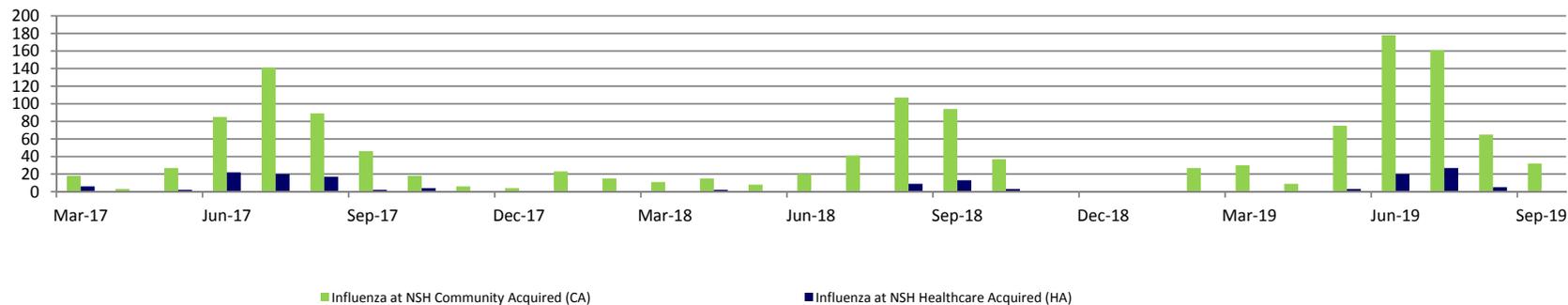
*National concern has been raised about the emergence and spread of **Carbapenemase producing Enterobacteriales and Pseudomonas (CPE)** in New Zealand since 2015. These are the “next generation” of antimicrobial resistant bacteria with minimal or no effective antibiotics that can be used for treatment of infections caused by them. In addition, CPE’s 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. A national guidance strategy on testing and surveillance for CPE was released last month.

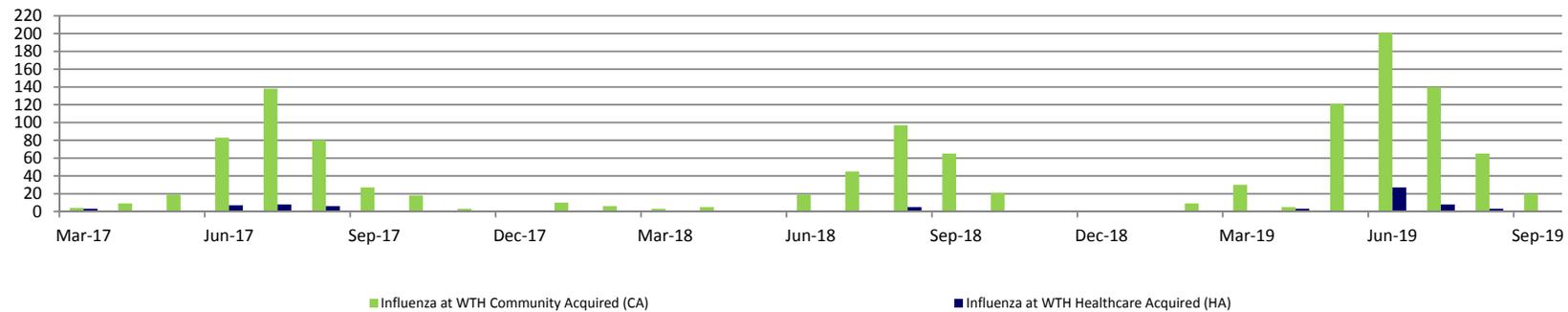
- In 2019, **14** out of **45** isolates flagged by Waitematā DHB lab were confirmed as CPE by molecular testing performed by the reference lab
- **11** patients were deemed high risk and hospitalised or travelled overseas
- None of the CPE was attributed to NSH or WTH
- No clusters or outbreaks have been identified at Waitematā DHB to date

4.2.6 Seasonal Influenza	Overview 2019									
<p><i>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.</i></p> <p><i>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)</i></p>	<ul style="list-style-type: none"> • 2019 Influenza season commenced earlier in January/February (Northern Hemisphere travel) • Higher than usual seasonal baseline of influenza-like illnesses (ILI) presentations with 1,311 confirmed influenza cases at NSH/WTH • WTH has a proportionally higher number of confirmed influenza cases • Majority of confirmed influenza cases was H3N2 followed by Influenza B; both strains are included in the 2019 quadrivalent vaccine • June – August 2019 a concern trend of hospital acquired (HA) influenza cases with 102 cases (NSH 58, WTH 35, Mental Health WTH 9); this includes two outbreaks of seasonal Influenza A of 10 patients on Muriwai Ward WTH(Health of Older People) in June and eight cases on Ward 14 (Health of Older People) NSH in July • Staff illness reported during both outbreaks and in clusters in other patients care areas but difficult to establish an epidemiological link • Waitematā DHB Staff influenza vaccine uptake for 2019 increased to 66% (59% 2018) 									
North Shore Hospital (NSH) Influenza 2019	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total	
Community Acquired	27	30	35	75	178	161	65	32	603	
Hospital Acquired	1	0	1	3	20	27	5	1	58	
Waitakere Hospital (WTH) Influenza 2019	Feb	Mar	Apr	May	Jun19	Jul	Aug	Sept	Total	
Community Acquired	9	30	22	121	201	140	65	20	606	
Hospital Acquired	1	0	3	1	27	8	3	1	44	

Influenza at North Shore Hospital (NSH) 2017 - 2019 (YTD)



Influenza at Waitakere Hospital (WTH) 2017 - 2019 (YTD)



4.2.7 Communicable Diseases, Clusters and Outbreaks – Overview 2019

Disease	Total cases	Ward	No of pt. contacts	No of staff contacts	Comments
Hospital Acquired (HA) Influenza	22	Muriwai Ward 14 Rata Unit (Mason Clinic)	8	29	<ul style="list-style-type: none"> Muriwai “B” wing has prolonged Influenza A outbreak in June across several rooms involving 10 patients; wing closed for eight days Ward 14 had an eight patient outbreak in July spread across two rooms both closed to admission All confirmed cases and their contacts were treated with Tamiflu® Cross-transmission source unable to be identified Two staff with influenza-like illness symptoms at the time Rata Unit outbreak involved four patients (Influenza A) – restrictions placed on patient movement and visitors
Measles Waitematā DHB	152	ED WTH/ Rangatira (Paeds)	586	395	<ul style="list-style-type: none"> West Auckland had the highest number of measles cases in the Auckland region 152 of 451 cases tested positive for measles Three staff with confirmed measles which accounted for the majority of contact tracing To date three measles cross-transmissions have been attributed to the ED WTH waiting room
Norovirus	3	Ward 10	3	7	<ul style="list-style-type: none"> Ward 10 has eight patients and seven staff who reported symptoms of diarrhoea and/or vomiting Index case was admitted with diarrhoea but not isolated in enteric precautions on admission closed for three days in April. Increased infection control measures and increased cleaning undertaken to prevent spread of the norovirus
Pertussis (Whooping Cough)	22	ED NSH & WTH Wards 3/10/11	9	27	<ul style="list-style-type: none"> Majority of cases were from WTH ED Paediatrics who were not placed in droplet precautions on admission
Mycobacterium TB	11	ED NSH, Wards 6/10 ADU WTH, Huia and Muriwai Wards	26	72	<ul style="list-style-type: none"> Staff member with laryngeal (throat) TB which resulted in contact tracing of staff and patients Contact tracing initiated as patients were not isolated in airborne precautions as TB was not the diagnosis on admission
N Meningitis	17	ED NSH & WTH Wards 3/5/6			<ul style="list-style-type: none"> Front line staff involved with resuscitation and intubation without appropriate standard precaution when performing aerosol generating procedures Confusion around administering post-exposure prophylaxis (PEP) Issues differentiating staff exposure between high and low risk Occupational Health and Safety Service have developed guidelines for Staff PEP with Meningitis

5. Improvement Team Active Projects Report

Innovation and Improvement Project Team: Active Projects Report



November / December 2019				000'000		Overall Status		
Project Name	Project Summary	Sponsor(s)	PM Resource	Budget	Forecast Variance	This Period	Last Period	Phase
Organisation wide / Multiple Divisions								
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 (completed) (3) Shared goals of care	Andrew Brant Jos Peach Penny Andrew	Jeanette Bell	N/A	N/A			
	1. a. PDP: Recognition and Response Systems - Adult	Andrew Brant Jos Peach Penny Andrew	Sue French	N/A	N/A			Executing
	b. PDP: Recognition and Response Systems – Maternity National Maternal Early Warning System	Andrew Brant Jos Peach Penny Andrew	Sue French	N/A	N/A			Planning
	3. PDP: Shared Goals of Care	Andrew Brant Jos Peach Penny Andrew	Jeanette Bell	N/A	N/A			Executing
Survive Sepsis Improvement Collaborative	A quality improvement project that aims to reduce inpatient sepsis mortality to <15% by September 2017	Dr Penny Andrew Dr David Grayson Dr Matt Rogers	Kelly Bohot Renee Kong	N/A	N/A			Closing
Leapfrog (refer to Leapfrog project update)	Data Discovery Project: Implement and ensure use of QlikSense Business Intelligence tool across Waitematā DHB	Penny Andrew	Renee Kong	\$1.2m	0%			Closing
	Outpatients	Dale Bramley Robyn Whittaker	Kelly Bohot	N/A	N/A			Executing
	Smartpage 777 alert system	Stuart Bloomfield Jos Peach	Renee Kong					Scoping
	Patient Engagement System	Penny Andrew	Renee Kong					Scoping
PROMs Programme	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			Executing
Smartpage	Extend the use of Smartpage messaging system for calls to House Officers during business hours (Mon-Fri 08:00 – 16:00) by deploying DHB-managed smartphones with the Smartpage app	Penny Andrew Stuart Bloomfield	Dina Emmanuel	\$50k (opex) phase 2	0%			Executing

	installed to all House Officers who currently have a pager. Then extend to all RMOs (House Officers + Registrars)							
IC-Net Optimisation	Optimise the use of ICNet, a software solution for infection surveillance and management in the Waitematā DHB environment	Matthew Rogers, Stuart Bloomfield	Barbara Corning-Davis	N/A	N/A			Closing
Radiology Service Care Transformation	Develop Care Transformation Programme to ensure high quality, high value service addressing: demand and outsourcing; patient flow; service utilisation; evidence-based care and elimination of unnecessary procedures (Choosing Wisely); patient experience and staff experience	Director of Hospital Services Robert Paine	Laura Broome	N/A	N/A			Executing
Clinical Photography: Silhouettelite Test	Test Silhouettelite app to understand benefits for wound assessment and monitoring.	Jos Peach Kate Gilmour	Kelly Bohot					Scoping
Surgical								
General Surgery Clinical Pathways (appendicitis, laparoscopic cholecystectomy, abscesses)	Improve general surgery patient experience: reduce length of stay, variation and cost of care	Richard Harman Kate Macfarlane	Lisa Sue	N/A	N/A			Executing
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	Mustafa Shaabany	N/A	N/A			Executing
Nextit – exiting ESC Patient Management Software Nexus	Move ESC Theatres from Nexus to iPM	Andrew Cave	Lydia Gow	\$11k				Closing
Medical								
TransforMed	Improve the experience of acute medical inpatients by eliminating unnecessary waiting, reducing deconditioning, improving flow, and providing team-based care through four workstreams: <ul style="list-style-type: none"> - Inpatient Wards: eliminate unnecessary patient waits + implement SAFER bundles of care - ADU: improve flow, earlier access to senior doctor + diagnostics - PACE: early identification and care of frail elderly - Medical Model: home-based wards and collaborative, MDT ward service 	Director of Hospital Services Alex Boersma Gerard de Jong John Scott	Kelly Bohot Kelly Fraher	N/A	N/A			Executing
Chest Pain Pathway Review	Complete a review of the chest pain pathway including: <ul style="list-style-type: none"> • Review of local and international literature • Audit of ETTs and patient outcomes 	Jonathan Christiansen Laura Chapman, Kate Allan	Kelly Bohot	N/A	N/A			Closing

Choosing Wisely-Optimise Abdominal X-ray (AXR) requests in Emergency Department	Abdominal X-ray has long been regarded as overused, with low diagnostic yield in the Emergency Department. The aim is to refine the e-ordering process by adopting Choosing Wisely approach to refine the list of indications "Indication list" for patients requiring abdominal X-ray with the view of reducing the unnecessary X-ray orders that does not add value and in some occasions can cause harm to the patient.	Willem Landman Amanda Holgate	Dina Emmanuel	N/A	N/A			Closed
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.	Director of Hospital Services Willem Landman	Dina Emmanuel	N/A	N/A			Executing
Rapid Cardiac Screening Clinic Model of Care	Develop a model of care for a new rapid cardiac screening (RCS) clinic model of care. Develop a business case to introduce a new model of care that will include <ul style="list-style-type: none"> 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 	Patrick Gladding Alex Boersma	Kelly Bohot	N/A	N/A			Scoping
Endoscopy Service Care Transformation	Undertake a review of international models of care for endoscopy services	Director of Hospital Services Robert Paine	Delwyn Armstrong Penny Andrew	N/A	N/A			Planning
Cardiology Outpatients	Review and improve the process for triaging cardiology outpatient referrals to the Cardiology Service to ensure more timely access to the service, appropriate prioritisation, and identification of patients who require specialist assessment	Tony Scott Alex Boersma Linda Flay	Kelly Bohot	N/A	N/A			Initiating
QI Support for Renal Medicine Service Improvement	QI specialist to support/review programme of quality work in the renal service. Provide strategic oversight/focus, as well as guidance on resources for key individual projects.	Andrew Salmon	Dina Emmanuel	N/A	N/A			Planning
Child Woman and Family								
Urogynaecology Service	Develop a local service for women requiring management of urogynaecological conditions; Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP) and management of complications associated with previously implanted surgical mesh as a treatment type.	Jonathan Christiansen	Sue French	N/A	N/A			Planning

	Development of a business case will include care for women in Waitematā and the Northern Regions with SUI or POP, and those affected by complications secondary to treatment of these conditions where mesh was used							
Maternity Nurse Call Evaluation	Undertake an evaluation of the trial of the use of cell phones for patients in the maternity ward at NSH as a nurse call system. The evaluation will help inform a decision whether or not to implement at NSH and WTH	Sam Davenport	Kelly Bohot	N/A	N/A			Executing
Mental Health and Addiction Services								
Mental Health and Addiction (MHA) National Quality Improvement Programme	Support the development and delivery of the national MHA quality improvement programme, Whakapai i ngā mahi hauora hinengaro waranga hoki , at Waitematā DHB. The programme aims to improve the quality and safety of mental health and addiction services and the experience of care for consumers	Susanna Galea	Barbara Corning-Davis	N/A	N/A			Phase 1: Executing Phase 2: Planning next phase
Acute Mental Health Services Quality Improvement Programme	Support the development of a quality improvement programme for the acute mental inpatient units and related community services in response to client incidents (deaths in inpatient units and community)	Susanna Galea Pam Lightbown	Laura Broome Barbara Corning-Davis	N/A				Phase 1: executing
Community								
Safety in Practice Programme	Waitematā DHB's Safety in Practice (SiP) 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. The i3 provides quality improvement and project management support to the programme.	Tim Wood Stuart Jenkins	Sue French	N/A	N/A			Executing
Ear Nurse Service Process Improvement	Improve Ear nursing service (ENS) by identifying the required nursing FTE to maintain a sustainable workforce. Define and implement more efficient streamlined processes and clear parameters to enhance patient outcomes.	Marianne Cameron Michele Kooiman	Dina Emmanuel	N/A	N/A			Executing
District Nursing Service Review	Review and work to improve DN service across West, North and Rodney.	Jos Peach Brian Millen	Lydia Gow Kelly Bohot	N/A	N/A			Executing

Other Work In Progress	Overview	Involvement	Sponsor(s)	PM Resource	Comment
ECIB Design Support	Support for ECIB Programme	Support being provided for: <ul style="list-style-type: none"> Spatial design of ideal ward and other spaces in ECIB 	Andrew Brant Director of Hospital Services Michael Rodgers	Robyn Whittaker Delwyn Armstrong	Initiating

		<ul style="list-style-type: none"> Design of models of care including data analytics and options analysis 		Penny Andrew	
Innovation Partnership	Develop, test and refine mobile app review process	Research and develop a process including a review questionnaire to screen apps based on business/clinical relevance, quality, functionality and security	Stuart Bloomfield Robyn Whittaker	Kelly Bohot	Ongoing

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	Ongoing
Mental Health and Addiction (MHA) Quality Improvement Programme	As above	As above	Susanna Galea	Laura Broome and Barbara Corning-Davis	Planning
Safety in Practice	As above	As above	Tim Wood Stuart Jenkins (ADHB/WDHB) Lisa Eskildsen Diana Phone	Sue French	Ongoing
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	Ongoing
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	Ongoing
Waimarino Clinic QI Workshop	Teach QI skills to participants and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Tony McGeady Philippa Cope	Barbara Corning-Davis	Ongoing
Te Whānau o Waipareira	Teach QI skills to participants and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Penny Andrew	Barbara Corning-Davis	On hold
Aged Residential Care and Hospice Providers	Teach QI skills to participants and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Penny Andrew	Barbara Corning-Davis	Ongoing
HQSC-Sponsored Quality Improvement Advisor Training	HQSC is sponsoring two i3 Project Managers to complete the Improvement Advisor (IA) Training Programme. The programme involves experience based learning with each IA trainee working on a project during the programme.	Two i3 Project Managers are completing the programme. Kelly Fraher is working with an aged residential care facility and ED to explore the use of telehealth	Penny Andrew Willem Landman Jos Peach	Kelly Fraher Jeanette Bell	Closing

	HQSC's focus this year is on improving QI capacity in aged residential care.	Jeanette Bell is working with an aged residential care facility and the DHB's pressure injury steering group designing a collaborative pressure injury QI programme between the DHB and the facility			
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Support Requests						
Current Support Requests						
Project Name	Sponsor / Requestor	Description	Request received	Scoping Completed Approved date	Assigned to	Comment
Organisation-wide/Multiple Divisions						
eOrders: support with training and change management in ED/ADU	Robyn Whittaker Michael Sheehan	Project management support for the implementation of eOrders Phase 2 – training and change management in ED/ADU	February 2019			Currently on hold due to delays with dependencies
Support the Financial Sustainability Programme profile reviews being undertaken by EY	Robert Paine Marion Webb	A project manager with improvement skills to join an internal core team to work alongside the EY team as the EY team undertakes profile reviews of orthopaedics + general surgery	August 2019		Kelly Bohot	Initial scoping to be undertaken to determine skills and support required
Deteriorating patient at WTH	Jonathan Christiansen	Proposal to create a high observation area at Waitakere Hospital for deteriorating patients	9 September 2019		Renee Kong Jeanette Bell	Business case drafted Consultation document to be released 13 Jan 2020
Capex request process	Robert Paine	Process mapping capex request process with a view to process improvement	20 November 2019			
Artificial Intelligence interpreting	Sue Lim	Proposal to test an artificial intelligence interpreting device in outpatient clinics. The tool could reduce demand and cost on interpreting services	28 November 2019			
Child Women and Family Service						
Review of Community Children's Nursing	Marianne Cameron	Undertake a review of community children's nursing team, including a review of the model of care, entry and exit criteria, FTE required to deliver services, contracts,	July 2019			On hold awaiting outcome of District Nursing Review early 2020

		geographical spread, population increases etc.				
National Children's Rehabilitation Service (NCRS) Model of Practice re-design	Susan Schroeder	Request for design support with reviewing and redesigning the model of practice. The aim is to improve the journey for families by having physical and visual tools/processes/communication styles that facilitate family led/patient led goal setting	2 September 2019			Declined at present as PM support not available. Team have commenced internally led initiative
Maternity Smartcall	Sam Davenport	Support to complete transition from nurse call bell to Smartcall system (bedside telephone direct contact to clinician via mobile) on Maternity at NSH	21 November 2019			
Surgical						
Gynaecology Theatre informed consent process for sensitive examinations	Jonathan Christiansen Diana Ackerman	Project management support to improve the process of informed consent for patients undergoing sensitive examinations in the gynaecology theatre	May 2019	20 May 2019	Lisa Sue	Scoping completed. Work in progress
NSH Operating Theatres: Improving the function of and culture	Michael Rodgers Debbie Eastwood	Work with the theatre teams (by profession collaboratively, by area etc.) on how we can improve the way theatres function linked to how staff work together	28 August 2018		Carlene Lawes	Carlene Lawes, i3 public health physician is supporting Michael Rodgers with literature review and research
PACE model of graded assertiveness	Daniel Fung	Proposal to implement PACE model of graded assertiveness – a tool to empower staff to speak up in situations where patient safety is potentially compromised	18 June 2019			Scoping commenced. To be included in the Values Programme (speak up workstream)
Anaesthetic pre-assessment clinic	David Burton Director of Hospital Services	Undertake scoping of Anaesthetic pre-assessment clinic process to understand previous ESC process and current ESC, WTH and NSH processes	9 September 2019	23 October 2019	Lisa Sue	Scoping commenced
Transition Pain Clinic	Michal Kluger	Scoping to develop a Transition Pain Service to manage the period between high intensity analgesia, discharge and rehabilitation	8 November 2019	20 November 2019	Laura Broome	Scoping commenced

2 way patient/clinician communication	Charlie McFarlan	Request to help design a 2 way communication system between patients/whānau and staff	20 November 2019			To be included in Phase 4 of Leapfrog Programme
Medical						
Integrated rehab model of care	Jessie McArthur	Develop a new model of care and business case for integrated rehab. ACC require a model to be adopted by 2022. Work in progress with leadership from John Scott, Brian Millen and Cheryl Johnson.	24 June 2019			
Sub-cutaneous injections in the community	Jay O'Brien	Henry Chan, consultant haematologist, has received a grant to trial giving sub-cutaneous injections in the community for patients with multiple myeloma. Request for PM support.	12 July 2019			Initial request conversation completed. On hold as project not ready for PM support yet.
eCardiology/eOrders	Lara Hopley/Michael Sheehan	Transition Cardiology procedures to eOrders	11 November 2019			Leapfrog Programme Phase 4. PM support to be assigned.
Clinical Support Services						
TimeStation in Orderly service	Jonathan Wallace	Support the implementation of TimeStation, an innovative time and attendance system to save manual administrative work, ensure greater accuracy of shift information for payroll, and reduce printing in the Orderly service	23 September 2019	30 September 2019	Mustafa Shaabany	Scoping

Closed since last report						
Project/Work/Request	Sponsor/Requestor	Overview	Outcome			Close out / summary report location
ED Residential Care Project	Penny Andrew	Quality improvement project to investigate reducing presentations to Emergency Department with one Residential Care facility as part of Improvement Advisor course	Testing complete, learnings shared with Planning and Funding and Gerontology Nurse Specialist groups for further uptake			i3

Patient Deterioration Programme (PDP)

Progress Summary

Sponsors: Andrew Brant, Jos Peach, Penny Andrew
 Project Manager: Jeanette Bell
 Phase: Planning- 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:

- Monthly Executive Sponsor meetings and regular updates to the Clinical Governance Board (CGB) [Recognition and Response Systems \(see separate progress summary reports\)](#)
- a. Adult - National vital signs chart and early warning system implemented Monday 6 May 2019 both sites
 - Monthly NZEWS audits continue
 - National Patient Deterioration Programme staff survey completed November
- b. Maternity - National Maternity Early Warning System (MEWS)
 - Working group using HQSC framework to plan for 3 March 2020 implementation
- c. Mental Health - National adult vital signs chart and early warning system for adult inpatients and Community Alcohol and Drug Service (CADS) inpatient unit
 - Scoping alongside request for eVitals

Kōrero mai: Patient, family and Whānau Escalation (see separate closure report)

- Business as usual for Patient Experience Team
- Monthly reporting to PDP Executive Steering Group
- Patient and Staff awareness campaign planned and planning to implement in mental health

Shared Goals of Care

- Waitematā DHB a HQSC test site for new national Shared Goals of Care principles, tools and resources. Wards 3 and 15 are pilot wards.
- Consumer interviews and focus groups completed, ward testing of draft national Shared Goals of Care form commenced in November. Electronic version of document being drafted for testing.

Measurement

- Quarterly HQSC quality safety markers reporting
- NZEWS auditing reduced from weekly to monthly on 22 October
- Deteriorating dashboard and EWS audit results in Qlik Sense

Project Risks:

- Large scale of programme and change
- Need to keep large number of stakeholders informed
- Clinician availability, staff engagement
- Potential for local and national priorities and timelines to differ
- 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 Waitematā DHB is unable to access recommended training for Shared Goals of Care work stream

Next Steps:

- Continue monitoring and supporting New Zealand Early Warning System (NZEWS)
- Refine Patient Deterioration Dashboard
- Support Maternity with preparation for MEWS implementation on 3 March
- Continue Shared Goals of Care PDSA cycles and form testing
- 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)	Executing	General hospitals Implemented 6 May 2019	July 2020
Recognition and Response Systems - Implementation of National Vital Signs Chart & Early Warning Score (maternity)	Planning May 2019 start	In progress	March 2020
Kōrero mai: Patient, family and Whānau Escalation Co-design	Closed	BAU	CLOSED
Shared Goals of Care pilot	Executing	In progress	Pilot Mar 2020 Sept 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		N/A

PDP Work Stream 1: Recognition and Response Systems - Adult

Clinical Leads: Jonathan Casement
 Project Manager: Sue French
 Phase: Executing



Opportunity / Problem Statement:

Ensuring deteriorating patients receive appropriate and timely care is essential to meeting the aim of safe, effective, quality patient care. Early recognition and response to clinical deterioration can minimise and reverse the severity of deterioration and the level of intervention required to stabilise a patient's condition and can reduce patient harm, morbidity and mortality, hospital length of stay and associated health costs. Evidence demonstrates that patients exhibit many signs and symptoms of deterioration for a reasonable period of time before cardiac arrest or unplanned admission to intensive care occurs. Evaluation of our current systems indicates that there is inconsistent processes and pathways and an absence of processes and mechanisms to support safe, consistent, effective 24 hour care for the deteriorating patient

Objective / Aim:

Develop and deploy a robust strategy for the implementation of a Waitematā Recognition and Response program that will reduce the harm associated with unrecognised deterioration and its subsequent delayed treatment for all adult in-patient (excluding maternity) care areas.

Status Update:

- Change Request for Smartpage for automated 'urgency' selection, screen display colours, combining scores and displaying scores with modifications, and cross site paging function submitted (see Smartpage report)
- No date for planned roll-out of Smartpage for on-call registrars
- Daily Patient at Risk (PAR) Huddles at Waitakere Hospital now business as usual
- Mental Health - National adult vital signs chart and early warning system for adult inpatients and CADS - initial scoping and feasibility with eVitals requirements paper provided to Penny Andrew.

Project Risks:

- Engagement from existing clinical teams
- Human resource resistance to organisation wide change process
- Resource requirements (clinical staff) for potential changes to escalation and response systems and delivery of education

Project Issues:

- Technical issues with Smartpage, In-patient, Clinical Whiteboard, Trendcare and Capacity-At-A-Glance Board occurred secondary to eVitals changes

Next Steps:

- Confirmation from executive group of orthopaedic group solution for limited registrar availability to respond to Red and Blue zones requests pending.

Timeline

Milestone	Status	Estimated Completion Date
Initiating	Complete	September 2017
Planning	Complete	July 2018
Executing	Complete	6 May 2019 (General hospitals)
Closure		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		N/A

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

Sponsors: Andrew Brant, Jos Peach, 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 HQSC is asking all hospitals to prepare for and implement this system by March 2020.
 The aim of 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
- The length of stay of pregnant and recently pregnant women in Intensive Care, high dependency and maternity units

Objective / Aim:
 To transition from Waitematā Maternity Early Warning Score to New Zealand Early Warning System (MEWS) and deliver a Waitematā mandatory escalation pathway to all areas where pregnant or recently pregnant women (up to 42 days later) are admitted, by July 2020

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:

- Combination of Health Alliance disconnection of inactive mobile devices and an Apple operating system upgrade is causing frequent loss of connectivity for users. Clinical Users are disengaging with digital system with preference for paper notes recording of vital signs.
- Potential technical issues with Smartpage, In-patient Snap, Clinical Whiteboard, Trendcare and Capacity-At-A-Glance secondary to eVitals changes.

Next Steps:

- Confirm organisational communication process with the Matt Gray.
- Implementation education starts February 4
- Go live 2200 hours March 3rd
- Confirmation of solution for inactive mobile device timeout pending.

Status Update:

- Project charter and escalation pathway approved by Clinical Governance Board December 6.
- MEWS development in eVitals complete, User testing completed
- Face-to-face education material complete
- E-learning material in development.
- User communication processes ready for sign off from Communication's Team.
- Print collateral development with vendors (paper charts, stickers, lanyard cards) complete. Print document delivery expected 30 January 2020.

Timeline		
Milestone	Status	Estimated Completion Date
Initiating	Complete	September 2019
Planning	In progress	January 2020
Executing	Not started	03 March 2020
Closure	Not started	TBC

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

Scope	Timeline	Budget
	03 March 2020	N/A

PDP Work Stream 3: Shared Goals of Care Progress Summary

Sponsors: Andrew Brant, Jos Peach, Penny Andrew
 Project Manager: Jeanette Bell
 Phase: Planning



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:

- Advisory group meeting monthly and working group meeting fortnightly
- Consumer interviews and staff focus groups completed
- National draft form testing commenced Nov 2019 on pilot wards 3 and 15
- Electronic shared goals of care form designed for next stage of testing
- Clinical Lead (Carl Peters) and Project Manager attended National working group meeting in December to discuss draft form and pilot to date
- Use of Predictive tools for shared goals of care being explored

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. 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
- Māori cultural service engagement planned for February
- Thematic analysis of patient interviews
- Test next version of form electronically
- Attend February National Working Group meeting
- Continue development of predictive tool/shared goals of care flag
- Development of resources – patient, staff (conversations toolkit)

Timeline

Milestone	Status	Completion
Initiating	Complete	Aug 2019
Planning	In progress	
Execution	Not started	
Close	Not started	Pilot: December 2019 – Mar 2020 September 2020 (HQSC 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
	TBA	N/A

Survive Sepsis Improvement Collaborative - Progress Summary

Sponsor: Dr Penny Andrew, Dr David Grayson, Shirley Ross, Kate Gilmore and Dr Matt Rogers
 Project Manager: Kelly Bohot
 Phase: Closing



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:
Work stream 1: Best Practice Guidelines

Adult guideline Nil

Maternity guidelines
 • Complete publication process

Paediatric guidelines Nil

Work stream 4: Measurement and Evaluation

- Project Implementation Review document in progress
- Review dashboard and identify outstanding actions
- Explore options to validate sepsis screening tool
- Complete comparison of our measurement set with Waikato DHB and Imperial College

Status Update:

Work stream 1: Best Practice Guidelines

- Maternity guidelines agreed and signed off by Antimicrobial Stewardship Committee and Pharmacy Committee. Awaiting publication.

Work stream 2: Improvement Activities

Work stream 3: Clinical education programme

Work stream 4: Measurement and Evaluation

- Improvement opportunities for sepsis dashboard identified and in progress
- Work to compare our measurement set with Waikato DHB and Imperial College dashboard in progress
- Opportunities to better integrate ED and inpatient wards identified

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	Extend	N/A

Patient-Reported Outcome Measures (PROMs) Progress Summary

Sponsor: Jay O'Brien
 Project Manager: Mustafa Shaabany
 Phase: Executing



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.

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:

- Develop a communications plan to assist the on-boarding of services
- Work with Maritz to test the developed process of feed file automation

Status Update:

- Create a list of patients with validated email addresses to test emailing PROMs survey – complete
- Plan to test sending surveys to patient's email address – complete
- Publish the radiology patient internal referral and IPOS-Renal surveys – complete
- Design a draft EQ-5D Qlik dashboard – complete
- Write a closeout report for PROMs phase 1 - complete
- Create 3 IPOS surveys for palliative care - in progress
- Work with Maritz to develop a process to automate sending out surveys to patients - completed
- Exploring options for ongoing admin support required for the programme

Timeline

Milestone	Status	Estimated Completion Date
Initiating	Completed	June 2018
Planning	Completed	August 2019
Executing	Current	November 2020
Closure	Pending	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

Smartpage- Clinical- Progress Summary

Sponsor: Penny Andrew/Stuart Bloomfield
 Project Manager: Dina Emmanuel
 Phase: Executing



Opportunity / Problem Statement:

The primary communication method, during the day, between the ward doctors and others is alphanumeric pagers. Pagers have limited ability to share information effectively and efficiently. Smartpage is a smart mobile and web-based clinical messaging and mobile task management system that has been used after hours (4pm-8am) by ward nurses, Duty nurse managers, Smartpage Coordinators, and house surgeons (RMOs) since 2013. The system is overwhelmingly endorsed by the RMOs and other users, and the RMOs and other users have consistently requested Smartpage be made available to them over all shifts (24/7). An extended trial in 2013-14 reported significant time savings and improved communication, with up to 15-20 minutes of time saved every hour. Recent quality improvement programmes, in particular TransforMed and the Deteriorating Patient Programme, have highlighted the need for better communication and RMO task management across all shifts, both of which can be improved significantly by the use of Smartpage.

Objective / Aim:

To extend the use of Smartpage messaging system for calls to House Officers (HOs) during business hours (Mon-Fri 08:00 – 16:00) by deploying DHB-managed smartphones with the Smartpage app installed to all House Officers who currently have a pager. Following that, extend to all RMOs (HO + Registrars).

Status Update:

The project is structured in phases to roll out Smartpage phones to HO first then registrars:

Phase 1 August 18- Smartpage for 100 HO replacing the pagers (HO Quarter 4 final run)

Phase 2 Nov 18- Smartpage for 100 HO replacing the pagers (HO new run)

Phase 3 August 19- Smartpage to 165 HO (100 HO already have Smartpage +65 without pagers)

Phase 4 Nov 19- Smartpage for registrars

Phase 5 Nov 19- Smartpage for all HO at the changeover

Phase 6 Jun 20- Smartpage for all registrars at the changeover

- Phase 1 and 2 of the project is now complete (gone live)
- Appointed process owner from Waitematā Central. i3 will continue with PM support for the next phases
- Work in progress to create one RC code for project operational cost
- Confirmed the availability of phase 3 and 4 funding required for additional 150 phones to be provided to registrars and possibility of 60 phones to pharmacists at an approximate cost of \$150K (hardware)
- Operation managers (Gen Med, Gen Surg, Ortho, O & G and Cardiology) approved the go ahead with issuing after hours on- call registrars with Smartpage phones
- Issued Smartpage phones to Q4 rotation HOs with the help of service ops managers
- Started replacing the oncall Reg phones with Smartpage phone and setting up the users (log in and password) in Smartpage

Project Risks:

Setting up all phones at House officers and Registrars rotation change over in a timely manner

Project Issues:

- Managing the operational side by WC (project process owner) as its taking a lot of resources and time which is impacting the core duties of WC
- The management of Smartpage Log in/out by current users

Next Steps:

- Complete setting up and issuing Smartpage phones to all oncall registrars
- Continue to improve the rollout process especially the hand out and return of the phones process with the assistance of services operation managers. The aim is to have one contact point in each service who will take the ownership of handing out the phones to their teams instead of the current process of involving HIG/i3/WC
- Improve the current Smartpage training process and documentation

Timeline

Milestone	Status	Estimated Completion Date
Initiating	Complete	April 2018
Planning	Complete	May 2018
Executing	On going	March 2020
Closure	Not started	September 2020

Budget	Spend to Date	Forecast to Complete	Variance
Capex \$	TBA	N/A	\$0
Opex \$	TBA	\$50k	TBA

Scope	Timeline	Budget
On track	Extended	N/A

ICNet Optimisation Progress Summary

Sponsors: Matthew Rodgers, Stuart Bloomfield
 Project Manager: Handed over to Sandi Gamon – Infection Prevention & Control, supported by Martin Michaelis (HIG-contract) And Barbara Corning-Davis (i3)
 Phase: Closing



Opportunity / Problem Statement:
 ICNet (infection control surveillance + management system) went live at Waitematā DHB on 28 March 2018 after two failed starts in April 2017 and November 2017. This is a shared system with ADHB. The system was implemented ‘out of the box’ and needs to be configured in order to deliver the benefits highlighted in the business case. Implementation into the IP&C service was led by IPC Clinical Nurse Specialist, Graham Upton.

Objective / Aim:
 To develop the ICNet functionality for the Infection Prevention and Control (IP&C) team to realise the benefits of :

- 1) improving patient safety by facilitating earlier identification of patients with health-care associated infection (HCAI)
- 2) improving data quality, providing real time quality information and timely access to clinical knowledge
- 3) reducing administrative overhead so the IP&C team can focus on infection prevention best practice

Status Update:

- ✓ Infection Prevention has hired a new Quality Improvement Advisor, Sandi Gamon, who has been supporting ICNet with Martin Michaelis providing technical assistance.
- ✓ ICNet web portal was added to TWA (Trusted WiFi Access). iPads are being configured to use for point prevalence audits starting in February.

Project Risks:
Project Issues:

- Medchart interface on hold, pending resources.

Next Steps: (Time boxed for 3 months – 1 January – 31 March 2020)

- (February) Minor ICNET system upgrade – date being discussed with Baxter and ADHB.
- (Late January) Meet with key stakeholders and determine the product plan for 2020.

Timeline		
Milestone	Status	Estimated Completion Date
Initiating	Complete	June 2017
Planning	Complete	June 2017
Executing (Project handed over to Service January 2018)	Extended	May, 2019
Closure	Extended	Dec 2019

Budget	Spend to Date	Forecast to Complete	Variance
Nil	N/A	N/A	\$0

Scope	Timeline	Budget
	Extended until December 2019	N/A

Chest pain pathway - Progress Summary

Sponsor: Jonathan Christiansen & Alex Boersma
 Clinical Leads: Laura Chapman & Kate Allan
 Project Manager: Kelly Bohot
 Phase: Execution



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

Project Risks:

Nil

Project Issues:

- Patients on the chest pain pathway do not always have an electronically documented risk score available. *Agree on how to identify patient cohort in the data and a plan to improve documentation of risk score*

Next Steps:

- Finalise Qlik appto assist ED to monitor chest pain pathway and cardiac outcome data. Next meeting 21 January 2020.

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	In progress	February 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	Extended	N/A

Choosing Wisely-Optimise Abdominal X-ray (AXR) requests in Emergency Department- Progress Summary

Sponsor: Willem Landman/Amanda Holgate
 Project Manager: Dina Emmanuel
 Phase: Closed



Opportunity / Problem Statement:

Over-requesting AXR with low diagnostic yield causing delays in completing procedures and exposing patients to unnecessary radiation. There are evidences of over requested AXR causing delays in processing needed x-ray requests and impacting negatively on demand management strategies. Patients undergoing AXR are then exposed to further radiation with a CT scan.

Objective / Aim:

Adopt Choosing Wisely approach to patients requiring abdominal X-ray with the view of reducing the unnecessary X-ray orders that does not add value and in some occasions can cause harm to the patient.

Status Update:

Completed the following tasks:

- Scoping document
- ED-Radiology patient current process map
- Collected data for initial capability study
- Audit of the collected data and results discussed with the team
- Established the percentage of AXR requests (50-60%) that didn't add value or improve patient experience
- Completed survey (44 respondents) to better understand the reasons for ordering an AXR. Feedback has been graphed and shared with project team and communication poster created for wider communication. 45% of participants indicated the AXR outcome rarely alters the management of the patient.
- Established % of indicated (added value) AXR following the improvement changes
- Final data indicates 21% improvement
- Calculated financial benefits based on the reduction of non-indicated AXR (increase the % of indicated AXR) at a cost of \$130/AXR. Savings from Jan-June 19 ~\$39K

Project Risks:

Not all clinicians follow the "Adult acute abdominal pain pathway" instead continue ordering AXR unnecessarily

Project Issues:

Nil

Next Steps:

- Project close out available with i3

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Complete	April 2018
Initiating	Completed	August 2018
Planning	Completed	August 2018
Executing	Completed	April 2019
Closure	Completed	November 2019

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

Scope	Timeline	Budget
On track		N/A

OptimisED+ (plus)- Progress Summary

Sponsor: Director of Hospital Services
Willem Landman

Project Manager: Dina Emmanuel

Phase: Executing



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

WIP

- Plan PDSA cycle to improve ED-ADU flow
- Review of registered nurse workforce on both sites (NSH and WTH)
- Review of ED clerical workforce on both sites (NSH and WTH)

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:

- Work with ADU to arrange "Pit Crew" PDSA third trial
- Complete the review of Registered Nurse workforce on both sites (NSH and WTH) and recommend changes
- Review ED clerical processes and work load across both sites (NSH and WTH) and recommend changes

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Completed	Feb 2019
Initiating	Completed	March 19
Planning	Completed	March 19
Executing	Started	October 19
Closure	Not started	June 2020

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

Scope	Timeline	Budget
On track	On track	N/A

Community Child and Family Ear Nursing Service Improvement- Progress Summary

Sponsor: Marianne Cameron
Michele Kooiman

Project Manager: Dina Emmanuel

Phase: Executing



Opportunity / Problem Statement:

The Ear nurse service has no clearly defined designated full time employee (FTE). The processes for service delivery are inconsistent and out-dated

The ear nursing service is a non-acute, community-based service delivering ear health assessment and treatment for children aged 3 months to 18 years. The community ear nurse works with all children, prioritising those from identified at risk groups and those for whom barriers create an inequality or gap in access to health services.

Objective / Aim:

Improve ear nursing service (ENS) by identifying the required nursing FTE to maintain a sustainable workforce (capacity and demand). Define and implement more efficient processes and clear parameters to enhance patient outcomes.

Status Update:

Completed tasks

- Created project charter and established team working group
- Completed “as is” service delivery process map for both Waitakere and North Shore regions
- Completed future map and Identified improvement opportunities
- Established community services “Child and family” data explorer
- Streamlined referral data entry process. Created guide document with screen shots to assist administrators when creating new referrals in iPM
- Streamlined the current process for creating “presenting referral” and “related referral”
- Reviewed outpatient wait list and iPM-booking in test environment
- Audit referrals to identify “misdirected referrals” clinics asking patient to contact service directly
- Communication email sent to PHOs reminding GPs to use e-referral system rather than asking the patients to call the service directly
- Clean up open old “inactive” referrals in the system
- Established EN job description
- Provided training (to project team) on how to navigate through community services’ “Child and family” Qlik dashboard
- Set up iPM booking and provided end user training
- Set up digital post for waitlist and appointment booking letters

Project Risks:

Nil

Project Issues:

Nil

Next Steps:

- Monitor the Go live with iPM wait list and bookings
- Monitor the Go live with digital post
- Collect data following the agreement on referral source definitions for on-going measurements
- Measure appointment duration variation for Ear Nurses following the implementation of iPM booking
- Reflect on the current Ear Nursing capacity and demand using Qlik dashboard

Timeline

Milestone	Status	Estimated Completion Date
Initiating	Complete	October 2018
Planning	Complete	December 2018
Executing	In progress	February 2019
Closure	Not started	March 2020

Capex \$	N/A	N/A	\$0
Opex \$	N/A	N/A	\$0

Scope	Timeline	Budget
On track	On track	N/A

General Surgery Clinical Pathways

- Progress Summary

Sponsor: Richard Harman, Kate Macfarlane
 Project Manager: Lisa Sue (PM support for Angie Hakiwai)
 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:

- Diagnosis of simple cholecystitis with bedside ultrasound scans
 - 15 November - Funding approved for the strategic assessment proposal on the new point of care ultrasound machine. Purchased order raised and machine delivered on site 23 December.
 - 6 December - General surgery department presentation on diagnostic audit and next steps
- Criteria Led Discharge
 - In-service training completed in November for Short Stay Ward nurses.
 - 27 November - Electronic work certificate went live.
 - 9 December – Started trial to improve awareness and communication between PACU and ward nurses around CLD with orange CLD cards that sit on top of patient notes.
- Acute Arranged Abscesses – Minor Procedures List
 - On-going monitoring.
 - In November, 8 Minor Procedures Lists were scheduled, only 1 list proceeded as planned. 7 lists cancelled due to staffing where there were suitable inpatient abscess cases. No abscess patients are booked by acute arrange pathway as surgeons are not confident the lists will proceed.

Project Issues:

- New ultrasound machine not released from clinical engineering as experiencing problems. Currently waiting for new engine.
- Nursing staff are not being rostered into the Minor Procedures List. Lists continue to be cancelled due to staffing.

Next Steps:

Cholecystitis bedside ultrasound scan project:

- Subject to clinical engineering sign off; further work required to configure Wi-Fi connectivity and PACS configuration on ultrasound machine.
- Plan next registrar focused gallbladder ultrasound training workshop
- Review of diagnostic audit data and working group to refine exclusion criteria for next audit cycle.

Criteria Led Discharge

- Monitoring impact of orange card trial
- Work with Clinical Nurse Educators to sustain criteria led discharge training and execution.

Acute Arranged Abscesses – Minor Procedures List

- On-going monitoring

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

Safety in Practice - Progress Summary

Sponsor: Stuart Jenkins
 Project Manager: Sue French (Improvement Advisor role)
 Phase: Ongoing



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:

- 2019-20 Quality Improvement learning sessions completed, overwhelming majority (94%) recorded high levels of satisfaction with content, style and quality of course material, presentation and delivery on learning outcomes.
- Participating team visits completed.
- Planned visits to support sustainability in returning pharmacy teams with Improvement Advisor and Pharmacy Lead underway.
- Planning for 2020-2021 cohort year commenced.
- Inaugural pharmacy cohort are year 2 of the programme (pilot year plus 3 years of programme). Planning for Pharmacy Alumni programme commenced January 2020.

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 3 occurring March 19 and 24

Timeline

Milestone	Status	Estimated Completion Date
Initiate (SiP year 6 2019-20)	Complete	July 2019
Plan	Complete	August 2019
Execute	In progress	September 2019
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

Rapid Cardiac Screening Clinic Model of Care business case - Progress Summary

Sponsor: Penny Andrew & Robyn Whittaker
 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
- Plan to test clinic with cardiology outpatient FSA cohort as part of outpatient cardiology improvement project.

Project Risks:

N/A

Project Issues:

N/A

Next Steps:

- Scheduled meeting to discuss details of trial plan 14 November 2019
- This project is to be incorporated in the outpatient cardiology improvement project

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	October 2019

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

Scope	Timeline	Budget
	On Hold	N/A

Quality Care in Adult Mental Health Inpatient Units Programme

Sponsor: Penny Andrew & Susanna Galea-Singer
 Project Manager: Laura Broome and Barbara Corning-Davis
 Phase: Planning



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 Wāiora are being 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 for Phase I of the activity 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. Phase II will focus on developing a quality improvement programme to improve the transitions between the adult acute mental health services and the adult community mental health services

Status Update:

- The Expert Advisory Group met on the 02/12/2019 and agreed their membership and terms of reference. The next meeting of this group is being scheduled for the end of January 2020. The Executive Sponsor Group, Steering Group and six workstreams all meet fortnightly. Workstream leads provide a fortnightly written update to the Steering Group on progress.
- Incident investigations have completed interviews and work has commenced drafting reports. Two of the reports were reviewed at the Specialist Mental Health and Addictions Adverse Event Review (AER) on the 12/12/2019; the remaining three will be reviewed at the January meeting. Following AER review the reports will be reviewed and signed off by the Adverse Events Committee (AEC). If reports are signed off at their first presentation to both the AER and AEC then final reports will be available mid-end February 2020.
- Communications – a webpage has been developed for staff communication, this includes updates on the QI programme and staff are able to provide feedback on the programme.
- Follow up phone call to service user within 24 hours post-discharge – these calls are being made at both He Puna Waiora and Waiatarau by the Registered Nurse Shift Coordinator on the day following discharge.
- Safety huddles – these are now business as usual and a plan is being developed to ensure sustainability and audit these.
- Handovers – the handovers working group is testing a new template.
- Service user/whānau experience – A report has been completed of the initial Appreciative Enquiry sessions, including what staff value and the ideal work environment. Final sessions are being scheduled and the feedback from this will inform work in both the compassion and values and staff experience workstreams.
- Policy amendments have been made to the therapeutic engagement observations and risk assessment and safety planning policies for whānau raised concerns.

Project Risks:

- Lack of support to implement the changes required from the reviews.
- IT server and WIFI upgrades which are required for Electronic Therapeutic Observations (THEO) work to progress.

Project Issues:

N/A

Next Steps:

- Plan Qlik training sessions for clinicians and Quality Improvement training for staff.
- Tangaga whai i te ora and whānau experience – improve experience of welcome upon admission.
- Kōrero Mai for Mental Health – next steps are to identify key staff to be involved in this initiative
- Staff experience – A literature review on clinical supervision in Mental Health Nursing is being undertaken to develop and evidence based practice paper.
- Model of Care – workstream leads are undertaking a horizon scan of documented models of care for inpatient units and reviewing transitional pathways in/out of the units, including doctor-doctor handovers and appropriate welcome to the units.

Timeline

Milestone	Status	Estimated Completion Date
Initiate		
Plan	In progress	
Execute		
Close		

Mental Health and Addiction (MHA) Quality Improvement Programme (National)

Sponsor: Dr Susanna Galea-Stringer

Project Managers: Evelyn McPhillips, Lesley Turner and Barbara Corning-Davis

Phase: Reduction in Seclusion



Opportunity / Problem Statement:

Develop and implement Quality Plan for Mental Health and Addiction Services, including Health Quality and Safety Commission (HQSC) National QI Programme Phase 1: Reduction in Seclusion

Objective / Aim (Phase 1):

The project aims to improve patient experience on inpatient units by reducing the use of seclusion and or restraint. The overall aim is to achieve zero seclusion in adult acute and forensic services

He Puna Waiora (Phase 1)

Reduce the average number of minute's service users spend in seclusion in He Puna Wāiora Acute Unit by 50% (from 466 minutes to 233 minutes) by March 2020

Waiatarau (Phase 1)

Reduce the percentage of prone restraint experienced by service users admitted to Waiatarau Acute Unit by 50% (from two to one per month) by March 2020

Forensics (Phase1)

Reduce the average number of minutes service users spend in seclusion at Mason by 50% (from 858 minutes to 429 minutes) by March 2020

Status Update:

- Goal for a 50% reduction by September 2019 was not met. Target date extended a further 6 months to March 2020
- Adult teams show good engagement in project and are testing several change ideas. Some Safewards interventions have been incorporated into this project
- Forensic services are experiencing some barriers to engagement in the project
- Regular in-services have been provided to staff to build awareness and engagement
- Examples of change ideas adopted in adult services include communicating seclusion free days, safety huddles, personalised sensory boxes, introduction of quick mist (NRT), involving family in admission
- Examples of change ideas adopted in Forensic services include afternoon and evening activities, sensory modulation, welcome packs, increasing phone access

Project Risks:

Waitematā DHB has very low levels of clinical staff trained in QI Methodology (<0.25%)

Project Issues:

Objectives and tasks may overlap and conflict with other improvement activities in the Adult Mental Health inpatient units.

Next Steps:

- Meet with sponsor to review progress
- Review Mason working group engagement and progress
- Continue testing change ideas

Time Line:

Milestone	Status	Estimated Completion Date
Storyboard	completed	
Aims	completed	
Training Adult and Forensics inpatient	one session completed	
HQSC national training days 1,2,3	completed	
Driver diagram and change ideas developed	completed	
Zoom support tutorials	completed	
HQSC away training day	planning	20.11.19
Evaluated progression towards goal		March 2020
End of project		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

Tier 2 Quality Improvement Workshops Quality Improvement Programme

Sponsor: Penny Andrew

Project Manager: Barbara Corning-Davis

Phase:

i3

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:

- 23 hospice and aged residential care providers from eight facilities delivered their final presentations on 31 October 2019. Participants asked for assistance with quality plan development, so a special session is planned. Also, a special session on improving staff morale and retention will be delivered at the ARC Forum on 11 March.
- NSH – 16 participants from nursing, allied health, pharmacy, laboratory services, mental health, and hospital operations presented 12 improvement projects on 28 November.
- Ad hoc quality improvement coaching has been provided on request with QI workshop alumni and others
- New session on Failure Modes Effect Analysis (FMEA) was developed and will be piloted on 8 January.

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:

2020 Workshops Scheduled – as a result of participant feedback, the format will be two half days over two months, plus a session for final presentations instead of nine 1-hour weekly sessions. Dates for upcoming workshops:

- NSH – 11 February and 31 March
- WTH (includes Aged Residential Care) – 27 February and 26 March
- Waimarino Clinic – 4 March and 29 April
- Special session for quality plan development with hospice and aged residential care facilities – 13 February

Timeline

Milestone	Status	Estimated Completion Date
Training at NSH and WTH	completed	Ongoing
Training in community	completed	Ongoing

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

Urogynaecology Service Development

Sponsor: Jonathan Christiansen
 Project Manager: Sue French
 Phase: Initiating



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 world-wide. 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:

- Credentialing update:
 - Process to recruit an international expert to provide surgical proctoring commence with HR.
 - Waitematā model acknowledged as preferred model by MOH and National Chief Medical Officer group. MOH appointed programme manager to develop this as national model.
- Patient information documents launched 05 November
- First stage of consumer webpage on Waitematā DHB website for Female Pelvic Health. Pages completed. Site will include access to digital copies of Patient information for informed consent for SUI, POP and Management of complications from treatment for SUI and POP, will launch week commencing 13 January.
- Development of E-Learning module for surgeons continues.
- Regional group convened December 2019 to work on regional approach for management of women with complex outcomes from mesh insertion for SUI and POP.
- High level document for service needs and planning for national center for mesh complications provided to Jonathan Christiansen on 19 December 2019.
- Operational: Sam Titchener commenced as General Manager for Surgical and Ambulatory, Chair of Steering Group handed over to Sam from Stephanie Doe.
- Service has opened to a set number (100) of priority 3 referrals for six-months to increase surgical volumes for practitioners. New theatre session at Waitakere for cases suitable for intervention without general anaesthetic commencing March 2020.

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

Project Issues:

- Nil at present

Next Steps:

- Confirm recruitment process of international proctor
- Complete education strategy for surgeon training. Submit to Executive Leadership Team and Credentialing Committee.

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Complete	November 2018
Initiating	Complete	April 2019
Planning	In progress	October 2019

Executing	Pending	TBC
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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

District Nursing Service Review

Sponsor: Brian Millen/Jocelyn Peach
 Project Manager: Lydia Gow
 Phase: Executing



Opportunity / Problem Statement:

With an ageing population and a strategic move towards delivering care closer to home, the District Nursing Service is seeing increasing referrals. The Service reports they are struggling to manage their workload, often resulting in overtime and casual labour use. The Service is currently not meeting the Ministry of Health entry criteria for a community nursing service with patients deemed high risk needing to be seen within 8-24 hours of referral. This criteria was met for 47.5% of high risk patients referred to the service in 2018. This is likely to also be influenced by a lack of understanding and accurate utilisation of this risk measure by the service. Anecdotally, nurses are often not able to attend professional supervision and other non-clinical meetings due to workload, and staff experience is poor. The Service feels better care could be given to staff and patients with well-managed workloads.

Objective / Aim:

To deliver timely patient care, aligned to the Services' Entry and Transfer of Care criteria for 90% of patients, within allocated district nursing FTE, by October 2019.

Status Update:

- All district nurses now have point of care access to Clinical Portal in the community via Citrix. This has enabled new patient charts to be reduced from 8 forms (10 sheets of paper) to 2 forms (2 pieces of paper).
 - Wound assessment, pressure risk assessment, product order form and ostomy assessment electronic forms have been developed and implemented.
- The Service has implemented a change for referrals received out-of-hours. Previously, these referrals were not registered until office hours, meaning documentation was paper-based until this time. Healthcare assistants at the Hibiscus Coast site have now been trained to register these out-of-hours referrals so processes can be consistent across the week.
- A Qlik dashboard has been published for the Service. Managers have been through Qlik training. Managers to support team leaders to familiarise themselves with Qlik.
- Allocation and scheduling has historically been paper-based using paper diaries/card systems. A SSRS Schedule report has been developed and refined, including dividing due patient contacts into geographical clusters, which increases Service visibility of upcoming demand and of patient risk/prioritisation. A contingency plan has also been developed using automatic emails, and Clinical Portal and Qlik searches.
 - Hibiscus Coast site has moved onto using this report in isolation for allocation of patient contacts. Other sites are planning for this implementation.
- Video-conferencing for inter-site meetings, to save travel time, has been successfully trialled using Zoom. A Zoom license is now being acquired so this can be used regularly.
- Capacity and demand workstream:
 - Interactive graph showing future demand published in SSRS and Qlik.
 - Work underway with Finance to develop a cover model that will look to define Service capacity/rostering.
 - Scoping options for developing a "Variance Indicator Board" for the Service that can be used on a day-to-day basis to assess capacity/demand variance. Variance response management plan drafted for Service.

Project Risks:

- Maintaining both pace of project and effectiveness of change.

Project Issues:

- Nil at present

Next Steps:

- Working on DeeR (electronic referrals) specific template for trial removal of catheters with urology clinical nurse specialists. CMDHB and ADHB district nursing services to decide if they will use this too.
- Future modelling/Service planning being worked on with Finance.
- Project closure end of February – ongoing Service development plan to be developed. This will include a plan for the Service to move off of incoming paper referrals.
- Data clean-up and a Service level drive on data quality.

Timeline		
Milestone	Status	Estimated Completion Date
Scoping	Complete	
Initiating	Complete	
Planning	Complete	
Executing	In progress	February 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

Cardiology outpatients

Sponsor: Alex Boersma
 Clinical Lead: Tony Scott
 Project Manager: Kelly Bohot
 Phase: Planning



Opportunity / Problem Statement:

Demand for Cardiology outpatient appointments at Waitematā DHB exceeds current appointment capacity. Referral data indicates demand for first specialist Cardiology appointments for this financial year (FY2018/19) is 31% higher than the last. Our current first specialist appointment demand is greater than other Auckland DHBs and the rest of the New Zealand. The largest growth has been for patients prioritised as priority 2 and priority 3. Priority 1 patients have remained stable which suggests the burden of disease in the community is unchanged. There are national referral guidelines for cardiology in use in other DHBs which are not currently systematically implemented in our cardiology service. There are opportunities to standardise our triage and grading process and expand our modes of delivery (eg nurse led clinics, virtual clinics) to better manage demand and ensure the right patients receive the right advice and care in the right place at the right time.

Objective / Aim: TBC

Status Update:

- Baseline data complete
- Cardiology triage specialty nurse now managing 30% triage and grading demand
- Initial tests of telephone follow ups completed (n = tbc). Patient uptake = 25%.
- Rapid Cardiology Screening Clinic (see project report above) planning in progress. Proposal to test with first patient cohort at Waitakere Hospital 17.02.2020
- eOrders identified as opportunity to better manage patients awaiting test results +/- a follow up appointment (there are patients on the planned waitlist that are awaiting results and may not require a face-face follow-up appointment once the results are reviewed). A request for project management support with eOrders has been received by i3.

Project Risks:

- Nil at present

Project Issues:

- Project resource is limited by other improvement work in Cardiology: ECHO, Rapid Cardiac Screening clinic proposal and review of overdue and planned appointments
- Plan to test Rapid Cardiology Screening Clinic delayed due to Sonographer strikes
- Patient uptake of telephone follow ups currently lower than expected (25%). Plan for nurse to contact patient rather than clerk in next test

Next Steps:

- Plan to test full telephone follow up clinic session February 2020
- Plan to test Rapid Cardiology Screening Clinic
- Meet with Cardiologists 20 January 2020 to review progress and improvement priorities

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Complete	March 2019
Initiating	In progress	May 2019
Planning	Pending	August 2019
Executing	Pending	September 2019
Closing	Pending	TBC

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

Scope	Timeline	Budget
On track	On track	On track

Renal Quality Improvement Programme

Sponsors: Janak de Zoysa
 Project Manager: Dina Emmanuel
 Phase: Planning



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
- To provide improvement training and coaching to teams undertaking improvement projects
- Improvement project:
 - Renal central line associated bacteraemia (CLAB) project: To reduce the rate of renal central line associated bacteraemia to less than 1 per 1,000 line days by March 2020

Project Risks:

-

Project Issues:

-

Status Update:

- CLAB Project:
 - Validation of cause and effect and process map with staff completed
 - Driver Diagram developed
 - Change ideas identified and prioritised
 - First PDSA is planned and change idea is document
- Other support:
 - Successful presentations of KPI data from Qlik Sense as part of renal service quality day presentations
 - Revision of Qlik Sense KPI sheet visualisations based on learnings from team presentations in progress

Next Steps:

- Test change ideas for CLAB project
- Complete KPI sheet visualisations in Qlik Sense and support teams with use
- Focus on standard work, error-proofing and streamlining data entry to enable data accuracy

Timeline

Milestone	Status	Completion
Initiating	Completed	September 2019
Planning	Completed	November 2019
Execution	In progress	March 2020
Close	Not started	June 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

Surgical Implant Tracking

Sponsor: Michael Rodgers
 Project Manager: Mustafa Shaabany
 Phase: Planning



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:

- Trial testing (PDSA 3) completed with positive feedback
- Analyse data from trials completed with the recommendation of rolling out changes to NSH and ESC
- 20 barcode scanners have been delivered for the rollout
- Configure barcode scanners - in progress
- Governance group decided to roll out the implementation of implant tracking to NSH and ESC
- Plan the rollout of implant tracking to ESC & NSH - complete
- Create a draft Qlik app to view the aggregated list of implants - in progress

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:

- Automate completing the implant data from reference tables and storing it in new implants tables
- Roll out the implementation of implant tracking to ESC
- Determine scope of the solution: what implants it should be scaled to and at what sites (eg NSH, ESC and WTH)
- Develop a plan for sustaining the rollout and ongoing use of the system – identify a team responsible for continued use and support
- Complete a project implementation report

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Complete	March 2019
Initiating	Complete	August 2019
Planning	Complete	December 2019
Executing	Current	March 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

Radiology Service Care Transformation

Sponsors: Director of Hospital Services, Robert Paine, Penny Andrew
 Project Manager: Laura Broome
 Phase: Executing



Objective / Aim:
 Optimise radiology services by:

- Optimising patient flow and service utilisation
- Optimising demand by embedding evidence-based care and eliminating unnecessary procedures (Choosing Wisely)
- Developing robust data to inform current + future service planning including outsourcing, capacity and workforce design
- Improving patients' experience
- Improving staff experience

Future Planning

- Trial of Robotic Process Automation – project approved in Leapfrog Phase 3
- i3 fellow to work in partnership with Radiology on testing AI methods

Project Risks:

- Nil

Project Issues:

- Nil

Status Update:

- Demand from ESC orthopaedic outpatient clinics for X-Ray – looking at options for improving this process, planning a trial of ESC booking patients for X-Ray to help manage demand.
- Radiology Ready – Investigating whiteboard changes to improve communications with the wards for CT contrast patient preparation.
- Compressed Sense for MRI – Strategic assessment successful for the purchase of Compressed Sense. To test reducing booking times on one MRI machine, the booking times for 11 exams using Compressed Sense were reduced by 5 minutes for the week of 23/09/2019. The average time saved was 35 minutes per day. This is consistent with the analysis of Qlik data which predicted an additional 30 minutes per day of in-house scanning per MRI machine.
- Investigating Access to Diagnostic Funding, a model that is available in ADHB/CMH but not Waitematā DHB which allows a GP to refer patients to a community radiology provider directly for ultrasound and X-Ray.
- Radiology appointments on Ward Whiteboard – went live on 29 July 2019. Positive feedback from teams so far. Prior to the WB change there were 2.5 patients per day on average with an IV Leur issue, now there are 1.6 patients per day on average.
- Engaged a nurse educator around difficult IV access. Exploring connections to the VAD group.
- Radiology Explorer in Qlik is published. Qlik end user training held for Radiology Team Leaders on 27/08/2019.

Next Steps:

- Compressed Sense –Optimise additional MRI exams using Compressed Sense.
- Staff survey to be sent out to Radiology staff, as one of the pilot sites for the survey.
- Choosing Wisely - looking at pathways that are appropriate to implement in the hospital setting

Timeline		
Milestone	Status	Completion
Initiating	Complete	14 April 2019
Planning	Complete	31 May 2019
Execution	Underway	30 June 2020
Close	TBC	

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

Reducing Pressure Injuries in Aged Residential Care -Improvement Advisor Programme Project

Sponsors: Penny Andrew, Jos Peach
 Project Manager: Jeanette Bell
 Phase: Closing



Opportunity:

- Pressure injuries are a preventable harm, which carry a high economic and social cost to individuals and to health systems, which can significantly impact the lives of patients, their whānau and their carers. Providing timely, appropriate, effective care can reduce the incidence of pressure injuries.
- The Waitematā DHB Pressure Injury Prevention Management (PIPM) programme aims to improve the consistency of pressure injury prevention and management to reduce pressure injuries. This project will use quality improvement methodology to understand and improve current pressure injury practice in a single aged residential care facility (Aria Gardens). Findings will help inform the community phase of the Waitematā DHB Pressure Injury Prevention Management programme.
- **Objective / Aim:**
To reduce new facility acquired pressure injuries to <2 per month by December 2019

Project Risks:

- Maintaining the change

Project Issues:

-

Status Update:

- Completed test of changes using PDSA cycles with focus on applying international and nationally supported best practice bundle of care called SSKIN
- Visual bedside prompt for high risk residents to be implemented in all hospital wings
- Process measures (bundle compliance) and outcome measures (Incidence of pressure injuries) being tracked
- Project closure presentations completed with facility, Waitematā DHB Pressure Injury Prevention and Management Group, and at Improvement Advisor Training graduation day.
- Celebration visit to facility attended by Project Manager, Jos Peach and DHB Pressure Injury Nurse
- Implementation and sustainability plan developed for facility

Next Steps:

- Final 'tidy up' meeting with the aged residential care facility in January
- Formal closure at next report

Timeline

Milestone	Status	Completion
Initiating	Completed	June 2019
Planning	Complete	August 2019
Execution	Complete	November 2019
Close	On track	December 2019

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

Scope	Timeline	Budget
		N/A

Nexit

Sponsor: Andrew Cave
 Project Manager: Lydia Gow
 Phase: Closing



Opportunity / Problem Statement:

The Elective Surgery Centre (ESC) currently utilises Nexus as an e-theatre management system. Other theatres within Waitematā District Health Board (Waitematā DHB) utilise the iPM theatre management system. Waitematā DHB has decided to move all of their theatres onto the iPM system. Nexus is also utilised by Sterile Services within Waitematā DHB; the use of Nexus within this department is outside of the scope of this project.

Objective / Aim:

The overall objective of this project is to move ESC from utilising Nexus to utilising iPM for their theatre management system.

Status Update:

- ESC theatres went live in their utilisation of the iPM theatre management module as planned on 18.11.19. ESC theatre sessions were available for booking and scheduling from 29.10.19.
- Within ESC, Nexus Theatre was run off of seven vendor computers with touch screens. These were replaced with seven health-Alliance supported desktops, with funds allocated from the hardware fund.
- An electronic whiteboard was installed in the department to visualise the theatre whiteboard report.
- User guides and training videos were created for booking clerks, nurses and theatre managers regarding the iPM theatre module. These have been uploaded to the iPM intranet website. These were augmented by face-to-face training and at-the-elbow support during implementation.
- A new staffing teams functionality that is used at both ADHB and CMDHB was implemented in the iPM theatre module also. This affected all Waitematā DHB theatres. The previous method for recording staff within the theatre module was cumbersome and this improvement had been sought after by NSH theatre staff for some years.
- A new ESC theatre operating list was created that pulled data from iPM. This was customised to the requirements/requests of ESC.
- The theatre whiteboard report was tweaked to be able to visualise ESC data.
- The ESC Theatre List in Clinical Portal was no longer needed after implementation. The generic theatre list in Clinical Portal was configured to allow for ESC searches to be completed.

Project Risks:

- Nil at present

Project Issues:

- Nil at present

Next Steps:

- Finalise project closure report.
- Handover outstanding actions to business as usual.
- With >300 surgical reports, not all reports could be tested by the information analyst team prior to implementation. Instead, users have been asked to flag any issues they see with reports to the surgical information analysts who will fix/update reports as the need arises.

Timeline

Milestone	Status	Estimated Completion Date
Scoping	Complete	
Initiating	Complete	
Planning	Complete	
Executing	Complete	

Budget	Spend to Date	Forecast to Complete	Variance
Capex \$nil to date	N/A	\$11,221	\$0
Opex \$nil to date	N/A	N/A	\$0

Scope	Timeline	Budget
On track	On track	On track

6. Patient and Whānau Centered Care

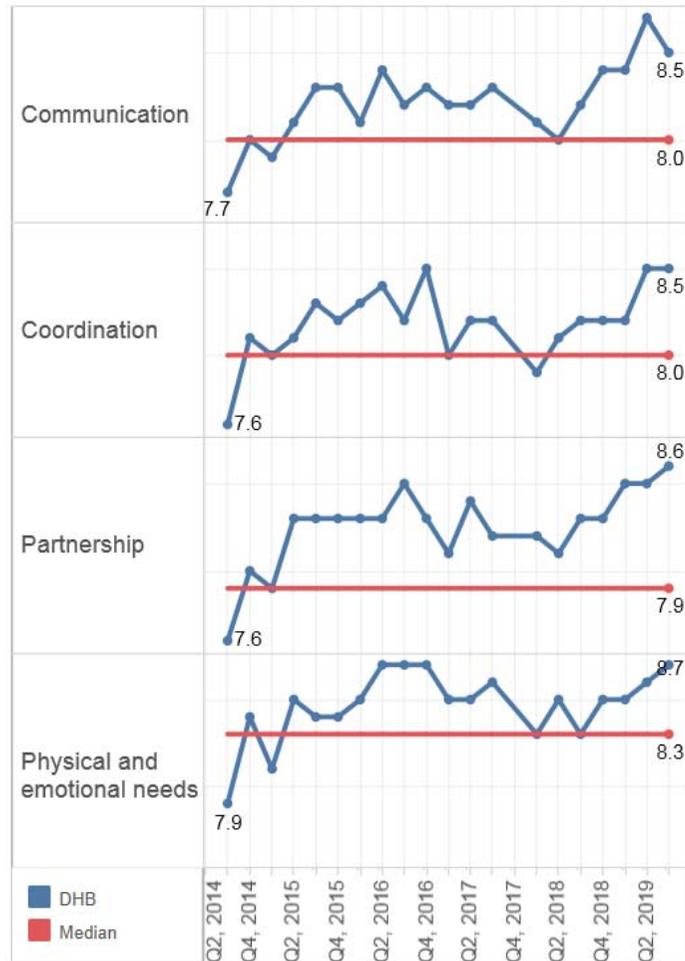
6.1 Patient Experience Feedback – August update

6.1.1 National Inpatient Survey

HQSC final weighted results			
Communication	Partnership	Co-ordination	Needs
8.4	8.6	8.4	8.6
National Average	National Average	National Average	National Average
8.5	8.6	8.5	8.7
WDHB	WDHB	WDHB	WDHB

Table 1: National Survey Quarter One (July – August 2019)

Quarter 3 (Q3) results include patients discharged between the 29th of July and 11th of August 2019. The response rate for Q3, 2019 was 32% (the highest response rate of all DHBs). All surveys were distributed via email. The national response rate for this quarter was 22%. Waitemātā DHB results continue to improve with our best results ever recorded for the domains of Partnership, Co-ordination and Needs. The Communication domain decreased by 0.2 from the previous quarter, however, is above the National average. The final weighted report for Quarter 4 (Q4) is due 7th February 2020.



Graph 1: Waitematā DHB run chart for all domains, 2014-19

Cemplicity will stop providing the quarterly survey capture and reporting mechanism from quarter 1 2020. The new provider (Ispos) was formally announced by the Health Quality & Safety Commission in mid-January. A review of the current questionnaire is in progress.

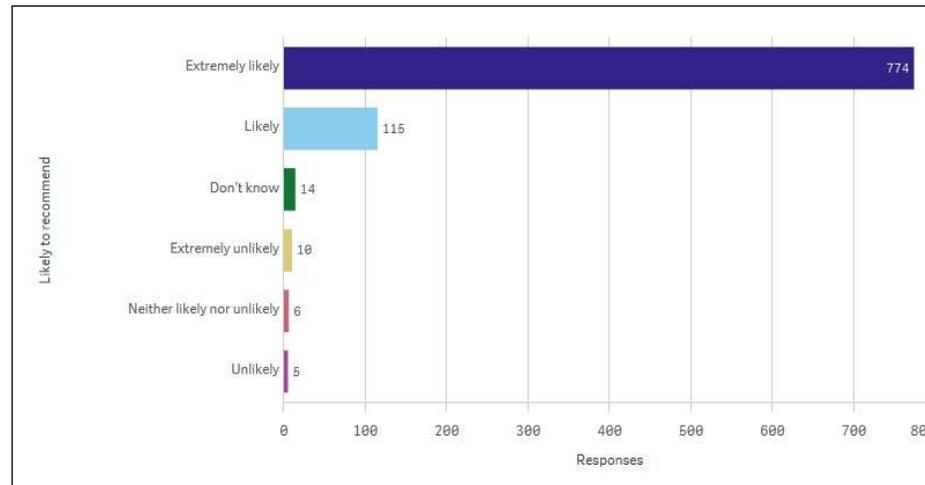
6.1.2 Friends and Family Test

In December 2019 we achieved our highest ever Net Promoter Score (NPS) of 81. The previous high score of 80 was first achieved in June 2018. This month we received feedback from 924 people (down from 1096 people the previous month). The NPS continues to consistently perform well and score above the DHB target of 65.

Friends and Family Test Overall Results



Figure 1: Waitematā DHB overall NPS



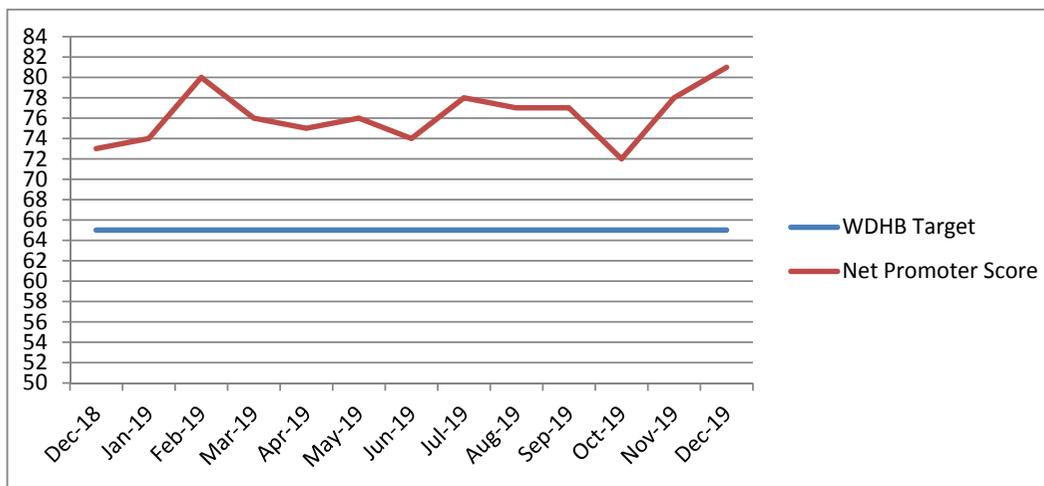
Graph 2: Waitematā DHB overall FFT results

Pt Experience Survey by Period								
Month & Year	Q	Surveys	How likely are you to recommend our ward?	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Welcoming and friendly?
Totals		922	81	79	86	91	83	93
Dec-2019		922	81	79	86	91	83	93

Table 2: Waitematā DHB FFT results (each question)

The net promoter scores in December have met target for all Friends and Family Test questions. All measures are up on the previous month, performing well above the target. The highest performers are once again ‘welcoming and friendly’ and ‘care and respect’ achieving scores of 93 and 91 respectively. Our lowest performer this month was ‘did we see you promptly’ which scored 79.

Net Promoter Score over time



Graph 3:

Waitematā DHB Net Promoter Score over time

Total Responses and NPS to Friends and Family Test by ethnicity

December 2019	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Responses	616	73	87	56	213
NPS	81	86	77	80	81

Table 3: NPS by ethnicity

In December, all ethnicities met the Waitematā DHB NPS target and score 65 and above.

December 2019	NZ European	Māori	Overall Asian	Overall Pacific	Other
Did we see you promptly?	78	85	84	84	84
Did we listen and explain?	85	89	82	88	86
Did we show care and respect?	91	95	87	88	90
Did we meet your expectations?	82	84	83	88	85
Were we welcoming and friendly?	93	93	91	86	91

Table 4: NPS for all questions by ethnicity

This month, all measures scored well above the DHB target. The lowest score was for 'did we see you promptly' (score 78, NZ European) and the highest scores was for 'welcoming and friendly' (score 93 for NZ European and Māori).

Friends and Family Test Comments

- *"I loved the care and support that I received on the ward. Genuine happy staff. Clean environment and the food was nutritious." Elective Surgery Centre Cullen Ward, NSH*
- *"Excellent all round care and a wealth of information from a diverse range of disciplines – physical therapists, psychologist and social welfare (social worker)" Child Rehabilitation Service*
- *"Amazing job. From my admission up to discharge, they made sure everything is in order." Ward 7, NSH*
- *"Professional, caring environment, clear communication. Felt safe and looked after – great team" Surgical Unit, WTH*
- *"Excellent responses and follow up for the appointment and then a time to attend was very quick. Great front desk staff." Outpatients, NSH*
- *"Amazing staff, great team work. Supported family as well as rehab of our mum. Thanks to nurses, social worker, needs assessor and doctors" Muriwai Ward, WTH*
- *"The whole team from doctors to the nurses were informative, caring and respectful making the stay in hospital as enjoyable as it can be." Lakeview Cardiology, NSH*

Friends and Family Test by ward

Division	Ward	December-2019	
		Responses	NPS
AH	Allied Health Community Adults North	11	82
AH	Allied Health Community Adults West	11	73
AH	Allied Health EDARS	16	88
AH	Allied Health Outpatients Physiotherapy NSH	2	100
ESC	Elective Surgery Centre Cullen Ward	20	95
A&EM	North Shore Hospital Assessment Diagnostic Unit (ADU)	13	15
A&EM	North Shore Hospital Emergency Department (ED)	42	64
SMHOP	North Shore Hospital Haematology Day Stay	20	90
S&AS	North Shore Hospital Hine Ora Ward	13	92
S&AS	North Shore Hospital Intensive Care Unit/High Dependency Unity (ICU/HDU)	18	94
A&EM	North Shore Hospital Lakeview Cardiology (LCC)	66	91
CWF	North Shore Hospital Maternity Unit	95	81
S&AS	North Shore Hospital Outpatients	30	48
S&AS	North Shore Hospital Radiology	12	100
CWF	North Shore Hospital Special Care Baby Unit (SCBU)	15	80
S&AS	North Shore Hospital Short Stay Ward	20	70
A&EM	North Shore Hospital Ward 2	22	82
A&EM	North Shore Hospital Ward 3	25	100
S&AS	North Shore Hospital Ward 4	31	90
A&EM	North Shore Hospital Ward 5	7	71

A&EM	North Shore Hospital Ward 6	21	86
S&AS	North Shore Hospital Ward 7	42	98
S&AS	North Shore Hospital Ward 8	11	100
S&AS	North Shore Hospital Ward 9	9	100
A&EM	North Shore Hospital Ward 10	19	89
A&EM	North Shore Hospital Ward 11	13	85
SMHOP	North Shore Hospital Ward 14	20	85
SMHOP	North Shore Hospital Ward 15	16	100
CWF	Wilson Centre	7	71
A&EM	Waitakere Hospital Assessment Diagnostic Unit (ADU)	1	100
A&EM	Waitakere Hospital Anawhata Ward	22	82
A&EM	Waitakere Hospital Huia Ward	17	71
CWF	Waitakere Hospital Maternity Unit	18	72
SMHOP	Waitakere Hospital Muriwai Ward	12	50
S&AS	Waitakere Hospital Outpatients	44	59
S&AS	Waitakere Hospital Radiology	14	79
CWF	Waitakere Hospital Rangatira Ward	16	81
CWF	Waitakere Hospital Special Care Baby Unit (SCBU)	11	100
S&AS	Waitakere Hospital Surgical Unit	68	88
A&EM	Waitakere Hospital Titirangi Ward	4	100
A&EM	Waitakere Hospital Wainamu Ward	8	63

Table 5: 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)

This month, 63% of services and wards met their response targets. Of these wards/services, 85% scored at or above the Waitemātā DHB target. The top three ranking wards are Ward 3 and Ward 15 at North Shore Hospital and Special Care Baby Unit at Waitakere Hospital (see table below). The main reasons for these positive scores include kind, caring, friendly, helpful and attentive staff, great service and care. Patients in Ward 15 were complimentary about the breakfast group, gym and gardens.

This month, the lowest NPS scores are for Outpatients at North Shore Hospital and Muriwai Ward at Waitakere Hospital. There were only a couple of reasons given for the low scores and these include ‘noise from other patients’ and ‘feeling bored with nothing to do’.

A summary of the FFT results can be seen below.

Ward/Service – Exceptional NPS	Target Responses	Achieved	NPS Score
Ward 3, North Shore Hospital	20	25	100
Ward 15, North Shore Hospital	10	16	100
Special Care Baby Unit, Waitakere Hospital	10	11	100
Ward/Service – Low NPS	Target Responses	Achieved	NPS Score
Outpatients, North Shore Hospital	20	30	48
Muriwai Ward, Waitakere Hospital	10	12	50

Table 6: FFT Results Summary

Kōrero Mai/Talk to Me Programme

Kōrero Mai is a patient and whānau led escalation service that was launched in mid-November 2018. Patients are empowered to use a three step process to escalate their concerns. The third step instructs patients/whānau to call an 0800 number which is triaged by a Senior Nurse 24 hours/7 days a week who can request a medical review for a reported deterioration or intervene to support patient concerns. At the end of October we have had 24 phone calls, please see details of the latest Kōrero Main phone call below. Out of the 24 calls, four were not Kōrero Mai calls and were forwarded to the phone line via switchboard.

There were four calls to the Kōrero Mai phone line in December, taking the total number of calls to the phone line to 27. Most calls relate to a breakdown in communication and an unclear management plan of the patient. All calls have been resolved promptly by staff with 90% of callers reporting they would not hesitate in calling the Kōrero Mai service in the future. The response after calling the Kōrero Mai number has prevented a formal complaint and usually led to ongoing support from the Patient Experience team to ensure patient and whānau needs are met.

Ethnicity	M /F	Department	Hospital	Caller	Reason for call (as stated in RiskPro)
NZ European	M	Ward 5	North Shore	Patient Daughter	Poor Care
NZ European	F	ESC	North Shore	Patient	Delayed treatment
Indian	M	ADU	North Shore	Patient	Poor Care
NZ European	M	Ward 4	North Shore	Father	Treatment plan & Communication breakdown

Table 7: Kōrero Mai December Call Summary

6.2 Patient Experience Activity Highlights

Volunteer Recruitment Statistics

Volunteer number has slightly increased from previous month. The number is expected to rise again the targeted recruitment continues.

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)
48	92	6	146

Table 8: Volunteers Recruitment

Volunteer Activity Highlights

➤ *Recruitment*

Two new volunteers have reinforced the service in ward 15 at North Shore Hospital. They volunteer on Tuesdays and Thursday afternoons. Ward 5 and Ward 10 are currently orientating new volunteers as we continue expanding opportunities across all wards. Waitakere Hospital only has two vacancies across the whole service, with all wards providing a volunteer service for their patients.

Targeted recruitment supported by the Volunteering Auckland website continues and the average of new applicants remains high at 4 per month.

➤ *Volunteer recognition*

The Waitemātā DHB volunteer Christmas celebrations were held in December at each hospital and were attended by over 100 volunteers. Various networking activities were hosted as well as a quiz. Volunteers enjoyed the catered lunch and also reflected on an eventful year with many changes proposed for next year to enhance communication. Minuted meetings will be held quarterly to engage the volunteers in decision making about the programme. The inaugural meeting was held in conjunction with the celebration. Key decisions were reached with consensus about how volunteers are recognised for their years of service. The volunteers reported that they would like to discontinue certificates and trophy blocks. A badge acknowledging their years of service was agreed as the only form of recognition that was valued by the volunteers.

Patient Experience Team Highlights

➤ *Memory Quilt Donation*

Sands Auckland Central collaborated with Highbury Community House and Early Learning Centre's quilting group to lovingly create a handmade memory quilt. It's been designed to provide a place of remembrance for grieving families who have lost their babies. Parents will be given the chance to write on a paper heart in memory of their child. The hearts will then be attached to the quilt that is positioned at the entrance of the chapel at North Shore Hospital. Ann Clearly and Sandy Watson (pictured below) are the creators of the quilt and attended the unveiling event this month.



6.3 Patient Experience Activity Overview

On track	Generally on track – minor issues/delays	Off track/not started
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Project Name	Project Summary	Patient Experience Lead	Update	Domain	Status
Organisation wide / Multiple Divisions					
Kōrero Mai – Whānau/Patient led escalation	Kōrero Mai (Talk to Me) aims to co-design a patient/family/whānau-led escalation system for patients whose condition is deteriorating (getting worse).	David Price Ravina Patel Lara Cavit	<ul style="list-style-type: none"> - Over the past 13 months since Kōrero Mai went live we have had 33 calls to the phone line. Six of these calls were not Kōrero Mai calls and were forwarded to the phone line via switchboard. - Kōrero Mai is now business as usual and will be regularly evaluated and regular campaigns to promote the service. - Next steps for this programme are to complete a further awareness campaign and design a service for our inpatient mental health units. 	Patient & Community Participation	
Consumer Council	As part of the annual planning DHB priorities guidelines for 2016/17 an expected focus for improving quality at WDHB is to 'commit to either establish or maintain a consumer council (or similar) to advise the DHB'.	David Price	<ul style="list-style-type: none"> - 4th meeting took place in November - Consumer Chair appointed by the Council David Lui. - Consumer Council members participating in various events and initiatives throughout the organisation. - Seeking youth representation. 	Governance	

			<ul style="list-style-type: none"> - Strategy session planned for early February. - Website page – now live. 		
Mystery Shopping Programme	To further understand the experiences of patients and consumers accessing our services via phone a mystery shopping programme will be piloted.	Ravina Patel	<ul style="list-style-type: none"> - Mystery shopper phone calls are undertaken monthly. SMT has endorsed the programme. - Each month 10-12 services are contacted. Further investigation to numbers with nil response. - Telephone best practice guidelines complete and distributed to staff. - PE team has completed training sessions with Contact Centre and Patient Service Centre staff - Best practice guidelines have been co-designed with staff and have been sent out to all staff in the Patient Service Centre and ARDS. 	Measurement & Evaluation Patient & Community Participation	
Patient Stories	Capturing patient stories on video for internal and external audiences. The purpose is for staff to learn from experiences and assist with providing the best level of support and care to our patients.	Ravina Patel	<ul style="list-style-type: none"> - Patient Story – Disability. Improving the patient experience for deaf people. - Patient story – Autism. Challenges people with autism face and augmented communication. Seeking a patient to support the video. Disability Advisor to provide patient details. 	Patient & Community Participation	
Patient Feedback - Survey Design	Advisory role supporting services to develop patient surveys which capture feedback to understand if we are providing our patients with a quality service.	David Price Ravina Patel	<ul style="list-style-type: none"> - Podiatry Service - Endoscopy - Establishment of a Nurse led clinic - MHSOA Rodney - Family Services – CADS - Bronchiectasis patient survey - Assistance with accessing Survey Monkey data 	Measurement & Evaluation	
Health Literacy	Collaboration with Auckland DHB to enhance health literacy awareness across the organisation in supporting patients to make informed choices about their healthcare and improve communication both written and verbal.	David Price Leanne Kirton	<ul style="list-style-type: none"> - Health Literacy Policy endorsed by Executive Leadership Team in April – now published and available. - Health Literacy intranet site updated and live in March 2019. - Launch of awareness campaign across organisation to promote policy, new resource intranet page and e-learning modules adapted from a Hawkes Bay DHB resource. - Successful Health Symposium organised in October 2019 – Over 150 attended with overall positive feedback. Attendees requesting a more practical symposium in 2020. - Health Literacy planning for 2020 to commence in January to determine priorities for annual plan. 	Communication	

Patient and Whānau Centered Care Standards (PWCCS) Review	The Patient Experience team is leading a review of the Patient and Whānau Centred Care Standards to engage the multi-disciplinary team in the process and ensure the results of the survey provide effective insight into ward performance in the fundamentals of patient and whānau centred care.	David Price Meg Smith	<ul style="list-style-type: none"> - ARDS and Community Mental Health to pilot Care Standards in their areas in early 2020. - Establishment of new governance group to oversee programme meeting in January 2020. - Progression of PWCCS review recommendations continues. - Allied Health planning to create Multi-disciplinary team approach to care standards to commence in February 2020. - Further investigation into medical engagement in process. Early adopters in Emergency identified. - Next audit in May 2020. 	Measurement & Evaluation	
Joint Māori Health and Patient Experience Action Plan	Patient Experience reporting lacks cultural understanding and the ability to tell the story of our Māori patients and their whānau. The Māori Health and Patient Experience team have come together to align our focus and understand the Māori patient experience.	David Price Riki Nia Nia	<ul style="list-style-type: none"> - Joint team meeting on Waitakere Marae conducted in late November 2018. - Draft paper collated and circulated to both teams for endorsement – paper endorsed. - Māori Patient & Whānau Experience paper presented to and endorsed by Māori Equity Committee – action plan now to be created to meet objectives of the Māori Health & Patient Experience Team collaboration. - Advertising for Māori Patient and Whānau Experience Lead position in process after first recruitment process did not find a candidate to fill the position. This lead position will create and lead the action plan. 	Patient & Community Participation	
Piloting new Friends and Family Test – including youth survey	Feedback about the current survey and an evaluation of our current questions and feedback outline that not all questions are aligned to our values and there is confusion about recommending a hospital. In addition, we have no surveys available to our children to provide feedback. In addition, there is limited variability in our data from our current questions over past 2 years.	Ravina Patel	<ul style="list-style-type: none"> - Draft surveys for youth piloted on Rangatira and ARDs services in September after testing with some local primary school classes. - Draft survey with satisfaction rating and new questions co-designed with patients and aligned with values created. Draft survey incorporates 0-10 rating scale more aligned to NPS methodology. - New surveys ready to pilot. Waiting for the surveys to be uploaded in MaritxCX before the trial can begin. Trial expected to start 3/2/2020. 	Measurement & Evaluation	

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 are important to our patients.	Genevieve Kabuya Lara Cavit	<ul style="list-style-type: none"> - Waitakere ADU, Titirangi, the weekend maternity service at Waitakere and Ward 14 are functioning independently with pool of volunteers. - The volunteer service started in ward 5 is still progressing well and new recruits to cover other days are being processed. - The volunteer service started in ward 15 has been reinforced by two new recruits volunteering on Tuesdays & Thursdays afternoon. The Patient Experience team is having regular catch up with both staff and volunteers to make sure things progress smoothly. Recruitment in progress to cover other days. - With the support of Volunteering Auckland, follow up and recruitment continue for Front of House North Shore, Hine Ora, ward 10, Outpatient physiotherapy and department at Waitakere. - Consistent on-boarding processes and support systems have been developed. 	Patient and community participation	
Better Impact	An online volunteer management system that provides access to volunteer information within one database.	Genevieve Kabuya Lara Cavit	<ul style="list-style-type: none"> - Since Better Impact has been linked with Waitematā DHB website the volunteer application process has been streamlined and volunteer's data storage and management has improved. - On-going data maintenance progressing with go-live date for volunteers to actively use Better Impact being delayed to start in 2020. 	Patient and community participation	
On-boarding and training for volunteers	Developing systems and processes to ensure that the on boarding and training programme for staff 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. The aim is to have all current volunteer on boarded into this new training system by the end of 2019.	Lara Cavit Genevieve Kabuya	<ul style="list-style-type: none"> - Review of previous processes was completed and progressively the revamped recruitment and on boarding process is been implemented with support of Better Impact software. - All new volunteers have been included in Welcome to Waitematā for orientation with staff. - The online training module developed with Occupational Health and Safety Services including mandatory training for volunteers has been rolled out with current volunteers. - All volunteers, including St Johns volunteers, have now been uploaded in the new Health & Safety database for training. Most volunteers have completed their mandatory training. 		

Asian Health Services					
Community Health Workshop	Asian Health Service offer 4 community workshops per year to improve the Asian community's understanding of New Zealand's health system and support services	Grace Ryu	<ul style="list-style-type: none"> - Two Chinese Health workshops scheduled in FY 2019/20: 1st workshop completed in Mar 2019 & 2nd workshop is Oct 2019. - 1 Korean health workshop completed in May. - 1 Indian health workshop will be held in 2020 . 	Community Health Workshop	
<i>Let's get real - Asian Workforce Development Project</i>	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	<ul style="list-style-type: none"> - Real skills survey for Asian Patient Support Service team – completed. - Asian Mental Health Team and WATIS team will join the survey by end of Dec 2019. - Mental Health supervision for DHB interpreters and MBIE interpreters in Sep. - Let's get real workshop for DHB's mental health workforce on 13 Sep 2019. - Muslim & former Refugee cultural workshops on 15 Nov 2019. - Pacific cultural workshop for Asian & ethnic workforce on 6 Dec 2019. 	Workforce Development	
Youth Suicide Prevention Project	As part of the suicide prevention project of Waitematā DHB & Auckland DHB priorities guidelines for 2019/20. An expected focus for improving awareness of youth suicide prevention and mental well-being in the community.	Grace Ryu Hannah Lee Tiffany Tu	<ul style="list-style-type: none"> - 1st Youth Life skills workshop was held at Kristin School in May 2019 with approx. 100 participants. - 2nd Youth Life skills workshop was completed at Epsom Girls Grammar School in Sep 2019 with 168 participants. - Both workshops received excellent feedback. 	Suicide prevention Community Health promotion	
Asian Patient Support Service – Consumer & staff survey	Asian Patient Support Service conducts surveys in 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	<ul style="list-style-type: none"> - Written survey forms were distributed to patients and families from June 2019. - On-line Survey Monkey links were sent to DHB staff from September. - Surveys will be closed by end of November and an evaluation report will be submitted by January 2020. 	Quality Management & Assurance	

Waitemata DHB Infection Prevention and Control 2019 Year End Report

This report includes IPC surveillance data for last 12 months. Highlights are as follows

- Overall decrease in ESBL cross transmission rates and sustained low prevalence of CPE/VRE colonisation and hospital acquired MRSA infections.
- Reduction in CAUTI related HABSIs
- Increase in Health care associated Staph aureus bacteraemia from renal dialysis patients in outpatient and community setting
- Increase in Health care associated Central line infections from renal dialysis patients in outpatient and community setting
- Measles outbreak in West Auckland from March – September 2019
- IP&C Service met the required standards in Health and Disability Sector Standard Audit in November
- Ability for ICNET to capture real time data which enables us to do real time patient case management

Please refer to attached Appendix for definitions of terms/categories used in this report

1a. Hospital Acquired Bloodstream Infections

A total of **71** HABSIs were identified from January to December 2019- rate **0.26/1000** bed days which is comparable to the HABSIs rate at WDHB over the last few years. The monthly distribution of HABSIs in 2019 (Table 1), source of HABSIs (Table 2) and summary of cases in December (Table 3) can be found below.

- E.coli was the most common pathogen (**22 /71- 30%**), which included 3 ESBL E.coli, S.aureus (n=11), Klebsiella pneumonia N =11 which included 3 ESBL KP), and Pseudomonas (n=6,) were the next commonest.
- As shown in Table 2, 12 vascular access devices, predominantly IV HABSIs with identifiable causes. Any device related HABSIs is considered a potentially preventable event. Conjoint project, partnership with ACC and WDHB will be underway in New Year. The project “Know your IV Lines”
The focus of this project will be on implementing a bundled approach in reducing IVL infections
- 43% of HABSIs, source was identified as being other. Non IDC related urosepsis accounted for these cases.
- While the **three** CLAB’s did not have any apparent correctable causes, complete assessment of preventability for IV luer related HABSIs 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).

Table1: Monthly HABSIs rate (per 1000 bed days) at WDHB 2019

2019	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Total No. HABSIs	3	3	10	6	6	4	7	3	6	8	6	9
Rates/1000 Bed Days	0.14	0.14	0.44	0.27	0.25	0.17	0.32	0.12	0.26	0.40	0.26	0.42

Table 2: Comparison of sources of HABSIs 2017- 2019

HABSIs source	2017	2018	2019
Vascular device	9 5 CLAB 4 IVL	18 7 CLAB 11 IVL	12 3 CLAB 9 IVL
CAUTI	15	8	5
Post proc/ surgical	14	8	10
Other (mostly non-IDC related UTI)	16	25	31

Unknown	13	11	13
TOTAL	67	70	71

Common pathogens causing HABSI 2019

Organism	Total
Staph. aureus	11
E.coli (EC)	22 including 3 ESBL EC
Pseudomonas	6
Klebsiella pneumonia (KP)	11 including 3 ESBL KP
Enterococci and other	21

Table 3: HABSI cases in December 2019

Source	Total	Ward	Organism	Comments
CAUTI	1	Muriwai	KP	Indications for IDC were appropriate. Patient had unsuccessful TROC. CAUTI bundle adhere to
Post procedure	2	Radiology	Staph aureus	Developed BSI 48 hours after renal biopsy
		Ward 4	E feacalis	BSI post liver resection
Other/ Unknown	6	Ward 5	KP	Urosepsis related
		Ward 5	PAER	Erythematous skin , with bilateral wound ooze due to underlying condition of multiple myeloma's
		Ward 14	Pantoea Species	Source related to cholecystis
		Ward 15	E coli	Urosepsis related
		Muriwai	E coli	Skin nad soft tissue related .Patient develop celulitus
		Huia	KP	Urosepsis related

1b. Healthcare associated bacteraemia (HCA-BSI)

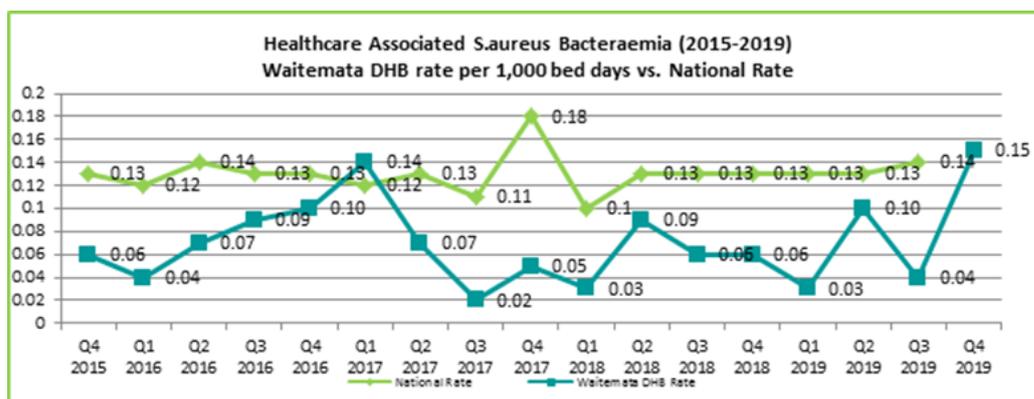
- A total of 37 HCA-BSI's were recorded in 2019. Renal dialysis patients with CLAB accounting for 74% cases. Of these Staph aureus was isolated in 11 of these CLAB and the remaining 17 CLAB grew gram negative bacteria.
- Increase in CLAB rates for Renal dialysis occurred in last 6 months
- This is an increase in HCA BSI compared to 2018 where we had total of 26 cases, with Renal dialysis CLAB accounting for 38% (n= 10) of these BSI.
- In November, Renal Services commenced on a project with i3 to reduce health care associated central line associated blood stream infection. The project is currently underway.

Source	Total	Ward	Comments
CLAB	28	Renal Services Community and Out Patients Services	Attributed to outpatient renal dialysis pts. With permanent tunnel line. 4 patients had two or more CLAB for this year
CLAB other	2	Community	Both patients had Hickman's line and were receiving treatment /therapy in community.
IVL	1	Wainamu	Patient was readmitted after 7 days with thrombophlebitis
Post -Surgery or Procedure	6	ESC , ward 4and OPD	These are patients that were readmitted within 30 days of having a procedure i.e. cystoscopy , TURP, ERCP

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 22 SAB HCA - BSI were identified from Jan –December 2019 with a rate of 0.81 per 10, 000 OBD
- 18 of SAB was vascular access related (7 IVL and 11 CLAB)
- 50% of these SAB were hospital acquired and other 50% was health care associated from outpatients and community renal dialysis patients



2. Extended spectrum Beta lactamase producing bacteria (ESBL)

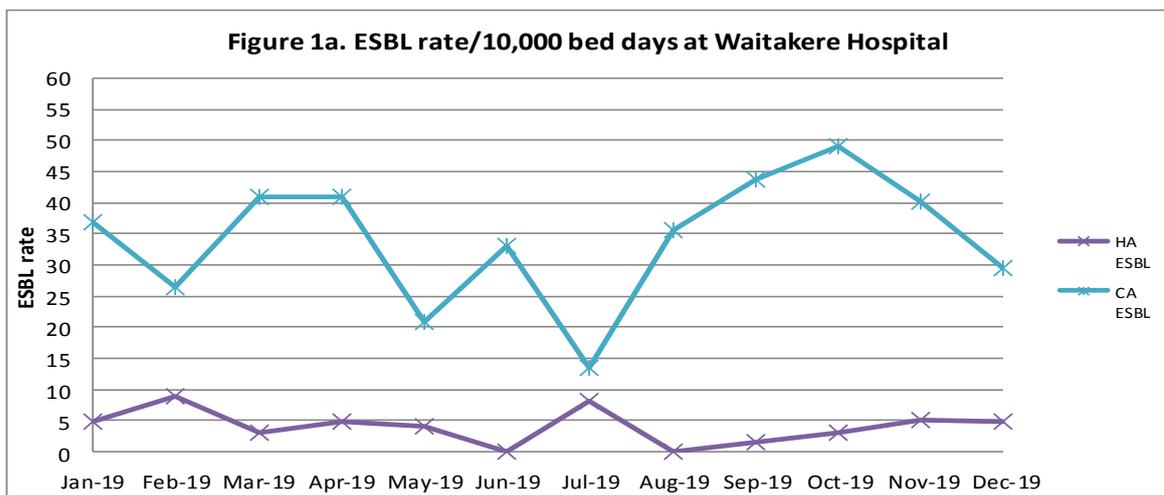
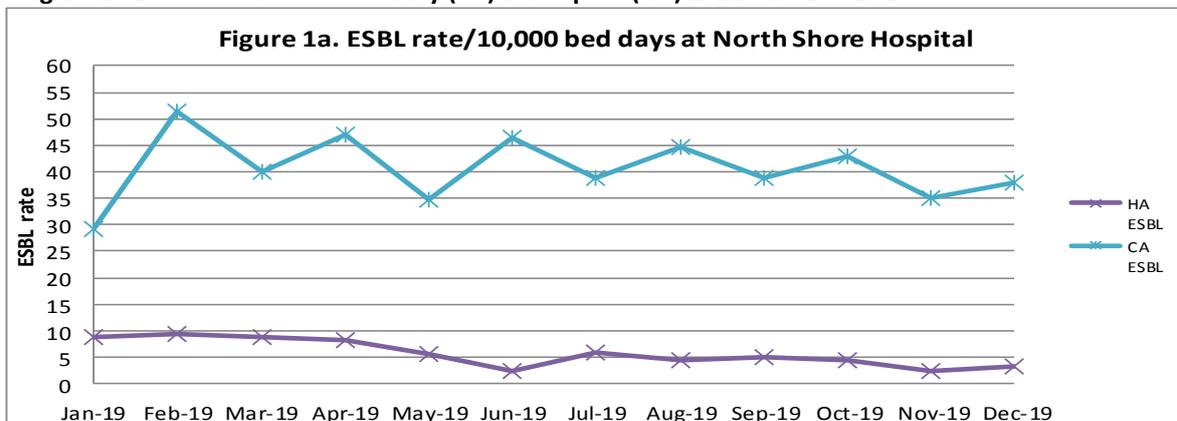
An overall reduction in HA-ESBL was seen both at NSH and WTH for 2019. A total of 138 HA-ESBL patients (107 at NSH) with either new colonisation or infection were identified compared to 256 for a similar period in 2018. This is a significant reduction in the overall HA ESBL rate HA from 9.7/10,000 OBD in 2018 to 5.1 /10,000 OBD in 2019

Despite the change in our HA-ESBL definitions from Aug 2018 (old definitions likely to over attribute ESBL acquisition to healthcare) this represents a significant reduction in ESBL cross transmission despite disestablishment of ward 11 as an MDRO ward in 2019, and relaxation in cohorting rules for ESBL EC. While some aspects of the TAKE CHARGE ESBL bundle like hand hygiene (monthly) and contact precautions (periodically) are audited and successful, consistent and sustained implementation of a DHB wide prevention strategy can be improved further

TABLE 1: HA-ESBL rates/number at WDHB

HA-ESBL rate/10,000 bed days (number)	Rate 2018 9.7 (256) Rate 2019 5.1 (138)	2019	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
		NSH	8.9 (14)	9.5 (13)	8.7 (14)	8.3 (12)	5.6 (9)	2.4 (4)	5.8 (10)	4.3 (7)	4.9 (8)	4.3 (7)	2.4 (4)	3.2 (5)
		WTH	4.8 (3)	8.8 (5)	3.0 (2)	4.9 (3)	4.2 (3)	0	8.1 (6)	0	1.6 (1)	3.2 (2)	5.0 (3)	4.9 (3)

Figure 1a Distribution of community (CA) vs hospital (HA) ESBL Jan –Dec 2019



E coli appears to be the predominant strain in both community and hospital acquired ESBL with E coli accounting for 88% of the new ESBL isoalted

Despite a high prevalence of community acquired ESBL in WDHB patients, the number of clinical isolates with ESBL in hospitalised patients remained relatively low with 24 HA ESBL (EC n= 12 , KP n=11 , Other n=1) compared to 140 CA ESBL (EC n = 109, KP n= 22, Other species n=9) approx. 95% clinical isolates were from patients with urinary tract infections. 6 of 24 HA ESBL isolates were from blood cultures.

NSH contributed to 76% of overall HA ESBL isolated in 2019. Surgical Services accounted for 40% of HA ESBL, 36 % months spread across Acute & Speciality Medicine, with the balance of ESBL spread across CW&F and ESC

100% of HA ESBL isolated from Waitakere Hospital was from Acute and Speciality medicine

TABLE 2: Comparison of ESBL KP, EC, other sp. in terms of place of acquisition. This table includes both screening swabs and clinical isolates)

Types	ESBL KP	ESBL EC	Other
HA	43	76	19
CA	91	674	45
TOTAL	134	750	64

Table 3: Distribution Hospital Acquired ESBL amongst wards with 4 or more HA ESBL

Ward	8	7	Wainamu	Anawhata	Titirangi	4	5	10	15	3	14
No of HA ESBL	17	12	9	8	8	8	7	7	6	4	4

3. Carbapenemase-producing Enterobacteriaceae

Nationally, since 2015, concern has been raised about emergence and spread of carbapenemase producing Enterobacteriales (CPE's), a subset of CRE/O bacteria. 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, CPE's have important IPC implications. Different types of Carbapenemase genes (NDM, OXA-48, and KPC's) confer resistance detected by molecular testing.

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 isolates flagged by WDHB lab were confirmed as CPE by molecular testing performed by the reference lab. 11 patients were deemed high risk and hospitalised or travelled overseas. None of the CPE was attributed to NSH or WTH. No 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. 98% of MRSA are community acquired

Table below shows the number of MRSA isolates in 2018-2019. Increase in know MRSA clinical isolates for 2019 could be attributed to introduction of ICNET to capture this data. ICNET MRO surveillance software was fully implemented in July 2018

Description	2018 NSH/WTH (TOTAL)	2019 NSH/WTH (TOTAL)
MRSA isolates	157/105 (262)	190/147 (337)
Community MRSA and other HCF (new cases)	117/82 (199)	111/93 (204)
Community MRSA (known on admission)	10/13 (23)	73/52 (125)
New healthcare onset (hospital acquired)	24/14 (38)	6/2 (8)
Health care onset (known on admission)	6/1	0

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 2 HA VRE were identified in 1st half of 2019- 1 in Ward 5 (March) and 1 in ward 8 (May). Contact tracing of patients sharing rooms did not find in evidence of cross transmission at NSH

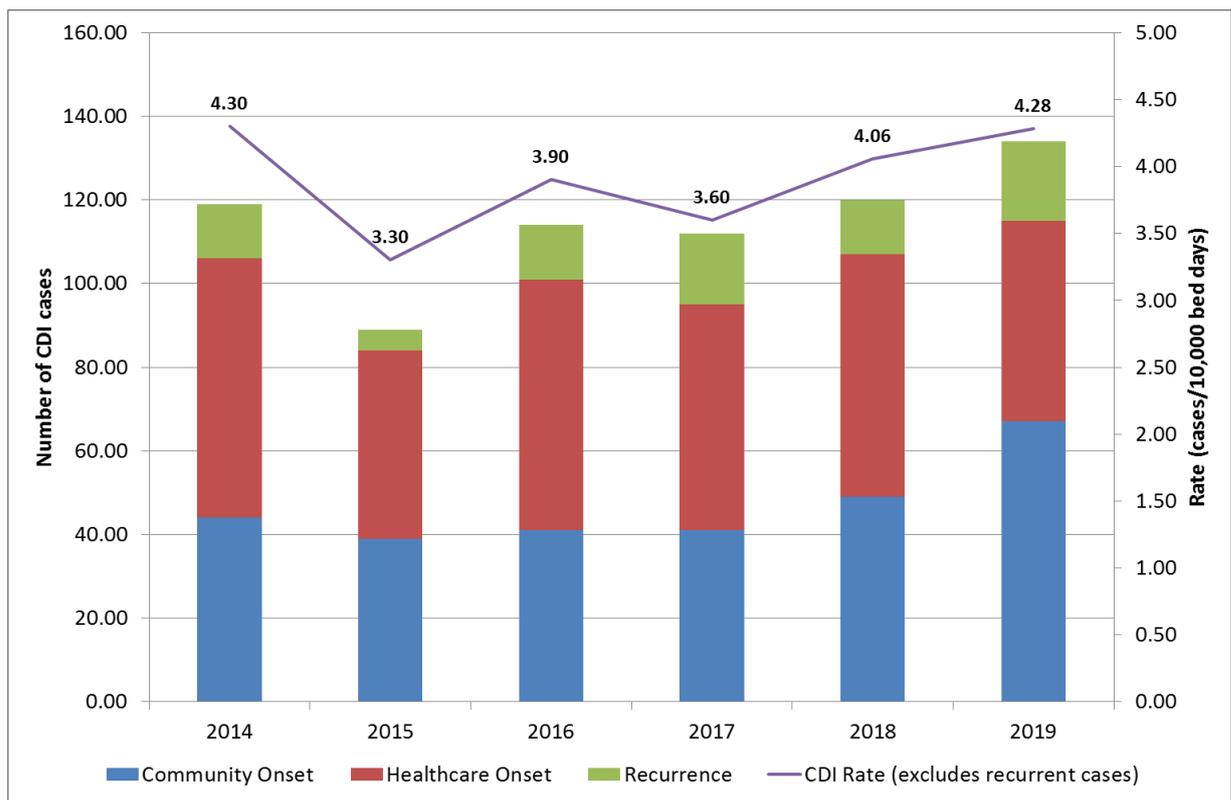
2 community acquired VRE isolated from high risk patients. No VRE infections were seen over a prolonged period and the burden of VRE has also reduced slightly.

6. Clostridium Difficile (now called Clostridioides difficile)

A total of 134 CDI cases detected from Jan –December 2019

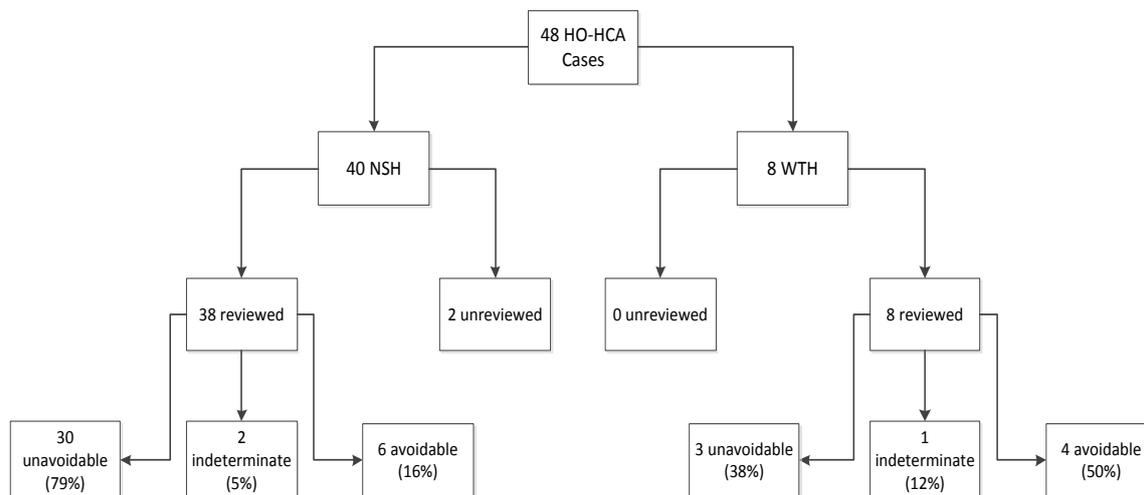
- 35 x CO
- 12 x CO-indeterminate
- 25 x CO-CA
- 45 x HO-HCA
- 19 x recurrent

- The overall rate of CDI for the year was 4.3 per 10,000 bed days
- The proportion of HO-HCA infections was 42%
- There were a significantly higher number of community onset infections (comprising CO, CO-HCA, CO-indeterminate) in 2019 compared with 2018, 67 vs. 49
- The number of HO-HCA infections was the lowest it has been since 2015, the increasing CDI rate is therefore related to increasing prevalence of community onset infections



HO-HCA CDI 2019

WDHB has an active feedback process for all cases of HO-HCA and for all recurrent infections, where a case review is undertaken by the ID physician / microbiologist and AMS pharmacist at the time of diagnosis of CDI. A letter outlining the causes and corrective actions is sent to the responsible clinician if the case is considered avoidable.



- 96% of all HO-HCA CDI cases reviewed for 2019
- Higher rates of avoidable HO-HCA CDI at WTH

7. Seasonal Influenza

WDHB 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.

The 2019 season so far has been characterised by earlier onset (high number of confirmed CA-inf cases at WDHB in Jan/Feb mostly acquired from Northern Hemisphere travel), and higher than seasonal baseline of ILI presentations with 1311 confirmed Influenza cases at NSH/WTH.

Waitakere hospital proportionately has a higher number of confirmed Influenza cases

Majority of confirmed influenza is H3N2 followed by Inf B. Both strains are included in the 2019 quadrivalent vaccine.

In 2019 June –August a concerning trend in HA-Inf cases is noted with 102 cases (58 NSH, 35 WTH and 9 Mental Health WTH). This includes 2 outbreaks of seasonal Inf A- Muriwai ward in June involving 10 patients, and Ward 14 with 8 cases between 4th and 9th July section 10). Staff illness has been reported during both these outbreaks and in clusters in other patient care areas but it is difficult to establish an epidemiological link.

NSH	Feb	March	April	May	Jun	July	Aug	Sept	TOTAL
CA- INF	27	30	35	75	178	161	65	32	603
HA- INF	1	0	1	3	20	27	5	1	58

WTH	Feb	March	April	May	Jun	July	Aug	Sept	TOTAL
CA- INF	9	30	22	121	201	140	65	20	606
HA- INF	1	0	3	1	27	8	3	1	44

WDHB staff flu vaccine uptake for 2019 has increased to 66% compared to 59% in 2018 uptake as shown below Figure 1&2. This is due to strategies implemented by Influenza Working Group and Occupation Health and Safety to raise profile of influenza by awareness and strategies to improve vaccination uptake among staff.

Figure1. DHB Health Care Worker Influenza Immunisation Coverage by DHB 2016 - 2019

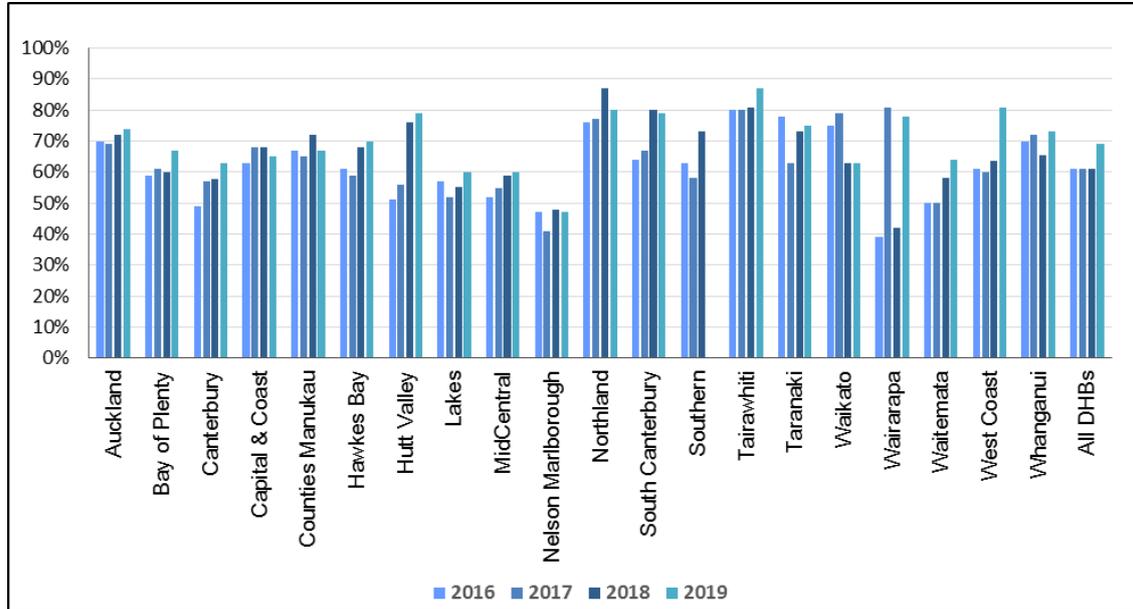
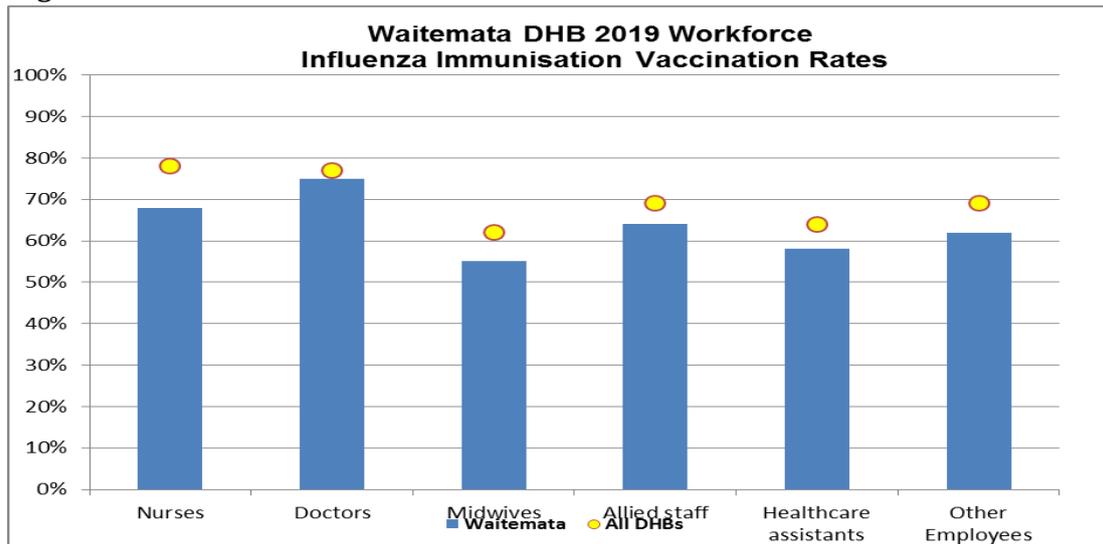


Figure2. Waitemata DHB 2019 Workforce Influenza Immunisation Vaccinations rates



8. Surgical Site Infections (SSI) for knee and hip arthroplasties

Table: SSI number and rates 2016 till 2019 at WDHB

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.

- SSI rate for Jan-June 2019 was high in the Q1 2019 with **four** SSI's (rate **1.5**/100 Procedures)
- **One** SSI has been identified for Q2 (rate 0.3/100 Procedures)
- Of the 5 SSI's in **two** deep (**one** NSH and **one** ESC) and three superficial SSI's (**two** ESC) were noted
- A deep hip SSI from S.aureus occurred in March 2019 which was the first S.aureus SSI since introduction of staph bundle
- Surveillance period for Q3 in progress.
- To date 1 deep SSI for Q3 occurred in ESC. Serratia marcescens isolated from wound aspirate

Staph decolonisation bundle in Nov 2017

- In 2019, 1 Staph aureus isolated in deep wound infection
- Cultures were negative in all other SSI's

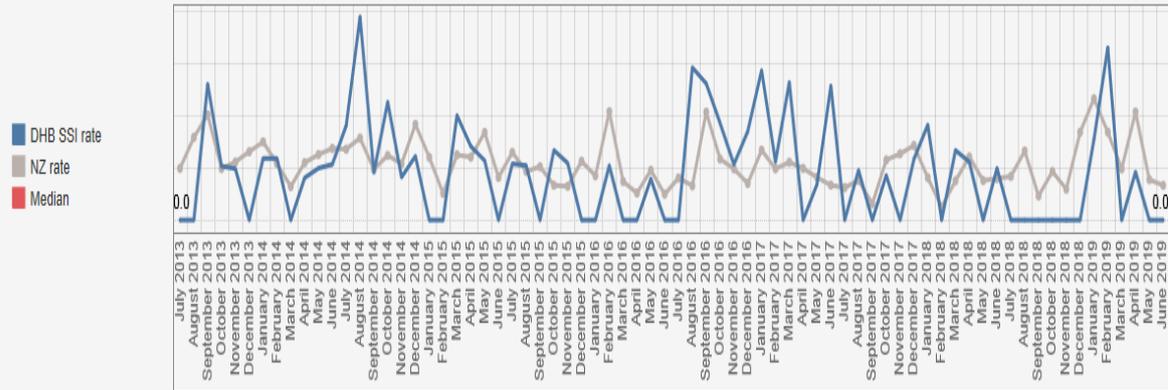
Table: SSI number and rates 2016 till June 2019 at WDHB

Year	2016		2017		2018		2019		
Quarter			Q1	Q2	Q3	Q4	Q1	Q2	Q3
WDHB total procedures	1217	1191	217	304	240	229	261	297	In progress
SSI's (n)	12	13	2	2	1	0	4	1	1 to date
Rate	1%		1.1%		0.5% (5/990)		1.5	0.3	

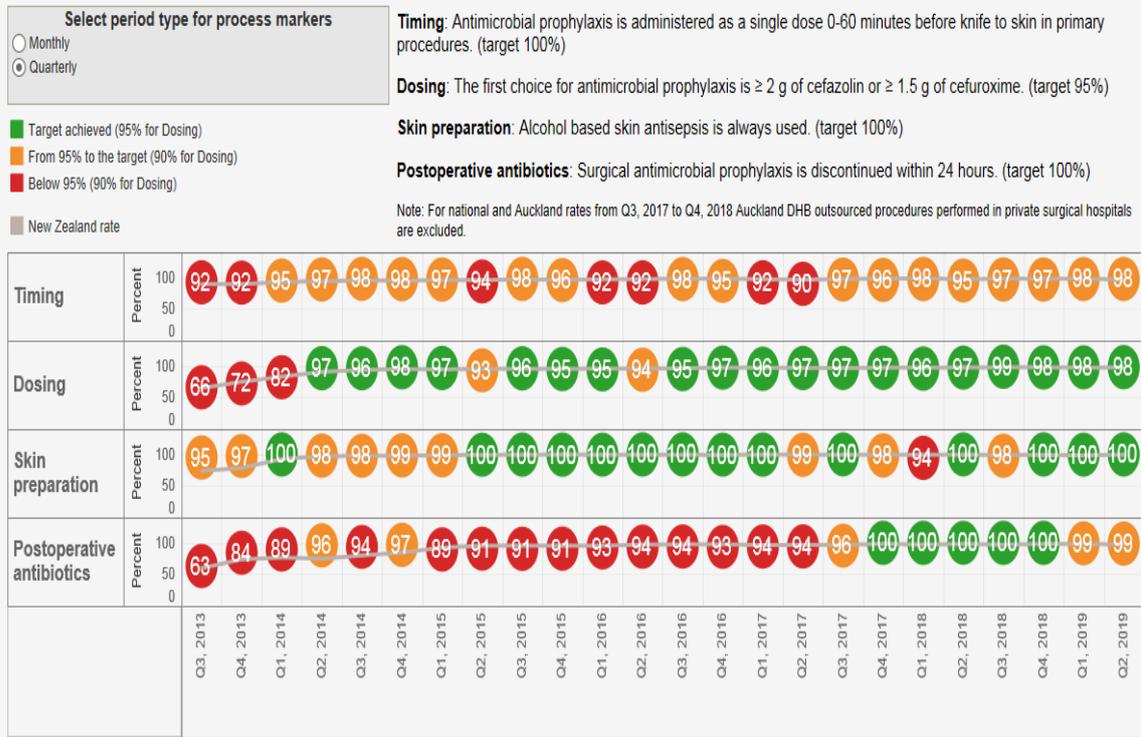
Our overall SSI rate (with exception of Q1 2019) remains comparable (2016-17) or lower (2018) to the national rate with ongoing regular compliance with QSM's (Graph and table)

Outcome marker - SSI rate per 100 procedures in Waitematā

Surgical site infections per 100 hip and knee procedures

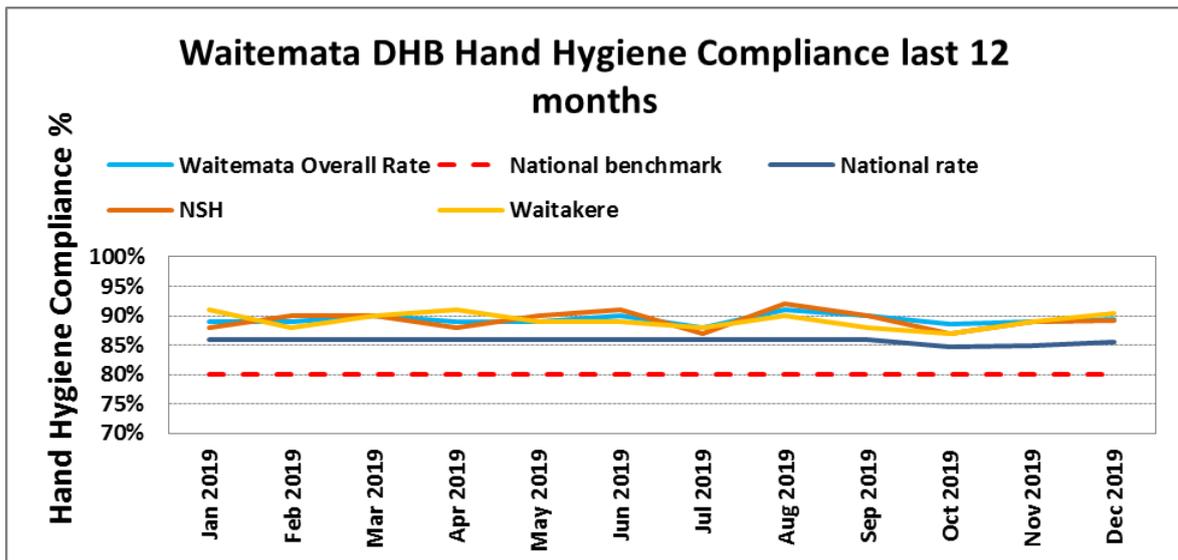


Process markers



9. Hand Hygiene

Waitemata DHB Hand Hygiene Annual Report 2019



Key achievements in the hand hygiene program in 2019:

- 52 new hand hygiene auditors trained.
- 3 hand hygiene auditor training sessions successfully run.
- Waitemata DHB hand hygiene committee continued to meet
- Promotion of World Hand Hygiene Day at WTK and NSH
- A member of the cleaning services team passed her Gold Auditor training with 100%
- Cross validation of 6 wards has commenced
- Separation of meal delivery staff (Compass private contractor) from Waitemata DHB staff (cleaners, orderlies) to enable better clarity of the contractor’s performance.
- Medical leadership of the hand hygiene program provided by Dr Nick Gow (Infectious Diseases Physician)
- Providing access to all local reports for charge nurses and auditors
- Loading of Gold Auditor training onto Ko Awatea to streamline booking process
- Waitemata DHB consistently achieved over 85% hand hygiene compliance
- Gold Auditor validation has begun – which will lift the compliance of WDHB from 17%

10. Communicable Diseases, Clusters and Outbreaks

Disease	Confirmed cases	Ward	Staff contacts	Patient contact s	Comments

HA-Influenza	22	Muriwai , Ward 14, Rata Unit –Mason	8	29	<p>Muriwai B wing had prolonged Inf A outbreak in June across several rooms involving 10 patients and wing closure for 8 days.</p> <p>Ward 14 had outbreak 8 patients in July with HA influenza spread across two rooms.</p> <p>Both Rooms 1 and 2 was closed to admission.</p> <p>Confirmed cases and their contacts were treated with Tamiflu in both outbreaks. Unable to identify source of cross transmission. There was two staff with ILI symptoms at the time.</p> <p>Rata Unit - 4 patients with confirmed Influenza A.</p> <p>Restrictions placed on patient movement and visitors</p>
Measles Epidemic	152	ED WTH /Rangitira	586	395	<p>West Auckland had the highest number of measles cases in Auckland region. 152 of 451 cases tested positive for measles</p> <p>3 staff with confirmed measles which accounted for majority of contact tracing</p> <p>To date 3 measles cross-transmissions have been attributed to ED waiting room</p>
Norovirus	3	Ward 10	3	7	<ul style="list-style-type: none"> • Ward 10 had 8 patients and 7 staff reported symptoms of diarrhoea and/or vomiting. • Index case was admitted with diarrhoea but not isolated in enteric precautions on admission • Two rooms (L and M) were closed from the 15-18 April 2019. With heightened infection control measures and increased environmental cleaning the norovirus did not spread to rest of the ward

Other communicable diseases- clusters and contact tracing

Disease	Total cases	Ward	No of pt. contacts	No of staff contacts	Comments
Pertussis	22	NSH & WTHED, ward 10, 11, 3	9	27	Majority of cases were from paediatrics at Waitakere ED not

					placed in droplet precautions on admission.
Mycobacterium TB	11	NSH ED , ward 10, Huia, Ward 6 , Muriwai, ADU WTH	26	72	Staff member with Laryngeal TB which resulted in contact tracing of staff and patients Contact tracing initiated as patients were not isolated in airborne precautions as TB was not the diagnosis on admission
N Meningitis	17	ED NSH & WTH, wards 3,5, 6,	4	24	Front line staff involved with resuscitation and intubation without appropriate standard precaution when performing aerosol generating procedures. Confusion around administering post exposure prophylaxis (PEP). Issues with differentiating staff exposure between high and low risk. OCH&S have developed guidelines- Staff post exposure prophylaxis (PEP) for Meningitis

11. Infection Control involvement in DHB, Community, National Projects

- Review furniture, furnishings and fittings for Waitemata DHB projects
- Health Benefits PPE project completed
- Health Benefits Pressure care devices project in progress
- Health Benefits – Mattress and pressure relieving devices project –in progress
- Updated policies and procedures
- Gold Auditors training
- Link Reps Study Day
- Influenza and measles in-service for DHB staff
- Providing IP&C support during outbreaks for Providers
- Assisting Health Alliance in sourcing substitute products
- Reviewing new products –Product Management Committee
- Welcome to Waitemata Orientation Programme
- Preparation for HDSSA audits – all standards met
- On-going project to increase ICNET capability

12. Building, Renovations and other issues

- CT Scanning refurbishment NSH and WTH
- IP&C input for ECIB
- IP&C input SCBU refurbishment WTH
- IP&C input Diagnostic Breast Screening
- IP&C input Habitat Café
- IP&C input NSH –Kitchen Renovation
- IP&C input Primary Birthing Unit
- IP&C input Waitakere new build
- IP&C input into refurbishing of antenatal clinic North shore site

Appendix –Waitemata DHB IPC Surveillance Definitions

ESBL Definitions	
HA-ESBL (Hospital acquired) ESBL definition 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 definition 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



Monthly Hand Hygiene Report: December 2019

Highlights:

- The overall Waitemata DHB hand hygiene compliance for the month of December 2019 is 89.1%.
- Congratulations to the professional group with the highest compliance rate:
 - Phlebotomy Invasive Technician 94.4%
- 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.
- All Gold Auditors have been contacted regarding the mandatory requirement to complete an annual online training package

Waitemata DHB hand hygiene compliance in the last 12 months.

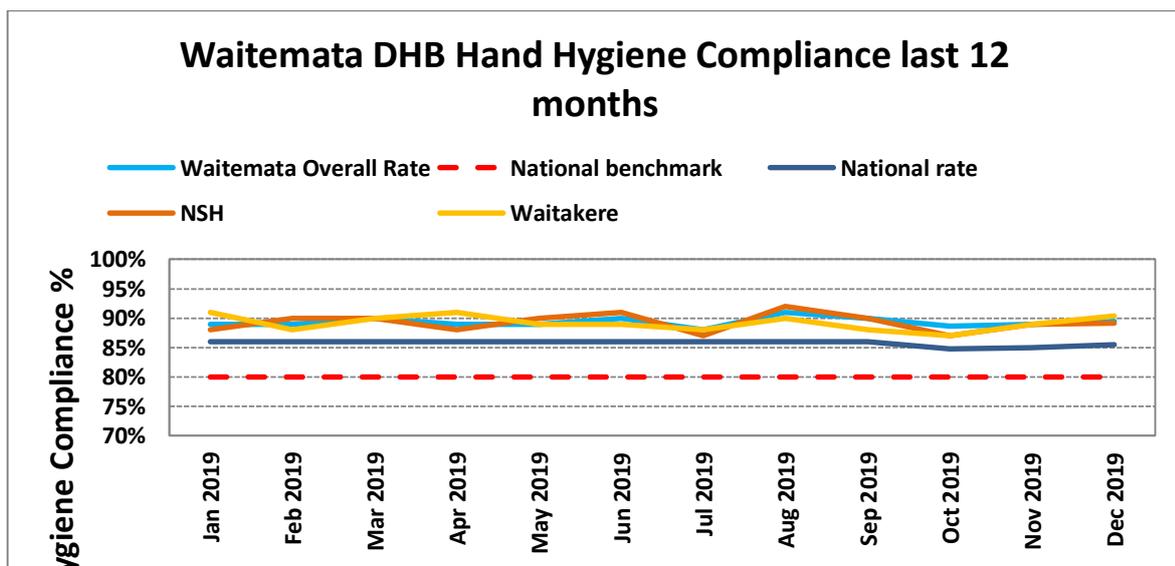


Table 1: Overall Waitemata DHB hand hygiene compliance by facility.

Name	Correct Moments	Total Moments	Compliance Rate
Mental Health		200	97.4%
Waitakere Hospital	1439	1606	89.6%
Elective Surgery Centre	166	191	86.9%
Wilson Centre	42	47	89.4%
North Shore Hospital	2324	2609	89.1%
Waitemata DHB	7949	8932	89.1%



Monthly Hand Hygiene Report: December 2019

Table 2: Overall Waitemata DHB hand hygiene compliance by professional group

Name	Correct Moments	Total Moments	Compliance Rate
Nurse/Midwife	2420	2615	92.5%
Medical Practitioner	471	566	83.2%
Allied Health Care Worker	208	244	85.2%
Phlebotomy Invasive Technician	169	179	94.4%
Health Care Assistant	497	579	85.8%
Cleaner & Meal Staff	4	6	66.7%
Administrative and Clerical Staff	20	24	83.3%
Student Dr	6	7	85.7%
Other – orderly & Not categorised Elsewhere	123	170	72.4%
Student Allied Health	1	2	50%
Student Nurse/Midwife	10	14	71.4%

Table 3: Overall Waitemata DHB hand hygiene compliance by moment.

Name	Correct Moments	Total Moments	Compliance Rate
1 - Before Touching A Patient	1070	1238	86.4%
2 - Before Procedure	483	540	89.4%
3 - After a Procedure or Body Fluid risk	637	660	96.5%
4 - After Touching a Patient	1196	1299	92.1%
5 - After Touching A Patient's Surroundings	543	669	81.2%

Areas of concern: Clinical units performing below the 80% benchmark are:

Ward 6 60%
Radiology NSH 77.2% (Up 10% from last month)



Monthly Hand Hygiene Report: December 2019

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 outlined in separate documents.

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

Friday 28 February 2020 Kawakawa Room, Level 1	Friday 28 February 2020 Kawakawa Room, Level 1
Friday 19 June 2020 Kawakawa Room, Level 1	Friday 19 June 2020 Kawakawa Room, Level 1
Friday 16 December 2020 Manuka & Harakeke Room, Ground floor	Friday 16 December 2020 Manuka & Harakeke Room, Ground floor

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
<p>1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 04/12/19</p>	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Confirmation of Minutes</p> <p>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.</p>
<p>2. Quality Report</p>	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Privacy</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p>
<p>3. Human Resources Report</p>	<p>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.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Privacy</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p> <p>Negotiations</p> <p>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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>