

## Enabling strategies

The following projects are part of the drive to free up systems to allow rapid, flexible approaches.

### ACC Revenue

Nick McGruddy – Accounting Manager



In the 2009/10 financial year, we have budgeted to receive \$2.5m of ACC revenue. To ensure this is achievable, a lot of work is being done raising ACC awareness and reviewing our current processes.

Back in May, a number of key personnel were invited to be part of a group formed to identify issues, look for ACC revenue opportunities and recommend so-

lutions on how we can maximise our ACC income. The group has met three times with a number of ideas on how we can do better discussed and implemented so far.

In early September we were lucky enough to have Julie Ball (Revenue Contracts Manager - Hawkesbay DHB) visit for two days to observe and offer recommendations on process along with how we can more effectively use our resources. I understand she gathered a lot of useful information while here and she and colleague Margaret Lines will be presenting a report to Tracey Adamson soon. The ACC Group is looking forward to reviewing the report and discussing which of her recommendations should be implemented.

It is great to see the heightened awareness around ACC along with the noticeable urgency of personnel involved in the ACC revenue capture process.

### Business Intelligence/Business Planning and Forecasting

#### Fingertips

John Kirkup, Business Analyst

The Fingertips project went live at the end of August on the first stage of the rollout which was the reporting and planning of financial information. The Fingertips portal is now operational and provides the front end for Managers and Team Leaders to access their monthly financial reports. Training on the new reports and re-training on the forecasting tool will be provided over the next two weeks. The next stage of the project is the Personnel information, which involves building the structure, reports and planning model to make this information more accessible. This will take place over October and November, utilising the Fingertips portal and adding to the vision of “Managers having the information that they need at their Fingertips.”



### Competency assessment

Bruce McGregor, GM Human Resources

The DHB's appraisal policy has been completely rewritten changing the focus from form filling to dialogue between manager and staff member. The emphasis will be on the individual's work goals and objectives and the new policy will be renamed Individual Performance Planning and Development Policy to reflect this new approach. Competency assessment will now be incorporated into the new employee performance planning and development policy which includes WDHB values and five core organisational behavioural competencies (OBC) with prescribed measures. All employees will have performance plans that include as a matter of course an assessment of performance against values and OBCs irrespective of position held.

### Senior Leadership Team

Tracey Adamson, CEO

Tracey Adamson has finished her review of the senior leadership team structure. The new structure is on the intranet in the Good to Great section. It outlines the process to date and the functional groupings each SLT role will be responsible for.

Tracey is now preparing for the implementation of the new SLT structure and functional groupings by finalising new position descriptions for each SLT role and formally meeting with each SLT member to discuss how the new structure impacts on them and the various options regarding appointing to the new roles.

The next step is to recruit for any roles not filled by reconfirmation or redeployment. Once the new SLT roles are filled she will work with each SLT manager to develop the structures for the areas of responsibility assigned to their role. This will involve further consultation as appropriate.

### Information Technology Initiatives

Eric Sinclair, CFO

Information Technology (IT) is a key enabler for a number of the initiatives within the Good to Great plan. High priorities associated with the project include the Health Management System, electronic referrals, Fingertips, and improved electronic internal communications including upgrade of the intranet.

We now have a DHB IT governance group (50/50 clinicians) which is meeting regularly to discuss and prioritise IT projects. Deb Butterfield, an IT business analyst, started in August and has completed an initial scope for an eReferrals project which has been approved. Deb is also going to develop high level scopes for five more initiatives that are deemed a high priority by the governance group.



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## Going from Good to Great

At the end of August CEO, Tracey Adamson, gave three staff briefings (attended by around 70 staff) about challenges and priorities for the future. She spoke about service and efficiency projects underway, the Clinical Services Action Plan and the financial situation. She gave us a progress report on reviews which are mostly now complete and mentioned some of the recommendations that will help us face the future with confidence. This edition of InSite contains the latest update on progress we have made in a short space of time, reflecting the many hours of work that many staff have put into the range of improvement projects.

WDHB faces increasing financial constraints and is clinically vulnerable due to its size and recruitment challenges. We are forecasting a deficit of \$957k this year. This assumes substantial efficiencies will be achieved. The cost of service delivery is outstripping the funding that the DHB receives and our financial situation has given urgency to address these issues.

“Transformational change is required in order to improve the patient experience and improve population health whilst reducing and controlling costs. The Minister of Health is demanding increased accountability for the use of public funds, increased involvement of clinicians in decision making and has prioritised investment around the new health targets,” Tracey says.

She is addressing these challenges head on. “It is vital we create a structure and culture that will ensure we develop as a strong and financially viable organisation, focused on improving the patient experience and improving the health of Wairarapa residents. I want the DHB to be an organisation that provides a rewarding and professionally stimulating work environment for all employees, which will ultimately benefit our patients.”

Staff input has influenced the direction we are taking. Discussions with staff from across the organisation, Board members and external service providers in regards to the current challenges and strengths of the WDHB helped shape the ‘Going from Good to Great’ programme. A staff survey gave valuable feedback.

### Staff feedback

Thanks to all the staff who took the time to complete the survey handed out at the CEO presentations, or who accessed it off the intranet. Your input is a valuable insight into both where we are now as an organisation, and how willing we are to keep moving from good to great.



The results show that there is a good understanding of the need to move forward, and it's clear that the message about our financial imperatives is well understood. What is equally pleasing is that the most important reason to change – improving the patient experience – came through strongly as a motivation for most respondents to participate in the change process.

Your feedback was also very useful in helping determine where barriers to moving forward might exist, and I appreciated your frank and honest assessment of this. It's clear that while you feel overall that communication to date has been transparent, you want the projects to stick to the timelines, employ real, not token consultation where required, and move quickly through the current period of uncertainty.

As I said at the beginning of this process, we are starting from a position of strength. The need for change is not as much an implication that we have been performing badly, but a reflection that our world has changed and we must adapt to our changed circumstances.

Thank you again to all the dedicated staff who continue to strive for the best results we can achieve. I continue to be impressed with your thoroughness, inventiveness and focus on the patient.

Tracey Adamson, CEO



# Workforce and service efficiency projects

## FOCUS review

*Maggie Morgan, GM Community & Mental Health Services*

The FOCUS review is now complete and it highlights the success of the service FOCUS delivers and their ability to meet the changing needs of an aging population which has gained them national recognition as a responsive and innovative service. "On the whole, they do everything right" the report stresses and notes there was overwhelming support and praise for the work of the FOCUS team with clients, families and clinicians.

FOCUS has grown rapidly over the last six years and they sometimes struggle to cover all the new services implemented. These include the comprehensive single point of entry, health recovery, carer support, telephone reviewer, residential care facilitator, support to live at home and palliative care coordination. It's a big ask and the challenge is to continue to provide excellent integrated services without duplication. The aim of the review was to ensure FOCUS remains a service that is fit for its purpose, is efficient, effective and sustainable and able to meet the challenges of changing needs and demand.

The service redesign proposes changes to the needs assessment and service coordination process, service linkages and general systems and processes. Within the current FOCUS team there are many small and specialist roles with individuals knowing and performing their own role well. However the high degree of specialisation leaves the service vulnerable with little or no cover. One of the recommendations in the report is to create three distinct teams: customer service, community coordination and clinical coordination. This will lead to sharing of skills and responsibilities and foster development and innovation. This service redesign will also provide an opportunity to align staff resources with those required by the upcoming InterRAI implementation. InterRAI is a tool used to assess the needs of older people and is being implemented nationally. Recommendations in the final report attempt to future proof the service ensuring we provide effective and cost efficient services.

## Transport Review

*Maggie Morgan, GM Community & Mental Health Services*

The service is currently fragmented with a number of roles organising transport. The DHB has control over some of the costs but not all eg. Healthpac and ACC. A recommendation from the report is to create a central transport hub within the hospital to be responsible for the administration of the National travel and Assistance (NTA) policy, administration of inter-hospital transfers and links with community providers. First it is necessary to revise procedures, recording and monitoring systems for NTA to strengthen internal controls and manage expenditure. We plan to investigate options for an electronic transport booking system that can be used to centralise the coordination of community and non urgent transport services.

## Relocation of FOCUS & Public Health



Focus and Public Health have both outgrown their offices and will soon move into the old Ward 4. This will be their temporary premises until the new Community Health facility is built on the land between the hospital's heli pad and Te Ore Ore Road. Both units are due to relocate mid October and Facilities staff have been working hard to get the premises ready for the big shift. There are lots of jobs to do before migration: rewiring and cabling for telephones and computers; ordering equipment; setting up consoles and the front desk; checking heating and fire alarms; locks and keypads; signage and road markings; upgrading offices doing a general cleanup.

## Nursing and Midwifery Workforce

*Helen Pocknall, Director of Nursing*

Improving the quality of patient/client care and safety is a priority for the DHB and it has been a key principle in the development of services in recent years. With that in mind, Helen Pocknall led an extensive review of our nursing and midwifery workforce. A reference group of nurses and midwives was established from across the provider arm who were consulted on a regular basis; two workshops were held with nurses in senior roles; separate meetings with CNMs, CNS, CNEs and the duty nurse manager group; discussions with peers in New Zealand and Australia; nursing costs and roles were benchmarked with a cross section of DHBs; and there was a literature review undertaken on nursing and midwifery roles and structures. It was a rigorous process which took about four months to complete.

It is interesting to note that we have one of the highest nursing and midwifery (FTE) costs of all DHBs, partly due to the number of nurses regularly working overtime. The report also indicates the age structure of our nursing and midwifery workforce. We have a workforce that has a lot of institutional knowledge and experience – 63% of senior nurses and 76% of midwives are over 50; 77% of nurses are over 40 and 14% over 60. The average age is 47 which compares with an average age of 43 across all DHBs.

The final report will describe the current nursing and midwifery profile, roles and structure, explain why Wairarapa DHB has one of the highest cost of nursing FTE in the country; identify issues and challenges and makes recommendations on future roles and structure. The draft report is now with the CEO for comment and will go to SLT 25 September.

## Clinical Administration Review

*Simon Everitt, Planning & Funding*

The project team gathered information through a number of meetings with clinicians from the Hospital and other DHB services such as Mental Health and Public Health; there were face-to-face meetings and surveys completed with medical, nursing and allied health staff as well as administrative staff. Excellent feedback was received and front line clinicians identified opportunities in a number of areas to improve the level of support they currently receive with administrative/ clerical tasks.

The findings indicate that hospital doctors complete a range of administrative tasks and would like to receive a greater level of support to deal with phonecalls, faxes, photocopying, managing patient enquiries and filing. There are specific pressures around paediatrics and maternity with managing ward functions such as patient enquiries, and managing visitors which impacts on patient care. CNMs and CNEs identified a need for training in IT and indicated that they have variable access to admin support. Public Health and community nursing staff also indicated a lack of integration with IT systems which lead to time wasting and duplication. Admin staff also need good support for training and cross cover.

The report with a number of recommendations is in final draft and will be considered by SLT and the Board over the next few weeks. Simon Everitt thanks all those who so willingly offered views, completed surveys and contributed knowledge and time to this project.

## Outpatients Review

*Anne McLean, GM Hospital Services*

The review of outpatient services, led by Sharon Woods, is considering streamlining processes and practices, and examining clinic scheduling. Consideration will be given to processes that reduce the Did Not Attend rate and a survey of patients' preferred method of contact for OP appointments/ reminders is underway. From the beginning of October U-Book will be trialled. This is a new patient-focused booking system that gives patients more choice of times and dates, similar to the way dentists operate. If patients are able to choose appointment times that better suit their schedules it should make it easier for patients to attend appointments. Another patient contact method is the text-reminder service which has been successful in other DHBs in reducing DNAs and this is also being considered.

The review is also examining First Specialist Assessment and Follow Up ratios; ideology regarding who follows up the care; and benchmarking to compare activity and resource use with other DHBs. There is also the desire to improve linkages between providers on referral processes and put some onus onto GPs to coordinate the preassessment tests such as labs and blood. Another idea to pursue is the concept of a one-stop shop where a patient gets all preassessment from their health professionals in one hospital visit, rather than having to come back to the hospital, often on different days, whenever the appropriate clinician is available.

## Pharmacy Review

*Simon Everitt, Planning & Funding*

This review began at the end of June and was a benchmarking exercise with other similar-sized DHBs to compare our hospital pharmacy performance in areas such as total expenditure, pharmacy spend per bed day, the range of services provided and antibiotic usage. So far the review indicates the hospital pharmacy is performing well against a number of key indicators including total expenditure and pharmacy costs per patient discharge. Reviewers compared our performance against four other hospitals – Whanganui, Gisborne, Wairarapa and Nelson and looked at the top 10 pharmaceuticals; financial performance; and workforce structure. One recommendation will be around ensuring the DHB has a consistent process for approving exceptional medicine requests such as high cost medications or medicines not on the pharmaceutical schedule. The draft report is almost complete and will be considered by SLT over the next few weeks.



## Maori Health Service Benchmarking

*Stephanie Turner, Director Maori Health*

Anecdotal information suggests the WDHB Maori Health Unit is currently relatively large in comparison to DHBs with similar Maori populations. To check the reality Maori Health Service staffing levels, costs and structure came under the microscope and core role components were benchmarked with a cross section of DHBs. Questionnaires were sent out and 7 DHBs provided information about their Maori health service structures, personnel costs, estimation of time spent on strategic planning, patient/whanau support, administration, provision of training, health promotion and information sharing.

Reviewers found there was considerable variation in roles across DHBs - no set formula, every DHB is configured differently. Most DHBs have a Director Maori at senior exec level, some project planning and/or P & F capacity, admin, kaumatua /cultural advice component, and more than 1 hospital service role. Some smaller DHB's can't access the Maori health capacity they require. Each DHB responds to Maori health needs in a way that is appropriate to its own mana whenua community and organisational culture.

Director Maori Health, Stephanie Turner, says 'Maori health development is a relatively new discipline which has evolved within a continually vulnerable political context.

Health service organisations have been mono cultural environments that have not fully understood or valued Maori worldviews and approaches, and so it is not surprising that there aren't more consistent DHB models."

# Clinical Services Action Plan

*Project Manager Joy Cooper, Clinical Chair Robert Logan*

The Wairarapa Clinical Services Action Plan (WCSAP) is now complete and likely to be released publicly soon, following final sign-off by the Board and Minister of Health. It is the culmination of a significant collaborative effort between many individuals from across a range of service providers. The plan provides a roadmap for services across the whole Wairarapa health system.

The aim of the WCSAP is to provide a new direction and a single integrated framework for all of the health services across Wairarapa to meet the needs of patients now and over the next ten years. It includes a range of recommendations for clinical services and is the result of extensive consultation with clinical staff.

During the process of gathering information about all services delivered in Wairarapa currently, together with waiting lists and volumes of services accessed at other DHBs by Wairarapa residents, the project team met a wide range of service providers and clinical groups. They thank the many individuals and groups who contributed by attending meetings, workshops and forums, assisting with data analysis and providing feedback.

Clinicians from across all services in Wairarapa have helped create this plan and are now committed to implementing actions set out in it.

The Steering Group has proved to be a valuable resource for improving and maintaining communications between clinicians across the whole community-primary-secondary care spectrum and will continue to meet as a Joint Clinical Forum chaired by GP Tony Becker. This forum will ensure the plan is implemented, with individual forum members leading and/or contributing to each of the actions recommended.

The Plan aims to increase the health of the population and provide better experiences for patients, whilst controlling and managing costs.



*Authors of the Clinical Services Action Plan: Carol MacDonald and Project Manager, Joy Cooper*

The need to reduce expenditure was the catalyst for a major re-think about our aims and has provided the opportunity to sharpen our focus on improving services for patients.

Clinicians from across all services in Wairarapa have helped create this plan and are now committed to implementing actions set out in it. A process for clinical engagement and primary health/ secondary clinicians working together has been created. Future success depends on us all working together within Wairarapa, and regionally with other DHBs.

Savings will be achieved through delivery of better integrated services within a single health system for Wairarapa.

The process of developing the plan has created a strong platform for change. Through the steering group and consultation processes used to develop the plan, wide understanding has been gained that change is necessary and achievable.



**Some of the members of the CSAP Working Group:**  
**From left front:**  
*Dr Annie Lincoln, George Groombridge, Hone Hurihanganui*  
**From left back:**  
*John Tibble, Dr Alan Shirley, Dr Robert Logan, Dr Tony Becker, Susan Reeves, Elaine Brazendale, Franky Spite and Linda Oldfield.*

# More workforce projects

## Perioperative Services

*Anne McLean, GM Hospital Services*

This review, led by Cathie Morton, focuses on theatre efficiency including scheduling processes, cancellations, on-call cover, theatre hours, the use of acute versus elective sessions and anaesthetic processes.

The review panel, which included three external reviewers from other DHBs, has now completed a draft report which has been sent out to the project executive group for consultation and discussion.



## Capacity Planning

*Anne McLean, GM Hospital Services*

The use of software tools designed for capacity planning will enable demand to be predicted so that resources can be arranged in advance.

This will assist the DHB and employees to schedule annual leave better and reduce unscheduled resource use. The initial focus is on rostering and we are considering Capacity Planning tool options including Emendo (CapPlan) and Trendcare. The next stage will be to examine bed management in the hospital and the matching of patient types to beds. That will be linked to our present activity and our volumes for Electives & Acutes.

## Imaging Services

*Fred Wheeler, Unit Manager Allied Health*

An internal review of Imaging Services is in its initial stages. It is focusing on demand management measures, the capturing of all external income, staff rosters and future equipment needs. The review will also consider ways we may work together with Pacific Radiology to capture private income. The project sponsor is Anne McLean and the Review Team includes Mr Shirley, Kim Drysdale, Dr Annie Lincoln, Fred Wheeler, Sueanne McGlashan & Terence cousins from PRL and other expertise as required.



## Community Nursing

*Maggie Morgan, GM Community & Mental Health Services*

The aim of this review is to complete a feasibility study specifically looking at the centralisation of the community nursing bases to enable delivery of contracted services within available resources. The draft report is due to go to the project sponsor and project group and following feedback the final report will be presented to SLT on 25 September.