

Special Edition October 2010

## The year in review 2010/11

The last year has been one of advancing local, sub-regional and regional collaborative initiatives with a focus on supporting the delivery of the 'triple aim' of improving the patient experience, improving the health of our population, and making wise use of health resources.

### The challenge

The challenge in achieving the 'triple aim' is made easier when we focus on delivering services to our community that achieve the seven parameters of quality. They are: accessible, appropriate, effective, efficient, responsive, safe and provided in continuity. When we assess our service delivery, from a patient's perspective, against these quality parameters, there are inevitable opportunities for improvement.

### The framework

Four major planning documents were completed this year. They build on the Clinical Services Action Plan that was developed in 2009. They put forward a vision that supports strategies to improve health outcomes in the Wairarapa, as part of the Central Region. These include the Maori Health Plan, Regional Services Plan, Annual Plan and our Statement of Intent.

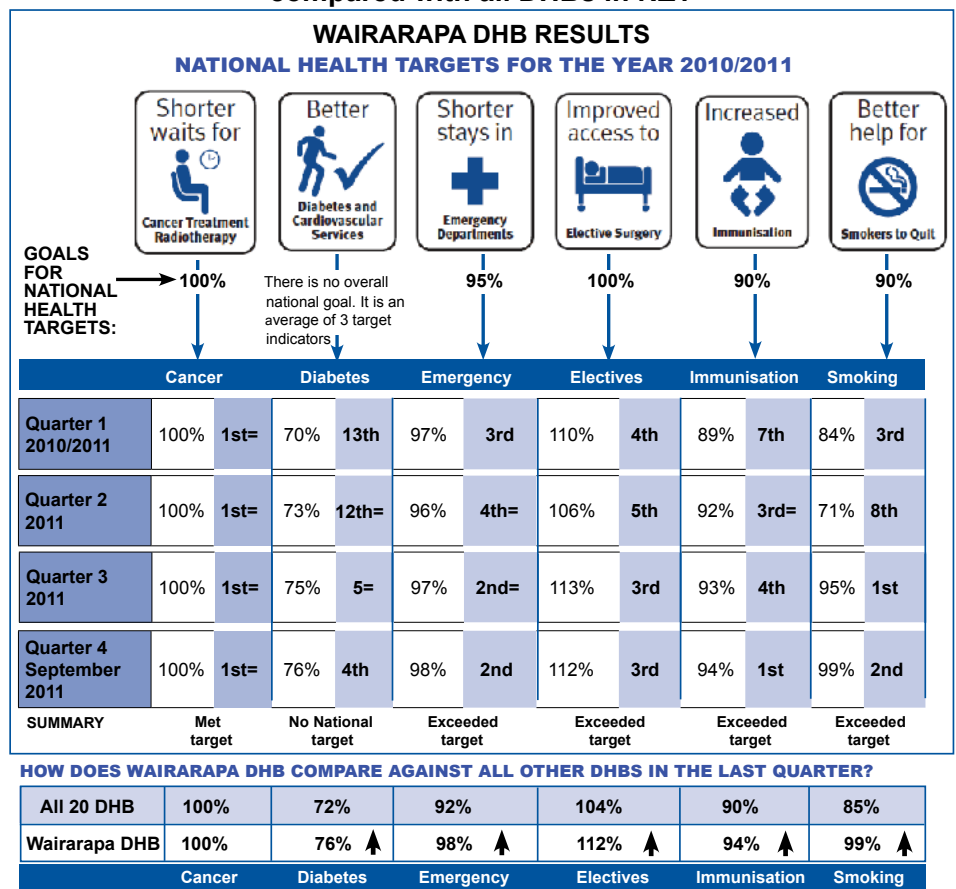
The Wairarapa and the 3 DHB Health Service Development Programme are the strategies that the Wairarapa DHB have adopted to implement our vision for a sustainable future for health service delivery in the Wairarapa.

## Service delivery improvement

### Health Targets

We have done superbly nationally and regionally. We have consistently outperformed many of the larger DHBs and have met or exceeded all our targets. We have made considerable progress over the course of the year and this diagram shows our steady progress at a glance. This is a great achievement and a credit to all our staff and partners in the community.

#### How does Wairarapa perform against National Health Targets compared with all DHBs in NZ?





### Immunisation

Wairarapa DHB achieved a superb result for increasing immunisation rates. At the end of Quarter 4 we ranked top in New Zealand. The national target is 90% of two year olds fully immunised but we reached 94%. The GP practices work in conjunction with outreach immunisation services and we continue to work with other agencies and community groups. It is a great team effort.

## Clinical Services Action Plan

In 2009/10 the DHB worked very closely with clinicians and health service providers to build a vision for a sustainable future for health service delivery in the Wairarapa. This close collaboration with clinicians resulted in the development of our Wairarapa Clinical Services Action Plan (CSAP).

CSAP identifies the changes necessary to put Wairarapa DHB back onto a financially sustainable pathway. There are six key strategies in the plan, and under each there is a description of what has been achieved, and what we are bringing forward into the next year.

### Strategy 1: Focus on individuals and whanau/ family

'Whanau Ora' is a way of working that recognises each patient in the context of his or her family/ wider support network. While particularly relevant to helping improve the health of Maori, the principles have the potential to benefit the way we all manage our health.

Using this way of thinking, the DHB's staff orientation has been adapted to make sure the information and activities are 'patient and family' focused, rather than organisation focused. The same focus has been applied to staff workshops and training activity.

An ongoing stream of work related to this is around 'advanced care planning' which helps individuals and families identify what is important to them in end-of-life care.

### Strategy 2: Redesign and coordinate the patient's journey

Every person's 'health journey' is different, but many have much in common. These common factors are often called 'care pathways', and there has been a lot of work in the last year to trace these, particularly for people who have long-term conditions, to help us reorganise resources and reduce duplication for patients.

This process has been helped through the establishment of an Alliance Leadership Team, a joint clinical and management forum from representatives across the health system which governs the implementation of the Tihei Wairarapa programme of work.,

Developments have included an advisory nurse to support ARC facilities and ARC nurse training programme, and designated GP support and supervision for ARC facilities.

CRISP (Central Region Information System Plan) Phase 1 Business Case was developed in 10/11. The project has just been approved for commencement. This is a region-wide initiative. Along with the local ManageMy Health implementation, CRISP will significantly enhance the communication about patients' care between clinicians and providers.

### Strategy 3: Develop Primary Care Services Tihei Wairarapa

Arising from Strategy 3, Tihei Wairarapa is a plan to help us better integrate health services in the Wairarapa, initially focused mostly on care which happens in the community. The first year of implementation is now completed, with most project milestones achieved. There has been an increased focus on 'patient-centric and whānau-centric' care across the Wairarapa health system and sub-regionally.



Some of our achievements over the past year include the development of more integrated models of care, including pathways and protocols for the frail elderly, common long term conditions and mental health. We have improved acute care arrangements through better understanding of ED and admission patterns.



There is now a more systematic multi-disciplinary team approach to caring for people who are frequent users of Emergency Department services and families suffering from persistent serious skin infections. A review of outreach and whanau ora services is underway, with analysis of outreach data completed.

To be successful, change takes time, as much of it revolves around learning to work together differently. The team working on Tihei Wairarapa have taken the necessary time to build relationships and make necessary connections. The priority activities for the second year of the implementation plan have been agreed, with an emphasis on implementing the models of care and pathways the working groups have developed over the past twelve months.

The first priority is the transition in practices from Care Plus to the new Guided Care programme. Care Plus was a 'blue-print' that enabled GPs and practice nurses to more closely monitor people who had chronic conditions. The Guided Care Programme builds on this, but brings in a new tool that will make sure everyone eligible gets a consistent, comprehensive assessment, enabling referral to the most appropriate services to meet their needs.

A major milestone was achieved in early August when the rollout of the Shared Care Record (SCR) started. This means that a summary of the latest information held by your GP on your diagnosis and medications will be available to clinicians in a range of settings, including after hours care, Emergency Department, Aged Residential Care, and for emergency paramedics. Four practices, covering nearly 75% of the Wairarapa population, are participating in the SCR at this point, and it is heralded by clinicians as a big improvement in the quality of care, with the potential to save lives. Note that patients can choose to 'opt off' the SCR by contacting their General Practice.

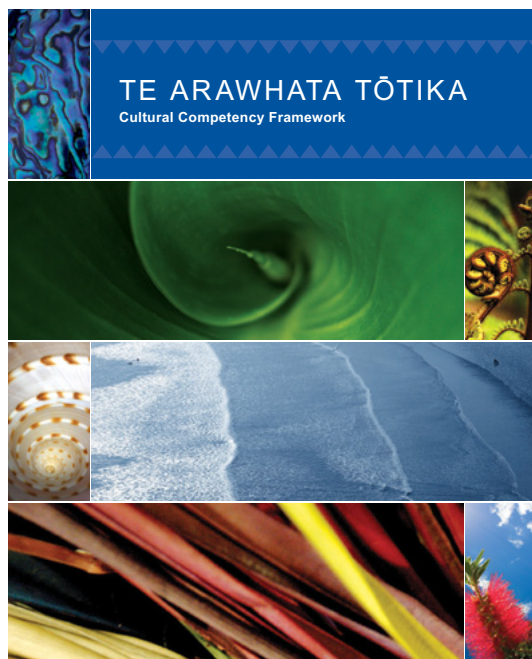
## Strategy 4: Reorganise and develop the healthcare workforce

The healthcare workforce is facing huge challenges in the years ahead as our population and our workforce ages, technology changes, and our expectations change. As part of our longer term strategy, this year we have implemented The Productive Ward, a programme that allows clinical staff to spend more time with patients through better organisation of the environment, and processes.

We have also recognised the need for senior Wairarapa clinical staff to be better connected and supported within the region, and have encouraged links with colleagues in our neighbouring DHBs.

Ongoing development for all our staff is important, and we have developed an annual calendar of training programmes to better enable us to release staff for ongoing education.

Another significant milestone has been the progressive implementation of the cultural competency framework, Te Arawhata Totika and the work with unions to encourage staff to take annual leave entitlements.



In partnership with clinical staff across the maternity 'spectrum' we are reviewing how maternity services are provided. I want to acknowledge all the staff who have been involved in this review and thank them for going the extra mile whilst we have a number of vacant midwife positions.

The Board also took a decision to exit the provision of ambulance services. It was acknowledged that the DHB could not currently, or into the future, meet its obligations as a good employer over such a small and specialised workforce, within the current arrangement.

## CASE STUDY

### Pharmacy synchronisation



Gay Farmer has found that as the years clocked up, so did the number of medicines she was prescribed. When one prescription ran out, others might still have several weeks left. “At our age, you can do without the angst of wondering if you should go to the doctor now, or wait till the next one runs out,” she said. Gay was enrolled in a ‘pharmaceutical synchronisation’ trial by Carterton Pharmacist David Holt over a year ago.

“I’ve had around 600 people enrolled in the synchronisation trial at Carterton Pharmacy,” says David. “I approached people who had multiple medications. Then, with their permission and in consultation with their GP, I dispensed enough of each medication to reach an agreed ‘review date’.”

At that stage David alerted the GP, and the patient made an appointment with their GP to have all their medications reviewed at once. That way, the medications were synchronised to a common end point, which meant fewer trips to the doctor and the pharmacy.

“At the same time, this has helped patients to manage their medications better because we could discuss each different item and why it was important to take it at the right times. We found patients were more inclined to take their medications as prescribed, which meant much less pharmaceutical waste.”

The trial was very successful and the DHB is now sharing the results with other Wairarapa pharmacists and is rolling prescription synchronisation out across the district. Based on the Wairarapa results, a similar pilot is now being run in Hutt Valley DHB.

“I’m just finding the service fantastic,” says Gay. “It takes all the angst away – it just flows. I can plan to go away knowing nothing is going to run out, and if I’m well, I don’t have to go and see the doctor just for a repeat script. It’s meant fewer trips to both the doctor and the pharmacist.”

## Strategy 5: Public Health Interventions

Creating an overarching public health plan was a priority this year, enabling us to embed Keeping Well (the Regional Public Health Plan) priorities into planning and contracting. Elements of our Public Health Plan included support for the Masterton East Project, continuation of the Healthy Eating Healthy Action programme, and further development of tobacco control and smoking cessation programmes. This involved a review of the actions and functions of the Healthy Lifestyles groups and clarification and streamlining of health promotion actions. It also enabled us to provide targeted programmes in high needs communities.

## Strategy 6: Control Costs and Maximise Revenue

We take making best use of resources seriously, and have an ongoing programme of process improvements to control our costs and bring in all the revenue due to us for the work we do. Process improvements include improving address coding for Inter-District Flows (IDFs). This is the way our DHB pays for procedures on Wairarapa patients carried out in another DHB, or procedures we provide for out-of-region patients in the Wairarapa. We have also improved coding and ACC claiming processes, enabling us to more accurately claim for the work we do.

To reduce our IDF costs, we have worked on processes to reduce referrals to other DHBs when the procedure can be safely and appropriately performed at Wairarapa Hospital.

A highly successful project has been the roll-out of the pharmacy synchronisation pilot. This has allowed pharmacists to work with patients and their general practitioners to have their prescriptions synchronized, so all their medications are reviewed and re-prescribed in one visit. This has significantly reduced both cost and waste of prescribing medicines.

There are several projects underway that will be carried forward into the next year, including rationalisation of the use of diagnostics, sharing back office functions between DHBs (eg: Hutt Valley DHB now manages our payroll functions), access to elective services and IDF referral patterns. We have also started to introduce hospital capacity planning and developing new ways of funding services to provide new models of care.

## Financial Sustainability

It gets harder in a climate of financial restraints and rising costs to balance the budget. At the end of the financial year we had a deficit of \$3.62 million against a budgeted deficit of \$2.19 million. This unfavourable variance of \$1.43 million is 1.16% of total turnover.

A revised forecast (a deficit of \$3.95 million) was agreed with the Board in January 2011. The actual result was favourable to forecast by \$0.33 million. We have contained cost growth below national averages and the annual deficit position is reducing (2009/10 deficit was \$4,676k).



Wairarapa DHB faces the continuing challenge of increasing demand, increasing costs of new technologies and treatments, providing services within the available funding, compliance with legislation, and recruiting and maintaining the workforce it requires. The cost of inter-district flows continues to rise. Last year it cost \$20M or 18.5% of our expenditure.

Our staffing numbers decreased slightly. Full Time Equivalent Staff numbers across the DHB were budgeted at 452.9, with an actual result of 438.2, favourable against budget by 14.7 FTEs.

Our goal is to achieve financial security by ensuring delivery on Minister-agreed financial forecasts within available funding, through active cost management and achieving planned productivity savings.

## Good To Great

A range of service and workforce initiatives under the Good to Great programme had a target of \$2.35 million in for 2010/11. \$1.39 million was achieved (59.1%).

This programme was reviewed at the end of June and DHB staff were asked to complete a survey to gauge the success of Good to Great. 159 staff (approximately 25%) completed the questionnaire giving their opinion about the success of the programme and identifying the issues, barriers, opportunities facing our organisation. It was important to gather ideas and comments from staff – it is part of building our future together.

## Organisational Sustainability

### Working with our neighbours

We have been working in partnership with our neighbouring DHBs and other health providers to develop clinically sustainable services. There are various collaborative initiatives on the drawing board, particularly at a sub-regional level, both between DHBs and between clinicians and managers.

### The Sub-Regional Clinical Leadership Group (SRCLG)

This group which was established in early 2010, has proved a valuable forum. Senior clinicians and managers from the three DHBs have met regularly throughout the year and this is helping cement new relationships and new ways of thinking. They have commissioned a series of service reviews, focusing first on vulnerable services or services which will most benefit from a sub-regional approach.

The sub-regional workstreams led by the SRCLG are developing into concrete programmes, under the banner of the '3D' initiative (3 DHB Health Service Development). Care is being taken to align work with regional initiatives, particularly those contained in the Regional Services Plan (a plan agreed between the six lower North Island DHBs).

### Examples of collaborative initiatives

- Wairarapa DHB payroll is now managed by Hutt DHB
- A joint surgical initiative between Hutt DHB and Wairarapa sees Wairarapa surgeon, Bertrand Jauffret, operating on his more complex Wairarapa patients at Hutt Hospital where there is full ICU back-up. In return, some Hutt Valley patients who have been on the waiting list for some time for minor surgery are offered surgery sooner at Wairarapa Hospital.
- Wairarapa women get faster surgery in Hutt Hospital - with Wairarapa specialist, Dr Maha Jaber. She sees women in a Masterton clinic and if they require an operation that can't be done in Wairarapa she can offer them surgery in the Hutt. After surgery, they have their follow-up clinics at Wairarapa Hospital. It means more patient continuity and satisfaction.
- MidCentral DHB does excellent work on our behalf to meet the cancer waiting times health target. Through their efforts we consistently achieve 100% of the national health target.
- We have entered a joint contract with the other DHBs in our region for the provision of uniforms. Not only does it save costs. It also makes it easier for staff to transfer between DHBs.

Other sub-regional approaches being explored include the sharing of Planning and Funding services, regional cover for speech language therapy services, a joint undertaking for the regional DHBs to consult with each other when appointing senior staff so we better support each other, and a sub-regional look at capacity planning to make best use of staff and facility resources.

## Relationships/DHB community perception

The achievement and improvement in health targets, the ongoing work around the Clinical Services Action Plan, no HDC cases and the improvement in relations with neighbouring DHBs continues to put the Wairarapa DHB in a positive light.

Local and regional media coverage has been generally positive throughout the year and reflective of the excellent work and achievements of Wairarapa DHB.

Wairarapa DHB has built sound collaborative relationships with local government and key community groups. Wairarapa DHB has strong relationships with the three territorial local authorities and the regional council, and contributes to some joint planning processes with them.

Wairarapa DHB works with Work and Income, the Ministry of Social Development, Accident Compensation Corporation (ACC), Te Puni Kokiri and the education sector to identify and use opportunities for shared approaches to common problems. This is particularly important in progressing implementation of 'whole of government' strategies such as the National Suicide Prevention Strategy, and the New Zealand Disability Strategy.

### CASE STUDY

#### Sub-regional collaboration



Don Hardman, Hutt Valley resident, was diagnosed in early 2010 with a gall bladder problem and was put on Hutt Hospital's waiting list. Recently he was offered the opportunity to have his surgery in Wairarapa Hospital instead and he jumped at the chance.

"It made perfect sense –no more waiting, a trip over the hill on a beautiful Wairarapa day and the certainty that at last my discomfort will be eased," says Don. "It was scheduled to suit me and I was keen to get it over and done with quickly because I want to be fit enough to go to Melbourne soon to see my new grandchild. I am having my op on a Friday, will have the weekend to recover and hopefully I'll be back to work next week."

Mr Hardman was one of up to 50 Hutt patients who will get their surgery done in Wairarapa before July 2011. Wairarapa DHB and Hutt DHB are working together to make it easier for patients to get specialist medical attention quicker and to use resources better.

Wairarapa Hospital General Surgeon, Mr Bertrand Jauffret and Nurse Manager of Outpatients, Mair Moorcock, have been travelling over the hill to take clinics at Hutt Hospital, seeing Hutt patients on waiting lists for smaller procedures and offering them the chance to have their surgery done in the Wairarapa. In return Mr Jauffret is able to use operating theatres at Hutt Hospital to do major surgery on Wairarapa patients.

"We used to refer Wairarapa patients with cancer or life threatening conditions needing intensive care backup, to Hutt or Capital & Coast because we have limitations in terms of intensive care support in Masterton. Now we can use Hutt facilities and operate on them there. So far we have operated on six Wairarapa patients in Hutt Hospital and all of them have done very well. Because we are using some of Hutt's theatre time with our patients we agreed to do some of their waiting list simple cases –those who do not need intensive care. It helps ensure that people in our region have equitable access to surgery."

She explains how the patient exchange is organised. "The Clinical Nurse Manager in the Hutt sorts out the patients who have been waiting for some time, usually for minor surgery like hernia repairs, laparoscopic procedures, cholecystectomies, colostomy closures. They are given the option of coming to Wairarapa where it will be done sooner. An added bonus is that we have a whanau house adjacent to Wairarapa Hospital where families can stay and drive them home the next day if necessary."

Mr Jauffret says this initiative benefits Wairarapa patients because they are treated quickly by the surgeon who is going to follow them up afterwards. It benefits Hutt patients who have been waiting for months for their surgery, and it benefits Hutt DHB who stood to lose some government funding by not reaching its targets in elective surgery.

## Maori Partnership



The Maori Health Plan was completed in September 2010, and this is now driving the work and monitoring programme for the Maori Health Directorate and the Senior Leadership Team (SLT) in regards to improving the health of Maori in our region. The Maori Health Plan outlines the concerns regarding the health of Maori within Wairarapa and the need to ensure our workforce can address these needs.

A Maori Health Workforce Development Plan is under development as part of the broader DHB workforce plan. It will contain strategies for recruitment and retention of a local and regional Maori workforce.

SLT completed waiata and te reo education sessions and support is being provided for increased education opportunities for cultural training across the DHB. The Maori Health team offer regular te reo and waiata classes for staff who are encouraged to attend.

The improvement of health outcomes for Maori is a strategic priority for Wairarapa DHB. Maori participation in the provision and development of health services in Wairarapa will continue to be underpinned at the governance level by the relationship between the Board and Te Iwi Kainga.

## Quality of Service Delivery

The mid-term certification audit against the Health and Disability Sector Standards found that progress had been made against all of the 12 recommendations, however medication management still required improvements. We have established a pharmaceutical work stream, led by the Chief Medical Officer and Director of Nursing, for zero tolerance of prescribing errors.

We have had no cases considered for investigation by the Health and Disability Commission. Complaints management processes are improving and compliments still outnumber complaints. Clinical quality indicators are stable, with recent improvements in Occupational Health and Safety due to some particular initiatives related to equipment management. Opportunities exist

for enhancing engagement around quality frameworks with Primary Care and reducing the incidence of falls and infections acquired in the community.

There is increasing focus nationally and internationally on the quality and safety of health services, with recent legislation requiring certification, credentialing and audit, and reports of the Health and Disability Commissioner placing increasing demands and expectations on the provision of care. Added to this are the statutory requirements on DHBs to improve health outcomes and reduce inequalities.



*Quality Leaders*

Wairarapa Hospital consistently has high levels of patient satisfaction recorded in patient feedback. A new quality initiative was the appointment of quality leaders, a team made up of representatives from key clinical areas, who focus on quality-based issues such as falls, audits, documentation, reportable events and outcomes. This has resulted in a greatly improved culture of quality awareness amongst clinical staff, who continue to develop innovative new quality initiatives.

## Conclusion

Overall, it has been a challenging year, marked by a consistent effort to improve the quality of care and live within our means. By most national measures we are 'punching well above our weight' by coming in, or at the top of, the measure, thanks largely to the dedication of our staff and their innovative approach to problem solving.

Thanks must also go to our community partners who helped shape the future vision of integrated healthcare in the Wairarapa through the Tihei Wairarapa plan, and to our Board, who have the courage and foresight to enable bold measures which enable us to meet the 'Triple Aim'.

Did you know: that in an average week for Wairarapa DHB there are.....

- 390** Emergency Dept attendances
- 126** Admissions to hospital
  - 35** Elective admissions to hospital
  - 9** Children are born
  - 80** Theatre operations
- 420** Outpatient appointments
- 700** Radiology examinations
- 590** Community nurse contacts - general
  - 80** Community nurse contacts - palliative
- 300** Allied Health appointments in the hospital
- 270** Allied Health appointments in the community



We can all look back on 2010/2011 with satisfaction and knowledge that we have made many improvements and laid the foundation for many more to come. We are a small DHB, but we have a growing reputation for being innovative.

I want to thank you all for your hard work and dedication to health services in Wairarapa.

**Tracey Adamson**  
Chief Executive Officer  
Wairarapa DHB