



# KA ARONUI KI TE KOUNGA

## FOCUSED ON QUALITY

OUR QUALITY PICTURE 2016

# I MŌHIO RĀNEI KOE IA RĀ... DID YOU KNOW THAT EVERY DAY...



**3**  
children will  
receive one of their  
vaccinations



**6**  
babies will be  
born



**10**  
fragile babies  
will be cared for  
in the special  
care baby unit



**15**  
km  
an orderly can  
walk on average  
of 15km



**16**  
people will get  
their free annual  
diabetes check



**22**  
women will have a  
mammogram and a  
further 29 a cervical  
smear test



**35**  
operations will be  
completed in one  
of Hawke's Bay  
Hospital's theatres



**85**  
people will be  
admitted to  
Hawke's Bay  
Hospital



**200**  
visits/appointments  
will be made to  
support people with  
mental health issues



**209**  
visits will be made by  
district nurses and  
home service nurses



**245**  
children will be seen  
for their free dental  
health check



**350**  
meals on wheels  
will be delivered



**1,454**  
people will see  
their family  
doctor



**4,662**  
prescriptions will be  
filled out



**5,680**  
laboratory tests will  
be completed



**5,870**  
items of laundry  
will be delivered  
to the hospital

## *Te hauora o te Matau-ā-Māui: Healthy Hawke's Bay*

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.



### **HE KAUANUANU RESPECT**

Showing *respect* for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

### **RARANGATE TIRA PARTNERSHIP**

Working together in *partnership* across the community. This means I will work with you and your whānau on what matters to you.

### **ĀKINA IMPROVEMENT**

Continuous *improvement* in everything we do. This means that I actively seek to improve my service.

### **TAUWHIRO CARE**

Delivering high quality *care* to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.

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# NAU MAI KI TĀ TĀTOU WHAKAAHUA KOUNGA WELCOME TO OUR QUALITY PICTURE

We are pleased to share with you our fourth Hawke's Bay Health sector's quality accounts demonstrating our commitment to high quality health care, living our values and sharing with you our successes and future plans. As you will see, we have come a long way and our teams have worked hard to achieve some excellent results in meeting the Ministry of Health targets and the Health Quality and Safety Commission's Quality Safety Markers. However, there is still much to do.

Every day people access health and disability services across our sector and for many, the experience, care and support they receive exceeds their expectations. However, in some instances, we fall short. As a sector, we believe our consumers should be at the centre of health care and treated as if they were part of our own family/whānau.

In these quality accounts we have focused on some of the improvements currently underway across Hawke's Bay. These, we believe, will better meet the needs of our community and give us the opportunity to deliver the best health care possible. At the same time we need to continue to manage the risks of providing health care and reduce incidents of unintentional harm that can occur while receiving healthcare.

These accounts show how we are meeting these challenges. The recent gastro outbreak in our Havelock North community showed how, when under pressure, the health sector worked together and made improvements quickly. This provides us with a platform to ensure collaborative teamwork and quality improvements under pressure can be further embedded and are able to be sustained.

## Our Quality Commitment

Our commitment and pledge to you is:

- that as individuals, and as a health sector, we continually improve the safety and quality of health care for all
- to ensure that we have a blame free culture that embraces consumer involvement
- that we put the patient at the centre of everything we do and focus on continuous improvement
- that we ensure all of our teams are well supported and have the skills to deliver high quality and safe patient care, every time.



**KEVIN ATKINSON**  
CHAIR  
*Hawke's Bay District  
Health Board*



**BAYDEN BARBER**  
CHAIR  
*Health Hawke's Bay  
Te Oranga Hawke's Bay*



**CHRIS MCKENNA**  
CO-CHAIR  
*Hawke's Bay  
Clinical Council*



**MARK PETERSON**  
CO-CHAIR  
*Hawke's Bay  
Clinical Council*



**GRAEME NORTON**  
CHAIR  
*Hawke's Bay Health  
Consumer Council*

# KAIHAUTŪ KOUNGA LEADERSHIP FOR QUALITY

**Through strong leadership, governance and partnerships, the Māori Relationship Board (MRB), Hawke's Bay Clinical Council and Hawke's Bay Health Consumer Council have all helped drive improvements and make changes across our health sector.**

## **Māori Relationship Board**

He hōnore, he korōria ki te Atua, He maungārongo ki te whenua,  
He whakaaro pai ki ngā tāngata katoa.

*Honour and respect to the almighty, peace on earth and good thoughts to all mankind.*

The Māori Relationship Board (MRB) comprises eight Iwi and six DHB members. Its primary focus is to provide advice, make recommendations that remove inequity and ensure people have unimpeded access to the highest quality health care. The MRB is committed to the provision of culturally appropriate services, has been instrumental in cultural competency training for all staff, the reduction of Did Not Attends, retention of local food services and positively influencing the workforce strategy. MRB is a smokefree Board proudly chaired by Ngahiwi Tomoana and Heather Te Au Skipworth (pictured). Tihei Kahungunu!



**NGAHIWI TOMOANA**



**HEATHER SKIPWORTH**

CO-CHAIRS

*Māori Relationship Board*

## **Clinical and Consumer Council**

The Hawke's Bay Clinical Council comprises health professionals from across our sector. It includes hospital specialists, family doctors, nurses and allied health (social workers, pharmacists) and provides leadership and oversight around safety and clinical improvements.

The Hawke's Bay Health Consumer Council offers a strong voice for the community and consumers on health service planning and delivery. It is tasked with enhancing the consumer experience and making sure our services meet our communities' needs.

Both councils held combined monthly meetings in the past year to work on deepening their shared understanding of person and whānau centered care with a vision to advance this way of working across the health sector.

For Hawke's Bay Health, 2015 was the year of the consumer. The Partnership Advisory Group for mental health won the supreme award at the 2015 Hawke's Bay Health Awards. Graeme Norton, Chair of the Hawke's Bay Health Consumer Council won The Leadership Achievement Award.

**All service improvements and changes must be reviewed and recommended by the Hawke's Bay Clinical Council, Hawke's Bay Health Consumer Council and the Māori Relationship Board before they are put before the Hawke's Bay District Health Board for their discussion and approval.**

# MAHI NGĀTAHI MO TE KOUNGA WORKING IN PARTNERSHIP FOR QUALITY

In 2013 the Hawke's Bay Health sector developed the Working in Partnership for Quality framework which set out the strategy for delivering high quality and safe patient care. Since then much progress has been made, with more to come. These quality accounts highlight a number of innovations and improvements being implemented to ensure we provide top notch quality, safe care and that patients are always at the centre of care.

To support all of our teams across the sector to achieve this, the Quality Improvement and Patient Safety service was established. Its role is to help, support, educate and work with people working in the Hawke's Bay health sector. In doing so we can look for ways to improve the care we provide to our patients and learn when things don't go as planned.

This team is made up of people who know Hawke's Bay. Some have clinical expertise and knowledge and others have worked in very different systems and countries. This creates a positive and dynamic team environment.

The goal of this team is to enable a shift in our culture by supporting and investing in our people so that we can all make a real difference to the health and wellbeing of every consumer who comes into contact with health services in Hawke's Bay.



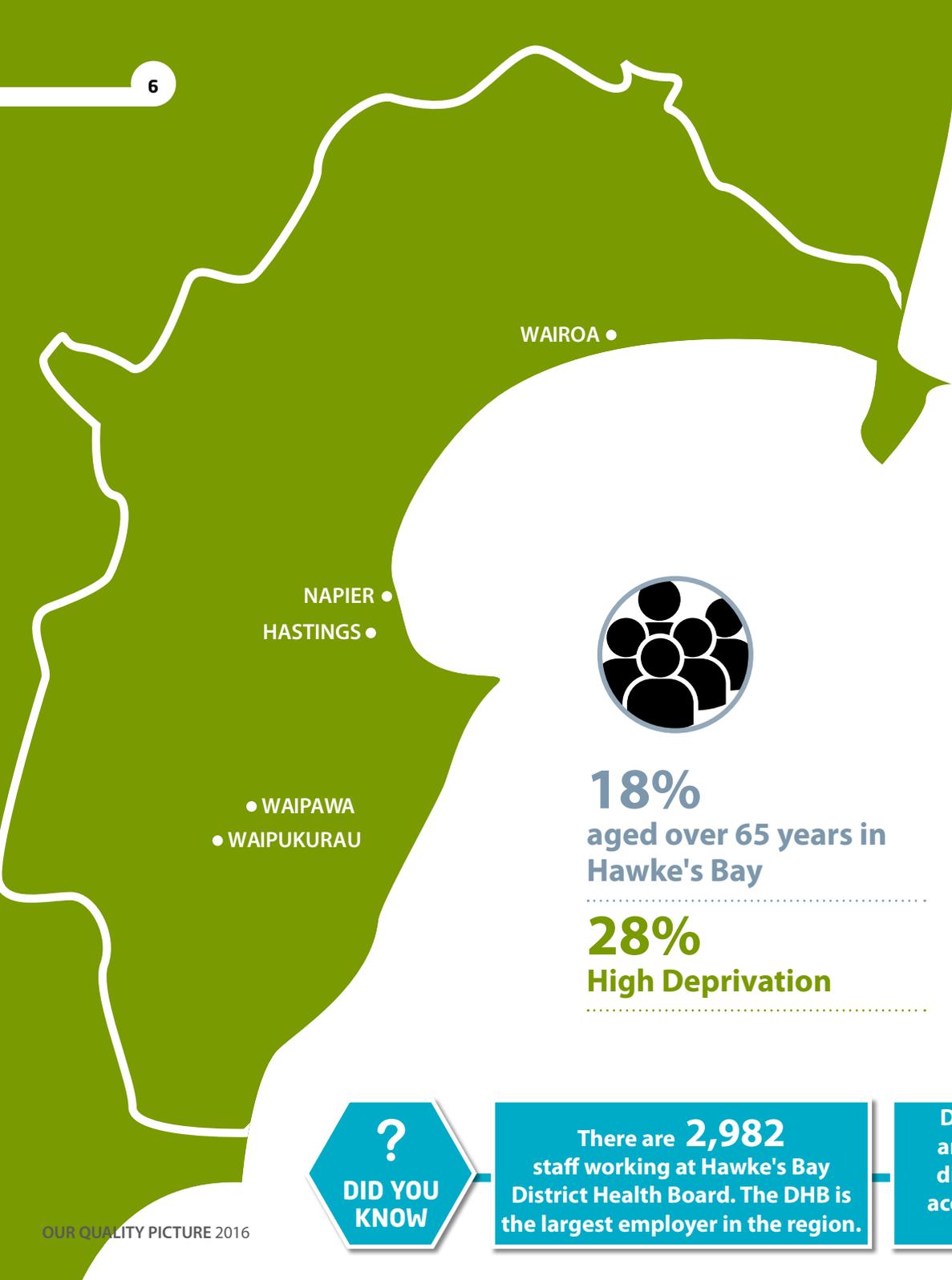
**KATE COLEY**

DIRECTOR, QUALITY IMPROVEMENT AND PATIENT SAFETY  
*Hawke's Bay District Health Board*

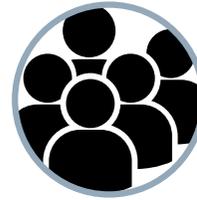
## Ākina

Ākina is one of our four Hawke's Bay health sector values. We strive to achieve the highest goals using innovation and courage. We, as a sector provide care in the right place at the right time, every time. We do this in the knowledge that we must continue to Ākina - to take those giant strides, to understand all of our community's needs and especially the needs of our own health. We work in partnership, we aim to continuously improve – and we work hard to provide the best health services in our community.





# KO WAI MĀTOU? WHO ARE WE?



**160,650**  
Hawke's Bay  
population  
2015/16

**13.5%**  
Youth in Hawke's Bay  
(15-24 years of age)



**18%**  
aged over 65 years in  
Hawke's Bay

**25.6%**  
Māori in Hawke's Bay

**4.1%**  
Asian people in  
Hawke's Bay

**28%**  
High Deprivation

**3.7%**  
Pacific people in  
Hawke's Bay

**87%**  
Urban (city) residents  
and 13% Rural

**?  
DID YOU  
KNOW**

There are **2,982** staff working at Hawke's Bay District Health Board. The DHB is the largest employer in the region.

Deprivation is an indicator of disadvantage in accessing health services

The median household income in Wairoa is \$42,400 per year. This is \$21,400 less than the NZ median

The gap in life expectancy for Maori and non-Maori is 8.2 years for males and 7.7 years for females.

# TE WHAKATIKA I TE HAUORA TAURITE KORE TACKLING HEALTH INEQUITY

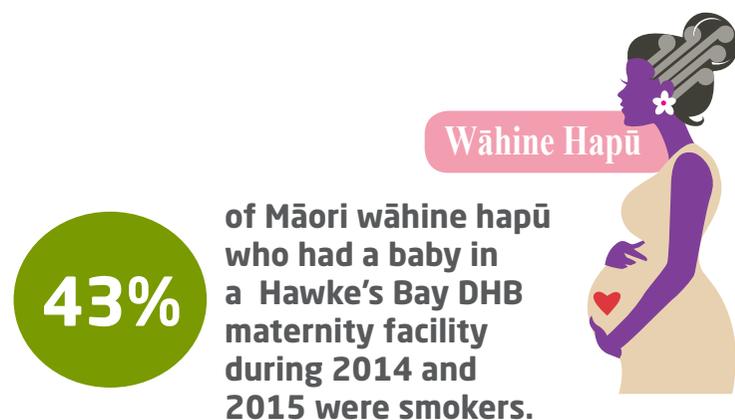
Many things in life are unequal but some things shouldn't be. Health inequities are inequalities in health that are avoidable or preventable. Hawke's Bay is a great place to live, but not everyone currently has the same opportunity to be healthy. Some parts of our community have better health than others. We need to make sure everyone enjoys the same level of health and wellbeing. A recent update of the Health Equity Report shows that Hawke's Bay is improving in some areas:

✓	<b>HEALTH EQUITY ACHIEVED OR ON TRACK TO BE ACHIEVED IN 1-2 YEARS:</b> Amenable mortality	<b>CATEGORY</b> Health care
↓	<b>GOOD PROGRESS TOWARDS HEALTH EQUITY:</b> Avoidable mortality Ambulatory sensitive admissions 0-4 year olds Teenage (<18 year old) pregnancies	Health outcome Health care Health care
↓	<b>HEALTH EQUITY IMPROVING BUT STILL SIGNIFICANT INEQUITY:</b> Life expectancy Premature deaths Potential years of life lost Children living in households receiving benefits Youth not in employment, education or training Unemployment Hospital admissions due to medical conditions with a social gradient Tobacco use year 10 students Ambulatory sensitive admissions 45-64 year olds	Health outcome Health outcome Health outcome Social and economic Social and economic Social and economic Social and economic Healthy behaviours Health care
✗	<b>HEALTH EQUITY UNCHANGED OR WORSENING:</b> Acute respiratory (bronchiolitis) admissions Obesity amongst 4 year olds Oral health of 5 year olds Tobacco use during pregnancy Violent crime	Social and economic Healthy behaviours Healthy behaviours Healthy behaviours Social and economic

- ✓ **Difference between Māori and non-Māori avoidable deaths almost gone.** Most deaths occurring before the age of 75 years are considered to be avoidable in some way, either due to prevention or treatment. If current trends continue there will be no difference between Māori and non-Māori avoidable death rates by 2017
- ✓ **Reduction in hospital admissions for children aged between 0-4 years** because of prevention programmes such as immunisation and better access to treatment in primary care.
- ✓ **Reduction in teenage pregnancy** largely due to improved access to primary care contraceptive and sexual health services.  
**Life expectancy** (how long we live) is improving but there is still significant inequity. It will take at least 50 years for Māori to have the same life expectancy as non-Māori in Hawke's Bay if current trends continue. Social and economic living conditions have a big part to play in this, which is why we are working closely with Iwi, local government, education and social sector services.  
*In the coming year, focus will be given to the areas where health equity is unchanged or worsening:*
  - ✗ **Acute respiratory admissions.** Child admissions for asthma are increasing and are associated with poor housing conditions.
  - ✗ **High smoking rates for Māori women.** Forty-three percent of Māori women giving birth in the past year were smokers. At the current slow rate of decrease it will take another fifteen years before rates are the same as non-Māori.
  - ✗ **Obesity in four-year-old children** has increased since 2009 with significant variation across communities. Nearly 12% of children living in places like Camberley and Tamatea are obese compared to less than 1% of four year olds in Havelock North central or Poraiti.
  - ✗ **Oral health for five-year-olds.** There has been no improvement in oral health for five-year-olds. Māori and Pasifika children, and children living in less affluent communities, have significantly more dental decay.



# TE ĀWHINA TANGATA KI TE AUKATI MOMI PAIPA HELPING PEOPLE TO STOP SMOKING



Wāhine hapū/pregnant women who are māori are five times more likely to be smokers. Encouraging wāhine hapū to stop smoking during pregnancy may also help them kick the habit for good. This would mean better health benefits for wāhine/women and reduce contact to second-hand smoke by pēpe/baby.

The Increasing Smokefree Pregnancy programme is a collaboration between Kahungunu Choices Health Services, Hawke's Bay DHB Maternity Services and the Smokefree Team to provide support, education and incentives to wāhine hapū wanting to stop smoking. Incentives include free nappies at one, four, eight and twelve weeks if they remained smokefree. Those whānau/family members

who smoke and are living with the wāhine hapū can also receive incentives at one, four, eight and twelve weeks if they remain smokefree.

## Rangatahi make better choices

Smoking rates among Year 10 students are lower now than 15 years ago but one in four young māori girls of this age remain regular smokers. Over 60% of Māori girls aged 14 to 15 years have used a tobacco product at some stage.

The "Breaking Cycles Challenge" engaged with alternative education providers in Hawke's Bay to provide education to youth aged between 15 and 19 years old to lead healthy, active and smokefree lifestyles. Over eight weeks, participants had education, health, social challenges and cessation components all factored in to the programme. The focus was smokefree youth health, where engagement with providers once a week provided expert cessation advice and support to youth wanting help to stop smoking. In collaboration with Directions Youth Health Centre, the aim was to support rangatahi (teenagers) to make better decisions for their health and wellbeing and create healthy lifestyles.



# IRONMARI®



## CENTRAL HEALTH

Pūnga Hauora

WE'RE HERE  
FOR YOU  
NO YOUR  
MAMAU



Photo: HB Today

# TE WHAKARANGA I NGĀ TAMARIKI TAUMAHA TIKA INCREASING THE NUMBER OF HEALTHY WEIGHT CHILDREN

The best start for our children is keeping healthy during pregnancy and once baby is born. Evidence suggests that health eating and breastfeeding gives each child a good start in life and can protect against obesity throughout adulthood.

The Maternal Nutrition Programme delivers “Healthy First Foods” with Well Child Providers and gives information and practical skills to whānau/families on feeding children from six months of age.

Children under five who develop healthy eating behaviours are likely to maintain these over their lifetime. This is supported by the entire whānau/family role modelling healthy eating and activity.

The Pre School Active Families Programme, developed and funded by the DHB, is delivered by Sport Hawke’s Bay. They work with 45 families annually, providing support in the home and engaging family/whānau in community programmes.

Reducing the amount of sugar children consume not only supports healthy weight, it also improves oral health, concentration and overall wellbeing. “Water Only Schools” are being supported with resources, policy development and activities.

## **Kura Tuatahi – ki te whakangao i ngā rangatira mo apopo: Investing in tomorrow**

Central Health were once again the winners of the Commitment to Reducing Inequalities Award at the Hawke’s Bay Health Awards

in 2015. For the third year running their winning entry has a long term goal of seeing a new generation of Māori who are strong, healthy and leading the way for their whānau/families.

The biggest impact can be made when issues are addressed in tamariki/children rather than waiting for them to become adults with poor health habits. The Kura Tuatahi – Investing in Tomorrow project aimed to improve nutrition, establish a habit of physical activity, prevent smoking uptake and provide access to nurse-led clinics to deliver early health care, and health promotion.

The project began by focusing on schools with the highest proportion of Māori and was later expanded to include the five kohanga in Central Hawke’s Bay.

Innovations included 10 week touch rugby module for all schools to complete, Kia Tunua – healthy cooking on a budget for tamariki/children and their whānau/families, Supermarket Tour Toolkit, Healthy Lunches Toolkit, on-site nurse led clinics, social media resource (Facebook), and lead sponsor for Iron Māori Tamariki in Hawke’s Bay

There were many success stories including The Terrace School in Waipukurau (70% Māori) which was awarded the NZ Heart Foundation’s Healthy Heart Start Award (Healthy Heart Tick) for their healthy lunches programme. This is an astonishing achievement for a school which, until last year, only offered choices such as pies, sausages, and chips.

# TE TIAKI KŌHUKIHUKI URGENT CARE

Emergency Department presentations continue to increase. Many of those who do come have coughs, colds or other minor medical conditions that would have been better treated by a nurse, family doctor or an accident and medical centre.

Last year we told you that the Urgent Care Alliance (a group of over 50 health professionals, managers and consumers across our region) was working to challenge and change the way health services are delivered, and to break down barriers like getting an appointment at short notice.

We highlighted several options the Urgent Care Alliance were looking to improve and these have been further developed over the last twelve months.

- **Improved access to emergency dental treatment** – From 1 October 2016 there will be 720 very low cost appointments available for anyone in Hawke's Bay who need emergency dental treatment. Consumers can be referred by their own family doctor, by the hospital or simply by walking in to Te Taiwhenua o Heretaunga during opening hours for treatment.
- **Transport assistance** is currently being reviewed and we expect a number of recommendations to be made in the next year to support this.
- **Provision of urgent care services** continues to be a priority. We are continuing to look at ways to improve access to health professionals both during and outside of normal working hours.

- **Improving communication with our community** and giving consumers more information so they can make better choices about where to go for treatment. This led to the implementation of the "choose well" campaign. Our new health sector wide website ([www.ourhealthhb.nz](http://www.ourhealthhb.nz)) provides our community with information, advice and alternatives. You may also have noticed the "choose well" billboards and banners.

**Thanks to the "choose well" campaign, Hawke's Bay Hospital emergency department saw fewer people with non-urgent conditions between January to June 2016 than the same time period in 2015.**

The image shows a screenshot of the 'Our Health Hawke's Bay' website. At the top left is the logo with the tagline 'What's Well is Better'. To the right is a navigation bar with the text 'Haere mai | How can we help?' and a search bar. Below the navigation bar is a horizontal menu with five items: 'Choose well', 'Health services', 'Healthy communities', 'News and events', and 'Connect with us'. The main content area features a large banner titled 'Where should you go?' with the 'choose well' logo. The banner includes the text: 'Choosing the right medical care ensures you receive the best possible treatment while leaving emergency care for those that need it.' Below this text are five icons representing different care settings: Emergencies (Emergency Department at 111), Urgent Care (General Practice After Hours), Routine Care (General Practice, Dental, Seniors or Social Care), Everyday Care (Pharmacy and advice), and Self Care (Home). To the right of the banner is a pink sidebar with the text: 'Choose the right care from the right place right now', followed by questions like 'Do you need after hours Accident and medical clinic? Pharmacy? Dentist?' and a link to 'Click here to find where you should go'. At the bottom of the sidebar, it says 'In case of an emergency phone 111 for ambulance'.

# HEI ĀWHINA I A KOE MO Ō WHAKARITENGA HELPING YOU TO ATTEND APPOINTMENTS

## **Kaitakawaenga**

An interpretation of the term rawakore is “to be without resources”. Knowledge, understanding the health system and transport are examples of resources required to gain access to health services. At the DHB, we strive for equity and equal access to healthcare; however, we know there are many among us without these resources to help them on their journey.

To assist our community, the Māori Health Service employs Kaitakawaenga so everyone is aware of their appointments, can get to their appointments, and can truly have equal access to healthcare.

Two of our Kaitakawaenga are Wirihana Raihania-White and Speedy White. Their work involves ringing people when they have appointments, visiting them in person, bringing them to appointments when needed, establishing relationships with whānau and listening to their stories. As they will tell you, “without the relationship, nothing else is possible.”

Wirihana and Speedy take pride in their work every day, although they will say, it’s just what they do to make a difference to people on their healthcare journey.

## **Customer focused bookings**

The Customer Focused Booking project was initiated in September 2015. The goal of the project was to co-design a system that will result in improved attendance at appointments, full clinic utility, reduced waiting times and improved levels of consumer satisfaction.

The project team has made good progress with placing the consumer at the heart of the booking process this year and it’s focus will continue into 2016/17. Some progress is as follows:

**Consumer information** – we call this “demographics”. The information we hold on file is not always up to date and this affects consumers being advised of an appointment. We have completed a review of our demographics form and how we collect this information, and we’re getting ready to implement changes.

**Online booking system** – We completed a thorough review of technology solutions to support consumers being able to book and reschedule their own clinic appointments. We have chosen a system and we’ll be rolling out a pilot within the next few months.

**Text-to-remind tool** – We have worked together with consumers to find out how we best use our text reminder system to meet consumer needs (see page 14). A set of recommendations are now being implemented to make this service more effective and more valuable to our consumers.

**Clinic scheduling** – Work to date to support our clinics running efficiently has included a review of clinic capacity and how clinics are scheduled. We continue to look at how our outpatient clinics run, as well as changes we could make to further improve our service

**Did not attend rates** – There is still inequality for Māori when it comes to not being able to attend appointments. The project group will continue to monitor the data and identify issues to support system changes to promote equity and access to healthcare.

*“Mum has dementia, and it is a challenge for her to manage her own appointments. Could you please send the reminder to me as her caregiver as well?”*

## HE WHEAKO KIRITAKI CONSUMER EXPERIENCE

Measuring what matters most to our consumers and how you experience our services is essential to improving the way we do things.

### National Inpatient Experience Survey

Feedback about the care provided in our hospital is a good indicator of how well services are working for patients and whānau/family. As with other district health boards, every three months we invite a selection of adults who have spent at least one night in our hospital to participate in the survey.

Between July 2015 and June 2016, 330 people responded to our surveys. We were scored positively across the following four areas: communication, coordination, needs and partnership (see page 15).

In addition to the scores, our reporting captures lots of comments and feedback that we share with our services. This feedback has highlighted those areas we can improve in, such as pain management, privacy and discharge planning.

### Real time surveys

If you have visited one of our mental health services recently you may have noticed iPads placed in reception areas. Staff in these areas are encouraging consumers and their whānau/family to take a few minutes of their time to “tell us what you think” in an anonymous online survey. We are encouraging consumers to complete the survey after each appointment, or visit as we know experiences can be different each time.

Between March and July 2016, 178 surveys were completed. The average rating over all questions was 4.01 out of 5. We received the highest rating to the question “I would recommend this service to friends and family if they needed similar care or treatment”.

### Workshops

In July 2016 consumers from Wairoa to Waipukurau attended a workshop reviewing the “text to remind” tool. This is the method used to remind people of their scheduled appointments. This workshop was useful in finding out how we can best use the tool to meet consumer needs, improve the consumer experience and increase attendance of appointments. The ultimate aim is to ensure equitable health services for all.



*“Whenever I was talking with staff they showed great empathy, displayed a calming sense of humour (yet) ... they were professional and competent”.*

### Results from the 2015/16 National Patient Experience Survey (in hospital)

Our scores have improved on last year across all four areas and in some cases are higher than the New Zealand average.



We still have room for improvement. The survey did identify areas of concern, such as discharge planning, which we will focus on improving in the coming year.



*“I wasn’t given info on medications prior to discharge. I felt confused about when to take them when I got home.”*



# HAUORA TAUPORI POPULATION HEALTH

We work with people and communities to prevent disease, have a safe environment and support people to be healthy and well. Population health covers areas such as reducing harm from alcohol, drugs, tobacco and hazardous substances, water safety and sanitation, promoting physical activity and healthy eating, healthy housing, sexual health, preventing disease through on-time immunisation, managing notified communicable diseases, and cancer screening.



- Eight small community drinking water suppliers signed up to the Drinking Water Assistance Programme and 96 suppliers were assisted with developing water safety and risk management plans.
- 228 homes were insulated through DHB healthy housing programmes in the last three years.
- Plans developed to increase the activity and wellness of infants and children – Hawke's Bay Healthy Weight Strategy and Best Start: Healthy Eating and Activity.
- Immunisation rates for all two-year-olds maintained at 95%.



- Support workplaces to have healthy workplace policies.
- Support schools to have policies on drinks with no sugar.
- Develop a position statement on alcohol harm and outline actions to address them.
- Improve the information on pamphlets given to the public on communicable disease.
- Continue to address housing issues and poor insulation.
- Improve health services access for youth.
- Help young people stop smoking.



**568**  
communicable  
disease cases were  
notified

**619**  
liquor licence  
applications were  
received

**186**  
tobacco retailers  
had compliance/  
education visits

**123**  
women were supported  
to breast and cervical  
screening services



# TE TIAKI HAUORA MATUA PRIMARY HEALTH CARE

Primary health care is the first place you go for health services; often this is your general practice or health centre. Doctors, nurses and pharmacists working in our community provide a range of health services aimed to keep you well, from health promotion and screening to diagnosis and treatment of medical conditions.



- More people with breathing difficulties/conditions have been able to stay at home because general practice and hospital services have worked together. People now have earlier support and better understanding of their condition and access to the right tools and services.
- 2,197 four year old children have received health checks before they start school. We have exceeded the target set by the Ministry of Health.
- 344 whānau (1440 individuals) were enrolled in our first Whānau Wellness Resource Programme which is a 12 month programme including support to access general practice, medicines, tests and education.
- Whāriki Stanford, a self-management programme has supported the development of Māori community champions and 81% of whānau using the programme have completed it (see page 21).



- A review of systems that support patient safety continues within general practice.
- Continue to look at ways hospital and community work together to support better patient outcomes.
- A patient experience survey for primary care is being developed by the Health Quality and Safety Commission and is set to come to Hawke's Bay.
- Improving Health Literacy is a new training programme developed to support people who work in general practice to understand more about health literacy. It has a focus on the demands placed on consumers to understand the health system and their health needs.

**DID YOU  
KNOW IN  
THE LAST  
YEAR**

**67** Cardiovascular Disease risk assessments were completed daily in general practice (these forecast your risk of a heart attack or stroke within the next 5 years)

**710,857**  
(2% increase on last year) nurse and doctor consultations in general practice

**17** diabetic annual reviews were held in general practice every day

*"Manage my Health allows me to access my general practice 24/7. I can use my tablet any time to book appointments or request repeat prescriptions, which is essential when my asthma medications run out. I can read the doctors notes from my consultation and email her if I need clarification. And there is no more waiting for ages for the receptionist to answer the phone."*

## Respiratory programme

Managing breathing issues is now easier because we have linked general practice and hospital services together to provide better service for patients with respiratory issues and concerns. This is called the Respiratory Programme. The programme increases access to your doctor or nurse, for early diagnosis and to provide education enabling self-management and improved quality of life. Nurses have received education sessions to increase their skills in providing more services for patients with respiratory conditions.

- More people (300% increase) are now using the Pulmonary Rehabilitation service.
- More people (225% increase) have been provided a spirometry (lung function) test at their health centre.
- The number of days people have not needed to be in hospital because of their breathing problems has been reduced by 740 days compared to last year.
- More people saw their doctor for breathing issues, and were treated by their doctor, reducing the need to see a specialist at the hospital. This has reduced referrals from 658 in 2012 to 28 referrals in 2015.

## Supporting you to keep well

### Consumer Portal

Did you know that you can access your own medical records and make your own appointments? Currently ten practices in Hawke's Bay have access to this technology, and by the end of 2016 most general practices will have this technology. Ask your practice about Manage My Health or Health 365.

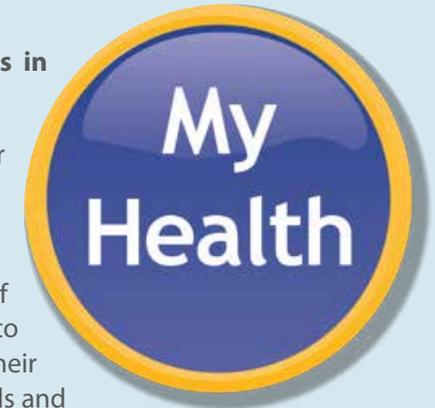
## Improving self-management of health issues in our community

Self-management has become a popular term for changing how people manage their own health. This is especially true for those with long term conditions, such as heart disease and diabetes. Health Hawke's Bay has developed a team of Master Trainers and Whāriki Stanford Facilitators to provide group education sessions to people in their communities which aim to improve people's skills and confidence in managing their own health problems.

Support includes helping people understand their condition, developing the skills to help them make good decisions and establishing goal setting and problem solving approaches. The programme supports patients being leaders in their own health and well-being, in close partnership with their medical practitioner. The Whāriki Stanford programme has been in place now for 12 months. During that time, 435 people have participated with 81% completion rate for Māori using the programme.

We have a targeted focus to support individuals and whānau to navigate the complex range of health services rolling out this coming year.

***Whāriki translates to "the woven mat". It is considered a special skill to be able to weave, taking time and concentration to complete. It allows contemplation and, once complete, is a great achievement.***



*"I feel I know better how to take care of the little lung capacity I have left... the programme has given me another ten years of productivity."*

# TE TĀRŪRŪ ME TE MAHI WHAKAORA ACUTE AND MEDICAL

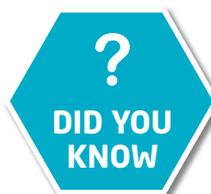
We are responsible for providing safe and effective care across a number of services at Hawke's Bay Fallen Soldiers' Memorial Hospital including: Emergency Department, Intensive Care Unit, Radiology, Renal Services, Cancer Services, General Medicine, Cardiology, Respiratory and Palliative Care.



- Continuing to reduce average length of stay for medical patients.
- Refurbishment of the Emergency Department front of house.
- Dedicated team adding additional support to patients 24/7 who are at risk of deterioration within the hospital.
- Medical Day Unit now well established and providing six beds for those admitted to the hospital for minor investigations and procedures.



- Continue to focus on flow of acute patients through the hospital
- In preparation for the national bowel screening programme, and to meet current needs in our community, plans are underway to commence building a standalone gastroenterology and endoscopy suite in early 2017
- With the appointment of a Clinical Nurse who specializes in trauma and national data collection, we will review and optimise our trauma (serious injury) care
- Continue to focus on the right numbers of staff with the right skills at the right place at the right time.



We provide a  
**24 hour**  
acute service  
7 days per week

In the last year  
**45,269**  
people presented to the  
Emergency Department

We have  
**97**  
acute adult  
medical beds

**13,342** people with  
injuries presented to ED.  
2,190 were admitted,  
79 with severe trauma

The most common  
cause of severe  
trauma is motor  
vehicle accidents

## 24/7 Stroke Thrombolysis

In June 2016, HBDHB was fortunate to be included in a pilot study that would allow access to a 24/7 Stroke Thrombolysis service. Thrombolysis is a 'clot busting' medication that can improve blood flow to the affected area of the brain in some patients when they have a stroke.

Our Hawke's Bay stroke team work closely with Wellington Hospital who provide stroke experts via video conferencing (Telestroke). This allows the clinical experts to assess acute stroke patients in ED, talk with the patient and family, review brain scans as soon as they are completed, and decide if the thrombolysis treatment is suitable.

## Emergency Department

Last year we had lots of feedback from the community about how we could improve the Emergency Department (ED) waiting room. The "front of house redesign project" is finished, and the improvements are sure to help both staff and patients.

A new wall and electric door now define ED as its own space, rather than a general thoroughfare into the hospital. This provides a clear process from the front door for patients/visitors and whānau/family. Increased clinical space includes a new triage booth and five assessment/intervention bays. This will improve patient privacy, and earlier commencement of interventions, therefore reducing your waiting time. The clear view that staff now have of patients in the waiting room will also support staff and patient safety.

## Integrated Operations Centre

The Integrated Operations Centre (IOC) opened in March 2016 and provides a central hub where hospital activity and patient

flow across the hospital is visible and coordinated. The IOC has become an integral part of the daily management of acute patient flow in the hospital, which assists us to:

- provide centralised visibility of real time hospital wide activity
- predict demand and, therefore, better manage people, beds and resources
- alert us to areas at risk
- manage patient flow from ED to discharge
- support us to provide best use of our staff capacity to meet the demand.

A key part of the IOC room is three large computer screens giving us visibility of real time activity and information. These screens show us at a glance what is happening and where any trouble spots are. We can then better support staff to provide high quality care and manage demand through the hospital.



*"The doctor chatted to me the day after surgery so I wasn't still foggy... and took time to answer all my questions. The anaesthetist was calming and talked through his role and made me feel calm. The nurse kept me updated with the discharge process."*

## TE POKA TINANA SURGICAL

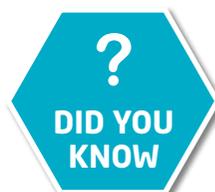
We are responsible for providing surgical procedures for our consumers, whether they be elective (planned) or acute (not planned or accident) in our seven theatres; carrying out day case surgeries and caring for consumers after they have undergone surgery.



- We exceeded the national elective health target and completed 7,469 surgeries. This was 360 more surgeries than planned.
- Of these we completed 401 hip/knee joint replacements. This was 97 more than last year.
- We've prioritised cancer treatment surgery, and conducted 91 breast cancer operations.
- Appointed a Vascular Surgeon (specialising in diseases of the vascular system – arteries and veins) meaning consumers don't need to be sent out of the region for vascular surgery.



- Continue to improve the number of people in our community receiving surgery.
- Update our theatre facilities to meet the needs of the Hawke's Bay community.
- Working with the Ministry of Health to provide community based services for people experiencing joint pain.
- Work with the National Patient Flow Project on quality initiatives that support patient flow from first specialist appointment through to surgical waitlist.
- Reduce the wait time for acute surgery by increasing our theatre opening times across the week.



**198** people are seen in the fracture clinic (Villa 1) weekly

We do around **35** surgeries each day in our 7 theatres and endoscopy suite

**12,670** patients are admitted to our 3 surgical wards yearly

Around **95** people are seen daily at surgical outpatient clinics

**819** gynaecology operations completed this year (62 more than last year)



### Spine Clinic

Not all people experiencing back pain need surgery. We now have advanced practitioner physiotherapists running a spine clinic providing assessment, diagnosis and physiotherapy treatment. This began in Hastings in February 2016 and in Napier in August 2016. These clinics were introduced to provide a quicker service to our patients, and free up orthopaedic surgeons to focus on surgery.

The clinics have been successful with 90% of patients referred to the spine clinic not requiring follow up with an orthopaedic surgeon.

*"The day before the procedure I had to come in for the pre-op meeting... I had to see four different people who all asked the same questions"*

### Improving pre-surgery visits

In February 2016 we commenced the re-design of our pre-admission process. These are the visits you have with us prior to your surgery to ensure you are safe and ready for surgery.

Our previous system of two different processes and multiple visits was creating confusion and frustration for staff and consumers. Consumers were experiencing significant delays and feeling "double handled" with the same or similar information requested and recorded by different staff members.

We strive for a safe, efficient, consistent and streamlined process that has the consumer at the centre. Ultimately you will visit us before your surgery only if necessary, and only once. In many cases you will only need to be seen by a specialist trained pre-admissions registered nurse. At times, the nurses are able to complete a telephone assessment so that you do not need to come in for a pre-admissions appointment.

So far, we have concentrated on improving pre-surgery visits for our healthiest (low risk) patients and have commenced nurse led clinics for orthopaedic, gynaecology, ophthalmology and ear, nose and throat (ENT) specialties. Our next focus will be general surgery and neurology.

*"The spine clinic has provided me with a service that has been focused on rehabilitation catered to my specific needs. Before I began attending the clinic, I had been struggling with menial chores and pain management for around five months with no improvement. The clinic has helped me get back into everyday life with a degree of normality by achieving specific milestones. Being able to put my socks on in the morning is just one of those milestones achieved since attending the spine clinic."*

# HE WĀHINE, HE TAMARIKI, HE TAIOHI HOKI WOMEN, CHILDREN AND YOUTH

Women, Children and Youth services provide services from early pregnancy through to family/whānau with children under the age of 15 in Napier, Hastings, Central Hawke's Bay and Wairoa. We support women, children and family/whānau through all aspects of their children's health journey from birth to teenagers providing acute and long term conditions assessment and care. It includes audiology, and ongoing child development services. There is a particular focus on our most disadvantaged with a strong partnership with our violence intervention programmes.



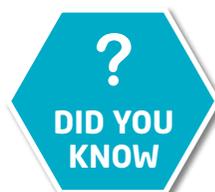
- \$2.8million Waioha primary birthing centre completed.
- Established Maternity Consumer Forums led by consumer members.
- Funding secured to support implementation of the Fetal Alcohol Spectrum Disorder (FASD) programme.
- Audiology (hearing clinic) waitlist reduced from two years to eight weeks
- Maternity Wellbeing Child Protection coordinator appointed.

## Teenagers living with diabetes

Last year we noticed that many of our teenagers/rangitahi were having a tough time following their diabetic plan. It was hard for them to follow medical treatment which ultimately affected their diabetes and led to many coming in to Intensive care and children's ward with serious health issues. We got funding to employ a children's outpatient social worker who could work closely with these rangatahi/teenagers. The results so far have been really positive. Relationships have been built, education and understanding has improved. Important appointments are now being attended more consistently and engagement with the diabetes team has lifted. Since January 2016 we have engaged with eight high risk teenagers and their whānau/family. The majority are now participating in their diabetic plan and are starting to be more positive about their future with diabetes.



- Improving consumer engagement to help design and monitor services.
- Review of patient management and access to non-acute (non-urgent) services.
- Engaging with our youth to look at ways to improve their health.
- Improving Family Violence Intervention screening rates (see page 25).
- Increasing the number of births without specialist intervention.
- Continuing to improve the coordination of care for women and children with complex needs.
- Continuing to collaborate with other Hawke's Bay children and youth agencies and providers.



**Family Violence, Child Abuse & Neglect, Elder Abuse & Neglect Training was delivered to 298 staff in 2015**

**Around 14% , or over 300, babies born in Hawke's Bay require admission to the Special Care Baby Unit (SCBU)**

**On average we have 16 children daily in our Paediatric Children's Ward**

**Child Development Service managed 1,500 new referrals this year**

*“We were cared for with respect and we went home happy with our new little bundle of joy....thank you”*

### Family Violence Routine Screening

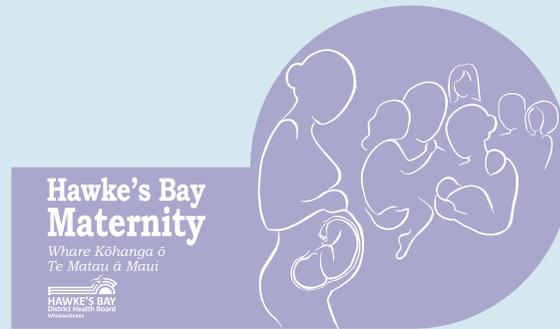
Family violence is a serious issue in Hawke’s Bay. New Zealand Police attend a family violence callout every six minutes, and on average across the country there are ten family violence incidents per 10,000 people. In Hawke’s Bay we have 52 incidents per 10,000 people. This is over five times the national average.

Violence and abuse in families has damaging physical and mental health effects. The impact of witnessing violence can be devastating for children. Hawke’s Bay children are exposed to more violence than other New Zealand children. We know that being a victim of abuse or witnessing abuse is linked to poor health outcomes such as obesity, diabetes, heart disease and depression.

Health care providers across the health sector come into contact with a large number of people regularly and are therefore in an ideal position to assist people experiencing violence and abuse.

An example of this would be the Visiting Neurodevelopmental Therapists working in the Child Development team. They are well placed to incorporate routine family violence screening questions into their everyday contact with consumers. They find that women appreciate being asked, and it often enhances their relationship. Recently, during a consultation for a minor developmental need with her child, one mum disclosed extensive family violence in response to the routine questioning and is now working with agencies to support her and her children to move away from that situation.

*“Mum has a plan in place, has talked to family and friends and is considering moving out...”*



### Hawke’s Bay Maternity

Hawke’s Bay Maternity services work across the sector providing midwifery/maternity care. There are 36 lead maternity carer (LMC) midwives offering care to 2,000 women in our region every year. The DHB midwifery and medical staff support and provide care in partnership with women, whānau/family, LMC midwives and general practice.

Our particular focus over the last year has been building our new \$2.8 million primary birthing centre – Waioha on the Hawke’s Bay Hospital site. This supports the best place of birth for women/wāhine to achieve the healthiest, safest outcome for themselves and their newborn baby/pēpi.

- We continue to focus on involving and engaging with our consumers and encourage those who use our services to have their say. We ask women to complete the maternity consumer “Have Your Say” survey to capture real time feedback. Our maternity community facebook page continues to grow with over 1,000 followers. This feedback, in all its forms helps, us to shape and change how we deliver services to better meet the needs of our community.
- Our Napier Maternity Resource Centre has grown in strength with over 280 women dropping in for pregnancy testing and early booking with a midwife.

*"The feedback and uptake from our staff has been nothing but positive and likely to continue to grow so we are very happy how the process is going thus far. Through this relationship we can provide our patients with a level of support and follow up care that is unprecedented both in Hawke's Bay and provincial New Zealand." - St John's Ambulance Service Acting Territory Manager.*

## TE ORANGA PĀKEKE OLDER PERSONS HEALTH

We are responsible for providing a range of services to older people in Hawke's Bay. In the last year the engAGE service has been developed to better support frail older people who live at home to remain independent. This service has three main parts:

- engAGE team meetings are held at general practices across Hawke's Bay. These meetings allow health professionals from across the hospital and community to work closely together and learn from each other. Team members visit older people at home and work with them to make a plan to achieve their well-being goals.
- engAGE ORBIT team works at the Emergency Department to support older people to return to their home rather than having to stay in hospital. This team is now working longer days, seven days a week. ORBIT also take referrals from St John's Ambulance and see people in their homes to complete assessments, provide equipment and co-ordinate services for older people who need a rapid response (after a fall for instance).
- engAGE Intermediate Care Beds are beds at residential care facilities in the community where older people can stay for a short period. This service can be used by people who are unwell and cannot manage at home but do not need to be in hospital OR by people who have been in hospital and are well again but not independent enough to go home. The engAGE team works with these people to develop a plan together to get them home and back to independence.



- Since November, over 400 people have received input from the engAGE Community Multi-disciplinary team.
- Since November, ORBIT's move to longer hours 7 days a week has enabled them to see over 800 extra consumers.
- Since June, ORBIT has received 27 referrals from St John's paramedics. These 27 people have either been seen at home or given advice over the phone.
- Since March, 55 people have spent over 800 bed days in Intermediate Care Beds. Approximately two thirds of these people have then returned to their own home.



- engAGE service to be developed in Wairoa and Central Hawke's Bay.
- engAGE ORBIT team working with Accident and Medical facilities.
- Evaluating the impact of the new engAGE service.



There are  
**28,725** people  
older than 65 in  
Hawke's Bay

Of these, 3,360 are  
older than 85 years of  
age (a growth of 9%  
since 2013)

**2,028**  
people over the age  
of 65 live in aged  
residential care

We provide subsidised care for  
**1,135**  
over 65 year olds in rest homes  
on average per month

*"Being at home is just as huge to Mum, as it is to us."*

# engAGE

Age Well

Jessie is an 84-year-old woman who lives at home alone with her supportive family nearby.

She had three admissions to hospital in the space of a month with recurrent diarrhoea which is hard to get rid of and difficult to treat. During each hospital admission it would clear up with antibiotics but would recur when Jessie returned home.

Jessie was losing weight, becoming weak and losing her confidence to be able to manage at home. Her family were extremely worried and suggested she should move into a rest home.

Jessie was referred to engAGE for help with discharge planning and follow-up. She spent three weeks in an Intermediate Care Bed (ICB) located in the community with regular input from physiotherapists and monitoring of her weight and food intake. A family meeting took place before discharge.

Jessie went home with support from engAGE and a plan in place for re-admission to an Intermediate Care Bed if she required it. Jessie has remained well and at home with no further hospital admissions.

*"I'd much rather be here and have this situation in place, thanks to Dr Lucy"- Jessie.*

*"The change in her from her last hospital release is just incredible. At home she's just Mum". - Jessie's daughter.*



# TE ORANGA HINENGARO MENTAL HEALTH

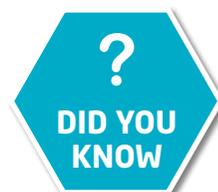
We are responsible for delivering mental health services to people with moderate to severe mental health illness. We have community teams situated in Wairoa, Napier, Hastings and Waipukurau as well as a residential addiction service in Napier.



- Completion of a \$22 million new building Ngā Rau Rākau Mental Health Inpatient Unit.
- Length of inpatient stay has decreased since the opening of the new inpatient unit resulting in more effective care for patients.
- There is ongoing implementation of a new model of care for the way services are delivered. We have established home based treatment, community resilience programmes and intensive day programmes which have decreased inpatient hospitalisations.
- Wait time for first appointment at Te Harekeke /Child and Family Service has reduced. In December 2015, 59% of people were seen within three weeks. In July 100% of people were seen within three weeks of referral.



- Continuing to develop and implement new services to support our consumers.
- Strengthening the Community Mental Health Teams to manage and reduce the number of consumers needing hospital treatment.
- Recruit further staff to support our Mental Health Crisis Teams.
- Continue to reduce the time children and their families wait for their first appointment with Te Harakeke/Child and Family Service.



**On average 31 appointments with Child, Adolescent and Family Service (CAFS) per day**

**We have an inter-professional crisis team who are available all day, every day**

**We provide Maternal Mental Health specialist services for pregnant women who experience moderate to severe mental health issues**

**15 beds in Springhill Treatment Centre**

*“Big thumbs up to the newly formed home based support team. I was able to experience their professional, caring and empathetic support ... when my daughter had a blip in her mental health. The support received... was exceptional (with three visits) over the weekend and each visit left (her) feeling more empowered and confident... 10/10 to the DHB for this service.”*

### Opening of Ngā Rau Rākau

On 23 February, 2016, we celebrated the milestone achievement of officially opening the new mental health inpatient unit, Ngā Rau Rākau. Minister of Health, Dr Jonathan Coleman and Partnership Advisory Group Chair, Deborah Grace (pictured), officiated with cutting the ribbon.

The name of the new unit, Ngā Rau Rākau, means a collection of trees. By standing together, as part of the forest, Ngā Rau Rākau, the trees are protected, they are sheltered, they grow healthier, they grow stronger, they are supported and safe. And that's what developing our mental health services has been all about - growing the service, listening and transforming mental health services for Hawke's Bay people.



### Home Based Treatment intervention prevents admission

Waekura Home Based Treatment prevents inpatient admissions and makes a positive difference in the life of consumers and their family/whānau.

Their work is best shown in this powerful case study: A young adult presented to the Emergency Department. The impression gained from the notes was that the consumer was recommended to be admitted to the mental health inpatient unit.

The mental health assessment indicated moderate risk and the Home Based Team (HBT) thought this was a situation that could be managed effectively in the home setting.

The consumer was not keen on being admitted to the inpatient unit but needed support to cope with the impact of an upcoming significant event. Staff used multiple strengths-based, evidence-based counselling approaches which gave the whānau/family and consumer confidence to deal with the situation.

The consumer engaged well with HBT

- stayed at home
- was monitored at a relative's house
- was visited daily by whānau
- received regular visits and support from hospital staff.

The consumer also re-engaged with friends, built confidence, became more resilient, and developed more positive thinking.

# TE TUAWHENUA, Ā-WAHA, TE HAPORI HOKI RURAL, ORAL AND COMMUNITY

The Rural, Oral and Community Directorate (ROC) has services located in Wairoa, Central Hawke's Bay, Napier and Hastings. Most services support people staying well in their community with a focus on integration and collaboration of services with primary care, Māori providers and others. ROC services provide a diverse range of care including: community nursing, pulmonary long term management, continence and ostomy services,

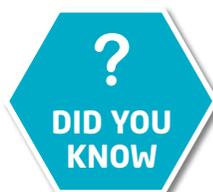
diabetes service, endocrinology, hospital dental and community dental service (school dental service). We deliver services from Napier Health such as outpatient appointments, public health nursing and integrated sexual health services. In Wairoa there is a general practice, Central Hawke's Bay Health Centre has nine inpatient beds.



- Community Nurses working alongside general practices in both Napier and Hastings.
- Increase in pulmonary long term condition group sessions for patients with breathing issues. 10 groups increased to 22 and are more accessible in the community. For the first time, the programme was implemented in Wairoa.
- Building closer relationships with health providers in the community is progressing in Central Hawke's Bay and Wairoa.



- Have the District Nurses working more closely with General Practice in Wairoa and Central Hawke's Bay.
- Involve other health providers in improving access to dental care for Māori children and whānau/families.
- Work with other agencies to provide more healthy warm homes.
- Reduce hospital admissions for children.



**7,763**  
patients enrolled in  
a general practice in  
Wairoa

From January 2015 (when the  
programme began) to June 1,163  
people attended pulmonary long  
term management sessions

**28,024**  
children enrolled  
with community  
dental

**2,950**  
clinic appointments  
were held in Napier  
Health

## Development of the Pulmonary Long Term Management Service

During the year, the Pulmonary Rehabilitation Service experienced a large increase in referrals to attend the Pulmonary Rehabilitation courses. These were offered four times a year in Napier, Hastings and twice yearly in Central Hawke's Bay. The increase in referrals was due to improved access to spirometer (lung function) services in the primary care setting.

The Pulmonary Rehabilitation Specialty Clinical Nurse identified the service could not accommodate this level of referrals and a business case was developed to alter the service model and allow for increased services throughout Hawke's Bay.

This resulted in the development of the Pulmonary Long Term Management Service and implementation of a new model which commenced in January 2016. This has doubled the availability of Pulmonary Rehabilitation courses in the community, and allowed the service to be offered in Wairoa as well as Central Hawke's Bay.

People taking part in this programme have reduced presentations to the emergency department, reduced hospitalisations, improved quality of life and fitness. Patients and families have an increased understanding of their condition and improved confidence with self-management.

## E Tu Wairoa – Violence Free Whānau

In 2015 Wairoa leaders decided to establish an intersectoral network with the purpose of creating a tikanga based approach to eliminating violence in our homes and community.

The network is chaired by the Wairoa Health Centre manager and to date have launched the E Tu Whānau charter with a commitment from many community members and leaders.

A programme of action has been developed and recruitment of a network coordinator is underway. The network has also secured funding to develop and deliver tikanga based programmes to address family violence.

This is an exciting collaboration of providers and community members who believe in a common goal and have worked across structures and barriers to establish a family violence intervention model that is locally grown and delivered.



# NGĀ WHĀINGA HAUORA Ā-MOTU NATIONAL HEALTH TARGETS

## Our results



✓ **105% or 7,469 surgeries were delivered. That is 360 more than planned.**



✗ **63% of patients received cancer treatment within 62 days of being referred.**



✓ **95% of eight-month olds had their immunisations on time.**



✗ **88% of the eligible population had their Cardiovascular Disease risk assessed in the last five years.**



✗ **93% of people spent less than six hours in the Emergency Department.**



✓ **99% of hospitalised smokers were offered advice to quit.**

✗ **81% of people who are smokers and have a family doctor were offered advice to quit.**

# NGĀ WHĀINGA HAUORA Ā-MOTU - HEA TIROHANGA

## NATIONAL HEALTH TARGETS - AT A GLANCE

HEALTH TARGET	TARGET	OUR RESULT (04 2015/16)	TREND (since last year)	COMMENT
Shorter stays in Emergency Department	95%	Not achieved (93%)	↓	Hawke's Bay DHB continues to focus on improving flow through the Emergency Department. Additional staff are being employed to support this.
Improved access to elective surgery	100%	Exceeded (105%)	↑	This year we have continued to focus on Operation Productivity and increasing Hip and Knee surgeries to increase the number of people receiving surgery.
Faster Cancer Treatment	85%	Not achieved (63%)	N/A	This is a new national health target. The Faster Cancer Treatment team are working with improved processes to identify patients on the cancer pathway and we expect to see improvement in the coming year.
Increased immunisation	95%	Achieved	-	Hawke's Bay DHB remains one of the top performers in this Health Target. All immunisation service providers are working well together.
Better help for smokers to quit (Hospitals)	95%	Exceeded (99%)	-	Hawke's Bay DHB has achieved this target for the last three years.
Better help for smokers to quit (Primary Care)	90%	Not achieved (81%)	↓	Health Hawke's Bay continues to work with general practices to improve smokefree interventions.
More heart and diabetes checks	90%	Not achieved (88%)	↓	Health Hawke's Bay continue to focus on priority groups who are most at risk of heart disease and diabetes.

### KEY:

- ↑ Improved our performance against the health target.
- ↓ Our performance against the health target has declined
- Our performance against the health target has stayed the same.



# HE AITUĀ TAUMAHA SERIOUS ADVERSE EVENTS

## In hospital

A serious adverse event is an event which has led to significant additional treatment, is life-threatening or has led to an unexpected death or major loss of function.

These events are uncommon; however with 38,715 hospital admissions in 2015/2016, we continue to focus on improving the quality and safety of the care that we provide to all our consumers so that we can prevent these events in the future.

In 2015/2016 Hawke's Bay DHB had 13 serious adverse events which is an increase by two from last year.

When a serious adverse event occurs, we review our processes to try to determine the major cause, or causes that led to the event. When these causes are known, interventions are recommended to try to prevent the recurrence of the same or similar adverse event in the future. The aim is to enhance patient safety by learning from adverse events when they occur.

## Did you know?

- Incidents indicate where we need improvement
- The more we report, the better we will become through learning and improving
- We reported 4,168 incidents last year
- 13 of these were classified as serious adverse events
- Serious adverse event reviews focus on what happened? why did it happen? what can be done to prevent it happening again?

## Serious events 2015/16



Clinical Processes



Clinical Administration



Medication / IV Fluid error



Falls

## Our focus 2016-2017

- Distribute key patient safety learnings across the sector
- Develop an education programme to train reviewers of serious adverse events
- Extend in to primary healthcare to support and establish a reporting and learning programme/culture
- Upgrade our electronic risk management system

The Health Quality and Safety Commission releases an annual report titled 'Making our health and disability services safer', which is due to be released later in 2016. In this report we will provide more detail surrounding these events.

# NGĀ MEA MATUA O TE HAUMARU TŪRORO Ā-MOTU NATIONAL PATIENT SAFETY PRIORITIES

## In hospital

The Health Quality & Safety Commission is driving improvement in the safety and quality of New Zealand's healthcare through the national patient safety campaign 'Open for Better Care'. All of New Zealand's district health boards need to report on how well they are doing against key targets. These targets are about making sure consumers are not harmed from a fall when in our care, that we reduce the number of infections and that we make sure that when consumers have surgery they receive the necessary medicines, and that we work as part of a team.

This is how we are doing (results for Jan-Apr 2016 unless otherwise specified):



Falls prevention 1: older consumers assessed for risk. Target 90%.



Falls prevention 2: percentage of older patients assessed as at risk of falling who receive an individualised care plan addressing these risks. Target 90%.



Hand hygiene: percentage of health professionals who clean their hands before and after having contact with a patient. Target 70%



### Surgical site infection targets:

(Oct-Dec 2015):

Antibiotic administered in the hour before surgery. Target 100% (Achieved 100% in the three quarters prior)



Right antibiotic in the right dose. Target 95%



Appropriate skin antisepsis in surgery. Target 100%



### Preventing harm from medicines in hospital

In the hospital we commonly use a group of pain killer medicines called 'opioids' such as morphine, oxycodone, and codeine. Unfortunately these medicines can cause serious side effects like constipation. Constipation is when you haven't had a bowel motion ('poo') for three days or more. It can be painful and delay your recovery.

We introduced three things to reduce the number of patients having constipation while on opioids:

- 1) A patient leaflet and poster to help patients and staff describe bowel motions using the 'Bristol Stool Chart'.
- 2) A stamp for the patient's health record, to improve how we record each patient's bowel activity - giving us a clearer view of which patients are constipated or at risk of becoming so.
- 3) A 'laxative ladder' to describe the best laxatives to prevent and treat constipation.

### Preventing harm from surgery in hospital

The 'Safe Surgery Program' aims to improve quality and safety of health care services provided to patients having surgery through the use of a 'surgical safety checklist'. The checklist is used to ensure patients receive the right surgery with the right preparation.

This year, a 'paperless' checklist (a poster with prompts) was introduced in our operating theatres. Theatre staff (nurses, doctors and anaesthetists) from Hawke's Bay and Royston hospitals worked together to ensure they use the checklist in the same way. This enables staff to speak up and ask questions without fear.

### Preventing harm from falls in hospital and the community

Last year we planned to take a 'wrap-around' approach to preventing falls and we've made some good progress on this since then. Representatives from Hawke's Bay District Health Board, Health Hawke's Bay (PHO), Sport Hawke's Bay, St John's Ambulance, ACC, and local Aged Care facilities meet regularly to actively coordinate falls prevention activities across the region.

During the national 'April Falls' campaign (run in April), the group chose to highlight the falls risk associated with poor vision with 'eyes on falls', offering free eye checks.

An eight week program called 'Upright and Active' (funded by Age Concern) introduces Tai Chi to improve flexibility and strength. Green Prescription offers individual support programmes and Kori Tinana Mo Ngā Kaumatua programme is offered to kaumatua on marae.

We've looked into why people fall in hospital and have found poor lighting at the bedside to be a key factor. We now have an upgrade of the over-bed lighting included in the facilities' maintenance plan.

### Preventing harm from infection

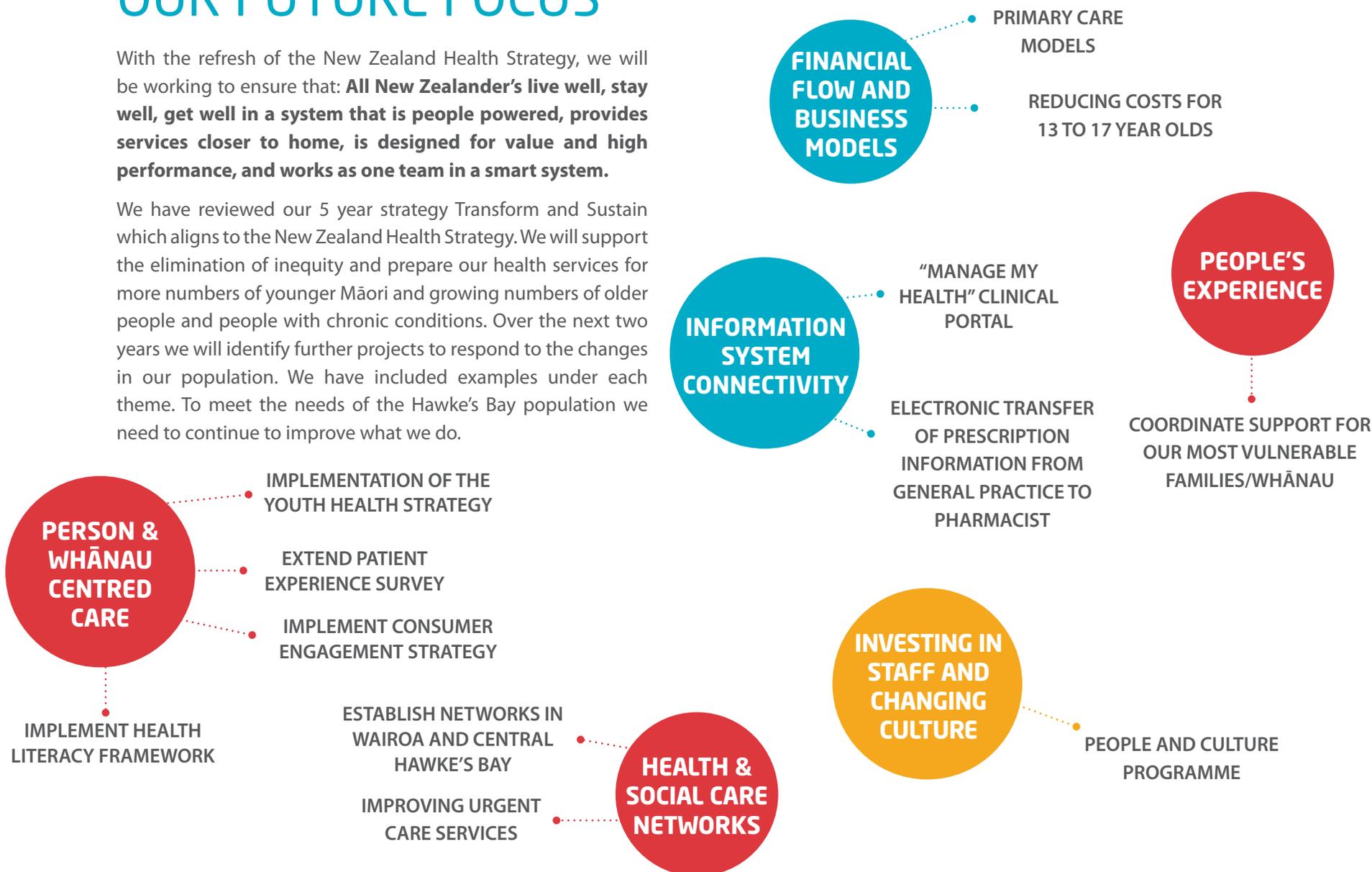
Hand hygiene is recognised as the single most effective way to prevent the spread of infection. At June 2016 Hawke's Bay District Health Board has achieved 87.5% in the national hand hygiene programme and continues to rank amongst the top performers in New Zealand.

This year our focus will be the promotion of appropriate use of antibiotics. We see this as an important patient safety issue to prevent the overuse of antibiotic and the development of multi-resistant organisms.

# TŌ TĀTOU ARONGA MŌ ĀPŌPŌ OUR FUTURE FOCUS

With the refresh of the New Zealand Health Strategy, we will be working to ensure that: **All New Zealander's live well, stay well, get well in a system that is people powered, provides services closer to home, is designed for value and high performance, and works as one team in a smart system.**

We have reviewed our 5 year strategy Transform and Sustain which aligns to the New Zealand Health Strategy. We will support the elimination of inequity and prepare our health services for more numbers of younger Māori and growing numbers of older people and people with chronic conditions. Over the next two years we will identify further projects to respond to the changes in our population. We have included examples under each theme. To meet the needs of the Hawke's Bay population we need to continue to improve what we do.



# KO Ā KOUTOU WHAKAHOKINGA KŌRERO YOUR FEEDBACK

## Consumer feedback

We welcome and appreciate receiving feedback. To improve our services we need to hear your story. Whether compliments, comments, questions or suggestions, complaints or a mixture, your feedback is valuable. It helps us see where we are performing well and where we could improve.

You can give feedback in a number of ways:

- email us: [feedback@hbdhb.govt.nz](mailto:feedback@hbdhb.govt.nz)
- complete an online feedback form: [www.ourhealthhb.nz](http://www.ourhealthhb.nz)
- phone us: 0800 000 443
- complete a freepost feedback form which may be given to you when you visit, or which can be found in many areas across the DHB's sites.

You may receive a phone call or receive a request to complete a survey based on your experience. It is your choice to take part or not.

## Then what happens?

Your feedback will be passed to the manager of the area you are providing feedback on. We will acknowledge your feedback, and if your feedback is a complaint an investigation will take place. We will let you know what we have found out and this may include what we have done to make things better, or what we are planning on doing to ensure things improve.



YOUR STORY

**WE VALUE  
YOUR FEEDBACK**

He tino taonga ō whakaaro ki a mātou



