



TRANSFORM & SUSTAIN

THE HAWKE'S BAY HEALTH SYSTEM

THE NEXT FIVE YEARS

DECEMBER 2013



OUR VISION:
HEALTHY HAWKE'S BAY
TE HAUORA O TE
MATAU-Ā-MĀUI
EXCELLENT HEALTH
SERVICES WORKING
IN PARTNERSHIP
TO IMPROVE THE
HEALTH AND
WELL-BEING OF
OUR PEOPLE AND
TO REDUCE HEALTH
INEQUITIES WITHIN
OUR COMMUNITY.

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Welcome to Beautiful

CENTRAL HAWKES BAY



1. FOREWORD FROM THE CEO

Early in 2010, Hawke's Bay District Health Board put a framework in place to improve performance and develop a culture of cooperation and collaboration so that the Hawke's Bay community could be confident we were working to provide a better health service.

Progress has been encouraging; however, there is no question the future will remain a challenge for health as we battle increased demand on our services from an ageing population and increased pressure from the impact of long-term diseases such as diabetes, as well as ensuring we keep up with the latest in clinical technology.

We have been thinking about how we can deal with this within tight funding constraints. Many people from across the Hawke's Bay community have been involved in discussing issues, suggesting responses and providing potential solutions. Out of that consultation we have developed Transform and Sustain as the five-year framework to help us respond to these future challenges.

Transform and Sustain is about thinking and working differently, and having the time and tools to do this. We must think and act as one system – the Hawke's Bay health system – rather than as a DHB, a hospital or a primary care provider.

By transforming our teams, the way we work and our approach to patients, consumers and whānau, we will improve quality so that we can better support the health and well-being of the Hawke's Bay community well into the future. Transformation should put people at the centre of a health system which is designed around their needs and which involves them in maintaining their own health.

In this document, you will find the three broad and enduring challenges that will be our focus.

Within those three challenges are eleven key intentions that will be the strategic focus and serve as the catalysts for change in each of the three areas.

Each year progress on each of the key intentions will be reviewed and we will develop our annual programme of work according to the progress we are making.

This is an exciting step for Hawke's Bay and I look forward to bringing this vision to reality as we put our energy into Transform and Sustain and strive to provide an excellent health service for our community.

KEVIN SNEE

Chief Executive Officer

HAWKE'S BAY DISTRICT HEALTH BOARD

A photograph of a white lighthouse and a red postbox in a park-like setting at sunset. The lighthouse is on the left, and the red postbox is in the foreground on the right. The sun is low in the sky, creating a warm glow and lens flare. The background shows a lake and trees.

IT IS ALREADY APPARENT THAT THERE ARE MANY OPPORTUNITIES FOR CONSUMER ENGAGEMENT IN A RANGE OF PROJECTS THAT ARE UNDERWAY... CONSUMER COUNCIL MEMBERS ARE RELISHING THE OPPORTUNITY TO ENSURE CONSUMER CONTRIBUTION AND 'BE HEARD'.

2. INTRODUCTION

OVER THE PAST FOUR YEARS WE HAVE COME A LONG WAY IN IMPROVING OUR REPUTATION AND GETTING THINGS DONE. SOME OF THE KEY IMPROVEMENTS HAVE INCLUDED:

- Improvements in achieving national health targets.
- Progress in addressing Māori health inequities.
- Financial stability with three consecutive years of surplus.
- New building developments ticked off, a seventh theatre, Wairoa Health Centre, a dialysis unit and more underway.
- Creating a strong and committed leadership team.
- Improving staff involvement in decision making.
- Creating better working relationships between the District Health Board, community and management, including the establishment of a Clinical Council and a Consumer Council.

Having a common understanding of our direction is important.

Together as a sector we have agreed a common vision:

“EXCELLENT HEALTH SERVICES WORKING IN PARTNERSHIP TO IMPROVE THE HEALTH AND WELL-BEING OF OUR PEOPLE AND TO REDUCE HEALTH INEQUITIES WITHIN OUR COMMUNITY.”

Underpinning that vision are values, principles, aims, goals and strategies that are summarised in Appendix 1.

Despite the significant progress made in the past four years, our vision will remain a series of words unless we deal with the more hard challenging issues, such as the growth in chronic illness, our aging population and vulnerability in a large sector of our community.

3. OUR CHALLENGES

LOCALLY OUR POPULATION PROFILE IS CHANGING.

Despite population growth being modest of about 3.9 percent in the next 10 years we will see significant changes in age groups. In our population the over 65s will grow by 47 percent and the over 85s will increase by 45.5 percent.

Any growth in the population will come from births in the Maori and Pacific populations and from increased life expectancy across our whole population.

The combined effect of this will pose significant challenges to health particularly in the next 10 years.

TOTAL	2012/13	2026	GROWTH %
0-14	33845	32890	-2.8%
15-64	97415	92600	-4.9%
65yrs & over	25145	36960	47.0%
85yrs & over	2990	4350	45.5%

MAORI/PACIFIC	2012/13	2026	GROWTH %
0-14	15340	16200	5.6%
15-64	27020	30700	13.6%
65yrs & over	2375	4610	94.1%
85yrs & over	130	320	146.2%

RISK AND OPPORTUNITY

The health of our population can be described using the chart in Figure 1, where everyone in the population fits within one of these categories.

Our focus will be to keep people healthy, to stay well and to require less hospital care.

POPULATION HEALTH CONTINUUM OF CARE



FIGURE 1 - POPULATION HEALTH CONTINUUM OF CARE

An increasing burden of long-term conditions is a worldwide issue as modern medicine reduces early death. This is particularly so in places with demographics like Hawke's Bay – an ageing population with areas of significant deprivation. New Zealand research shows that, generally, Māori develop ageing conditions about 10 years younger than non-Māori.

Therefore, due to age-related and other chronic conditions, we need to concentrate on three main themes:

1. Helping people to stay healthy and well and able to live independently in their own home for longer.
2. Ensuring that people who have complex chronic illnesses are able to live to their full potential.
3. Supporting frail elderly people and their families so that they can put in place a better plan for how they want to be cared for as the end of their life approaches (advanced care planning).

This needs to be done in an integrated and coordinated way.

OVER THE LONGER TERM, WE NEED TO WORK ON BETTER WAYS TO SUPPORT THE COMMUNITY TO STAY WELL, FOR EXAMPLE, THROUGH DIET, EXERCISE, REST AND LEISURE.

This will mean all organisations need to work together with a focus on prevention, recognising that good health begins in the places where we live, learn, work and play, long before medical assistance is required.

At the same time, by better understanding the changing needs and challenges of our ageing population and their inevitable frailty and dependency towards the end of a long life, we need to put in place better services designed to support the elderly and the changing needs of our population.

We can summarise these challenges into three broad aims:

1. Responding to our population.
2. Delivering consistent high-quality health care.
3. Being more efficient at what we do.

At the same time it is imperative that we remain financially robust so we are in a position to invest in programmes that will deliver transformational change.



"IT ALWAYS
SEEMS IMPOSSIBLE
UNTIL IT IS DONE".

- NELSON MANDELA

3.1. RESPONDING TO OUR POPULATION

We are too focused on the hospital when we could be taking health services into the community. We have made progress in recent years but it has been slow, and there is too much focus on the hospital campus. We believe patients and whānau should be at the centre of health care, not a hospital or any particular care setting.

Our Māori and Pacific populations don't make use of the services because they have to travel to benefit from the services, the process can be daunting and the services often appear designed to suit the needs of professionals rather than patients. Our health workforce needs to have a good understanding of the people they serve; we need to have a stronger engagement with consumers. In particular, there are two main areas where we need to focus our attention.

Firstly, we must take action in regards to how we respond to the changing needs of our ageing population. We will focus on three responses:

- Recognising that many older people are well, we will develop opportunities for them to contribute valuable consumer support and advice to the care system.
- We will provide care for our older people in their community with a clear intent to implement key care pathways and integrate service provision across primary and secondary settings.
- In the aim to begin earlier conversations about care towards the end of life, we will lead open and honest conversations with people and whānau about decisions that affect them. By doing so, we will get a better understanding of what matters to the person and their whānau during this time and will be able to focus on supportive care that is the most appropriate for them.

Secondly, the changing Māori and Pacific population means that we need to engage better with whānau. There are three main ways that we can do this:

- We will create better working relationships that influence Māori and Pacific health and well-being, acknowledging the formal and informal roles that community-based entities can bring to a partnership. These include iwi, hapu, Treaty settlement entities, Māori providers, individual marae, Pacific community churches and key government agencies.

Examples include placing more services in the Napier Health Centre; deploying a small number of secondary care services to general practice; starting the integration of district nursing services to general practice; increasing numbers of investigations undertaken in general practice settings.

- We will provide good cultural responsiveness training based on advice and support from experts in Māori and Pacific cultural practices. We will ensure that the health system workforce is well prepared and responsive and that resource allocation and service monitoring are informed through effective engagement, especially with Māori.
- We will work towards having a workforce that is more representative of our community. We have targeted a 10% year-on-year increase in the proportion of Māori staff employed and will focus on culturally appropriate recruitment across the system.

JOHN, A 61-YEAR-OLD MĀORI MAN WHO LIVES IN WAIROA, HAS A NUMBER OF HEALTH ISSUES BUT IS RESPONSIBLE FOR THE CARE OF HIS MOKOPUNA AND NEEDS TO BE HOME AFTER 3PM TO CARE FOR THEM. THE ONLY WAY HE CAN GET TO SEE HIS SPECIALISTS IS BY TRAVELLING TO HASTINGS ON A SHUTTLE BUS THAT RETURNS TO WAIROA AFTER 5PM. WE NEED TO DESIGN A SERVICE WHERE BETTER, EARLIER, MORE CONVENIENT CARE IS AVAILABLE FOR PATIENTS SO THEY ATTEND THEIR DOCTORS' APPOINTMENTS TO IMPROVE THEIR HEALTH.

WE NEED TO WRAP OUR SERVICES AROUND THE PATIENT'S NEEDS RATHER THAN PROFESSIONAL NEEDS AND BRING SERVICES TO WHERE THE PATIENTS ARE – FOR EXAMPLE, THROUGH GREATER USE OF TELEMEDICINE³.

³ Telemedicine involves the use of technology to transmit images and sound in high definition so that diagnoses can be made remotely.

3.2. DELIVERING CONSISTENT HIGH-QUALITY HEALTH CARE

We generally deliver care to a high standard and we have seen some significant improvements in recent years. However, there are still too many examples where patient experience is inadequate and where mistakes that cause harm are made.

Delivering high-quality care is about making sure we use all our resources in the best way, with the patients and their family/ whānau at the centre of that care. The best quality care is appropriate, convenient and precise – the patient gets exactly what they need, delivered as soon as possible and without error or undue waiting.

Every staff member should be aware of their own responsibilities in quality improvement and safety when delivering day-to-day care. Clinicians are not only responsible for the provision of high-quality patient care, their leadership is also important. Clinical participation in the management and governance of health services is essential for creating a culture of effective quality and safety.

“GOOD QUALITY IS LESS COSTLY BECAUSE OF MORE ACCURATE DIAGNOSES, FEWER TREATMENT ERRORS, LOWER COMPLICATION RATES, FASTER RECOVERY, LESS INVASIVE TREATMENT AND THE MINIMISATION OF THE NEED FOR TREATMENT.”

- PORTER ME, TEISBERG EO. 2006. REDEFINING HEALTH CARE

GRAHAM WAS AN 84-YEAR-OLD GENTLEMAN WITH HIGH-COMPLEX NEEDS. HE HAD MULTIPLE SERVICES PROVIDING CARE. GRAHAM'S MAIN CONDITION WAS DIABETES AND FOUR YEARS AGO THIS LED TO HIM HAVING END-STAGE RENAL FAILURE. WITH THE ASSISTANCE OF THE DIALYSIS UNIT, GRAHAM HAD A TRIAL OF PERITONEAL DIALYSIS. THIS SELF-ADMINISTERED PROCEDURE FAILED DUE TO HIS AGEING AND ABILITY TO UNDERSTAND. THE RENAL DEPARTMENT WORKED TIRELESSLY FOR THE PAST FOUR YEARS TO SUPPORT GRAHAM AND HIS FAMILY IN THEIR DECISION MAKING AROUND HAEMODIALYSIS. THREE MONTHS AGO GRAHAM WAS DIAGNOSED WITH CANCER AFFECTING HIS LYMPH GLANDS. AFTER CAREFUL CONSIDERATION AND SUPPORT BY ALL SERVICES, FAMILY INCLUSIVE, THE FINAL DECISION WAS MADE BY GRAHAM TO STOP DIALYSIS. GRAHAM KNEW THAT STOPPING DIALYSIS WOULD GIVE HIM ANOTHER TWO WEEKS LIFE EXPECTANCY AND THIS GAVE HIM TIME TO DEVELOP HIS ADVANCED CARE PLAN. GRAHAM HAS PASSED AWAY PEACEFULLY. IN AN IDEAL WORLD THIS WOULD HAVE HAPPENED EARLIER IN THE PROCESS, BUT IT IS IMPORTANT TO NOTE THAT ADVANCED CARE PLANNING HAS OCCURRED IN THIS CASE AND WAS INVALUABLE TO GRAHAM AND THE FAMILY.

DECISION MAKING IS NOT EASY BUT FULL SUPPORT WAS GIVEN TO GRAHAM AND HIS FAMILY FROM THE DIALYSIS UNIT, THE GENERAL PRACTITIONER WHO WAS AN ADVISOR TO THE INPATIENT CARE TEAM, INPATIENT WARD STAFF AND THE INPATIENT PALLIATIVE CARE TEAM, AND AGED RESIDENTIAL CARE MADE THE PROCESS MUCH LESS STRESSFUL. AFTER BEING FULLY INFORMED BY MULTIPLE SERVICES, GRAHAM KNEW HE HAD BEEN LISTENED TO AND HIS WISHES WERE SUPPORTED.

3.3. BEING MORE EFFICIENT AT WHAT WE DO

The future will not look the same as the present and that future will require different ways of working to deliver more productive services. Reducing waste in health will make us more efficient and will ensure we get the best value from health care resources by delivering the right care to the right people in the right place, the first time.

The current systems do not effectively reward health providers for being responsive to patient needs or for delivering high-quality care. In addition, health organisations often appear to work around the needs of the organisation rather than the needs of the population.

We know that the whole public sector in New Zealand is facing a reduced growth in funding while, at the same time, the health system must deal with increasing expectations and changing needs. Transformation will rely on better understanding of value, smarter use of resources and frank communication among all stakeholders – this includes a clear responsibility on the population to take care of themselves and on providers to respond to reasonable expectations and true needs.

WORKING IN A FAST-PACED, CHALLENGING WORK ENVIRONMENT, STAFF ON A1 DEDICATED TIME TO WORK THROUGH THE FOUNDATION MODULES OF THE RELEASING TIME TO CARE PROGRAMME. BY RE-ORGANISING THEIR WARD AND ADAPTING KEY PROCESSES, THEY HAVE INCREASED FLOW AND SAVED MORE THAN 1,000 HOURS OF NURSING TIME A YEAR TO REDIRECT TO PATIENT CARE.

PATRICK IS A 94-YEAR-OLD GENTLEMAN WHO LIVES IN AN AGED RESIDENTIAL FACILITY. IN THE NIGHT HE TRIPPED AND FELL, RECEIVING A LARGE HEAD LACERATION. THIS REQUIRED STITCHES SO HE WAS TAKEN TO THE EMERGENCY DEPARTMENT. AT THE TIME OF ADMISSION INTO THE EMERGENCY DEPARTMENT, PATRICK WAS FULLY ASSESSED TO RULE OUT ANY RISK OF A HEAD INJURY AND TO ESTABLISH WHETHER THE INCIDENT WAS MEDICATION-RELATED, WHICH IT WASN'T.

THE ORBIT TEAM (RAPID RESPONSE ASSESSMENT TEAM) ASSESSED PATRICK AT 0830 AND FOUND THAT HE WAS SAFE TO RETURN HOME.

PATRICK'S JOURNEY THROUGH THE HEALTH SYSTEM WAS SMOOTH AND ISSUE-FREE. HE WAS SEEN PROMPTLY BY THE RIGHT PEOPLE AND AS A RESULT, HE RETURNED BACK TO THE AGED CARE FACILITY TO RECUPERATE.

FROM A PERFORMANCE PERSPECTIVE, THE EMERGENCY DEPARTMENT MET THE SIX-HOUR TARGET TIME (WHICH IS IN PLACE BECAUSE PATIENTS ARE LIKELY TO SUFFER LESS HARM IF IT IS MET) AND THERE WAS NO UNNECESSARY INPATIENT STAY FOR PATRICK. PATRICK'S AFTERCARE WAS EFFECTIVE AND WELL ORGANISED AS THE AGED CARE FACILITY AND HIS GP WERE PROVIDED WITH A DISCHARGE PLAN ADVISING ANY FOLLOW-UP REQUIREMENTS. THE CLINICAL NURSE SPECIALIST GERONTOLOGY WAS TASKED TO FOLLOW-UP A WEEK LATER. BY PROVIDING CLEAR DIRECTIONS OF FOLLOW-UP AND ONGOING CARE, ANY UNNECESSARY FUTURE ADMISSIONS RELATED TO THIS INCIDENT WAS PREVENTED.

3.4. ACHIEVING REGULAR FINANCIAL SURPLUSES

The DHB is chiefly responsible for most of the government's spending on health in Hawke's Bay – surpluses are planned and must be delivered according to statutory obligations. This will allow us to invest in our infrastructure and services. Over the past three years, through hard work and good management, we have managed to generate an additional investment in our infrastructure of \$14 million, with an additional \$25 million planned over the next three years.

3.5. WHERE TO NEXT?

We now need to step-up to deliver on our vision. We must recognise what our population needs, work in partnership for quality health care and become more efficient at what we do. Transformation is necessary to move forward in these areas.

The most effective way we can respond to these challenges is by transforming our services by improving quality. Transformation must lead to increased effectiveness – a more efficient system that maximises value for the population and reduces waste.

Financial sustainability is more likely to follow from an effective transformational change programme, where we work with our community so that our services meet their needs. Over time, through that transformation, achieving financial surplus will become business as usual.



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4. ADDRESSING OUR CHALLENGES

IN ORDER TO MAKE PROGRESS OVER THE NEXT THREE TO FIVE YEARS, WE WILL PUT IN PLACE THE TRANSFORM AND SUSTAIN PROGRAMME, WHICH IN TIME WILL TRANSFORM THE WHOLE HEALTH SYSTEM.

Some work is already underway and we are building on those successes. We will use the New Zealand Triple Aim as a guide to ensure we keep change in balance (FIGURE 2).

Delivering our campaign will mean people in Hawke's Bay will experience:

- Better health outcomes for all.
- Better management of emergency care.
- Better management of chronic illnesses.
- More support for healthy communities.
- Improved quality and safety across health services.

It will be necessary to make some cultural and structural changes to the system to support transformation and align it with the values that underpin our vision:

- TAUWHIRO – delivering high-quality care to patients and consumers.
- RĀRANGA TE TIRA – working together in partnership across the system.
- HE KAUANANU – showing respect for each other, our staff, patients and consumers.
- ĀKINA – continuously improving everything we do.



FIGURE 2: THE NEW ZEALAND TRIPLE AIM

TRANSFORM AND SUSTAIN WILL PROVIDE:

- An organisational development programme to support our workforce so they are empowered and valued to make the biggest contribution they can.
- A means of reviewing progress in the three aims we have identified, which will be reviewed annually.
- The Sustain programme will consolidate the improvements we make while we put in place the Transform programme to significantly improve the value of our services to the people of Hawke's Bay.
- A model to measure, target and report our expenditure so we move our resources to where we bring about transformational change.

4.1. CREATING HEADROOM FOR CHANGE

Over the past three years, individuals across the health system have worked extremely hard to make the improvements that have been necessary. It is important we recognise those efforts and create the right environment and culture for another period of change. While we know we can't make change everywhere at once, we need to identify those services that could lead and support others.

The objectives of the programme cannot be achieved in one year but readying the whole system for transformation is not something that we can put off. Rather, we need to free-up some systems and processes so those who are ready can make a start. Time and energy will continue to be invested in establishing, strengthening and maintaining relationships for better liaison across the system. The transformation agenda may take time to initiate but the momentum will gather as people's expectations change and we respond to patients' needs in a different way.

In the meantime, we will attempt to pinpoint opportunities that can easily be implemented in order to release some time and create the space for everyone to come together to design innovative solutions. This will include identifying better administrative processes and more flexible budgeting, removing obstacles, facilitating better working partnerships and supporting the generation of new ideas while spending less time on non essential tasks.

Fundamentally, teams at all levels need the time to discuss, plan, implement and review improvement opportunities. Managers and team leaders will be supported to make this happen.

4.2. ORGANISATIONAL DEVELOPMENT

WORKFORCE

The health system needs skilled clinical leaders, team leaders and managers in place to support team performance so that we can achieve transformation. Our teams must continually focus on providing excellent services, improving health and well-being, working in partnership and reducing inequities, and they must be empowered to try new ways of doing things. This applies to service delivery and support functions. We will work together to support and develop the workforce and the organisations.

FEW CLINICIANS HAVE ACCESS TO TOOLS OF AUTHORITY AND OFTEN MEDICAL EXPERTISE IS ONLY ONE OF THE ELEMENTS REQUIRED TO MEET PATIENTS' NEEDS AND ACHIEVE SHARED GOALS. TYPICALLY, OTHER TEAM MEMBERS HAVE GREATER EXPERTISE IN THEIR FIELDS - INCLUDING SUCH DISCIPLINES AS OPERATIONS MANAGEMENT - THAN THE LEADER.

CLINICAL LEADERSHIP OF EXPERT PEERS INVOLVES INVITING THE TEAM TO DEFINE ITS PURPOSE AND DESIGN THE MOST EFFECTIVE WAY OF ACHIEVING IT. LEADERS CREATE AN APPROPRIATE ENVIRONMENT, GUIDE THE CONVERSATION AND OCCASIONALLY CHOOSE AMONG COMPETING OPTIONS. CLINICAL LEADERS ARE SIMULTANEOUSLY PART OF THE TEAM AND APART FROM IT.

BOHMER, RMJ

Programmes will focus on the following:

- Clinician and manager service partnerships.
- Clinical leadership and engagement.
- Transformational management and leadership capability.
- Staff engagement, health and well-being.
- High-performing teams – including reskilling and up-skilling of staff.
- Building capability – developing talent, succession planning and recruitment.
- Increasing Māori staff representation.
- Union engagement.

“WE SHOULD NOT MAKE THE MISTAKE OF RESPONDING TO, OR PLANNING ON THE BASIS OF, DATA ALONE. WE NEED KNOWLEDGE, WISDOM AND FORESIGHT. WE NEED FRONTLINE CLINICAL LEADERS AND CLINICIANS TO INTERPRET AND TRANSLATE DATA INTO KNOWLEDGE. WITH INCREASING KNOWLEDGE WE CAN DEVELOP WISDOM AND OBTAIN THE INSIGHT TO PLAN THE FUTURE SHAPE OF OUR HEALTH CARE SYSTEM. THERE IS OVERWHELMING EVIDENCE THAT A CLINICIAN-MANAGEMENT PARTNERSHIP IS THE SOLUTION TO A SAFER, HIGHER-QUALITY, MORE EFFICIENT AND FINANCIALLY SUSTAINABLE HEALTH CARE SYSTEM.”
HEIN SANDER, PRESIDENT ASMS, JUNE 2013

COMMUNICATIONS

We will be increasingly innovative in our communications to staff, our consumers and our community, promoting our vision, services, challenges, successes and solutions. We also want a safe and trusting environment in which people can propose changes and new ideas as well as a process for communicating successful initiatives already implemented.

HEALTH INFORMATION

In transforming the health system, one of the biggest challenges we face is developing an information system that matches our ambitions for service integration. We are working with our regional partners to deliver a regional health informatics strategy to support improvements in information communication technology (ICT) over the next three to five years. The Central Region ICT vision is about the efficient delivery of the right information to the right people at the right time, on an anywhere, anyhow basis to achieve the desired health outcomes and improved organisational performance

Achieving the region's vision for health informatics will contribute to improved consumer experience, better support for clinicians and other health professionals and more integrated care.

There are many areas that require better ICT support and we recognise the importance of rigorous investment to achieve this. We will develop and deliver an information strategy to underpin and complement Transform and Sustain.

THE USE OF ONE VIEW TO PROVIDE A QUICK ACCESSIBLE INSIGHT TO ALL CLINICAL RECORDS, REFERRALS, VISITS, ASSESSMENT, PROGRESS NOTES AND CLINICAL DOCUMENTS IN A CONSISTENT FORMAT IS THE GOAL. ALL HEALTH RECORDS, ESPECIALLY RECENT CONTACTS AND VISITS, WILL NOW BE VISIBLE. CONSISTENT SHARED INFORMATION ACROSS ALL PARTS OF THE PATIENT JOURNEY WILL MINIMISE DUPLICATION AND REDUCE RETELLING OF THE PATIENT'S STORY. MORE TIME FOR FACE-TO-FACE CLINICAL ASSESSMENT AND TREATMENT WILL MAKE BETTER USE OF PRACTITIONER TIME AND SKILLS.

HAWKE'S BAY ALLIED HEALTH IMPROVEMENT INITIATIVE, 2013

4.3. KEY INTENTIONS TO ADDRESS THE CHALLENGES

We have described what the challenges are:

- Responding to our population: We believe patients and whānau should be at the centre of health care, not a hospital or any particular care setting, and we need to have a stronger engagement with consumers and their families/whānau.
- Delivering consistent high-quality health care: The best quality care is appropriate, convenient and precise – the patient gets exactly what they need, delivered as soon as possible without error or undue waiting.
- Being more efficient at what we do: Reducing waste in health will make us more efficient and ensure we get the best value from health care resources by delivering the right care to the right people in the right place, the first time.

We have identified a number of key intentions that, when implemented, will support us to address these challenges.

KEY INTENTIONS

1. TRANSFORMING OUR ENGAGEMENT WITH MĀORI
2. TRANSFORMING PATIENT INVOLVEMENT
3. TRANSFORMING HEALTH PROMOTION AND HEALTH LITERACY
4. TRANSFORMING MULTI-AGENCY WORKING
5. TRANSFORMING CLINICAL QUALITY THROUGH CLINICAL GOVERNANCE
6. TRANSFORMING PATIENT EXPERIENCE THROUGH BETTER CLINICAL PATHWAYS
7. TRANSFORMING THROUGH INTEGRATION OF RURAL SERVICES
8. TRANSFORMING PRIMARY HEALTH CARE
9. TRANSFORMING URGENT CARE
10. TRANSFORMING OUT-OF-HOURS HOSPITAL INPATIENT CARE
11. TRANSFORMING BUSINESS MODELS

KEY INTENTIONS

1. TRANSFORMING OUR ENGAGEMENT WITH MĀORI

We need strong processes that enable the DHB to partner with Māori, Iwi and Hapu to accelerate the performance of Māori health. We must ensure ongoing development of Māori capacity in planning and providing for the needs of Māori. We will work with Ngati Kahungunu in the first instance to ensure that we are addressing the needs of Māori in an appropriate and transparent way and targeting our resources to reduce health inequalities. We are aware that to gain greater improvements in Māori health we need to listen more to our communities and ensure that they are engaged in both the planning and delivery of services to its people. We are working with the Whānau Ora Collectives in Kahungunu to ensure they are well set-up and supported to deliver holistic and effective services to the Māori population.

A HEALTH VILLAGE WAS SET UP AT THE 2012 WAITANGI DAY EVENT FACILITATED BY NGATI KAHUNGUNU IWI INCORPORATED AND ASSISTED BY THE PRIMARY HEALTH ORGANISATION AND DHB. MORE THAN 1,000 PEOPLE VISITED THE HEALTH VILLAGE WITH CVD RISK ASSESSMENTS, CERVICAL SMEARS AND HEALTH ADVICE PROVIDED. TEAMS OF EIGHT SIGNED UP FOR THE SMOKEFREE WERO CHALLENGE AND AFTER A COMBINED 190 YEARS OF SMOKING HAD NOW CEASED SMOKING. MORE INTEGRATED APPROACHES THAT ARE DELIVERED IN A WHĀNAU-FRIENDLY MANNER WILL IMPROVE ACCESS TO SERVICES AND ACHIEVE GREATER OUTCOMES FOR WHĀNAU. TAL WAS THE IDENTIFICATION AND SUPPORT OF SCREENING CHAMPIONS CAPABLE OF DISCUSSING SCREENING MESSAGES THAT EMPOWERED WHĀNAU TO TAKE ACTION. AS A RESULT, WE SAW AN INCREASE IN BREAST AND CERVICAL SCREENING IN MAORI WOMEN.

2. TRANSFORMING PATIENT INVOLVEMENT

Involving the community in our decision-making processes and listening to patient experiences are necessary for better understanding of the needs of our community. The community voice must be heard when it comes to prioritising health resources and designing future services.

We know that patients who participate more in decision making are able to make choices that are more consistent with what matters to them. Family/whānau support and understanding is vital in the patient journey and so we will involve the wider family/whānau support network to drive shared decisions.

A key new resource to enable greater involvement is the Hawke's Bay Health Consumer Council, which began its work in 2013.

WĀHINE TOA FOSTERED RELATIONSHIPS WITHIN KŌHANGA REO TO INSTIGATE COMMUNITY-LED INITIATIVES THAT PROMOTED INFORMED DECISIONS ABOUT BREAST AND CERVICAL SCREENING FOR KŌHANGA REO WHĀNAU.

PIVOTAL WAS THE IDENTIFICATION AND SUPPORT OF SCREENING CHAMPIONS CAPABLE OF DISCUSSING SCREENING MESSAGES THAT EMPOWERED WHĀNAU TO TAKE ACTION. AS A RESULT, WE SAW AN INCREASE IN BREAST AND CERVICAL SCREENING IN MAORI WOMEN.

3. TRANSFORMING HEALTH PROMOTION AND HEALTH LITERACY

Individuals and communities must feel empowered to help themselves, either in self-care, environmental well-being or in advocacy for service. At present, a range of health information, health promotion and health education resources and services are provided within Hawke's Bay; how useful these activities are depends on the coordination and general understanding of them. We need to ensure that we are able to empathise and engage with consumers, recognise inequity and provide appropriate and accurate care to the population.

Improved health literacy is needed so that people can actively participate in their welfare, support self-management of their care and use health services better.

"THE HEALTHY POPULATIONS TEAM WORKS COLLABORATIVELY ACROSS THE HEALTH AND OTHER SECTORS TO CONTINUALLY IMPROVE THE HEALTH OF HIGH-NEEDS POPULATIONS AND ADDRESS THE UNDERLYING DETERMINANTS OF HEALTH."

AN EXAMPLE OF THIS IS THE SAFER COMMUNITIES WORK IN NAPIER, HASTINGS & CENTRAL HB.

4. TRANSFORMING MULTI-AGENCY WORKING

Community needs seldom come neatly packaged in line with existing organisation and service structures. We need to work with other agencies and their associated non-government and voluntary networks to break down boundaries so that the public sector as a whole can respond appropriately to community priorities and unmet needs. Public sector organisations have come together to agree a common vision and take coordinated action using the Better Public Services Action Plan as a framework. This will ensure clear accountability, provide a mandate for cross-sector working, provide leverage for engaging non-government and voluntary sectors, and embed the use of a whānau ora approach.

STRENGTHENING FAMILIES IS A MULTI-AGENCY

STRENGTHENING FAMILIES IS A MULTI-AGENCY GOVERNANCE GROUP THAT PROVIDES GUIDANCE AND ADVICE TO THOSE SERVICES WHO DELIVER SUPPORT SERVICES TO VULNERABLE FAMILIES. THIS GROUP PROVIDES STRONG LEADERSHIP AND COORDINATION TO ENSURE THAT SERVICES ARE WRAPPED AROUND THE CHILD AND FAMILY, RATHER THAN DUPLICATING SERVICES AND MAKING ACCESS FRAGMENTED.



5. TRANSFORMING CLINICAL QUALITY THROUGH CLINICAL GOVERNANCE

Strengthening clinical governance is a continuous process and so a comprehensive approach to delivering clinical governance will be put in place. The Hawke's Bay Clinical Council, working closely with management and governance boards, will lead this work and will be actively supported by a clinical quality team. The Clinical Council will be funded to support its programme of integrated quality improvement and performance. We will focus on measuring what matters, and we will develop an annual Quality Account to provide a realistic picture of the quality of Hawke's Bay's health services to the people of Hawke's Bay.

"CLINICAL GOVERNANCE AND CLINICAL LEADERSHIP ARE CRITICAL. QUALITY AND SAFETY SHOULD BE A CONSTANT THREAD RUNNING FROM BEDSIDE TO BOARDROOM, AND THIS CAN ONLY BE ACHIEVED THROUGH PARTNERSHIP BETWEEN MANAGEMENT AND CLINICIANS AT ALL LEVELS OF THE ORGANISATION."

MINISTER OF HEALTH, JUNE 2013.

6. TRANSFORMING PATIENT EXPERIENCE THROUGH BETTER CLINICAL PATHWAYS

Clinical pathways are designed to meet the needs of patients, carers and health care professionals by providing an up-to-date, localised, evidence-based overview of the standard of care that can be offered following an assessment or diagnosis. Pathways have been shown to help with reducing inequities, speeding up referral to care, improving health outcomes and lowering costs. Within the local system of health delivery, pathways help to ensure that consumers get access to the right care as quickly as possible, no matter where they first access it.

One of the strengths of the Community Mental Health 'Riding the Rapids' initiative has been its 'bottom up' development, which has meant that clinicians have steered the process. Along with managers and team members, we have provided an evidence-based treatment pathway for clients with complex difficulties, actively providing service for clients in need who previously had limited access.

7. TRANSFORMING THROUGH INTEGRATION OF RURAL SERVICES

Hawke's Bay has some relatively small but relatively isolated rural communities, such as the Chatham Islands, Wairoa and Central Hawke's Bay. We must ensure that transformation does not increase rural inequities but rather leads to better care and support for those communities. Rural communities are not homogenous and so one size does not fit all. Our rural services need to work together to deliver good quality and value for money, and there are opportunities in Wairoa and Central Hawke's Bay to provide greater community ownership of services. We also need to maximise the opportunities for services to be provided to people as close to their community as possible.

For example, all services in a discrete area could become part of a localised entity that brings health and other related services together in an alliance.

WAIROA HEALTH INC - A THEORETICAL EXAMPLE

ALL SERVICES IN WAIROA COULD BE BROUGHT TOGETHER AS PART OF A SINGLE REAL OR VIRTUAL ORGANISATION WITH A SINGLE GOVERNANCE AND MANAGEMENT STRUCTURE. THIS ORGANISATION WOULD BRING TOGETHER ALL HEALTH SERVICES FOR THE 8,500 PEOPLE OF WAIROA AND WOULD BENEFIT FROM THE EFFICIENCIES AND SCALE THAT WOULD BRING.

8. TRANSFORMING PRIMARY HEALTH CARE

Greendale Family Health is identifying patients with medication issues and performing medication reviews via a clinical pharmacist based in the practice.

Good quality, efficient and effective health services should be available to all people. In responding to the changing needs of the ageing population, we must offer real alternatives to hospital-centric services so that an integrated and appropriate level of response is available that will improve patient outcomes.

Primary health care is usually the first point of contact that people have with health services and it is often responsible for the coordination of services for an individual patient. In addition, primary care practitioners typically have a long-term relationship with individuals and with families or whānau.

Primary health care is provided by a variety of individuals and organisations including general practice, public health, midwives, pharmacists, Māori providers, paramedics and allied health. Many of these services are publicly funded to cover the broad range of education, prevention or treatment. All of these services must work together so that people are quickly transferred to the right support. The more services that are truly integrated and closer to the person's home during the early stages of care, the better it is for patients and their journey.

There is a significant opportunity to redesign our primary care services over the next five years so that they are able to deliver a higher-quality, more expansive and integrated service.

9. TRANSFORMING URGENT CARE

Urgent care is unplanned and refers to the care that is delivered when a patient is ill and decides that they need help quickly. Access and delivery of urgent services should be closely aligned to the needs of the patient. Presently, this care is delivered inconsistently in Hawke's Bay with different services in all the main centres. The cost of these services can be unaffordable for high-users, and there are access issues that are caused by inflexible booking systems, inconvenient hours of operation, transport problems and confusion over the level of services available. The current structure is difficult to navigate and does not operate in an integrated manner. This means that people may not get the care that they require. We need a system that is affordable and easy to access so that people get the right care at the right time by the right people, the first time.

COMMUNITY PRIMARY OPTIONS

COMMUNITY PRIMARY OPTIONS FUNDING IS ONE WAY THAT WE CAN SUPPORT THE PATIENT IN THE COMMUNITY AND PREVENT THEM FROM GETTING ADMITTED INTO HOSPITAL. AN EXAMPLE IS AN 85 YEAR OLD WOMAN WHO HAS DEVELOPED A URINARY TRACT INFECTION. THIS CAN OFTEN RESULT IN THE PATIENT NEEDING TO COME INTO HOSPITAL IF NOT MANAGED EARLY ON. UNDER THIS FUNDING THE GP CAN PROVIDE OVERSIGHT TO THE PATIENT WHILST THEY SPEND UP TO 5 DAYS IN AN AGED RESIDENTIAL CARE FACILITY. THIS ALLOWS THE PATIENT TO REMAIN IN A COMMUNITY SETTING, WHILST STILL RECEIVING THE ACUTE CARE THAT THEY NEED.



THE NEW ZEALAND TRIPLE AIM

- IMPROVED HEALTH AND EQUITY FOR ALL POPULATIONS
- BEST VALUE FOR PUBLIC HEALTH SYSTEM RESOURCES
- IMPROVED QUALITY, SAFETY & EXPERIENCE OF CARE

10. TRANSFORMING OUT-OF-HOURS HOSPITAL INPATIENT CARE

In Hawke's Bay Regional Hospital our staffing levels are at their lowest between 5pm and 8am. We have the greatest number of senior staff on duty during 'normal business hours' and so for much of the time, when patients are admitted and are most unwell out of these hours, they are seen by relatively junior clinicians. This needs to change to make sure that very sick people are being assisted by the most appropriately experienced and capable medical and nursing staff at all times.

We intend to improve the way we deploy staff throughout the day to better match our capacity to the demand. Improvements will be seen in both patient experience and outcomes. For staff, there should be a more balanced spread of workload so that pressure is more anticipated and routine care becomes more normal throughout a greater part of the day.

MONDAY MORNINGS ARE AN EXTREMELY BUSY TIME IN THE EMERGENCY DEPARTMENT AND THE WIDER HOSPITAL SERVICES WITH A HIGH NUMBER OF PATIENTS NEED ASSESSMENT AND CARE. THIS CONTINUES ON THROUGHOUT THE DAY AND INTO THE EVENING. WE CURRENTLY RESPOND TO THIS HIGH DEMAND BY ASKING STAFF TO STAY ON LONGER AT THE END OF THEIR SHIFT AND ASKING OTHERS TO COME IN EARLIER THEN THEIR EXPECTED START TIME. THIS CAN SOMETIME RESULT IN POTENTIAL PATIENT SAFETY ISSUES AND HAS AN IMPACT ON STAFF.

ONE OF OUR SOLUTIONS FOR THIS ISSUE IS TO RESTRUCTURE THE STAFFING COMPLEMENT TO ENSURE THAT IT IS MORE EVENLY SPREAD ACROSS THE 24 HOURS PERIOD. THIS WOULD RESULT IN LESS RISK FOR PATIENT SAFETY AND SPEEDIER REFERRALS WITHIN THE HOSPITAL SETTING.

11. TRANSFORMING BUSINESS MODELS

A business model describes how an organisation creates, delivers and captures value. In some cases, existing policies or protocols seem to obstruct innovation and flexibility and we need to change this to favour innovative approaches. We will look for better ways to allocate resources to where they are needed and to incentivise people to use them in the most appropriate way. New business models must develop partnerships, enhance trust and confidence in the services, and support accountability for performance and an understanding of what drives resource use.

IN 2007, CHANGES TO THE CONTRACTING OF LABORATORY SERVICES THROUGHOUT NEW ZEALAND CHANGED THE FACE OF THE LABORATORY SECTOR.

THE SOLUTION IN HAWKE'S BAY WAS TO NEGOTIATE AND IMPLEMENT A PARTNERSHIP BETWEEN SCL HAWKE'S BAY AND THE DHB'S OWN HOSPITAL LABORATORY. THIS ARRANGEMENT HAS EXCEEDED EXPECTATIONS, CONTROLLED COSTS, EFFECTIVELY MANAGED VOLUME GROWTH AND IMPROVED QUALITY OF REQUESTING AND TEST REPORTING.

4.4. PROCESSES FOR ACHIEVING REGULAR FINANCIAL SURPLUSES

Closing the gap between planned expenditure and expected income is normal business in the health system. As the world economic environment puts even more pressure on all government spending, Hawke's Bay DHB, as the lead government agent for the Hawke's Bay public health budget, must continually look for ways to live within an expectation of lower funding growth.

In the 2013/14 year, for example, our income increased by 1.9%, but with funded budget pressures and developments at 5.0%, we have had to take 3.1% out of budgets to balance income and spending. Reducing planned expenditure in this way is not desirable but is inevitable if we do not take deliberate action to responsibly reduce our cost base.

Responsible reduction of the cost base can be achieved in three ways:

- We can stop doing things that are judged to be clinically ineffective or for which there is inadequate supporting evidence.
- We can do things more efficiently by redesigning processes to drive out waste and errors.
- We can do things differently, embracing every opportunity to enhance quality by providing better care with the available resources.

In reality, we must use all three approaches to significantly improve greater effectiveness, reduce error, increase innovation, achieve better outcomes and reduce costs. This is a much better option than regular annual rounds of arbitrary budget reductions.

We must also remain open to opportunities that arise for increasing revenue.

Our aim to deliver a surplus every year shows that we want to do more than meet minimum requirements for our population. More importantly, it produces additional resource for our transformation programme. It also provides a margin of error so that minor plan deviation does not result in deficit or derail overall progress towards achieving our vision.

4.5. SHIFTING RESOURCES

To ensure that our change in focus is also matched by a shift of resources, we have agreed measures to monitor changes in deploying resources over time. Figure 3 illustrates a model for measuring and managing a shift of resources. The aim is to measure, monitor and realign expenditure in these categories and to shift resources purposely, as in the following diagram.

RESOURCE REDEPLOYMENT

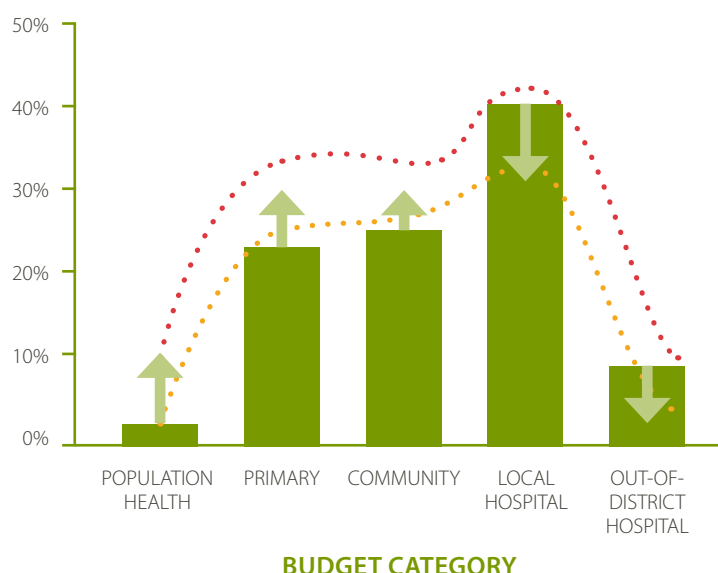


FIGURE 3: A MODEL FOR CHANGING RESOURCE DEPLOYMENT IN A HEALTH SYSTEM

The shape of the curve will change, with the care models fundamentally shifted to enable resources to be redeployed more effectively. This is not about shifting resources from one provider to another but rather it is about changing the service model. For example, a service may change from being delivered in the community to being delivered in primary care but still be delivered by the same provider.

DISTRICT NURSING/GENERAL PRACTICE ALIGNMENT

District nurses aligning with general practice is an example of care being delivered in a different setting, but by the same provider and the same nurses. This change is to strengthen the relationship between General Practice and District Nurses to provide better care to the patient.”



5. CONCLUSION

TRANSFORM AND SUSTAIN IS A PROGRAMME FOR THE HAWKE'S BAY HEALTH SYSTEM. IT WILL HAVE A FAR-REACHING IMPACT ON THE QUALITY AND PRODUCTIVITY OF HEALTH AND ASSOCIATED SERVICES ACROSS THE DISTRICT.



We have outlined the main issues or challenges, the direct actions or intentions we will take and the enabling strategies. Transform and Sustain will require strong leadership and skilled programme management. It may also require external support to bring in fresh skills and new perspectives.

We must make the shift from transactional to transformational change. Transform and Sustain provides an approach that will enable us to make significant progress in delivering improved services for patients, more equitable health outcomes and greater staff engagement. A focus on the ageing population will also be further supported by the implementation of all 11 key intentions.

To make the programme a reality, we must proceed with implementing the key intentions while forming the leadership partnerships across the system. We need to build processes and structures that will give the programme the best chance of success. Some highlights of initiatives to be included in the first year are shown in Appendix 2. The programme will continue to develop and gain momentum as we progress. We urge all of those consumers of health services and those who work within the Hawke's Bay health system to get involved.



WAIROA ●

NAPIER ●

HASTINGS ●

● WAIPAWA

● WAIPUKURAU

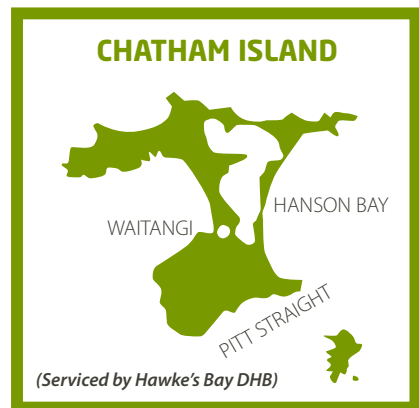
OUR VISION

HEALTHY HAWKE'S BAY TE HAUORA O TE MATAU-Ā-MĀUI

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

OUR VALUES

- TAUWHIRO
- RĀRANGA TE TIRA
- HE KAUANUANU
- ĀKINA



THE NEW ZEALAND TRIPLE AIM

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- BEST VALUE FOR PUBLIC HEALTH SYSTEM RESOURCES
- IMPROVED QUALITY, SAFETY & EXPERIENCE OF CARE

OUR PRINCIPLES

PATIENTS AND WHANAU AT THE CENTRE

Services developed around the needs of our patients – patients in control and able to make informed choices

ONE HEALTH SYSTEM

Working together for health and well-being

CLINICAL LEADERSHIP

Clinicians actively engaged, accountable and empowered

ETHICAL USE OF RESOURCES

Ensuring efficiency, consistency and balance

OUR PRIORITY GOALS

- Advancing equity in health outcomes
- Better management of long-term conditions
- Supporting healthy communities
- Better management of acute demand
- Improving quality & safety

OUR STRATEGIES

- Maintain quality care and patient safety
- Provide patient focused services
- Enhance community wellness and independence
- Reduce health inequities
- Improve primary health care
- Maximise integration opportunities
- Recruit, retain and develop our workforce
- Provide appropriate assets, infrastructure, management services, systems & processes

PREPARE & ENABLE

DIRECTION	INTENTION	HIGHLIGHTS FOR 2013/14
Organisational Development	Creating headroom	Recognise achievements, develop capacity for change, lay the groundwork
	Clinical leadership and engagement	Finalise clinical leadership structure, education & development
	Management and leadership capability	Talent management programme, leadership development programme, training modules, effective project management
	Staff engagement, health and well-being	Annual survey – annual response, wellness initiatives, ACC accredited employer
	High performing teams	Enable teams – tools, training, leadership, KPIs, reskilling & upskilling, new roles, extended scopes
	Recruitment	Support targeted capacity building
	Communications	Innovation, promotion, sharing, consistent messages
	Health information strategy	Regional and national programmes, shared information

TRANSFORM

DIRECTION	INTENTION	HIGHLIGHTS FOR 2013/14
	Transforming our engagement with Māori	Renewed MOU with NKII, update of Tu Mai Ra, whānau ora outcomes built into decision processes
	Transforming patient involvement	Establish Consumer Council, patient feedback, family involvement, co-design, social-media
	Transforming multi-agency working	Public sector entities brought together in a multi-agency forum, engagement of NGO and voluntary sector
	Transforming clinical governance	Whole system oversight established, first annual Quality Account produced, strengthen general practice links, align with national programmes
	Transforming patient pathways	Establish programme, pathways for top 3 acute hospital admissions in place, define prioritised programme for next 3 years
	Transforming integration of rural services	Wairoa integrated health centre fully established, review CHB services, proposals about common governance & management arrangements
	Transforming primary care	Primary health care strategy, complete district nursing and HOPSI pilots – amend model and implement, alliance arrangements with primary providers, review SIA funding
	Transforming out of hours hospital care	Clinical review of after hours safety, recommendations, consult
	Transforming health literacy & health promotion	Review of DHB and PHO activity, consolidation, health literacy agenda
	Transforming urgent care	Finalise system strategy, consult, implement agreed improvements
	Transforming business models	Alliance arrangements, innovative solutions for sharing risk and reward

SUSTAIN

DIRECTION	INTENTION	HIGHLIGHTS FOR 2013/14
Achieving regular financial surplus	Reduce the cost-base	Service and financial improvement programme, budget process changes
	Deliver a surplus	Monitor, report and act on variances, project management
Shifting resources	Pull resources back to care models delivered closer to home	Implement the model and monitor



For more information
scan the QR code or visit our website
www.hawkesbay.health.nz