



WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

2016 / 2017

WHANGANUI DISTRICT HEALTH BOARD

QUALITY ACCOUNT

TIKANGA RANGATIRA





MIHI

HE HONORE HE KORORIA HE MAUNGARONGO
KI RUNGA KI TE WHENUA HE WHAKAARO PAI
KI NGA TANGATA KATOA

HONOUR, PEACE AND GLORY TO
ALL MANKIND UPON THIS LAND

WELCOME TO WHANGANUI DHB'S QUALITY ACCOUNT

We are proud to present to the Whanganui community our Quality Account for the 2016/17 year.

At the beginning of the 2016/17 year, we set a demanding plan for our district. As a small DHB with no population growth, it can be a challenge to meet the increasing health and disability support needs of our community, within the funding available.

Once again, our organisation has performed really well. We have achieved our service commitments; received excellent results in the service quality markers; received a stunning certification report; stood up to the scrutiny of multiple external audits; and performed reasonably well against the national health targets. This successful service provision has occurred within the context of excellent financial management that saw us meet our budget.

We have successfully implemented regional applications for Clinical Portal, ePharmacy and the Radiology Information System over the last year. Preparations are well in hand for the introduction of the webPAS patient management system, which is expected to 'go live' in February 2018.

Our goal is to make continuous improvements in the quality of care we provide. We work closely with our community, including primary care and community-based health care providers.

A wellbeing approach to staff health and safety has been adopted, with the implementation of the WorkWell programme. We also take a restorative approach to dealing with the multitude of interpersonal relationship challenges that arise in any large organisation. This positive approach to people management looks after the mana of everyone involved and has had a positive impact on our organisational culture.

Our cultural awareness programme, Hāpai te Hoe, forms part of our orientation programme for all new staff. This programme is also available to existing staff and has had a positive impact on the way we provide services.

We hope you enjoy reading our quality account and that it provides you with a better understanding of how our local health system works, the staff that provide our services and the impact they have on patients and their families/whānau.



Dot McKinnon

Dot McKinnon
WDHB Board Chair



Brian Walden

Brian Walden
WDHB Chief Executive (Acting)

STATEMENT OF ENDORSEMENT

The board, chief executive and the executive management team know this document to be an accurate statement of what Whanganui District Health Board has achieved over the last 12 months in our endeavour to continue to improve the quality and safety of the services we provide to the Whanganui community.

This document also gives our clear commitment to what we expect to achieve in the coming year.

STATEMENT OF ENGAGEMENT

The compilation of this Quality Account has involved a wide range of staff and others with an interest in our services, including patients and families.

The staff involvement has spanned clinical staff from the range of disciplines, non-clinical support staff and the management team.

OUR ROLE AS A DISTRICT HEALTH BOARD

The breadth of the role and responsibility of district health boards is often not well understood by the communities they serve. When people think about district health boards, the first thing that comes to mind is services provided in hospital. This is understandable, as hospital buildings are visible and have a high profile in most communities. Added to this, the profile of district health boards in the media is often about the hospital part of the business, often when something has gone wrong for a patient and their family.

Many of the services provided by specialist hospitals are in fact provided in the community, outside the walls of the hospital. The provision of specialist services is one of the most important functions of district health boards, and it is very important to us that we provide safe, responsive, and culturally appropriate services.

More importantly, most of the 'first point of contact, health care received by our population is delivered in the community, by a wide range of primary and community providers and agencies. As well as providing safe and response services, DHBs are responsible for improving the health status of the community, and improving equity, particularly for Māori. This is a big responsibility, and it is not easy to achieve in a community with high level of social deprivation, health and social needs. Building resilience in communities is essential, along with strong primary and community services that meet the needs of people who need to access them.

The planning and funding function determines how the totality of DHB funding is deployed across a range of services, including hospital services. It is about making good decisions that result in funding being invested into areas that will improve the health of our communities, and address equity issues over time. Planning is a devolved responsibility in Whanganui DHB; a partnership between clinical and business leaders within and outside the DHB, with community stakeholders, and the people who use our services.

We recognise that to improve health and equity we need to work with other sectors outside health. We know that health and wellbeing in the broader context is determined by income, employment, education, housing, culture and ethnicity, social cohesion, resilience and hope for the future.

We therefore work with other agencies on:

- vulnerable children
- nutrition and physical activity
- smokefree environments
- family violence prevention
- safer communities
- healthy homes
- pathways to employment.

District health boards fund a range of health providers including general practice services, community pharmacies, rest homes, and community health providers. The number of people who require hospital treatment is very small, compared to the number of individual interactions with health services in the community. The DHB funding also has to cover the cost of local residents using health services in other DHB areas, for example, cancer services provided by Wellington hospital. DHB investment in local hospital services is about 50 percent of the total DHB funding invested across the community.

In all our work we are committed to partnering with individuals, their whānau, and broader communities, to fulfil our role and responsibilities, both as a DHB, and as members of our community.

Our four strategic commitments underpin everything we do:

- Advancing Māori health and Whānau Ora
- Investing to improve health outcomes and live within our means
- Growing the quality and safety culture
- Rising to the challenge to build resilient communities.

WE LOOK AFTER THE HEALTH OF OUR POPULATION

Looking after the health and achieving equitable outcomes for our population means two things for Whanganui DHB:

1. Making sure the 62,000 people we serve have access to a wide range of health and disability support services.
2. Making sure we continue to improve, promote and protect the health of our population and their communities.

Thanks to ongoing research, we know and understand Whanganui's unique profile:

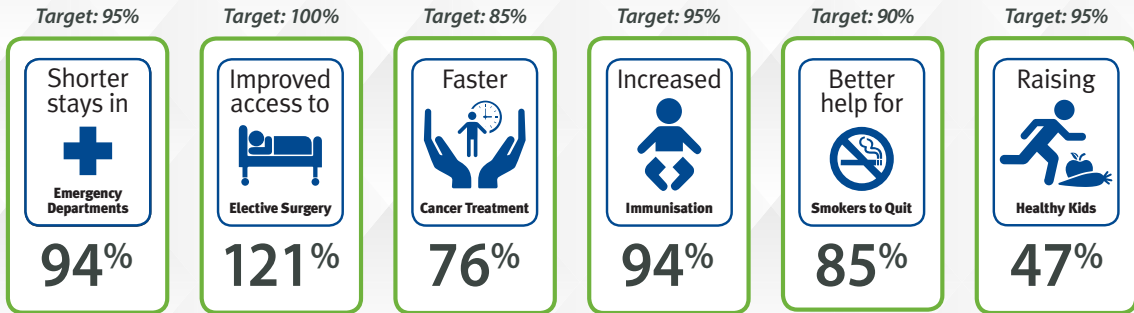
- a static rather than growing population which impacts on the share of funding received
- high rates of deprivation compared to the rest of New Zealand
- poor health status compared to the rest of New Zealand
- a high and growing proportion of Māori and people aged over 65
- a small hospital servicing a widely dispersed population base
- large travel distances to the bigger hospitals.

Despite these challenges, WDHB is confident it can continue to improve by working with communities on 'what matters' to them.

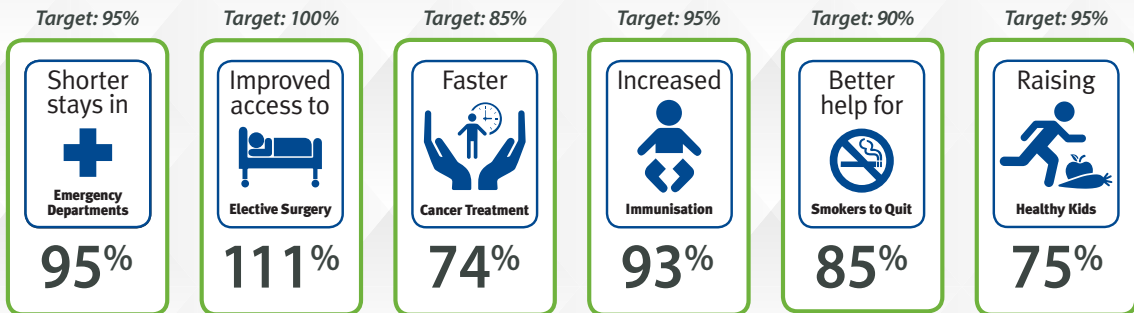


2016/17 HEALTH TARGET PERFORMANCE

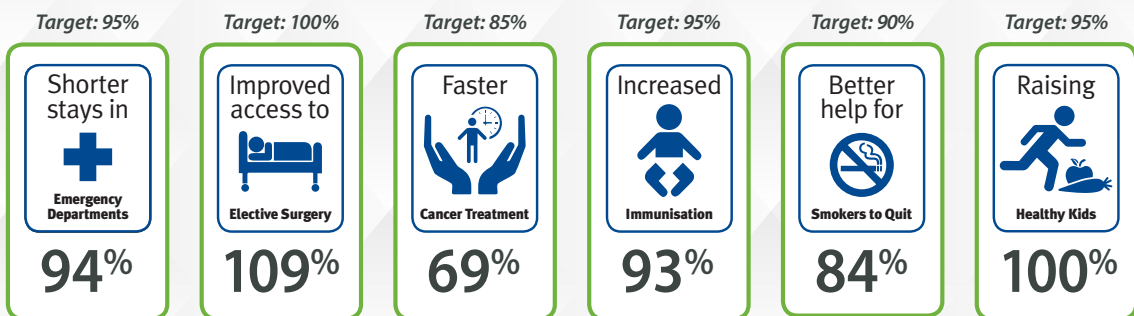
National Health Target results *Whanganui DHB, Quarter 1, July - Sept 2016*



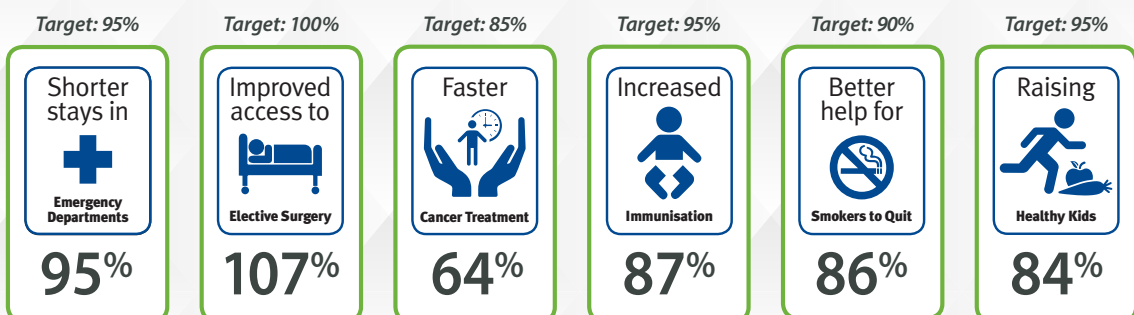
National Health Target results *Whanganui DHB, Quarter 2, Oct - Dec 2016*



National Health Target results *Whanganui DHB, Quarter 3, Jan - Mar 2017*



National Health Target results *Whanganui DHB, Quarter 4, Apr - June 2017*



OUR OVERARCHING PRIORITIES & FOCUS AREAS

It's critical our community and other stakeholders have confidence in our organisation. We have continued to work on 'how the world sees us' through initiatives such as improving our approach to serving, ensuring our physical environment is welcoming to all and having a culture of openness and transparency, especially when we perform below standard. We work hard right across our organisation to maintain the confidence of all those we interact with, from our patients, clients, partner organisations and suppliers, through to the Minister of Health and the Government.

In addition to maintaining the confidence of our community, we pay particular focus to the following overarching strategies and priority population groups. Throughout this report, we have employed the symbols associated with each priority and focus area, as set out below, to indicate the activities of relevance to each priority and focus area.

1

ADVANCING MĀORI HEALTH

We want Māori whānau to want to be as healthy as they can for their future generations and for the health and wellbeing of the whole community. The Board remains committed to Whānau Ora – whānau/family-centred care as one of its key principles to accelerate its efforts to improve Māori health outcomes and to improve the health and wellbeing of the whole community.

2

WHANGANUI RISING TO THE CHALLENGE

Whanganui Rising to the Challenge focuses on working with our population so they have the tools to weather adversity, actively support each other's wellbeing, and attain their potential within their family/whānau and communities. We work with our population to provide rapid access to support from a range of effective, well-integrated services that will help them to improve their mental health and wellbeing or address addiction. Through this, Whanganui DHB will endeavour to make best use of public funds and to support the best possible outcomes for those who are most vulnerable.

3

LEADERSHIP IN QUALITY & SAFETY - IMPROVING THE PATIENT EXPERIENCE

Clinical leadership and patient/family/whānau-centred care and partnership models are internationally recognised as key drivers of improved patient outcomes, improved patient experience of care and provision of effective clinical governance. Clinical governance systems within healthcare form the foundation of safer processes for patients and staff. The aim for Whanganui DHB is to work in partnership with our district partners in care to improve the quality of care we provide to our people and to reduce patient harm.

4

SHIFTING INVESTMENT TO IMPROVE OUTCOMES & LIVE WITHIN OUR MEANS

Whanganui DHB is committed to operating within annual funding and to delivering on the agreed financial plan, supported by clinical and executive leadership. The DHB is also committed to improving health and reducing disparities, particularly for Māori. WDHB needs to shift the investment from services that benefit a few, some of the time, to services that benefit many, more of the time. This will contribute to an improvement in health outcomes and reduction in disparities.

5

REGIONAL COLLABORATION

Through the central Alliance with MidCentral and collaboration with other DHBs in the wider region, Whanganui DHB aims to achieve improved health outcomes for the population through clinically-led, collaborative health services, and that more effective and efficient shared support services are developed. Through regional collaboration we aim to have a more integrated system of health service planning and delivery that will lead to ongoing improvements in the sustainability, quality and accessibility of health services which provide the right care, in the right place, at the right time, and as close to home as possible.

FOCUS AREA 1



HEALTH OF WOMEN & CHILDREN

Whanganui DHB re-confirmed improving maternal, child and youth health as a key priority for 2016/17. This follows advice received from Hauora A Iwi, our Māori Relationship Board, in 2012 which identified improved maternal and child as a key priority. Promoting healthy women and children is a core goal in empowering parents and families (whānau) to grow and contribute to the community they live in by reducing the negative impact of unmet health need.



HEALTH OF OLDER PEOPLE

The aim is to maintain a system that provides choice, clear information, protection for vulnerable older people, provides care that maximises an older person's independence and improves quality of life. The DHB is committed to delivering on the government priorities for older people to make sure their needs are met now and in the future.



LONG-TERM CONDITIONS

Many people suffer from several long-term conditions. Long-term conditions include conditions such as diabetes, cancer, cardiovascular diseases, respiratory diseases, mental illness, chronic pain, chronic kidney disease and dementia. As the population ages and lifestyles change, the health system needs to respond to increasing numbers of people with long-term conditions.

FOCUS AREA 2



EXCELLENCE IN CLINICAL SERVICE DELIVERY

Improving the quality and safety of, and the timeliness of access to, clinical services and preventing patient harm is a key priority and commitment for the WDHB. Whanganui DHB recognises that effective clinical leadership and partnering with patients and their whānau/families positively influences the care patients receive, results in fewer adverse events, and improves patient experience.

TE PUKAEA (WDHB CONSUMER ADVISORY GROUP) IS MAKING A DIFFERENCE

In the past 12 months, our consumer council, Te Pukaea, has had significant input into how we provide services and information to our patients and their whānau/families, and importantly, how we can improve the way we work.

Te Pukaea spokesperson John Hannifin is quietly confident they're making a difference – a sentiment shared by John's fellow Te Pukaea members Linda Burling, Robyn Beattie, Sandy Inness, Sheila Beckers and Tim Tapa.

"Our job as a consumer group is to provide the perspectives of those who use hospital and health services," Mr Hannifin says. "Wearing our consumers' hats, we bring to the table ideas based on the practicalities and realities of everyday life outside the hospital with a focus on quality and safety.

"Understandably, it's not always easy for hospital staff to see an outside point-of-view. While providing the best possible care to your patients, it's not easy to step back and ask how the patient might view what you are doing and how it impacts on them.

"In addition to the care they provide, staff are also responsible for meeting the expectations of the DHB, Ministry of Health, Health Quality & Safety Commission, and Health and Disability Commission. They have a lot going on.

"So, it's important to have a carefully, and appropriately, selected consumer group who can improve the services provided by health organisations by sharing patient and whānau-centred perspectives."

Mr Hannifin believes where Te Pukaea's value lies, is having the patient and family voice embedded into all levels of service provided to the WDHB community.

"Te Pukaea members are invited to contribute to every initiative and issue that's considered within the hospital. And crucially, Te Pukaea provide their input to the team who review incidents when something goes wrong for a patient and/or their family such as a delayed or wrong diagnosis, a mistake in surgery, and so on.

"In the review process, Te Pukaea sit equally with the health professionals (clinicians) and have their unique perspectives and contributions accepted alongside those of the other team members. This is a learning experience for both sides.

"When taking part in these reviews, I see the important contribution that Te Pukaea can make. Simply being able to ask questions and put relevant points of view that would not otherwise have been considered adds great value. Equally, as a consumer, I see the honest and critical thought provided by clinicians to try and understand what went wrong and how systems can be improved to try and make sure similar incidents don't happen in the future.

Te Pukaea means the trumpet used to herald in the new day, to alert people in times of emergency and announce events with a sound that can be heard from afar.

Te Pukaea was established by the Whanganui District Health Board in late 2015. There are six members, who apart from John Hannifin, have all experienced a serious incident when treatment they or their family received had an adverse impact on them.

Each of these five members participated in a review of the incident to ensure that the hospital learnt from that adverse event, dealt with it appropriately and satisfactorily and made sure it was put right. Each of these five Te Pukaea members bring 'to the table' personal experience of when things go wrong in health.

The patient safety manager chairs the meeting and is supported by the director Māori health and the customer relations and complaints coordinator. Whanganui DHB recognises that it is critical that senior management support and answer questions and concerns for Te Pukaea members.

Te Pukaea meet every six weeks – but as with most things in life, the important activities happen away from meetings.

While Mr Hannifin firmly believes that having a consumer group is critical to the DHB's success in delivering health services that meet the needs of the consumer, he recognises that, as it is with most large organisations, achieving the simple things can take time which in itself can be challenging.



WDHB haumoana navigator Ned Tapa demonstrating the use of a traditional pukaea

ERCP PROCEDURE NOW AVAILABLE AGAIN AT WHANGANUI HOSPITAL

"While I see the investigation of critical or adverse events within the hospital as the biggest contribution I make, the small things count too. A practical suggestion one of our group made was having coat hooks on the back of the hospital's toilet doors so you can hang your bag off the floor when using the toilet. This makes perfect sense to me."

During the past 12 months, Te Pukaea have been involved in:

- a re-write of the informed consent process with Te Pukaea suggesting that patients be given a copy of the consent form they have signed.
- giving their views of what is needed in the Patient Travel Information brochure
- giving their views on staff uniforms
- considering the information provided in the 'Fit for Surgery' brochures
- providing advice and feedback on format, design and content of letters to patients which helped guide the work to re-write all WDHB's patient letters, including appointment letters
- looking at how spaces are used in the hospital – for example, the way waiting areas are set up
- providing input into work on building a greater understanding of how Whanganui DHB needs to increase patient appointment attendance.

WHERE TO NEXT?

"We have recently had a meeting that included consumers who sit on various committees within Whanganui District Health Board," Mr Hannifin says. "The meeting included consumer representatives from Supporting Families, the Clinical Board and mental health. It was great to get a better overview of their contributions and issues."

"Over the next year I would expect that Te Pukaea might begin to chair our own meetings, using the excellent supports already provided by WDHB. And, we might work to include coordination of all consumer input across Whanganui Hospital and other services."

"One thing I do know from my experience is that the WDHB is open and responsive to all suggestions and totally supportive of the work of Te Pukaea. This makes our work that much more enjoyable and constructive."

Following a 10-year hiatus, Whanganui Hospital's surgical team is delighted to again be performing the Endoscopic Retrograde Cholangio-Pancreatography (ERCP) procedure for patients with blocked bile ducts.

Using a flexible camera and X-ray examination of the main bile duct which drains bile from the liver to the small bowel, ERCP enables the surgical team to remove gallstones, take tissue samples and open up narrowed bile ducts using a stent (a small plastic or metal tube) to help the bile duct drain.

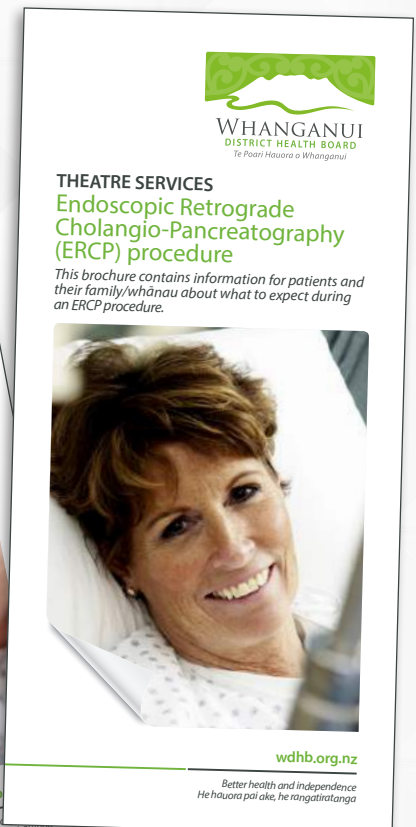
In addition to improving the wellbeing of patients, having the procedure performed at Whanganui Hospital saves them and their families having to travel to Palmerston North, Taranaki or Wellington Hospitals.

WDHB chief medical officer Frank Rawlinson says the fact that patients can be discharged after one night's stay in hospital, is another win-win for them and the DHB.

"Some patients with more complex situations will continue to be transferred to tertiary hospitals if that is most appropriate for their health," Dr Rawlinson says. "However, those patients with simple bile duct blockages who are now provided ERCP here in Whanganui no longer need to travel out of our region to get the treatment they need."

"A well-skilled team of Whanganui Hospital nurses, anaesthetists and surgeons have undertaken additional training to open up the opportunity for ERCP to be offered in Whanganui where we're seeing good results," Frank says.

"In the 10 months since June 2016, 28 patients have received ERCP treatment which, an audit showed has been positive for all concerned."



WE NOW HAVE A BETTER UNDERSTANDING OF WHY PEOPLE MISS THEIR APPOINTMENTS

Late last year, Whanganui DHB set out to try and understand why some patients did not turn up for their hospital appointments.

They were questions Māori Health director Rowena Kui had been asking herself for many years.

"We needed to understand more about who was missing out, why this was happening and how we can improve our services in a way that helps people attend their appointments," Mrs Kui says.

WDHB project manager Eileen O'Leary reviewed three-and-a-half years' information, and talked to patients, their families, and WDHB staff as well as a local primary school and primary care provider to see if we could find some answers.

"While we knew this information was a start, we also knew it only told part of the story."

Ms O'Leary talked to a father of a child who had missed many appointments. He talked about a whānau doing its utmost to care and provide for a boy with complex needs while struggling to navigate through the many health services his son needed to visit.

He talked about being turned away when he arrived at the wrong reception area only to be rung the next day and asked why they'd missed the appointment.

Outpatient Department clinical nurse manager Judie Smith says it is easy to forget that hospital staff use medical language that's not widely understood by people. She's spoken to a mother who didn't know and was embarrassed to ask what 'ENT' (Ear, Nose and Throat) was as she prepared to take her child to an 'ENT' appointment.

Another mother whose son had missed many appointments talked about the need to have conditions and options explained in plain English, to be told how long they might have to wait in the waiting room, what appointments were actually for, where they would take place and how to get there. And because it takes considerable effort to attend appointments, she wanted to know if and why the appointment was really necessary – if it would be worthwhile and make a difference for her son.

A primary school principal and staff said in their experience, parents who had missed multiple appointments really did want the best health care for their children but they were not getting the right messages about how to get to appointments, what the appointments were for and why they were necessary.



WE FOCUSED ON INCREASING APPOINTMENT ATTENDANCE

In the 2015/16 year, Whanganui Hospital's Outpatient Department saw 18,700 patients who between them, attended 53,000 appointments.

For some patients, it's a regular appointment for treatment or a follow-up. For others, it's an anxious time awaiting news of the success of treatment, the healing of a wound or to be told more treatment, perhaps surgery, is required.

Some walk out greatly relieved to know they will receive surgery, while for others the news they're facing surgery is a unsettling.

The need to communicate in plain language came up time and again throughout the review.

“Overall the message from patients, their families and supporters is for the hospital to improve the way it offers outpatient appointments,” Ms O’Leary says.

“As well as other letters, we’re reviewing all appointment letters sent to patients. With the help of consumer input, we’re aiming to produce letters that provide easy-to-understand information and a welcoming tone.”

FUTURE FOCUS

- Improving hospital signage and maps to make it easier for people to find their way.
- Providing additional information about patient travel.
- Following up patients who miss appointments to understand why.
- Increasing staff awareness of whānau-centred care through our *Hapai te Hoe* training, which has an emphasis on empathy and the importance of viewing our services from the patient’s perspective.
- More flexible clinic times, locations and days.
- Increased use of texting and other forms of communication.
- Exploring opportunities to use more volunteers to support navigation.
- Exploring how we can improve health literacy.
- Building on partnerships with community and Māori providers.

reception
Taupaepae

But for too many, getting to an appointment is the difficult part. Often it is so difficult that they miss out on the health screening or care they need, or end up receiving it later because they missed appointments. The difficulty can be distance but often it’s other barriers in their own lives and the way the hospital works and communicates with them.

Outpatient receptionist Shelley Vettise has been part of a team working at setting up patients’ follow-up appointments as they leave the Outpatients Department.

“People love it. They appreciate being asked when it would suit for them to come in. Sometimes it’s the little things that can make a big difference,” Mrs Vettise says.

In Raetihi, Te Puke Karanga Hauora’s general manager Julie (Pet) McDonnell is doing all she can to help people attend their Outpatient Department appointments in Whanganui. For an elderly Pipiriki man, his regular journey can start with a phone call from Mrs McDonnell.

“I start by calling him early on the morning of his appointment to check he’s OK, had some breakfast and taken his medication,” Mrs McDonnell says. “He has a 27km trip just to get to Raetihi before carrying on to Whanganui from there. This gentleman needs to be driven because he cannot see to drive home after his appointment so there are a number of things to be taken into consideration.”

Outpatients clinical nurse manager Judie Smith sums up the work on increasing patient attendance saying, “We want people to feel cared for with compassion when coming through our Outpatient Department. A wise kuia once told me people never forget how you made them feel!”

WDHB public health nurse Maria Potaka echoes this sentiment. “We all have responsibility for this. We need every clinician and every administrator to see things from the patient’s point of view.”

WE JOINED FORCES TO PREVENT FRAGILITY FRACTURES

Evidence shows that an older person who presents with a hip fracture is highly likely to have had a previous fracture called a fragility fracture. And, identifying that first fracture provides a good opportunity for identifying a person's risk for osteoporosis and, if needed, appropriate treatment.

Fracture liaison nurse Kerry Watson is employed by Whanganui Regional Health Network to work across all general practices to identify people over 50 years old who have had a fragility fracture.

Aware of how debilitating fractured bones are, the Fracture Liaison Service was set up in January 2015, as a Ministry of Health initiative, to achieve the following:

- Promote and increase awareness of osteoporosis to health professionals and the public.
- Identify, investigate, intervene and monitor eligible fragility fracture patients.
- Reduce the incidence of osteoporotic fractures and, in particular, hip fractures.

The Fracture Liaison Service works alongside primary health GPs and Whanganui Accident and Medical clinic (WAM) identifying fragility fractures, and within the hospital identifying those admitted with a fragility fracture.

Mrs Watson says too many New Zealanders suffer preventable fractures because their osteoporosis was undiagnosed and untreated. "Unfortunately fractures come at a cost to patients and the health care system," Mrs Watson says.

"Identification, investigation, intervention and monitoring will reduce the incidence of fractures because patients who suffer a first fracture are at greater risk of suffering a second, within one to two years of the first. International evidence highlights that half of all hip fracture patients have suffered a previous fracture."

The Fracture Liaison Service aims to 'capture the fracture' in order to prevent a second fracture, and provide a model of care that ensures fragility fractures receive the best osteoporosis care they need.

Every person over the age 50 years identified with a fragility fracture is given a risk and bone health assessment which looks at medications, their falls history, health, environment, lifestyle and family history. From these assessments recommendations are made based on the osteoporosis guidelines published by the MoH, ACC and Osteoporosis NZ. These guidelines which are also available to clinicians, include DEXA (bone density) scans and appropriate bone strengthening medications.

The lifestyle factors looked at include Polypharmacy, diet including calcium, vitamin D, exercise, alcohol consumption, smoking and maintaining healthy weight.

Mrs Watson says falls prevention in homes includes among other things, helping people to reduce clutter they might trip over, removing mats, wearing well-fitting footwear, having eye checks and using appropriate equipment, if needed.



COLE'S STORY - MANAGING DIABETES

Earlier this year, 12-year-old Cole Julian attended a Whanganui District Health Board meeting where he described in detail to board members, how he manages his diabetes.

Supported by his parents Zona and Corey, Cole explained how he'd been taught to test his blood sugars and give himself insulin almost from the day he was diagnosed.

In June 2013, Mrs Julian had taken Cole to his GP who immediately sent him to Whanganui Hospital's Emergency Department which in turn, admitted him to the Children's Ward.

During his three-day stay in hospital, Cole was visited by the WDHB's diabetes team – a nurse, dietician and paediatrician who Zona can't speak highly enough of. She's particularly grateful to nurse Delia Williams who led the effort to educate Cole.

"Apart from educating Cole, Delia went to his school to explain to staff what it meant to have diabetes and what Cole needed to do to self-manage his condition," Mrs Julian says. "Her meeting with them was very successful."

Three years on, and it was Cole educating our WDHB board members, who were very moved by his story and level of maturity.

Mrs Julian says it meant a lot to Cole to have the opportunity to describe what it's like to live with diabetes. "It validated for him how much effort he's put into his self-management, which is demanding on anyone with diabetes, let alone a child," she says.

"Cole has to test his blood sugars every three hours while being constantly aware of how many carbohydrates he's eaten, how much exercise he's done and how much insulin he needs.

"He has to take his kit and sweets with him wherever he goes and do this around his participation in representative sport and life in general."

Mrs Julian says the family's experience with Whanganui DHB and the staff involved with Cole's care couldn't have been better. Employed as a WDHB social worker, she was very grateful to have been given time off in the early stages of Cole's diagnosis to keep an eye on him.

She says it took a while to be able to relax and feel confident that Cole could manage his diabetes no matter where he was and what he was doing. Having the support of the diabetes team gave her great comfort and she speaks highly of diabetes nurse practitioner Pauline Giles - the second nurse in New Zealand to register as a diabetes nurse practitioner.

"Pauline's been amazing," she says. "We're very lucky to have her support and the expertise she brings to her role."



Cole Julian (left) and with his brother Flynn

MANAGING CLINICAL INCIDENTS

A clinical incident is any event that has, or potentially could, lead to unintended patient harm.

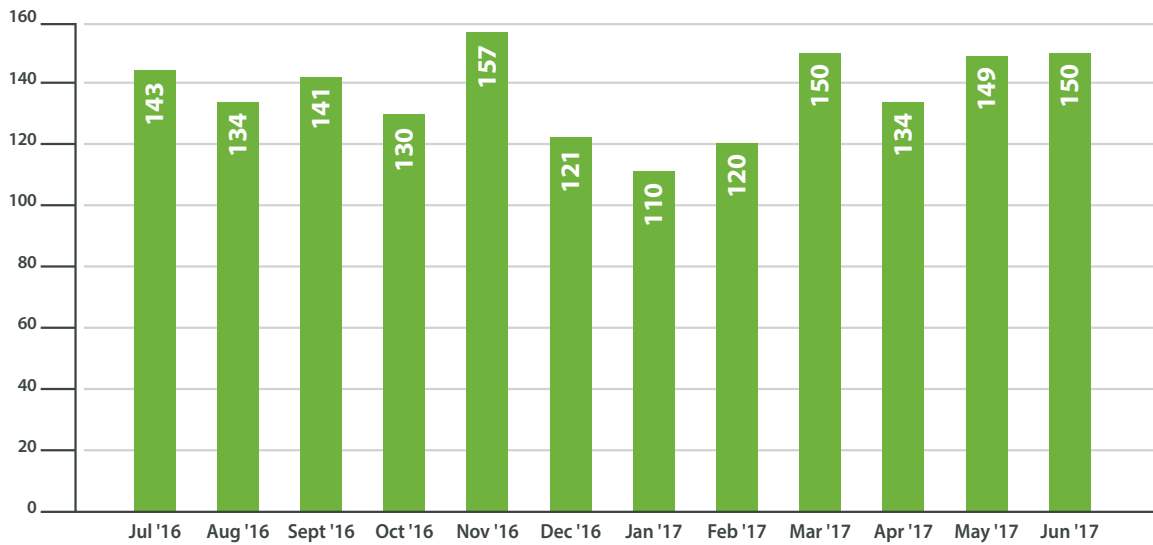
Whanganui DHB uses Riskman (a computer programme) to help manage all clinical incidents. The system captures incidents where a patient has been harmed, as well as 'near misses'.

Reporting of such incidents is encouraged and is supported by international evidence which states that a workforce with a 'reporting and open' culture, is safer for patients and their whānau, as well as staff.

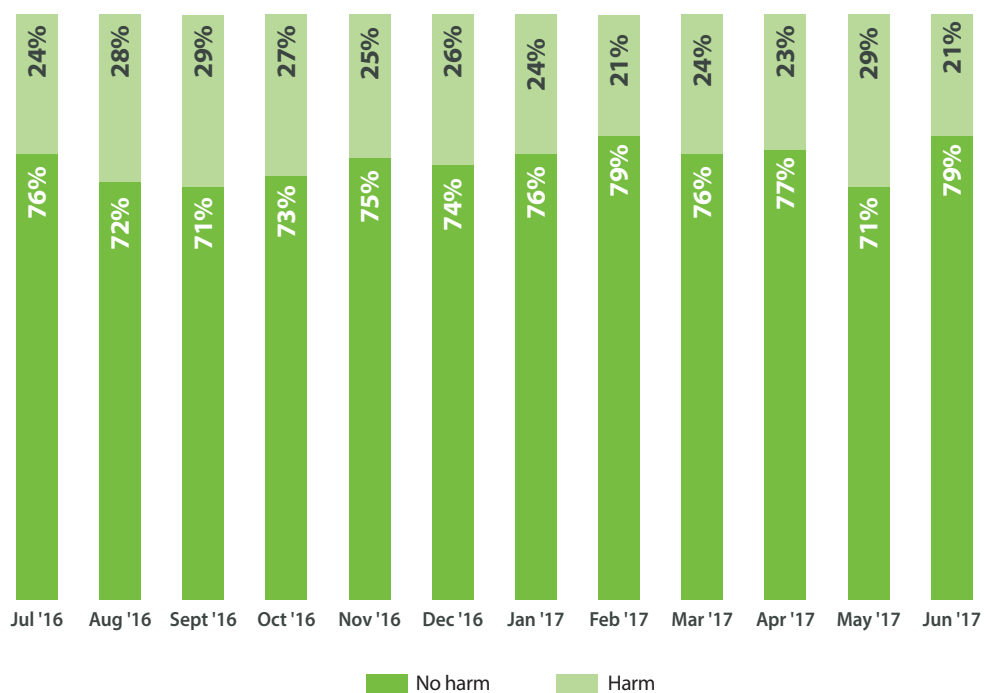
More than 70 percent of incidents reported result in no harm, but provide us with opportunities to learn from these 'near misses'.

The degree of harm (consequence to the patient) is measured by means of a national severity assessment code (SAC) classification system, which prescribes the level of notification and the depth of the analysis required.

Clinical incidents 1 July 2016 - 30 June 2017

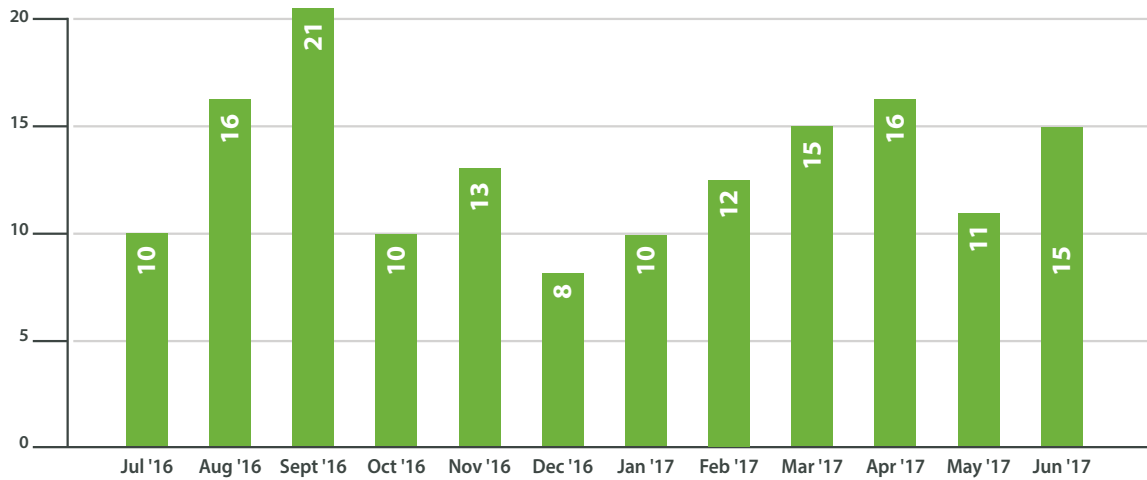


Percentage monthly patient incidents



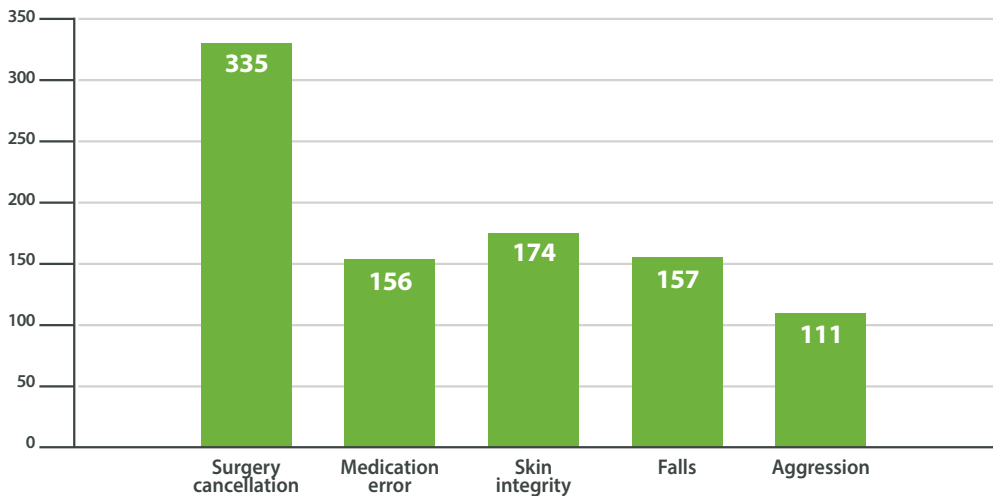
■ No harm ■ Harm

Patient falls 1 July 2016 - 30 June 2017



Of the 157 patient falls reported during the year, 79 incidents resulted in no harm and 78 resulted in harm. Most of the harm was minor skin integrity issues such as bruises and/or skin tears. There were three falls resulting in fractures during the year.

Top five incident classifications 1 July 2016 - 30 June 2017



All clinical incidents resulting in serious harm (SAC 1 or 2) to the patient are reported to the Health Quality & Safety Commission (HQSC) as required by the national policy. Every year, HQSC release a report of all SAC 1 and 2 events across the whole of New Zealand.

All clinical incidents with serious outcomes are reviewed in depth by a team which includes a consumer. Once the team has understood why the incident occurred, they recommend changes that, if put in place, will either stop or reduce the chance of that incident reoccurring.

Recommendations are signed off by the chief executive officer or director of nursing, patient safety and service quality, with the expectation that they will be implemented.

The full report of each review is shared with the patient and their family/whānau in an open disclosure meeting with management and treating clinicians present.

The final step is checking, by audit, that the recommendations have indeed been implemented and are effective, or whether they may need to be changed in order to get the desired outcome.

The WDHB remains committed to learning from incidents that do not go well for patients, be open and honest with patients and families, and make changes that will contribute to reducing patient harm.

HOSPITAL AT A GLANCE PROVIDING 'BIG PICTURE'

One of the more visible developments to take place in the Whanganui District Board's (WDHB) 2016/2017 year was the installation of Hospital at a Glance (HaaG) software which staff can view on a hospital intranet as well as a continuous display on a large screen in Whanganui Hospital's Integrated Operations Centre.

Installed as part of the Care Capacity Demand Management (CCDM) Programme (a programme designed to match staffing resource to patient need), the software provides staff with an 'at-the-moment' view of the number of beds available, the number that are occupied and how much capacity the staff have to care for more patients.

It's the first time that all staff members have been able to see on their computer screens, how busy inpatient areas are throughout the hospital and managers can work to ensure the staffing numbers meet the patient's needs.

CCDM coordinator Dianne Kerr says the installation of large television screens in the clinical areas where staff, patients and visitors can view them will be an exciting and welcome move.

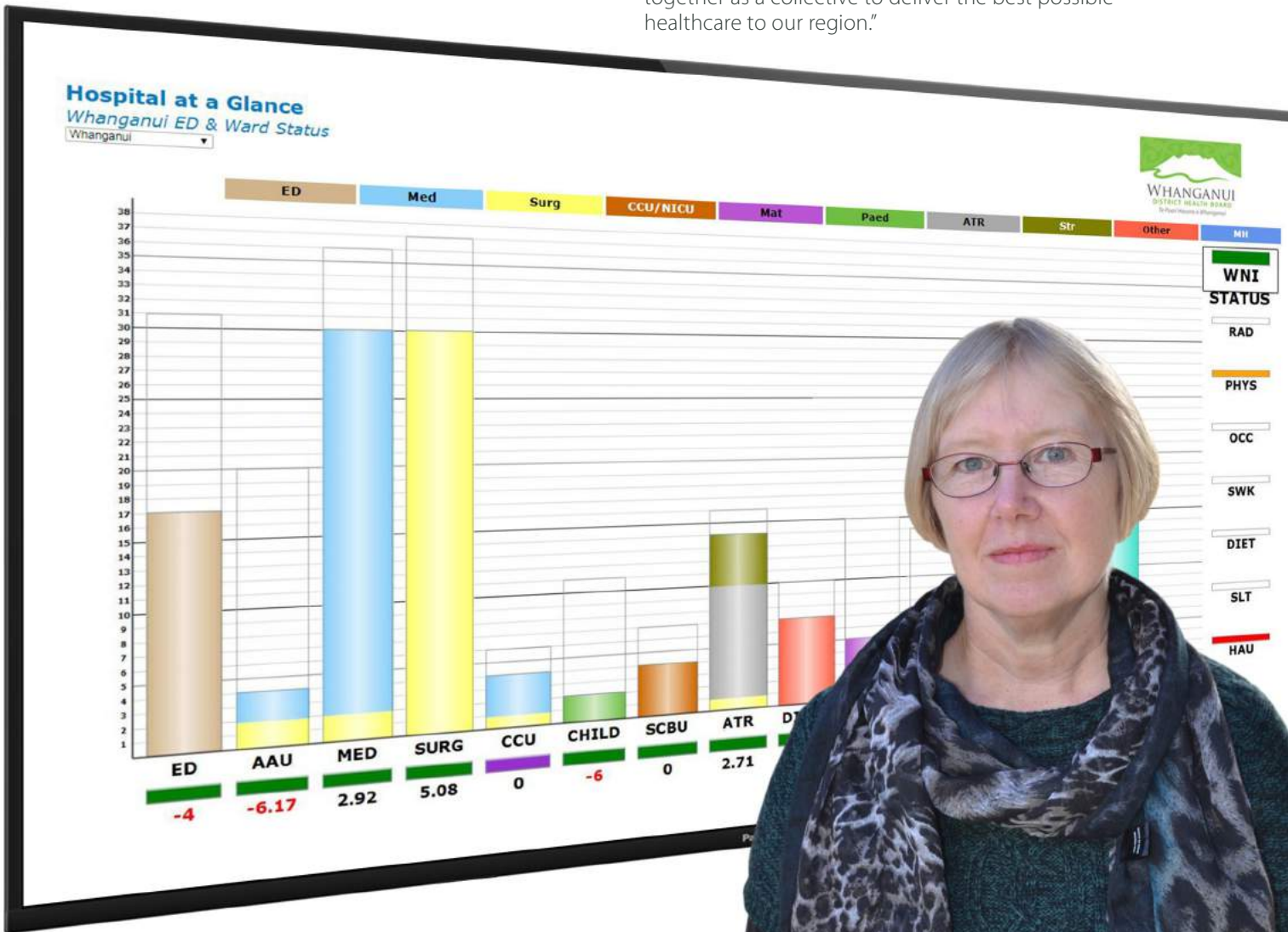
The information on the screen is discussed at the twice-daily bed management meetings and staff redeployed as required.

Surgical Ward clinical nurse manager Maria McDermott says she believes giving the clinical staff the ability to see at a glance what is happening in other areas, has fostered better collaboration across the organisation and more willingness to help when needed.

"In the past most units/wards worked independently with few people knowing what was occurring across the hospital at any given time," Mrs McDermott says. "We now have the ability to think big picture which benefits staff and patients. Being able to see that the Emergency Department is at capacity puts the onus on wards with capacity to offer to admit patients sooner.

"I've had a manager of another ward ask if there are any patients who are suitable to move to their ward to assist with freeing up beds to enable high needs surgical patients to be admitted to my ward.

"I support any initiative that encourages us to work together as a collective to deliver the best possible healthcare to our region."



Care Capacity Demand Management Programme coordinator Dianne Kerr with one of the Hospital at a Glance (HaaG) screens

WHAT WE PROVIDED IN 2016/17

PROVIDER DIVISION (Whanganui Hospital and Waimarino & Rangitikei rural health centres)



20,695

PATIENTS THROUGH
EMERGENCY
DEPARTMENT

2015/16: 21,427



9,501

INPATIENT
STAYS

2015/16: 9,118



52,230

OUTPATIENT
APPOINTMENTS

2015/16: 54,817



52,532

RADIOLOGY
TESTS

2015/16: 50,637



856

FULL TIME
EQUIVALENT
(FTE) STAFF

2015/16: 830



253

NEW INPATIENT
ADMISSIONS TO
MENTAL HEALTH

2015/16: 239



7,823

DAY
PATIENTS

2015/16: 7,786



\$78.3m

TOTAL
WAGE BILL

2015/16: \$75m



719
BIRTHS

IN WHANGANUI
HOSPITAL/RURAL
HEALTH SERVICE

2015/16: 751



SUPPORTED

167

PEOPLE WHO
DIED IN HOSPITAL

2015/16: 174



4,020

ELECTIVE SURGICAL
OPERATIONS

2015/16: 4,168



1,296

ACUTE EMERGENCY
OPERATIONS

2015/16: 1,268



365

PEOPLE REQUIRED
MORE THAN 3
ACUTE ADMISSIONS

2015/16: 347



5,316

OPERATIONS

2015/16: 5,436

BENTLEY THE DOG HAS HAD A HUGE IMPACT

TVNZ's Seven Sharp show reported the following story:

He has four legs, and some seriously fuzzy fur. He's only been working for six months, but so far, Bentley's had a huge impact.

Bentley the dog is the latest addition to Whanganui's Infant, Child and Adolescent Mental Health & Addictions Service.

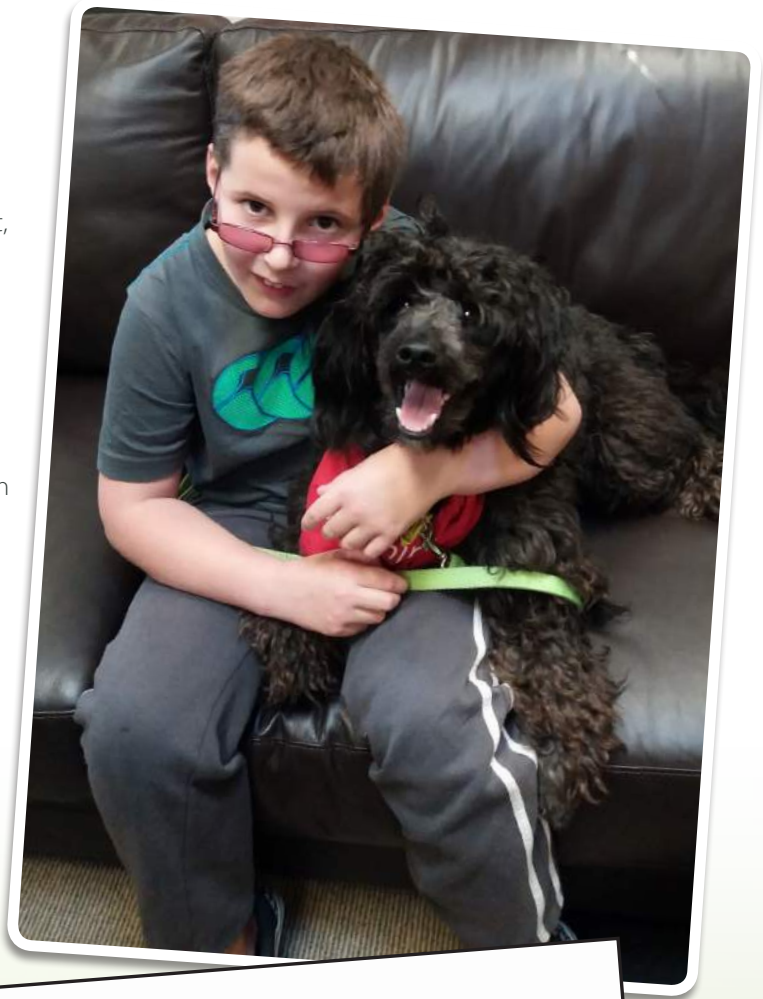
"The young people who come here usually have moderate to severe mental health issues. Usually they're the top end, they're the children that need the support," clinical nurse manager Janice Bowers told Seven Sharp.

Some of the young clients have suffered trauma, abuse and neglect, and the comfort of Bentley helps some of the children open up and talk to him, even if they won't talk to adults.

"We were working with a very vulnerable child, lots of agencies involved, could not get this kid to engage, could not get this kid to talk, could not get this kid to cooperate," Anita Darrah, Bentley's fur mum and a clinical psychologist, said.

"I was asked to do some assessment and cognitive testing on this child, and the entire cognitive test was carried out through Bentley."

Bentley has his own identification and calendar, and also an area to rest so he doesn't get too tired.



To Whom it may concern

I am writing to say thank-you to Anita and her therapy dog "Bentley" for all the work they did helping my son Nathanael. This wonderful dog helped calm my son and helped him stay on task while testing was being done. Bentley also helped me get Nathanael to the hospital as he wanted come and spend time with Bentley again. If it wasn't for Anita's offer to use Bentley with Nathanael I would have had a very hard time getting Nathanael even into the car to come to the appointment at the hospital.

It's really great the hospital can offer something like that for our kids so once again, thank you both for making Nathanael's and my experience positive and fun.

Kind regards

WE CELEBRATED A RISE IN BABY HIP CHECKS

Changes made to the way Whanganui's newborn babies have their hips checked has seen the number of babies screened by the Whanganui District Health Board (WDHB) almost double from 49 percent to 94 percent in the space of six months.

While it's been found as few as one baby in every thousand is born with hips that will dislocate, identifying those babies is very important. Dislocated hips can lead to limping and early degenerative arthritis in young adults.

"Because orthopaedic consultants and registrars are not always able to check a baby before it leaves the Maternity Ward, and the parents of babies born in rural settings are not always able to attend their Outpatient Department appointments, babies were slipping through the net unchecked," WDHB nurse coordinator, quality Ulyses Espiritu says.

"When Outpatient Department registered nurse Charlene Sagad and myself noticed an increase in the number of referrals to our orthopaedic outpatient clinic we became concerned and started looking for solutions with our Maternity Ward colleagues.

"Because baby hip checks are included in midwives' scope of practice, we decided (with the support of our orthopaedic consultants and registrars) that midwives would do the checks and if a midwife felt there was a problem with a baby's hips only then, would a baby be referred to the Outpatient Department's orthopaedic clinic.

"The trial began in October last year and by early this year the results were so encouraging it was decided to officially hand the responsibility to our midwives working in the Maternity Ward and in rural settings."

Mr Espiritu says another positive change has been that when it's decided that a baby needs to be seen by an orthopaedic consultant or registrar, the Outpatient Department booking is made on the spot with the midwife rather than having the Outpatient Department clinic send the parents a letter at a later date.

He says it's important that parents know that several treatments are available for babies with dislocated placed hips. WDHB brochures are provided in the newborn care package given to parents – one which explains why the checks are done and the other backgrounds the treatments available.

WDHB midwife Jo McDonnell checks baby Hauiti Karena's hips



WE JOINED FORCES TO OFFER THERAPEUTIC HORSE RIDING

A new programme designed to encourage Whanganui children to ride horses to help their emotional wellbeing is having a significant impact on participants as well as the Whanganui District Health Board (WDHB) and Jigsaw Whanganui staff responsible for running it.

WDHB Infant, Child and Adolescent Mental Health and Addictions Service (iCAMHAS) and Jigsaw Whanganui have joined forces to deliver therapeutic horse riding and basic horsemanship skills to children and young people with emotional and behavioural difficulties.

Called *Riding Experiences Inspiring Next Successes (REINS)*, the programme is run by iCAMHAS social worker Stephanie Robinson and several Jigsaw Whanganui equine specialist facilitators who are helping the children develop their social skills and emotional awareness through horse riding.

iCAMHAS clinical manager Janice Bowers says it's wonderful seeing the way children and parents/caregivers communicate and celebrate a child's new skills.

Other benefits for children enrolled in REINS include:

- learning to reflect on how their behaviour affects the horse's behaviour
- providing a safe space for those finding it difficult to form relationships to practice their social skills
- learning to trust
- learning practical skills which help boost the child's confidence and self-esteem
- reducing stress levels in children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)
- taking responsibility, demonstrating empathy and building relationships with horses while brushing and caring for them
- learning to problem solve.

"While REINS was established back in 2014, it's wonderful knowing that more children can access it now that Jigsaw and iCAMHAS are running it together," says Mrs Robinson. "Until iCAMHAS came on board the programme was only available to those children being supported by Jigsaw social workers.

"iCAMHAS has a history of successfully using animals to work with children. Our therapy dog Bentley has been a huge success with children experiencing communication difficulties. To work with horses was a natural step for us to take."

PARTICIPANT FEEDBACK:

"I learned not to be worried and to keep trying."

- 10 year old boy

"I learned I was confident."

- 8 year old boy

"We listen to each other more."

- Parent

"Better behaviour; before and after."

- Parent

"There is something about the outside of a horse that is good for the inside of a man." - Winston Churchill



WE MADE 'SELF CARE' INFORMATION MORE ACCESSIBLE

During 2015, local child and youth service providers, service users and pregnant women provided feedback to Whanganui DHB that there was a general lack of knowledge about services available for youth and the wider public to access.

In addition, consultation undertaken during the development of Whanganui DHB's Co-Existing Problems Proposal indicated that all service providers (including non-health agencies) involved with youth, believed having up-to-date information available would be of significant value.

This was of great interest to the DHB due to the fact that, at the time, a web-based, long term conditions-focused service directory (www.manage.org.nz) already existed. In response, a 'refresh' of the ManageMe website was planned.

The primary purpose of the project was to build and deliver an online service directory website which:

- provides information and raises public awareness of relevant Whanganui DHB area health providers and support groups, etc and those service's contact details
- is easy for users to navigate and for site administrators to maintain.

The 'redeveloped' version of the www.manage.org.nz website went live in December 2016. As part of this shift, the ManageMe website became a more secure, reliable and user-friendly website, regardless of whether users visit the website from their desktop PC, tablet or smartphone.

As it was previously, the new website is a Whanganui DHB-funded online service directory designed to make it easier for our population to find information about community groups and service providers. In addition to this, users can now also access healthy living/self-care information about a variety of topics to help our people to be better informed, take better care of themselves, and live healthier and more fulfilling lives.

Manage.org.nz now also has a parallel site, www.youth.manage.org.nz, which is dedicated to providing content that's more focused to the needs of young adults.



AGED CARE FINDS WALKING IN ANOTHER'S SHOES COMFORTING

Whanganui aged residential care (ARC) provider Masonic Court has put a number of their staff through the *Walking in Another's Shoes* programme and they're delighted that they've done so.

Developed by a Canterbury DHB psychogeriatrician and occupational therapist, *Walking in Another's Shoes* is designed to help ARC staff understand what it's like to live with dementia and how to better understand those with the condition.

While Masonic Court doesn't have a designated dementia facility, they do have a number of residents with mild dementia, who manager Victoria Morris wants to support in every way she can.

To do that, she enrolls her staff in *Walking in Another's Shoes* to encourage them to relate better to their residents, to understand their needs and be able to empathise.

It's quite a commitment for Mrs Morris and her colleagues who have to backfill their staff when they attend training at Whanganui Hospital but it's a commitment they believe is well worthwhile.

"We've built a sensory room at Masonic Court as a result of what our staff have learnt on the programme," Mrs Morris says.

"The sensory room is used and enjoyed by all the residents."

In the four years since Whanganui DHB launched its programme, 66 caregivers and diversional therapists, as well as 19 registered and enrolled nurses working in aged residential care, have completed the course.

WDHB dementia educator Olive Redfern says the training provides staff with new skills and a greater understanding of the pivotal role they play in the move towards more person-centred care for people living with dementia.

"It's a model of care that helps rest home staff, friends, family/whānau members and acquaintances have a more positive view of the condition and the care provided," Mrs Redfern says.

"What makes *Walking in Another's Shoes* special is that in addition to teaching rest home staff to view challenging behaviour as a communication of unmet needs, it also has a strong focus on caring for the carer.

"Staff who have completed the training talk about feeling they're doing a better job and the trainers talk about how much they appreciate the measures available to gauge the programme's effectiveness.

"It's an eight-month programme which includes a monthly workshop, individual coaching sessions for each student, and guest speakers discussing their areas of specialty."

Mrs Redfern says that while the programme complements other aged care training programmes, the fact that the dementia educator works alongside the carer and the person with dementia makes it different.

"Four years on, we really are seeing a new understanding about dementia. There's certainly an appreciation for the need to deliver person-centred care to enhance the lives of dementia patients and for programmes such as this to support the effort to remove the stigma around the condition.

"I'm continually impressed by the people who work in aged care. Their passion and dedication is admirable so it's wonderful to have this programme to support their efforts."

Mrs Redfern says it's vitally important to the programme's success to have ARC managers who support and understand what the programme is designed to achieve.

"To follow up the training we do with ARC facilities, a series of master classes are run which cover different aspects of person-centred care to ensure the learnings continue to be embedded into practice. These are open to everyone who has completed the programme.

"Additionally, consultations are provided to ARC facilities who are experiencing challenges in providing care for specific residents. These consultations include the multi-disciplinary team involved in the care of the residents.

We get to know the residents' life story' and aspects that might help in providing them with care that is right for them."

From left to right: Tina van Bussell, Maxine Hardy, Suzanne Poynter, Aljon Pelayo, Jo Green, Sonia Welch, Olive Redfern. Absent: Taralee McNeil



WDHB PRESENT CARE WITH DIGNITY WORKSHOPS ACROSS NZ

Following an invitation from the Health Safety & Quality Commission, clinicians from throughout New Zealand have been introduced to a model of care developed by Whanganui DHB. *Care with Dignity* was developed to improve care for patients who have cognitive impairment and help prevent them from falling and suffering harm.

In mid-April, two senior WDHB nurses presented workshops to more than 400 people interested in hearing how Whanganui Hospital's Medical Ward cares for their patients who have dementia and other forms of cognitive impairment.

Medical Ward clinical nurse manager Colleen Hill and Medical Services nurse manager Wendy Stanbrook-Mason discussed examples of how the *Care with Dignity* model of care had resulted in far-reaching benefits for their staff, patients and whānau/family members in the two-and-a-half years since it was introduced.

"Colleen talked about real patient stories and I discussed the evidence and what the information we collected told us" Mrs Stanbrook-Mason says. "We explained how, by having our health care assistants provide close care for cognitively impaired patients, the Medical Ward has not had one fall with harm in this very vulnerable patient group since late 2014.

"Because *Care with Dignity* requires health care assistants to provide close care of our patients, we will soon be changing the name to *Close Care with Dignity* which will also help to distinguish the difference between our model, and one used by the UK's National Health Service."

Mrs Stanbrook-Mason says besides the devastating impact a fracture has on a patient and their family, repairing a fractured hip can cost \$47,000 and result in long hospital stays.

"And if it's a hip fracture with complications and discharge to an aged residential care facility, the costs can be as much as \$135,000.

"Money aside, it's all about preserving a person's quality of life. We know people with cognitive impairment are more likely to have a fall. In the UK, it's been shown that a patient with dementia is three times more likely to have a fall that results in a fracture, than someone who is cognitively well.

"An added benefit of providing close care is that patients feel safer which, in turn, decreases the need for medications often used to calm those who become aggressive as a result of the confusion that patients who have cognitive impairment can experience."



Back:
WDHB clinical nurse manager, Medical Ward Colleen Hill & WDHB nurse manager, Medical Services Wendy Stanbrook-Mason.

Front:
Whanganui Hospital Medical Ward health care assistants Brenda Spicer & Betty Kaata

WE DELIVERED RENAL SERVICES CLOSER TO HOME

Until recently, Karen* would regularly take a day off work to travel to attend her nephrology clinic appointment at Palmerston North Hospital.

Today, she takes a long lunch to attend her appointment at Whanganui Hospital where she meets with renal nurse practitioner Albert Robertson who now travels from Palmerston North to see her.

This is what 'bringing care closer to home' is all about and Albert and Karen* couldn't be more pleased with the way it's working.

Formerly employed as a full-time renal clinical nurse specialist at MidCentral DHB, Mr Robertson has been contracted by Whanganui DHB since June 2016 to work 20 hours a week supporting renal patients across Whanganui's primary and secondary healthcare services. It's the first time we've had a dedicated renal nurse practitioner in our district.

**The patient's real name has been changed to protect their privacy*

Below: Renal nurse practitioner Albert Robertson speaks with a patient

Besides working alongside Medical Services clinical director Dr Tom Thompson at Whanganui Hospital, Mr Robertson also:

- holds a weekly nurse-led renal clinic for patients referred for specialist assessment and management support
- provides expert advice and supports GP practices with the management of high risk chronic kidney disease (CKD) in order to slow progression of the disease
- upskills primary care health professionals in effective management of CKD and works with patients and their whānau/family to help them understand CKD
- provides education on the use of tools for early detection and management of chronic kidney disease in the community
- works to improve health literacy and raise awareness of kidney disease and kidney health.

Mr Robertson's role enables him to drill down on district-wide data and identify areas where we can improve such as making sure we're classifying each person with CKD correctly.

Whanganui Regional Health Network clinical director primary care Julie Nitschke says having Mr Robertson working in Whanganui has certainly raised the focus and knowledge of CKD among health professionals.



It concerns Mr Robertson greatly that one out of 10 New Zealanders has some form of kidney disease and that the incidence of diabetes keeps rising.

"Kidney disease can be debilitating for some patients, but until we succeed in reducing diabetes, we're not going to see a decline in numbers," Mr Robertson says.

"Once you develop kidney disease the damage is permanent and incurable end stage kidney disease where people need dialysis, it has a profound effect on their quality of life."

To help prevent this, Mr Robertson encourages people to eat healthily, exercise, not smoke and to attend events such as the Kidney Health Day that Whanganui Regional Health Network and Kidney Health New Zealand jointly hosted on 7 February this year. These educational programmes are provided annually for the general public, patients affected by CKD and health professionals working with affected patients and their whānau.

ePHARMACY GETS THE 'THUMBS UP'

"Albert's role has been to focus on people with advanced stage CKD. In doing this, he's highlighted the importance of increasing education and awareness for those with renal disease. It's about focusing on the patient/family and looking at how we can provide services closer to home.

"We're also investing in supporting people at an earlier stage in the disease process, and ensuring patients and their family/whānau fully understand the condition and the options open to them.

Retired Whanganui resident Bill Greening has been a renal patient for three years. His first encounter with the renal service was at Palmerston North Hospital where he found the renal staff, including Mr Robertson, to be very supportive. Mr Robertson visited his home in Whanganui to see what they could do to support him. Until recently, Mr Greening would travel to Palmerston North every three months for check-up consultations. These visits have now been reduced to twice a year.

"Having Albert come to me has made an extraordinary difference to my sense of wellbeing," Mr Greening says. "Not having to travel to Palmerston North is very helpful but Albert is also extremely knowledgeable and understanding. He's an outstanding man. What he brings to any meeting we have is himself and his extraordinary level of empathy which is priceless."

Springvale Medical Centre practice partner Dr Johanita Engelbrecht shares Mr Greening's sentiments.

"Albert's availability for consultation and advice regarding patients with chronic renal problems has been very beneficial for GPs managing these patients," Dr Engelbrecht says.

"Patients find him very supportive and his consultations with Whanganui patients mean some don't need to travel to Palmerston North."

Early 2017, saw the implementation of the new electronic ePharmacy system used by Whanganui Hospital's Pharmacy to order and dispense medications prescribed to patients.

The six central region DHBs (Whanganui, Capital & Coast, Hutt Valley, Wairarapa, MidCentral and Hawke's Bay) had planned to move their pharmacy management services to ePharmacy for several years to enable improved patient safety and medicines management.

"Whanganui DHB was using an old system which hadn't been upgraded for more than 20 years and was well and truly showing its age," says WDHB pharmacy manager Megan Geertson.

"We required an integrated and future-proofed electronic system that would enable us to participate in eMedicines Management initiatives and allow us to streamline pharmacy services, enable the hospital to see how it's medication budget is being spent, and ensure patients are prescribed the right medicine, in the right dose, at the right time.

"As we share the ePharmacy system with MidCentral DHB, our pharmacy team worked closely with MidCentral staff, vendors and the Whanganui DHB IT and Finance teams to successfully launch ePharmacy earlier this year. And, the hard work paid off when ePharmacy was implemented without a hitch."

Mrs Geertson says her team now has improved reporting with increased visibility on medication use, both financially and clinically. ePharmacy also enables the pharmacy team to send orders electronically directly to wholesalers (rather than via fax) and to use handheld scanners to assist refilling the hospital ward's medication supplies and improve medication management.



OUR CHILDREN'S TEAM LEAD PROFESSIONALS ARE MAKING A DIFFERENCE

In the two years since Whanganui's Children's Team was launched, Whanganui DHB has appointed five staff in lead professional roles – staff who work with families, vulnerable children and young people.

WDHB health promotion manager Marama Cameron says collectively, the lead professionals from the health, education, primary care, Iwi services, Police, whānau social services and non-government organisations (NGOs) are achieving improved outcomes for children and whānau living in the Whanganui DHB region.

“Our lead professionals are responsible for ensuring that a child is at the centre of every decision made on their behalf, by the Children's Team,” says Mrs Cameron. “They make sure that every child they work with has a ‘voice’ and that their ‘voice’ is heard.”

The Children's Team prepare an individualised action plan for every child. This plan identifies the challenges they and their whānau face to ensure the right services are delivered to meet their needs. The child and their whānau are then supported to lead the change to improve their overall wellbeing.

Mrs Cameron says the practitioner must value whānaungatanga (the links and connectedness between family members), and have the ability to work within a whānau-centred approach. The lead professional also coordinates the network of services and professionals working with the child and their whānau, so that well-planned interventions are delivered effectively and designed to reduce overlap and inconsistency with other practitioners and services.

WDHB lead professional Mandy Musa knew when she took on the role that the families assigned to her would be complex and require support from many agencies.

But what excited her about being a lead professional was the opportunity to use her skills in child and adolescent mental health to promote positive change to the families and individuals she would work with.

“My approach is strength-based,” Mrs Musa says. “By that I mean, my approach involves identifying the families’ strengths to bring about positive change. It’s about getting families to recognise their strengths and build on them.”

Mrs Musa says a good example is a family who identifies their strength to be their desire for their child to have the best education possible. “This child may have a long history of truancy so I will work with the family and appropriate agencies to see how we can draw up a plan and set achievable goals to make sure the child attends school. We want to empower the family to make the changes we all agree are needed to get their child to school.”



WDHB Children's Team lead professional Mandy Musa

"I've worked with families who have struggled with their child/children's school attendance for a long time, but by all working together we have seen those children attending school and we celebrate that.

"While it might sound simple to get a child to go to school, it can actually take months for us to reach that point but we do get there, and it's very rewarding for everyone involved seeing the change happen.

"It might involve the parents committing to getting up with their children, giving them breakfast and walking them to school – on time. And it might involve getting the school principal on board to call the family if the child fails to turn up. For some families, it means making a huge change which is brought about through a team approach.

Another example where Mrs Musa has made a difference is working with a disabled child who needed glasses. When talking to the child's mother, Mrs Musa learnt that the child had not attended two, if not three, appointments with the WDHB's eye clinic which were booked during a time when the mother was in hospital being treated for a serious injury.

As soon as Mrs Musa learnt this she arranged for a fourth appointment to be made, checked with the mother that the time, date and place suited her, and now the child has glasses.

"It's all about building relationships based on trust and self-empowerment for my families," Mrs Musa says. "Everyone wants what's best for their children but some need help to achieve this and that's what I see myself facilitating."

Mrs Musa says while she knows it may not be possible for every lead professional to be flexible with their time, she feels fortunate to be able to work her hours around her clients.

"I normally work Monday through to Thursday but if I have a family who really needs my help on a Friday, I will do my best to move my hours which the WDHB is very supportive of me doing."

In April 2015, an Expert Advisory Panel undertook a review of the way vulnerable children and young people were being protected and cared for. Two years later, Oranga Tamariki - Ministry for Vulnerable Children was inaugurated - a new stand-alone ministry which incorporates the Children's Action Plan Directorate who oversee New Zealand's 10 Children's Teams.

Under the new Ministry, the Government has demanded a new way of working whereby everyone has a hand in. They've asked for creativity and innovation and for all services to work together to support our vulnerable children so they can thrive achieve and belong.

Why? Because child abuse in New Zealand is ashamedly worsening with, on average, one child dying at the hands of abuse every five weeks. Most of these children under the age of five.

Whanganui DHB staff contribute to Whanganui's Children's Team at all levels including lead professionals, a health broker, panel members and governance representation.



WE EMBRACED THE HEALTHY FAMILIES NZ INITIATIVE

One of the best decisions Whanganui DHB has made in recent years was to support and partner with Healthy Families NZ – an initiative which aims to help people make healthier choices for themselves and their families.

Six organisations are represented on the Healthy Families Whanganui Rangitikei Ruapehu (HFWRR) leadership group:

- Whanganui District Health Board
- Rangitikei District Council
- Te Oranganui
- Ministry of Health
- Sport Whanganui
- Ruapehu Whanau Transformation Group.

WDHB Service and Business Planning general manager Tracey Schiebli says building resilient communities requires focusing on the places where we live, learn, work and play.

"Healthy Families Whanganui Rangitikei Ruapehu, for which Te Oranganui is the lead provider agency, helps us do this," Ms Schiebli says. "One outstanding initiative that's come of this collaborative approach is the 'Water Only' initiative."

SCHOOL AND COMMUNITIES APPLAUDED FOR SUPPORTING 'WATER ONLY' EVENTS

HFWRR and Whanganui DHB are delighted with the number of school and community events across the region that have chosen to be water only.

Since the first 'Water Only' event took place (the Paetamariki Primary Schools' Kapa Haka competition run by Upokongaro School in 2016), the region has seen increasing numbers of event planners opting for water only - a response WDHB nutrition and physical activity health promoter Karney Herewini has been working hard to encourage.

"The work that's been undertaken with 'Water Only' schools has highlighted an opportunity for the initiative to extend outside of the school gates," Mr Herewini says. "It's great to see our community being proactive about making the healthier choice easier for everyone."

"When access to water was identified as a key barrier for 'Water Only' events, five 'Water Only' event resource kits were developed and are housed across the region by local community organisations.

"We wanted a real-time solution that was simple, practical and accessible to people in our large geographic area," says HFWRR team leader Debbie-Jane Viliamu. "The working group is focused on creating sustainable solutions for increasing access to water, in sport and recreation spaces across the region, in a collaborative approach with the three local territorial authorities."

This year, 36 events (with an estimated 11,290 participants) have used the resource kits which include four 20-litre water containers, 'Water Only' signage and a table. The kits have been used for events as big as the National Secondary Schools Triathlon Championships held in Whanganui, and as small as community celebrations for 50 people.

The 'Water Only' resource kits housed in Ohakune, Taihape, Marton and Whanganui can be booked online via the HFWRR website. Event planners can also find on the website, a 'Water Only' event tip sheet, key messages and the 'Water Only' logos to further support their event.

"Feedback regarding the resource kits from event organisers has been very good," Mr Herewini says. "They're being put to good use, rubbish has decreased, and the fact we're providing a free, healthy alternative to the sugar-sweetened beverages traditionally associated with many of our events is viewed as a real positive."



1 2

USING A COLLABORATIVE MODEL TO DELIVER THE WORKWELL PROGRAMME

During the past 12 months, Whanganui DHB's Public Health Centre, HFWRR and the Whanganui Regional Health Network have worked collaboratively to deliver the WorkWell programme to workplaces that have registered their interest in Whanganui, Rangitikei, Ruapehu and Taihape.



WorkWell is a free, workplace wellbeing initiative designed to support workplaces to 'work better through wellbeing'.

Developed by Toi Te Ora - Public Health Service in the Bay of Plenty, WorkWell can be adapted to any workplace. With step-by-step support and mentoring from an assigned WorkWell advisor, easy to use resources, workshops, networking opportunities and recognition through accreditation, WorkWell can help create a happier, healthier and more productive workplace.

The WorkWell team has begun to engage with targeted population groups - businesses of 20-plus employees with a high number of Māori and Pacific Island staff.

These businesses have been identified in the first instance through the work HFWRR has completed through mapping of local businesses.

The three organisations delivering the programme work alongside Toi Te Ora and a WorkWell advisor to ensure the quality and integrity of the programme.

All are committed to ensuring this is ongoing and that we make a difference to workplaces in our region.

*New World Ohakune owners
Annie & Dan Rolls*



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WORKWELL'S IMPACT ON NEW WORLD OHAKUNE

New World Ohakune owners Dan and Annie Rolls liked the WorkWell programme as soon as they began exploring it.

They've always had a strong interest in supporting the health and wellbeing of their staff but they particularly liked the WorkWell programme's focus on encouraging staff to engage in and drive their own efforts.

As soon as they signed up in 2016 they surveyed their staff to see where they saw themselves in terms of their health and wellbeing.

"The results surprised us," says Mrs Rolls. "By including a financial component to see if there was a correlation between how our staff manage their finances and their ability to manage their health positively, it was clear there were four areas to focus on - physical activity, healthy eating, financial literacy and mental health."

The way they saw it, all four were closely linked so the next step saw them working alongside three young employees keen to provide their colleagues with information and resources.

When looking at physical activity, they realised that while they have always provided their staff with gym memberships, staff found it hard to fit gym sessions into their schedules.

"A lot of their work is quite physical so some felt too tired to go to the gym and for others, their work hours made it difficult," Mrs Rolls says. "So the three employees suggested walking sessions in staff breaks might work and they began mapping walks that would allow staff to fit in both eating and walking in their lunchtimes."

In supporting healthy eating, they provide information about healthy food choices, encourage their staff to eat well by setting a good example and encourage them to bring healthy options for shared morning/afternoon teas and lunches.

Working closely with the Ruapehu Whanau Transformation Plan, they explored ways to help their staff achieve home ownership. By assisting staff with savings accounts and budgeting advice specifically targeted at their personal goals, one staff member and their family became home owners in July this year, and two others had house deposits as a result of this encouragement.

To support mental health, the Rolls encourage/insist their staff take annual leave and, on a day-to-day basis, their breaks. "We also believe healthy eating and physical activity play a big part in supporting the mental health of our staff," Mrs Rolls says.

At this point New World Ohakune staff are aiming to achieve bronze in the WorkWell accreditation programme but given their enthusiasm, they may well go for silver and gold after that.



OUR HAUMOANA CONTINUED PROVIDING VALUABLE SUPPORT TO ALL PATIENTS & FAMILIES

Hospital is a strange place for most whānau (all patients and their families). They often find it difficult to speak up about their concerns and do not ask many questions. The haumoana team, which is available to help all families/whānau that need them 24 hours a day seven days a week, is proving more and more valuable in helping those using our services.

Haumoana navigator surgical services team Kiri Thompson says it's important for whānau that they understand the information they've been given and understand the conversations they're having with the people who are caring for them.

"It's a real privilege to work with our patients and I find it very rewarding and satisfying to be in a position to help them and their families in what are often stressful times," Kiri says. "Sometimes it's the little things that help the most such as making sure whānau know they can stay at the bedside with their loved one and help care for them if they want to."

The haumoana team can help by arranging meetings between the health care team and whānau, sit in on the meeting and help whānau understand what is being talked about as well as the treatment and plans that may be needed when they go home. And also help patients and their families navigate/access our services including following up whānau who have missed their outpatient appointments and helping them get another appointment at a time they are able to attend.

"We're connected to our community and know a lot of the Māori whānau that come into our hospital, and they know us, which helps them feel more relaxed and confident, which in turn, helps them when they're receiving care and treatment," says Reneti Tapa, haumoana navigator, Emergency Department.

"And being able to advise and assist our colleagues, so that the cultural values and beliefs of the Māori whānau they care for are acknowledged and respected, can only help whānau to feel more comfortable while they're with us."

Staff working in the hospital after-hours really appreciate the support they receive from the haumoana team. "Having the support of the haumoana team is wonderful, we know we can call them anytime when families need assistance. Sadly, that is sometimes when a family member has passed away or if we need advice to help us provide the best care for whānau," says the duty nurse manager.

Families also appreciate the support the haumoana provide including Mauri Ora - the house used as emergency accommodation for families from out of town with loved ones in Whanganui Hospital. Although Mauri Ora and the haumoana service, as a whole, are looked after by Te Hau Ranga Ora (Māori Health Services), both are available to all families who need their assistance and support.



WE CONTINUED TO GROW OUR CULTURAL KNOWLEDGE AND AWARENESS

Over the past 18 months, almost 600 of our staff have attended the Hapai te Hoe cultural education programme introduced in 2015. This programme has been developed to help our staff grow their Māori cultural awareness and knowledge and feel more confident when they are partnering with Māori patients and their families (whānau). In turn, Māori whānau appreciate the efforts staff are making to acknowledge the importance of Māori values and beliefs when they are caring for them in hospital.

"Whānau feel vulnerable when they, or one of their whānau, are unwell. Understanding and being cared for in a way that takes into account their personal cultural values and beliefs is important and contributes to the overall wellness of whānau," says Ned Tapa, WDHb haumoana educator.

"We want whānau to feel respected and understood and to engage freely in their cultural practices while they are in hospital or using any other district health board services" says Rihi Karena kaitakitaki, Te Hau Ranga Ora clinical services manager.

"Our powhiri and Hapai te Hoe programme is the beginning of four days of orientation for every new staff member joining the district health board, no matter where in the organisation they work," Rihi says. "It's about making sure our staff are informed and work ready."

The programme is delivered in a relaxed environment using stories of local Māori history, examples of lived realities of whānau, reflection on current practices, cultural myth-busting, and the positive impact on health outcomes when health care teams are true partners with whānau.

"A very unique way of experiencing, building understanding of Māori culture. Love that it was in the context of our community. Thank you for sharing your knowledge."

- Hapai te Hoe attendee

WE MADE OUR RISK ASSESSMENT LESS REPETITIVE

Whanganui DHB strives every day to keep our patients safe from harm. To help us reduce patient harm, we must understand more about each individual patient, their medical history, the health issues they currently have and any factors that put them at higher risk of suffering harm.

An important way to gain this knowledge and understanding is through nurses assessing the degree of risk individual patients may present with on admission. In the past, different types of risk were assessed using different types of risk assessments. This meant nurses asking patients and families the same type of question repetitively and extensive time taken filling out several forms.

The Whakataketake (the name gifted by the DHB's kaumatua meaning information from many sources) is a single nursing assessment form completed for every patient. This new computerised assessment tool has replaced multiple paper assessments previously used.

By asking questions only once, nursing staff can see when a risk identified in one area helps us recognise a risk in another. For example, an elderly patient who has unexpected weight loss is highly likely to be at risk of falling as well as at risk of suffering a pressure injury. Nurses can now consider all the risks together and spend more time partnering with the patient and their family/whānau to develop an action plan that will help keep them safe. The Whakataketake acknowledges that no two patients are the same so the care that results from this assessment process can be individualised.



OUR ICAMHAS SERVICE HAS PROVIDED BETTER ACCESS FOR YOUTH

Better access and service for children, young people & their families

Having a child-friendly dog as part of the team and offering riding lessons to children with emotional and behavioural difficulties are two of many innovative and heart-warming programmes our dedicated Infant Child Adolescent Mental Health and Addictions Services (ICAMHAS) staff have introduced for children and families seeking their support.

Much loved black Border Collie/Poodle cross Bentley is owned by ICAMHAS senior clinical psychologist Anita Darrah who began bringing Bentley to work to support the health and wellbeing of young people – an idea that last year, captured the imagination of TV One which ran a story about Bentley and Anita on their Seven Sharp programme (*page 20*).

Our story titled *WDHB and Jigsaw join forces to offer therapeutic horse riding* (*page 22*) also received wide coverage when released to Whanganui/Manawatu media.

The ICAMHAS team is committed to ensuring children, young people and their families have a range of specialist therapeutic interventions available. And they are committed to continually improving their interventions through their partnerships with a range of organisations to increase engagement and provide services which reflect the Ministry of Health's (MoH) 'Closer to home and one team' direction.

Wait times

In 2015, the MoH informed the team that we were not seeing at least 80 percent within three weeks of their referral being received. With this in mind, the team thought about how they could best provide a service that sees patients as quickly as possible, while providing an urgent service.

Previously, this would have meant that first assessments or scheduled therapy would be cancelled to accommodate the crisis assessment which had an impact on wait times. "So we studied referrals received for a two-year period and then identified when peak times of demand were," says ICAMHAS team clinical manager Janice Bowers.

"During these times we have scheduled additional six first (choice) appointments per week which enables us to see more children and young people in a timely way to assess their needs and develop a partnership approach or navigate them to the most appropriate services. We now manage the unscheduled urgent work that occurs, without cancelling appointments which has resulted in significant improvements and our ability to meet the MoH target.

The CAPA model of care

Janice says further work is underway to streamline the model of Choice and Partnership approach (CAPA) – a whole of system approach to service improvement developed in the United Kingdom but adapted to New Zealand. The aim of CAPA is to improve service to young people and families by working in partnership with the young person and family and ensuring the clinician is the best to meet the young person's/families' need.

The team has begun work on adapting this international way of working to best meet the needs of the Whanganui community and fulfil MoH requirements.

"We have Choice appointments available, which we are able to schedule to suit client need," Janice says. "If there is difficulty in engaging a young person at the hospital the location of these appointments can occur in the community where the young person is more comfortable.

"We have provided education to staff on how to implement Choice appointments to increase understanding of the appointment as well as the importance of interventions that give the young person/family 'homework' (strategies the young person/family have developed with the clinician) to undertake."

A fact sheet on what to expect at a Choice appointment is under development. This will go out with every Choice appointment letter but also will be given to referring agencies, schools etc. The purpose of the fact sheet by giving easy to read information will help alleviate any anxiety engaging with services.

Development of guidelines called Care Bundles is underway which will ensure that best practice and supportive processes are in place for each young person referred. This will mean consistent treatment/therapy is provided that will best meet the young person's need and staff will have the skills required to work in this model.

The Open Partnership booking system means clinicians will be able to book an appointment into another clinician's or doctor's diary which will decrease waiting times for the young person/family to see the person that is most suitable to provide the best therapy/treatment option.

Relationships

A survey completed last year provided the team with feedback that some organisations the team work with believed that relationships between them needed to be improved and that they believed we declined more referrals than we accepted.

"So we have developed a relationship group which has worked hard in improving our image. This group has met with various agencies, explained our referral process, provided information and been available to answer questions," Janice says.

"This team has invited the school counsellors for morning tea as a way to get to know one another, and arranged training as requested for NGOs. We have had excellent feedback about this initiative.

"We studied referrals and their outcomes and found that actually very few were declined but that the communication between the family and referrer needed to be improved."

For a number of referrals received that had been declined, there was insufficient information supplied from the referrer to indicate the child or young person needed specialist intervention. In response, the clinical coordinator will check and ring the young person/family for more information. This can mean the referral could be accepted but if declined will offer to help the young person/family to the service that will be able to help them. The referrer will be contacted as well, either by phone or letter to explain why the referral was declined. We also routinely now ring the referrer for further detail or to advise of more appropriate follow up options.

Reception area

The survey also indicated that young people and families did not think the access or reception area was welcoming. With the feedback of children, young people and families we have redesigned the reception area to be more youth friendly and easier to find.

SUPP

SUPP has been developed to work with and engage youth aged 12 to 19 with mild to moderate mental health and addictions issues. This team has an ethos of seeing young people where they want to be seen and providing education as well as counselling. Rooms available in Youth Services Trust to see young people in a youth friendly close to home environment.

SUPP provide direct care in schools and training institutes as well as offering education to school counsellors and teachers on screening and brief intervention for young people with alcohol or drug problems. They have provided very well received education to young people and schools in the school ball season about the harm that can occur from drinking and taking drugs. And they teach about responsible drinking and how to look after your mates.

The WDHB and SUPP have partnered with Mental Health & Wellbeing Support (formerly known as Supporting Families) to develop a local programme whereby young people are taught how to respond when their friends are having difficulties with their mental health and/or drug and alcohol problems – and how to support their friends to engage with the professionals that can best meet their needs. This programme is based on international research but adapted to meet the needs of our local community and has been designed with young people. The programme has been rolled out in a number of schools with a very positive response.

We provide services into our rural areas to ensure that young people across the district have access to quality mental health and addictions treatment and care.

Youth Worker

There is a dedicated youth worker who works between ICAMHAS and SUPP. The youth worker helps with transport and engaging young people. Often attending a new service or the hospital can be a frightening prospect for a young person so having a youth worker to support them on their journey helps in lessening anxiety. The youth worker will sit with the young person, advocate for as well as navigate any other services that may be required. The youth worker has links to other community youth workers ensuring a transition back to the community support.

Supporting Parents Healthy Children (formerly COPMIA)

A staff member is currently working on the promotion and education of the Supporting Parents Healthy Children programme and has begun to offer parenting courses for parents and carers who have a mental illness to support them with their children.

Working with Māori and improve access & outcomes

The team works closely with our haumoana (navigators) from the WDHB to offer improved access and engagement to Māori tamariki and rangatahi. The aim is to provide a connection that responds to Māori need and tikanga. Clinicians and the haumoana see whānau in places that they are most comfortable to increase engagement and reach out to those young people not in school who may need support.

Caption:

The SUPP service approach to meet where young people want to meet has been well received.



WHANGANUI MIDWIVES WELCOMED WARM DONATED BABIES' QUILTS

Whanganui community midwives are busy distributing 18 beautifully made, babies' quilts gifted to expectant mothers by Cotton On Quilters' Whanganui group.

Whanganui DHB Maternity Services quality coordinator Angela Adam says the midwives identify women who know that woollen blankets are best for babies, but have indicated that cost is a barrier.

Mrs Adam says that after finding second-hand woollen blankets and flannelette sheets, the quilters place three layers – top, batting and backing - which they sew together to create a warm quilt.

"The WDHB's Maternity Service and midwives are very grateful to the Cotton On Quilters as well as the other groups and individuals who make blankets for our babies," Mrs Adam says.

"The message we're keen to spread is that babies' blankets need to be woollen. We need people to move away from acrylic and polar fleece blankets."

Early last year, Whanganui midwives attracted national and international media exposure with their warning about the dangers of wrapping babies in plastic-based polar fleece blankets that don't breathe.

"Polar fleece blankets are made from items such as recycled bags and plastic bottles which can lead to babies overheating, sweating, and then getting too cold because their sweat won't evaporate," Mrs Adam says.

"Because we know that overheating and getting too cold can contribute to Sudden Unexpected Death in Infancy (SUDI), my midwifery colleagues and I are urging parents not to use them.

"It's concerning that babies wrapped in polar fleece have no air circulating around their bodies."

While there's no confirmation that polar fleece blankets contribute to SUDI from overheating, Mrs Adam says babies look like 'little beetroots' when they're wrapped up in polar fleece.

"It's worrying that a polar fleece blanket can be bunched up, water poured inside and there's no leakage due to it being non-breathable. Raising awareness about how dangerous polar fleece blankets can be is now an integral part of the Whanganui midwives' efforts to encourage safe sleeping."



From left:
Cherie Ede with her baby Braxtyn
& midwife Cyd Welsh

FUTURE FOCUS

The NZ Health Strategy will continue to guide our DHB throughout the coming year. There is much we can continue to do to improve our services within the context of the five themes of the strategy:

People powered

We will continue to develop the benefit that we get from the patient stories and the work of our Te Pukaea.

Whanganui Rising to the Challenge will continue as an enabler for continued improvement. Consumer co-design, improving the patient experience and planning and improvement embedded as everyone's responsibility are core pillars of this work.

The DHB responsiveness programme remains a top priority; this includes understanding and removing the barriers to access for Māori and people with high and complex needs, building health literacy, providing navigation support, speaking a common language, and a workforce that reflects our community.

Closer to home

We want to broaden the Whanganui Alliance Leadership Team so that we can collectively work to improve the integration of cares across our services. We will continue working on raising the profile of health promotion in our communities through partnerships across our communities.

Value and high performance

We will be striving to improve Māori health and reduce the disparities that exist for Māori in our population. We also want to improve the health for our priority populations – vulnerable children, people with long-term conditions and older persons.

One team

We want to work more closely with colleagues from the other health and social agencies, including the district councils. It is the intersectoral work that will be the most powerful in improving the social determinants of health for the people of our region.

Smart system

We will continue to work across the centralAlliance and central region to improve how we manage and share patient information. We will also learn from other DHBs so that our population is gaining from innovation in the system.

We will also continue developing our technology to allow the system to work effectively for patients and staff.

Importantly, as an organisation, we need to continue step by step, action by action, decision by decision with our commitment to ongoing improvement, and to build a culture where this is everybody's responsibility.

AREAS FOR IMPROVEMENT IN 2017/18

- All those we serve are treated with care and compassion.
- Looking beyond the health targets to identify actions that will improve equity, quality and patient experience.
- Working with our health service partners to improve against the System Level Measures.
- Reducing the number of missed appointments, especially for children.
- Achieving an excellent result from our certification audit.
- Making sure people can access their primary care team when and where they need them.
- Making sure our four strategic commitments really underpin all our activity.

WHAT DO YOU THINK OF OUR QUALITY ACCOUNT?

Regardless of how well we do, we're always striving to improve everything we do.


With that in mind, if you have any feedback or comments about this Quality Account document we would like to hear from you via email to communications@wdhb.org.nz.




WHANGANUI

DISTRICT HEALTH BOARD

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