



WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui



2017 / 2018

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 our 2017/18 Quality Account to the Whanganui community.

As a small DHB with very little population growth, it can be a challenge to meet the increasing health and disability support needs of our community within the funding available. However, we continue to 'punch above our weight' and serve our community well alongside increased patient volumes and higher acuity.

We began the year with a very pleasing certification surveillance audit report. The auditors were highly complimentary about the culture across our organisation. They provided very positive feedback about our falls programme, and our work in infection prevention and control, and quality and risk.

A highlight for the year was our Quality Awards (Te Tohu Rangatira) event in October held to acknowledge the many success stories and the great work Whanganui DHB staff are undertaking within our health services. This occasion also marked an opportunity to honour and farewell departing chief executive Julie Patterson for whom the Awards held a special place ahead of the moving powhiri held to welcome new chief executive Russell Simpson in January.

A further highlight was introducing the Cognitive Institute's Speaking Up For Safety programme which staff embraced with enthusiasm and a genuine desire to further improve our safety culture. We trained 98 percent of staff ahead of our implementation of the Promoting Professional Accountability programme - a result commended by the Cognitive Institute. Our implementation and engagement campaign has been held up by the Institute as an exemplar for other NZ DHBs.

We have adopted a wellbeing approach to staff health and safety with the WorkWell staff wellbeing programme off to a good start. Our staff will be actively involved in the development of their wellbeing plan in the 2018/19 year. We look forward to putting the plan's actions in place. 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.

Lastly, our cultural awareness programme, Hāpai te Hoe, which forms part of our orientation programme for all new staff continues to have 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 who provide our services, and the impact they have on patients and their families/whānau.



Dot McKinnon

Dot McKinnon
WDHB Board Chair



Russell Simpson
WDHB Chief Executive

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.



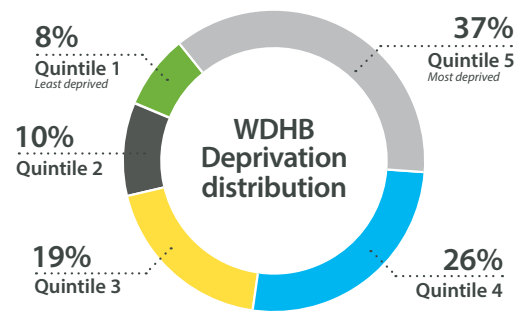
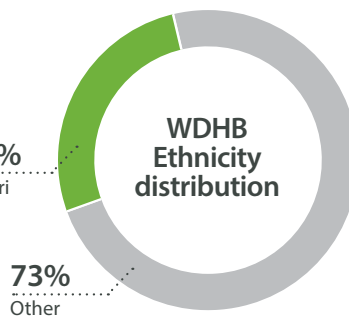
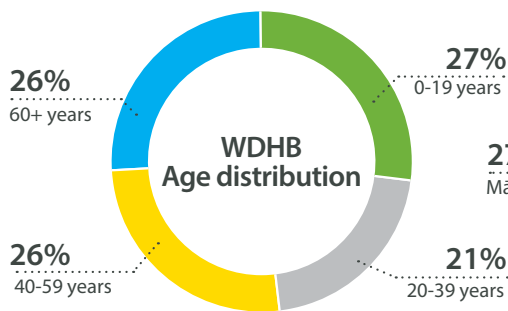
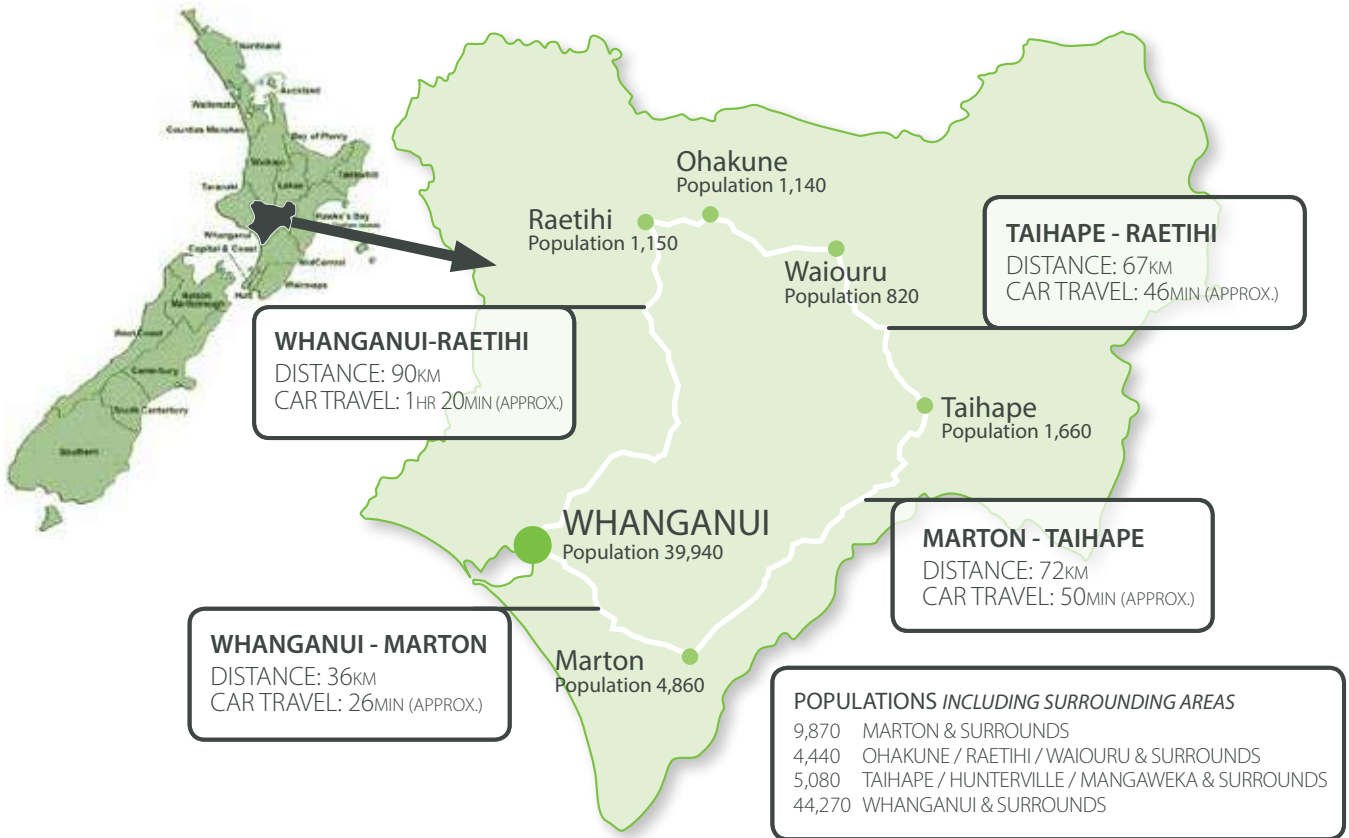
THE POPULATION WE SERVE

HE TANGATA, HE TANGATA, HE TANGATA

One of 20 district health boards (DHBs) in New Zealand, Whanganui District Health Board (WDHB) was established under the New Zealand Public Health and Disability Act 2000. This Act sets out the roles and functions of DHBs. (Refer to page 22 for more information).

WHANGANUI DHB REGION | TOTAL POPULATION: 63,600 | 9,742km²

We acknowledge travel times for communities living in surrounding rural districts will be longer than indicated.



POPULATION AGE DISTRIBUTION - NZ

| | |
|-------------|-----|
| 0-19 years | 26% |
| 20-39 years | 27% |
| 40-59 years | 26% |
| 60+ years | 21% |

ETHNICITY DISTRIBUTION - NZ

| | |
|-------|-------|
| Māori | 15.8% |
| Other | 84.2% |

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 63,600 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:

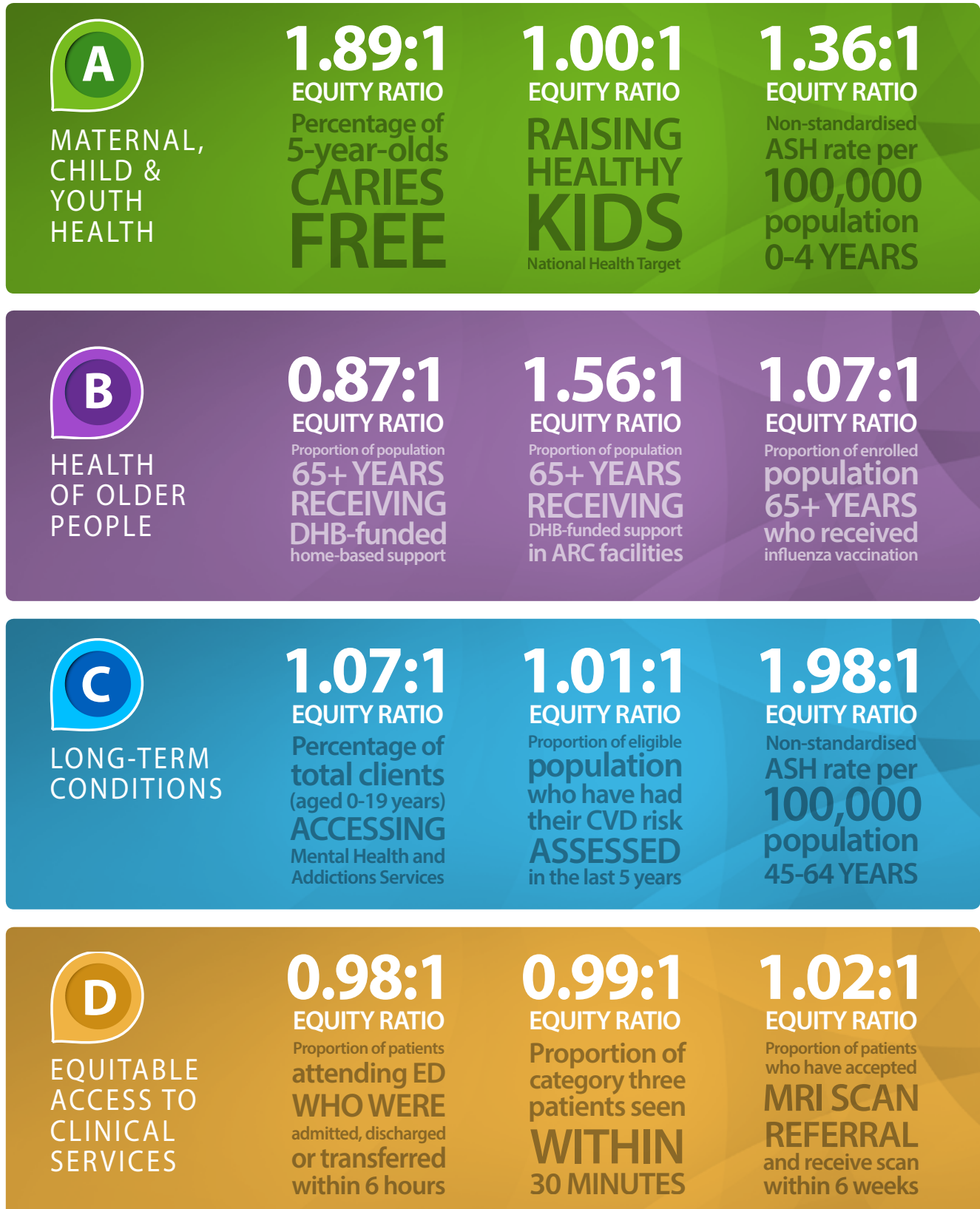
- a static rather than growing population which impacts on the share of funding received
- high rates of deprivation compared to the rest of New Zealand
- poor health status compared to the rest of New Zealand
- a high and growing proportion of Māori and people aged over 65
- a small hospital servicing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



EQUITY SNAPSHOT

To help understand the inequality in health outcomes between Māori and non-Māori, an equity ratio has been included with some measures in the Statement of Performance. The equity ratio illustrates the relative gap between the health outcomes measured for Māori and non-Māori. A ratio of 2 for a disease state shows that Māori are twice as likely to have the disease. For a screening service, a ratio of 2 illustrates that the non-Māori population are screened at twice the rate of Māori. A lower ratio indicates relatively reduced inequality. A ratio of 1 illustrates that health outcomes and service measures for Māori and non-Māori are the same. The graphic below provides a snapshot of equity for key measures in each of our four focus population areas.



OUR OVERARCHING PRIORITIES

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.



ADVANCING MĀORI HEALTH & WHĀNAU ORA

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 equity in Māori health outcomes and to improve the health and wellbeing of the whole community.



INVESTING TO IMPROVE HEALTH 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.



GROWING THE QUALITY & SAFETY CULTURE

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.



WHANGANUI RISING TO THE CHALLENGE TO BUILD RESILIENT COMMUNITIES

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.

OUR FOCUS AREAS



MATERNAL, CHILD & YOUTH HEALTH

Whanganui DHB re-confirmed improving maternal, child and youth health as a key priority for 2017/18. This follows advice received from Hauora A Iwi, our Māori Relationship Board, in 2012 which identified improved maternal and child health 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's 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.



EQUITABLE ACCESS TO HEALTH SERVICES

Improving the quality and safety of, as well as equitable and timely access to, clinical services and preventing 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.





WE REACHED OUT, WE HEARD AND WE LISTENED TO OUR AUDIOLOGY PATIENTS

Manaakitanga - Reaching Out: 'Listening and hearing' our audiology patients

Missed appointments for audiology can mean the difference between a child hearing, learning and thriving - or a life of struggling to hear, failing in school and a downward spiral of low self-esteem and lost potential.

Dalreen Larkin, an enrolled nurse in the Outpatient Department, was personally aware of the risks. So, when Whanganui DHB focused on lifting audiology appointment attendance, Dalreen was keen to take up a new role working with patients and their families/whānau.

In previous years about 40 percent of Māori (38.3%) and Pasifika (44.7%) children were missing their audiology appointments. While the hospital counted the cost of lost clinical and administrative productivity, the community bore the unquantifiable cost of children missing out on services they need and deserve.

A project team was developed in June 2017 to look at how to improve audiology service delivery and quality of care. A cross-sector governance group, including consumer representation, was formed in July 2017 to provide leadership and oversight.

One of the main strategies was the introduction of the new role: Enrolled Nurse Whānau Support Coordinator. In taking up this role, among other things Dalreen began phoning every patient the week before, and the day before appointments.

"When I ring them I can pick up on slight pauses in their voices . . . and I know they're not going to come. So I'll dig in a little bit more.

Sometimes they just need to talk about why it's so important they come. Sometimes I spell out how much it costs the hospital and they're so surprised that that makes them come in. Occasionally they just have no way of getting in and I need to organise a taxi or work with another organisation that can help bring them in."

For every patient, Dalreen has found she needs to listen carefully, use humour and empathy and hear what might be getting in the way for them of attending hospital appointments.

Dalreen also makes sure when patients come in for their appointment that they are welcomed and can feel confident they will be respected.

"I had one teenage girl who was so scared that we'd force her to wear 'ugly' hearing aids that she refused to come. By talking to her I was able to reassure her and when she came in she said she would be happy to come to future appointments."

Dalreen has recorded all her interventions on the TrendCare system, an acuity tool which measures the level of care given to the patient and the results are impressive. In less than 12 months there has been a significant decrease in missed appointments resulting in increased clinic attendance rates across all ethnicities. Most importantly, with further intensive follow-up every child is being followed up and the equity ratio, the gap between Māori and Pasifika children and all other ethnicities has closed.

For Dalreen, there was a time when the hospital felt less welcoming and becoming a nurse was a distant dream. Dalreen combines personal commitment with professional skills and knowledge to help us deliver whānau-centred care.

"Given my background as a little girl growing up . . . I felt the hospital was a foreign place with lots of important people."

There was even a time when, as young parents, Dalreen and her late husband delayed bringing their critically sick daughter to the hospital.

"We were so worried about her but really afraid to bother the doctors."

Growing up Dalreen says her parents and grandparents' generations had their Māori culture "smacked out of them".

Now she uses that knowledge to understand Māori patients and their needs and help other staff develop their understanding.

"I see 'me' walking through the door, especially with Māori. It's probably been in the last 10 years when I've come to accept I'm brown and I'm proud of it. I love who I am."

However, when Dalreen was 33 and with seven children, she thought she had missed her opportunity to be a nurse. Her friend however had other ideas.

"She was doing her training and she had had enough of me because I was always talking the talk but was too scared to walk the walk. One day we drove down to UCOL, she went inside grabbed an application form . . . she filled it out and I just signed it."

It was anything but plain sailing from there.

"I wanted to quit the very first week. I just thought I can't do this." Life also dealt some rough hands to Larkin. Since her journey into nursing began her mother, father and husband have all died.

But she never wavered in her drive to becoming the best nurse she could be.

"Being a nurse is not about me or whatever is going on in my life. As soon as you hit the door, that's it - you leave all that behind. It's about the person and the patient."

Key learnings include:

- Effective communication takes patience, empathy, humour and an understanding of how to convey the importance of the appointment.
- Staff need to advocate for patient/whānau and any concerns they may have.
- It takes time to build trust before people will share what is going on for them and potentially preventing them from attending appointments.
- It takes a great deal of commitment to track down some patients. We need to work as one team with the haumoana and their networks, primary care providers and our partner organisations including Iwi, PHOs, public health and education, welfare and the community.
- Children's care can be across a number of different whānau members, especially pre-schoolers.
- The use of taxi chits can help but needs careful allocation and use of judgment.
- If we send out appointments that don't work for people – it won't work for us either.

WDHB enrolled nurse Dalreen Larkin
Photo: Bevan Conley





WE MADE SURE LOCAL STRENGTH & BALANCE CLASSES HAVE THE TICK OF APPROVAL

Whanganui DHB occupational therapist Nicole Jordan was appointed to a new role as a member of WDHB's Falls Prevention Team. She is also a lead agent (funded by ACC) responsible for supporting community strength and balance programmes for the elderly to ensure they are evidence-based and can make a difference.

Nicole says ACC, WDHB and community agencies are working in partnership to help elderly residents prevent falls because "we know how debilitating they are and we recognise that it makes sense for all parties to work together to help people strengthen their legs and improve their balance so they can remain active".

"Besides causing harm, pain and suffering, falls have a huge impact on a person's overall quality of life and their confidence and ability to mobilise independently."

Nicole says ACC and the DHB want to see any groups who offer community-based exercise classes for the elderly to be able to show that they have the ACC 'tick' of approval - proof that their exercise regime is promoting the right exercises to help improve an older person's strength and balance.

"I'm enjoying meeting with those offering physical activities for the elderly," Ms Jordan says. "I'm encouraged the message that people need to exercise to maintain their strength and balance is being heard."

"It's widely accepted that from the day we're born we need to exercise for the benefit of our health and wellbeing. But where I think we've seen a big change is - people now understand how important it is to maintain exercise when you're older and more likely to suffer harm from a fall."

WE COMBINED EFFORTS WITH OTHERS IN AN EFFORT TO REDUCE FALLS IN OUR ELDERLY

Whanganui DHB's Falls Prevention Team made good use of the 2018 April Falls Month to promote themselves to the local community and encourage anyone who has fallen, or is prone to falling, to ask for advice and support.

The team's full-time registered nurse Alida Van Den Broek is confident she and her colleagues are having a significant impact in helping to reduce falls among the elderly and helping those who have a fall, to recover.

The Falls Prevention Team is based at Whanganui Hospital where they accept referrals from GPs, families/whānau, community agencies such as Age Concern, community and home-based support services and St John Ambulance, as well as hospital services such as the District Nursing Service.

Funded by ACC, the Falls Prevention Team helps reduce falls among the frail elderly through assessments and interventions they carry out in a patient's home.

The team includes Alida, part-time occupational therapist Nicole Jordan and part-time physiotherapist Julie Craig who are employed by the WDHB, and fracture liaison service nurse Tina Van Bussel who is employed by the Whanganui Regional Health Network.

Alida says they had one client who contacted her directly when an injury left him unable to continue his attendance at strength and balance exercise classes in town. She arranged to visit the man and assess his home environment before seeking support from the rest of the team to get him 'back on his feet'.

"For a man who lives on his own, it's very important to him that he's mobile and able to lead a full life. He wanted to be able to get out and socialise, continue his voluntary work and maintain a good level of independence," Alida says.

"The reasons why people have falls are many and varied. It could be due to medical reasons, reduced mobility and the environment that a person is living in, their diet, their medication, sight and/or hearing or a reduced ability to look after oneself."

"When we complete our assessments we're looking at the wider picture and in doing so, often find ourselves referring a patient to other services such as a diabetes clinic or medication review."

"We advise people to request a referral during their next GP appointment, but if that's not possible or practical, we suggest people phone our Falls Prevention Service directly."



Falls Prevention Team registered nurse Alida Van Den Broek

OUR FALLS PREVENTION TEAM HELPED PEOPLE LIKE TREVOR GET BACK ON COURSE AGAIN

Former Wanganui harbour master and master of the PS Waimarie Trevor Gibson has led an active and interesting life both at sea and on land. His late wife used to say he had salt water in his veins.

Octogenarian Trevor was proud of the fact that age hadn't slowed him down and he was taking good care of himself. And then he had a fall in 2017 which 'threw' him.

Besides the fact he'd had a cataract operation, Trevor was troubled by a sore back which had made him unsteady and susceptible to falling. He lost his confidence and started doubting if he was doing as well as he thought he was. He'd been doing the circuit at Splash Centre gym for a couple years to keep up his fitness but he knew he needed help.

When he saw an advertisement about Whanganui DHB's Falls Prevention Service, he gave them a call.

Falls Prevention team registered nurse Alida Van Den Broek visited Trevor and they got on like a house on fire. Initially, Alida taught him strength-building exercises to do at home while he recovered from the fall, then she referred him to Age Concern to encourage Trevor to join their Steady As You Go classes.

He started going to the classes and really enjoyed them plus the fact that once a month after class, the group meets for coffee.

On top of the Steady As You Go classes, Trevor has continued his exercise programme with another group called Carla's Group Fitness run by Carla Langmead. He's dropped his circuit training at the Splash Centre which he says had become too much for him following two knee replacements.

"While I use a walker for gardening and around the house, I don't use any aids in my exercise class and hope I won't need to," Trevor says. "I'm a firm believer that if you don't use it, you lose it."

In early 2018, Trevor attended a WDHB board meeting where he gave a spirited presentation about the wonderful support he'd had from Alida and how grateful he is to her for helping get his life back on track after his fall.

"It's been wonderful watching Trevor build up his strength and confidence," Alida says. "It's enabled him to remain an active member of the community which was very important to him."

Whanganui Falls Prevention Team patient Trevor Gibson
Photo supplied





OUR CONSUMER GROUP, TE PUKAEA, CONTINUES TO MAKE A DIFFERENCE

Whanganui DHB's consumer council (Te Pukaea) has had significant input into how we provide services and information to our patients and their families, and importantly, how we improved the way we work during the 2017/18 year.

Te Pukaea's six members are selected based on their experience as a patient or as a family member of a patient who was let down in some way by WDHB. Each member is very focused on improving the patient and family/whanau experience at WDHB alongside staff at all levels in the organisation.

Te Pukaea's job as a consumer group is to provide the perspectives of those who use hospital and health services. They do this by bringing to the table ideas based on the practicalities and realities of everyday life outside the hospital or surgery with a focus on quality and safety.

It's important that clinicians realise that patients and families may not want the treatment options that clinicians offer so Te Pukaea help remind us that it is what the patients want that matter.

Whanganui DHB believes Te Pukaea's value lies in having the patient and family voice input embedded into all levels of service, provided for the Whanganui DHB community.

Te Pukaea members are invited to contribute to every initiative and issue considered within the hospital. Crucially, Te Pukaea provide their input to committee members who review incidents when something goes wrong for a patient and/or their family such as a delayed diagnosis or a 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.

Te Pukaea's ability to ask questions and put relevant points of view that would not otherwise have been considered adds great value to 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.

It's important to note that having consumer input in DHBs has been driven by the World Health Organisation, Government, Health and Disability Commission, HQSC and WDHB in its annual plan and because it is the right thing to do.

Te Pukaea are very aware of our responsibility to carry the message or voice of the people we represent and make it heard.

In Māori, 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 a far.

Te Pukaea was established by Whanganui DHB in late 2015. There are six members, who have all experienced a serious incident when treatment they or their family received had an adverse impact on them.

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

The Patient Safety Centre manager chairs the meeting and is supported by the director of Māori Health. Whanganui DHB recognises it is critical that senior management support and answer questions and concerns for Te Pukaea members.

Te Pukaea meets regularly but as with most things in life, the important activities happen away from meetings.

What are some of the tasks Te Pukaea have done to date?

Te Pukaea have been involved in a number of areas both in the WDHB and at a national level.

For example:

- Reviewing patient literature to ensure it will be easily understood by the consumer
- Being a team member on numerous critical systems analysis (CSA) and root cause analysis (RCA) investigations
- Being involved in improvement projects in the Outpatients and Emergency Departments
- Providing advice in the production of Quality Account
- Being involved in the selection panel for senior staff appointments
- Being involved in nationwide initiatives
- Appointing a chair. Te Pukaea now sets its own pathway in conjunction with the patient safety manager, the director of nursing, the director of Maori Health and other staff within the WDHB to improve the patient and family/whanau experience.



FIT FOR SURGERY, FIT FOR LIFE

We know the risks of surgery can be confronting for anyone who is about to have an operation. Even more worrying is that these risks steadily increase for people who have pre-existing health issues, who smoke, drink alcohol, and who are overweight. Whilst some patients find the incentive of surgery enough to overcome some of these issues, for others it can be a long-term journey. Whanganui DHB's Fit for Surgery, Fit for Life programme was first proposed by Dr Marco Meijer, medical director of anaesthetics in 2016.

With support from ACC, the DHB and Sport Whanganui have developed a pilot programme which will begin in late 2018. The focus of the pilot is for patients with a high Body Mass Index (BMI) who have either been referred into to see a surgeon or who are already on the waiting list. During the pilot, the programme will widen its reach to the primary health sector to include community access to dietitians, physiotherapists, diabetic nurses and sports rehabilitative activities in order to encourage permanent life style changes.




The aims of the Fit for Surgery, Fit for Life programme are to support a decrease in pre-surgery risks particularly the potential for obesity related complications. Fitter patients and family will lessen the impact of any postoperative complications. This has a positive impact on the patient's recovery, length of stay, rehabilitation plan and financial impact for both patients and organisations such as hospitals and ACC. Finally the pilot will establish a community-based, weight reduction approach which uses existing funded community health services.

Patients coming onto the programme will be assessed in a holistic way, and will be monitored and supported through their journey through a variety of support options including community groups, dietitians, sport rehabilitation, psychological support and family support. The programme will include rural and urban services as well as local Iwi providers.

Provided as a partnership between the DHB and Sport Whanganui with support from ACC the programme will employ a navigator who will provide coaching and coordination for patients. The goal is that patients will not only be fit for surgery but also will have gained strategies to help them maintain a healthy lifestyle after their surgery and beyond.

sport whanganui
leaders in sport

WHANGANUI
DISTRICT HEALTH BOARD
Te Paari Hauora o Whanganui

Are you Fit for Surgery?

E hoa! Kei te ora tou tinana?

Are you ready and able? This brochure contains information about what you can do to make sure you are as 'fit' for surgery as you can be.

wdhb.org.nz

*Better health and independence
He hauora pai ake, he rangatiratanga*

MEASURING QUALITY

Whanganui District Health Board is committed to ensuring our patients and their whānau receive safe, quality care. It is important that we ensure we are on track and are continually improving.

We evaluate quality and safety in two different ways:

- We listen to patients and whānau who tell us about their experiences through feedback such as complaints or patient surveys.
- We also look at our data to identify where we can improve.

Patient Experience Survey

We collect patient experience feedback and data through the Health Quality and Safety Commission's (HQSC) patient experience survey which we see as a valuable indicator of how well our health services are working for patients and their whānau/family.

The adult inpatient survey runs quarterly covering four key domains of patient experience - communication, partnership, coordination and physical and emotional needs. Survey responses are anonymous unless patients choose to provide their contact details.

Survey results are published nationally each quarter and fed back to the senior management team and individual services around the hospital. The focus is split between what we are doing well and improvement opportunities.

Two areas we know we need to focus on are improving discharge planning and provision of information to patients about their medicines.

Quality Safety Markers

Whanganui DHB works with the HQSC who collect and interpret health service information from DHBs across New Zealand. One way to do this is through their Quality Safety Markers (QSMs).

The QSM focus areas are:

- falls prevention
- reducing healthcare-associated infections:
 - hand hygiene
 - surgical site infection (orthopaedic surgeries)
- safe surgery
- preventing patient deterioration
- pressure injury prevention
- reducing harm from opioids.

Falls prevention

The falls measure looks at older patients who are assessed at the risk of falling those who had an individual care plan to address the risk. We consistently achieve over 90 percent. Of the 156 patient falls reported during the year, 74 events resulted in no harm and 82 resulted in minor harm such as bruising. No patients suffered broken bones from a fall.

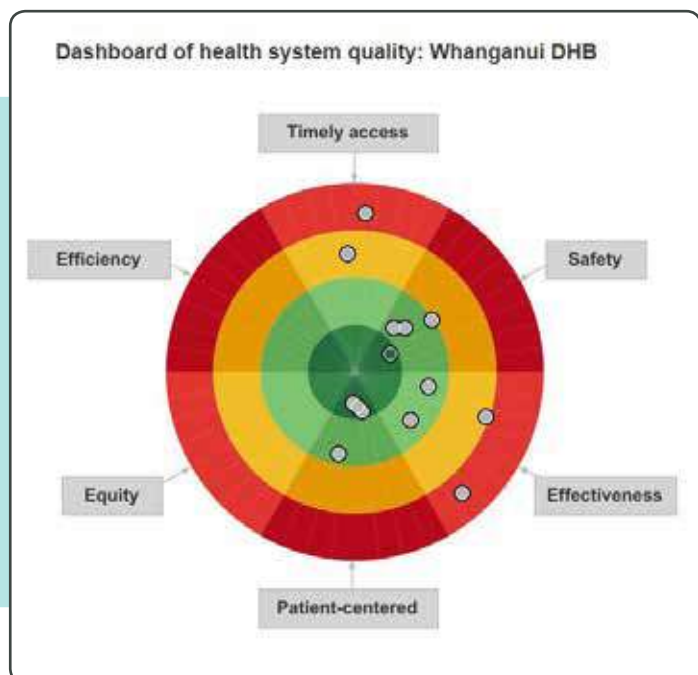
Hand hygiene

Whanganui DHB has the second highest successful audit rates in the country for hand hygiene. We acknowledge how much our patients and their whānau support the hand hygiene programme. We know we still have room to improve and encourage patients and their whānau to talk to staff if they haven't seen them wash their hands.

Dashboard of health system quality

This was introduced by the HQSC in May 2018, and shows how individual DHBs are performing in a variety of areas. The 'dartboard' uses a traffic light system to show where a DHB sits in relation to the national average for each measure. Any score within the green is good with scores in the amber and red areas being below the national average.

The dashboard can be accessed on the Health Quality and Safety Commissions website: <https://www.hqsc.govt.nz/>

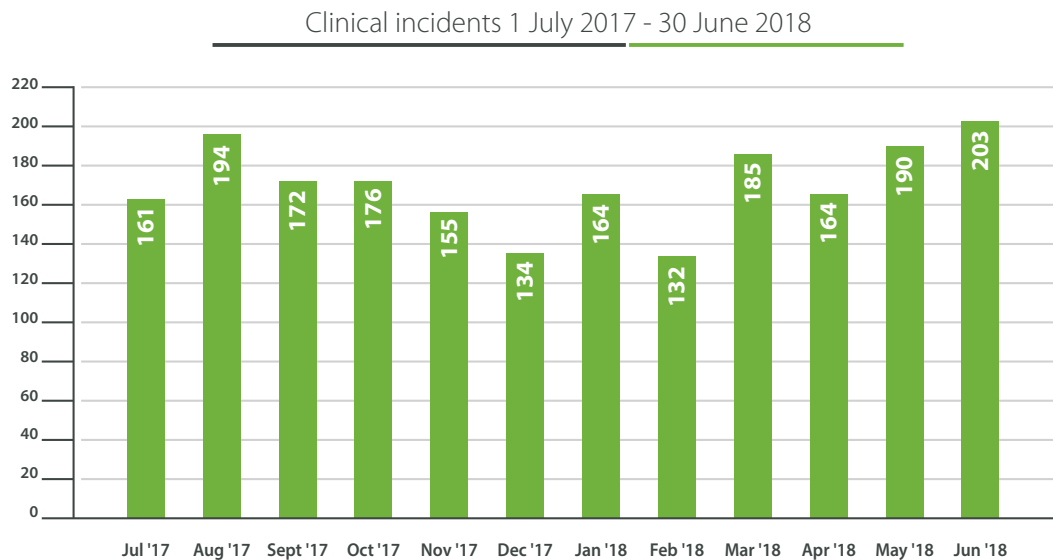


MANAGING CLINICAL EVENTS

A clinical event is any event that has caused patient harm, or event that could lead to patient harm.

Whanganui DHB uses RiskMan which is a computer programme that allows staff to report clinical events and records the management of these events. The system captures incidents where a patient has been harmed, as well as 'near misses'.

Close to 80 percent of events reported resulted in no harm, but provide us with opportunities to learn from these 'near misses'.



Staff and families are encouraged to tell us about their experiences and report all events whether harm has occurred or not. Sometimes this leads to the identification of events which are then reported in RiskMan.

Recognised clinical events resulting in serious harm 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 serious clinical events from across New Zealand.

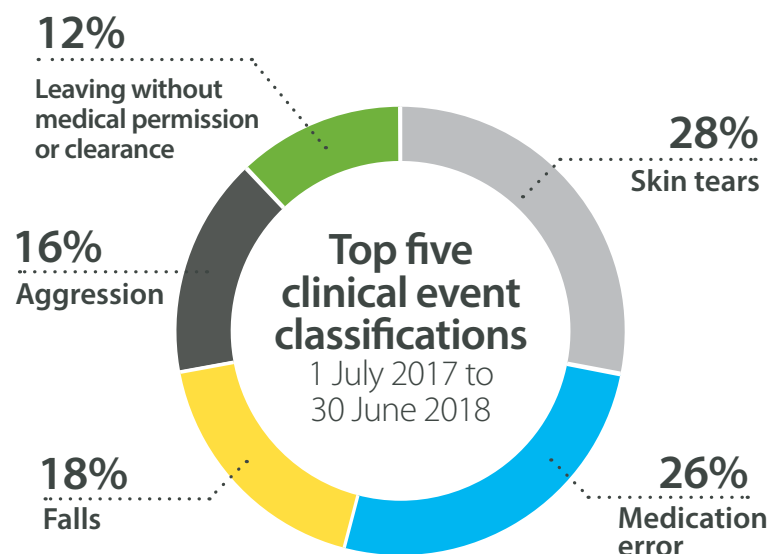
In Whanganui, all clinical events with serious outcomes are reviewed in depth by a team which is clinically and culturally appropriate and always includes a consumer. Once the team has understood why the incident occurred, they recommend changes that, if put in place, will either stop or reduce the chance of that incident reoccurring.

Recommendations are signed off by the chief executive 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 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 and being open and honest with patients and families.





WE LED BY EXAMPLE & ENCOURAGED WATER AS THE BEST CHOICE

They knew it wouldn't be easy, but Whanganui DHB board members Stuart Hylton and Dame Tariana Turia committed to drinking water last year to support the national 'Switch to Water' campaign.

The New Zealand Dental Association challenged the public to drink water only for 30 days in November, in the hope it would encourage participants to carry on doing so once the challenge ends.

Mr Hylton and Dame Tariana are strong supporters of any effort to discourage Whanganui residents from consuming sugary drinks – and particularly children. They say anything that will help cut the level of decay in the teeth of Whanganui residents is a good move.

"Our children have one of the highest levels of tooth decay in New Zealand so to see adults rejecting sugary drinks in favour of drinking water only, sets a very good example for them to follow," Dame Tariana says.

"I was delighted to be asked to spearhead the WDHB's support for the 'Switch to Water' campaign which ran for the month of November."

WDHB deputy chair Mr Hylton said given that WDHB board chair Dot McKinnon took on the challenge in 2015, he felt it was only right that he stepped up and took on the challenge the following year.

"I like the fact we are encouraging people to drink water - a natural resource that is readily and freely available to all via our taps."

In his role as chair of the WDHB's Combined Statutory Advisory Committee he leads regular discussions around tooth decay, how it impacts on the health and wellbeing of children and adults who need to have teeth removed, and the costs involved for them and the DHB.

Those interested were able to register for the 30-day challenge and receive a weekly email reminding them about the challenge and some tips/information to help them along the way.

Mr Hylton and Dame Tariana encouraged classrooms of children, businesses, work colleagues and groups of friends to sign up for the challenge.

WDHB Dental Services clinical manager Barb Dewson and board members Stuart Hylton and Dame Tariana Turia



A

WE WORKED HARD TO REDUCE CHILD OBESITY

The percentage of children identified as obese during their B4 School Check has steadily fallen over the past two years – a result Whanganui DHB has worked hard to achieve.

WDHB Service & Business Planning portfolio manager Jon Buchan says the percentage of Māori children considered obese has dropped from 20 percent in Quarter 4 of the 2015/16 year to 9.3 percent in Quarter 2 of the 2017/18 year.

For children categorised as 'other', the percentage has fallen from 11.4 percent to 8.2 percent over the same period. Jon believes there are several reasons for the turnaround.

"I think the Healthy Families* initiative's wide-ranging reach and focus on connecting with Māori, the WDHB Health Promotion team's ongoing efforts to reduce sugary drinks and the introduction of the Be Smarter Tool and resources have all contributed to the result we're seeing," Mr Buchan says.

"The Be Smarter Tool (which helps families set goals to improve the health of their children) introduced into all general practices and Well Child Tamaraki Ora providers is helpful in ensuring families receive consistent messaging and approaches to reducing obesity.

"It's heartening to think that by working together at a community level, health agencies, pre-schools and programmes are improving the wellbeing of our pre-school population while also reducing the differences in health status that exists between Māori and non-Māori children."

* Healthy Families NZ is a large-scale initiative that brings community leadership together in a united effort for better health. It aims to improve people's health - where they live, learn, work and play - in order to prevent chronic disease.

WE WORKED TOWARDS WATER PROMOTING WARDS

Whanganui Hospital's Maternity and Children's Wards are encouraging patients, family members, visitors and ward staff to choose water as their preferred drink and to support 'Water is Best' both in the hospital and at home.

Whanganui DHB Oral Health project manager Felicity Spencer says staff are being asked to lead by example. And parents and visitors are being encouraged to avoid bringing sugary drinks into the hospital.

"We know parents like to bring treats in for their children but when those treats include sugary drinks, we want to raise awareness about the damage these drinks can do to their child's teeth and long-term health," Mrs Spencer says.

"As a DHB, it's important we show leadership in providing and encouraging healthier food and drinks. It's well known many people end up in hospital with diseases resulting from what they eat and drink.

"Healthy choices need to begin at a young age to help people of all ages prevent tooth decay and obesity. Every child deserves a healthy start in life."

Mrs Spencer says it's worth remembering that drinks considered 'healthy' such as juice and sports drinks, contain significant amounts of sugar.

"A glass of juice contains approximately 6.5 teaspoons of sugar, and a bottle of sports drink approximately, 14 teaspoons. It is recommended that children have no more than six teaspoons of added sugar in their diets per day."

There are plans afoot for 100 children admitted into the Children's Ward to receive a 'goody' bag with a 'Water is Best' water bottle sponsored by Sport Whanganui, a toothbrush and toothpaste, and written material about dental health for their parents and themselves.



WHAT WE PROVIDED IN 2017/18

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



21,909
PATIENTS THROUGH
EMERGENCY
DEPARTMENT
2016/17: 20,695



9,464
INPATIENT
STAYS
2016/17: 9,501



4,076
OPERATIONS
2016/17: 4,045



53,244
RADIOLOGY
TESTS
2016/17: 52,532



893
FULL TIME
EQUIVALENT
(FTE) STAFF
2016/17: 856



260
NEW INPATIENT
ADMISSIONS TO
MENTAL HEALTH
2016/17: 253



45,587
SPECIALIST
OUTPATIENT
APPOINTMENTS*
2016/17: 43,966



\$83.5m
TOTAL
WAGE BILL
2016/17: \$78.3m



743
BIRTHS
IN WHANGANUI
HOSPITAL/RURAL
HEALTH SERVICE
2016/17: 719



SUPPORTED
199
PEOPLE WHO
DIED IN HOSPITAL
2016/17: 167



3,070
ALL ELECTIVE
SURGICAL
OPERATIONS*
(WITH ANAESTHETIC)
2016/17: 3,003



1,006
ALL ACUTE
EMERGENCY
OPERATIONS*
(WITH ANAESTHETIC)
2016/17: 1,042



294
PEOPLE REQUIRED
MORE THAN 3
ACUTE ADMISSIONS
2016/17: 365

* Definition for these measures has changed from similar measures reported in previous years.



OUR ICAMHAS CLIENTS ARE BEING SEEN QUICKEST ACROSS THE COUNTRY

A three-year effort by Whanganui DHB to reduce wait times for young people accessing its Infant, Child and Adolescent Mental Health and Addiction Services (ICAMHAS) has paid off.

Between 2015 and 2018, Whanganui DHB has moved from being the worst performing DHB in the country for the three-week wait times to the best performing of the 20 DHBs.

In 2011/12, only 25 percent of young people accessing ICAMHAS were seen within three weeks. In 2012/13, that number rose to 29 percent, and in 2013/14 it dropped again to 23 percent.

The improvements have been led by ICAMHAS clinical nurse manager Janice Bowers and ICAMHAS clinical coordinator Liz Turner who, in early 2015, made a commitment to New Zealand's director and chief advisor of mental health Dr John Crawshaw that they would not allow the WDHB to remain the worst performing DHB for three-week wait times.

"We began by looking at our referral system and accepting most referrals with the view that if we see the young person/family, we can give an informed decision about whether our service can help or whether we should navigate them to a service which is better suited," Ms Bowers says.

By streamlining the referral process, appointments for a time within the following three weeks are usually sent the same day a referral is accepted.

Monthly audits of all referrals allow the ICAMHAS team to determine if and why any patients missed being seen within three weeks.

"I'm pleased to report that most months our team exceed the three-week target and over the past nine months we've only missed the target by one percent for one month," Ms Bowers says. "It's been very much a team effort getting to this point – a team effort that's working well."





OUR SMOKING CESSATION INITIATIVES EXPERIENCED HIGH ENGAGEMENT

Whanganui Stop Smoking Service, Nga Taura Tuhono, celebrated its first year knowing that, compared with all other New Zealand 'quit' services, they have achieved the highest rate of engagement with people who smoke – and more importantly, that many of those people have quit altogether.

Whanganui Stop Smoking Service clinical director Dr John McMenamin says while the Ministry of Health had set a target last year for New Zealand's quit services to engage with five percent of smokers in their region, the Whanganui service exceeded the target by engaging with 9.2 percent of the region's smokers.

"And furthermore, with the help of carbon monoxide meters, 43 percent of those people were validated as having quit," Dr McMenamin says.

"Understandably the five organisations who make up the Whanganui Stop Smoking Service - Whanganui Regional Health Network, Te Oranganui, Health Solutions Trust, Taihape Health and Whanganui District Health Board – are delighted with this result.

"We attribute this success to three factors: A strong partnership between providers; integration with general practice, the hospital and other health providers; and importantly, a highly skilled and approachable quit team whose efforts resulted in a high number of word-of-mouth referrals.

"More than 1500 people have been referred to, or walked into one of the service's centres at the Quit Clinic in Wicksteed Street, the Te Oranganui campus, Gonville Health, Rangitikei Health Centre, and school and community sites in Taihape and Raetihi," Dr McMenamin says.

"Last year, the number of people living in the Whanganui region who smoke dropped to 9000, so with more than 500 people committing to a definite quit date over the last year, this number is falling by the day."

Dr McMenamin says the Whanganui Stop Smoking Service plans to build on its success by offering an incentivised programme to help pregnant women to stop smoking. Midwives, GPs and practice nurses are working together on this approach.

The Whanganui Stop Smoking Service says everyone involved in helping people to stop smoking through this shared approach to smoking cessation, can be very proud of what has been achieved in one year.

Committed Smokefree advocates Candace Sixtus and Rosie McMenamin have been busy promoting the fact most Whanganui district pharmacies are offering free Nicotine Replacement Therapy (NRT) patches, lozenges and gum to those wanting to quit smoking.

Thanks to a Pharmac-led decision to change prescribing rules, smokers can now walk into pharmacies nationwide to ask for all three items without a doctor's script – a scheme almost all Whanganui district pharmacies have signed up to.

When the scheme kicked off in March, Candace and Rosie were hopeful a good number of Whanganui district's 9000 smokers would seek support to quit for the sake of themselves and their whānau. They saw the pharmacy initiative as a great opportunity for smokers to tap into and it appears many smokers agreed with them.

Rosie says pharmacies have told her as a result of publicity about the scheme they'd had pleasing numbers of smokers walk in, enquire about the free patches, lozenges and gum and take the opportunity to be referred to the regional stop smoking service, Nga Taura Tuhono.

Despite the annual 10 percent price rises on 1 January and all the publicity that's in place to persuade people to become smokefree, a fifth of Whanganui's population (which includes one in three Māori and one in four Pasifika) continues to smoke.

Based on \$25 a day for a pack of 20 cigarettes (\$175 a week), the cost of smoking now sits at around \$9200 per year which is significant sum of money for most people. If people choose not to seek support from pharmacies and the regional stop smoking service, they have the option of seeking support through their general practitioner, Te Oranganui and Quitline.



WE WORKED WITH OTHERS TO COMMUNICATE WHERE TO GET THE RIGHT CARE . . . AT THE RIGHT TIME

The 'Where should I be?' campaign was designed this year to provide members of the public in the Whanganui region with information about when and where to go for health care and advice.

A joint effort by providers of primary and secondary health services, it's all about helping people get the most appropriate health care for the illness or injury they are experiencing at the right place . . . first time.

The ongoing campaign focuses on providing clear, consistent messages across the Whanganui health sector and community by working with healthcare providers in both primary (GP practices) and secondary care (hospital). A number of campaign resources such as posters and brochures have been developed for distribution and use throughout the community including kohanga reo, schools and sports clubs.

A key driver for the campaign was to help manage demand for acute services in the region. A key focus was on reducing urgent after hours/emergency department presentations for illnesses and injuries that could easily (and often more quickly) be treated by a patient's GP or other primary healthcare provider - especially during the winter months.

The campaign resources use a 'traffic light' system to visually and simply communicate messages about the options available for accessing health information or care, particularly if it is outside normal hours or if people consider it to be urgent.

The information also provides tips for how to keep you and your whānau well in winter such as videos about how to your home warm and dry, and therefore more healthy.

Visit:
www.manageme.org.nz/healthy-living/where-should-i-be

SPORTS

Injury & illness treatment and referral information

FOR ALL INJURIES:

CHECK ASSESSMENT
Initially by a trained first aider: get the patient to the sideline? If not, call 111.

THE SIDELINE:
Provide immediate treatment and information on what to do and where to seek further treatment.

OPTIONS FOR FURTHER TREATMENT:

Weekdays:
Call your general practice (GP) or Healthline on 0800 611 116.

Weekends:
For urgent or after hours care, contact your general practice in the first instance for advice. Or visit the Whanganui Accident & Medical (WAM) service located at Whanganui Hospital. Open every day from 8am-9pm.

| Brain, strain possible fracture | Cuts and wounds | Head injury |
|--|--|--|
| IMMEDIATE TREATMENT Check the injured area | IMMEDIATE TREATMENT Clean Cover Check | IMMEDIATE TREATMENT Check concussion symptoms: unconscious, drowsy, can't move limbs, vomiting |
| Where to go next | Where to go next | Where to go next |
| Home (Self Care) To rest and follow RICED guidelines if minor swelling and bruising. | Home (Self Care) To rest and monitor minor wounds. | Home (Self Care) To rest and monitor minor wounds. |
| Weekday 1 Call your general practice (GP) if in pain or can't use limb as normal. | Weekday 1 Call your general practice (GP) if wound is gaping, has something in it, or is not healing after 2 days. | Weekday 1 Call your general practice (GP) if in pain or can't use limb as normal. |
| Weekend 2 Visit an after hours service if can't use limb as normal and it's very painful. | Weekend 2 Visit an after hours service if wound is gaping, has dirt or something else in it. | Weekend 2 Visit an after hours service if can't use limb as normal and it's very painful. |
| Emergency 3 Go to the Emergency Department if in severe pain and limb is pale, cold and/or deformed. | Emergency 3 Go to the Emergency Department if wound is large or deep and there is large blood loss. | Emergency 3 Go to the Emergency Department if in severe pain and limb is pale, cold and/or deformed. |

ALL: If concerned, call local doctor or Healthline 0800 611 116. If an

KEEP WELL THIS WINTER

Mauri Ora, Mauri Tangata

TOP TIPS

- Get your annual flu vaccination – it's one of the best ways to keep yourself well.
- Keep you, your whānau and your home warm.
- Keep active and get lots of fresh air.
- Wash and dry your hands thoroughly to keep germs away.
- Cover coughs and sneezes.
- Warm up before sport and cool down and stretch afterwards.
- Attend check-ups for any existing conditions.
- Avoid smoking. Call the local stop smoking service on 0800 200 249.

GET YOUR FLU SHOT

Well, stay home and rest up to prevent germs from spreading.

UNWELL OR INJURED?
Where should I be?

- Call Healthline 0800 611 116 – for free medical advice 24hrs/day.
- Home for rest, regular fluids and pain relief, if required.
- Talk to your pharmacist – they are a good source of information.
- Contact your general practice team first.
- For urgent or after hours care, contact your general practice in the first instance for advice. Or visit the Whanganui Accident & Medical (WAM) service located at Whanganui Hospital. Open every day from 8am-9pm.
- Emergency Department for emergencies.

HEAD INJURY

What to do next

- Home (Self Care)**
if minor headache after injury.
- General Practice (GP)**
for assessment if brief loss of consciousness or in pain.
- ED (Emergency Department)**
if drowsy, acting strange, vomiting, can't move parts of body, blurred vision, slurred speech.

WE CHALLENGED OUR COLLEAGUES TO GET ACTIVE ON THEIR BIKES

In early 2018, four Whanganui DHB staff members appealed to their workmates to 'give cycling a go' during the February Aotearoa Bike Challenge.

Health promoters Karney Herewini and Kylee Osborne, physiotherapy clinical coordinator Carol Ramsden and community mental health nurse Grant Hird encouraged staff, their family/whānau and friends to spend 10 minutes or more a day riding their bike to improve their fitness and see if it's something they might consider doing year round.

"The Aotearoa Bike Challenge is the perfect opportunity for people of all ages to ride their bikes and enjoy the freedom that cycling offers," Mr Herewini says.

"Besides the health benefits we gain from biking, and the fun you can have with family and friends, it costs a lot less than driving a car to and from work."

Thirty-four WDHB staff members participated in the previous year's Aotearoa Bike Challenge which saw 1000 organisations register for the challenge nationwide. This year, 52 Whanganui DHB staff participated and collectively cycled more than 6000km during the month.

Mrs Osborne says it's fun, free and encouraging in the way in which points are allocated based on the number of staff participants and rides logged.

"Anyone can take part and you can ride when and wherever you feel comfortable. As the month passes and rides are logged, staff go into a draw for prizes. It's a good team builder, encourages staff to participate in physical activity and it encourages them to think about sustainability and transport options."

Other Whanganui organisations who registered to participate in the challenge included:

- Whanganui Police
- Whanganui District Council
- Whanganui City College
- Whanganui Cancer Society
- Bike Users Group
- Te Oranganui
- Ngā Tai o Te Awa
- Opus International Consultants.



From left: WDHB physiotherapy clinical coordinator Carol Ramsden, mental health nurse Grant Hird and health promoter Kylee Osborne



52 STAFF
ENGAGED &
TOOK ON THE
CHALLENGE



6,000
KILOMETRES
CYCLED IN
FEBRUARY



586
JOURNEYS
COMPLETED



522KG
CO₂ SAVED
FROM CYCLING
IN FEBRUARY

23RD PLACE
FOR ORGANISATIONS
WITH 500-1999 EMPLOYEES

D

WE CONTINUED TO UPGRADE OUR CLINICAL IT SYSTEMS

Another significant piece of the regional health information computer system went live through the year as our organisation made the transition to a new regional patient administration computer system (webPAS) in mid-February.

Implementation of the regional webPAS patient administration system expands the stable of key clinical IT systems that Whanganui DHB has moved onto the shared regional system over recent years.

The webPAS system is part of the Regional Health Informatics Programme - a large programme of work across the Central Region DHBs - which supports the Ministry of Health's vision of a national, shared health information model.

It enables more efficient and safer delivery of health services through the centralisation and appropriate sharing of patient records between DHBs in the lower North Island. Through the shared system, health professionals can access important patient information from any hospital in the lower North Island.

WDHB corporate general manager Brian Walden says the implementation of the webPAS system entailed a significant and ongoing change programme to prepare the organisation prior to, and after, go-live.

"The system we replaced had been in place for more than 20 years," Mr Walden says. "And, because it was used by the majority of our staff, the scale of the change was one of the largest experienced by our DHB.

"Our change programme is ongoing because, understandably, it takes time to adjust to a change of this size."

"Following some early challenges we are now realising the benefits that come from being more connected to our regional partners and having patient records more available across the Central Region DHBs."

MidCentral and Wairarapa DHBs went live on the regional webPAS in December 2017 and January 2018 respectively. In time, they will be joined by Hawke's Bay, Capital & Coast and Hutt Valley DHBs.

Prior to webPAS, Whanganui DHB transitioned to the regional Clinical Portal and Radiology Information (RIS) systems. As with webPAS, continued development of these systems is ongoing in an effort to better meet the needs of clinicians across the lower North Island.

Regionally, Hawke's Bay DHB have been working towards their go-live on the regional Clinical Portal in September 2018. Capital & Coast DHB plans to transition to the regional RIS and share their data on the regional platform by the end of 2018.



OUR UROLOGY PATIENTS ARE WELL SUPPORTED THANKS TO CLINICAL NURSE SPECIALISTS

Urology clinical nurse specialists Deb Jennings and Erica Griffiths are slightly embarrassed, but pleased to hear, their manager Judie Smith can't speak highly enough about them.

Following a challenging period which saw the WDHB's urology clinics understaffed, Judie says Deb and Erica are working on building an improved Urology Service which, thanks to new funding, includes support for patients with urological cancers. There are currently three urology specialists coming over from MidCentral DHB to see patients but with a locum joining their team in the near future that number may rise to five. This will increase consultant clinics in Whanganui.

Erica joined the urology team in July 2017 on secondment from her then role as a continence clinical nurse specialist. She enjoyed the experience so much she opted to remain in urology.

In March this year she was joined by Deb who for some years had worked in Capital & Coast DHB's Urology Service before moving to Whanganui where she worked in pre-admission for our Outpatients Service.

"Erica and Deb support urology cancer patients right through their journey from beginning to end which is a new and very successful way for us to work with these patients," Judie says. "This reflects our focus on patient-centred care.

"Given the fact we don't have a urology specialist in Whanganui and we rely on MidCentral, it's key that our patients have confidence that we have two highly competent nurses they can rely on."

The addition of the uro-oncology component of the role has allowed Erica to be involved with the Road Map group which is a collaboration between consumers, the Cancer Society and DHB staff. Their aim is to direct men with a diagnosis of prostate cancer to information that will help them decide the type of treatment they want, in a format they can understand.

The *Road Map* aims to bridge the significant difference in health literacy between consumers and health providers – an exciting initiative for the service to be involved in.

Erica has spent time building a good relationship with the MidCentral Urology team to the point she's even helped them out when they've been short staffed. And Deb is also keen to meet with and gain work experience with the MidCentral team.

Whanganui DHB's partnership with MidCentral DHB has been in place for around eight years, but all going well, it will strengthen with time thanks to our two urology CNSs.

From left: WDHB urology clinical nurse specialists Erica Griffiths and Deb Jennings



WE WORKED HARD TO FURTHER IMPROVE OUR SAFETY CULTURE

In 2017, Whanganui DHB signed up to the Speaking Up for Safety™ Programme provided by the Australian-based Cognitive Institute - part of the not-for-profit Medical Protection Society.

With the support of the DHB's board, we committed to implementing Speaking Up for Safety to encourage and enable our workplace to further develop a high-performance culture in which we consistently provide safe, high quality services to our community.

A year later, Speaking Up for Safety is having a significant impact on staff members who report feeling comfortable and supported in speaking up about safety and quality issues they know need to be addressed to achieve the safest and best care for our patients – as well as a safe environment for staff.

The key measures of our success are very simple - Whanganui Hospital is a place where staff want to work, and where they want their family and themselves to receive treatment when needed.


A number of activities have taken place during the past year including:

- appointment of six Speaking Up for Safety Programme trainers
- all staff attending a compulsory one-hour Speaking Up for Safety session training
- all new staff are being trained in Speaking Up for Safety during their orientation.

When 80 percent of our staff were trained on how to use the Speaking Up for Safety 'Safety Code', we moved to the next stage - Promoting Professional Accountability (PPA).

The PPA framework provides a system that allows staff to confidentially document (we call this a notification) their safety concerns when they feel they can't speak up to a colleague. Importantly, it also provides the opportunity to record the positive things colleagues do to keep our patients and staff safe. When it's difficult to pass on a compliment face-to-face, staff have this option to make sure it reaches the person.

In total, 60 managers have been trained on how the system works and what their responsibilities are within the PPA framework. Information on the PPA framework was provided to all staff as we moved closer to the launch.



Manaakitanga
We've got your back!

Speak Up for Safety™ easily and respectfully using the Safety C.O.D.E.

SAFETY™ C.O.D.E.

COG INS

WE STARTED WORKING TOWARDS A HEALTHIER WORKFORCE

Whanganui DHB chief executive Russell Simpson took time during the year to sign the WorkWell Wellbeing Programme Pledge - a signal our DHB's continued commitment to improving the health and wellbeing of its workforce.

WDHB health promoters and WorkWell programme leads Karney Herewini and Kylee Osborne say WorkWell is an initiative designed to help workplaces conduct their everyday business in a way that leads to improved staff wellbeing. This in turn allows a staff member to flourish and achieve their full potential for the benefit of themselves and their organisation.

“Put another way – WorkWell is a workplace programme which supports the development of a healthy working environment and encourages improvements in staff wellbeing,” Karney says.

The programme (developed by Bay of Plenty DHB's Public Health Service Toi Te Ora) provides the framework that will support us in developing and implementing an effective and sustainable workplace wellbeing programme.

One of the first steps of the programme was to run the WorkWell staff survey which took place in June with a great 47 percent response rate from staff. Once collated, results from the survey will provide a snapshot of where our workplace is currently at, while also helping to identify and prioritise the health of our workplace. The prioritised needs identified within the survey are likely to fall into several of the following areas: healthy eating, physical activity, mental health and wellbeing, smoking cessation, alcohol and other drugs, breastfeeding, infection control and immunisation, and sun safety.

Our next step is to develop a WDHB Staff Health and Wellbeing Plan, which will be staff-driven and informed by the survey responses, to help create an environment that is conducive to improving our staff's physical, mental and emotional wellbeing.

Our initial focus is to achieve Bronze WorkWell Accreditation by the end of 2018. Long-term, we're aiming for Gold.

Other local organisations participating in WorkWell are:

- Lilburns Transport
- Ruapehu Doctors
- Te Oranganui
- New World Ohakune
- Gonville Health
- Taihape Health
- Whanganui Regional Health Network.



Chief executive Russell Simpson (centre) pledges WDHB's commitment to the WorkWell staff health and wellbeing programme witnessed by health promoters Kylee Osborne and Karney Herewini



WE SOUGHT ADVICE ON HOW WE COULD FURTHER IMPROVE HOW WE COMMUNICATE WITH OUR PATIENTS

Whanganui DHB invited Health Literacy NZ director Susan Reid (Te Rarawa) to Whanganui in September 2017.

Ms Reid talked to WDHB staff and health professionals about the importance of communicating clearly and building the skills and knowledge of their patients to better understand and manage their health.

WDHB project manager Eileen O'Leary says Ms Reid's 'grassroots', honest and entertaining style of presenting carries powerful messages for doctors, nurses and others working in health about why it's important to make sure patients never leave their appointments feeling confused or at worst, unaware of what they need to do to improve their health outcomes.

"We know many Whanganui doctors and nurses are very good at explaining things to their patients and we want to build on that. We are also aware international and national research shows that for a variety of reasons, patients often leave medical appointments not understanding fully, what their doctor, nurse or other health professional was saying to them," Ms O'Leary says.

"People working in health sometimes use language that's unfamiliar to their patients who in turn feel embarrassed to ask questions or are too stressed to think about what else they need to know before leaving their appointment.

"NZ Health Literacy promotes the use of language that patients understand, while also encouraging doctors, nurses and others to ask their patients what they already know about their condition and review how clear they have been when providing new information. This is vital if we want patients to do what's needed to make them well or manage their health needs in the best way possible."

Ms O'Leary says Ms Reid uses many examples of miscommunication affecting health care such as the nurse who spent 25 minutes talking to a patient about his pancreatic condition before realising, when the patient asked what a pancreas was, that she hadn't started by finding out what the patient already knew and needed. In another case, a patient was referred to the practice nurse by his GP but the patient said he didn't want to waste his time seeing a trainee nurse who would be 'practising' on him.

Ms Reid presented to WDHB staff during the day and to the wider health sector in a free evening session.

The key points Ms Reid made to her audiences are:

1. Find out what people know.
2. Build people's health literacy (knowledge and skills) to meet their needs.
3. Check you were clear – that your patient understands what you told them.



3 D

OUR PHARMACY PUSHED A 'SWITCH' IN APPROACH WHEN APPROPRIATE

The SWITCH campaign launched at Whanganui Hospital in early 2018 aims to encourage switching from IV to oral antibiotics. 'Switching' has been shown to be more patient-friendly by improving mobility and comfort, and significantly reducing:

- risk of complications from IV access
- risk of hospital-acquired infections
- length of hospitalisation
- medical and nursing time
- overall costs.

To encourage the SWITCH, a tool in the form of a sticker was developed to remind clinicians when it is safe to 'switch' from IV to oral antibiotics.

The SWITCH sticker can be initiated by all nursing staff (student/enrolled/registered), pharmacists and prescribers. The sticker is placed in patients progress notes, and the smaller SWITCH reminder on the medication chart. The clinician/team is encouraged to review if a 'switch' from IV to oral antibiotics is appropriate.

If the team deems it inappropriate, they document their clinical reasoning on the SWITCH sticker in the notes, and review it at a later date.

Detailed information for staff is available on posters provided in wards and departments.

SWITCH
ANTIBIOTIC IV → ORAL

WHANGANUI DISTRICT HEALTH BOARD
Te Pouri Hauora o Whanganui

BEING LEFT OUT OF THE LOOP?

DOES YOUR IV ANTIBIOTIC NEED A BREAK?

MAKE THE SWITCH
When appropriate, an early IV to oral antibiotic switch reduces patient harm, nursing time and medical costs.
Ask your friendly pharmacy team how to #maketheSWITCH

MAKETHESWITCH

GIVE YOUR ANTIBIOTIC A REST
Only switch your empiric or susceptible antibiotic to a restricted antibiotic if there is no sign of clinical improvement is seen after 48 hours, or treatment escalation is required. Refer to hospital guidelines or contact Infectious Diseases, Wellington.
#help_stop_resistance

MAKETHESWITCH

Whanganui District Health Board
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OUR CARDIAC CLINIC HELPED GET PEOPLE LIKE NGAIRE BACK ON THEIR FEET

In February this year, fit, outgoing Whanganui resident Ngaire Morgan was floored when she found herself hospitalised for four days with heart failure.

It never occurred to Ngaire that she would have her busy lifestyle curtailed by illness. She played bowls, attended exercise classes, walked long distances, ate well and spent quality time with family and friends. It didn't seem fair that she would be hospitalised with heart failure.

Grateful to have pulled through, Ngaire did as she was told by the Medical Ward staff who she says were wonderful. As she was preparing for discharge, Ngaire received a visit from Whanganui DHB clinical nurse specialist Paul Boden who introduced himself, explained he was a cardiac clinical nurse specialist and gave Ngaire his phone number.

Ngaire didn't think any more of it. She was focused on getting her life back to normal and resuming her interests. She'd been told to expect a call from Whanganui Hospital's Cardiac Clinic, but due to a glitch in the system, the referral didn't reach Paul and the call never arrived. Feeling much better, she wasn't concerned.

Then she had a second 'episode' in June which saw her hospitalised again – this time for three days. Feeling anxious about what was happening, Ngaire recovered, returned home, and called the Cardiac Clinic herself to talk to Paul who arranged a time for her to meet with him.

During their first appointment, Paul spent an hour explaining Ngaire's heart condition to her, how her prescription pills worked, what she should and shouldn't do in terms of exercise and the length of time she would need to 'rest and take things gently'.

"Paul gave me a wonderful book about heart failure which he told me I was to read from cover-to-cover," Ngaire says.

"The book not only restored my confidence that I would be able to live a full life with heart failure but it was the start of a good friendship that I've established with Paul.

"I trust him implicitly and I am very grateful to know I can call him when I feel the need to check something or talk through any concerns I might have about my condition."

"I've got things to do, places to go and people to see," Ngaire says. "I don't want my condition defining who I am and slowing me down."

For his part, Paul says he's comforted that Ngaire's feeling more relaxed and confident about recognising the 'red flags' that tell her she's not well. He plans to enrol her in the cardiac classes he holds for those who pass through his clinic.



WDHB cardiac clinical nurse specialist Paul Boden with cardiac patient Ngaire Morgan

WE CONTINUED TO DEVELOP OUR CULTURAL AWARENESS & RESPONSIVENESS

Helping staff to engage effectively with patients and their families/whānau is a key element to improving equity and service delivery. We rely on meaningful engagement and partnerships between patients and their families/whānau, their health care teams and systems where cultural values and beliefs are understood, valued and acknowledged.

A number of elements support our workforce to work effectively with patients and their families/whānau. One element is our Māori Health Service – Te Hau Ranga Ora and the haumoana navigators who provide cultural support and advocacy assisting patients and families/whānau to engage and safely navigate our system, while working alongside staff to support them to engage in a meaningful manner with patients and their families/whānau.

An integral element to culture change and support of our DHB workforce is our two-day cultural awareness programme, Hapai Te Hoe. This programme is based on a waka model that provides staff with the tools and knowledge to work in partnership with patients and their families/whānau, by having an understanding of cultural values and beliefs, empathy and working from a Whānau Ora approach.

Whānau Ora is a practice framework that puts whānau (patients and families) at the centre, throughout their health journey and across our whole health system. This approach respects cultural values, grows our staff and builds strong partnerships with patients, families and clinicians, and empowers whānau to make informed choices.

Te Uru Pounamu initiative

Te Uru Pounamu is an initiative established in April 2016 to support Māori nurses graduate nursing programmes - Nurse Entry to Practice (NETP), Nursing Resource Unit Graduates (NRUGS) and Nursing Entrance to Specialist Practice (NESP).

The name given to the initiative is Te Uru Pounamu meaning 'to question'. It provides regular individual and group supervision to support Māori nursing graduates to develop self-awareness about their personal cultural beliefs and how these contribute to their professional practice as a nurse and working with patients and whānau. They are required to reflect on their values and beliefs and how they can strengthen themselves as Māori nurses and up-and-coming future leaders.

Te Uru Pounamu is based on a mentor concept called 'Tuakana – Teina' where the more experienced nurse helps to guide or mentor the new nurse. This is a traditional Māori model of a buddy system.

Te Uru Pounamu meets monthly as a collective mentored by the kaitakitaki – Māori Health clinical services manager. Individual support is available for all participants from the haumoana who are working in all clinical areas as well as one-on-one supervision by the kaitakitaki.

This is a positive initiative that supports Whanganui DHB's commitment to family/whānau-centred care and increasing our Māori workforce capacity, capability and future leaders.

Māori workforce development

Our Māori Health Service (Te Hau Ranga Ora) is focused on establishing systems and processes to maintain successful recruitment and retention of Māori staff at Whanganui DHB. Part of this effort includes actively encouraging and supporting local Māori rangatahi (youth) and pakeke (adults/second chance learners) into hauora (health) as a career choice.

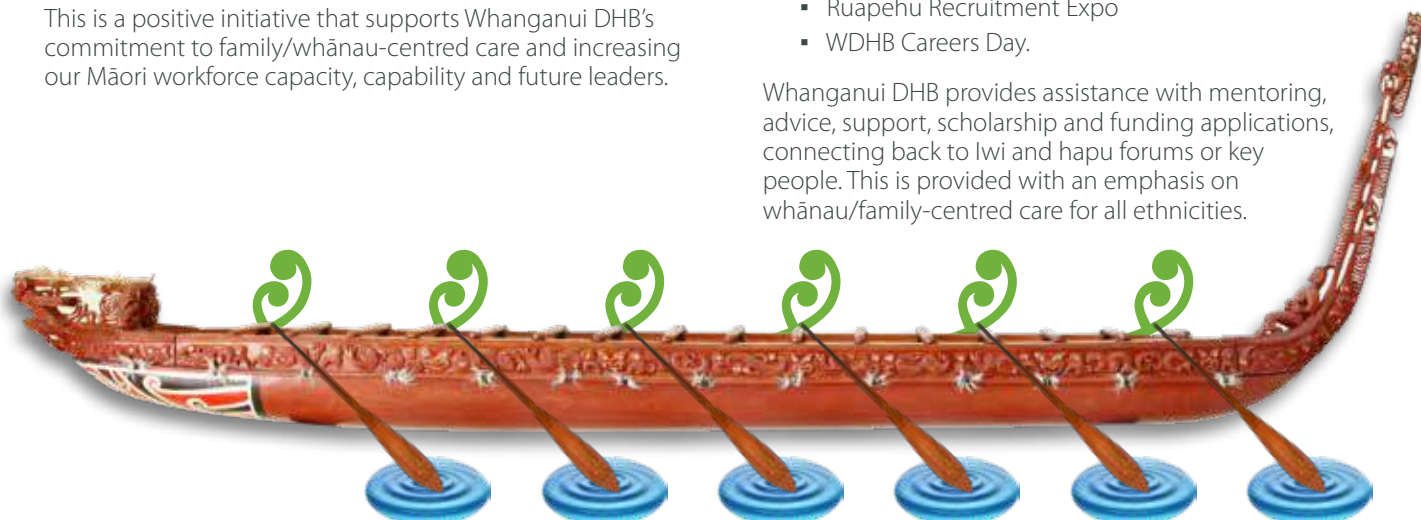
This is being achieved through various avenues including kura (school) visits, engagement with tauira (students) and their whānau, networking with tertiary education providers, career and workforce expos, summits and conferences.

This year, Whanganui DHB has been involved in a number of events providing opportunity for our community to have a more in-depth understanding of the DHB's role and the services available, while also providing insight to potential career paths.

These events included:

- RMO Roadshow
- Tu Kaha 2018
- Whanganui 100% Sweet As Careers Expo
- Nga Kura Katoa Expo
- Ruapehu Recruitment Expo
- WDHB Careers Day.

Whanganui DHB provides assistance with mentoring, advice, support, scholarship and funding applications, connecting back to Iwi and hapu forums or key people. This is provided with an emphasis on whānau/family-centred care for all ethnicities.





INITIATIVES EARN COMMUNITY MENTAL HEALTH SUPPORT WORKER LEADERSHIP AWARD

Initiatives to reduce isolation for rural mental health service users has earned Shane Brown, a support worker for Rangitikei Health Centre's Community Mental Health Service, an Open for Leadership award.

The awards are part of the Health Quality & Safety Commission's work to build capability and leadership in the health sector. They recognise and celebrate health professionals who demonstrate excellent practice, quality improvement and leadership skills.

Marton-based Shane started the recovery initiative 'Wellness Friday' to address the loneliness and isolation experienced by many service users. A minibus picks up a group every Friday morning and takes them to Whanganui for a day of activities, including an exercise class, followed by lessons in cooking and healthy eating. After lunch the group volunteers at a bird rescue centre before returning home.

Shane says it's been very satisfying building trust and rapport with participants to give them the courage to leave their homes and integrate into the community. The programme reflects te whare tapa whā, the four dimensions of Māori wellbeing: physical, spiritual, family and mental health.

"Some didn't leave their houses for months at a time. We began with three participants and now have up to a dozen each week and they've developed their own whānau," Shane says.

Shane has since added two more initiatives to the programme. 'Monday Motivator' is a lifestyle management programme featuring guest speakers on a range of life management subjects, such as budgeting. 'Wakeup Wednesday' is when the group goes walking or swimming.

Whanganui DHB Mental Health & Addictions Service nurse manager Kathryn Butters says Shane's commitment, enthusiasm and ability to engage people have been key to the success of the programme.

"His belief in the potential of others and what they can achieve, especially because he has walked this path himself, is really inspirational," Kathryn says. "He's the most positive, motivated man."

"He has the ability to lead at multiple levels, from inspiring individuals to be all they can be to service design and delivery."

Shane, a former freezing worker, paramedic and volunteer firefighter who is halfway through a two-year diploma in applied addictions counselling, says he was "overwhelmed" to win the award.

"I get to hang out with some really cool people doing cool stuff, so I was very humbled by it. I'm a small cog in a big wheel and my managers have encouraged and supported me all the way."



WE CELEBRATED STAFF SUCCESSES WITH THE WDHB HEALTH AWARDS - TE TOHU RANGATIRA

In October, Whanganui DHB staff gathered for WDHB's Health Awards - Te Tohu Rangatira where individual, and team successes, were acknowledged and celebrated.

The ceremony drew large numbers – those who had entered the competition and those wanting to be there to support their colleagues.

The way in which staff submitted an application for a health award changed this year to a less complicated process which saw a significant increase in the number of entries. Rather than a lengthy written process, entrants were invited to meet with members of the Centre for Patient Safety and Service Quality team who gathered entry information directly from the entrants.

"The calibre of the entries was very high this time round," says Centre for Patient Safety and Service Quality manager and Awards Organising Committee chair Louise Allsopp.

"We know there is a lot of good work being done across the organisation – some of which can go unnoticed. So, it's great that we can shine the spotlight on those who are extending themselves to do their very best for the community we serve."



The guest speaker was Auckland GP and clinical director for the National Hauora Coalition (a primary healthcare organisation) Dr Rawiri Jansen whose principle focus is providing clinical leadership in the effort to achieve health equity for Māori.

This year's ceremony also acknowledged departing chief executive Julie Patterson. Under her leadership, Whanganui DHB went from strength-to-strength on the local, regional and national stages.



Whanganui DHB's Health Awards was a night to remember, particularly for community mental health support worker Shane Brown (left) who received a Health Quality & Safety Commission Open for Leadership Award.



GARDEN TO PLATE

To encourage their clients to keep well, physically and mentally, Stanford House staff have been promoting lifestyle changes including healthy eating to complement their medical interventions.

They've been on a six-year journey helping to guide their clients away from eating highly processed food and fried meals to growing and using vegetables as part of their personal cooking programmes.

The clients and staff have been on this journey together and it's had a big impact. People's taste buds have been expanded through group cooking and sampling. And education sessions have been organised and led by Stanford House staff members, WDHB dietitians, the Diabetes nurse and RMOs to grow everyone's knowledge.

Three new clients whose regular diets included vegetables have been using strong flavourings such as curries, chillies, herbs and spices to help make them more enjoyable and encourage others to try new tastes.

When Stanford House had a major refurbishment in 2015, staff seized the opportunity to provide individual cooking sessions beginning with nine basic recipes requiring most cooking skills. Recipes include stir fries, healthy hamburgers and quiche, tomato/plum sauce, relishes and recipes to accommodate individual preferences such as sushi, vegetable fritters, and frittatas.

A major focus has been to ensure everyone increases their vegetable consumption through cooperative soup-making - the thicker and chunkier the better. People have specific roles within this task, with one client appointed to the role of 'main person cutting up pumpkin for pumpkin soup'.

The vegetable garden has been a four-year development involving volunteers and clients who have cleared the area, built wooden raised garden beds and prepared the soil. Some clients prefer the construction and heavy lifting of compost, one prefers learning to grow seedlings and another enjoys walking to Gonville Nursery, talking to staff and patting their cat while purchasing plants.

A favourite activity for clients is choosing their preferred vegetables such as bok choy and Brussels sprouts to plant.

And judging by the feedback from clients, the garden is a great success.

"We can cook straight from the garden, because we don't use sprays."

"I like the garden, especially eating corn on the cob from the garden."

"The garden makes me feel happy and cheerful."

TRAINING INITIATIVE STANFORD HOUSE: MENTAL HEALTH SUPPORT WORKERS

On 2 March 2017 a Professional Development day was organised for mental health support workers employed by our DHB and local NGOs.

One of the sessions was 'Where to next... workforce development' present by Penny Barrett of Careerforce (the ITO that covers the non-regulated health workforce).

From this I approach Careerforce about taking some of the units from several of the nationally recognised certificates and diplomas.

Two staff from Careerforce visited Stanford House and carried out a scoping exercise and proposed the best way forward would be for the MH Support Workers at Stanford House to enrol in the NZ Diploma of Health and Wellbeing (Applied Practice) Forensic Inpatient. The 'Forensic Inpatient' has been added to tweak the diploma especially for our setting.

A business plan was presented to the MH Workforce Development Committee by Careerforce. In short, Careerforce offered free fees to an unlimited number of students.

Ten support workers enrolled into the program with five pulling out within two months of commencing. The first module was Critical Thinking to improve practice 'reflective practice' which none of the students had any knowledge of. In agreement with our Careerforce Assessor, Richelle Davies we asked as a group if we could make this module a 'work in progress'. This gives time for a tutorial to be arranged on reflective practice and for the students to use current situations to mould the module around.

As the remaining cohort of five are 'mature' students and have a 14 plus year gap since completing our NZ Cert in Mental Health Support we are finding the concept of distance learning more of a challenge than compared to classroom learning with a lecturer in the room with us.

We are also the first group to work with Careerforce as a group from an inpatient forensic unit. Normally they would be working with NGO/community based organisations.

As part of one of the modules we are required to work together as a team this is something we do as a natural concept. The hard part is that we are required to evidence the process (the planning, tasks, responses, expectations and after the event a report on the outcome).

So as a team, a second Mental Health Professional Development day is being planned.

We have the full support of our clinical nurse manager, Peter de Roo, and are being supported on a daily basis by registered nurse Cushla Barnes.

So from here? The learning curve continues...
R Hemingway – rehabilitation assistant



WHANGANUI DHB STAFF GO SMOKEFREE

Over the past year, some of our DHB staff who smoked have been supported to quit by engaging in smoking cessation coaching sessions with Whanganui DHB Smokefree co-ordinator Rosie McMEnamin.

Rosie identified that while many staff who smoked wanted the opportunity to receive support to quit, they didn't have time to leave the hospital grounds to receive coaching.

As a trained stop smoking practitioner, Rosie was in an ideal position to offer coaching sessions designed to work around our staff members' busy schedules.

"After promoting the service with an initial e-mail and posters in all staff areas, I was surprised at how many members of staff made contact," Rosie says. "Now that we have 11 members of staff who have completely quit smoking, we are aiming to become the first smokefree DHB workforce."

"I'm so proud of our staff. Quitting isn't as easy as some may think. It shows real dedication on their part to improve their lives in many different ways."

Rosie hopes that more staff will contact her for support when they feel ready to take those first few steps in their journey to becoming smokefree.



Julie Whyte (Patient Scheduling) has now been smokefree for more than 3 months

"I gave up smoking because I really couldn't justify spending the money. Deep down I knew I would have to give up my 'best friend'. Since giving up I have noticed several things – my skin is clearer, my psoriasis has pretty much gone, I have more energy and I feel brighter and happier. My biggest fear was gaining weight, this hasn't happened. I love that my whanau is so impressed that I am not smoking, my partner has noticed the change in my confidence and enthusiasm for life. If I had known about all these gains I would have quit 'my friend' a long time ago #lovingthenewme"



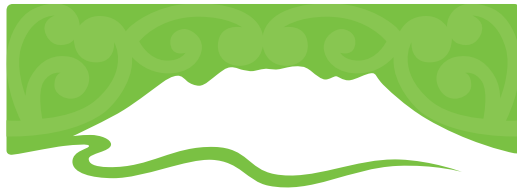
Jess Harrison (Theatre Admin team) has been smokefree for more than two months

"I wanted to quit because I wanted to be a better mum to my son and also for mine and my family's wellbeing. (The thing) I like most is that I am healthy and giving my son a better chance at a smokefree future."



Melanie Hart (Community Mental Health) has been smokefree for more than five months

"I wanted to stop smoking so I could regain control of my life and my breathing. The beginning of the smokefree journey was tough, but it's do-able! What I like the most about being smokefree is not having to think about smoking all the time and my breathing is 110% better."



WHANGANUI
DISTRICT HEALTH BOARD

Te Poari Hauora o Whanganui



100 Heads Road, Private Bag 3003, Whanganui 4540, New Zealand

wdhb.org.nz