

Canterbury DHB
Hospital & Specialist Services
Patient Safety & Quality Report

October to December 2009

Prepared for

Hospital Advisory Committee

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Executive Summary

- Peter Rose, Chief Executive, Quality Health New Zealand (A division of Telarc SAI Limited) presented the EQUIP4 Accreditation certificate to the organisation as part of the 7th annual Canterbury DHB Quality Improvement and Innovation Awards ceremony on the 25th November.
- The Quality & Patient Safety Council at its December 2009 meeting agreed to formally dissolve given the formal adoption of quality to the Finance, Audit & Risk Committee (now named Quality, Finance, Audit & Risk Committee, QFARC).
- The Clinical Board endorsement of patient safety as a top priority and a focus on reducing the harm from patient falls. The goal is 'zero harm'.
- In December the Business Case for establishing a Health Innovation Hub in collaboration with the CDC was presented to the CDHB Board and approved. The Business Case is currently with the Ministry of Economic Development for presentation to the Ministers and ultimately Cabinet early in 2010.
- A Nurse Led Anaesthetic Supported Preadmission (NLASP) in the Central Preadmission Clinic has resulted in the streamlining of processes and patients will now spend less time in the clinic. This will also save staff time by reducing elements of duplication with nursing, medical and anaesthetic assessments.
- A one year pilot initiative called "Up and Active" was introduced in General Medicine wards 23 & 30 at Christchurch Hospital in November 2009. Patients who are assessed as needing to go to OPHSS for a period of rehabilitation will begin their programme at Christchurch Hospital under the guidance of the Gerontology Nurse Specialist.
- A new Clinical Nurse Specialist (CNS) was appointed in the Children's Outreach Team. This is a joint role with the Nurse Maude Association. The CNS supports children and families who have complex needs and provides practical advice and educative support to community nurses caring for children with complex needs at home.
- Outpatient waiting lists for Christchurch Women's Hospital Radiology are now at an all time low due to the clerical staff and sonographers teamwork to change booking schedules and templates.
- A new addition to this report is the key quality indicators used to monitor the quality of service we provide. These indicators were previously included in the separate Quantitative Quality report to the Hospital Advisory Committee.

Introduction

This report largely covers the period October to December 2009. However, where possible more current information has been provided.

The report is designed to provide an overview of key qualitative quality and patient safety activities occurring across the Hospital & Specialist Service. A new addition to this report is the key quality indicators used to monitor the quality of service we provide. These indicators were previously included in the separate Quantitative Quality report to the Hospital Advisory Committee.

On-going development of this report is focused around the activities that form the integrated quality and patient safety framework which are; planning, co-ordinating, promoting quality and risk, setting standards and evaluating and monitoring. It also considers the key dimensions of quality which are; people-centred, access and equity, safety, effectiveness and efficiency.

COORDINATING

Certification and Accreditation Status

Ministry of Health Certification

The Canterbury DHB was notified on the 14th September that we had achieved Certification for a further 3 year period (21 September 2009 to 21 September 2012).

The audit covered Children's Health Services; Geriatric Services; Maternity Services; Medical Services; Mental Health Services, Surgical Services and Residential Disability Services (intellectual and psychiatric), as specified in the Health & Disability Services (Safety) Act 2001, delivered from the following sites:

- Akaroa Hospital
- Ashburton Hospital
- Burwood Hospital
- Christchurch Hospital
- Christchurch Women's Hospital
- Darfield Hospital,
- Ellesmere Hospital
- Hillmorton Hospital
- Kaikoura Hospital
- Lincoln Maternity Hospital
- Oxford Hospital
- Rangiora Hospital
- Waikari Hospital
- The Princess Margaret Hospital
- Tuarangi Home.

Progress reports have been submitted to QHNZ for both the six week and 3 month corrective actions identified during the audit.

A surveillance audit, which consists of a review of progress on the implementation of the corrective actions, is scheduled for January 2011.

EQuIP4 Accreditation

Peter Rose, Chief Executive, Quality Health New Zealand (A division of Telarc SAI Limited) presented the EQuIP4 Accreditation certificate to the organisation as part of the 7th annual Canterbury DHB Quality Improvement and Innovation Awards ceremony on the 25th November. The organisation has been awarded EQuIP4 accreditation status for a further 3 year period which will take us through to the 21st of September 2012.

Our accreditation report included 67 recommendations relating to approximately 31 criteria. The EQuIP4 Working Group are working closely with the services to progress these recommendations.

The next EQuIP4 event will be the periodic review and this will take place alongside the MoH Certification Surveillance audit in January 2011. At the periodic review the organisation is surveyed against all mandatory criteria and the progress on the recommendations from the organisation-wide survey is assessed.

Other Accreditation Programmes

Christchurch Hospital

Medical Physics and Bio-engineering are certified against the AS/NZ Standard ISO9001:2000. The next audit is due in 2012.

The Nuclear Medicine Department has been accredited against the International Accreditation New Zealand (IANZ) standard for diagnostic imaging since March 2006. A routine surveillance visit took place in May 2009 and the next audit is due in May 2010.

The Respiratory Laboratory is Thoracic Society of Australia and New Zealand (TSANZ) accredited until December 2010.

The Department of Radiology successfully passed their second IANZ Audit in May 2008. (The department have held this accreditation since November 2006.) The corrective actions identified at the September 2009 routine assessment visit have all been cleared. A follow up visit took place in November 2009 and the recommendations from this event are being progressed by the team. The next routine assessment is scheduled for September 2010.

Laboratory and Support Services

Canterbury Health Laboratories (CHL) is accredited ISO 15189:2007, which includes assessment against the workplace drug testing standard AS/NZS 4308:2008 and the Point of Care testing (POCT) standard ISO 22870. CHL had its last IANZ visit on the 24th to 28th August 2009. CHL only received 2 corrective action requests one of which has already been cleared. The assessment included routine re-assessments of Biochemistry, Immunology, Molecular Pathology and Patient Services/Specimen Reception.

CHL was audited by MAF against Facilities for Micro-organisms and Cell Cultures: 2007a as both a transitional and containment facility for biological products on the 28th April 2009.

The Clinical Engineering department is accredited to ISO 9008:2000.

Royal Australasian College of Surgeons Accreditation

The Department of Paediatric Surgery was granted five years accreditation with the Royal Australasian College of Surgeons following the survey that took place in August 2009.

Baby Friendly Hospital Initiative (BFHI)

BFHI Accreditation is issued on a facility basis and granted in 3 year periods.

Women's and Children's Health

The following facilities within Women's & Children's Health have received BFHI accreditation following the on-site assessment of the Christchurch based facilities that took place in March 2009:

- Lincoln Hospital: August 2009
- Burwood Birthing Unit: August 2009
- Rangiora Hospital: September 2009
- Christchurch Women's Hospital: November 2009 (Provisional)

The next BFHI event is scheduled for November 2011.

Ashburton & Rural Health Services

Ashburton Maternity Centre was awarded the Baby Friendly Hospital Initiative Certification during September 2007.

Akaroa Hospital was surveyed against the BFHI in early December 2008. The surveyors found evidence of the baby friendly processes being well embedded into the culture of the hospital and the staff were commended on their dedication to education sessions.

Darfield Hospital is scheduled for a BFHI survey in February 2010.

Waikari Hospital has commenced work towards achieving the BFHI accreditation and are planning to be surveyed in early 2010.

Kaikoura Hospital has recently recommenced Inpatient Maternity Services and will make a decision early in 2010 on whether to participate in the BFHI based on the number of women who use these services.

ACC Outpatient Physiotherapy Surveillance Audit

Certification against the NZS 8171:2005 Allied Health Services Sector Standard for ACC Outpatient Physiotherapy services at the Ashburton, Burwood, and Christchurch Hospital sites was awarded for the period of 28 August 2007 to the 28 August 2010.

Committees and Groups

Canterbury DHB Quality & Patient Safety Council

Given the recent activity and direction of the Clinical Board on clinical governance and quality and patient safety, together with the formal adoption of quality to the Finance, Audit & Risk Committee (now named Quality, Finance, Audit & Risk Committee, QUARC), the Quality & Patient Safety Council at its December 2009 meeting agreed to formally dissolve. The activities of the council will be consolidated within the Clinical Board and QFARC.

Canterbury DHB Quality Managers Group

Key areas of activity for the Quality Managers Group have included: the development of new quantitative quality indicator reporting templates, the development of a "Safe Patient Journey" programme, addressing corrective actions from the EQuIP4 survey in July, progressing the development of Quality Improvement Committee projects and work on the Canterbury DHB incident management project.

A Professional Development session is held bi-monthly for Quality Practitioners and staff interested in quality and patient safety across each of the divisions. At the December professional development session, Clare Doocey, Paediatrician and Elaine Mclardy, Child & Youth Morality Review Co-ordinator spoke about the work of the Child & Youth Mortality Review Group.

PROMOTING QUALITY & RISK

Canterbury DHB Quality & Innovation Awards Programme

2009 Canterbury DHB Quality and Innovation Awards

The 7th annual Canterbury DHB Quality Improvement and Innovation Awards ceremony was held on 25th November 2009. The fifteen project entries were honoured and outlined during the ceremony through short video profiles.

'The Active Life Programme', entered by Comcare Charitable Trust, won both the Supreme Award and the Community Based Service Category. This programme is designed to support people who experience mental illness to improve their physical and mental health through physical activity and life style choices. Research indicates that people who experience mental illness have poorer physical health than the general population. The Active Life Programme has been an overwhelming success with participants having achieved physical and mental health advantages.

The winning project in the Hospital and Specialist Service category was 'Improving Communication for people with Parkinsons Disease: Implementing the LSVT Programme' entered by the Riley Community Rehabilitation Service at The Princess Margaret Hospital. Typically a person with Parkinson's Disease has communication difficulties due to their speech. The LSVT programme is an internationally acclaimed programme that targets a person's speech volume and clarity. This project has resulted in marked improvements in participants' confidence and ability to communicate, subsequently increasing their independence and quality of life.

The winning project in the Systems Improvement Category was 'Trialling the Choice and Partnership Approach: Right Time, Right Intervention with the Right People' entered by the Child and Family Specialty Service, Whakatata House, SMHS. The Choice and Partnership Approach (CAPA) is a service delivery approach that seeks to improve patient flow and empower the family/whanau. The results from this trial indicate that

families benefitted greatly from this approach including increased participation in goal setting and treatment planning, reduced wait times entering the service and reduced internal wait times. Additional benefits included improved team cohesion and staff morale.

The Community Based Services Runner-up Award went to the project 'Community Stroke Rehabilitation Service (CSRS): Service Rollout'. This project centred on the roll out of a new service, following a successful pilot, aimed at providing community-based stroke specific rehabilitation to all over 65 year olds presenting with stroke as their primary issue within the greater Christchurch area. An analysis of the fully implemented service has revealed that this service has matched the success of the pilot project; the CSRS provides a timely, productive and effective service.

The Runner-up in the Hospital and Specialist Service category went to 'The Power of Occupation: Adventure Based Learning within Forensic Mental Health' entered by Te Whare Mauriora, Hillmorton Hospital. Te Whare Mauriora, a 13 bed unit, is the only open forensic unit within New Zealand. The Adventure Based Learning programme was jointly designed and implemented by staff and consumers within the unit, including the raising of funds. Feedback following the completion of the programme was extremely positive and an evaluation concluded the programmes primary objectives were successfully met: to improve confidence and self esteem; develop problem solving and leadership skills; promote team work and social interaction; and encourage physical fitness. Overall the programme resulted in a significant sense of achievement for all those involved.

The Runner-up award for the Systems Improvement category was awarded to 'Sedation Management of Critically Ill Patients'. This was a joint project between Medical Physics and Bioengineering and the Intensive Care Unit (ICU), at Christchurch Hospital. In 2002 Medical Physics and Bioengineering and ICU developed a device, Infuse-Rite, to better manage the sedation requirements of mechanically ventilated patients in ICU. The project in 2009 was to upgrade this original innovation to accommodate advances in sedation protocols and meet clinical demands. An evaluation of this project revealed substantial improvements across a range of measures.

Two projects received Highly Commended Shields:

- 'Maternity Outpatient Department Project: The Women's Path', entered by the Women's Outpatient Department, Christchurch Women's Hospital. This project involved the adoption of lean thinking, process mapping and an analysis of patient flow in order to deliver more integrated services. This project has resulted in a more patient-centred, effective and efficient service and the development of a long term quality improvement framework for the service.
- 'Y BIC in the Waimak: The Rural Canterbury PHO Youth Brief Intervention Coordination (YBIC) Service. This project followed the establishment of the highly successful Adult Brief Intervention Co-ordination Service. The YBIC service offers up to five sessions of free psychological intervention in the consumers' local community and onward referrals. This new service has been well received by all involved as indicated by the demand for the service.

A "Judges Award" was presented this year to the Re-engineering Clinical Radiology project. This project has resulted in radically transformed processes within the department and a number of impressive outcomes including a significant reduction in report turnaround times. The project outcomes will have a positive impact on the whole

organization and the problem being addressed is of international interest.

Further information on all the 2009 projects is available on the intranet (http://intraweb.cdhb.local/corp%2Dquality/promoting/2009_awards.htm).

External Quality & Innovation Awards Programme

New Zealand Health Innovation Awards

The Ministry of Health have prepared a paper proposing the 2010 NZ Health Innovation Awards programme continue. The decision on whether to hold these awards this year is still pending. Quality Improvement and Innovation are priority areas in health and a necessary focus to assist organisations with transformational initiatives that are required in order to meet the challenges ahead. Canterbury DHB therefore is very keen to see the National programme proceed.

Conferences & Workshops

2009 Neonatal Conference – Food for Thought

The W&CH Neonatal Unit organised and hosted the 2009 Neonatal Conference – Food for Thought in October. This was well attended by neonatal nurses and health professional within NZ and a few from Australia. The conference programme was designed as workshops. The workshops covered various topics from speakers, as well as trade personnel providing the opportunity for attendees to observe and handle the latest in equipment and technology.

Quality Improvement Projects

National Quality Improvement Programmes

Work continues within Canterbury DHB on the priority areas contained within the national programme. More specifically our involvement at a national level includes:

Optimising the Patient Journey

Canterbury DHB is one of the eleven DHB pilot sites to introduce lean thinking principles in the ward, operating theatre and emergency department. The Canterbury DHB pilot for this programme is taking place in the Birthing Suite at Christchurch Women's Hospital. The 'Art of Care' pilot commenced in October 2008 for an initial 6 month period and has been extended for a further 18months.

A summary of the more recent improvements which have resulted from this initiative include:

- The ISBAR tool is being implemented and education continues to be provided to staff.
- Improvements to communication and documentation for the management of placentas has resulted in a 40% reduction of placentas being sent to Histology, indicating a significant saving.

Ongoing monitoring of placentas to histology, group and holds to blood bank, the midwife's role in caesarean deliveries in theatre and linen stocks on birthing suite continues.

Infection Prevention and Control

Hand Hygiene

The initial focus for this work stream is on Hand Hygiene. Canterbury DHB is participating in the National Hand Hygiene New Zealand project which is based on the World Health Organization (WHO) 'Guidelines on Hand Hygiene in Health Care'. Over 30 countries and territories worldwide are now running national and sub-national hand hygiene campaigns, many of these based on the WHO 5 Moments for Hand Hygiene approach. These are:

1. Before patient contact.
2. Before a procedure.
3. After a procedure or body fluid exposure risk.
4. After patient contact.
5. After contact with patient surroundings.

During November and December 2009 ten CDHB staff undertook the Gold Auditor training and sat an exam to become nationally recognised "Gold Auditors". The Gold Auditor's role will include monitoring how well our staff complies with hand washing at the five "moments" identified as being critical to the prevention and control of infections (these are before patient contact, before a procedure, after a procedure or body fluid exposure risk, after patient contact or after contact with patient surroundings).

Planning is now underway to undertake a baseline audit, with seven wards over five sites being selected to participate. This initial audit will involve observing 200 "moments" in each area (commencing in January/February 2010), followed by an education programme (March/April) and then a re-audit in May 2010. Data will be collected using PDAs (Personal Digital Assistants) which are then downloaded into a national database. This will enable benchmarking with similar sized hospitals both within New Zealand and internationally with other participating countries.

Staff can expect to see an increased profile of the importance of hand washing from early 2010 as the project team seeks to raise awareness amongst all staff of the "5 moments".

Catheter-related Bloodstream Infection (CRBSI)

Canterbury DHB was part of a national project team that developed the New Zealand CRBSI prevention guidance document. This was published on the web at the end of 2009.

Patient Falls Initiative

In August 2009 the Clinical Board endorsed as a patient safety priority a focus on reducing the harm from patient falls. The goal is 'zero harm'. Leadership behaviour will be a strong focus in the initiative. Putting leadership in touch with patient care and making sure staff understand they are highly valued will be key to reaching our goal of Zero Harm from falls.

The engagement of staff from across the disciplines and divisions is also important for success of this initiative and to this end the project team have been meeting with key people within the Hospital & Specialist Service to learn from the falls prevention

programmes/initiatives in place already.

A literature search is also underway and a teleconference with Katherine Virkstis, a nursing expert with Advisory Board International took place on the 11th December 2009. Katherine spoke to the recently published study titled "Safeguarding Against Nursing Never Events: Best Practices for Preventing Pressure Ulcers and Patient Falls".

Interim Funding for the Otago Exercise Programme has been secured for a 3month period whilst a working group develop a sustainable model for a community based falls prevention for the frail elderly.

Innovation Hub

In November the Canterbury DHB Corporate Quality and Risk Manager, Canterbury Development Corporation (CDC) General Manager Industry Development, CDC Innovation Manager and PowerHouse Ventures Partner presented the Hub business case to a group of officials from Ministry of Economic Development (MED), Ministry of Research, Science and Technology, Ministry of Health, NZ Trade and Enterprise and Foundation of Research, Science and Technology. This forum was also attended by those representing Auckland and Wellington Health Innovation Hubs.

In December the Business Case for establishing a Health Innovation Hub in collaboration with the CDC was presented to the CDHB Board and approved.

The Business Case is currently with the Ministry of Economic Development for presentation to the Ministers and ultimately Cabinet early in 2010.

Ashburton & Rural Health Services

Introduction of a Standard Handover Communication Tool (ISBAR)

Progress continues with the ISBAR tool to standardise handover communication within the area of patient transfers between wards at Ashburton Hospital and between the Ashburton Maternity Centre and Christchurch Women's Hospital. Good linkages are now in place between Medical & Surgical Services and Ashburton Hospital to facilitate this projects development.

Falls Prevention and Restraint minimisation Project

This project aims to minimise the use of restraint, decrease the fall rate and improve documentation of healthcare interventions related to both falls and restraint.

Two separate groups are involved in progressing this initiative.

The Falls group reviewed the data trends for the month of November and promoted a 'Focus on Falls' for the month of November with a new falls related topic covered each week. Whilst it is too early to determine if the project has reduced the incidence of falls, one of the positive aspects resulting to date is that staff regularly discuss patient falls and the presentation of the data in graphs has assisted in the information sharing on this topic.

Early Warning Score

The Early Warning Score (EWS) has been implemented at all facilities across the

Ashburton & Rural Health Service. This EWS will facilitate the early notification of deterioration in a patient's condition and enable clear recording of this in the clinical record. A follow-up of the information (posters, pocket cards and revised recordings on clinical record charts) used to assist with the implementation of the EWS is now underway to ensure staff continue to use the system to its maximum potential.

Ethnicity Performance Indicator

This new report for Managers which was developed to identify the compliance with reporting inpatients and outpatient Ethnicity data collection is now included in the monthly quality report for the division. The aim is to reduce the number of events in the 'Not Stated' category. The results for December showed the 'not stated' category for inpatients at 0.004 and Outpatients at 0.08, both within the target of 1.00.

Burwood Hospital

Elective Orthopaedic Service Patient Information DVD

An updated patient information DVD is being developed for the Elective Orthopaedic Service to support the patient preoperative preparation prior to surgery.

Medical & Surgical Services

Process Improvement Pilot Licence Project: Use of Non Slip Socks for Patients at risk of Falls

Multifaceted interventions are required to reduce falls. Best practice recommends that patients have safe footwear when mobilising. The acute care environment means that patients often present on admission without appropriate footwear. Currently there is no system in place to supply patients with non slip footwear if required for mobilisation until appropriate footwear is sourced from home.

Following a trial of products a suitable non-slip sock has been chosen for introduction across the Division. The Pilots Licence funding has been approved to assist with the adoption of the non-slip socks in all appropriate areas.

Reducing the number of unnecessary Urine tests being sent to the Laboratory

An audit was undertaken of 200 patients to ascertain whether it is necessary to send a urine specimen to the laboratory for all patients seen in the Preadmission Clinic. Patients attending Preadmission Clinic will now have a urine dipstick (chemical strip test performed in the clinic) only. The exception to this new process will be those patients who attend with a urinary catheter or an implant, or will have an implant inserted as part of their operation.

Where the results of the dipstick test show urine with a measurement of greater than 2+ White Blood Cells or 2+ Red Blood Cells or nitrates present then a Midstream Urine test will be sent to the laboratory.

This initiative has resulted in a reduction in the amount of time staff spent checking laboratory results, less waste and costs due to unnecessary testing and a reduction in laboratory processing time.

Standardisation of Venous Thromboembolism Prophylaxis for General Surgery Patients

Treatment protocols have been developed to assist with standardising Venous Thromboembolism prophylaxis across the General Surgery sub-specialities. In addition, a Risk Assessment tool has now been finalised and this will be trialled in February 2010.

Nurse Led Anaesthetic Supported Preadmission (NLASP) in the Central Preadmission Clinic

All Urology patients not meeting the criteria for a House Surgeon assessment now have a full clinical assessment completed by the Urology Clinical Nurse Specialist (CNS). A NLASP Assessment form has been developed for Day Surgery and inpatients. Triage guidelines and criteria for other patients to have NLASP is currently being developed also.

As a result of this initiative the overall processes have been streamlined and patients will now spend less time in the clinic. This will also save staff time by reducing elements of duplication with nursing, medical and anaesthetic assessments.

Older Persons Health Specialist Service (OPHSS)

Keeping “Up and Active”

A one year pilot initiative called “Up and Active” was introduced in General Medicine wards 23 & 30 at Christchurch Hospital in November 2009. Patients who are assessed as needing to come to OPHSS for a period of rehabilitation will begin their programme at Christchurch Hospital under the guidance of the Gerontology Nurse Specialist.

Posters and a new patient information brochure have been developed and staff education sessions have taken place to inform staff and patients of the pilot. These initiatives have helped raise the awareness of the risk of functional decline for staff and patients involved in the pilot.

The benefits of this initiative for patients include being able to start their individualised rehabilitation programme at the earliest opportunity and that patients are kept active and independent with the aim to minimise functional decline whilst in hospital.

Lower Limb Exercise Class

A four month pilot programme has been introduced that involves running 45-60 minute circuit classes in the Physiotherapy Outpatients, twice a week, for patients recovering from recent Total Knee Replacement Surgery. This programme has been modelled on a similar programme currently running at Burwood Hospital.

The anticipated benefits of this pilot include:

- Consistency of treatment practice and protocols across the CDHB.
- An opportunity to progress treatments to a more functional and higher level of rehabilitation
- Anecdotal evidence of benefits for clients who participate in group exercise programmes includes contact with peers in similar situations; affirmation, motivation and encouragement from being in a group situation and empowerment through self responsibility for own individual programme.
- Effective use of a larger gym space as well as increased efficiency in the use of staff time and resources.

Specialist Mental Health Services (SMHS)

Child, Adolescent & Family (CAF) Rural

This initiative aims to provide access to the Specialist Mental Health Services for the 28% of the under 19 year old population that are currently living in the rural area.

The CAF Rural team has now completed its re-alignment to pick up all clients referred to the CAF Outpatient service outside the Christchurch Territorial Local Authority (TLA).

This initiative has meant that clients from outside Christchurch are able to access services closer to/ or in their local community. In addition the Rural clinics are now staffed more consistently (several days per week) and by a wider range of disciplines with Social Workers, Psychiatrists, Nurses and Psychologists working in the clinics regularly.

Some of the benefits associated with this initiative to date include lower Do Not Attend (DNA) rates, sustained engagement through to completion of treatment and more immediate responsiveness to presenting psychiatric risks.

Women's & Children's Health

Community Based Initiative – Child Health Complex Needs

A new Clinical Nurse Specialist (CNS) was appointed in the Children's Outreach Team. This is a joint role with the Nurse Maude Association. The CNS supports children and families who have complex needs and provides practical advice and educative support to community nurses caring for children with complex needs at home. With the CNS facilitating the referrals to community nurses this has increased the capacity of the team to care for children at home and provides a more seamless journey through their healthcare episode.

Christchurch Women's Hospital Radiology

Outpatient waiting lists are now at an all time low due to the clerical staff and sonographers teamwork to change booking schedules and templates.

Making Time for Caring & Improving the Patient Journey Project updates for the Maternity Ward, Maternity Outpatients and Obstetrics

A number of improvements have been made as a result of these initiatives over the October to December 2009 quarter. Some of the key achievements are included below:

- Controlled drug cupboards with swipe access were installed and activated at both ends of the ward which resolved the time being wasted locating the colleague holding the keys as well as reducing the amount of times that colleague gets interrupted.
- Work was implemented to investigate the usage, handling and delivery of linen throughout the service, with the hope of improving efficiency and making some cost savings in the process. Linen storage places were reduced and review of the minimum and maximum stock levels is ongoing.
- Site visits to the primary maternity units were conducted to review each unit's patient flow and seek opportunities for improvement.

- A repeat Staff Satisfaction Survey was completed by staff on or associated with the Maternity Ward in light of the many improvements recently implemented. This resulted in helpful comments and further improvement suggestions.
- Desk and wall mounted telephone list holders were installed in key positions around the ward.
- Weekly meetings commenced to review and update the controlled documents.

Women's Health Project – Gynaecology Unit, Gynaecology Assessment Unit, Gynaecology Outpatients and Lyndhurst Day Hospital

Work is progressing in the Women's Health Project. Some of the key achievements are included below:

- The 5S (sort, simplify, shine, standardise & sustain) began in Gynaecology with work in progress in all work stations and stock being agreed for the ward.
- The final change document for Lyndhurst Hospital was released to all staff. Audits have been planned to monitor the change.
- A plan has been put in place at Lyndhurst Hospital in order to reduce the number of cancellations.
- Weekly meetings have commenced to review and update the controlled documents in Gynaecology.
- Plans were put in place to review the service provided within Colposcopy/Hysteroscopy.
- Changes were made with the management of the Gynaecology patients on the acute list; these are now managed by the Gynaecology Unit instead of the Day Surgery Unit.
- Review of the Early Pregnancy Assessment Service role is ongoing.

Child Development Coordinator Role

The Child Development Service has created a role for a Child Development Coordinator and an appointment has been made. The role will help build support for the development of this service.

Maternity Guidelines

The Maternity Guidelines are now available to LMCs via the CDHB Clinical Information and Resources internet page.

Child Health Video Clips

Whitebait TV began filming the video clips that will be made available on the Child Health website. The video clips are aimed for a children's audience, providing children with various information on what to expect when they get to hospital and who they will meet.

SETTING STANDARDS

Standards

HPV Testing Standard

The new HPV testing standard was introduced by the National Cervical Screening Programme in October 2009. Ongoing local education is being provided on the national standard.

Policies & Procedures

Volume 1

Document management processes are described in Volume 1. Following the EQUiP4 survey in July 2009, Canterbury received a certification corrective action "To identify all policies and procedures that have not been reviewed within the agreed timeframes and ensure the content is up to date". In order to address this corrective action and also resolve a number of other issues that exist in relation to CDHB's current document management system, a small reference group has been established to provide governance for this project.

The reference group had their first meeting in December. The first piece of work to be undertaken is the review of Volume 1 so that it describes document management processes that will meet the needs of the organisation and reflect best practice. A draft document has been prepared and consultation is occurring with key stakeholders. Once the processes have been confirmed, then a decision can be made regarding the software solution that is to be used.

MONITORING & EVALUATING

Clinical Audits & Reviews

Burwood Hospital

Mobility Chart Audit in Burwood Spinal Unit

An audit of Mobility Chart documentation compliance took place in the Burwood Spinal Unit. The audit found mobility charts were present where required 70.6% of the time. This is a 14.3% improvement from the last audit in July 2008. The results from this audit have been shared with the Physiotherapist team Leader and Allied Health Staff have been reminded on the importance of updating charts weekly, including checking that the patients name and date sections are completed.

Fluid Balance Chart Audit

An audit to assess the Fluid Balance charts for documentation compliance took place in the Burwood Spinal Unit. The results showed that the Fluid Balance Charts were complete and meet the level of compliance required 67.4% of the time (a decrease of 4.2% from the previous audit conducted in May 2009).

The results from this audit have been discussed at staff meetings and some changes have been put in place to try and improve documentation. These changes include the Nursing Team Leaders now checking compliance on each shift and a 'Complete Fluid Balance' prompt being added to the Handover Sheet.

Nurse Led Anaesthetic Supported Pre-admission Clinical Records Audit

An audit of the Nurse Led Anaesthetic Supported Pre-admission Clinical Records took

place to look at the accuracy, timeliness, legibility and consistency of documentation. Included in this audit was reviewing any recommendations which had been made and checking that they had been referred on to the correct department. The results of the audit showed overall compliance at 94.9%, and that documentation was generally legible and accurate.

The audit did highlight some areas where staff could benefit from further education, for example falls risk assessments. A re-audit is scheduled for May 2010 (6 months time).

Medical & Surgical Services

Correct Patient, Correct Site, Correct Side Audit in Interventional Radiology

It was found that team 'time-out' occurred 94% (19 patients) of the time. One of the main findings was the need to modify the audit tool to make some of the questions less ambiguous. The revised audit tool will be used at the next audit which is scheduled for March 2010.

The 'time-out' process is continuing to be introduced into other areas of the Radiology Department.

Radial Artery Approach for Cardiology Day Unit Procedures

An audit of all patients undergoing procedures via the radial artery was undertaken to ensure the current protocol of using the radial compression device (TR Band release) is safe in terms of incidence of bleeding and haematoma formation. The audit consisted of a total of 100 patients; 50 post-coronary angiogram and 50 post percutaneous coronary intervention (PCI). Since May 2009, the number of procedures performed in the Cardiology Day Unit using the radial artery approach has increased significantly.

Protocols have been standardised for TR band release post coronary angiogram and PCI. The length of compression time has been shortened in line with current evidence and best practice nationally.

This new practice provides benefits for patients in terms of earlier mobility, reduced risk of complications and potential reduced length of hospital stay.

Older Persons Health Specialist Service (OPHSS)

Community Team Audit

The Community team completed an audit to review all documentation sent to OPHSS Community Service Team SPOE (Single Point Of Entry) to assess the types of documentation, the disciplines referred to and the timeliness and appropriateness of the response.

A total of 155 referrals were assessed over a period of a week with an average age of 81 years. Time from the referral received to a visit was an average of 11 days with 26 still waiting.

Fifty eight percent of referrals received were for clinical assessment, 31% were for physiotherapy and 28% Occupational therapy, with the balance consisting of small numbers for the CGN, Dietician, OP, SL, SW & TV. Waiting times for some disciplines

appear to be high and this may need to be reviewed but generally the referrals appear to be seen in a timely manner.

The majority of the referrals (87%) received were from GPs and appear to be going to the appropriate place. The reason for referral varied with 22% requesting a needs assessment, 21% for mobility. 17% requiring equipment, 9% requesting respite and 8% referred for rest home placement.

The limitations of the audit were the inability to directly measure time taken by SPOE to process referrals and the subjectivity of the audit.

The use of progress notes on SAP was good

A T & R Wards Falls Risk Environmental Minimisation Audit

An environmental audit was undertaken to measure compliance with standards set by OPHSS to ensure the falls risk to patients is minimised.

The audit identified a number of very positive outcomes around the condition of the floors, visible handrails, bedside lockers well placed, bathroom doors easily opened and closed.

A number of issues causing concern were also identified including: clutter in the patient's bedrooms; the poor storage of equipment used regularly; showers often used to store equipment and inadequate storage for mobility aids, chairs and wheelchairs.

The storage of equipment along the walls in ward corridors causing obstruction to the movement of the hand along the entire length of the rail and height adjustable chairs had a low compliance of 20%

The areas needing attention, to ensure a safe environment that protects the patients at risk of falling, are adequate storage for equipment used regularly as this will help ensure handrails are accessible along the entire length of corridors as currently equipment blocks this; better storage for mobility aids; provision of chairs of adjustable height to cater for patients of different sizes, mobility aids; removal of clutter from ward spaces, bathrooms and patient bedrooms.

A Falls Risk Environment Minimisation Audit is to be carried out in the K Wards. To meet the performance standard of >80% each ward is to develop an action plan accordingly.

Hip Protector Audit

A review was undertaken of the level of compliance with the wearing of hip protectors in a small group of OPHSS patients 2 months post discharge. The results were also compared with a compliance audit undertaken in 2007.

13 patients post discharge were reviewed, 5 (38%) were in residential care, 8 (62%) were at home living with a partner/care. Of those patients 10 (77%) were continuing to wear hip protectors as they had been instructed (70% were at home, 30% in care).

7 patients were issued with soft hip protectors and all of those patients were continuing to wear them as instructed. The remaining six patients were issued with hard protectors and of these only three patients continued to wear them as instructed. Three of the thirteen

patients surveyed were not wearing their hip protectors at all and of these one was living at home while the other two were in care.

An earlier study completed in 2007 showed a much greater number (62%) were not wearing their hip protectors. Of these only 13% were wearing the soft protectors and 50% the hard. 50% of those studied were living in care.

Quality Indicators

A clinical indicator is simply a measure of the clinical management and/or outcome of care. A well-designed indicator should screen, flag or draw attention to a specific clinical issue. Indicators do not provide definitive answers; rather they are designed to indicate potential problems that might need addressing, usually demonstrated by statistical outliers or variations within data results. They are used to assess, compare and determine the potential to improve patient care.

The data for the clinical indicators is predominantly sourced through incident reporting.

Methodology

Statistical Process Control charts are used to present the data. These charts will show the type of variation in a process.

Variation exists in all processes and is therefore to be expected. What is important in considering the variation is whether or not it represents a stable process known as “common cause” or whether it signals a change to the previous steady state or an event out of the ordinary such as a quality improvement initiative - known as “special cause”. This does not imply that a stable process represents an acceptable process or that “special cause” represents a negative situation.

- A stable process or ‘common cause variation’ has all data points falling within three standard deviations on either side of the average (*refer to the green solid line on the charts*). Hence there are “control limits” (*refer to the red broken lines on the charts*) drawn at three standard deviations above and below the average on the control chart.
- “Special cause variation”, represented by a diamond on the top line of the chart, exists if there is:
 - A sequence of six or more points continuously increasing or decreasing. This indicates a shift in the average.
 - A run of at least 9 consecutive points either all above or all below the average. This indicates a trend. A new “run” begins when a data point literally crosses the average.
 - If points fall outside of the control limits (3 standard deviations either side of the average).

Review of Quality Indicators & Data Integrity Initiative

A review of the data sources for the quality indicators has been undertaken to streamline processes and strengthen data integrity. Previous variances in the data have now been updated and each division has a new spreadsheet to capture the monthly numerator data in a consistent manner.

A review of the quality indicators currently being reported has been undertaken and this has included reviewing the definitions, denominator and numerator information. The revised quality indicators together with some of the new ones are included in this report.

Complaints

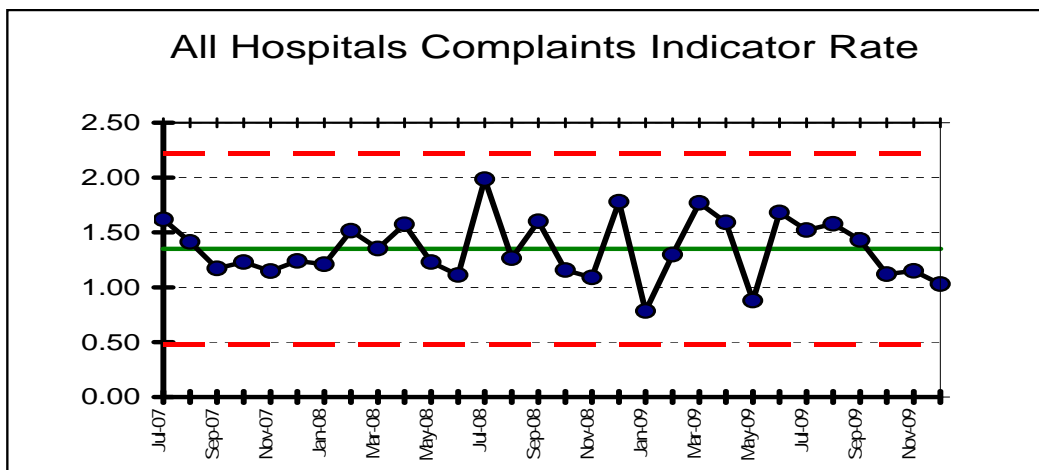
Aim: To encourage feedback and complaints as quality improvement opportunities.

Numerator: Total number of complaints received in the period.

Denominator: The sum of the:

- total inpatient bed days (excluding boarders and well babies) in the period, plus
- total day patients (excluding borders and well babies) in the period

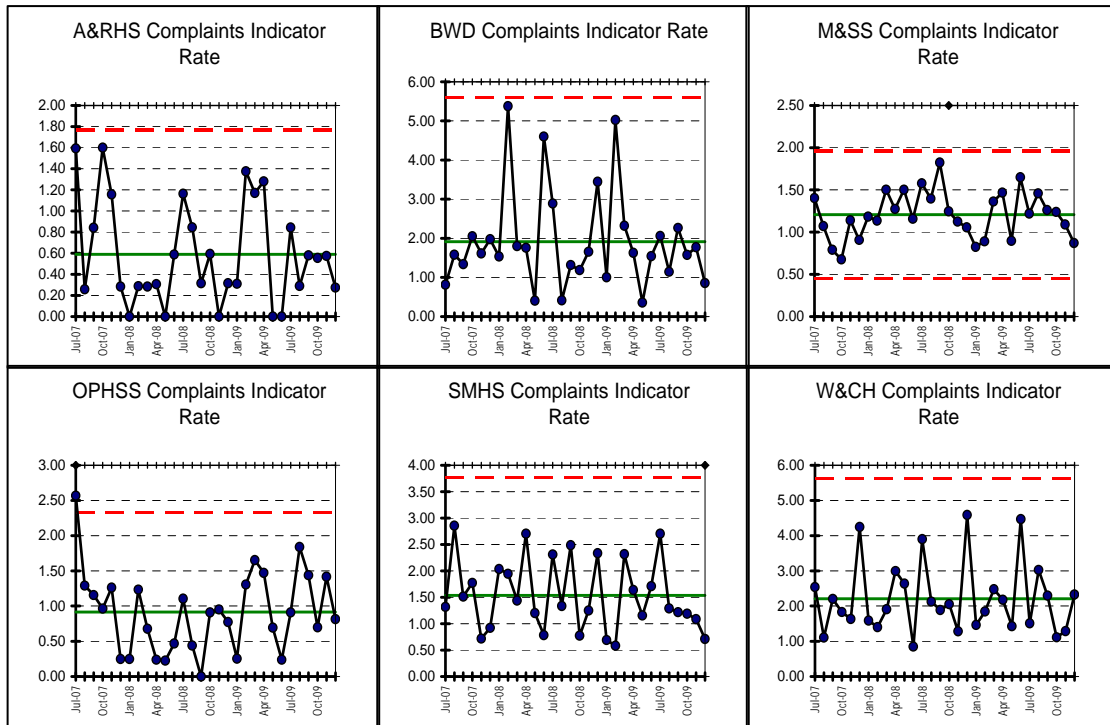
Note: As a result of the review of the quality indicators, the denominator information for this indicator has been aligned to the others. The inpatient bed-days and day patients figures used in the denominator now exclude well babies and borders. The denominator has also been modified to include all of the day patients, as it previously included half the day patients only. The indicator rate has been updated retrospectively to incorporate the changes. Revised Canterbury DHB Indicator for 2009/2010 EQUIP4 Criteria: 2.1.3



Note: The lower control limit for this graph is zero.

No special causes were noted in the October, November or December 2009 complaints data. The variation in this chart represents a stable process, i.e. common cause variation.

The divisional control charts have been included below for your information. Of note is the special cause identified in the December 09 Specialist Mental Health Services data, which indicates a downward trend.



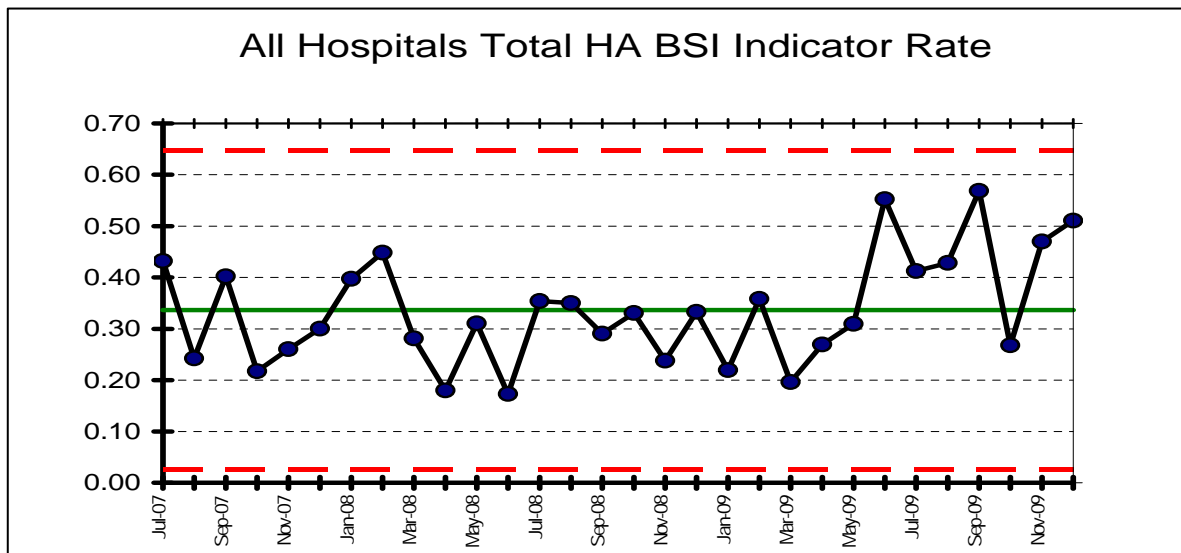
Total Hospital Acquired Bloodstream Infections

Aim: To decrease the Total Hospital Acquired Bloodstream Infection rate

Numerator: Total number of hospital acquired bloodstream infections in the period.

Denominator: The total number of inpatient bed-days in the period (excluding well babies and boarders).

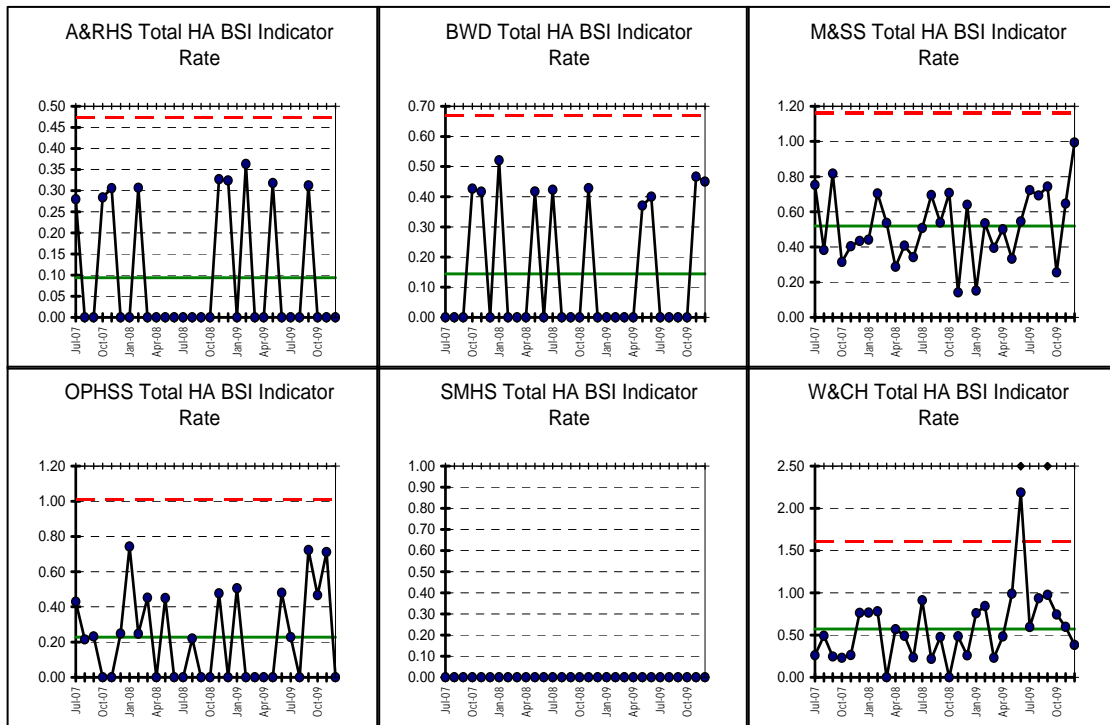
Note: No changes were made to this indicator. (EQUIP4 Criteria: 1.5.2)



Note: The lower control limit for this graph is zero.

No special causes were noted in the October, November or December 2009 Total Hospital Acquired Bloodstream Infections rate. The variation in this chart represents a stable process, i.e. common cause variation.

The divisional control charts have been included below for your information. There are no special causes detected in the divisional control charts for the October, November and December 2009 data.



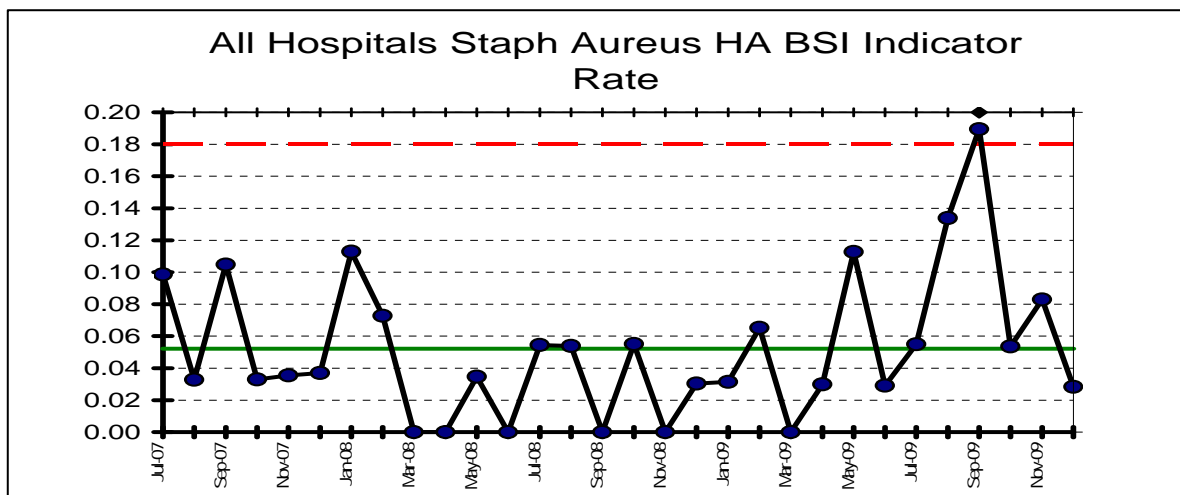
Staphylococcus Aureus Hospital Acquired Bloodstream Infections

Aim: To decrease the Staphylococcus Aureus Bloodstream Infection rate.

Numerator: The total number of incidence of Staphylococcus aureus bloodstream infection associated with DHB healthcare provision in the period.

Denominator: The total number of inpatient bed-days in the period (excluding well babies and boarders).

Note: No changes were made to this indicator. (Canterbury DHB Strategic Activity Report Indicator HBI Indicator EQUIP4 Criteria: 1.5.2)

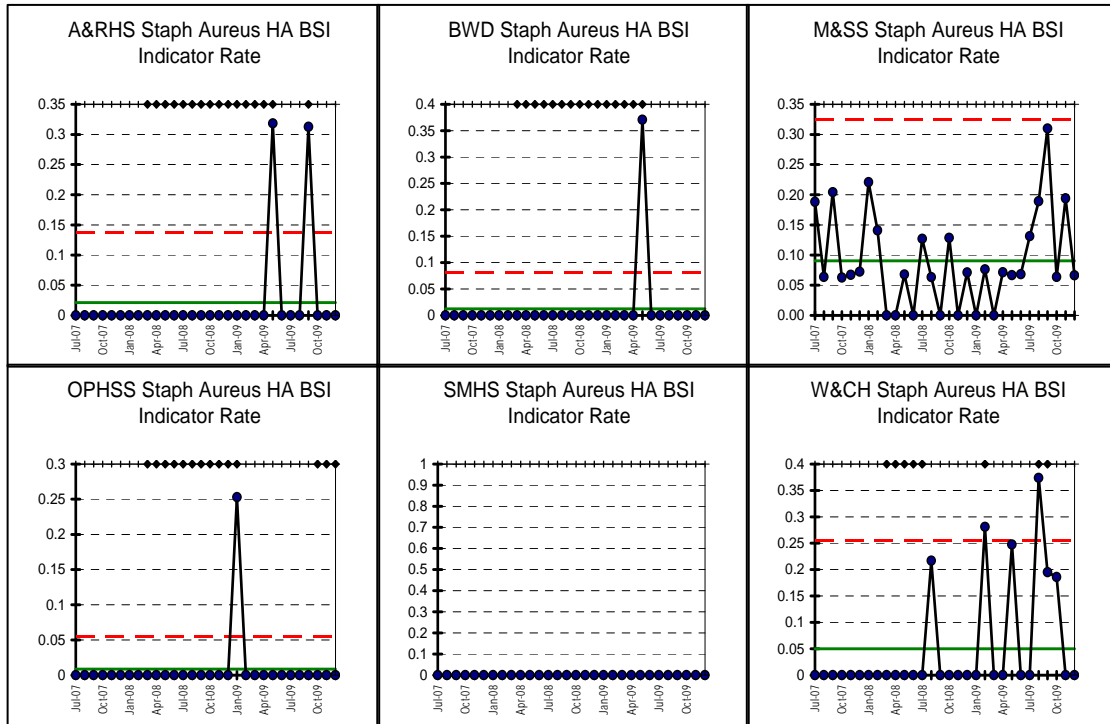


No special causes were noted in the October, November or December 2009 Staphylococcus Aureus Hospital Acquired Bloodstream Infections (Staph Aureus HABSIs) rate.

The special cause detected in the September 2009 data was due to the data point being

outside the upper control limit. September had a high number of Norovirus cases and outbreaks within Medical and Surgical Services increasing pressure on beds and staff.

The divisional control charts have been included below for your information. The numbers of Staph. Aureus HABSI are very small and reflected in the variation shown in the divisional control charts. For example, A&RHS, BWD, OPHSS and SMHS generally do not have any occurrences so when there is one Staph. Aureus HABSI the rate will be above the upper control limit.



National comparison of Staphylococcus Aureus HABSI:

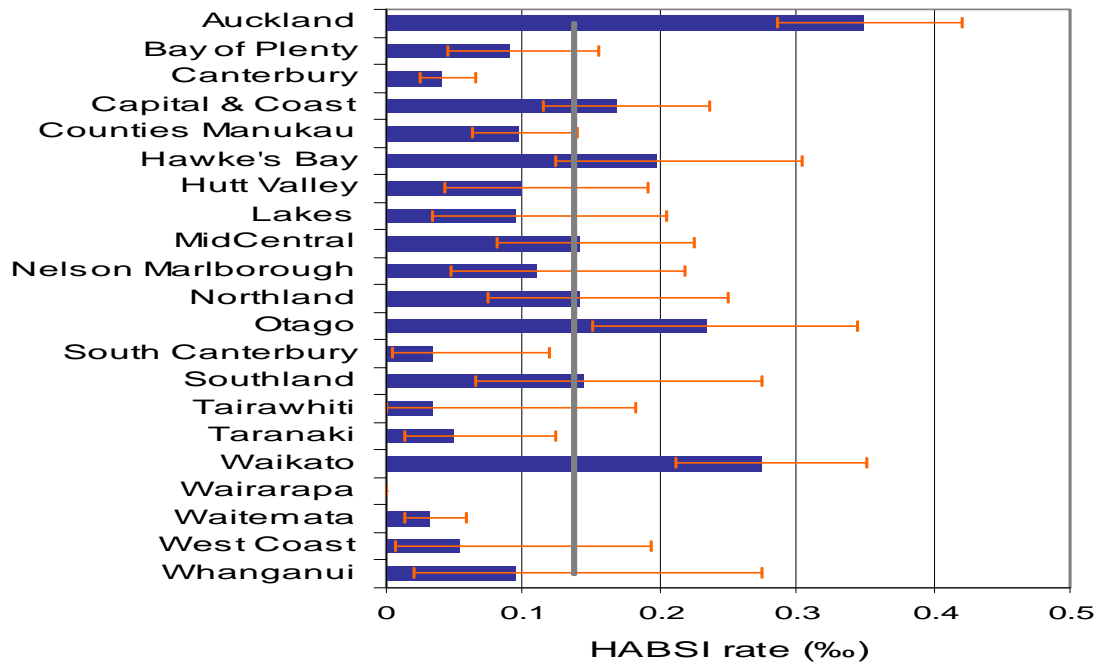
The Staph. Aureus HABSI indicator is one of the indicators included in the DHB Hospital Benchmark Information report.

The latest DHB Hospital Benchmark Information report available at the time of writing this report was for the April to June 2009 quarter. The CDHB continues to compare favourably with other DHB's of similar size and patient acuity for rates of Staph Aureus HABSI which are reported quarterly by the MOH.

The following graph provides comparative information using the latest quarterly figures from the MOH Hospital Benchmark Information website:

Healthcare Associated *Staph. Aureus* Bloodstream Infections

Figure 6: HABSIS. This measures the number of *Staph. Aureus* bloodstream infections per 1,000 inpatient bed-days. The grey line denotes the nationwide HABSIS. Upper and lower confidence limits are shown for each DHB result. Results are presented as a four quarter rolling average. Wairarapa DHB reported no *Staph. Aureus* bloodstream infections during the reporting period.



Total IV, Blood and Medication Incidents

Aim: Our aim is to increase the number of IV and Medication errors being reported. This reflects a recommendation from the Institute of Healthcare Improvement that increasing the level of reporting is an essential step in reducing overall harm.

Numerator: Total number of IV, blood and medication errors in the period, where there is a deviation from prescribed procedure. Includes medication incidents in the Inpatient, Day Patient and Outpatient setting as well as ED Attendances. (Include Canterbury DHB incident categories 1.2 to 1.8.)

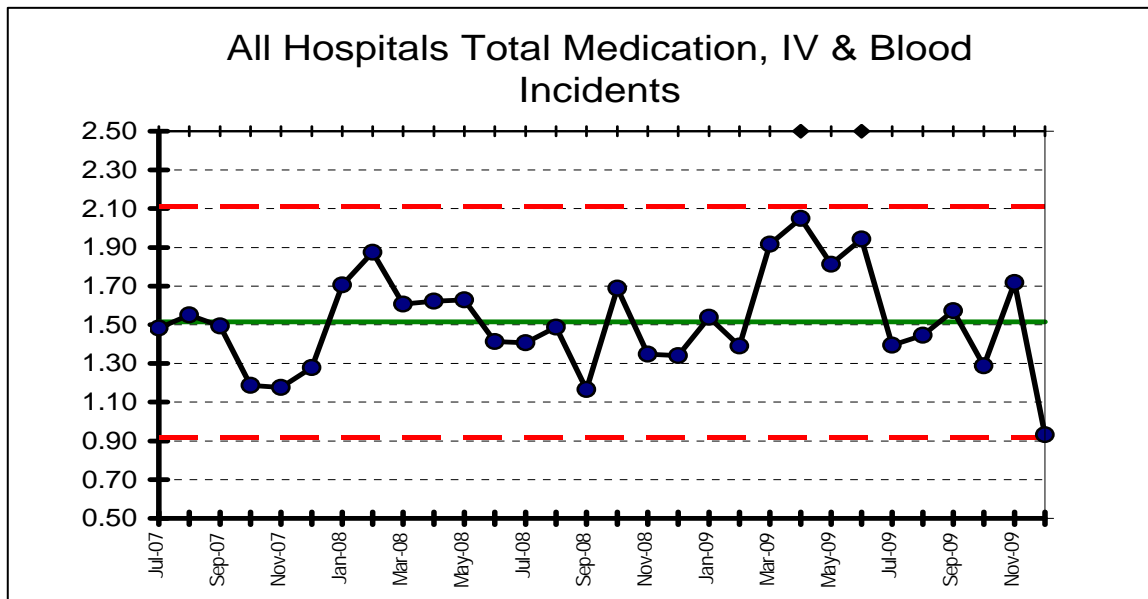
Denominator: The sum of the:

- total inpatient bed days (excluding borders and well babies) in the period, plus
- total day patients (excluding borders and well babies) in the period, plus
- total number of ED attendances (where the patient was not subsequently admitted) in the period.

Note:

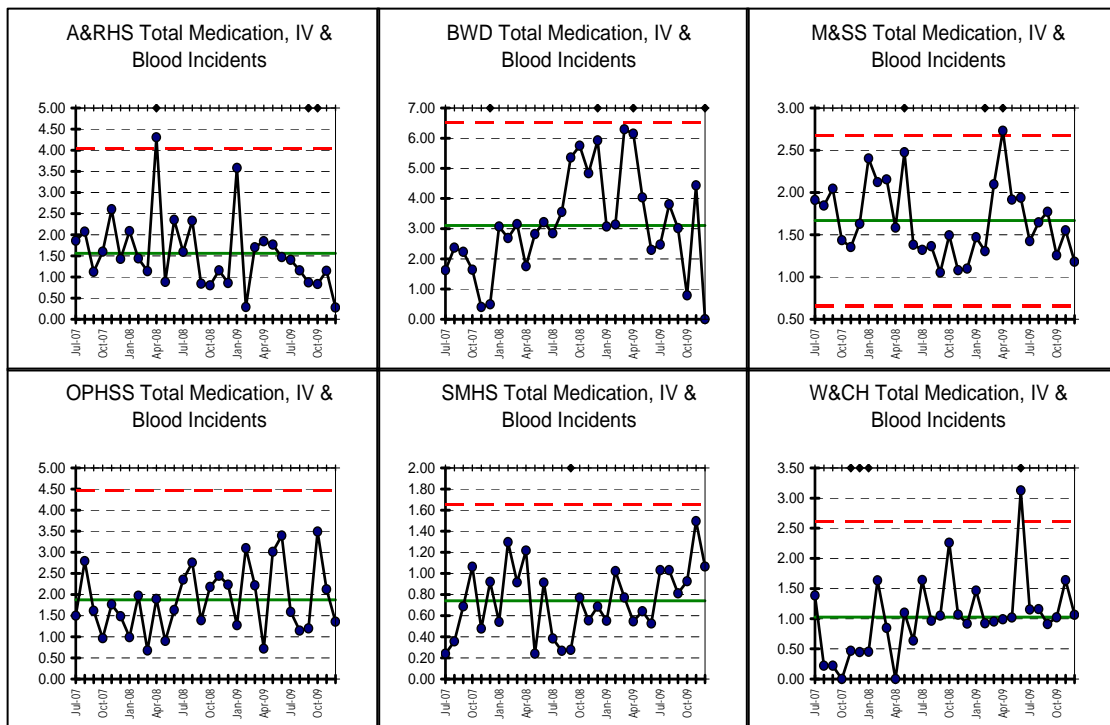
The numerator data may potentially include some blood, IV and medication incidents occurring in the Outpatient setting but these numbers would be very small hence the reason for excluding outpatient visits from the denominator.

New Canterbury DHB Indicator for 2009/2010



No special causes were noted in the October, November or December 2009 Total IV, Blood and Medication Incidents rate.

The divisional control charts have been included below for your information.



Total Blood, IV & Medication Incidents resulting in Patient Harm

Aim: Move towards zero harm from IV, Blood and medication incidents.

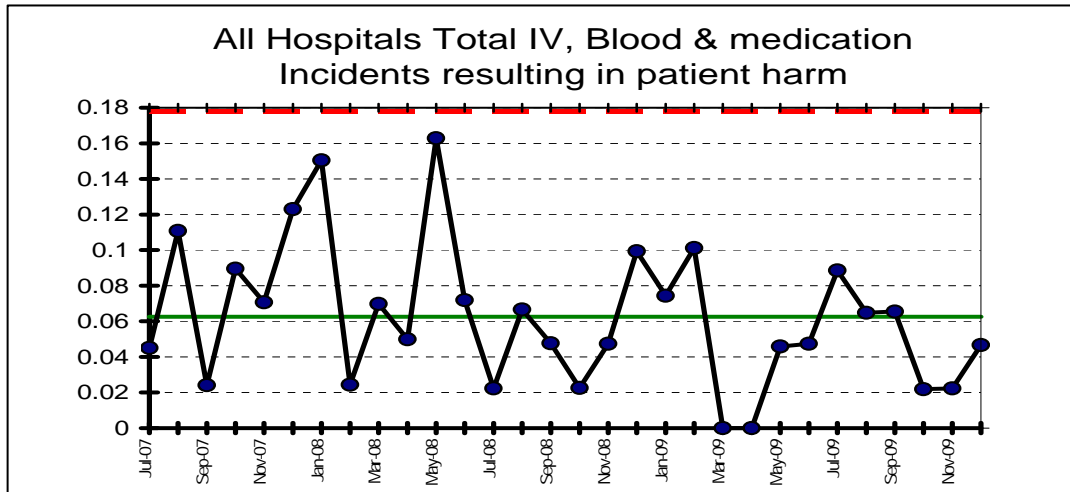
Numerator: Total number of IV, blood and medication incidents in the period, resulting in an adverse event. Includes medication incidents in the Inpatient, Day Patient and Outpatient setting as well as ED Attendances. (Include Canterbury DHB incident categories 1.5 to 1.8.)

Denominator: The sum of the:

- total inpatient bed days (excluding borders and well babies) in the period, plus

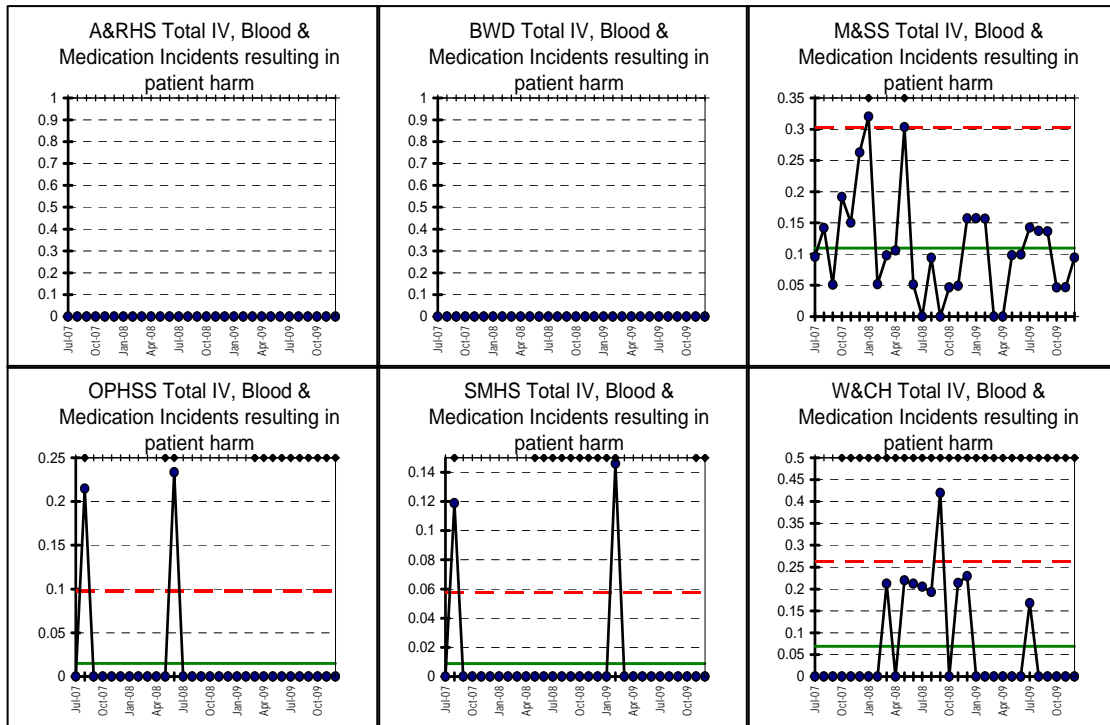
- total day patients (excluding borders and well babies) in the period, plus
- total number of ED attendances (where the patient was not subsequently admitted) in the period.

Note: The numerator data may potentially include some blood, IV and medication incidents occurring in the Outpatient setting but these numbers would be very small hence the reason for excluding outpatient visits from the denominator. (New Canterbury DHB Indicator for 2009/2010 EQUIP4 Criteria: 1.1.4, 1.5.1)



No special causes were noted in October, November or December 2009 for the Total IV, Blood and Medication Incidents resulting in Patient Harm. The control chart shows a stable process with common cause variation shown.

The divisional control charts have been included below for your information. The numbers of incidents resulting in patient harm for IV, Blood and Medication incidents is very small and reflected in the variation shown in the divisional control charts. For example, A&RHS, BWD, OPHSS and SMHS generally do not have any occurrences so when there is an incident resulting in patient harm the rate will be above the upper control limit.



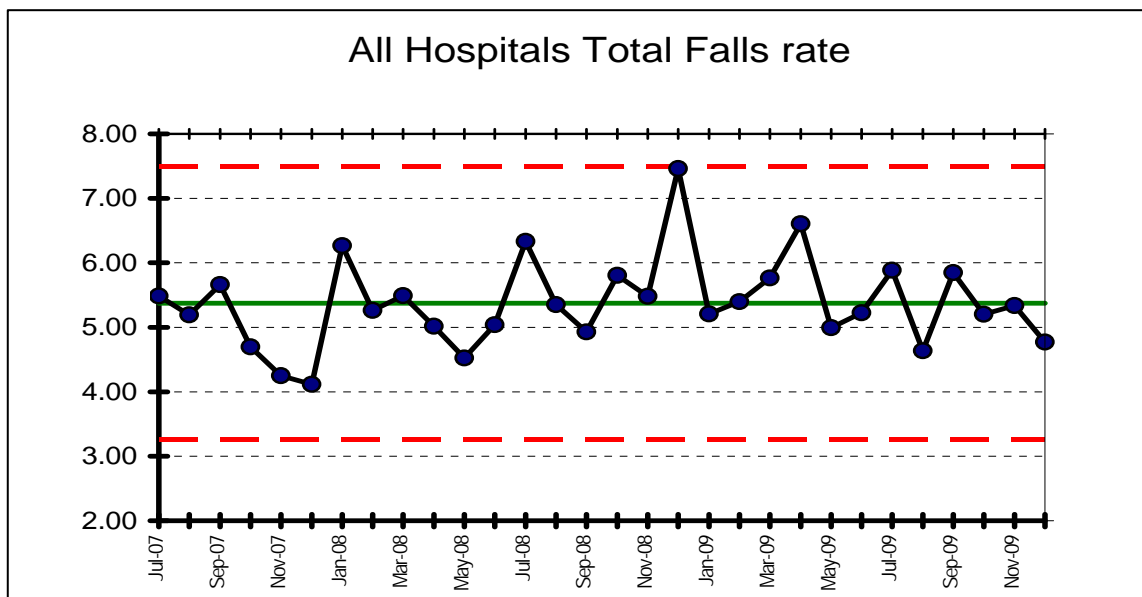
Total Patient Falls

Aim: Move towards zero harm by reducing the number of patient falls.

Numerator: Total number of patient falls, in the period.

Denominator: Total number of inpatient bed days (excluding borders and well babies), in the period.

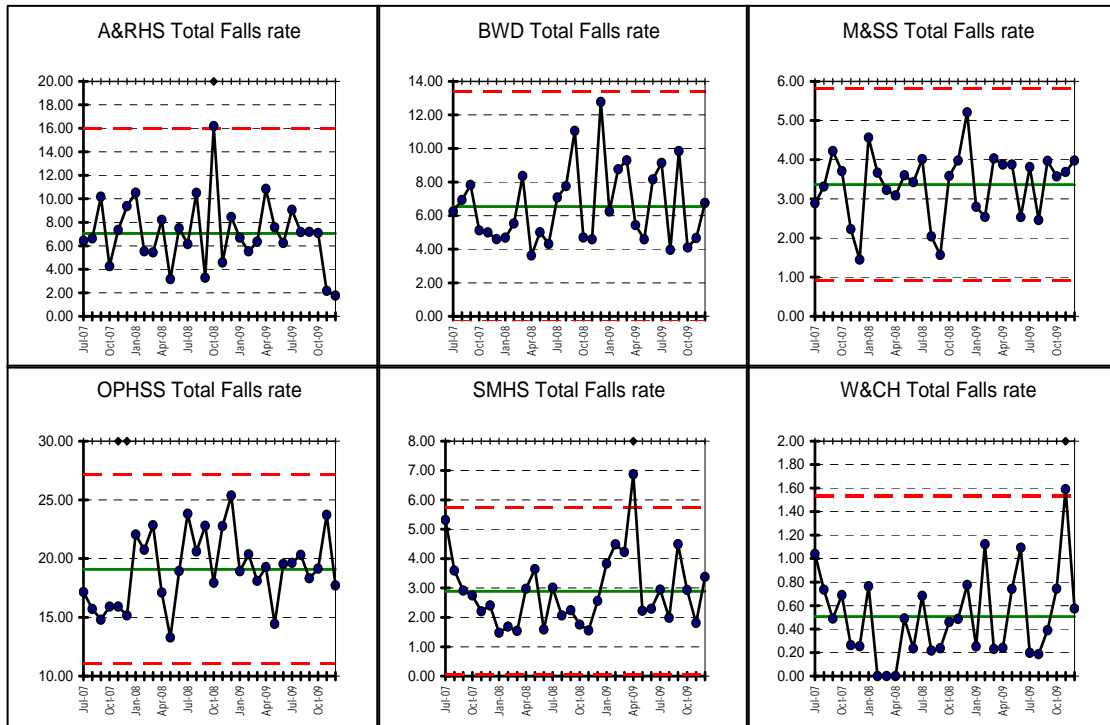
Notes: Above denominator is equivalent to the ACHS denominator for Hospital-Wide indicator 1.1: The total number of occupied bed days, in the period. (New Canterbury DHB Indicator for 2009/2010, ACHS ~ Hospital-Wide Clinical Indicator 5.1, EQUIP4 Criteria: 1.1.4, 1.4.1, 1.5.4)



No special causes were noted in October, November or December 2009 for the Total Falls rate. The control chart shows a stable process with common cause variation present.

The divisional control charts have been included below for your information. Of note is the

special cause detected in the W&CH November 2009 Total Falls rate. The special cause highlighted is due to the November data point being outside the upper control limit. No injuries were sustained as a result of these falls.



Total Serious Injury Patient Falls

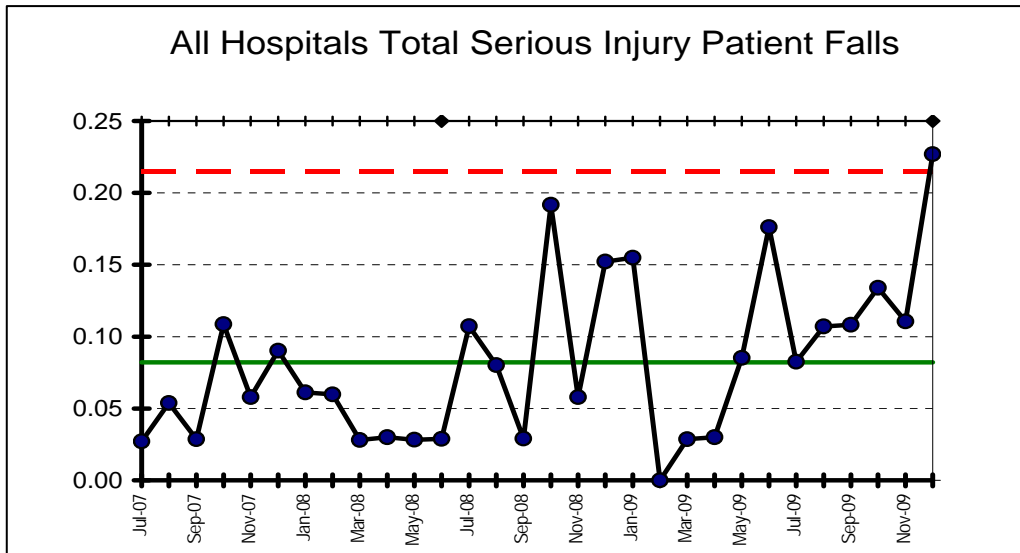
Serious Injury: resulting from a patient fall most often refers to when a fracture has been sustained, often a fractured femur or fractured pelvis. Often these fractures require surgery. This category would also include moderate to serious head injuries. For these types of injuries, the outcome is required to be documented.

Aim: Move towards zero harm from as a result of a patient fall.

Numerator: Total number of patient falls resulting in serious injury, in the period.

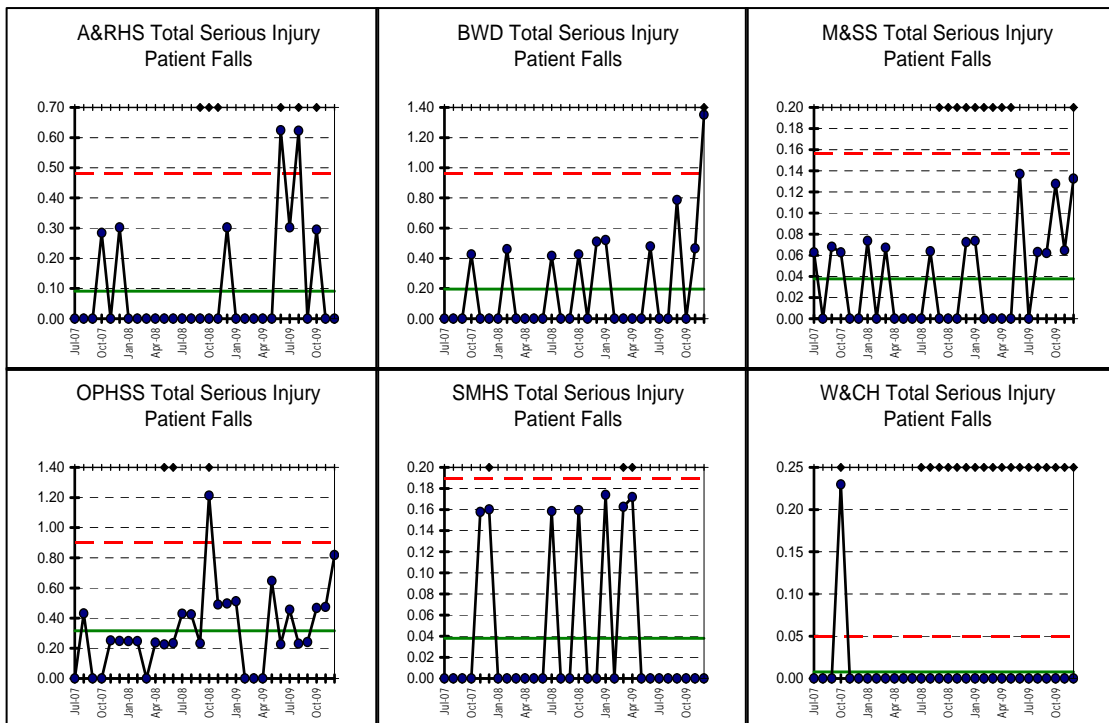
Denominator: Total number of inpatient bed days (excluding borders and well babies), in the period.

Notes: Above denominator is equivalent to the ACHS denominator for Hospital-Wide indicator 1.1: The total number of occupied bed days, in the period (Excludes outpatients and day only patients.) (New Canterbury DHB Indicator for 2009/2010, ACHS ~ Hospital-Wide Clinical Indicator 5.3, EQUIP4 Criteria: 1.1.4, 1.4.1, 1.5.4)



A special cause is highlighted in the December 2009 Total Serious Injury Patient Falls rate. The special cause highlighted is due to the December data point being outside the upper control limit. There were 8 serious injury falls reported in December 2009.

The divisional control charts have been included below for your information. Of note is the special cause detected in the Burwood December 2009 Serious Injury Falls rate. The special cause highlighted is due to the December data point being outside the upper control limit. There were 3 serious injury falls reported at Burwood for December 2009. These were categorised as Severity Assessment Code 2 events and Root Cause Analysis investigations are underway.



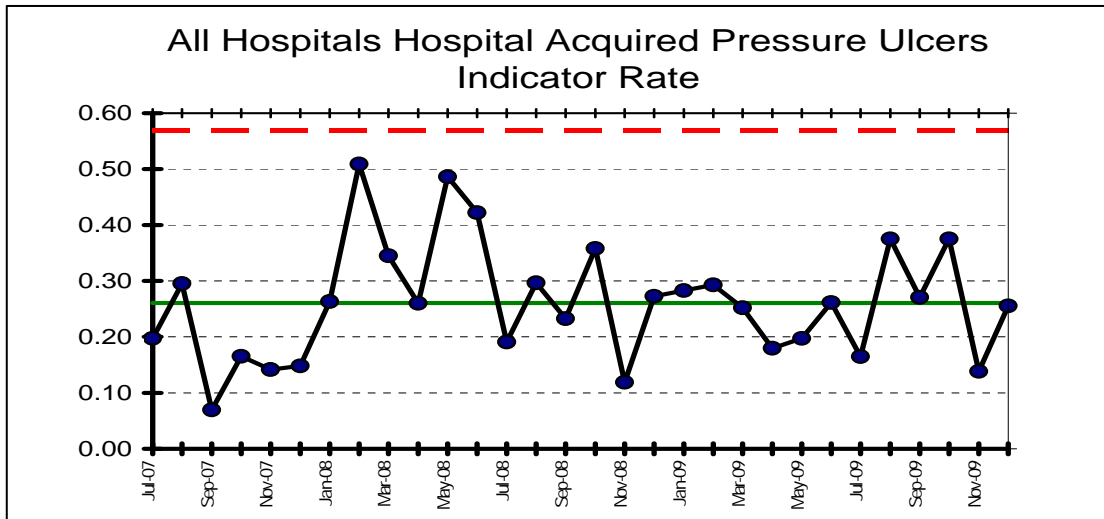
Hospital Acquired Pressure Ulcers

Aim: To move towards zero harm as a result of a pressure ulcer.

Numerator: Total number of inpatients who develop one or more pressure ulcer, during their admission, in the period. (Include Canterbury DHB incident categories 9.1 to 9.4.)

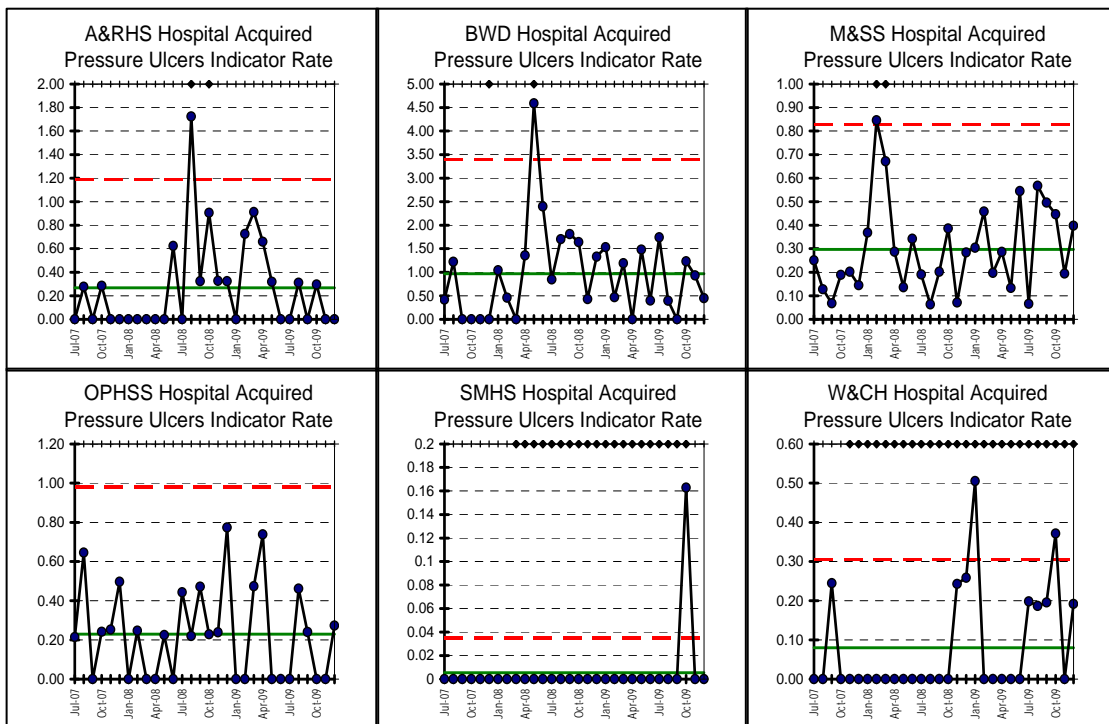
Denominator: Total number of overnight inpatient bed-days (excluding well babies and boarders) in the period.

Note: No changes were made to this indicator. (Canterbury DHB Strategic Activity Report Indicator, ACHS Hospital-Wide Clinical Indicator 4.1, EQUIP4 Criteria 1.1.4, 1.4.1, 1.5.3)



No special causes were noted in October, November or December 2009 for the Hospital Acquired Pressure Ulcers rate. The control chart shows a stable process with common cause variation present.

The divisional control charts have been included below for your information.



Restraint Use

The Restraint Indicators are some of the new indicators that have been developed. The Restraint Approval & Monitoring group are monitoring this indicator on a regular basis.

We are working with the Divisions on accessing the data retrospectively from their Restraint Registers. At the time of this report data was only available from Medical & Surgical Services, Burwood and Specialist Mental Health Services until November 2009.

Definition used for the Restraint Indicator:

- The use of any intervention, by a service provider, that limits a patient's/consumer's normal freedom of movement.
- Categories of Restraint include:
 - *Personal Restraint* - Where a service provider uses their own body to intentionally limit the movement of a patient/consumer. For example, where a consumer is held by a service provider.
 - *Physical Restraint* - Where a service provider uses equipment, devices or furniture that limits the patient's/consumer's normal freedom of movement. For example, where a patient/consumer is unable to independently get out of a chair due to: the design of the chair; the use of a belt; or the position of a table or fixed tray.
 - *Environmental Restraint* - Where a service provider intentionally restricts a patient's/consumer's normal access to their environment. For example, where a patient's/consumer's normal access to their environment is intentionally restricted by locking devices on doors or by having their normal means of independent mobility (such as a wheelchair) denied.
 - *Seclusion* - Where a patient/consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.

Please note: Seclusion is a specific type of Environmental Restraint and can only be legally implemented for patients/consumers who are under the Mental Health (Compulsory Assessment and Treatment) Act 1992 or the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. Seclusion only occurs in approved and designated seclusion rooms.

For the purposes of restraint documentation and evaluation a **restraint episode** refers to:

- a single restraint event, or,
- where restraint is used as a planned regular intervention and is identified in the consumer's service delivery plan, and may refer to a grouping of restraint events.

Where an episode of restraint refers to a grouping of restraint events the episode ends when the episode is evaluated. (NZS 8134.2:2008 Health & Disability Service (Restraint Minimisation and Safe Practice) Standards

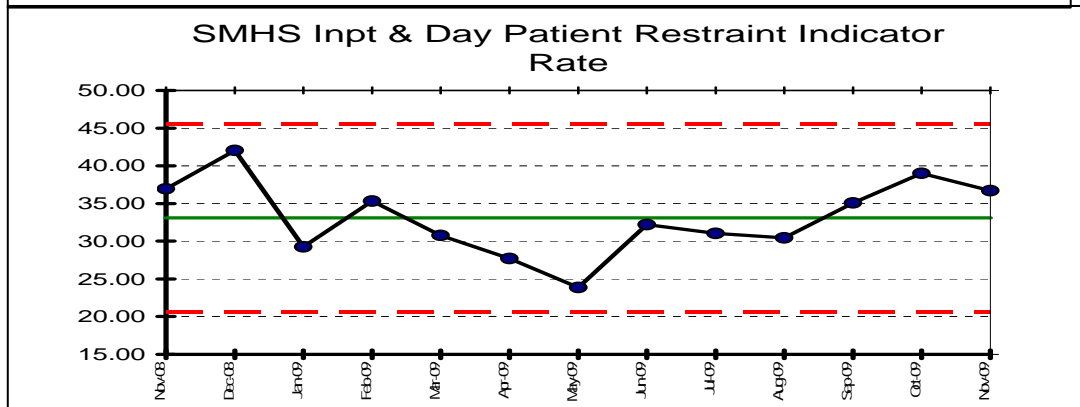
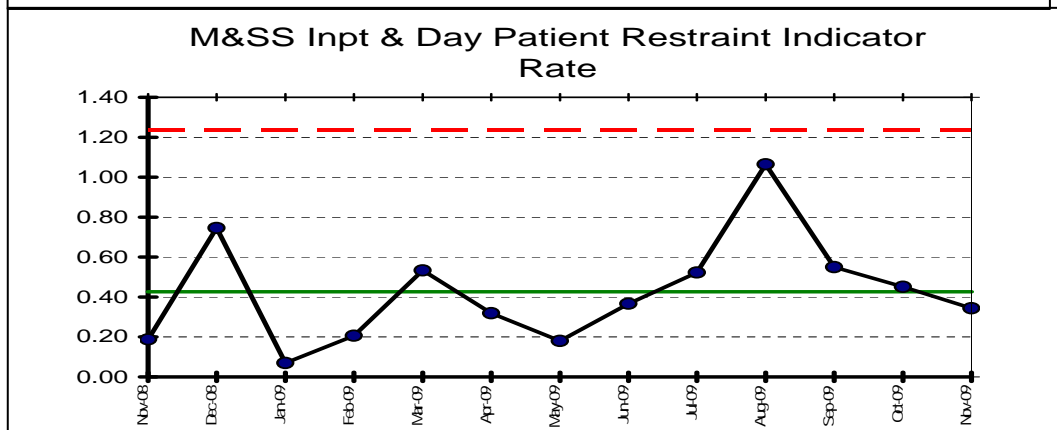
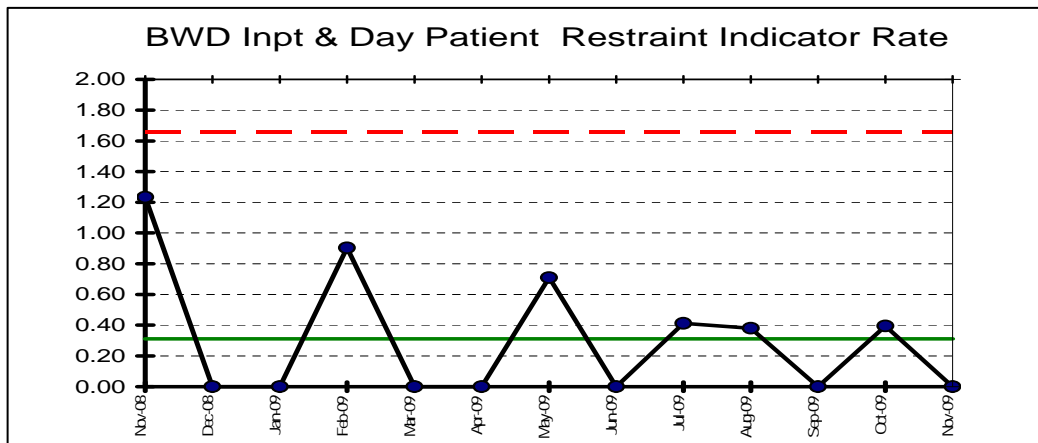
Inpatient & Day Patient Restraint Rate

Aim: To monitor the use of restraint in the hospital setting.

Numerator: The total number of patient restraint episodes for inpatients and day patients reported in the period.

Denominator: The sum of the:

- total inpatient bed days (excluding borders and well babies) in the period, plus
- total day patients (excluding borders and well babies) in the period. (New



No special causes were noted in October or November 2009 for the Inpatient & Day Patient Restraints rates for Burwood Hospital, Medical & Surgical Services and Specialist Mental Health Services. The control charts above show a stable process with common cause variation present. The numbers of episodes of restraint being reported in the Emergency Department are very small.

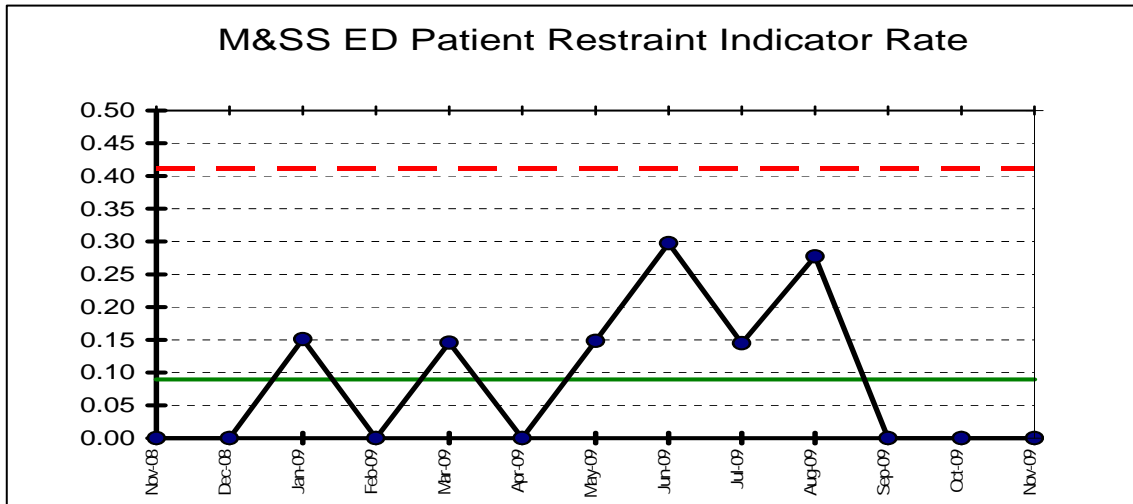
Emergency Department Restraint Rate

Aim: To reduce the number of episodes of restraint in the Emergency Department.

Numerator: The total number of patient restraint episodes reported in ED in the period.

Denominator: The sum of the total number of ED attendances in the period.

Note: For Emergency Department, Medical & Surgical Services only. (New Canterbury DHB Indicator for 2009/2010, EQUIP4 Criteria 1.1.2 SA (g))



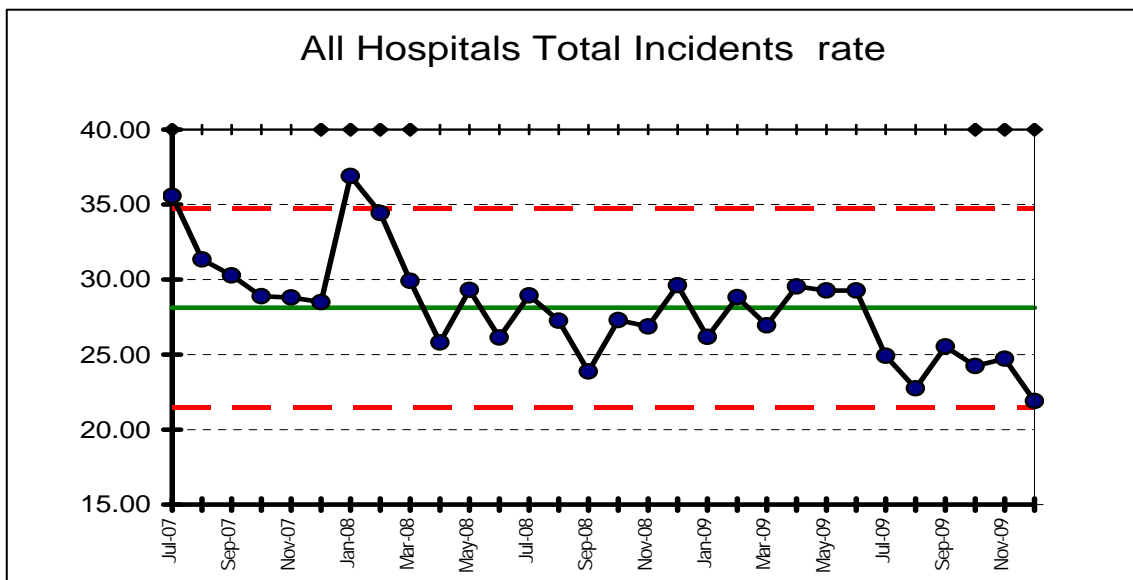
No special causes were noted in October or November 2009 Emergency Department Restraint rate. The control chart above shows a stable process with common cause variation present.

Total Incidents

Aim: To increase the reporting of incidents across the hospitals, in line with Canterbury DHB’s policy of emphasising the responsibility of staff to report error. This also reflects a recommendation from the Institute of Healthcare Improvement that increasing the level of reporting is an essential step in reducing overall harm.

Numerator: Total number of incidents reported for the month.

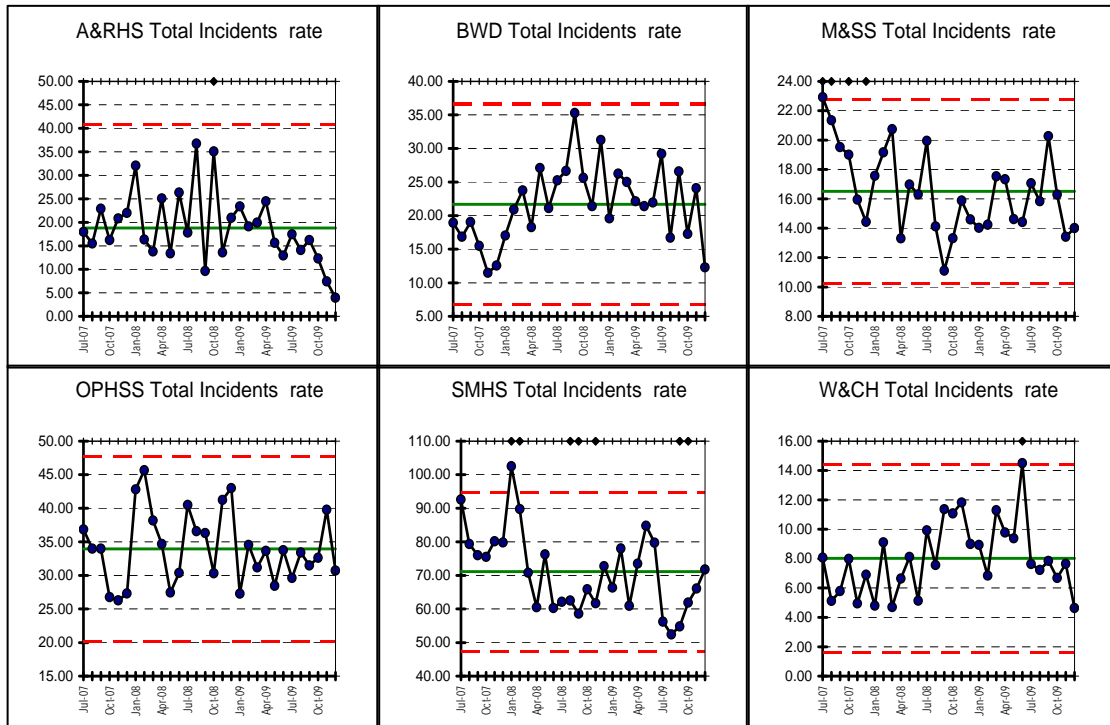
Denominator: Total number of Inpatient Bed-days for the month (excluding boarders and well babies) + 0.5 Total Day Patients for the month (excluding boarders and well babies).



Special causes were noted in the October, November or December 2009 aggregated ‘all hospitals’ incident. The special cause flag in each month represented 4 of 5 data points being beyond one standard deviation from the average.

Work continues on promoting incident reporting and a number of further initiatives are underway. These include: the development and deployment of a staff handbook that has been designed to provide both a general introduction to incident management as well as guidance to the appropriate actions to take if involved in an actual clinical incident has been

developed; an education programme designed for line managers; relocating all the information staff need in relation to incident management to one easy to find intranet site.



Definitions:

Inpatient Bed Days - an inpatient bed day is when a patient is admitted for treatment and is present at the midnight census.

Day Patients - a day patient is when a health care user is admitted for health care with a stay of 0 days regardless of intent at time of admission.

Patient Satisfaction

Canterbury DHB Quarterly Patient Satisfaction Survey Results for the quarter, October to December 2009.

Inpatient Satisfaction Survey

Of the 918 inpatients surveyed in October – December 2009, there were 356 valid returns.

Response Rate	Question on Overall Satisfaction (% Satisfaction)
October to December 2009 38.8%	88.2%

Questions below 80% Satisfaction	Results (% Satisfaction)
1. Telling you how long you would wait in the Emergency Department (189 responses)	79.9%
15. How much you liked the food we gave you (294 responses)	75.0%

Observations

The question on food remained below 80% satisfaction for all quarters since April 2002 (range: 69% - 80.5% satisfaction). Lower scores for food are consistent with national trends.

Consistent areas of strength, (results 88% satisfaction or higher), for most quarters include:

- Question 9, “Treating you with dignity and respect”
- Question 10, “Organising your care with other departments in the hospital”
- Question 16, “Patients feeling safe and secure in the hospital environment”
- Question 17, “Overall satisfaction of services being provided”

Outpatient Satisfaction Survey

Of the 1334 outpatients surveyed in October – December 2009, there were 584 valid returns.

Response Rate	Question on Overall Satisfaction (% Satisfaction)
October to December 2009 43.8%	92%

Questions below 80% Satisfaction	Results (% Satisfaction)
5. Telling you how long you would wait, when you arrived (504 responses)	71.4%

Observations

The question asking if patients were told how long they would wait when they arrived has scored below 80% satisfaction for all quarters since April 2002 (range 64% - 72% satisfaction).

Consistent areas of strength, (results 88% satisfaction or higher), for most quarters include:

- Question 9, “Listening to you”
- Question 11, “Treating you with dignity and respect”
- Question 13, “How clean our facilities are”
- Question 15, “Overall satisfaction”

With the exception of question 15, the % satisfaction results for the October – December quarter have increased slightly from the previous quarter.

Maori Response

The number of individuals that identify themselves as Maori is small. This must be taken into consideration when interpreting the results.

Inpatients

Of the 356 inpatients surveys received in October – December 2009, 12 patients identified themselves as Maori (3.4%).

Of the 17 questions asked, there were nine questions where the patient satisfaction was less than 80% satisfaction. They were:

- Question 1, “Telling you how long you would wait in the Emergency Department”
- Question 2, “Telling you how the Emergency Department would treat your problem”
- Question 3, “Explaining what was wrong with you”
- Question 8, “Offering choices specific to your culture”
- Question 10, “Organising your care with other departments in the hospital”
- Question 11. “Preparing you for leaving hospital”
- Question 12, “Organising your care with other health providers”
- Question 15, “How much you liked the food we gave you”

Outpatients

Of the 584 outpatient surveys received in October – December 2009, 24 patients identified themselves as Maori (4.1%).

Of the 15 questions asked, there were three questions where the patient satisfaction was less than 80% satisfaction. They were:

- Question 1, “How well did your appointment time suit you”
- Question 2, “Effort to make an appointment time to suit”
- Question 5, “Telling you how long you would wait when you arrived”
- Question 10, “Offering choices specific to your culture”

CANTERBURY DHB INPATIENT SURVEY RESULTS FOR THE PERIOD: October 07 - December 09

Quarter	Response Rate
October - December 07	38.39%
January - March 08	43.49%
April - June08	39.35%
July - September 08	41.42%
October - December 08	43.63%
January - March 09	45.43%
April-June 09	42.98%
July - September 09	41.18%
October - December 09	38.78%

Question	Oct- Dec-07	Jan- Mar-08	Apr- Jun-08	Jul- Sep-08	Oct- Dec-08	Jan- Mar-09	Apr- Jun-09	July- Sep-09	Oct- Dec-09
	%	%	%	%	%	%	%	%	%
1 Telling you how long you would wait	80.40%	76.84%	81.69%	79.19%	79.08%	81.37%	78.90%	77.32%	79.89%
2 Telling you how the Emergency Department would treat your problem	80.95%	79.31%	83.66%	80.12%	80.33%	82.06%	82.49%	82.40%	81.28%
3 Explaining what was wrong with you	85.46%	84.63%	85.63%	85.60%	85.78%	85.79%	86.08%	85.73%	84.68%
4 Informing you about different treatment options	82.36%	82.52%	83.30%	83.70%	82.57%	84.84%	84.22%	82.20%	81.78%
5 Asking your permission to treat you	88.23%	86.46%	87.58%	88.58%	87.37%	89.43%	88.22%	88.09%	87.77%
6 Listening to you	87.07%	85.34%	86.59%	87.24%	86.44%	87.36%	87.36%	86.93%	84.47%
7 Involving your family/whanau as much as you wanted	88.15%	87.91%	87.75%	88.07%	86.67%	89.39%	88.31%	86.72%	86.94%
8 Offering choices specific to your culture	85.54%	80.87%	80.17%	83.70%	82.59%	81.20%	84.52%	83.80%	83.42%
9 Treating you with dignity and respect	92.29%	90.41%	91.31%	92.82%	91.62%	91.62%	92.16%	91.06%	90.63%
10 Organising your care with other departments in the hospital	88.93%	85.70%	90.19%	89.94%	88.07%	89.90%	90.34%	88.98%	88.52%
11 Preparing you for leaving hospital	80.13%	78.04%	82.07%	81.14%	79.85%	83.15%	81.61%	81.80%	80.18%
12 Organising your care with other health providers	81.84%	79.23%	83.14%	80.97%	84.40%	85.70%	82.21%	82.30%	80.13%
13 Staff availability	85.73%	83.43%	85.83%	86.15%	84.96%	87.20%	86.73%	85.33%	84.13%
14 Cleanliness of facilities	85.73%	86.01%	86.90%	84.69%	86.93%	88.53%	88.23%	87.01%	86.66%
15 Food	75.75%	71.39%	77.72%	77.33%	76.98%	75.43%	74.19%	80.49%	75.00%
16 Security/Safety	91.08%	91.12%	91.95%	92.33%	91.29%	91.87%	91.46%	91.72%	90.73%
17 Overall satisfaction	90.43%	87.43%	90.54%	89.23%	90.13%	90.92%	90.60%	89.99%	88.16%

CANTERBURY DHB OUTPATIENT SURVEY RESULTS FOR THE PERIOD: October 07 - December 09

Quarter	Response Rate
October - December 07	43.04%
January - March 08	42.95%
April-June08	43.01%
July - September 08	43.31%
October - December 08	46.29%
January - March 09	44.08%
April - June 09	46.84%
July - September 09	46.65%
October - December 09	43.78%

Question	Oct- Dec-07	Jan- Mar-08	Apr- Jun-08	Jul- Sep-08	Oct- Dec-08	Jan- Mar-09	Apr- Jun-09	July- Sep-09	Oct- Dec-09
	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction
1 How well did your appointment time suit you?	83.83%	84.41%	86.26%	84.35%	83.54%	86.23%	83.70%	83.09%	84.48%
2 Effort to make an appointment time to suit	82.60%	83.91%	85.39%	84.00%	83.40%	85.93%	82.80%	82.38%	84.92%
3 Information to prepare you for the appointment	87.25%	86.53%	90.19%	86.76%	86.45%	88.83%	86.18%	87.11%	88.75%
4 Making you feel welcome	86.67%	85.37%	91.28%	88.13%	86.77%	88.18%	86.97%	88.06%	88.96%
5 Telling you how long you would wait when you arrived	67.21%	69.03%	71.98%	68.92%	67.61%	70.55%	67.30%	68.31%	71.38%
6 Explaining what was wrong	88.41%	87.35%	90.94%	86.96%	87.15%	88.52%	86.97%	88.09%	89.19%
7 Informing about different treatment options	85.55%	84.26%	88.67%	84.00%	85.25%	86.51%	83.63%	84.76%	87.00%
8 Asking permission to treat you	86.20%	87.96%	89.15%	87.84%	87.89%	90.17%	86.65%	87.32%	89.53%
9 Listening to you	88.92%	88.21%	89.96%	88.75%	87.94%	89.30%	87.37%	88.00%	89.94%
10 Offering choices specific to your culture	83.79%	81.94%	86.71%	83.23%	82.60%	82.71%	81.00%	82.24%	84.78%
11 Treating you with dignity and respect	92.08%	91.80%	93.41%	92.06%	92.50%	93.36%	91.30%	92.36%	92.96%
12 Organising care with other health providers	84.67%	85.27%	88.03%	84.75%	85.16%	86.79%	84.58%	86.12%	88.20%
13 Cleanliness of facilities	90.22%	90.56%	92.98%	90.84%	89.07%	91.44%	89.68%	90.41%	90.65%
14 Information to manage condition after visit	87.35%	86.75%	89.03%	87.30%	85.80%	88.32%	87.62%	87.67%	90.08%
15 Overall satisfaction	89.82%	90.64%	92.91%	90.52%	88.76%	91.42%	89.49%	90.36%	92.04%

CANTERBURY DHB INPATIENT SURVEY RESULTS FOR THE PERIOD (Maori Response): October 07 - December 09

Quarter	Valid Returns
October - December 07	19
January - March 08	20
April - June 08	19
July - September 08	10
October - December 08	18
January - March 09	24
April - June 09	26
July - September 09	17
October - December 09	12

	Oct- Dec-07 %	Jan- Mar-08 %	Apr- Jun-08 %	Jul- Sep-08 %	Oct- Dec-08 %	Jan- Mar-09 %	Apr- Jun-09 %	July- Sep-09 %	Oct- Dec-09 %
Question	Satisfaction	Satisfaction	Satisfaction	Satisfaction	Satisfaction	Satisfaction	Satisfaction	Satisfaction	Satisfaction
1 Telling you how long you would wait	93.75%	69.44%	71.88%	81.25%	79.55%	70.00%	69.12%	82.14%	71.43%
2 Telling you how the Emergency Department would treat your problem	92.86%	72.22%	81.25%	78.13%	79.55%	67.86%	75.00%	91.07%	71.43%
3 Explaining what was wrong with you	91.67%	79.69%	61.36%	84.38%	85.71%	66.25%	89.47%	91.07%	70.00%
4 Informing you about different treatment options	89.06%	79.41%	68.75%	81.25%	86.54%	69.74%	87.50%	78.85%	75.00%
5 Asking your permission to treat you	86.11%	81.94%	89.71%	84.38%	86.54%	76.19%	89.71%	85.71%	80.00%
6 Listening to you	92.11%	80.26%	86.11%	90.63%	90.00%	75.00%	88.75%	90.63%	80.00%
7 Involving your family/whanau as much as you wanted	90.28%	82.89%	80.56%	96.88%	92.86%	76.25%	88.16%	87.50%	82.50%
8 Offering choices specific to your culture	89.29%	78.33%	65.38%	87.50%	87.50%	65.00%	84.62%	87.50%	64.29%
9 Treating you with dignity and respect	94.74%	88.16%	86.11%	93.75%	91.07%	77.38%	86.90%	90.63%	90.00%
10 Organising your care with other departments in the hospital	91.18%	90.00%	88.64%	85.71%	87.50%	75.00%	83.33%	88.33%	77.78%
11 Preparing you for leaving hospital	86.84%	72.22%	77.94%	84.38%	81.67%	72.62%	71.43%	80.36%	77.50%
12 Organising your care with other health providers	89.29%	81.94%	83.93%	96.88%	77.78%	76.39%	68.75%	88.46%	59.38%
13 Staff availability	93.42%	82.89%	83.82%	84.38%	88.33%	80.95%	80.95%	83.82%	82.50%
14 Cleanliness of facilities	90.79%	89.47%	92.65%	81.25%	80.00%	79.76%	83.33%	83.82%	80.00%
15 Food	68.33%	72.22%	64.71%	78.57%	85.00%	51.25%	72.37%	80.00%	77.78%
16 Security/Safety	92.11%	92.11%	92.65%	100.00%	98.33%	84.52%	82.14%	91.18%	90.00%
17 Overall satisfaction	94.44%	91.25%	85.29%	93.75%	93.75%	78.57%	85.87%	81.25%	81.25%

CANTERBURY DHB OUTPATIENT SURVEY RESULTS FOR THE PERIOD (Maori Response): October 07 - December 09

Quarter	Response Rate
October - December 07	35
January - March 08	35
April - June 08	28
July - September 08	31
October - December 08	33
January - March 09	28
April - June 09	24
July - September 09	26
October - December 09	24

Question	Oct- Dec-07	Jan- Mar-08	Apr- Jun-08	Jul- Sep-08	Oct- Dec-08	Jan- Mar-09	Apr- Jun-09	July- Jun-09	Oct- Dec-09
	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction	% Satisfaction
1 How well did your appointment time suit you?	78.91%	85.81%	90.18%	82.50%	87.50%	82.41%	84.38%	87.50%	78.26%
2 Effort to make an appointment time to suit	76.04%	86.03%	88.39%	83.00%	87.50%	84.62%	85.00%	87.50%	78.95%
3 Information to prepare you for the appointment	85.16%	86.18%	91.96%	86.21%	88.71%	86.61%	85.42%	92.00%	86.90%
4 Making you feel welcome	84.29%	83.78%	92.86%	87.10%	86.36%	85.71%	91.67%	90.38%	85.42%
5 Telling you how long you would wait when you arrived	54.17%	72.92%	75.00%	71.77%	67.50%	68.27%	60.42%	80.43%	65.22%
6 Explaining what was wrong	83.33%	85.16%	90.38%	87.90%	84.68%	81.73%	89.29%	89.58%	83.70%
7 Informing about different treatment options	78.00%	85.00%	90.91%	88.64%	79.17%	86.96%	90.28%	88.64%	80.68%
8 Asking permission to treat you	81.73%	87.12%	94.32%	86.54%	88.00%	92.00%	88.75%	90.22%	89.29%
9 Listening to you	85.00%	91.45%	94.64%	89.17%	82.58%	88.39%	94.05%	93.27%	85.42%
10 Offering choices specific to your culture	69.12%	77.63%	89.58%	80.26%	78.13%	83.33%	79.17%	82.69%	84.62%
11 Treating you with dignity and respect	86.43%	92.36%	96.43%	91.94%	90.63%	87.50%	94.32%	94.23%	86.46%
12 Organising care with other health providers	76.25%	87.50%	91.67%	82.61%	84.52%	83.33%	86.54%	93.42%	80.95%
13 Cleanliness of facilities	85.00%	89.58%	93.75%	88.71%	90.63%	91.07%	90.22%	92.31%	90.63%
14 Information to manage condition after visit	80.17%	87.12%	95.00%	88.79%	86.72%	90.00%	87.50%	89.58%	83.33%
15 Overall satisfaction	82.86%	90.13%	92.86%	92.74%	86.36%	90.18%	88.54%	91.35%	87.50%