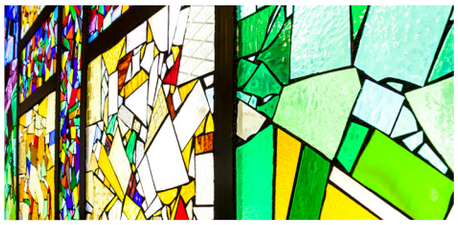

HUTT VALLEY DHB

Hutt Valley District Health Board
Quality Accounts 2014–15

Hutt Valley District Health Board meets the health needs of around 145,000 people in the Hutt Valley.

Hutt Valley DHB funds local health providers and works alongside the community to help create and support multiple health education initiatives and projects within the region.

This edition of the Quality Accounts highlights examples of how the DHB is working to provide better quality healthcare for the community.

Hutt Valley DHB
Improving health services in our region

WHEN YOU'RE UNWELL, CALL YOUR GP FIRST

Hurt your ankle? Think you might need an X-ray? Make your GP your first port of call.

Research shows people in the Hutt Valley use the emergency department (ED) more than people in other regions in New Zealand. Less than a quarter of people treated in ED last year needed to be admitted to hospital – this highlights that a number of people coming to ED would be better treated by their GP.

The 'call your GP first' awareness campaign was launched this year to educate our communities on how they can seek medical care and reduce the number of unnecessary presentations to ED.

Many people go to ED because they don't know their GP can treat their illness or injury. If someone is very sick or in a lot of pain and needs to be seen immediately, a GP can schedule an urgent appointment. There are also after hours clinics so you can see a GP in the weekend, on public holidays or in the evening.

GP teams are experts and can treat a range of health problems – from stomach bugs, asthma attacks and chest infections to stitching cuts, treating ankle sprains and diagnosing rashes.

When a patient comes to ED their condition is assessed. ED staff may tell patients if it would be better for them to see their GP and can help book an appointment on the spot for them.

The Ministry of Health's target 'shorter stays in emergency departments' is to have 95 percent of patients admitted, discharged, or transferred from an ED within six hours in all DHBs throughout New Zealand.

The target is a measure how well patients move through public hospitals and home again. Hutt Valley DHB achieved 93% in the quarter four (April to June 2015) results. This tells us there is room for improvement. Making sure people are aware their GP should be their first port of call, is a step in the right direction to improving this result.

Another focus around the care of patients is the person-centred acute community care service (PACC). TThis service enables general practices to provide extended care in the community with better linkages to hospital and other services. This means that patients can often avoid hospital altogether.

WHAT CAN I DO?

- Your GP knows your medical history best and should be the first place you call if you are unwell or have a minor injury.
- You can get advice about your illness or injury from a trained nurse by calling **Healthline on 0800 611 116 or Plunketline on 0800 933 922**
- Your pharmacist can give you useful health advice
- Children under 13 can go to their GP and local after hours clinics for free
- Hutt Valley GP hours, fees and practices taking on new patients can be found at **huttvalleygps.nz**

FALLS PREVENTION

One of the most important things people can do to keep themselves safe and prevent falls is to ask for help when they need it.

During the period 1 July 2014 to 30 June 2015 Hutt Valley DHB had seven Serious Sentinel Events reported where patients suffered harm from falls. Preventing patient falls and reducing the harm caused by falls in hospital and in the community is extremely important and something Hutt Valley DHB is actively working on.

Hutt Hospital has a system of assessing a patient's risk of falling in hospital. All staff working with patients can see the level of mobility assistance they need through a traffic light system mobility indicator. This signalling system is used in all hospitals in the lower North Island.

Research indicates falls usually happen when someone is getting in and out of bed, a bedside chair or a bathroom. The most serious injuries from a fall are head injuries and hip fractures.

Regular exercise is one of the best things you can do to prevent falls. That's because weak leg muscles and poor balance increase your risk of falling.

The DHB is engaged in a regional plan to bring together community services through the 'Falls Prevention Action Plan for the Greater Wellington Region 2015-16'. This plan connects organisations like ACC, Wellington Free Ambulance and St John's Ambulance with primary care services, hospitals and residential care facilities and promotes ways to keep people moving safely.

HOW CAN I PREVENT FALLS IN HOSPITAL

- Remember you are in an unfamiliar environment and chances are you are not feeling well – it's okay to ask for help
- Know where your call-bell is
- Wait for the nurse if you need help
- Keep a clutter-free space around the bed
- Remember all the things you need to make your stay as comfortable as possible – for example glasses, comfortable and sturdy footwear, hearing aids, walking aides

HOW CAN I PREVENT FALLS AT HOME

- Check out acc.co.nz for resources to help identify hazards at home
- Wear well fitting, flat shoes and slippers with non-slip soles for increased stability - don't walk around in socks or stockings
- Seek advice on exercising regularly to help balance and to keep muscles strong
- Have regular eye checks
- Keep the house well lit and free of clutter and loose mats, and ensure there are no wet or slippery surfaces.

An overview of priorities for 2014/15

EARLY SUPPORTED DISCHARGE

Providing more care and support in people's homes so they can return from hospital faster

We have been working to reduce a patient's length of stay in hospital and get them home sooner by making sure we have good community support in place after they go home.

The early supported discharge service was piloted in 2012 as the average length of stay at Hutt Hospital was significantly higher compared to national figures.

At that time, the community services that people needed after leaving hospital were fragmented which caused delays in providing follow up care at home. Community based services such as home care support and district nursing weren't able to respond as quickly as required which meant patients were unnecessarily staying longer in hospital.

Since early 2015 the early supported discharge service and community health services have been working as a team, sharing resources to offer a more joined-up community response after a patient leaves hospital.

When someone is ready to leave hospital the early supported discharge team along with the patient and their family considers if the person can manage independently or if they will require some support to help them recover at home. This may be for a day or two, or it could be that long term supports are needed.

For some patients, a nurse or a healthcare assistant can provide home visits to support the patient straight after they leave hospital.

The service bridges the gap until a formal community based package of care can take over – for example house work service, medication management or personal care assistance is arranged with another organisation. It helps make sure patients are confident coping in their own home and get used to not being cared for in hospital.

We want to keep people at home and help them recover in their own space as independently as possible.

WHAT CAN I DO?

It's important to plan for your future healthcare – talk to your family about what's important to you and what treatment and support you do or don't want. Check out **advancecareplanning.org.nz** *for more information and useful tools to encourage you to start the conversation.*

99% ATTENDANCE

Increasing the number of people attending their hospital appointments

We want our patients to get the best possible healthcare when they need it, so we've been working hard to make sure people attend their hospital appointments.

In 2012/13 8% of people didn't attend their appointments and the 'Did Not Attend' (DNA) rates for Maori and Pacific people were almost three times higher than the 'NZ European and other' ethnic group.

When patients don't attend their appointments, there are delays in their diagnosis and treatment. It also results in the specialist having an unused appointment which another patient could have benefited from. This increases the waiting list as the patient who missed their appointment needs to be rescheduled.

The 99% attendance project was launched in September 2013 with the goal to achieve '99% attendance for people who need to be seen, when they need to be seen.'

The Maori Health and Pacific Health Units each developed ways to encourage patients and their whanau to attend appointments booked at priority clinics, including paediatrics and rheumatology.

The ways to communicate with people are best suited to their unique cultures. Pacific nurses have regular spots on Pacific community radio to get the message across about the importance of attending appointments.

Both the Maori Health and Pacific Health Units use phone, email, text and face to face contact to encourage patients to attend or find out why they were unable to attend. They also link patients and their families to different health and support services.

The 99% Attendance work provided Hutt Valley DHB with good insight into where systems could be improved. Together with other DHB teams and community health partners, the attendance rates improved dramatically.

Last year, 1100 more appointments were attended by Maori and Pacific people compared to before the project started. Approximately 750 more appointments were attended by Maori and 350 by Pacific people. The DNA rates for this group reduced from 16% in 2012/13 to 13% in 2014/15.

WHAT CAN I DO?

- If you are unable to attend your hospital appointment, call **566 6999** as soon as possible to reschedule.
- Check out the 'travelling to the hospital' information on **www.metlink.org.nz** for public transport options.
- If you have any questions or concerns about getting to your appointment – contact a Pacific Health Nurse on **04 570 9770** and Maori Health team on **04 570 9574** for information

145000

people live in the Hutt Valley

WHAT DID WE DO TODAY?

a day in the life...

1910 patients were seen by their GP

6359 Prescription items filled by community pharmacies

121 People presented to Hutt Hospital **Emergency Department**

28 Patients had surgery

28 People had heart & diabetes checks

237 People attended outpatient appointments

8 8 month old children were immunised

49 People received advice to quit smoking

81 Patients were discharged from hospital

1174 People cared for in subsidised aged residential care

7 District nurses visited patients in the community

Information based on 2014/15 financial year

Health Targets

There are six national health targets set by the Ministry of Health to track how well district health boards are providing services to their communities. The targets include both preventative health and hospital service measures and are publicly reported each quarter.

HEALTH TARGET	Target	2014/15 Q4 Results	Achievement
INCREASED IMMUNISATION The target is 95% of eight month olds have their primary course of immunisation at six weeks, three months and five months on time	95%	95%	Achieved
IMPROVED ACCESS TO ELECTIVE SURGERY The target is an increase in the volume of elective surgery by at least 4000 discharges per year	100%	108%	Achieved
FASTER CANCER TREATMENT The target is 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks	85%	56%	Making good progress
SHORTER STAYS IN EMERGENCY DEPARTMENTS The target is 95% of patients will be admitted, discharged, or transferred from an emergency department (ED) within six hours	95%	93%	Making good progress
BETTER HELP FOR SMOKERS TO QUIT The target is 95% of patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking	95%	95%	Making good progress
The target is 90% of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking	90%	79.5%	Making good progress
MORE HEART AND DIABETES CHECKS The target is 90% of the eligible population will have had their cardiovascular risk assessed in the last five years	90%	89%	Making good progress

Quality and Safety Markers

The Health Quality & Safety Commission is driving improvement of New Zealand's health care through the national patient safety campaign 'open for better care'. The quality and safety markers below help evaluate the success of the campaign nationally.

MARKER DEFINITION	NZ Goal	Jul to Sep 2014	Oct to Dec 2014	Jan to Mar 2015	Apr to Jun 2015	compared to with NZ goal
PREVENTING PATIENT FALLS: Percentage of patients aged 75 and over (Maori and Pacific Islanders 55 and over) that are given a falls risk assessment	90%	75%	86%	79%	83%	Area of focus
PREVENTING PATIENT FALLS: Percentage of patients assessed as being at risk have an individualised care plan which addresses their falls risk	90%	78%	72%	75%	70%	Making good progress
SAFE SURGERY: Percentage of operations where all three parts of the surgical checklist were used	90%	90%	87%	90%	99%	Achieved
REDUCING SURGICAL SITE INFECTIONS: Right antibiotic in the right dose - 2 grams or more cefazolin given	95%	97%	94%	100%	100%	Achieved
REDUCING SURGICAL SITE INFECTIONS: Appropriate skin antisepsis in surgery using alcohol/chlorhex or alcohol/ providone iodine	100%	100%	100%	100%	100%	Achieved
REDUCING SURGICAL SITE INFECTIONS: Antibiotic given (0-60 minutes before "knife to skin" (baseline date January to March 2014))	100%	86%	94%	91%	95%	Making good progress
IMPROVING HAND HYGIENE: Percentage of opportunities for hand hygiene for health professionals *NZ Goal increased from 70 to 80% in June 2015*	80%	60%	–	66%	78%	Making good progress