

Quality and Patient
Safety Council

**CANTERBURY
DISTRICT HEALTH
BOARD QUALITY
AND INNOVATION
AWARDS**

**Presentation
Booklet for 2003
Projects**



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INTRODUCTION TO THE QUALITY AND INNOVATION AWARDS 2003

The inaugural Quality and Innovation Awards sponsored by Canterbury District Health Board's Quality and Patient Safety Council are designed to recognise and publicly acknowledge the excellent quality, innovation and improvement initiatives generated by Canterbury District Health Board staff and all contracted providers. Of the ten finalists, there were four Award Winners and one Supreme Winner.

The Quality & Innovation Award Winners for 2003 were:

Supreme Award Winner

A Fast System for Reporting the FM 100-Hue Colour Vision Test
Department of Ophthalmology, Christchurch Hospital

Award Winners

Bremer Halo™ System - Establishing a Single Use Policy
Karen Marshall, Clinical Nurse Specialist, Burwood Spinal Unit

Going to Hospital and Having an Operation at Christchurch Hospital Preparation Package
Paediatric Department, Christchurch Hospital

Pain Management Protocol
Multidisciplinary Project Group, Ashburton and Community Health Services

Laboratory Utilisation
Education Department, Pegasus Health

QUALITY AND INNOVATION AWARDS 2003 PROJECT SUMMARIES

Caring for the Elderly, Infirm and Disadvantaged People in our Area *Amberley Community Care*

The Amberley Community Care group was formed 27 years ago to cater for the social and welfare needs of the area served by the Amberley Medical Centre. The group has over \$75,000 worth of equipment and medical aids that is freely loaned out by the Community Nurse and the Medical Centre. These enable terminal patients, and others, to remain in their own homes if they so desire.

Included in the Community Service, is a subsidised 'meals on wheels' service, (meals are provided by a local café) and transport to and from medical facilities in Christchurch

Pain Management Protocol *Multidisciplinary Project Group, Ashburton and Community Health Services*

Ashburton and Community Health Services has developed a multidisciplinary, division-wide Pain Management Protocol to promote the right of the patient/client to safe effective pain relief. This protocol was based on a previous Nursing/ Midwifery Pain Management Protocol. The protocol outlines the assessment of pain, administration of analgesia, evaluation of analgesia and patient education. A diagnosis pain chart including a patient assessment chart and a pain-rating tool has been developed. The Ashburton Community Group, Eltrusa has been involved and has financially supported this project.

The Collection and Benchmarking of Clinical Indicators at Ashburton Hospital *Clinical Indicator Project Group, Ashburton and Community Health Services*

Ashburton and Community Health Services is part of the Australian Council of Healthcare Standards Clinical Indicator Benchmarking Programme, co-ordinated by Quality Health New Zealand. This paper outlines the history/background of the collection of clinical indicators, the implementation of the ACHS Clinical Indicator Programme within the multidisciplinary teams, the action taken/quality improvements based on the Clinical Indicators collected and the learning and knowledge gained through the collection of Clinical Indicators.

Bremer Halo™ System - Establishing a Single Use Policy

Karen Marshall, Clinical Nurse Specialist, Burwood Spinal Unit

A review and development of policies and procedures regarding the single use of the Bremer Halo external bracing system. This quality improvement is due to the transfer of a member of staff to another ward whose special interest was the Bremer Halo System. At this time the single use policy was introduced by the Canterbury DHB which also required us to review our current practice which has involved repetitive reuse which is against manufacturing instructions.

Equipment Recovery

Occupational Therapy, Burwood Hospital

This project looked at ways of better managing Equipment on short term loan. Current procedures were reviewed within the Elective Surgery, Orthopaedics client base. The project identified the need for a tracking system to facilitate equipment recovery and highlighted associated cost efficiencies.

Reducing Allogenic Blood Transfusions to Orthopaedic Patients

Anaesthetic Department, Burwood Hospital and Special Care Unit, Burwood Hospital

The allogenic blood transfusion rate to elective orthopaedic patients at Burwood Hospital in 2001 appeared high compared to the historical rate at Burwood and to rates quoted in the medical literature. Inappropriate exposure to allogenic blood puts patients at risk of serious complications for no benefit and wastes resources. The allogenic blood transfusion rate in 227 patients undergoing total hip and knee replacement surgery was audited; a high rate was confirmed, 46.3%. Changes were introduced to address this aspect of care. These changes consisted of staff education, the use of transfusion triggers and post-operative autologous drains. In 2002 the allogenic transfusion rate was re-audited 105 patients; it had been reduced to 29.6%, a clinically significant reduction. There was no increase in peri-operative complications associated with this reduction. The second audit also revealed that even with this lower transfusion rate up to 41% of units of blood transfused were inappropriate. Ongoing staff education is being implemented to produce further reductions in inappropriate allogenic blood use. The reduction in allogenic blood use has been instrumental in ending routine blood cross-matching for patients having knee replacements. It is envisaged further changes in the maximum blood ordering schedule for elective orthopaedic procedures will be achieved. Patients are being spared inappropriate exposure to allogenic blood. This reduces the risk of complications from this procedure and frees blood, laboratory staff's and nursing staff's time to be used more appropriately. It is envisaged that financial savings will follow and that similar changes can be introduced into other hospitals.

A Fast System for Reporting the FM 100-Hue Colour Vision Test

Department of Ophthalmology, Christchurch Hospital

The Farnsworth-Munsell (FM) 100-hue test is globally accepted as one of the standard methods for colour vision testing in Ophthalmology and is very sensitive and accurate. A major disadvantage of the test is the laborious and time consuming effort needed to calculate the results and to plot them on a chart for interpretation. In order to simplify the analysis and to reduce the time required, our Ophthalmology Department has recently developed a computerised scanning program for reporting the FM 100-hue colour vision test which automates this process. This new system has now been in routine use in eye clinics at Christchurch Hospital for six months and has proved to be of great assistance both in saving time and eliminating arithmetic errors in the scoring calculations and therefore has a marketable value. Today, the FM 100-hue test is recognised as one of the most useful clinical colour vision tests for acquired colour vision defects in optic nerve disease and diabetic retinopathy. By making this test more user friendly to clinicians our system also makes it much more accessible to patients.

Elective Services Demand Management – Implementing a hospital-based interface with primary care (1997 – 2003)

Referrals Centre, Christchurch Hospital

Since 1997, Canterbury DHB has implemented a process of waiting list management based upon the Government's 'Booking System' methodology. The system works on a 'best practice' approach that ensures standardisation of process and procedures across all departments and all sites (Christchurch, Burwood, Ashburton and Women's Hospital). The purpose of this project was to outline the implementation of the Elective Services strategy at Canterbury DHB. The strategy included the establishment of a GP integration group, liaison team and a referrals centre. The referrals centre provides an interface for referring doctors and health practitioners, to ensure referrals and enquires are managed in a prompt and timely manner. It also provides a centralised Customer Service for all those routine and general business enquires, providing timely feedback to GPs and their patients on the status of referral. The focus being upon customer service and efficient patient care.

Establishment of a Vascular Studies Unit

Vascular Studies Unit, Christchurch Hospital

Prior to mid 2002, the management of patients with peripheral vascular disease was dependent on invasive diagnostic techniques in the Department of Radiology. These examinations are expensive, often uncomfortable for the patient and with small but not insignificant health risks, and often require a hospital stay. Following detailed consultation between Radiologists and Surgeons, an alternative imaging service was conceived. Upon employment of Isabel Wright as a vascular technician, the Vascular Studies Unit (VSU) was opened in August 2002. The (non-invasive) ultrasound examinations carried out in the VSU are now the first-line investigations performed on patients presenting to Canterbury DHB with peripheral vascular disease. The benefits of this approach are multi-factorial and positively impact upon several stakeholders: health and comfort benefits for the patient, wholly outpatient-based imaging, reducing cost and improving efficiency for both Surgery and Radiology, reduced waiting lists and a subsequent increase in the availability of hospital beds for use elsewhere by Canterbury DHB.

Going to Hospital and Having an Operation at Christchurch Hospital Preparation Package

Paediatric Department, Christchurch Hospital

Minimising the anxiety and stress children experience in hospital and increasing coping through successful preparation for their visit and the treatment they may receive. Developing resources, a book about Going to Hospital, a pictorial folder about having an operation, along with a photo board and an interactive CD-ROM, would better inform children attending hospital for treatment.

Healthy Sports Club Christchurch, Club Mark

Community & Public Health

Community & Public Health (C&PH) delivers population based health promotion and health protection activities that are concerned with whole populations or population groups and increasingly target settings. One of these key settings is sports clubs. The aim of this project is to provide a 'health promoting' environment for those who use sports clubs in Canterbury, by working with the other stakeholders to encourage sports clubs to build viable, sustainable and healthy clubs for their club members and visitors. The defined indicators from C&PH's focus, (Smokefree, Nutrition, Blood Borne Infection and Alcohol, and contribution to the Injury Prevention and Sunsmart sections), were combined with those from the other stakeholders and used to set 'levels' of Gold, Silver and Bronze for clubs to aspire to. This assessment tool was piloted and the feedback collated.

Healthy Eating

Nutrition and Physical Activity Team, Community & Public Health

The aim of our work is to improve the health and well-being of the people of our geographical region through the promotion of good nutrition and sufficient physical activity. Obesity prevention through improved nutrition and physical activity is one of our key goals. This project aimed to produce, present and promote a Healthy Eating television cooking series. 'Healthy Eating' is an innovative TV series that people find entertaining as well as useful. Using a popular TV formula (the cooking show) it demonstrates how to make small changes to the selection and preparation of food; small changes that can have a huge impact on health. The use of everyday affordable ingredients has meant that people feel able and inspired to use the advice and then pass it on to others. Since research indicates that obese and overweight people in general watch more television than the rest of the population, this was the logical choice of medium to use to promote 'healthy eating'.

Leading the Way in Healthy Lifestyles

Canterbury DHB City to Surf Team, Community and Public Health

Although many medical, hospital and health staff have taken part in the City to Surf event over the years, the Canterbury District Health Board has never had a team representing the whole organisation. With Community and Public Health joining the Canterbury DHB late in 2002, it was considered appropriate to ask if this group would organise a team for the event to meet the following goals: improve personal health, fitness, achievement and satisfaction; build team cohesion and spirit; increase corporate profile while leading by example in promoting healthy lifestyles; win the prize for the biggest corporate team and donate it to a charity.

Make a Noise Aotearoa – Mana CD

Hauora Matakauraka, Community and Public Health

Music has a huge influence on the behaviour and attitudes of young people. The issues that will be addressed in the CD are issues that have been attributed to the alarming rates of Maori youth suicide. The majority of the artists committed to this project are hip hop/rap artists or have featured on the top 40 hits in Aotearoa/New Zealand. This is an opportunity to provide uplifting positive messages through a powerful medium, a stark contrast to some of the messages that our rangatahi are currently exposed to.

Preventing Medication Based Adverse Events

Kaikoura Pharmacy (1998) Limited

This project serves to evaluate the effectiveness of monitoring the reasons patients present early for repeat dispensing and determine whether medicine regimes are being adhered to. The benefits of this level of monitoring in pharmacies are illustrated by a case study. The report suggests that the degree of patient contact afforded by regular monthly dispensing contributes to a high level of care. Several examples of inappropriate usage were uncovered from assessing untimely collection of repeats. This high level of care resulting in better health outcomes.

ECGS in Practice

David Jones, Pegasus Health

This project looks at how the provision of ECG machines and pulse oximeters in practices can improve the quality of care delivered and illustrates one of the original principles that the Community Care Services were built on, “centralize to decentralize”. This project initiative saw a 12 lead interpretive ECG and a pulse oximeter placed in every Pegasus practice in Christchurch, with training offered to all practice nurses as the initiative was rolled out to ensure they were confident.

Laboratory Utilisation

Education Department, Pegasus Health

The mission of Pegasus Health Education Department is “to promote best clinical practice with optimal and ethical use of finite resources”. To achieve this goal, an education programme for member doctors, locums and nurses has been established around evidence based best practice. In August 2002, it became apparent that Pegasus Health’s laboratory expenditure was going to exceed the budget. An intensive effort through the Education Department was undertaken to improve the management of this laboratory budget resource and a review was undertaken of the overall utilisation of the laboratory testing to identify new and changed trends. The key goal of the project was to bring utilisation of this resource back to target levels whilst supporting clinicians to practice within the framework of best practice.

Multi-disciplinary Review at St John of God Health & Disability Services

St John of God Health & Disability Services

St John of God Health & Disability Services provides care for adult residents whose primary disability is physical or neurological. A number of different health professionals e.g. GPs, nursing staff, physiotherapists, hospital chaplains and occupational therapists are involved in providing care best suited to the needs of each resident. This project outlines the implementation of a formal multi-disciplinary review process and how it has facilitated improvement in the quality of care provided. Identifying needs, involving consumers and including them as part of a collaborative multi-disciplinary team is at the heart of the Primary Health Care Strategy. This project illustrates how this can be achieved in practice and makes a difference.

Locum Medical Officer Scheme

The 24 Hour Surgery

Over the last few years there has been an increasing shortage of locum doctors to provide cover for GPs in Christchurch. This is not only a local problem, with the Immigration Department adding GPs to the national Occupational Shortage List. This project outlines the development of a service in response to a workforce issue in primary care. Appropriately trained locum doctors are recruited from overseas, trained in NZ Systems and given continuous support so that they can provide relief cover efficiently and effectively in practices. The GPs high usage of the scheme and their positive feedback would indicate that the Locum Medical Officer Scheme is of value to GPs and to the 24 Hour Surgery. It would appear that because of this locum scheme 48 GPs in Christchurch were able to take leave where previously, without the scheme, they would have either been unable to have a break or would have had to add their workload onto their colleagues.

Retrospective Audit of Topical Ointment Therapy for Premature Infants

Women's Health Division

This project takes the form of a retrospective audit and describes the catalyst, process and introduction of the application of Topical Ointment to Premature Infants. The audit identified several areas that will require further attention, and supported the implementation of the current Women's Health Division practice. This audit demonstrates that Topical Ointment Therapy is a safe practice with the suggestion that fluid requirements are reduced and skin integrity improved. One of the most positive outcomes of this therapy is that parents and families are not exposed to the visible deterioration of their baby's skin. Whilst their baby may be in a critical condition any strategy that normalises the appearance of their infant promotes the parental – infant attachment. Whilst their baby may be in a critical condition any strategy that normalises the appearance of their infant promotes the parental-infant attachment.