

COUNTIES MANUKAU DHB

2005/06 ACHIEVEMENTS

Ministerial Requirements

- District Annual Plan signed off by Ministry of Health, June 2006
- SOI signed off by Minister of Health, June 2006
- Financial break even target achieved
- Maori Health Plan signed off by Pou, April 2006.

Quality

- Successful accreditation survey and certification audit visit by Quality Health New Zealand. Formal written report is still to come, however feedback by the QHNZ panel in the summation was extremely positive and we expect to gain full accreditation and certification. The accreditors commented that they appreciated the openness, transparency and integrity with which staff conducted themselves
- Ongoing Lab IANZ Accreditation
- Research and Audit, and Patient Safety Campaign committees established
- Establishment of a Patient safety campaign established - includes Physiologically Unstable Patient, Medication Safety, Save 100 Lives campaign
- Establishment of the Medication Reconciliation (MR) project - a formal process of obtaining a complete, appropriate and accurate list of each patient's current medications. Implementation of the MR process resulted in a 52% decrease in Unreconciled Medication Errors (UMEs) as compared to baseline
- Medicines Advisory Committee has worked with Pharmac to achieve premixed potassium and premixed heparin on the wards - this is a significant achievement for patient safety
- Ethical Issues Review Committee has recommenced lunchtime forums on Ethical Issues
- Approval of Tikanga Best Practice Policy for implementation at an organisational level. Signed off by the Clinical Board and Manawhenua
- Development of clinical leadership training and framework
- Review of SMO credentialling framework
- Successful ScienceFest celebrating innovation, research and quality in the organisation.
- 12% reduction in occurrence of pressure areas
- Introduced a 2nd tier of Registrar cover in Obstetrics
- Introduced local Registrar Teaching programme in Womens Health
- First DHB to introduce Technical Skills days for midwifery competencies
- Spinal Unit selected as NZ pilot site for the development of standards for improvement, functioning and participation scales of ICF (International Classification of functioning)

Service Delivery and Development

- Mental Health & Addictions Plan 2006 – 2010 completed. With confirmed funding for a further two years, the Plan signals a move from short-term to medium-term planning. Its

focus is on services reflecting our population's demographics and the provision of services 'at the top of the cliff' leading to a reduced need for residential/inpatient services and increased services in homes.

- CMDHB is the first DHB to achieve a 'green' or pass rating in the Ministry's ESPIs (Elective Service Patient Flow Indicators). There are 8 indicators ranging from acknowledging and processing all patient referrals within ten working days to giving a commitment to treatment, and reviewing those who haven't received a clinical assessment within the last six months to clarifying treatment status and eventually providing surgery using the prioritisation tools.
- Achievement of Tubal Ligation FSA targets in Primary Care Pilots
- Implemented an improved process for theatre list management resulting in fewer short notice cancellations
- Opening of the Counties Manukau (Manurewa) Family Start programme in March 2006
- Opening of Breastscreen Aotearoa by Hon Pete Hodgson. When operating at full capacity it will screen 15,000 women pa
 - The service moved into new screening facility at Manukau SuperClinic in January 2006
 - Invited all women on a (significant) backlog in the first 6 months
 - Changed appointment process to reduce DNAs from 20-25% to 4-5%
 - Commenced screening 45-49 year old women
 - Screened over 7,500 women in the 05/06 year.
- MeNZB campaign completed, achieving 93% coverage rate for under 5 year olds, 92% for the 5-17yr age group, and over 135,000 children fully protected with the vaccine.
- Ongoing progress in the development of PHO capability and capacity:
 - 100% of PHOs participating in PHO Performance Management Programme by July 06
 - Framework established for additional pharmacist services to support chronic care patients
 - Greater than 70% enrolment in Care Plus programme in 7 of 8 PHOs
 - Review of PHO Governance and Management completed
 - Development of Balanced scorecard for PHOs to assist PHO reporting to their Boards/trustees
 - Completed PHO trustee/director training seminar
 - Introduction of new funding for 45-64 year olds in all Interim funded practices resulting in low co-payments for 74,000 people
 - Establishment of PHO Clinical Governance Forum
 - Establishing partnerships between public health nursing and PHO health promotion programmes with the successful secondment of Public Health Nurse to a PHO to provide a continuum of service for their Health Promotion contract.
- Developed Draft After Hours Services Report on structure for services (approval pending)
- Introduction of new national Oral Health contract and maintained good coverage of both Adolescent and Special Dental Benefit providers
- Development of NASC services:
 - One stop shop NASC concept implemented
 - Integration of short term home help, meals on wheels, mental health into NASC
- Palliative Care Plan developed
- Primary Health Care Nursing team established in Sept 2005 including 4 new positions – Nurse Leader, Nurse Educator and Nurse Specialists x 2. This team:
 - Supports innovation across the sector and building capability and capacity through education & support. eg Nurse led clinics, chronic care management
 - Supports school nurse development

- Compliance with the Health Practitioners Competency Assurance Act – developing supportive systems via Nurse leaders in PHO's
 - Increases the profile of primary health care through formalised communication processes and governance at strategic levels across the DHB
 - Participates in the development of the innovative models of care project
 - Is progressing the Primary Health Care Nursing Project which is focused on mapping the role of the nurse in the future
- Community Retinal Screening in place and establishment of regional coordination. Now working towards regional collaboration on potential of IT and integration initiatives
 - Establishment of the Innovative Model of Primary Health Care Project.
 - Completion of a positive evaluation of the Healthy Housing programme. Indications are that Housing NZ intends to continue the highly successful programme
 - 80% of year 9 students in AIMHI schools have had comprehensive assessments and subsequently identified needs have been followed up on
 - Four new decile 2 schools have established an assessment based health service. This has resulted in:
 - improved access for students in primary, secondary and social services
 - developing resilience of young people
 - reduced numbers of sporting injuries
 - significant decrease in BMI levels in one school over four years.
 - improved knowledge of nutrition, exercise and weight
 - improved hearing and vision of students
 - Over 100 students in Alternative Education have had their health and social needs assessed. This demonstrates very high unmet need.
 - Progress in community based sexual health services:
 - Sexual health specialist services have commenced working in Pacific and Maori PHOs
 - Sexual health training commenced for CMDHB staff
 - Primary healthcare completed and disseminated sexual health guidelines for all providers in CMDHB
 - Clinical services commenced in 2 Teen Parent Units
 - Opening of the Teen Parent Unit -Tangaroa College Term 1 2006
 - Introduction of Fruit in Schools programme
 - Successful secondment of Youth Health nurse to Youth Justice facility
 - Operationalising of School Based Vaccination System for ongoing school vaccinations programmes
 - Established continuity of care for all antenatal and postnatal midwifery care provided from our 3 primary maternity community units
 - Introduced advanced laparoscopic gynaecology procedures
 - Progress made on the Mental Health and Housing Solution Keys initiative having provided a total of 18 homes to mental health consumers in the past year
 - Funded treatment for skin lesions of 839 patients in primary care. Funding GP assessment clinics resulted in the clearing of backlogs
 - Acute adult medicine growth rate maintained within population growth rate
 - Ambulatory Sensitive volumes for children down by 1.5%
 - Admissions of babies within their first year of life decrease from 24% to 22% with Maori babies showing the largest decrease from 28 to 24%

- Births up 7% from 7189 to 7685
- Expanded community mental health centre (adult) provision to 4 discrete geographically based services associated with the implementation of a redesigned clinical service protocol. This includes:
 - Enhanced crisis resolution function.
 - Integrated specialist service function.
 - Integrated community and inpatient function.
 - Increased flexibility in service response.
 - Increased access to the community.
 - Integration of peer support specialists into clinical service
- Expanded role and function of mental health services including:
 - Maori Clinical team.
 - Faleola (Pacific clinical team)
 - Mental Health Services for Older people (community)
 - Child and Youth Mental health service
- Access to mental health services has increased by 55% since 2003
- Significant progress in mental health development
 - Training of 43 consumers to become Peer Support Specialists
 - Expansion of the Community Living Service to 29 FTEs. 244 people supported in the community.
 - Establishment of information system capacity to integrate NGO and DHB data about consumers, services and outcomes
 - Development and implementation of the Chronic Care Management for Depression Module (serving 82 patients)
 - Development of two University-based Primary Mental Health Papers
 - Reconfiguration of level 1 and 2 residential rehabilitation providers in line with Ministry of Health directions
- Opened Sleep & Oxygen Service July 06
- Completed Regional Renal Project recommendations
- Implemented the Medicine Acute Admitting review recommendations
- Implementation of new medical staffing roster in the Division of Medicine after around 3 years of work in a very challenging industrial environment
- Implemented the transfer of secondary Dermatology services to CMDHB
- Agreed the transfer of adolescent diabetes service from ADHB, effective July 06
- Establishment of integrated inpatient care across subspecialties and inpatient management resulting in a reduction by 0.5 days in medicine ALOS and an overall reduction in admissions and improved multi-disciplinary team care and staff satisfaction
- Establishment of an acute care medical team with SMO onsite presence 0800-2000 Mon to Fri
- Establishment of the cardiology catheter lab has resulted in achievement of higher cardiac intervention rates in Maori and reduced mortality rates in Maori
- Establishment of acute GI bleed unit
- Establishment of close observation unit for managing patients requiring assisted ventilation
- LotuMoui Operations Plan 2006-2010 completed with following specific objectives achieved:
 - Kai Lelei community nutrition education curriculum developed. 7 ethnic-specific community nutrition workshops delivered to more than 300 Pacific people
 - Evaluation of Community Nutrition completed

- Smoke-free toolkit and signage disseminated to all LotuMoui churches
- Smokefree health promotion training completed for LotuMoui church members
- Certificate of nutrition training completed for LotuMoui church members
- Progress with Well Child framework - IT assessment of providers completed, with plan to lift capability
- National Pacific Diabetes project completed
- Significant increase in the number of Maori children tested for hearing and vision in Kohanga Reo
- Allocation of \$545k to Maori providers as part of Maori Provider Development Scheme – funding being used for a range of initiatives including workforce development and infrastructure capacity building
- Disease State Management nursing services re-scoped to align with chronic care services for Maori. MoH intends to roll this out nationally in 06/07
- Development of a Regional and Local Maori Mental Health and Addiction plans for implementation in 06/07
- CMDHB rehabilitation service first Australasian rehab service to undertake tele-accreditation as a training institution of the Australasian Faculty of Rehab Medicine
- Achievement of Get Checked detection rate targets:
 - 70% of all diagnosed diabetics reviewed (8,700 checks). This was the fourth highest rate for all DHBs
 - Achieved the highest Get Checked detection rates of any DHB for Maori, and the third highest for Pacific
 - On track to meet our Get Checked targets for 2006 with respect to the three key indicators; case detection, retinal screening and case management.
- Introduced a new Maternity Documentation system ensuring all relevant clinical information is available to all hospital staff as well as women still having their appropriate clinical information in their hand held notes
- E-Records Project introduced in March 2006 in the Division of Medicine, AT&R Unit and Urology. This is now being rolled out to General and Plastic Surgery. This maximises the use of the electronic clinical records at CMDHB by only filing permanently the information that is not available electronically. This reduces duplication, the size of the paper record, and eventually reduces the cost of off-site storage.
- Significant progress and ongoing development of CCM Programme
 - Quality within the CCM Programme is improving with drops in HbA1c levels in 2005/06 being greater than those in 2004/05
 - CCM enrolments now in proportion to the anticipated need with 23% of all enrollees being Maori and 43% Pacific (even though the proportion of the population in each of these groups is 16% and 23% respectively).
 - CCM Programme is now based on an integrated information platform where all clinicians at Middlemore Hospital can view the quarterly CCM review data collected in primary care. This greatly contributes to integrated care and secondary care's ability to reengage patients with primary care.
 - Practices exceeded the enrolment target for diabetes for the year (6,250 actual vs the target of 6,000).
 - Maintained high levels of engagement in the programme with over 80% of all 7,250 patients being seen at least once in the last 6 months.
 - Commenced implementation of Self Management Education
- New primary care leadership structure based around the Diabetes and Cardiovascular Advisory Group (DCAG) established

- Significant progress with LBD Programme
 - By April 2006, 12 community organisations/groups had received a Community Action Fund grant to kick-start health promoting activity. Another six were being considered
 - The first of six marae leadership hubs established to assist in supporting marae to become healthy, active environments, and support kaumatua and kuia leadership development in diabetes prevention and management
 - Community nutrition education programmes delivered for Pacific communities and leaders, involving up to 250 people
 - Development of three-year social marketing strategy and detailed 18-month programme completed
 - Health Impact Assessment of Manukau City's proposals to redevelop Mangere Town Centre and surrounding areas completed
 - The Food/Health Joint Initiative Group (JIG) leadership group consolidated. Co-funded LBD Health/Food advocate position filled. JIG detailed action plan/work programme for 2005/06 endorsed and actioned
 - Sugar-free drinks initiative implemented in all 21 McDonald's restaurants in Counties Manukau. Seen as a world-first, and the subject of positive coverage by local, national and international media
 - Healthy tuckshop business model developed and applied at Tangaroa College. Ministry of Health funding obtained to roll programme out to most decile 1 and 2 secondary schools in Counties Manukau
 - LBD website live and operational. Includes progress updates on LBD and information on providers, events and resources
 - Increased collaboration between different groups and organisations working in health promotion
 - Review of well child assessment tool to include assessment for diabetes and/or childhood obesity risk factors completed
 - Kai Lelei (Eat Well) nutrition resources and teacher training package for Pacific early childhood centres (ECEs) developed
 - First School Accords meeting held to discuss how education and health providers can work together to reach the objectives of the School Accord. Co-ordinator position established to complete needs analysis and gaps analysis and collate information to form a regional plan
 - PANIC (Physical Activity and Nutrition Iwi Collective) established to co-ordinate existing service provision to Maori and identify gaps, with a focus on kohanga reo and kura kaupapa
 - Enhanced 'Getwize2health' services contracted in three high risk secondary schools
 - Community Nutrition Project (CNP) pilot completed for 17 practice nurses and community health workers in brief intervention counselling to modify obesity risk factors
 - Nutrition education training completed for social provider (Salvation Army) who interacts with high number of at-risk families. Focus included identification of healthy affordable food
- Achievement of Regional Information Services Strategic Plan objectives:
 - Implementation of CMDHB CCM depression module and secondary integration
 - Progress to Stage 2 TestSafe
 - CMDHB GP access to Concerto restored with a new Concerto website
 - Availability of electronic radiology results to GPs
 - CMDHB Cathlab with Medical Archiving System
 - Implementation of dedicated out of hours support team
 - Implementation of Oracle RAC
- A New Infection Control Nurse Consultant position established in primary health care – commenced June 2006

- Nurse Specialist positions established to facilitate integration across the continuum, working in Cardiac Vascular Disease, Heart Failure, Sexual Health.

External Relationships

- The CMDHB Community Panel membership in operation.
- Mental health Partnership developments with NGOs/PHOs to implement Community Living Service, Community Support service, Residential Rehabilitation Services , CCM Mental Health module
- Establishment of an Older Adults Housing initiative in partnership with Manukau City Council and Housing New Zealand to refurbish the Manukau City Council pensioner units in Counties Manukau
- Establishment of a web based health and social service directory for Counties Manukau, with kiosks in five public locations for people without access to computers
- Development of Midwifery Development Service, in conjunction with AUT. This service will provide teaching and support for student midwives as well as new graduate midwives
- Hosted a visit of by 5 Samoan Government Chief Executives (Director Generals) on a study tour of New Zealand. The Samoan Government is about to undertake a health system reform and were interested in our organisational design, relationships and accountabilities.
- The Mental Health Research and Audit team (ReAMHS) and the University of Auckland won the poster competition at the prestigious International Mental Health Conference held at the Institute of Psychiatry, King's College, London.
- Signing of three year Development Partnership Arrangement document confirming a partnership between NZAID, CMDHB and the Niue Department of Health.
- Launch of *Healthpoint*, an innovative website providing many answers to health related questions in September 2006
- LBD Programme co-funded CMDHB/Diabetes Projects Trust Diabetes Fellow position established to undertake a Diabetic Nephropathy Research Project
- Formal linkages established between provider arm clinical leaders and PHOs
- Introduction of Chair in Integrated Care in partnership with Auckland School of Medicine
- 10 Pacific Health scholarships awarded
- Establishment of 10 Maori scholarships
- Completed workforce NGO census
- Established the Collaborative Nursing Development Unit with the Department of Nursing & Health Studies, Manukau Institute of Technology (MIT) to lead projects of mutual benefit to both Counties Manukau DHB and the MIT.
- Established a Return to Nursing paper in conjunction with Department of Nursing & Health Studies (MIT)
- Bachelor of Nursing (BN) Development approved and accredited August 2005. The Director of Nursing for CMDHB is the Chairperson of the MIT Advisory Board for this project. The objective is to produce nurse graduates that are population focused and ready for practice.
- Successful Auckland regional collaboration initiatives including:
 - development of a Regional Service Growth and Development Plan for WDHB, CMDHB and ADHB provider arms services, presented to National Capital Committee in July 2006
 - contract for community labs awarded to new provider to commence July 2007
 - implementation of regionally aligned RMO administration processes

- commenced development of regionally aligned RMO payroll processes
- agreement to establish a regional RMO Management Services Organisation
- establishment of a regional internal audit function located at NDSA
- completion of a regional nursing bureau contract to be implemented in October 2006
- establishment of a DHB Laboratories Strategic Leadership Group accountable for implementation of regional laboratory efficiency initiatives
- development of a productivity tool and subsequent completion of comparative productivity reports for the Auckland region for 2004/05 and 2005/06. This regional tool is to be taken up by a national process for productivity review
- commenced implementation of the Regional SMO Operational Protocols in May 2006 to ensure consistent application of the MECA across the Auckland region DHBs

Staff Retention

- Launch of the Employee Wellness Programme, providing voluntary functional age testing, a team challenge and regular health and wellness expos run on site for staff. Over 120 teams joined a virtual race around New Zealand in a team challenge which involved the recording of physical activity over a period of time resulting in progress on the journey. Staff involvement has been high and the functional age checks and a spring challenge will be undertaken again late in 2006.
- Launch of the Employee Purchasing Programme with a number of companies offering discounts to staff
- 20% reduction in staff turnover rate
- 17% improvement in completion and submission of hazard ID registers
- Rollout of Onestaff to the organisation leading to electronic time sheets and more accurate pay process
- CMDHB Food Policy in place. This is a framework for implementing healthy eating particularly in staff and public areas including:
 - Aviary menus in line with the food policy have been reviewed, and approved, to be implemented in August. All sugar drinks have been removed from the fridges in the servery area.
 - Full sugar drinks removed from all vending machines
 - Vending machine snacks have a specified list of approved products and this is almost entirely in place now.
 - Pulse Café - menu review to bring the food selection here more in line with the food policy.
 - Function catering has been reviewed - in line with food policy and an audit factor for Heartbeat Challenge
- Counties Manukau DHB was awarded the Heartbeat Challenge award – the first DHB to receive one
- Implementation of action plans arising from the Staff Satisfaction Survey. This action based follow up was a key factor in the survey programme design. The survey will be repeated in October 06 to assess progress.
- Implementation of the mechanisms outlined in the MOOD document which outlines the way in which the parties engage in order to consult with each other, share information and lead towards shared decision making which assists the organisation meet its clinical and business objectives.
- Launch of the HR toolkit in April 2006 which assists managers to make decisions and follow process in line with statutory and organisational values and requirements. The implementation of this will impact significantly on the experience employees have of the workplace.

- Implementation of the Liten Up programme. The Liten up programme is designed to provide appropriate equipment to assist in the care and movement of patients and relevant training for staff involved in manual handling activity.
- Establishment of a harassment prevention programme. A network of contact people have been trained, and information is available to staff online and in pamphlet form to empower staff in manage against harassment in the workplace
- Increased range of learning opportunities developed for the managers and leaders of people in the organisation. Uptake is high and the learning outcomes regularly reviewed in line with organisational strategy and need.
- Establishment of the Candidate management programme to assist new employees. A candidate manager provides information and assistance so that the new employee / their family's entry to the organisation is a positive experience
- Ongoing growth & development of the Clinical Training & Education Centre (CTEC)
- Appointment of a Workforce Development consultant to co-ordinate development & implementation of our workforce development plans.
- Pacific cultural competency training for staff commenced in late 2005
- Pacific workforce awards honouring Pacific community and DHB staff receiving tertiary and other qualifications throughout the year
- Completion of Pacific workforce projection report
- Clinical Career Pathway was accredited for 5 years
- Two CMDHB nurses have gained Nurse Practitioner status from Nursing Council
- A coaching and mentoring programme established for senior nurses in 2005
- Involvement by CMDHB Clinical Nurse Educators (including as chairperson) on a national panel in the development of a 'Preceptor' Programme. This has since been endorsed as the National Preceptor programme for all DHBs.
- 'Head, Hands and Heart' project successfully rolled out to surgical services. The objective of this project is to create positive relationships and culture amongst nurses in the first instance as well as all other CMDHB staff.
- Nursing Framework for Education and Development project – successfully developed and completed. All nursing education will be implemented through this framework.

Facilities

- National Burn Centre opened by Prime Minister in June 2006. Once fully operational, the facility will provide treatment and rehabilitation for some of New Zealand's most severe burn patients. The Centre will be operational by 2008 when ICU is co-located.
- Opening of Neonatal Intensive Care Unit with 36 cots. This is almost double the capacity but 3 times the size of the previous unit and is equipped with leading edge technology.
- Opening of new carpark building on Western Campus at Middlemore site giving approximately 240 additional parks.
- The new cardiac catheter laboratory was opened for service in late September.
- Opening of the Spiritual Centre at Middlemore Hospital
- Commissioned facilities for mental health services including: C&YMHS facility now named Whirinaki, EPIT service, community MHSOP, Manukau CMHC and specialist adult mental Health services.

- Completion of remaining phases of Radiology Refurbishment Project (final phase to be completed mid July 2006)
- Relocated Ward 8 and incorporated 3-4 close observations beds
- Commissioning of the EC Waiting Room cubicles in July 2005. This has significantly improved care for the GP referrals to Plastics, Hands and Orthopaedics, as well as self-referred low acuity EM patients
- New Ultrasound (providing 3 and 4 dimensional antenatal screening) equipment commissioned