

Report Period ending:

December 2012 January 2013

Campaign Sponsor Geraint Martin
Campaign Manager: Diana Dowdle
Campaign Clinical Leader Dr David Grayson

Progress

Will – engagement activities

The 20,000 Days Campaign poster was presented at the Institute for Healthcare Improvement (IHI) National Forum on Quality Improvement in Health Care in Orlando on 9-12 December 2012.

Martin Chadwick and Dot McKean reported a great result in saving 431 days over the holiday period (17 December 2012 to 6 January 2013). They planned to close beds as forecast in Medicine, Surgical and ARHOP, which is reflected in the table below:

16 Day Holiday Period	2011	2012
Beds we planned to close	801	760
Beds we actually closed	984	1191
Extra bed days saved	183	431

They acknowledged this is an outcome that can only be obtained with cooperation across the board, from the planning and implementing from Middlemore Central (MMC), to the willingness at the ward level to continue to close beds when not needed, and the willingness of staff to be reallocated when this did occur. So at a minimum, an extra 431 days for the 20,000 days target.

Ideas / Opportunities

The Campaign team is inviting proposals for appropriate interventions for Phase Two 20,000 Days Campaign. The due date for proposals has been extended to **Thursday 31 January 2013**.

The interventions can be identified where:

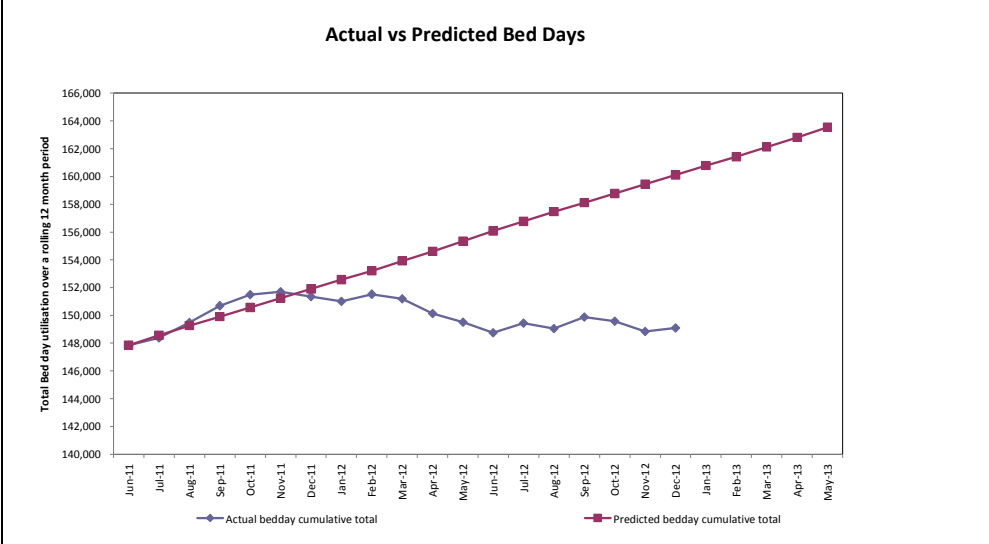
- There are gaps between evidence and practice where current practice doesn't reflect the best available evidence/knowledge
- Evidence describes how to address the gap
- Examples of better performance exist within Counties Manukau Health/ other health services/ outside Health
- A good "business case" exists for the intervention – with improved outcomes/ positive financial impact/ strong appeal to clinicians and management, relating to the Triple Aim
- Outcomes include improvement of access/care/co-ordination
- There is potential to save bed days/ reduce readmissions/ prevent admissions/reduce average length of stay
- Builds on better performance already being done.

We welcome proposals for interventions for Phase two that will contribute to the Campaign's aim of "giving back to our community 20,000 healthy and well days by reducing hospital bed days by 20,000 days" using the Collaborative methodology.

Phase Two intervention proposal forms, can be viewed on www.koawatea.co.nz/Campaigns/20,000 Days/ Resources

We are pleased to have received 10 proposals to date from a variety of services across both Middlemore Hospital and Primary Care. The proposed interventions will be prioritised and selected by the Leadership team by 28 February 2013.

**Execution – measures/
monitor/modify**



To 31 December 2012 we have used 11,565 fewer bed days than we predicted we would need.
All the Collaborative Measurement Dashboards can be viewed in the shared drive Workgroup/ 20,000 Days Campaign.

Project organisation

The final Learning Session 3 dates have been changed to 11-12 March 2013 to be held at Ko Awatea. All Collaborative team members will be invited to attend. The focus for the Learning Session will be on Collaboratives identifying the changes/ideas that have been tested through PDSA cycles good evidence showing and then planning for the implementation.

Brandon Bennett's next visit with the Collaborative teams is from 29 January to 8 February 2013.

**Interventions Areas –
Collaborative teams**

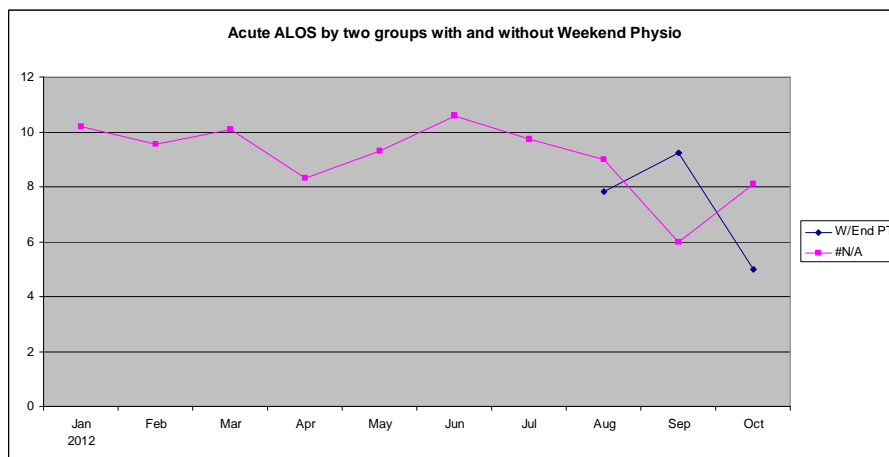
- Highlights for the Collaborative Teams:**
- Healthy Hearts**
- Development of a Community based Heart Failure Programme that will run in conjunction with the Better Breathing Programmes. Start date set for February 2013 for 4 patients with heart failure to join pulmonary rehabilitation group in Otara.
 - An exercise component will be added for the existing programme in Mangere
 - Funding for additional equipment to accommodate increased usage by patients with heart failure.
- Better Breathing**
- Pulmonary rehabilitation courses continue in Otara and in Pukekohe at Pukekohe hospital. The first programme started on the 16th October 2012 at Pukekohe with 12 patients and further programmes are planned in early 2013.
 - Successful recruitment of a Senior Physiotherapist and a Speciality Respiratory Nurse who both start on 14 January 2013.
- Rapid Response and Supportive Discharge**
- Process mapping and baseline data is being developed for the collaborative.
- Delirium Care and Management**
- The collaborative team has worked hard on adapting the Confusion Assessment Measure (CAM) tool to make it more user-friendly and reliably completed.
 - They are also developing an intervention package which includes guidance around environment, orientation, medications, family involvement, hearing

and vision.

- Reviewing the role of the watch and developing ideas and strategies about how they can be best utilised as a resource.

Hip Fracture Management

- The 7 Day rehabilitation finished on 2/12/12 and data will be reviewed to establish what resources are required for future 7 Day Rehabilitation.
- The graph below shows the average length of stay (LOS) for patients who had 7 Day Rehabilitation with a physiotherapist reduced compared to and patients without the weekend rehabilitation.



Cellulitis & Skin Infections

- Reviewed information around time to antibiotics (Abs) for patients with simple cellulitis in Emergency Care (EC). Paediatric results showed the best opportunity for improvement. PDSA cycles being tested are:
 1. Provision of take home antibiotic packs in Paediatrics
 2. The "SWITCH" PDSA cycle – to follow the patient and switch from IV to oral antibiotics.
- The report on evidence for effective interventions in community and primary care has been completed with recommendations for interventions. There is the opportunity for a new collaborative group to be established with a community focus, to look at implementing recommendations and initiatives.
- Consultation process currently underway on final draft document for the regional clinical pathways for the Assessment and Management of Skin Infections in Children.
- The adult cellulitis pathway was finalised by the Regional Development Team on 13 November 2012.

Enhanced Recovery after Surgery (ERAS)

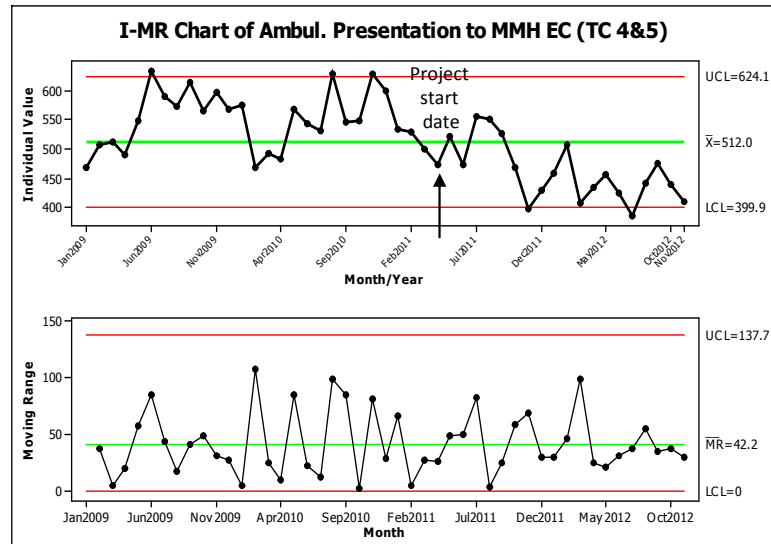
- A new pathway and protocol have been developed for trial. A workshop will be planned to get inter-professional buy-in.
- Pre-hab' posters are being trialled in patient rooms.
- The mobility audit has identified that the nerve block is preventing some patients mobilising on day 2 and that PONV is a limiting factor rather than a preventative factor to mobilisation.
- Patient helpful hints pamphlet is now going out in patient letters and will be assessed at the end of the First specialist Assessment (FSA).
- A patient information booklet is under development.

Transitions of Care

- The improvement in consistency and accuracy of Goal Discharge Date (GDD) on ward 6 is increasing. Discussion with the nursing manager of Medical Services has seen agreement for spread of establishment of GDD to a further two wards in early 2013.
- weekend discharge work group are looking at increasing the number of patient discharges at weekends, by increasing the numbers of patients referred to the nurse facilitated discharge service and introducing a criteria led discharge process which will see discharge being dependant on a set of clinical criteria (milestones) being met prior to the patient's discharge.

St John

- Now have DHB regional agreement to extend the St John project to the medical home (GP) in July 2013. It is planned to gain agreement for extending the project to GPs in Counties Manukau earlier than the agreed date of July 2013.
- Graphs below shows the decrease in presentations to Middlemore Hospital Emergency Care for triage 4 and 5 people.

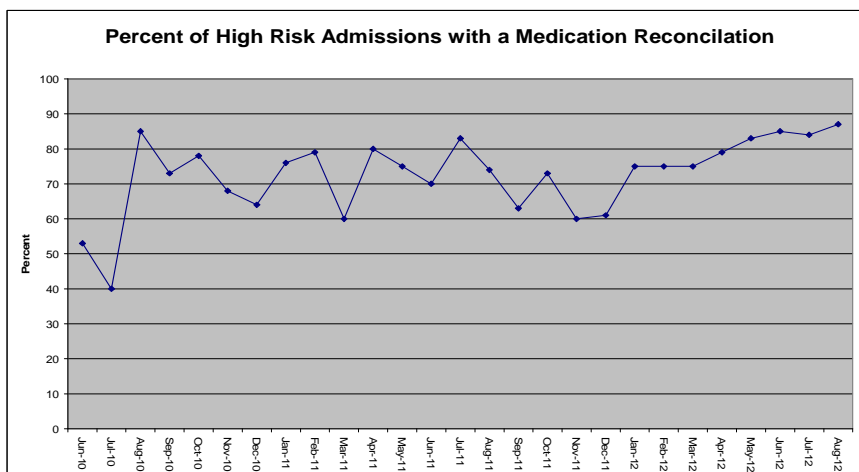
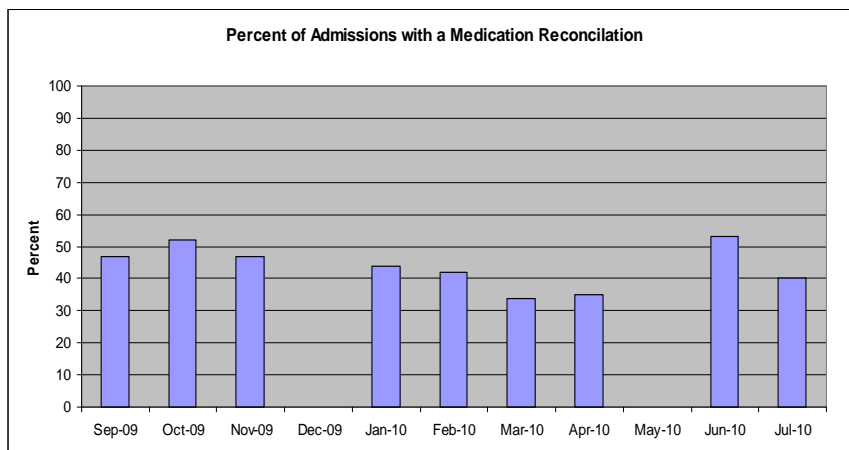


Helping High Risk People

- Weekly meetings held and excellent attendance by all team members (from GAIHN, Procure, Localities, Primary care).
- Pauline Sanders- Telfer (Project Manager with the SPMO) now taking part in the meetings and providing excellent support in terms of the 'fit' of this project in the wider High Risk Individuals work stream.
- SMO start dates mid January 2013 for Otarā (Rajiv Gupta) and Manukau (John Griffiths).
- PDSA cycles being tested include:
 1. *Manukau Locality Risk Reports and Survey Practice Readiness* – Keith Crump. The Procure Practice Engagement Teams will take the December 2012 report and the readiness survey out to practices in the New Year.
 2. *Otarā GP Practice Risk Report Review* – Harley Ash. Feedback from Harley to be presented to the January meeting.
 3. Working toward automation of provision of PARR score from DHB to primary care, that the frequency be increased to weekly.
- A joint working group with VHIU will see 50 GP identified high risk patients being referred to VHIU. In progress.

Safer Medicines Outcomes on Transfer Home (SMOOTH) –

- Excellent progress with PDSAs and working collaboratively with the VHIU team where appropriate on shared patients.
- The slides below show that the target of 80% or more high risk patients receiving medication reconciliation within 48 hours has been achieved.



Key Changes tested by SMOOTH:

- Identification of high risk patients (risk of medication related harm) using a tool that uses a number of criteria (including information from modified GTT)
- Dynamic electronic tool to apply criteria and display risk information (ART tool)
- Application of consistent process through all wards – high risk patients prioritised first.

Very High Intensity Users (VHIU)

- Joint ISIA project “Pre-VHIU” will involve both VHIU and Helping High Risk People Collaborative teams. Tim Hou (Mangere GP) has agreed to work on Pre-VHIU project.
- VHIU team providing list of VHIU inpatients to SMOOTH for review.
- Trigger Tool has undergone several improvements and feedback from GP’s now being sort.
- Additional resources for VHIU continue to be recruited, with a start date in January 2013.
- Continued increased of monthly enrolments into the VHIU programme from GPs.

	<div data-bbox="587 271 1315 772" data-label="Figure"> <table border="1"> <caption>Monthly Enrolments of Patients into VHIU</caption> <thead> <tr> <th>Month</th> <th>Individual Value</th> </tr> </thead> <tbody> <tr><td>January/12</td><td>15</td></tr> <tr><td>February/12</td><td>10</td></tr> <tr><td>March/12</td><td>15</td></tr> <tr><td>April/12</td><td>23</td></tr> <tr><td>May/12</td><td>25</td></tr> <tr><td>June/12</td><td>35</td></tr> <tr><td>July/12</td><td>45</td></tr> <tr><td>August/12</td><td>28</td></tr> <tr><td>September/12</td><td>50</td></tr> <tr><td>October/12</td><td>40</td></tr> <tr><td>November/12</td><td>38</td></tr> </tbody> </table> </div> <div data-bbox="475 797 935 831" data-label="Section-Header"> <p>Community Geriatric Service (CGS)</p> </div> <div data-bbox="475 831 1422 925" data-label="List-Group"> <ul style="list-style-type: none"> • Two new CGS monthly clinics started in Waiuku Health Centre and Tuakau Health Centre. (January 2013). • Recruitment of SMO FTE appointment has not been completed to date. </div>	Month	Individual Value	January/12	15	February/12	10	March/12	15	April/12	23	May/12	25	June/12	35	July/12	45	August/12	28	September/12	50	October/12	40	November/12	38
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<p>Budget</p>	<p>Planning for the transition for Phase one collaborative teams to move to implementation will assist with the 20,000 Days Campaign budget required for the next financial year.</p>																								
<p>Communication</p>	<p>The Campaign brochures and banners are available for distribution across the community and sector. Collaborative teams have contributed to blogs on their highlights and learning as part of the 20,000 Days campaign.</p>																								
<p>Campaign Milestones</p>	<p>See attached</p>																								

	Campaign Milestones	Completion Date	Status ✓ on track ▲ at risk X behind schedule
Collaborative development, recruitment and engagement	Leadership Group identified	September 2011	✓
	Improvement Science in Action Training	12 – 14 October 2011	✓
	Breakthrough Series Training	17-19 October 2011	✓
	Campaign Management Group recruited	2 December 2011	✓ meeting 10 January 2012
	Campaign Measurement group established	2 December 2011	✓ meeting 23 January 2012
	Assessment for best practices and evidence meetings completed	2 December 2011	X held on 13 December 2011
	Recruit Evidence & Implementation Advisor	27 January 2012	✓
	Project Plan completed	31 January 2012	✓
	Recruitment for Collaborative Project Managers	17 February 2012	X recruiting & interviews planned for 5 March 2012 ✓ Project Managers recruited and started 19 March 2012.
	Expert meetings to review evidence Select interventions	During February 2012	✓ ✓Interventions selected 15 March 2012
	Collate and summarise initial evidence for proposed interventions	24 February 2012 + ongoing work	X continuing to receive evidence summaries. ✓evidence summaries completed
	Communication plan completed	24 February 2012	✓
	Engagement session re interventions selected	By end of February 2012 - date tbc	X delayed until interventions selected. Interventions selected 15 March 2012. Engagement session will not be held as Collaborative teams are being formed.
	Establishment of Collaborative project teams	29 February 2012	X Teams will be formed after interventions are selected ✓Team will be formed by 5 April 2012. ✓Formation of teams ongoing. All team members will be invited to the Learning Session 3-4 May 2012.
The Collaborative – iterative cycles of learning, improving	Phase One First Collaborative Learning Session:	3-4 May 2012 Ko Awatea Centre	✓planning progressing well ✓successfully completed

	Campaign Milestones	Completion Date	Status ✓ on track ▲ at risk X behind schedule
	Monthly coaching and support to teams		✓ On going
	Second Collaborative Learning Session:	6-7 September 2012 Ko Awatea Centre	✓ Planning progressing well for the Learning Session. ✓ successfully completed
	Monthly coaching and support to teams		✓ Bi-monthly visits from Brandon Bennett to support and coach teams.
	Proposals for Phase Two interventions sought.	11 January 2013	✓ Invitation for proposals sent out 20 November 2012. ✓ Due date extended to 31 January 2013
	Phase Two interventions selected	28 February 2013	
	Third Collaborative Learning Session	11-12 March 2013	
	Monthly coaching and support to teams		
Completion	20,000 Days saved	9am 1 July 2013	

20,000 DAYS CAMPAIGN Intervention Areas - Phase one

INTERVENTION AREAS	IMPROVEMENT ADVISOR	PROJECT MANAGER	CLINICAL LEAD
Better Breathing	Prem Kumar	Alison Howitt	Richard Hulme Fiona Horwood
Healthy Hearts	Ian Hutchby	Alison Howitt	Andrew McLaughlin Andrew Kerr
Rapid Response and Supportive Discharge Community Geriatric Service Delirium Care – Early onset of confusion Hip Fracture Management	Prem Kumar	Danni Farrell	Geoff Green
Skin Infections and Cellulitis	Ian Hutchby	Monique Davies	Vanessa Thornton
Enhanced Recovery After Surgery (ERAS)	Ian Hutchby	Penny Impey	Andrew Hill
Transitions of Care St John	Prem Kumar	Monique Davies Jo Goodfellow (GAIHN Project Manager)	Martin Chadwick Campbell Brebner
Helping High Risk People	Ian Hutchby	Monique Davies	Harley Aish
SMOOTH (Safer Medicine Outcomes on Transfer Home)	Ian Hutchby	Monique Davies	Sanjoy Nand
Very High Intensity Users (VHIU) - Integrated Case Management	Prem Kumar	Alison Howitt	Harry Rea