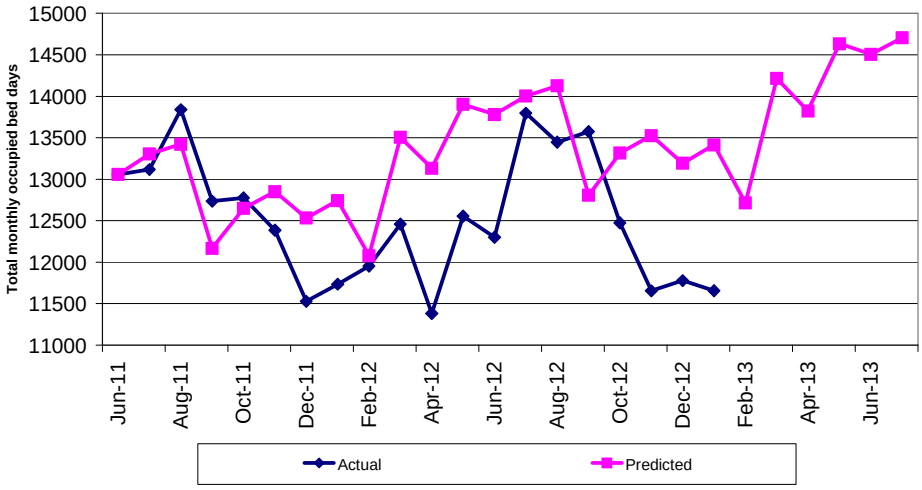
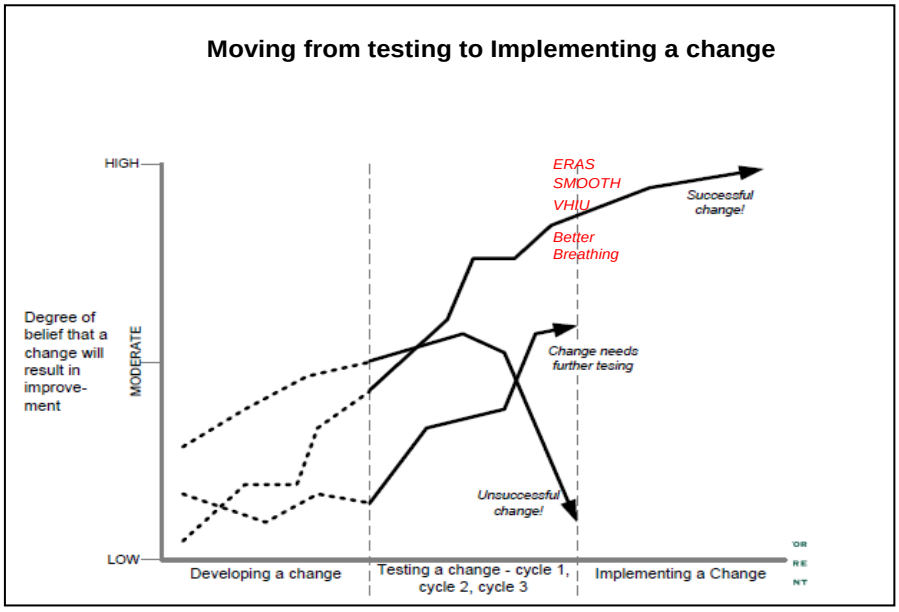
20,000 Days Campaign
Monthly Report

Report Period ending:	**February 2013**
Campaign Sponsor	Geraint Martin
Campaign Manager:	Diana Dowdle
Campaign Clinical Leader	Dr David Grayson

Progress

Will – engagement activities	Brandon Bennett, Campaign Improvement Advisor visited with each of the Collaborative teams during his visit 29 January to 8 February 2013. He provided coaching and feedback on their progress with the testing of changes. He was impressed at the number of tests being completed and how the teams were embracing the testing of ideas and changes where they think improvement can be made. Brandon ran a session on **"Creative Thinking to Develop Change" o**n Friday, 1 February 2013 which was open to everyone across CMDHB and the Localities. Over 65 people attended and learnt about different methods for creative thinking in provoking new thought patterns, which can lead to new ideas for change and result in dramatic improvement. The video and presentation is on the Ko Awatea website www.koawatea.co.nz /Campaigns/20,000 Days/ Resources. Geraint Martin visited the Hip Fracture Collaborative and was impressed to hear how the collaborative was making a difference in improved practices, meeting the guideline timeframes for admissions from Emergency Care to the wards and co-ordinated care.
Ideas / Opportunities	There has been a very positive response to the 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. 17 proposals have been received with a few more planned to be sent in from various divisions. The Phase Two intervention proposal form can be viewed on www.koawatea.co.nz /Campaigns/20,000 Days/ Resources. The proposed interventions will be prioritised and selected by the Leadership team. The timeframe and the criteria for selection will be communicated to all proposers by 22 February 2013 with the selections made by 29 March 2013.
Execution – measures/ monitor/modify	**Actual vs Predicted bed days**  To 31 January 2013 we have used 13,310 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	Planning is underway for the final Learning Session 3 on 11-12 March 2013 to be held at Ko Awatea. All Collaborative team members have been invited to attend. Brandon Bennett's next visit is from 4-15 March 2013 and he will be teaching at the Learning Session. The focus for the Learning Session will be on the Collaborative teams identifying the successful changes/ideas that have been tested through PDSA cycles and where there is evidence that the change will result in improvement. Implementation of these changes will be the focus until July 2013 as illustrated below with some example Collaborative Teams. **Moving from testing to Implementing a change** 

Collaborative Teams

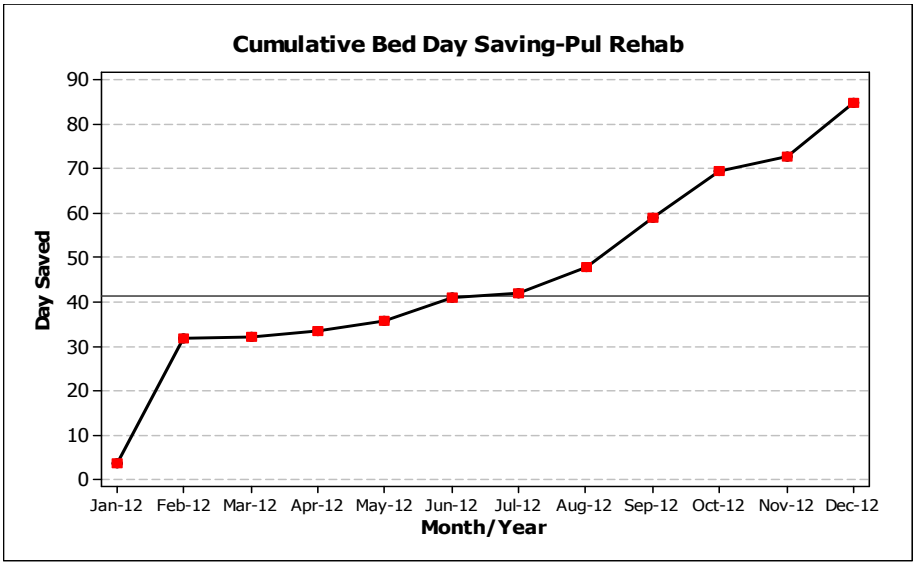
Highlights for the Collaborative Teams:

Healthy Hearts

- Development of a Community based Heart Failure Programme that will run in conjunction with the Better Breathing Programmes. In February, 4 patients with heart failure joined the pulmonary rehabilitation group in Otara.
- PDSA work with Cultural Support Services has identified that it is not feasible to conduct patient's visits with Cultural Support and Cardiac Nurses at the same time. Both groups are happy for either group to contact the patient first.
- The number of follow-up phone calls increased and is showing that medication seems to be a recurring issue.
- The team are focusing on Care Bundle for future testing.

Better Breathing

- Pulmonary rehabilitation courses continue in Otara, Middlemore Hospital and in Pukekohe at Pukekohe hospital.
- The graph below shows the cumulative bed days saved from the three pulmonary rehabilitation programmes to 31 December 2012.



Rapid Response and Supportive Discharge

- Currently the work is on hold until the expert group meets in February to discuss the evaluation report completed by Synergia and decide next steps.

Delirium Care and Management

- The Change Package is being developed and will include Education/Orientation/Assessment/Intervention package.
- Education Package will be rolled out to Ward 5 in February.
- Cultural Support Representatives have added a new depth of understanding to the group which has been very valuable.
- CAM tool compliance audits are continuing to show improvement in compliance.
- The WiMs prompt is being tested along with the magnets for the white board and a sign for the patient's room.

Hip Fracture Management

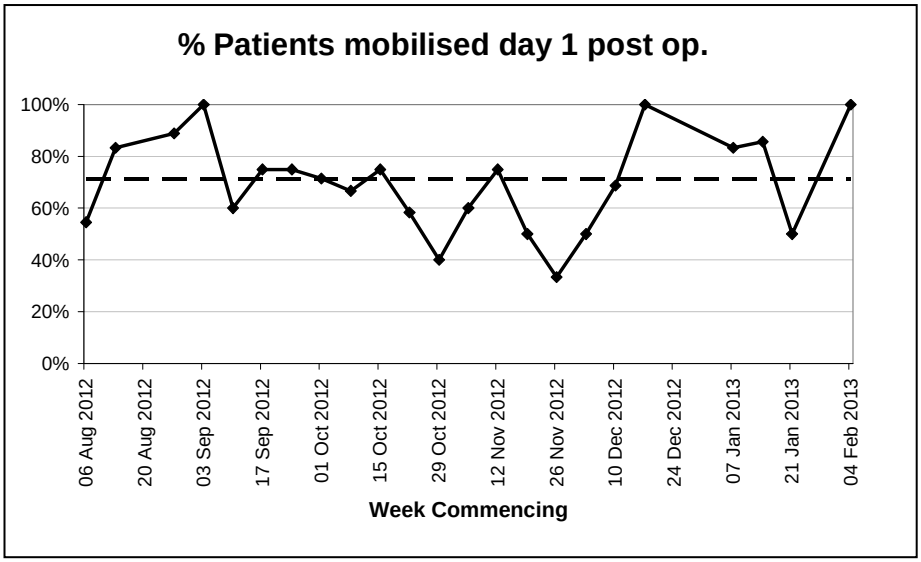
- Geraint Martin attended the collaborative team meeting with Brandon Bennett. The team gave him an overview of the collaborative which was well received.
- Ian Dodson's blog appeared in the Daily Dose highlighting the great learning the team has made over the year.
- The automated report for notifying orthopaedic bed manager of hip fracture patients was tested and adopted.
- Currently gathering data on what are the most common reasons (or categories) for delays in transfer to rehabilitation.

Cellulitis & Skin Infections

- Louise McCarthy prepared a report for CMDHB on evidence for effective interventions in community and primary care and recommendations for interventions. The report has been approved by the GAIHN Programme Manager and a meeting will be held with the key stakeholders to discuss the recommendations.
- There is the opportunity for a new collaborative group to be established with a community focus, to look at implementing the recommendations and initiatives from the report.

Enhanced Recovery after Surgery (ERAS)

- The new pathway and protocol are to be trailed on one ward, following a workshop to introduce this to the relevant staff.
- The patient satisfaction survey results are being analysed to start to identify this element of our aim and what work will be needed.
- From the data below, the mobility audit has identified that the reasons for patients unable to mobilise on day 1 after surgery.



Transitions of Care

Data on Goal Discharge Date (GDD) consistency and accuracy in wards 2, 6, and 33N is regularly collected and displayed weekly on a run chart.
A process map has been developed for the setting and recording of the GDD.

All three wards set the GDD consistently however wards 6 and 33N are recording

on the WiMs sheet at higher levels of reliability.

Weekend Discharge**:** Several areas are in the process of testing via PDSA, to increase the volume of patients being discharged at weekends:

- Trialling the use of task manager referrals, with one medical team to facilitate a less cumbersome process for referral (and the ability to have electronic data collection on referrals to the service).
- Developing a PDSA with a local rest home and GP to accept patients with no time barriers for discharge (following strict criteria to allow weekend discharges to occur). Currently rest homes will not accept patients from Middlemore Hospital after 3.00pm on Fridays until the following Monday morning. This will often result in a patient staying in hospital for an extra three nights.

Helping High Risk People

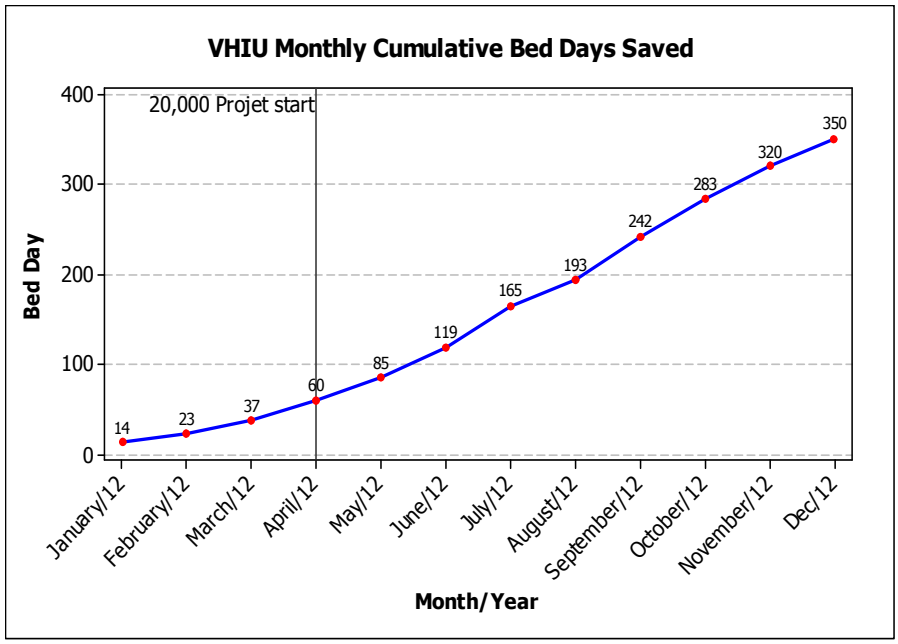
- A PARR High Risk Patient Analysis report has been completed for Counties Manukau Health based on the WDHB Report as completed by Dr Tom Robinson. The report profiles the high risk patients in Counties Manukau.
- PDSA Primary Care Interventions for High Risk Individuals (HRI)- 8 GP Practices across the four localities are developing the suite of interventions and costings for services for HRI patient care.

Safer Medicines Outcomes on Transfer Home (SMOOTH) –

- Baseline data collected and one of the early results has shown that in the case of 264 patients seen by SMOOTH – 255 medication errors were prevented.
- The group will look to begin PDSA testing in surgical services to determine if the service delivery for SMOOTH patients is the same. SMOOTH pharmacists to do PDSAs with ward pharmacists to be selected to continue the SMOOTH discharge service within current resources.
- The SMOOTH team have moved from a 'pharma cop' role of checking other staff's work to that of completing the medication section of the electronic Discharge summary. This support has been reported by medical staff to be very welcome and a 'soft' outcome has been an improvement in relationship between the medical staff and SMOOTH team members, a 'hard' outcome has been a significant reduction in medication errors and increased patient safety.
- SMOOTH team is working with three medical Charge Nurses (PDSA wards for GDD). They will be given access to the ART tool so they can discuss on a daily basis with their teams, patients at high risk of medication harm.

Very High Intensity Users (VHIU)

- A VHIU new collaborative Pharmacist started in January.
- The team met with Tim Hou, GP from Mangere to work with his practice and the Localities project for Helping High Risk Individuals.
- The team have been testing a new (to the team) Quality of Life question, the aim of which is to help compare outcomes for patients who present to VHIU with widely different needs.
- The VHIU team have been invited to visit and present their model of care to Canterbury DHB – over the preceding months there have been a number of phone calls where the groups have shared experiences.

	 **Community Geriatric Service (CGS)** • Testing is being completed at the first Wellness Forum discussing falls prevention with the residents at a pilot Retirement Village.
Budget	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. A presentation was given to the Hospital Management Team on 15 February 2013 for their feedback on the planned transition process from Implementation to Spread. They requested an update after the Learning Session in March 2013 once the teams have identified what changes they plan to implement.
Communication	Collaborative teams have contributed to blogs on their highlights and learning as part of the 20,000 Days campaign.
Campaign Milestones	See attached

	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
and implementing change	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	✔ Date extended to 29 March 2013 to accommodate late proposals. Prioritisation criteria sent to proposers 22 February 2013
	Third Collaborative Learning Session	11-12 March 2013 Ko Awatea Centre	
	Monthly coaching and support to teams		
	Celebration of Achievements for Phase One	26 June 2013 tbc Ko Awatea Centre	
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