

Report Period ending:

May 2012

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

Progress

<p>Will – engagement activities</p>	<ul style="list-style-type: none"> • A very successful Learning Session was held at Ko Awatea on 3-4 May 2012. Over 150 people attended the Learning Session. • Evaluation comments talked about it providing the vision, networking opportunities, inspiring change from within organisation, well organised and relevant teaching on improvement model • Videos and banners of patients and their family's experiences were very powerful reminders that the focus of the Campaign was for better and improve patient care.
<p>Ideas / Opportunities</p>	<p>IHI Breakthrough Series (BTSC) held 16-18 May 2012. Campaign Project Managers and Improvement Advisors attended. Many team members from across the sector attended which provided significant value to the progress for each of the collaborative.</p> <p>Dr Lyn Maher presented on experience based design which aligns well with the patient centred care focus for the collaboratives</p>
<p>Execution – measures/ monitor/modify</p>	<p>A dashboard of measurements completed for the baseline and monthly reporting. 3,555 bed days have been saved up to 30 April 2012 . This is very early measurement and is attributed to all the good work and programmes undertaken both within the CMDHB, Primary Care and the community.</p> <p>Work plans for each collaborative team will be followed over the next three months where they will be completing many PDSA cycles to test the theory of change for improvement within their interventions.</p>
<p>Project organisation</p>	<p>The collaborative teams are continuing to be formed after the Learning Session to ensure the appropriate people are included and represented from across the sector and community.</p> <p>Plan to recruit 0.6 FTE Project Manager to support and lead the phase two interventions.</p>
<p>Interventions Areas</p>	<p>Collaborative teams names have been renamed to use common language</p> <ul style="list-style-type: none"> • Healthy Hearts • Better Breathing • Health of Older Peoples (HOP) • Cellulitis & Skin Infections • Perioperative care • Transitions of Care • Predictive risk modelling • Safer Medicines at Discharge • Very High Intensity Users (VHIU)
<p>Budget</p>	<p>Costs for each intervention area have been approved for the implementation in the first year to June 2013. This approval was announced by Geraint Martin and Ron Pearson at the Launch of the Campaign and Learning Session.</p>
<p>Communication</p>	<ul style="list-style-type: none"> • The CMDHB Everybody Every Day programme was launched on Thursday 3 May 8.30-10.30am at the 20,000 Days Campaign first Learning Session (3-4 May 2012). • A Campaign Learning Session video has been developed and can be viewed on www.koawateablog.co.nz /20,000 Days • Presentations from the Learning Session are all available on the Ko Awatea

	<p>blog.</p> <ul style="list-style-type: none">• Banners, brochures and posters were used with messages from Counties Manukau clinical leaders, health professionals, patients and their families about what the Campaign means to them.
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	'How to Guides' completed	30 March 2012	X delayed as dependent on the selection of the interventions. X to be completed after the first Learning Session once change packages identified.

	Campaign Milestones	Completion Date	Status ✓ on track ▲ at risk X behind schedule
and implementing change	Phase One First Collaborative Learning Session:	3-4 May 2012 Ko Awatea Centre	✓ planning progressing well ✓ successfully completed
	Monthly coaching and support to teams		
	Phase Two Second Collaborative Learning Session:	6-7 September 2012 Ko Awatea Centre	
	Monthly coaching and support to teams		
	Third Collaborative Learning Session	March 2013 tbc	
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
Chronic Obstructive Pulmonary Disease (COPD) Pulmonary rehabilitation in Community COPD management in Primary Care – implementation of COPD pathway	Prem Kumar	Alison Howitt	Richard Hulme
Congestive Cardiac Failure & Cardiovascular Disease (CCF & CVD) Cardiovascular disease register and feedback system to Primary Care Community based cardiac rehabilitation Localities based Congestive Cardiac Failure	Ian Hutchby	Alison Howitt	Andrew McLaughlin Andrew Kerr
Health of Older Peoples (HOP) including Frail Elderly Community Supportive Discharge (CRISS)/Care Cluster integrated Care Community Geriatric Service Collaborative Early delirium identification and management within MMH Hip fracture management +64 years orthopaedic care	Prem Kumar	Penny Impey	Geoff Green
Cellulitis and Skin Infections Public Education Programme Managing cellulitis through POAC in Accident & Medical Centre/Medical Homes Implementing cellulitis pathway in Emergency Care consistently	Ian Hutchby	Monique Davies Jo Goodfellow	Vanessa Thornton
Perioperative Care ERAS Enhanced recovery after surgery	Ian Hutchby	Penny Impey	Andrew Hill
Transitions of Care Primary Care transporting options with St Johns Active discharge planning MMC STAAR programme	Prem Kumar	Monique Davies/ Jo Goodfellow (GAIHN Project Manager)	Campbell Brebner
Predictive Risk Modelling Identification of high risk individuals and suite of interventions – GAIHN Medication management pharmacy predictive risk and follow up in community	Ian Hutchby	Monique Davies / GAIHN Project Manager	Harley Aish
Very High Intensity Users (VHIU) Integrated Case Management	Prem Kumar	Alison Howitt	Harry Rea