

Report Period ending:

31 May 2013

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

**Progress**

<p><b>Will – engagement activities</b></p>	<p>Over 80 people attended a successful Learning Session Zero on 6 May 2013 for the sixteen phase two Collaborative teams. This was an opportunity for the teams to learn about the Model for Improvement, the Collaborative methodology and milestones for the next eighteen months.</p> <p>Some of the feedback was “ the concepts were presented in a way that they could apply themselves, the environment was prepared and tone was upbeat, enthusiastic and conducive to an optimistic approach to change”.</p> <p>The focus of the next phase for the Campaign continues to achieve the aim by:</p> <ul style="list-style-type: none"> <li>• building the will – motivating health care providers to think beyond the status quo and imagine a better system</li> <li>• harvesting the ideas –finding, cultivating or inventing new approaches for better patient care</li> <li>• getting the results – providing the support, methods and tools for teams to take action</li> </ul>
<p><b>Ideas / Opportunities</b></p>	<p>Several Collaborative teams are presenting their work in various forums.</p> <ol style="list-style-type: none"> <li>1. Very High Intensity Users (VHIU) presented at the Resigning Healthcare Summit in Brisbane 8 May 2013 on Integrated Care</li> <li>2. Safer Medicines Outcomes on Transfer Home (SMOOTH)– Finalist: Onelink NZ Hospital Pharmacy Performer of the Year Awards (NZ Pharmacy Awards 8 June 2013)</li> <li>3. Four Semi finalists in Counties Health Science Fest &amp; Health Excellence Awards 2013             <ul style="list-style-type: none"> <li>• Safer Medicines Outcomes on Transfer Home (SMOOTH) – Development of an integrated medication management service for patients at high risk of medication related harm at discharge.</li> <li>• Delirium: Identifying a Medical Emergency</li> <li>• Community Based Pulmonary Rehabilitation – The Better Breathing Programme</li> <li>• Healthy Hearts - Developing a cohesive heart failure inter disciplinary service in Middlemore Hospital</li> </ul> </li> </ol> <p>The Phase Two Collaborative teams are as follows:</p> <ol style="list-style-type: none"> <li>1. Medical Admission Pair (MAP)</li> <li>2. Improved Management of Complex Pain</li> <li>3. Early supported discharge of Stroke</li> <li>4. Enhanced Primary Mental Healthcare</li> <li>5. Inpatient care for people with diabetes</li> <li>6. Reducing disparities for people with gout</li> <li>7. Acute Geriatric Care Unit</li> <li>8. Medical Assessment Unit</li> <li>9. Franklin Co-ordination Service</li> </ol>

- 10. Mental Health Emergency Care Adult Observation Unit
- 11. Dementia Care in Locality
- 12. Environmental Cleaning
- 13. Podiatry Care for renal patients in primary care
- 14. Healthy Hearts Community Rehabilitation for people with heart failure
- 15. Prevention of skin infections in community
- 16. Helping High Risk People

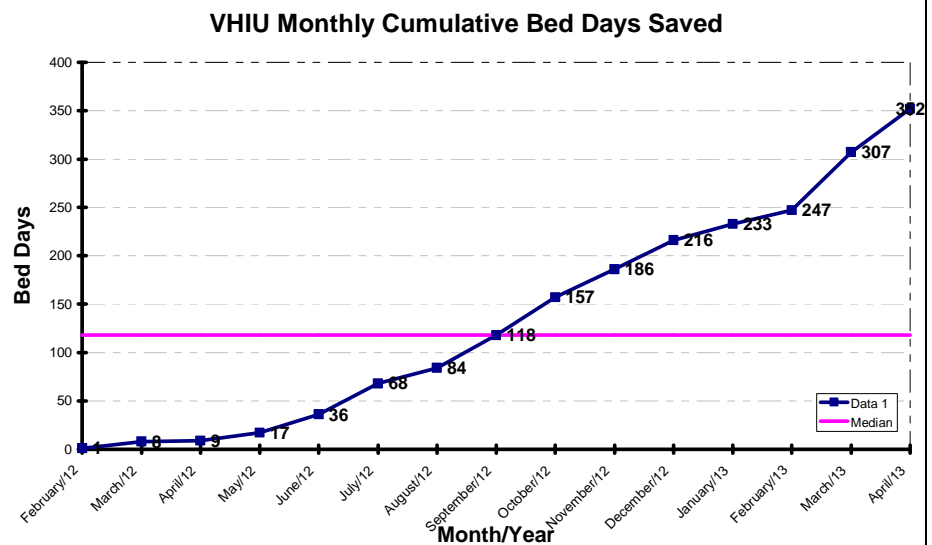
Over the next two months the teams will establish their expert and working groups, develop their Charters with Aim statements and their drivers for change. The Collaborative teams will prepare for the Learning Session 1 on Tuesday 25 June 2013 with the support from the Campaign team.

**Execution – measures/  
monitor/modify**

We are delighted to have achieved the Saving of 20,000 Days on 17 May 2013. This has been achieved where the actual beds used were less than we predicted we would need by 1 July 2013. We wish to acknowledge the contribution for this achievement has been from across the whole of system. To date we have used 20,612 less days than forecast.

**Highlights from some of the Collaborative Teams implementing changes permanently:**

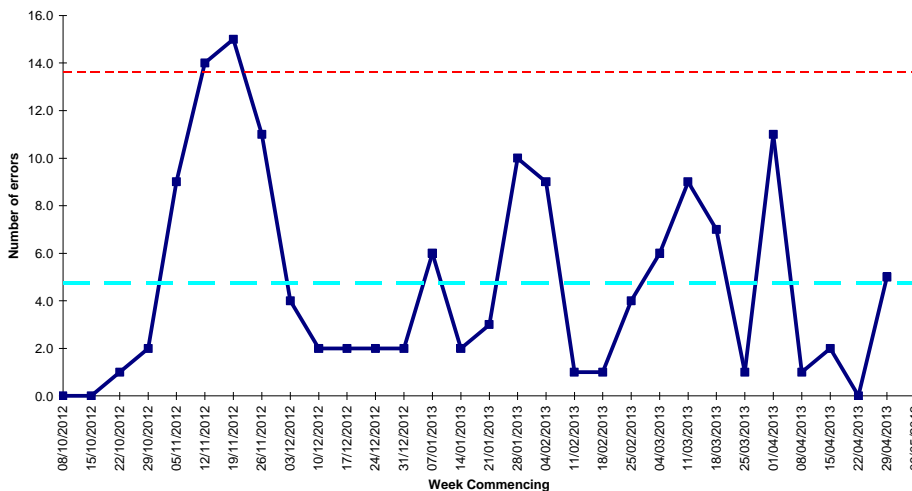
**1. Very High Intensity Users (VHIU)**



Based on the preliminary analysis (6 months pre & post bed day usage) of the bed day saving for all the patients enrolled January 2012 to October 2012 it was observed that the actual bed days has reduced from 2110 to 1382 and this reflects a **total saving of 728 bed days**.

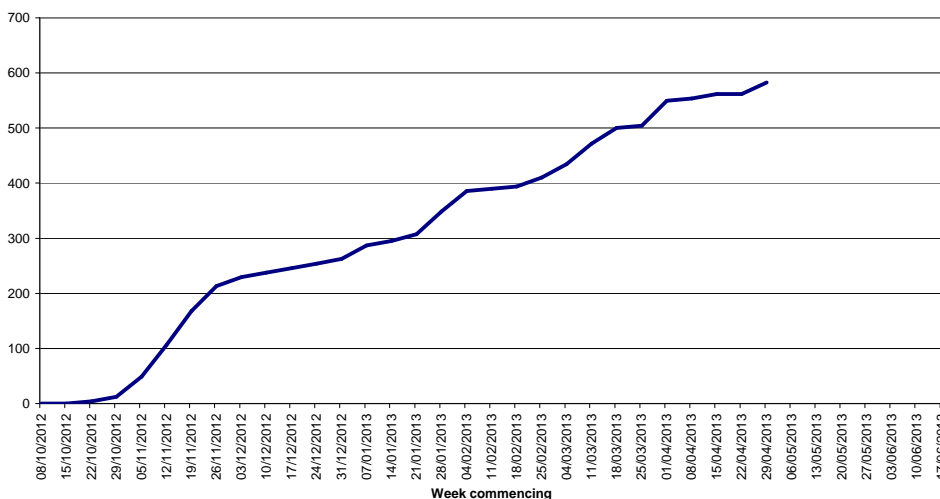
## 2. SMOOTH – Safer Medicines Outcomes on Transfer to Home

Number of medication errors identified as having the potential to cause harm and prevented by the SMOOTH team per week

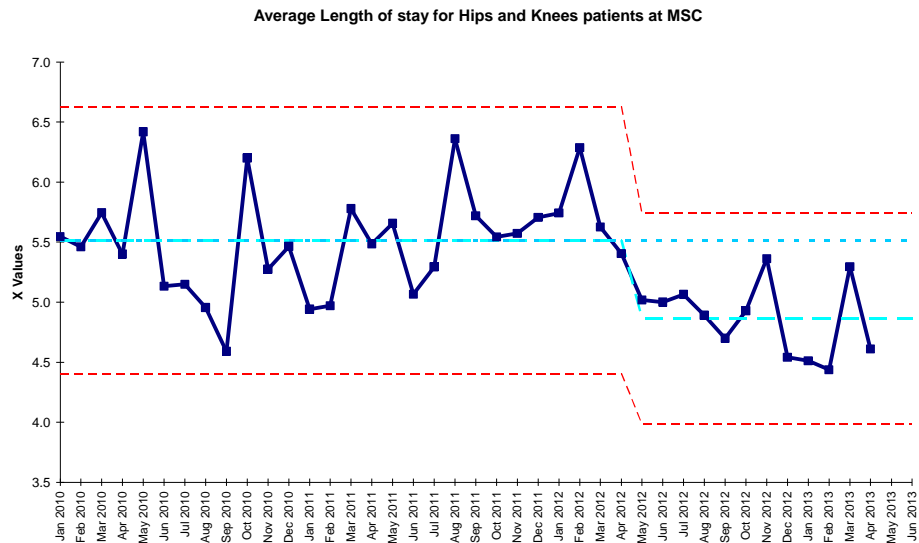


The data for the number of medication errors identified and prevented by the SMOOTH team is showing normal variation, with an average of almost 5 instances of errors which could lead to serious harm per week prevented (graph above). As these have the potential to lead to readmissions using the hospital average length of stay this would equate to a cumulative **saving of 582 days** as detailed below.

Cumulative bed days saved by SMOOTH team as a result of preventing medication harm (based on hospital average length of stay = 4.1 days per admission)



### 3. ERAS – Enhanced Recovery after Surgery

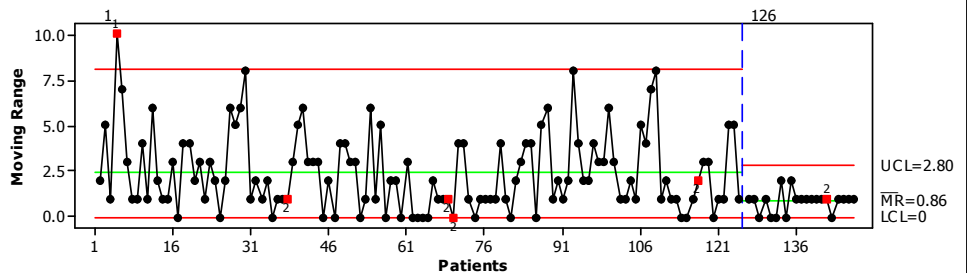
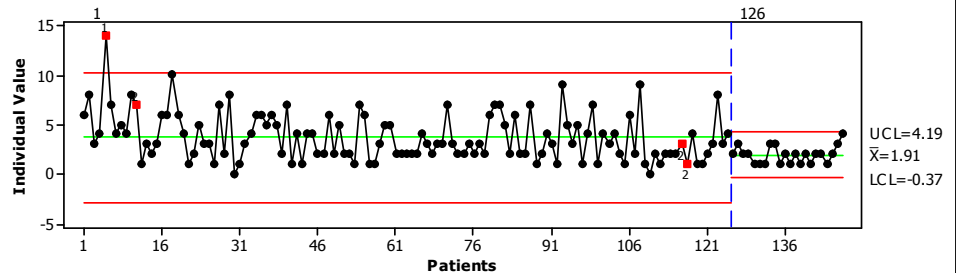


The data for Average Length Of Stay (ALOS) for hips and knees patients at MSC has reduced from 5.52 days to 4.86 days, a reduction of 2 to 3 days per patient.

Using the baseline data it is possible to calculate the numbers of bed days that have been saved as a result of this reduction. As of April 2013 the **bed day saving is 315.5 days**.

### 4. Hip Fracture Management

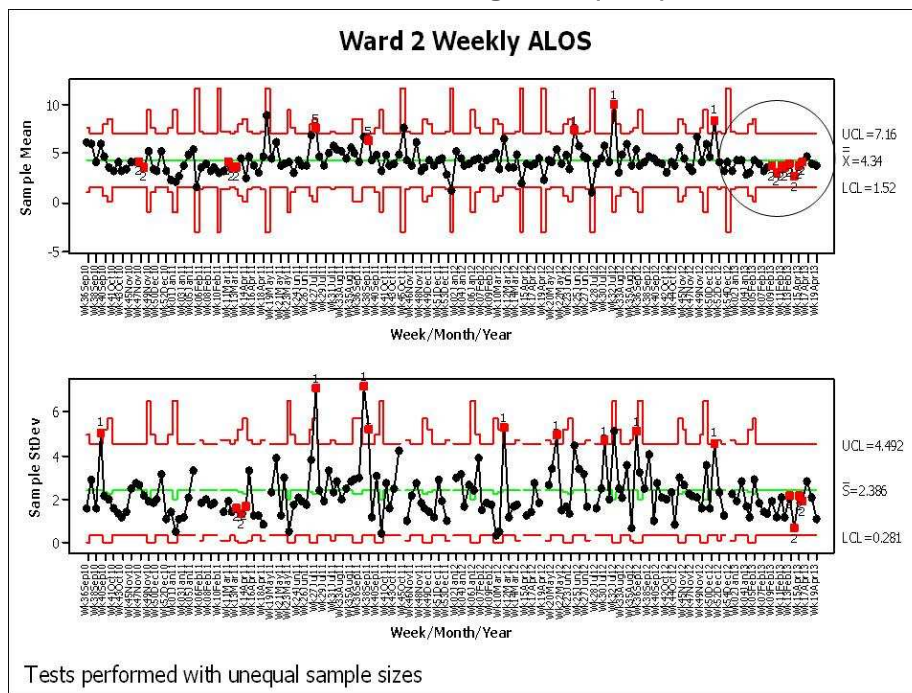
#### Total Number of Days from SMO Clearance to Admission



Above graph reflects the time taken in days from SMO Clearance to Admission to Assessment Treatment and Rehabilitation (AT&R) for individual Hip Fracture Patients. Since January 2013 the data is reflecting a special cause which

indicates a change in the process. Average days between the two steps was 3.43 days before Jan 2013 however if we recalculate the average days between these two steps then it has dropped to 1.9 days. This improvement is also making a positive impact on the overall length of stay for all the Hip Fracture Patients as well.

5. Transitions of Care - Goal Discharge Date (GDD)



- **The Goal Discharge Date (GDD)** work-stream, is seeing great results as the multi-disciplinary team work with patients and their families to address any delays to discharge and ensure the patient's goal discharge date is achieved.

- **Weekend discharge:** Medicine are reporting an increase in the number of weekend discharges which could be attributed to a number of initiatives, the Nurse Facilitated Discharge service, medicine moving to having 6 teams working on Saturdays and Sundays (therefore more doctors available to review patients on the wards of their teams), and the goal discharge date project.

<b>Budget</b>	The budget continues to be managed by the Campaign Manager and reported quarterly. The Phase Two budget has been approved and collaboratives are commencing the recruitment of staff required for the collaborative work.
<b>Communication</b>	The video for the Dragon's Den and all presentations and videos from the Learning Session 0 can be found here: <a href="http://koowatea.co.nz/campaigns/20000-days-campaign/20000-days-resources/">http://koowatea.co.nz/campaigns/20000-days-campaign/20000-days-resources/</a>
<b>Campaign Milestones</b>	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 and implementing change	<b>Phase One</b> First Collaborative Learning Session:	3-4 May 2012 Ko Awatea Centre	✓ planning progressing well ✓ successfully completed
	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 <b>Phase Two</b> 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 Selection delayed to 2 April 2013 after Dragon's Den presentations on 25 March 2013
	Third Collaborative Learning Session	11-12 March 2013 Ko Awatea Centre	✓ Successfully completed.
	Summary of Collaborative Implementation Plans completed. Recommendations for Implementation to ELT	19 April 2013 30 April 2013	✓ Presented Implementation Plan to Hospital Management team 19 April 2013. ✓ Primary & Community ELT Sub-committee approved
	Celebration of Achievements for Phase One	26 June 2013 Ko Awatea Centre	
<b>Completion</b>	<b>20,000 Days saved</b>	<b>9am 1 July 2013</b>	✓ 20,000 Days saved by 17 May 2013

	<b>Campaign Milestones Phase Two</b>	<b>Completion Date</b>	<b>Status</b> ✓ on track ▲ at risk X behind schedule
Collaborative development, recruitment and engagement	Proposals for Phase Two interventions due	31 January 2013	✓ Invitation for proposals sent out 20 November 2012
	Criteria for selection sent out to proposers	22 February 2013	Diana
	Shortlist interventions	1 March 2013	Lisa/David/Diana
	Dragon's Den session to prioritise and select Interventions	25 March 2013	✓ Panel members Geraint/Campbell/Jenni/Benedict/ Ron Pearson /Jonathon Support: David/Lisa/Diana
	Decisions on selection communicated	5 April 2013	✓
	Establishment of collaborative teams	April 2013	✓
The Collaborative iterative cycles of learning, improving and implementing change	Learning Session 0	6 May 2013 (4 hours)	✓ 9-12.30pm Learning session completed.
	Coaching /support to teams between all learning sessions	Complete IHI Open School	Campaign team / Brandon Bennett
	Learning Session 1 Celebration of Achievements	25 June 2013 (1 day) 26 June 2013 1030-1300	Brandon Bennett/ Campaign Team
	APAC Forum	25-27 September 2013	Skycity convention Centre
	Learning Session 2	31 October - 1 November 2013	Brandon Bennett/ Campaign Team
	Learning Session 3	April/May 2014 tbc	Brandon Bennett/ Campaign Team
Completion	Improvement implemented	1 July 2014	



## 20,000 DAYS CAMPAIGN Collaborative Teams - Phase One

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