

Report Period ending:

October 2012

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

Progress

<p>Will – engagement activities</p>	<p>Geraint Martin, CEO visited the Transitions of Care meeting on 17 October and acknowledged the work and staff's contribution towards the Campaign.</p> <p>Learning Session 3 dates have been confirmed for 6-7 March 2013 to be held at Ko Awatea. All Collaborative team members will be invited to attend.</p>
<p>Ideas / Opportunities</p>	<p>Several of the Campaign team members attended the Health Roundtable Innovations Awards on 11-12 October 2012 and presented posters on the 20,000 Days Campaign and the ERAS (Enhanced Recovery after Surgery). Ian Hutchby won an Innovation Award for the ERAS poster which outlined the work to increase the application of enhanced recovery after surgery principles to elective surgical patients undergoing hips and knees joint replacement at Middlemore Hospital. Sanjoy Nand also won an Innovation Award for the ART tool poster which presented the systematic prioritisation work to deliver medication safety interventions. This work is involved in the SMOOTH Collaborative team.</p> <p>Several ideas and opportunities from other hospitals in Australia and New Zealand presented in the Innovation workshops will be adapted and implemented within the Collaboratives work primarily within the inpatient setting.</p>
<p>Execution – measures/ monitor/modify</p>	<p>To September 30 this year we have had 7433 fewer bed days than we predicted. A summary measurement dashboard of the 13 Collaborative Teams is being developed which will be published monthly to highlight the key progress across the collaborative teams.</p> <p>The Leadership Group have reviewed the purpose of their meetings and agreed to meet quarterly for updates on the progress of the Campaign.</p>
<p>Project organisation</p>	<p>Sarah Mooney has been appointed as a Collaborative Clinical Co-ordinator (0.4 FTE) to support the Healthy Hearts Collaborative team initially. This role is one way to support clinicians involved in the Collaborative work.</p> <p>Recruitment for staff within several Collaborative teams is progressing as budgeted from the Campaign.</p> <p>Planning for Brandon Bennett's next visit on 5-16 November 2012. Collaborative teams are scheduled to meet with him to review progress, support and coaching for teams.</p>
<p>Interventions Areas – Collaborative teams</p>	<p>Highlights for the Collaboratives:</p> <ul style="list-style-type: none"> - Healthy Hearts - PDSA cycles planned include "Early Start to discharge process", Hand Held Echo, Follow up phone calls and a Titration Clinic. - Better Breathing - The Better Breathing Classes continue at Otara Community Health Centre and it is planned to start the programme in Pukekohe in November 2012. Recruitment for the staff is underway to ensure there is capacity to run the programmes. The aim of the programme is to improve knowledge of self-management strategies, optimal use of medications, dietary advice and good breathing strategies. - Rapid Response and Supportive Discharge – East Care Cluster is currently being evaluated independently to assess the effectiveness of the initiative at reducing the number of unplanned admissions and understanding critical success factors to guide any future roll out. In particular the evaluation will focus on the service coordination and rapid response components of the initiative. The 20,000 Days Campaign team will work to identify ways to

	<p>support the rapid response work.</p> <ul style="list-style-type: none"> - Community Geriatric Service (CGS) – Recruitment for Clinical Nurse Specialists (CNS) in progress to enable the service to begin the nurse led clinics in the Retirement Villages to prevent presentations to Emergency Care. The CNS clinic is now in place in one Retirement Village Pakuranga. Geriatrician support has been spread to 4 GP practices. - Delirium Care and Management – Regular CAM tool compliance audits have been completed on Ward 4 to determine if the CAM tool was completed and documented in the patient record. The audit results are improving. The team has identified ways to raise the profile of Delirium by having a “Delirium” Week”. The education package has been rolled out to all Ward 4 staff. Stickers are being developed for the clinical records for all patients with Delirium to enable accurate coding. - Hip Fracture Management – 10 PDSA cycles have been completed for the weekend rehabilitation. The length of stay has been stable over the past month and under the guideline of 22 days. Time to ward and theatre data has been collected and areas have been identified as blocks. The Patient Experience Tool and the Patient Information pamphlet are currently being tested. - Cellulitis & Skin Infections – Significant progress has been made in the development of cellulitis clinical pathway for children. Evidence for best practice has been reviewed and recommendations for concepts for change will be presented to the Cellulitis Expert faculty next month. There are good opportunities to work across the sector to provide better preventive care in primary care and the community. Baseline data has identified the top four areas with the highest volume of admissions to hospital for children with skin infections. - Enhanced Recovery after Surgery (ERAS) - Orthopaedics hips and knees team is progressing well and has identified a number of ideas and improvements to start: <ul style="list-style-type: none"> - Interviewing past patients to identify gaps - Looking at phone follow up process for post discharge patients - Anaesthetic questionnaire has gone out - Weekend Allied Health requirements presentation is to be shared - Drains management best practice to be investigated - Post nausea/pain/block data collection for a month - Prehab clinic to begin prior to surgery and the patient experience will be monitored through the patient experience tool. - Transitions of Care – The team has separated into two work streams - the Goal Discharge Date (GDD) and Weekend Discharges to progress the work. Ward 6 is working on establishing the process and criteria for the establishment of the GDD before it is tested on another ward. Both working groups continue to be very engaged. - St John – Work continues to increase the number of triage 4 and 5 patients to be transported by ambulance to community Accident & Medical (A&M) Centres. - Helping High Risk People - A group of five GP practices in Manukau are meeting to start to develop a bundle of care and interventions for identified high risk people from the PAR tool in their practices. Some of the interventions include self management, standardised Care Plans, community co-ordinators and visiting general physician for case consultations. - Safer Medicines Outcomes on Transfer Home (SMOOTH) –Developed the patient experience form with Maori cultural support input. The team is working to build links with Community Pharmacists to provide co-ordinated follow up in the community. - Very High Intensity Users (VHIU) –Work is progressing well to develop referral criteria for high risk people from general practices. Referrals have increased from GP practices.
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Budget	20,000 Days Campaign budget has processes in place to monitor and manage the budget. Capital has been approved and purchased for Better Breathing and Healthy Hearts programmes.
Communication	<ul style="list-style-type: none">• Presentations, resource documents and videos can be viewed on www.koawateablog.co.nz /20,000 Days• Brandon Bennetts Workshop session and Masterclass in June 2012 are available in DVD for training purposes.• The Campaign brochures and banners are available for distribution across the community and sector.
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
	Third Collaborative Learning Session	6-7 March 2013	
	20,000 Days saved	9am 1 July 2013	
Completion			

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 Sanjoy Nand
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