


Report Period ending:

August 2012

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

Progress

<p>Will – engagement activities</p>	<p>On Wednesday 8 August, Ko Awatea was delighted to welcome Associate Minister of Health Hon Peter Dunne, who made a special trip to Middlemore to congratulate Gray Maingay on his recent award for 'Innovation in Hospital Pharmacy'. He also met with the VHIU team and heard about work with the 20,000 Days Campaign.</p> 
<p>Ideas / Opportunities</p>	<p>Geraint Martin as Campaign Sponsor visited in the community with the VHIU team to observe the work for people who have five or more presentations to Emergency Care within 12 months.</p>
<p>Execution – measures/monitor/modify</p>	<p>The number of days difference between the predicted bed modelling and actual cumulative bed days since June 2011 is 7482 days. This month there has been further discussions to develop both the high level measurement and the day to day measures which reflect more the frontline clinician's experience. This will be further developed by the measurement group and improvements made to ensure face validity for the measures.</p> <p>All Collaborative teams are currently defining the measurements for the interventions, designing and testing for change through PDSA cycles.</p>
<p>Project organisation</p>	<ul style="list-style-type: none"> • Danielle Farrell has been appointed for 0.6 FTE Project Manager, starting 6 August 2012. She will be managing the Health of Older People four collaborative teams once she has completed her orientation to the Campaign and Collaborative methodology. • Currently recruiting 0.5 FTE Collaborative Clinical Co-ordinator to support the Healthy Hearts Collaborative team initially. This role is one way to support clinicians involved in the Collaboratives. • Planning for the second Learning Session 6-7 September 2012. All collaborative team members will be invited to the Learning Session. • Brandon Bennett arrives on 31 August 2012 for two weeks working with the Campaign team. He will be teaching at the Campaign's Learning Session and visiting the Collaborative teams during this time. • Recruitment is underway for several Collaboratives within the appropriate divisions.
<p>Interventions Areas – Collaborative teams</p>	<p>The aims of the Collaborative teams have been rewritten to be included in the Campaign brochure and used in the community.</p> <p>Highlights for the Collaboratives:</p> <ul style="list-style-type: none"> • Healthy Hearts - The first PDSA cycle for the Hand Held Echo (HHE) has been completed and the results are encouraging. Further PDSA cycles are planned which include "Early Start to discharge process", Hand Held Echo, Follow up phone calls and a Titration Clinic. • Better Breathing <ul style="list-style-type: none"> - Richard Hulme (Clinical Leader) commenced testing for the Primary Care early diagnosis bundle with one East Tamaki Healthcare practice with the aim of screening all smokers and ex-smokers of 40 years and over, during the course of a day. This is a whole team approach including the receptionist, practice nurses and GP's. - Expert Faculty meeting was held on the 14th August 2012 to present

	<p>progress to date to the wider stakeholder audience. It was identified that while patients are provided with a “Self Management Action Plan” by a various healthcare sources, it was presented in several different ways. The collaborative will work together to produce a consistent easy format for the patients.</p> <ul style="list-style-type: none"> • Rapid Response and Supportive Discharge – The Collaborative is well underway for testing integration of care for older people within three General Practices in Botany. • Community Geriatric Service (CGS) – Work has begun to plan the spread of the CGS model to all general practices starting in Botany and Franklin Localities. • Delirium Care and Management – An education training video has been developed for staff using the CAM tool. An information folder has been developed for watches for patients with delirium to provide consistent practice and care. • Hip Fracture Management – Weekend rehabilitation for physiotherapy has started to trial provide rehabilitation seven days a week. • Cellulitis & Skin Infections <ul style="list-style-type: none"> - Agreement with Surgery and TADU looking at a PDSA on simple abscess theatre cases being managed via TADU with no admission. - Ongoing progress in the development of public education and prevention interventions in the community and primary care sectors. a skin kit has been developed for use by Primary Care and other participants. • Enhanced Recovery after Surgery (ERAS) - Orthopaedics hips and knees and Gynaecology laparoscopic are working well and have analysed the baseline data. • Transitions of Care - Excellent progress on variety and evidence from 14 PDSAs to date (focussing on admission to discharge process). • St John - There was a successful extension to increase the number of Accident & Medical (A&M) Centres in the CMDHB area in July, so all CMDHB region Accident & Medical Centres are now involved in the project. St John have completed analysis into the capacity freed up by this project and expect to see an increase in the numbers of patients transferred to A&Ms • Helping High Risk People – Planning a model of care with a visiting general physician in Primary Care with a role similar to that in the VHIU model of case management • Safer Medicines Outcomes on Transfer Home (SMOOTH) <ul style="list-style-type: none"> - The weekend pharmacy service started in August to great effect – 1 hour counselling was provided to two patients newly started on warferin who were identified as high risk for medication readmission. - PDSA cycle started on 23 August looking at referral criteria for staff to refer additional high risk patients not identified via the ART tool (A Prioritisation Risk Tool). • Very High Intensity Users (VHIU) – Working to identify referral criteria for high risk people from general practices. They are planning the spread for the case management model to all areas in Counties Manukau. <p>A joint meeting was held for three Collaboratives (VHIU, SMOOTH, Helping High Risk People) to meet to look at the target groups, potential overlaps and synergies to working together.</p>
<p>Budget</p>	<ul style="list-style-type: none"> • 20,000 Days Campaign budget has been approved and processes in place to monitor and manage the budget in conjunction with the Localities work to reduce duplication and provide co-ordination across the work.
<p>Communication</p>	<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

	<p>available in DVD for training purposes.</p> <ul style="list-style-type: none">• Frequently asked Questions and Answers (F&Qs) are posted on the Ko Awatea blog to continue to ensure people understand the purpose of the Campaign and how it is progressing.• The brochure will be updated for the Campaign with the revised Collaborative teams and the aims.
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		✓ On going
	Phase Two Second Collaborative Learning Session:	6-7 September 2012 Ko Awatea Centre	✓ Planning progressing well for the Learning Session.
	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
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