

News from Ko Awatea

Counties Manukau's Centre for Innovation and Improvement

FOREWORD

JUNE 2023

Welcome to our 2nd newsletter! Here, we share updates and experiences on the work supported by Ko Awatea. Our aim is to foster mutual learning, knowledge exchange, and hopefully spark further discussions on enhancing our services.

Ko Awatea works with clinical and operational teams across the services to improve the quality of care we provide to our patients, their whānau, and the broader community. With knowledge and expertise in quality improvement, co-design, capability building, and research, Ko Awatea facilitates innovation, improvement, and development of efficient and sustainable systems and services. We prioritize equity in access and outcomes for Māori and other priority populations by partnering closely with the Māori Health and Tikanga teams.

With the establishment of Te Whatu Ora, Ko Awatea's involvement in regional and national projects has increased, opening doors for broader collaboration and sharing insights into national projects. However, it is important to acknowledge the challenges and disruption associated with the ongoing consultation.

Some of the projects and outcomes we highlight in this edition include 'Improved patient flow between Orthopaedics and Radiology', the new 'eForm for Shared Goals of Care', 'faster access and treatment for endometrial cancer', 'staff feedback on the clinical vision of flow' and 'new guidance on the PPPR process'.

Please let us know if you have ideas for potential system improvements - we would be delighted to discuss new concepts for change with you. Your input is highly valuable, and we firmly believe in the power of collective effort: "Ma te kotahitanga e whai kaha ai tātau" (in unity, we have strength). Contact Nathalie.Bere-Adams@middlemore.co.nz

Dr. Mary Seddon

Director of Ko Awatea, Centre for Innovation and Improvement, Te Whatu Ora Counties Manukau and Interim Region Director, Innovation & Improvement, Te Whatu Ora Northern Region

NEWS

Optimising patient flow between Orthopaedics and Radiology

Counties Manukau is expanding its Radiology department to accommodate more patients. To optimise this expansion, we are undergoing a **Service Redesign** to improve patient flow and efficiency.

Previously nearly half of Orthopaedic patients' appointment length was due to waits for radiology (over 1hr) and Radiology capacity only met 19% of Orthopaedics demand.



This resulted in bottlenecks & overload.

A project team, with support from Ko Awatea, explored how to improve the patient journey.

Improvement proposals included:

- Linking Orthopaedic and booking Radiology appointments
- Improving visibility of demand and capacity.

Project outcomes so far:

- 24% reduction of patients' overall treatment time
- 23% reduction of patients' stay in Module 1
- Live visibility of Radiology capacity (Qlik sense live)

We will update you on next steps to include other Modules.

'Shared Goals of Care' new eForm!

"SGoC is making sure we do the right thing for the right patient at the right time" *Andrew Connolly*

Shared goals of care are when the patient, their whānau, and clinicians discuss and agree on the clinical and personal goals for a current care episode, including actions in case of deterioration.

In January an audit showed that out of 166 patient charts, only 65.5% had a CPR decision documented. Māori and Pacifica are even less likely to have choices known.

On 1 May the **Electronic SGoC eForm** went live on Snapshot via the Clinical Portal. Having the form online provides accurate visibility on patient resus status and goals of care should they deteriorate, reducing inappropriate resuscitation calls.

The SGoC eForm replaces the 'Not for Resuscitation form'



We recognise that having the patient / whānau discussions and documenting the decisions is challenging with current workload pressures, however there is a clear benefit for both patients and staff.

Clinicians are expected to complete [online](#) and [face to face](#) training sessions. The [Serious illness conversation guide](#) is a tool adapted with Te Kaahui Ora to help guide clinicians with these SGoC discussions.

Many clinicians who have completed the face to face trainings highlighted how much more confident they feel towards having these conversations.

Rapid Access = Rapid success

Endometrial cancer is the most common gynaecological cancer and accounted for almost 60% of all gynaecological cancers in Counties Manakau (2020-21). Under the Ministry of Health (MoH) 'Faster Cancer Treatment' (FCT) health targets; 90% of patients with a high suspicion of cancer should be seen within 14 days and treatment should start within 62 days of referral. Unfortunately, CM were not meeting these goals: from July 2020 to Sept 2021 only 33% were seen by a specialist within 14 days, and only 41.5% of women started treatment within 62-days and. Delays can occur at several

points along the pathway from referral to treatment, involving multiple services; each having its own challenges.

An Improvement Advisor within Ko Awatea collaborated with staff in the Women's Health department to explore how to increase compliance with the FCT pathway.

The project team held three separate workshops to understand where the delays were occurring, the root causes and brainstorm concepts for improvement. They decided to test the following ideas:

- Establish Rapid Access Hysteroscopy Clinics (first specialist appointment (FSA) combined with outpatient (OP) hysteroscopy)
- Include ad-hoc Pre-Admission clinics (more women can be ready for surgery in case of short notice cancellations from theatre).
- Improve patient communication (nurse has pre-procedural contact with patients by phone instead of patient attending the FSA).

Outcome: (175 women included - Oct 22 to April 23)

- Combined first specialist appointment with outpatient hysteroscopy – one less appointment for the patient.
- Increased OP hysteroscopy capacity from 4 to 5 patients
- 10 FCT slots ring-fenced for rapid access hysteroscopy (from zero)
- 76 Ad-hoc rapid access hysteroscopy appt slots created from cancelled OT lists
- Nurse support call for all OP hysteroscopy patients, not limited to rapid access clinics.
- 22 women diagnosed with endometrial cancer

	January	March
Women seen within 14 days of referral	0%	37%
Median wait days from referral to First specialist appt.	56.5 days	17 days

Next steps: a subsequent phase of improvement work is being developed, with the aim of reducing delays between decision to treat and first treatment.

Faster Cancer Treatment (FCT)
- Improving quality of care across the patient cancer pathway

Clinical Vision of Flow at Middlemore

Acute patient flow refers to the patients' journey from the time they present to hospital until they are discharged. A system where there is good patient flow ensures patients receive timely care while making the best use of the hospital's resources. On the other hand, if patient flow is not managed well, it can lead to delays in treatment, cause overcrowding in areas like the Emergency Department, affect the well-being of patients and put a strain on clinicians and hospital staff.

Our hospital, and our staff are under great pressure - we need to tackle this on multiple fronts. The first step has been to create a "clinical vision of flow" drawn from what staff tell us is important. A vision should be inspiring and realistic, and forms the foundation for designing, implementing, and evaluating improvements to the acute patient flow system. Key in all this work is ensuring the principles of Te Tiriti are central with an overall focus on delivering equity.

To make these improvements, it has been crucial to involve the hospital staff and gather their valuable insights and suggestions. Their perspectives were essential in identifying areas that need to be improved and how to implement effective changes. Between January and March, Dr Jeremy Dryden, with help from Acute Flow Team in Ko Awatea and Deloitte, ran workshops, and invited staff to attend drop-in sessions or complete a survey. They were asked **"What would I want for my loved ones if they needed care in Middlemore Hospital?"**

The response from staff was overwhelming, with over 1700 ideas shared by individuals from different areas, including Counties

Manukau staff, Maaori and Pacific Health Teams, patient and whaanau reps.



All the ideas were organised into themes and then further distilled into a matrix of aims and outcome measures. The key themes that emerged from the feedback were 'Communication with Patients/Whaanau' (identified as important to all groups), staffing, staff and patient experience, organisation performance, prompt appropriate care, community care, staff communication

and collaboration, system performance, and patient/whanau centred care.

Work in the Emergency Department and General Medicine has been prioritised to start. Discussions will be ongoing with the relevant clinical leaders on improvement actions and timeframes. Working groups will also be established to lead the improvement efforts, identifying and testing change ideas and measuring progress to give life to the Counties Manukau Clinical Vision of Flow.

More Remote Patient Monitoring

Following a successful proof of concept of the BioIntelliSense™ biosticker (at-home monitoring of COVID-19 patients), Ko Awatea has partnered with Healthy Together Technology (HTT) and the Hospital in the Home (HiTH) teams to explore how this technology can be used to help ease system flow pressures. For short inpatient stays, atrial fibrillation (AF) and respiratory illnesses are two use cases that can potentially be managed at home (via HiTH).

Counties Manukau hopes to use 'Biobeat', a similar wearable device, to remotely monitor patients with AF and respiratory illness, 24/7, in their homes.

The goal is to include over 1500 patients in six months and save 180 bed nights per month. Ko Awatea is supporting with co-design, evaluation and benefits analysis functions. For more information email the [Co-Design team](#)

New process & guidance for PPPR

The Protection of Personal and Property Rights Act 1988 (PPPR Act) is the legal framework protecting adults who have lost their capacity to manage their personal and property affairs. This may be due to dementia, brain injury, intellectual or psychiatric disorders. If a person cannot make informed decisions, someone else needs to make those choices for them, usually their whānau.

The PPPR Act is most commonly used at MMH when a patient needs to be discharged to a facility. If they don't have an Enduring Power of Attorney (EPOA), a PPPR Act order will be needed from the Family Court to appoint someone to make decisions on behalf of the patient. MMH

only makes these applications when there are no family members able to.

PPPR applications can be time consuming and complex so a PPPR working group was established to explore improvements. The Acute Flow Team from Ko Awatea worked with clinical teams to develop a more streamlined, coordinated process, including a new guidance document, register to track CM PPPR Act applications; staff training, and updated templates (available on [Paanui](#)). Patients and whānau are provided with links to help find local community legal support.

If your patient may require a PPPR Act placement order, follow the process and Guidance here on [Paanui](#). For further support you can contact:

• Christine Fletcher	Advanced Clinician Social Work
• John Hopkins • Song Chan • Lina Groenewald	Liaison Psychiatry
• Heather Astell • Yu-Min Lin	Geriatric Medicine
• Ta-Mera Rolland	Team manager NASC

Capability Building

➤ Quality Improvement (QI) and SPMO

Ko Awatea continues to run its flagship QI courses:

[Fundamentals of Improvement](#), [Data for Improvement](#), and [Data for Improvement Advanced](#).

These are run in-person at Ko Awatea, primarily for CM community but we welcome interest from all parts of Te Whatu Ora. Click the links for more details.

In development are **bite-sized quality improvement (QI) learning videos** full of tips and tricks to support Te

Whatu Ora staff in all parts of the system. The videos can be found [here](#) and more will be added in the coming

[weeks](#). To find out more email the team at:

grow.improvement@middlemore.co.nz

The Strategic PMO offers a number of courses which include; project management fundamentals and benefits management targeted at clinical and service leaders and

business case development for those new to writing a business case or would like a refresher. To find out more email: Cindy.Tuitupou@middlemore.co.nz

➤ Research and Evaluation Office

Our REO runs a variety of clinics and workshops to help new and experienced researchers improve their projects. See our page on [Paanui](#) for more details. To book your place email: researchoffice@middlemore.co.nz

Upcoming:

- **The Science (and Art) of Survey Design:** 31 Aug
- **Qualitative Research:** Part A: 12 Jul / Part B: 26 Jul
- **REDCap training sessions:** Weekly for beginners, experienced users and supervised practice / refresher sessions, rotating alternating Mondays and Wednesdays, all 12 - 2pm.
- **Biostatisticians' clinics:** One-to-one 45-minute sessions 1.00-4.45pm, every 3 weeks alternating Tues and Thurs. Request an [appointment](#)
- **Advice for research and audit ideas** – Bring your study idea to a monthly group session for advice. Once per month on Thursdays 11.30am-1.00pm secure your [place here](#)

Strategic PMO

The Strategic Programme Management Office provides support for a wide range projects across Te Whatu Ora Counties Manukau. One area is facilitating lessons learned workshops and capturing and sharing lessons across strategic and improvement projects. Lessons Learned can provide future project teams with input into business cases and in-flight projects. If you would like to find out more information, please get in touch with Cindy our SPMO Manager cindy.tuitupou@middlemore.co.nz

LIBRARY AND KNOWLEDGE SERVICES

The Library and Knowledge Services team have curated a new guide on Māori health. Available from the Library Discovery portal the [Hauora Māori Guide](#) includes access to full text reports, articles, guidelines and resources to promote and support a deeper understanding of Māori health models. This new guide complements the Library's clearing houses on [Maori Health](#) and [Health Equity](#).

KO AWATEA CENTRE FACILITIES

The Ko Awatea Centre has **25 fully air-conditioned meetings rooms**, including **3 large lecture theatres**, a **computer lab** and **4 BusyPods** for virtual meetings. Hosted in a modern environment at Middlemore Hospital, many rooms are Zoom-enabled for face-to-face and/or remote meetings.

If you would like to hold a meeting at Middlemore from 4 up to 200 people, or are hosting a symposium, we can help. Book [online here](#), [email](#) or call the Ko Awatea Centre team on (09) 2760000, Ext 59681.