

Auckland District Health Board



health excellence Awards 2016







Ailsa Claire



Dr Lester Levy

Celebrating excellence in healthcare

The Health Excellence Awards are a highlight in our calendar, recognising the outstanding initiatives undertaken each year by Auckland DHB and our partners.

These awards acknowledge those teams and individuals whose dedication and creative thinking empower us to do our jobs more effectively, and provide better care and support for our patients, their families, and our community.

It's not just the big-budget projects that matter – meaningful improvements are being made in so many ways, across a wide range of services. Regardless of scale, this requires insight, passion and initiative – qualities demonstrated here in no small measure.

The calibre and variety of applications in these annual awards is a constant reminder of the enormously talented and committed people we have working here, in all corners of our organisation.

As you can imagine, judging the entries is never an easy task, and we'd like to thank our panel judges for generously giving their time to do so. You can find out more about the judges on page 32.

We'd also like to pay tribute to our Gold Sponsor, the A+ Trust, and our Silver Sponsor, the Starship Foundation, whose loyal support continues to make these awards possible.

Most of all, we'd like to thank everyone who took the trouble to apply for this year's awards, and to warmly congratulate our winners and finalists.

As Chairman and Chief Executive of Auckland DHB, we're inspired, as always, by the stories within these pages, and hope you are too.



Dr Lester Levy, CNZM
Chairman



Ailsa Claire, OBE
Chief Executive

About the Health Excellence Awards

The Health Excellence Awards are held annually to showcase initiatives that have helped us to deliver better quality care, and to improve the health of Aucklanders.

Entries are invited from teams or individuals working for, or in partnership with, Auckland DHB, in the categories of Workplace, Clinical Care, Community Health and Wellbeing, Systems Improvement, and Research.

The Chief Executive's Award is chosen across all categories. It is awarded to the project that best demonstrates a commitment to an equal partnership between patients, families and communities, by involving them in design and delivery of the project.



Congratulations to this year's winners:

Chief Executive's Award

Reaching Out Beyond the Hospital Walls

Excellence in Clinical Care

Improving Follow-Up in Newborn Baby Screening

Excellence in Community Health and Wellbeing

TeleDOT Telehealth Programme

Excellence in Research

BEC1: Body Mass Index Trumps Age in Decision for Endometrial Biopsy

Excellence in Process and Systems Improvement

Doing Right By Patients and Letting the Target Take Care of Itself

Excellence in the Workplace

Auckland DHB Nursing Bureau Project

Spectrum Care

Te Wai Kahukura Atawhai



Chief Executive's Award Winner

Excellence in Community Health and Wellbeing Finalist



Optimising medicines for people with intellectual disability

Project: Reaching Out Beyond the Hospital Walls

People with intellectual disability commonly have multiple and complex long-term health needs, and are significantly more at risk of disease, ill health and early death than the general population.

In 2015, Spectrum Care, an independent charitable trust that supports people with disabilities, identified that 49 per cent of their residents were taking six or more medicines every day and were potentially at risk of medicine-related problems.

In response, they partnered with the Auckland DHB Pharmacy Department to set up an innovative and collaborative review service to optimise residents' medicines. Previously medicines reviews by specialist hospital pharmacists were available only to inpatients.

The Spectrum team developed an assessment tool to prioritise the people who require a health and medicines review. A clinical pharmacist has completed 12 months of medication reviews for residents identified as being high-risk and are currently tracking five per cent above expected completions. The pharmacist identified real or potential medicine-related problems and recommended a number of medicine changes to the GP.

The success of the project is largely due to the excellent communication and information sharing by the pharmacist, working closely with the Spectrum Care inter-professional health team.

Project team: Adele Print, Judy Garriock, Ingrid Moody, Joe Monkhouse, Dr Anecita Lim, Ian Costello.



Excellence in Clinical Care Winner



Timely testing and follow-up saves lives

Project: Improving Follow-up in Newborn Baby Screening

Newborn metabolic screening saves about 50 babies a year from death or disability.

Samples of blood dried on paper are collected throughout New Zealand and sent to the screening laboratory at LabPlus for testing.

Communication with lead maternity carers (LMCs) over screening samples has, in the past, been problematic, resulting in delays in getting follow-up samples, and unnecessary requests for second samples.

Some disorders kill babies within days, so timely testing and follow-up is essential.

The introduction of text messaging has enabled

more timely communications with LMCs, reduced miscommunications with the laboratory, and reduced anxiety for both LMCs and families.

The programme has achieved a 20 per cent improvement in the number of follow-up samples received within 10 days, and the avoidance of up to 10 requests per month for follow-up samples.

The next step is to build a module to track the outcome of positive tests, and to extend to antenatal screening, where text messaging could replace up to 300 phone calls annually.

Project team: Colleen Harvey, Dianne Webster, Keith Shore, Mark de Hora, Detlef Knoll.



Excellence in
Community
Health and
Wellbeing
Winner

New technology broadens therapy reach

Project: TeleDOT Telehealth Programme

The aim of the TeleDOT programme was to increase the number of patients with pulmonary tuberculosis receiving directly observed therapy (DOT), within current nursing staff levels.

The programme has embraced evolving technologies to deliver TeleDOT on a secure video-conferencing platform. Initial use of video-phones was quickly replaced by video-conference applications on a patient's personal computer. This application was later deployed on mobile devices – initially tablets and then smartphones.

More cost-effective TeleDOTs have been achieved with the move to web-browser access and secure virtual meeting rooms. The recording function allows patients the convenience of conducting TeleDOT at a time

they choose. The public health nurse then views the recording within hours.

The programme has achieved an increase in the number of patients receiving DOT within existing nursing staff resources, with improved treatment delivery and cost efficiencies. The number of patients with active TB receiving DOT has increased from 30 per cent prior to TeleDOT to 60 per cent.

Comparing the six-month period prior to launch with the six months after has shown that the cost of TeleDOT is a quarter that of the regular DOT therapy; a figure that has decreased still further since the introduction of web-browser access.

Project team: Carolyn Pye, Lucy Westbrooke, Jill Miller, Dr Cathy Pikholtz, Sunil Kushor, Kim Olsen.



Excellence in
Research

Winner

Shedding new light on BMI link



Project: BEC1: Body Mass Index Trumps Age in Decision for Endometrial Biopsy

The objective of this study was to evaluate the effect of body mass (BMI) on the risk of endometrial hyperplasia or cancer.

A retrospective cohort study at Auckland DHB of 916 pre-menopausal women referred for abnormal uterine bleeding, who had an endometrial biopsy between 2008 and 2014, found that 4.9 per cent had complex endometrial hyperplasia or cancer.

Women with a BMI of 30kg/m² or more were four times more likely to develop complex hyperplasia or cancer. Other risk factors were not having any children, and anaemia; age was not a risk. In conclusion, obesity was

found to be an important risk factor in women with abnormal uterine bleeding.

Considering that more than half the women with complex hyperplasia or cancer were under 45 years of age, deciding to biopsy based primarily on age, as is currently recommended, potentially misses many cases or delays diagnosis.

BMI should, therefore, be the first consideration in the decision in whether to perform endometrial biopsy and to refer to secondary gynaecology services.

Project team: Dr Michelle Wise, Dr Premjit Gill, Sarah Lensen, Assoc Prof John Thompson, Prof Cindy Farqhar.



Excellence in
Process and
Systems
Improvement
Winner

Faster treatment for patients with breast cancer

Project: Doing Right by Patients and Letting the Target Take Care of Itself

The Faster Cancer Treatment programme aims to improve the quality and timeliness of services for cancer patients.

As a result of the project, the proportion of women with a high suspicion of breast cancer who received treatment within the Ministry of Health 62-day target, has increased from 71 to 90 per cent.

No one with a confirmed cancer waits longer than the Ministry of Health target of 31 days, with the average wait being 15 days. Meanwhile, the proportion of women seeing

a specialist within 14 days has increased from 25 to 88 per cent.

Waiting times have reduced from an average of 22 days to just nine days by adopting a one-stop clinic approach and a sustainable new clinic template, and in future the team are aiming to treat 85 per cent of women within 50 days.

Project team: Paul Birch, Eletha Taylor, Mike Puttick, Paula Whitfield, Dr Jeremy Whitlock, Dr Robyn Oldfield, Gabby Ikitau, Dr Linda Ashley.



Excellence in
the
Workplace
Winner



Bridging the recruitment gap

Project: Nursing Bureau Recruitment

The Auckland DHB Nursing Bureau employs more than 400 casual staff, consisting of registered nurses, midwives, healthcare assistants and mental health assistants.

Due to the turnover rate and high demand, these roles need to be constantly filled, requiring the careers centre to run a proactive recruitment campaign.

Under the existing process it was taking more than a month to recruit each new worker. Consequently, the bureau was dependent on agency temps. This resulted in additional costs, and existing staff were under increased pressure, having to work extra shifts.

The project focused on reducing the time spent on

various steps in the recruitment process. Improvements included using pre-screening questions and scoring techniques, obtaining candidates' referee details as part of the application, and using text messaging to contact candidates.

As a result, the time required to fill a vacancy was reduced from 43 to 26 working days, and the time to complete a reference check from eight days to three. The number of candidates providing referee details increased from 66 per cent to 93 per cent; and the average number of casual staff hired increased from 10 to 13 per month.

Project team: Santosh Parab, Leigh Donohue, Barbara Fox, Esther Bathula, Sonu Anand, Don Fulford, Stuart Almao.



Chief Executive's Award Finalist

Creating wellbeing together in Tāmaki

Project: Tāmaki Mental Health and Wellbeing Project

The Tāmaki Mental Health and Wellbeing project is working in the Tāmaki area to develop better ways to support people with mental health issues.

The project team 'co-designed' their vision with the local community:

"An experience of mental health and wellbeing focused on the wellness of the whole person in their family, whānau and community, over the whole of their life, supported by integrated services that are relevant to Tāmaki."

With members of the community, NGOs, social services and local health professionals, the programme is working on a number of projects. These include developing greater NGO support in primary care.

Taken together, they are delivering a continuum of care across the community and healthcare network, maximising access to the support people need to stay well. The key principles of that support are that it is person-centred, collaborative and based on relationships.

Those needing more intensive help will benefit from having access to it at the earliest possible stage, while transitioning back into their home and community quickly and easily.

Project team: Camille Gheerbrant, Oliver Campbell, Sue Copas, Debbie Owen (Procare), Karl Bailey, Michelle Atkinson (Affinity Services), Leigh Manson.



Chief Executive's Award Finalist



Exploring youth perspectives on rheumatic fever

Project: Fighting the Fever with Young People

Rheumatic fever and rheumatic heart disease are at third-world levels among Māori and Pacific children and young people in New Zealand. This preventable infectious disease can in turn cause heart disease and early death.

Secondary prophylaxis with penicillin prevents recurrences of rheumatic fever and worsening rheumatic heart disease. These intramuscular injections are required every 28 days for a minimum of 10 years. Adherence, while excellent for young people of school age, falls rapidly to less than 50 per cent for young adults.

In response, the project team worked with young people with rheumatic fever to explore their perspectives about their health, Bicillin injections, and the reasons for the low adherence. Together they have developed

innovations including an iPad animation to illustrate how RhF affects the heart, a Fight the Fever app to request and book injections and promote self-care, and HYPE – a leadership event attended by more than 60 students with rheumatic fever. A Fight the Fever Facebook page is also active.

What's more, young people are now actively involved in the design of health services for RhF management. The next steps include a transition programme, development of peer support, and evaluation of the app.

Project team: Alison Leversha, Faith Mahony, Kylie Sullivan, Matt Sinnock, Anna-Marie Scroggins, Alison Hudgell, Angela Ko, Nancy Meredith, Dylan Marsh, Anthony N Alamalani Tafa, Rae Ellis, Nicky Cranshaw, Theresa Rongonui.



Chief Executive's Award Finalist



Putting people power into action

Project: Health Gain Through Community Mobilisation

Drawing inspiration from the Ministry of Health's 'People-Powered' theme, the Alliance Health Plus Trust's Healthy Village Action Zone (HVAZ) lent its support to 14 Pacific churches and other community groups in the Auckland and Waitemata DHB regions.

The HVAZ team went the extra mile to motivate and assist the local community, with a range of initiatives including: a Rheumatic Fever Sing-off for Pacific Youth – a community-led health education programme that brought together more than 300 people; a 10-week

weight loss challenge; wide-ranging support for a family with complex needs; and working closely with local churches to enroll 26 people in the six-week Stanford Self-Management Education programme, all of whom graduated.

The credibility and cultural affinity the HVAZ team has with its community was key to the programme making a real difference.

Project team: Viv Pole, Mesepa Channing, To'o Vaega, Temukisa Amituanai, Chillion Sanerivi.



Excellence in
**Clinical
Care**

Finalist

Diary initiative helps ICU patients fill in the gaps

Project: Implementation of Patient Diaries

A patient diary initiative launched in the Cardiothoracic and Vascular Intensive Care Unit (CVICU) in October 2015 has improved the relationship with whānau during admission, and provided patients with a record of their time in CVICU.

Friends and family are also encouraged to make entries in the diary, allowing them to contribute to their loved one's care.

The CVICU team was introduced to the idea at the annual ANZICS scientific meeting in 2013, sparking a recognition that more could be done to help patients recovering from their ICU experiences.

ICU patients frequently suffer hallucinations and delirium, and may have little recall of their time in hospital,

contributing to poor psychological recovery and post-traumatic stress.

Patient diaries provide the patient with a timeline of events, helping them to make sense of their time in ICU.

Feedback has been positive from patients, family and staff. The diary has been referred to in many letters from family members, and staff have noticed an improved relationship with families. One of the patients commented that "some of the staff are great writers."

Project team: Eileen Gilder, Amelia Condell, Sue Gill, Lisa Bisset, Rae Kim, Diana Kruckenhauser Nicola Morales, Beks Kiff, Brooklyn Ferguson, Jo Confessor, Stephanie Long.





Excellence in
**Clinical
 Care**
Finalist

Hand hygiene reminder hits right note

Project: Take a Moment

The Take A Moment project is a multi-modal strategy that uses the catchphrase ‘take a moment’ to remind colleagues of the need for good hand hygiene practices.

Supporting the goals of Hand Hygiene New Zealand, the project aims to create a safer environment for patients. The ‘take a moment’ catchphrase is used as an intervention when a moment in the WHO’s Five Moments of Hand Hygiene is about to be missed.

The project was piloted in two medical wards for a period of 10 weeks with encouraging results. The protocol is currently being used by wards with particular issues, such as outbreak, to reinvigorate their hand hygiene culture.

It is also being rolled out in CVICU and will soon be introduced in Motutapu where Vancomycin-resistant enterococci transmission has been an issue. Level 4 theatres have also agreed to adopt the practice.

During follow-up interviews, thirty-five per cent of staff said they were using the catchphrase once a week, while 23 per cent said they were using it twice a week. Half of those surveyed thought that it was ‘somewhat easy’ to approach a colleague, while only 14 per cent said it was difficult.

Ultimately, the programme will be adopted hospital-wide.

Project team: John Camu, Tessa Grant, Infection Prevention and Control Team.



Excellence in
**Clinical
Care**

Finalist

Changing patterns of behaviour

Project: Parent-Child Interaction Therapy Clinic

An innovative treatment used successfully overseas is now proving effective in facilitating rapid improvement for New Zealand children with behavioural difficulties.

The internationally renowned therapy has been introduced to the Kari Centre – Auckland DHB’s child and adolescent mental health outpatient service.

After receiving intensive training in this evidence-based approach, a small group of clinical psychologists within the service are now able to offer Parent-Child Interaction Therapy to families.

The therapy is a treatment for two- to seven-year-old children with severe emotional and behavioural difficulties. It emphasises the importance of improving the quality of the parent-child relationship and changing patterns of how parents and children interact.

In this therapy, parents are taught to foster a nurturing and secure relationship with their child, increasing their child’s positive behaviour while reducing negative behaviour.

The clinic uses a one-way mirror and microphone, with parents wearing an earpiece to allow for direct coaching. Data is collected on a weekly basis, and significant improvements in the children’s behaviour are often clear from the second or third session.

Drop-out rates, which are typically high for this population group, have been substantially lower than traditional treatments.

Project team: Dr Melanie Woodfield, Dr Bev George, Dr Christine Slater, Dr Luci Falconer.





Excellence in
Community
Health and
Wellbeing
Finalist

Campaign making driveways safer

Project: 'Check For Me Before You Turn the Key' Driveway Safety Campaign

New Zealand has one of the highest rates of driveway deaths in the OECD. In a typical year, between five and nine Kiwi kids die on our driveways.

In 2015, Safekids launched the driveway safety campaign 'Check For Me Before You Turn the Key' with the aim of reducing driveway deaths and injuries, raising awareness of the problem and changing our driving behaviours.

In the 12 months since its launch, Safekids Aotearoa has engaged with more than 1150 community groups and organisations from all 20 DHB regions, and distributed 350,000 'driveway safety' keyrings throughout the country.

Meanwhile, its television campaign reached a vast national audience, and 48 Facebook posts reached

724,710 users, receiving more than 4000 likes, with the number of followers increasing by 79 per cent in eight months.

Evaluation results have shown increased awareness among parents, caregivers and community groups about driveway injury and how to prevent it.

More importantly, since Safekids Aotearoa took up the challenge, cases of hospitalisation have halved – and at the height of the campaign period (2015), there were zero driveway deaths, the lowest in a decade.

Project team: Anthony Rola, Ann Weaver, Joanna Milne, Heather Robertson, Helena Westwick, Alessandra Francoia, Moses Alatini, Gervaise Ledger, Victoria Jarvis.



Excellence in
Community
Health and
Wellbeing

Finalist



Unprecedented access to newborn screening

Project: 100% Equity of Access to Newborn Metabolic Screening – a National First

For about 140 babies, or two per cent of those born at Auckland City Hospital in 2014, there was no record of any newborn metabolic screening.

In 2015-16, this had reduced to 0.02 per cent, thanks to an ongoing collaborative audit and follow-up process developed by Women's Health and LabPlus, enabling the timely identification of babies who have not been screened, and a follow-up by Women's Health with Lead Maternity Carers.

The screening process minimises morbidity and mortality resulting from more than 20 congenital disorders, and has proved a highly successful initiative.

Families of all babies born in Auckland City Hospital now have the opportunity to benefit from newborn metabolic screening, a feat unmatched by any other DHB or hospital nationally.

To achieve the best possible health outcomes, collaboration between elements within the programme is essential, as demonstrated by the close working relationship between Women's Health and the screening laboratory.

Project team: Marjet Pot, Dianne Webster, Keith Shore.



Excellence in
Research

Finalist

Twenty-eight year study reveals hepatitis links

Project: Serological and Clinical Outcomes of Horizontally Transmitted Chronic Hepatitis B Infection in New Zealand Māori: Results from a 28-year Follow-up Study

Childhood-acquired hepatitis B virus (HBV) infection is associated with significant morbidity and mortality in adult Māori, including from liver cancer.

The Kawerau Study represents the longest natural history study ever conducted in a community cohort with untreated chronic HBV.

In the first part of the study, long-term outcomes were determined in 572 HBV-positive (HBsAg) young Māori (carriers) and 1140 HBsAg-negative controls. After 28 years follow-up, 15 carriers had developed HCC and 12 had died of liver-related causes compared with none of the controls.

In the second part of the study, Māori ethnicity and

baseline HBV DNA levels were identified as the only independent predictors of liver-related death and liver cancer.

In the final part of the study, full-length sequencing of 1984 HBV samples will determine whether baseline HBV genomic factors predict long-term risk of liver cancer and cirrhosis.

This study can directly impact future clinical practice by determining baseline predictors for liver-related complications, allowing individualised surveillance strategies for all patients with HBV.

Project team: Prof Ed Gane, Fahimeh Rahnema, Tien-Huey Lim, Chris Moyes, John Hornell, Chris Cunningham, Barry Borman.



Excellence in
Research

Finalist

Measurable success for NZ programme

Project: Endocrine Disorders Newborn Screening and Outcome in New Zealand

As in many other countries, New Zealand newborn babies have been screened for congenital adrenal hyperplasia (CAH) for at least 30 years.

However, screening is useful only when there are quantifiable health gains, and most programmes internationally do not, or cannot, measure outcomes.

The New Zealand programme is unique in having a comprehensive database and the ability and resources to assess screening outcomes, resulting in it being featured a number of times in the top-ranked international journal *Clinical Endocrinology and Metabolism*.

One of these featured studies was carried out by Auckland

DHB endocrinologists led by Professor Hofman, in collaboration with the newborn screening programme and supported by the Ministry of Health National Screening Unit.

The study demonstrated that screening for CAH is highly beneficial in both boys and girls. Despite clinical dogma that affected girls are easily detected at birth, the study demonstrated that a significant proportion are either missed, or misidentified as male. Furthermore, in contrast to countries that do not screen for CAH, symptoms prior to diagnosis were mild and there were no adrenal crises.

Project team: Paul Hofman, Dianne Webster, Natasha Heather, Ben Albert, Jose Derraik, Wayne Cutfield.



Excellence in Process and Systems Improvement Finalist



Reduced wait, faster diagnosis

Project: National Radiology Service Improvement Initiative

This project set out to improve our patients' access to community and outpatient CT and MRI, as well as to develop other aspects of the radiology service, such as acute diagnostic capacity and access to diagnostics within patient pathways.

Through a multifaceted approach over 18 months, the team has improved the processes and systems within radiology to provide better access for patients requiring imaging.

The project focused on identifying opportunities for improvement in four key areas: imaging pathways and demand, acute imaging performance, production planning and imaging throughput, and reporting and visibility of performance.

This has resulted in a significant reduction in waiting times; for example, in July – September 2016, 78 per cent of the community and outpatients received an MRI within six weeks, compared with only 42 per cent in July – September 2015. This allows referring clinicians to make a diagnosis faster and, therefore, decisions to treat can be made sooner.

The changes have impacted many parts of the service including booking and scheduling, imaging, reporting and referral management, and are now embedded into work practices to ensure that they are sustained.

Project team: Tim Winstone, David Milne, Sally Vogel, Raewyn Curin, Nicola O'Carroll, Penny Impey, Lucy Modahl, Kathy Dryden, and the Radiology team.



Excellence in Process and Systems Improvement Finalist



More timely first appointments for cancer patients

Project: Moving the Waitlist Bubble

The project aimed to achieve more timely first appointments for cancer patients following a referral, thereby improving performance in respect to the 'high suspicion of cancer 62-day target', as well as access for all Medical Oncology patients. It required patients to be seen by a specialist within 14 days of their first referral, in all tumour streams.

Prior to the service review, Medical Oncology patients frequently waited four to six weeks for their first appointment.

The Auckland DHB formed a working group to undertake demand and capacity planning. Using improved planning processes, the surges in referral demand were balanced by flexing clinic capacity, while balancing clinician availability.

The result has been reduced wait times for new patients. From a baseline of 45 per cent in December 2015, patients receiving a first specialist assessment within two weeks increased to 80 per cent in July 2016. If we take into account clinical consideration and patient choice, the service is now achieving close to 100 per cent access within two weeks.

This has been achieved through multidisciplinary teams working collaboratively, using production planning principles and a robust SCRUM process.

Project team: Dr Fritha Hanning, George Laking, Amanda Ashley, Rosalie Stephens, Kathryn Chrystal, Sheridan Wilson, Peter Fong, Anne Fraser, Deirdre Maxwell, Barbara Cox, Aaron Puckey, Kim Baxter.



Excellence in
Process and
Systems
Improvement
Finalist

Eliminating dispensing errors

Project: Reduction in Dispensary Errors (RIDE) Project

From March 2014 to February 2015, there was a significant increase in pharmacy dispensing errors on the wards compared to previous years. A total of 23 errors were recorded. Fortunately these were detected before administration by nursing staff, and none impacted the patient.

The RIDE (Reduction in Dispensary Errors) team was assembled to address this safety issue, and to identify appropriate measures to eliminate errors. Using a DMAIC approach (Define, Measure, Analyse, Improve and Control) the team established a process for recording, monitoring and reporting 'near-misses' (errors detected before reaching the patient) within the department. This recording system was used to measure the effect of changes implemented by the team.

Following several low-cost process improvements – which included reducing the default expiry date from one year to three months, and eliminating double-handling wherever possible – the near-miss error rate has dropped from 6 per cent in August 2015 to 3.9 per cent in August 2016.

An added bonus for the project was a considerable reduction in paid overtime for the department due in part to a more efficient dispensing process.

Project team: David Wilson, Rob Ticehurst, Jayshree Daya, Silja Gerred, Maria Panillo, Carla Corbett, Ashwin Choi, Noel Ponen.



Excellence in the Workplace Finalist



Reducing stress and enhancing clinical skills in the workplace

Project: Mindfulness-Based Stress Reduction Training for Mental Health Staff

The Mindfulness-Based Stress Reduction Programme was established for staff at Te Whetu Tawera, Adult Acute Mental Health Inpatient Unit, in January 2014.

The programme aims to support staff wellbeing and enhance their clinical skills. So far, 188 staff members have completed the programme.

From July 2014, the training was extended to all Auckland DHB Mental Health Services. At that stage it also received approval as a research project.

Research outcomes have demonstrated a significant reduction in stress, anxiety and burnout, and an increase in positive variables such as resilience, mindfulness and satisfaction with life.

To ensure the initiative is sustainable, several steps have been taken, including:

- Establishing a Mindfulness Implementation Steering Group, comprised of senior managers who have completed the training.
- Recruiting 'mindfulness champions' from across Mental Health Services, all of whom have completed the training. The Mindfulness Championing Group started its work in May 2016. The 'mindfulness champions' lead individual projects within their teams, as well as systemic projects across services.

Project team: Nadav Avny, Lynne Edmonds, Diane Evans, Dianne May.



Excellence in the Workplace Finalist

A healthier, more united workplace

Project: Te Ama – Workplace Health

The Te Ama workplace health and wellbeing group was established to promote a healthier and happier workplace for the three Community Child Health and Disability Service teams, based at two work sites at the Greenlane Clinical Centre.

The project has followed the Auckland Regional Public Health Service (ARPHS) Workplace Health programme, the Heartbeat Challenge. Activities are divided into the areas of smokefree, physical activity, nutrition, and general wellness.

The project seeks to provide three activities each year that bring the wider team together socially, and three 'resilience-promoting' activities. These have included a Sun Smart hat parade, a market day, boot camp training, and a 12-week healthy eating programme.

The group's participation has strengthened relationships between the diverse teams that make up the Community Child Health and Disability Service, and the initiative is more popular than ever. Feedback from staff helps to shape the calendar of activities for the coming year.

The project has resulted in greater collaboration between the services, and an improved work culture, promoting physical and mental wellbeing.

Staff are now taking ownership of activities to share with the team, for example Māori staff organising Matariki celebrations.

Project team: Annemarie Dobson, Su Askwith, Roberta Wardrop, Hannah Morris-Krsnich, Leilani Hipa, Nancy Naea, Paula Nepia, Georgina Fuimaono, Olive Viliamu.

Thank you to all applicants in the Health Excellence Awards 2016

Here is a summary of the applications not already featured.

Excellence in Process and Systems Improvement



Introduction of Neuroimmunology Diagnostic Service at LabPlus

The project sought to determine the value of an onsite demand-managed service for NMDAR antibody testing, versus referring overseas – part of a New Zealand-first neuro-immunology initiative. NMDAR antibody was selected as the first assay for a number of reasons: there is a high mortality associated with undiagnosed and untreated patients; the faster the treatment commences, the better the patient outcomes; and detection of the antibody is definitive, clinical diagnosis alone being challenging due to the complex presentation of patients. A core principle in implementing the service was to use neurologists as gatekeepers and establish effective high-level communication lines within the ranks of both neurologists and immunopathologists. The onsite service was on average eight times faster than overseas referral; there was a reduction in inappropriate requesting; and there was a marked improvement in obtaining the appropriate specimen type.

Patient portals

Patient portals are a secure, online tool giving individuals an effective way to manage interactions with their GP, and their own and their families' health needs. A ProCare team was tasked with getting Auckland GPs to install patient portals as an offering for their patients from a standing start of one practice in January 2015. They engaged with the stakeholders and established a Champions Group of GPs, practice managers, nurses and a patient representative. In what amounted to a process of co-designed direct marketing, this group became vocal champions for the benefits of patient portals. Meetings with practice managers and GPs generated 'leads' that were followed up by a consultant to further engage and demystify the process of signing up. By September 2015, ProCare had 44 practices accounting for 259,303 patients with a patient portal. Time savings for these practices included 24,000 fewer incoming phone calls and 100 days in GP time.

Ward-Based Pharmacy Technician Service (WBPT)

Nursing staff can often spend a significant amount of time looking for and ordering medicines. This disrupts the medicines-administration process and can lead to delays in treatment. To address these issues, the pharmacy department, in collaboration with nursing managers, introduced a Ward-Based Pharmacy Technician (WBPT) service. This saw two pharmacy technicians take responsibility for ordering and supplying all medicines to two surgical and two medical wards from June 2015. Three months later, the number of times a nurse couldn't find a medicine had halved and there was a 97.5 per cent decrease in the number of times a nurse had to order a medicine. Nurses also spent less time looking for medicines, and more time on direct patient care. This integrated and collaborative approach to medicines management has significantly improved the efficiency of the medicine-administration process.

Process Improvements in Newborn Metabolic Screening – Specialist Chemical Pathology, LabPlus

Although newborn metabolic screening is primarily a laboratory testing activity, many programme aspects, such as following up positive tests, are not handled well by standard laboratory information systems. Commercial systems are available, and these were assessed when Capex funding for a system became available, but none met more than about 70 per cent of the programme requirements and most were unable to interface with current laboratory and DHB systems. However, in-house development of a testing and management system by the screening programme and IT specialists has produced a 100 per cent-fit solution, flexible to changing needs. This promises to save around \$120,000 annually and has released one FTE for programme improvements. Laboratory instruments are interfaced, and result interpretation and much of the reporting automated, saving time and eliminating potential transcription and human errors.

Peri-Rectal Pathway: Transforming the Delivery of Elective General Surgical Services

The peri-rectal bleed pathway at Auckland District Health Board has been unclear to both primary and secondary care providers. In July 2014, this patient group was waiting 10 months to see a clinician, leading to a delay in diagnosis and treatment. The Peri-Rectal Pathway project has achieved greatly improved treatment timeframes and patients now wait less than four months. The measures taken to achieve this have included implementation of e-triage, and the regional launch of e-referral processes enabling GPs to confidently assess and treat rectal ailments in the community rather than in clinic. A Clinical Nurse Specialist is also now trained to undertake flexible sigmoidoscopy and gastroscopy. Follow-up management processes have been streamlined with an increase in nurse-led clinics that provide a one-stop shop for benign conditions, together with protocols for telephone follow-up that reduce unnecessary repeat visits for patients.

Oral Health Emergency Relief of Pain Improvement Project

Auckland Regional Oral Health provides an emergency pain-relief service for low-income adults suffering acute toothache. Demand is high, and resources are limited, resulting in: patients arriving in the early morning and having to queue outside for an appointment; conflict between patients, and with staff, when demand exceeds resources; and complaints and negative media coverage. The project set out to improve the process and patient journey, following the Six Sigma methodology, with a particular focus on the customer. Further investigation identified the issue was with the process of how people accessed the service, and not the treatment provided. A series of improvements were introduced, including a telephone booking service. People no longer arrive early to queue outside, certainty is given instantly via a phone call, and information is provided on other options if an appointment on the day is not possible.

Medicines Governance Walk-Arounds

Medicines governance walk-arounds have been introduced across Auckland DHB in an effort to increase engagement with frontline staff and ensure medicines-management practices are appropriate, safe and effective for our patients. Following a pilot in four wards, there is now an established process and over 50 per cent of clinical areas that hold medicines at Auckland DHB have been 'walked'. A key concept of the walk-arounds is to identify issues that are affecting the wards and then to work together to fix them. The walk-arounds have been successful in establishing new networks and fixing longstanding problems. Working directly with clinical areas has identified solutions that have then been shared with other departments.

Standardising and Improving the Cleaning Services for Better Patient Outcomes

In 2013, an audit was carried out to investigate service performance and quality issues, prompting the decision to return cleaning services in house in April 2014. The initiative sought to adopt best practice methods, with a focus on quality, and enhanced compliance with cleaning standards, health and safety and infection control policies. Introducing consistent cleaning methodologies and a cleaning standard was the first step in improving service delivery, along with measures to reduce variations between wards and shifts. A quality management programme was developed to provide a transparent and proactive audit process for continuous service improvement. Partnerships were established throughout the clinical network, to meet the needs of the business and improve clinical outcomes. Staff development and new innovative technologies have further contributed to the improved performance and growth of Cleaning Services at Auckland District Health Board.

Early Extubation After Cardiac Theatre (EXACT)

Early extubation after cardiac surgery in children has the advantages of reduced sedation, less need for cardiovascular and respiratory support, early patient mobilisation and earlier discharge from the paediatric intensive care unit and from hospital. The team developed and implemented a nurse-led early extubation pathway for paediatric patients undergoing cardiac surgery at Starship Children's Health. Eighty per cent of our paediatric cardiac surgery patients are assigned to the EXACT pathway for either very early (within two hours) or early (within six hours) extubation. The bedside nurse manages sedation, analgesia, weaning off ventilation and extubation of the patient using the EXACT pathway. Internal audit has shown that 80 per cent of the children assigned to EXACT are extubated within six hours of admission to PICU. Implementation of this pathway has involved education and practice changes for all medical and nursing staff involved in the care of these children.

Datix Data Migration from Risk Monitor Pro

Our Quality Department took up the challenge to migrate at least three years' worth of incident reports into DATIX from the existing software, Risk Monitor Pro. The database structure of the existing system was complicated and table-to-table conversion to DATIX was practically impossible. However, by using the Windows GUI Automation Tool, Autolt, the team was able to pull out the contents of incident reports and then save them into HTML files. As the historical data is now available in a generic and flexible format, it opens up the possibility of more advanced methodologies, such as text mining. The team is now aiming to migrate Chronus data into DATIX using a similar approach.

Ward 42 Review Project

Historically, cardiac surgery patients have been reviewed on ward 42 within a few days of discharge, enabling close monitoring of their wounds to prevent post-operative complications. The arrangements for this are typically ad hoc, with no specific area to conduct these reviews and no formal booking procedure. Patients queue in corridors in the ward, sometimes waiting hours to be seen. The day-stay ward (Ward 38) in cardiology was identified as having clinic rooms that were available, so a project was launched to relocate the immediate follow-up care for post-operative cardiac surgery patients. It was revealed during the project that multiple stakeholders across both adult and paediatric settings were informally using these rooms. A PHS grid was set up, enabling a formal process for patient bookings, capturing volumes and funding. The service now has 12 sub-specialties using this area, all with booked appointment times for patients, vastly improving wait times for patients and workloads for staff.

Real Presence

The Real Presence project has enabled virtual meetings between the Adult Inpatient and Community teams, facilitating more accurate and timely discharge planning, and enhancing patient safety. Prior to the initiative, teams were working in isolation, and clinical time was wasted travelling across Auckland to attend meetings. The new technology has been inexpensive to set up, but has resulted in many positive outcomes. The change has led to a more collaborative relationship between the teams, reduced costs, and more flexible working arrangements. For service users, there is greater access to clinical and nursing staff. The new technology will be rolled out to all community teams by December 2016, and subsequently to service users' families.

Excellence in Community Health and Wellbeing



Sport Auckland Green Prescription (GRx)

Green Prescription is a referral-based physical activity support programme, delivered throughout New Zealand. The majority of referrals come from primary health care. A new delivery model has been designed in response to feedback from referrers, and provides greater clarity around content, location, timetables and costs, enabling more effective promotion. Health professionals asked for more of a nutrition emphasis in workshops, so a full-time Registered Dietitian has now been employed. Sport Auckland has not only enhanced the delivery of its service but is also collaborating with a number of high profile NGOs, giving greater exposure to one another's services. The organisation achieved or exceeded all nine of its Ministry of Health KPIs in 2015, due to the highly successful integration of group-based workshops and dietetic support in the programme.

LookUp 2016: Exploring Wellbeing Around Alcohol and Other Drugs

LookUp 2016, an 'expo-style' one-day event, saw 110 young people and 100 professionals explore wellbeing around alcohol and other drugs. Planning for the event drew on feedback from past youth wellbeing initiatives about how young people communicate and learn, and the type of services they need. Young people were encouraged to attend four 25-minute workshops covering prevention, harm reduction, treatment, and leadership, and were rewarded with movie tickets. The interactive workshops tackled subjects such as 'confronting your mates' and 'exploring goals and values'. LookUp also featured an interactive expo area, the 'Hall of Inspiration', recognising young people who have overcome adversity. Common themes and experiences were captured on the day to be used for later advocacy. LookUp was co-designed by a group of skilled young professionals aged 22-29 from partner organisations, as part of the Auckland DHB Child and Youth Direction programme.

Healthy Auckland Together

Healthy Auckland Together is a coalition of organisations committed to making it easier for Aucklanders to eat better, exercise more and maintain a healthy weight. Established in 2014 by Auckland DHBs as a long-term, strategic initiative to tackle obesity and chronic disease, its members include health entities, local government, iwi-based organisations, non-governmental organisations and other agencies. As many drivers of obesity, inactivity and ill health exist outside the health sphere, changing these can be more effective than asking individuals to modify their lifestyles. By working together to change policy, infrastructure design and planning, our environments can encourage physical activity and good nutrition. The group has committed to 65 projects in its Healthy Auckland Together Plan for 2015-2020. This focuses on five areas: streets, parks and places; food environments and marketing; schools and early childhood education services; workplaces; and community settings.

Health and Wellbeing Expo

The idea for a health and wellbeing expo grew out of a staff survey revealing that nearly 42 per cent of Auckland DHB staff were not satisfied with the state of their health, and 86 per cent had never participated in any wellbeing activities organised by the DHB. The Health and Wellbeing Expo set out to increase awareness of local and national health services and resources, and to motivate staff to make positive behaviour changes and improve their overall health and wellbeing. The week-long event was six months in the planning and featured world-class speakers, interactive workshops, health checks, themed activities, massage, meditation, and cooking demonstrations. More than 2000 staff attended, and feedback was tremendously encouraging.

Cervical Screening: Reaching the Hard to Reach

This Alliance Health Plus PHO project aimed to increase cervical screening coverage for its enrolled population, particularly high-needs and hard-to-reach women. Lessons learned from years of working to increase coverage shaped the direction of the project, which focused on promoting teamwork and enthusiasm amongst the PHO's general practices. Methods used included supporting practices to increase opportunistic smear-taking, providing free lavalavas to those women who had a smear taken during the month of May, and a financial incentives scheme. Practices were also supported with data that tracked their performance, as well as identifying women to target. While the increase in the overall cervical screening rate was modest during the project, there were some meaningful gains from an equity perspective; the coverage for high needs women increased, as did the number of the priority group 'unscreened and under-screened women' who had a smear done.

Advance Care Planning Resource Co-design Project

Advance Care Planning is the process of thinking about, discussing and documenting decisions on the future care and treatment an individual would like, should they be unable to speak for themselves. This project undertook to review the existing Advance Care Planning guide and plan template through co-design, rapid prototyping and evidence-based practice. A national project team was formed and led by Auckland DHB staff. A cornerstone of Advance Care Planning is empowering people through values-based care planning. To ensure this objective was met, the new resource was co-designed with consumers from across the country. The final resource was launched in August this year and has already attracted positive feedback from clinicians and consumers. The new plan and guide is person-centric, easy to follow and available in electronic and hard copy format.

Type 1 Diabetes Self-Management Course Dose Adjustment for Normal Eating (DAFNE)

The 'Dose Adjustment for Normal Eating' (DAFNE) course is a five-day structured group education programme designed to encourage adults with type 1 diabetes to improve self-management of their glycaemic control through carbohydrate counting and intensive insulin therapy. A total of 218 adults with T1D completed DAFNE at Auckland DHB from November 2009 to April 2016. The research objective was to audit the effects of DAFNE on glycaemic control, insulin requirements and body weight in adults with T1D, over a three-year follow-up period from November 2009 to February 2013. The audit showed significant improvements in glycaemic control and body weight, with reduced insulin requirements, and was accepted for an oral presentation at the European Association for the Study of Diabetes conference in September 2016, held in Munich, Germany. This abstract was also published in the European Medical Journal for November 2016.



The Judges

Thank you to our judges who generously gave their time and expertise to select the finalists and winners for the Health Excellence Awards 2016.

Dr Andrew Old, Chief Strategy, Participation and Improvement Auckland DHB (Chair)

Andy Blackburn, Director Innovation Council

Dr Gloria Johnson, CMO, Counties Manukau Health

Greg Balla, Orion Health

Dr Margaret Wilsher, Chief Medical Officer, Auckland DHB (Chair)

Dr Mike Roberts, CMO Northland

Dr Penny Andrew, Clinical Lead Quality Waitemata DHB

Margaret Dotchin, Chief Nurse

Simon Bowen, Director of Health Outcomes, Auckland and Waitemata DHBs (Chair)

Dr Lloyd McCann, Director Medical Services, Mercy Ascot

Sue Waters, Chief of Health Professions, Auckland DHB

Dr Lynne Maher, Director of Innovation, KoAwhatea

Fiona Michel, Chief of People and Capability (Chair)

Prof Kevin Lowe, Professor of Management, University of Auckland

Dr Richard Frith, Chair A + Trust

Dr Dylan Mordaunt, Senior Clinical Consultant, Orion Healthcare

Dr Alan Barber, Specialist Neurologist, Auckland DHB

Dr Meagan Barclay, Research Fellow, University of Auckland

Dr Max Kennedy, Contestable Investment Manager, MBIE

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Donations received by the Trust are administered and allocated to projects that benefit patient care and comfort; health-related research as well as further education for Auckland DHB staff.

The Trust receives donations from a myriad of sources but mainly from people who are extremely grateful for the service they have received from medical, nursing and allied health professionals.

Often the donated funds are allocated to a specific project according to the donor's wishes, to purchase a new piece of medical equipment or to make attendance at a conference possible.

The A+ Trust is pleased once again to support the **Health Excellence Awards**. It is through awards such as these that innovation in all aspects of clinical and non-clinical programmes can be developed and implemented.

Congratulations to all finalists and winners of the Health Excellence Awards.

Dr Richard Frith
Chairman A+ Trust
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