

Appendix Three

Waitemata DHB Board Quality Priorities

The Board's priorities for FY 2013-14 are to embed the substantial gains already made and to implement new models of care to ensure a sustainable future. The Board's priorities for patient experience and quality are set out in the *Waitemata District Health Board Annual Plan 2013-2014*:

(i) Patient Experience

Improve our community's experience of health services:

- develop a culture of trust and power sharing with the community and between health care partners
- remove barriers to whanau, families and friends supporting their loved ones while they receive health services
- empower patients, so that health care and its outcomes lead to enhanced quality of life
- work together with patients and families to deliver our organisation's purpose to relieve suffering, cure, ameliorate and prevent ill health, and promote wellness

We will do this by:

- Engaging patients and the community to improve services including co-design programmes and services with patients and community representatives
- Continuing to engage and involve consumers and the community in locality planning
- Working with Health Links and NGOs to identify further opportunities for community engagement
- Continuing to remove barriers to whanau, family and friends supporting patients in hospital through more extended visiting hours (open access), improved signage, alignment of patient information (ie outpatient letters) with signage, and access to parking

- Collaborating with sub-regional and regional DHB colleagues and the HQSC's 'Partners in Care' programme
- Engaging with the Asian Health Governance group to inform the patient experience strategy and improve the Asian patient experience
- Working with NGOs, the private sector, AUT and the HQSC to develop the organisation's capability to improve consumer experience
- Increasing transparency and information for patients, families and the community, and providing information in new ways eg. DVDs and web-based information

Specific actions will be:

- Develop a Patient-Centred Care Programme by December 2013
- Implement complaint review recommendations by June 2014
- Implement open access visiting for patients by December 2013
- Pilot the patient identification programme (AI2DET) training which involves improving health professional/patient engagement, by December 2013
- Implement an end of life care pathway, end of life care coordination, and hospice-friendly hospital standards, by June 2014
- Implement a patient experience survey system, including the Family and Friends Test, by June 2014

- Profile health literacy as a two-way process that is inclusive of verbal and written communication between patients, families and health professionals
- Identify and action opportunities for consumer voice in service planning to support insightful service delivery
- Appoint a consumer member to the Clinical Governance Group, by December 2013
- Support and promote Waitakere Health Links and Health Link North
- Develop communication and ACC claims training programmes for medical staff by December 2013
- Advanced Care Planning training for two further staff cohorts

Measured by

- Response rate of 15% or more to Family and Friends Test, by June 2014
- Establish a baseline percentage of patients rating 'staff showed care and respect' as 'Good' or 'Excellent', and achieve >80%, by June 2014
- Average time to respond to complaints less than 15 days
- Patient experience strategy includes ways to improve Asian patient experience
- Establish a baseline percentage of patients rating the complaints resolution process as 'Excellent'
- An additional 40 staff completed Advance Care Planning training, by June 2014

(ii) Quality

Create a health system which delivers high quality health care, reduces avoidable patient harm and suffering, improves effectiveness and increases patient quality outcomes

We will do this by:

- Collaborating with sub-regional and regional DHBs, colleagues and the HQSC's patient safety campaign and consumer experience programme
- Staff engagement
- Implementing a portfolio of improvement projects
- Clinical audit and research activities

Specific actions will be:

- Actively participate in the regional First Do No Harm campaign:
 - Reduce falls causing major harm to a rate of less than 0.07 per 1000 patient days
 - Reduce grade 3 and 4 pressure injuries to 0 ('never events')
 - Lead a project to reduce the rate of catheter associated urinary tract infections
- Actively participate in HQSC's *Open for better care* campaign, including participation as a pilot site for reducing perioperative harm (reducing surgical site infections), reducing harm from falls, reducing healthcare acquired infections and improving medication safety
- Continue to develop the surgical site infection surveillance programme as part of *Open for better care* campaign
- Continue implementation of electronic prescribing and electronic medicine reconciliation as part of the national patient safety campaign's improving medication safety programme
- Research and design a project for patient misidentification events
- Write and publish quality account
- Risk assessment of Auckland and Waitemata DHB's key processes

- Continue to develop credentialing and clinical quality planning and reporting processes
- Deploy the Advanced Care Planning programme
- Develop a patient and family centred approach to care delivery
- Pilot a patient experience reporting survey system and publicly report improvements in the experience of patients

Measured by:

- 90% of patient's aged 75 and over (Māori and Pacific 55 years and over) are given a falls risk assessment
- 70% or higher compliance with good hand hygiene practice
- 90% compliance with central venous line insertion bundles
- 90% compliance with central venous line maintenance bundles
- 90% of operations where all three parts of the surgical checklist were used
- Completion and presentation of a 2012/13 quality account