

Welcome

The programme has been running for 10 months now with some excellent results from the DHBs. Two pilot sites have completed their 29 days of coaching, Hutt Valley and Nelson Marlborough DHB's.

In this issue we will present some of the early results and outputs from our Collaborative Learning Events, three and four.

The enthusiasm and high level of participation from the participants in this programme is encouraging.

Best Wishes

Suzanne Proudfoot, National Programme Leader

COLLABORATIVE LEARNING EVENT 3, FEBRUARY 2009

This collaborative learning event (CLE) focused on ED.

There were over 115 participants with the highest proportion of medical doctors and senior clinicians attending. The only draw back was that approximately 15 people did not register for the event and made for a particularly crowded venue. Four consumer representatives and four visitors from the Ministry of Health also attended.

A paper summarising the feedback on the proposed 6hr waiting time in ED measure was produced. Included in this paper is a proposed approach to meeting the target set by the Minister that 95% of patients will be admitted, transferred or discharged from ED with 6hrs.

The paper highlights key points

- Safety of patients remains the key driver
- Extended waiting times in ED is a hospital wide problem
- ED, Inpatient wards & bed management staff all need to be involved in ascertaining what the problem is
- Each DHB needs to understand the root causes of their delays & constraints

WHATS NEW FOR OPJ !!!!

- * Launch of Phase 2 in March 2009
- * Have 3 active PHO's/DHB's which are Taranaki, Otago & CMDHB
- * The web www.patientjourney.org.nz has been "revitalised". All CLE presentations are available on video. If you don't know much about Toyota Production Systems, or Lean there are some useful articles on the website that could help you to familiarise yourself with the language & concepts.
- * Next CLE5 will be Monday 17 & Tuesday 18 August 2009. Held in Christchurch, venue TBC. Focus – Discharge & back to Community

OPTIMISING THE PATIENT'S JOURNEY

Team Expectations Poster

The Team expectations poster raised staff awareness

Team Expectations

Team expectations poster raised staff awareness

Congratulations!!!!!!!

Hutt Valley Pilot Site Complete KM&T Coaching

OPTIMISING THE PATIENT'S JOURNEY

Summary of Early Results

- Handover time cut from 45mins to 30mins on average, making 57 nursing day equivalents available for patient care per year
- Treatment Room re-organisation created storage space for 27 additional medications
- Linen usage reduced. Initial saving of approx \$1,000 in the first month, then savings sustained in succeeding months

OPTIMISING THE PATIENT'S JOURNEY

Positive Outcomes

- Team relationships further improved
- Ward staff (Including Allied health and HCA's) confident that their concerns and suggestions will be taken seriously
- Feedback from staff in other areas
 - "Your ward is so well organised it's easy to find things"
 - "Even when you are busy it still feels calm"
 - "Can I come and work here?"
- Re-organisation of work areas lead to safe working practices for all staff

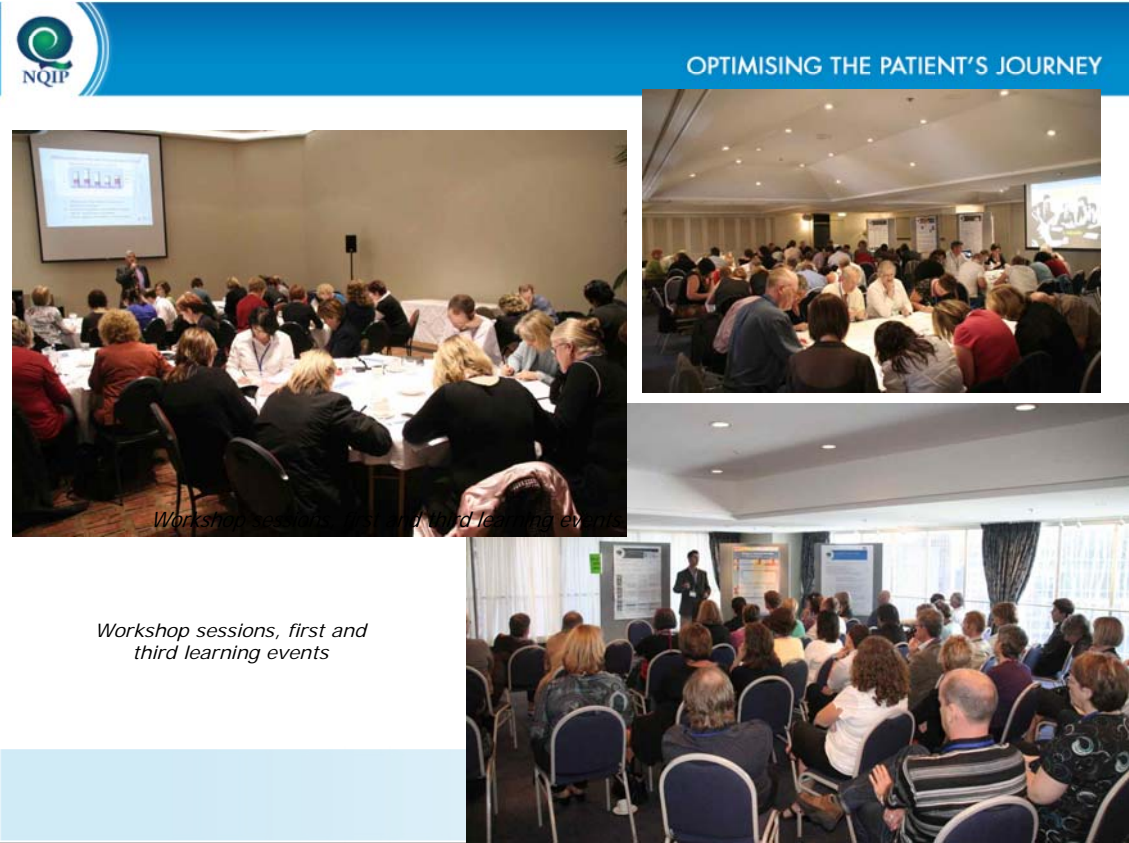
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COLLABORATIVE LEARNING EVENT 4 – INPATIENT RESOURCES FOCUS

MAY 2009

This CLE focused on inpatients and inpatient resources. The intention was to include support services such as Radiology and Laboratory. The work in the DHB's to date is "light" in terms of what has been done to improve inpatient access to radiology and laboratory diagnostics with a lot of the focus being on the actual wards.

The posters and feedback from the DHB's was well received. The highlight of this event was the one day workshop by the Studer Group, "Hardwiring Excellence in Healthcare". More information on the Studer Group can be sourced on www.studergroup.com

The workshop is also available on the website www.patientjourney.org.nz

Article from Value for Money (VFM), Volume 2 Issue 2, March 2009

Objectives of phase 2 — chronic conditions

The second collaborative (phase 2) is designed to address the cross organisation issues associated with the management of chronic conditions.

Its objectives are:

1. Improve self-management of patients with chronic conditions
2. Reduce admissions for patients with chronic conditions
3. Reduce the frequency of ED attendances for people with chronic conditions.

Phase 2 was launched on 2nd March 2009, and is planned to be completed by March 2011. Its focus is to introduce a new model of care for people with or at risk of developing Long Term Conditions. Single-day learning events will be organised for participating DHBs, as well as GP practices within PHOs, to support the implementation of the "Year of Care Plan" as outlined in Pieter Degeling et als paper, "Rethinking Long Term Conditions."

Phase 2 will be flexible enough to compliment work already in progress and identify connections of established programmes designed to improve the care of people with chronic conditions.

" There is a developing culture of team work across and within the DHBs resulting in sharing of valuable knowledge, providing a platform for supporting ongoing learning of skills and knowledge. "

DATA SECTION

Some of the DHBs have received base data analysis reports; others have received quarterly quality reports, or both. On behalf of the OPJ team I would like to welcome feedback, queries, and suggestions on the reporting structure and content. Thank you for those who have forwarded their data and for those who are in the process of making it available.

Muhammad Mousa

Pieter Degeling Visit

This visit will take place from Monday 15 June – Wednesday 17 June 09. Suzanne Proudfoot, Pieter Degeling & Allan Moffitt will be travelling to Taranaki to meet with Taranaki PHO's on Monday evening and then on to visit approximately 3 GP practices on Tuesday regarding Phase 2 of the OPJ.

Wednesday will be taken up by visiting Total Healthcare Otara GP practices.

For further information regarding Phase 2 contact Suzanne Proudfoot via email:

proudfs@middlemore.co.nz

Update on Regional Meetings....

There are 3 Regional meetings remaining and will be co-ordinated by the Kaizen Institute NZ. The 3 sessions are intended to build on one another. DHB Programme Leaders are encouraged to select a "constant" group of 3 to 5 attendees.

July 2009

10 July Northern Region, venue CMDHB
 17 July Midlands Region, venue BOPDHB
 24 July Central Region, venue MidCentral DHB
 31 July Southern Region, venue Nelson Marlborough DHB

Sept & Oct 2009

18 Sept Northern Region, venue Waitemata DHB
 25 Sept Midlands Region, venue BOPDHB
 02 Oct Central Region, venue MidCentral DHB
 09 Oct Southern Region, venue Canterbury DHB

December 2009

15 Dec Northern Region, venue CMDHB
 07 Dec Midlands Region, venue BOPDHB
 10 Dec Central Region, venue MidCentral DHB
 04 Dec Southern Region, venue Nelson Marlborough DHB

Phase 2 Launched 2nd March 2009

Management of Long Term Conditions
 Primary Care Led
 Based on Implementation of YoC plan

Objectives:

- Improved self Management of patients with Chronic Conditions
- Reductions in admissions for patients with chronic conditions
- Reduction in ED attendances for people with chronic conditions

What are we trying to achieve?

The Development of:

- Structures and systemisation
- Processes
- Skills

Where are we now?

Event	Dates	City	Main Focus
CLE 1	27 th & 28 th Aug 08	AKL	Methodology, tools and understanding data
CLE 2	19 th & 20 th Nov 08	CHC	Outpatients
CLE 3	23 rd & 24 th Feb 09	WLG	ED (Including Inpatient bed capacity)

Event	Dates	City	Main Focus
CLE 4	18 th & 19 th May 09	AKL	Inpatient Resources (including diagnostics)- Standard Care Pathways
CLE 5	17 th & 18 th Aug 09	CHC	Theatres-including pre-op and DOSA
CLE 6	16 th Nov 09	AKL	Discharge and back to community
Closing Event	15 th February 2010	WLG	TBA



Commenced
July 2007

Launched Phase 2ND March 2009



Planned Completion
March 2011