



*Waitematā*  
District Health Board

Best Care for Everyone

# **HOSPITAL ADVISORY COMMITTEE (HAC) MEETING**

**Wednesday 17 February 2021  
1.30pm**

## **AGENDA**

**VENUE:  
Boardroom, Level 1, 15 Shea Tce  
Takapuna**

|  |   |
|--|---|
| <p><u>Committee Members</u><br/>Sandra Coney –Committee Chair<br/>Edward Benson-Cooper – Deputy Committee Chair<br/>Judy McGregor – WDHB Board Chair<br/>John Bottomley – WDHB Board Member<br/>Chris Carter - WDHB Board Member<br/>Warren Flaunty – WDHB Board Member<br/>Allison Roe – WDHB Board Member<br/>Renata Watene - WDHB Board Member</p> <p><u>Board Observers</u><br/>Wesley Pigg<br/>Amber-Paige Ngatai</p> | <p><u>WDHB Management</u><br/>Dale Bramley – Chief Executive Officer<br/>Robert Paine – Executive Director, Finance, People and Planning<br/>Mark Shepherd – Executive Director, Hospital Services<br/>Jonathan Christiansen – Chief Medical Officer<br/>Jocelyn Peach - Director of Nursing and Emergency Systems Planner<br/>Tamzin Brott - Director of Allied Health, Scientific and Technical Professions</p> |
|--|---|

**APOLOGIES:**

**AGENDA**

**DISCLOSURE OF INTERESTS**

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

**PART I – Items to be considered in public meeting**

**All recommendations/resolutions are subject to approval of the Board.**

|                                   |   |
|-----------------------------------|---|
| <b>1. AGENDA ORDER AND TIMING</b> |   |
| <b>2. CONFIRMATION OF MINUTES</b> |   |
| 1.35pm                            | 2.1 <a href="#">Confirmation of Minutes of Hospital Advisory Committee Meeting (02/12/20)</a><br><a href="#">Actions Arising from previous meetings</a> |
| <b>3. PROVIDER REPORTS</b>        |   |
| 1.40pm                            | 3.1 <a href="#">Provider Arm Summary Report – November</a>  |
| 1.50pm                            | 3.2 <a href="#">Provider Arm Performance Report – December</a>  |
|                                   | 3.2.1 <a href="#">Executive Summary</a>   |
|                                   | 3.2.2 <a href="#">Human Resources</a>   |
|                                   | 3.2.3 <a href="#">Acute and Emergency Medicine Division</a>   |
|                                   | 3.2.4 <a href="#">Specialty Medicine and Health of Older People Services</a>  |
|                                   | 3.2.5 <a href="#">Child, Women and Family Services</a>  |
|                                   | 3.2.6 <a href="#">Specialist Mental Health and Addiction Services*</a>  |
|                                   | 3.2.7 <a href="#">Surgical and Ambulatory Services/Elective Surgery Centre*</a>   |
|                                   | 3.2.8 <a href="#">Diagnostic Services*</a>  |
|                                   | 3.2.9 <a href="#">Clinical Support Services*</a>  |
| <b>4. CORPORATE REPORTS</b>       |   |
| 2.10pm                            | 4.1 <a href="#">Clinical Leaders’ Report</a>  |
| 2.25pm                            | 4.2 <a href="#">Quality Report - November and December 2020</a>   |
| <b>5. GENERAL BUSINESS</b>        |   |
| 2.45pm                            | <b>6. RESOLUTION TO EXCLUDE THE PUBLIC</b>  |

*\*Reports for noting only*

**Waitematā District Health Board**  
**Hospital Advisory Committee Member Attendance Schedule 2021**

| <b>NAME</b>                                      | <b>FEB</b> | <b>MAR</b> | <b>MAY</b> | <b>JUN</b> | <b>AUG</b> | <b>SEP</b> | <b>OCT</b> | <b>DEC</b> |
|--|------------|------------|------------|------------|------------|------------|------------|------------|
| Sandra Coney<br>(Committee Chair)                |            |            |            |            |            |            |            |            |
| Edward Benson Cooper<br>(Deputy Committee Chair) |            |            |            |            |            |            |            |            |
| Judy McGregor                                    |            |            |            |            |            |            |            |            |
| John Bottomley                                   |            |            |            |            |            |            |            |            |
| Chris Carter                                     |            |            |            |            |            |            |            |            |
| Warren Flaunty                                   |            |            |            |            |            |            |            |            |
| Allison Roe                                      |            |            |            |            |            |            |            |            |
| Renata Watene                                    |            |            |            |            |            |            |            |            |

- ✓ **Attended the meeting**
- x **Apologies**
- \* **Attended part of the meeting only**
- # **Absent on Board business**
- ^ **Leave of absence**

## REGISTER OF INTERESTS

| Board/Committee Member                                   | Involvements with other organisations   | Last Updated |
|--|---|--------------|
| <b>Sandra Coney<br/>(Committee Chair)</b>                | Member – Waitakere Ranges Local Board, Auckland Council<br>Patron – Women’s Health Action Trust<br>Member – Cartwright Collective   | 16/12/20     |
| <b>Edward Benson-Cooper<br/>(Deputy Committee Chair)</b> | Chiropractor - Milford, Auckland (with private practice commitments)<br>Edward has three (different) family members who hold the following positions:<br>Family member - FRANZCR. Specialist at Mercy Radiology. Chairman for Intra Limited. Director of Mercy Radiology Group. Director of Mercy Breast Clinic<br>Family member - Radiology registrar in Auckland Radiology Regional Training Scheme<br>Family member - FANZCA FCICM. Intensive Care specialist at the Department of Critical Care Medicine and Anaesthetist at Mercy Hospital | 25/03/19     |
| <b>John Bottomley</b>                                    | Consultant Interventional Radiologist - Waitematā District Health Board   | 17/12/19     |
| <b>Chris Carter</b>                                      | Chairperson – Henderson-Massey Local Board, Auckland Council<br>Trustee – Lazarus Trust   | 18/12/19     |
| <b>Warren Flaunty</b>                                    | Chair – Trust Community Foundation<br>Trustee (Vice President) – Waitakere Licensing Trust<br>Shareholder – EBOS Group<br>Shareholder – Green Cross Health<br>Director – Life Pharmacy Northwest<br>Chair – Three Harbours Health Foundation<br>Trustee – Hospice West Auckland (past role)   | 05/02/20     |
| <b>Judy McGregor (Board Chair)</b>                       | Chair – Health Workforce Advisory Board<br>New Zealand Law Foundation Fund Recipient<br>Consultant – Asia Pacific Forum of National Human Rights Institutions<br>Media Commentator – NZ Herald<br>Patron – Auckland Women’s Centre<br>Life Member – Hauturu Little Barrier Island Supporters’ Trust   | 03/12/20     |
| <b>Allison Roe</b>                                       | Chairperson – Matakana Coast Trail Trust<br>Member – Rodney Local Board, Auckland Council<br>Member – Wilson Home Committee of Management (past role)   | 22/08/18     |
| <b>Renata Watene</b>                                     | Owner – Occhiali Optometrist<br>Board Member – OCANZ Strategic Indigenous Task Force<br>Council Member – NZAO<br>Member - Toi Ora Advisory Board  | 03/12/20     |
| <b>Wesley Pigg (Board Observer)</b>                      | Employee (physiotherapist) – Waitematā DHB  | 14/10/20     |
| <b>Amber-Paige Ngatai (Board Observer)</b>               | Employee (nurse) – Waitematā DHB  | 14/10/20     |

## Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

### IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

*Note: This sheet provides summary information only.*

## **2.1 Minutes of the Hospital Advisory Committee meeting held on 02 December 2020**

### **Recommendation:**

**That the draft Minutes of the Hospital Advisory Committee meeting held on 2 December 2020 be approved.**

Draft Minutes of the meeting of the Waitematā District Health Board

**Hospital Advisory Committee**

**Wednesday, 2 December 2020**

held at Waitematā DHB, Boardroom Level 1, 15 Shea Tce Takapuna  
commencing at 2.01pm.

**PART I – Items considered in public meeting**

**COMMITTEE MEMBERS PRESENT**

Sandra Coney (Committee Chair)  
Judy McGregor  
Edward Benson-Cooper  
John Bottomley – *by video conference*  
Chris Carter – *present until 3.10pm*  
Warren Flaunty  
Allison Roe - *by video conference*  
Renata Watene – *by video conference*  
Amber Paige Ngatai – Board Observer  
Wesley Pigg – Board Observer

**ALSO PRESENT**

Robert Paine (Chief Financial Officer and Head of Corporate Services)  
Jonathan Christiansen (Chief Medical Officer)  
Jocelyn Peach (Director of Nursing and Midwifery) - present from 2.18pm  
Sharon Russell (Associate Director, Allied Health)  
Mark Shepherd (Director, Provider Healthcare Services)  
Deanne Manuel (Committee Secretary)  
(Staff members who attended for a particular item are named at the start of the minute for that item.)

**PUBLIC AND MEDIA REPRESENTATIVES PRESENT**

No public or media representatives were present during the meeting.

**WELCOME**

The Committee Chair welcomed those present.

**APOLOGIES**

Apologies were received and accepted from Dr Dale Bramley and Tamzin Brott and for early departure from Chris Carter.

**DISCLOSURE OF INTERESTS**

There were no additions to the Interest Register.

There were no interests declared that might give conflict with a matter on the open agenda.

**1. AGENDA ORDER AND TIMING**

Items were taken in the same order as listed in the agenda.

**2. COMMITTEE MINUTES**

**2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 21 October 2020** (agenda pages 6-15)

**Resolution** (Moved Sandra Coney/Seconded Edward Benson-Cooper)

**That the Draft Minutes of the Hospital Advisory Committee meeting held on 21 October 2020 be approved.**

**Carried**

Actions Arising (agenda pages 16)

Updates reported on the matters arising were noted. No issues were raised.

**3. PROVIDER ARM PERFORMANCE REPORT**

**3.1 Provider Arm Performance Report – September 2020** (agenda pages 17-81)

In view of the rotational format for the discussion of the HAC Provider Arm report to allow for a more robust divisional discussion, Sections 3.1.3 and 3.1.4 of the report were taken as read.

Executive Summary/Overview

Mark Shepherd (Director Provider Healthcare Services) summarised this section of the report.

Matters discussed and response to questions included:

- The COVID-19 readiness plan put in place allowed for the care of COVID-19 positive patients while planned care services also continued during the second wave. One hundred per cent of planned care production volumes were achieved. The service optimisation programme commenced, which increased capacity to 11 per cent; this is equivalent to 2,200 hours more operating theatre time.
- Financial sustainability programme is underway and the service has delivered \$1.18m in expense reduction.

- The pressure injury programme has resulted in significant improvement. A review is underway related to the two reported pressure injuries to determine areas that could be further improved.
- There has been increased activity in the Emergency Department. The service is working on a demand and capacity action plan to comply with the six-hour target.
- A review was done for endoscopy services which found that the DNA rate for Māori sits at three per cent. The service is validating the data on overall DNA rates particularly for Māori and Pacific. A review of the DNA strategy incorporating equity considerations for further support Māori and Pacific patients is underway.
- Elective volume is below target as a result of reduced number of high case weight (WIES) surgery procedures. Two new ORL SMOs are scheduled to start in January 2021 which will help increase WIES.

#### Human Resources

Fiona McCarthy (Director Human Resources) was present for this report. The report was taken as read.

Matters discussed and response to questions included:

- There is on-going communication with staff around annual leave . There is a particular focus on reducing high leave balances.
- An overview will be provided to the Committee in relation to the graduate pipeline in place for clinicians.
- The Committee recommended that targets be set to reduce high annual leave balances, in particular for those with balances exceeding 75 days.

#### Acute and Emergency Medicine Division

The Committee Chair recommended that Health Care Assistants are also made part of the daily team catch-ups in line with the therapeutic observation model.

#### Specialty Medicine and Health of Older People Division

The Committee Chair noted the colonoscopy update and the plans of the service to meet demand. The new national surveillance guidelines are expected to reduce demand.

#### Child Women and Family Division

Stephanie Doe (General Manager) and Emma Farmer (Director Midwifery) were present for this item. The report was taken as read.

Matters discussed and response to questions included:

- Demand for maternity and Special Care Baby Unit (SCBU) has increased over the last three months. This trend is also being experienced regionally. Increase in demand is attributed not only to cot occupancy, but also on average length of stay with people requiring longer stays for care/management.
- The service noted that it has seen a decrease in multi-births. Rates of late presenters are also low, signifying that women are accessing antenatal care.

- The Auckland Regional Dental Services (ARDS) has seen improvements in the reducing the number of long-waiting children from all ethnicities. The pre-COVID-19 screening requirement to call caregivers prior to provision of service may have supported engagement and reduction of DNA rates, however, figures over the coming weeks may be impacted by the upcoming school holidays.

The Committee thanked the service for the work undertaken to improve service performance for oral health services and the development of Snoezelen at the Wilson Centre.

#### Specialist Mental Health and Addiction Services

Derek Wright (Director Mental Health and Addictions Lead) and Murray Patton (Clinical Director) were present for this item.

Matters discussed and response to questions included:

- The Adult Mental Health inpatient services has the lowest seclusion rate nationally, as a result of improvement initiatives in place.
- The service is facing some challenges with leasing suitable properties in appropriate locations and reviews of models of care are underway.
- The Committee acknowledged the work of the service to reduce seclusion and that this be conveyed to the staff. .

#### Surgical and Ambulatory Services/Elective Surgical Centre

Richard Harman (Chief of Surgery), Karen Hellesoe (General Manager) and Kate Gilmour (Associate Director of Nursing) were present for this item. The report was taken as read.

Matters discussed and response to questions included:

- An update on the Diagnostic Breast Service was provided to the Committee. The service will allow additional radiology, mammography and ultrasound capacity. The Nottingham model of care will be introduced as part of the new service. There is also plan to provide chemotherapy in the future. The support of sponsors through the Well Foundation was acknowledged.
- The Diagnostic Breast Service launch is planned in February 2021.
- There were four complex complaints received during the reporting period which required more time to resolve. The complaint response time has now reduced.
- Capacity in the Elective Surgical Centre is limited by theatre availability rather than clinicians; theatres are operating at extended hours.

#### Diagnostic Services

Brad Healey (General Manager) was present for this item

Matters discussed and response to questions included:

- There is sustained COVID-19 pressure in the labs and the work of the team was acknowledged.
- The outsourcing of CT scans has shown an increase in performance during the reporting period.

- The service has seen increased demand for MRI, which was not anticipated. The majority of demand comes from acute referrals and around twenty per cent comes from general practice. A review of the drivers for the demand is underway and the service is looking into ways to catch up on targets noting that the service has only two MRIs. In response to a query on whether the increase is clinician-driven, it was noted that there is work underway by the National Radiology Working group as there is currently no national intervention system for MRI.

#### Clinical Support Services

Brad Healey (General Manager) was present for this item.

Matters discussed and response to questions included:

- Food service improvements are making progress. Inpatient food services now includes diabetic options.
- There is work underway for improvement of patient food services at the Mason Clinic.
- There is good patient engagement with the informative meal tray mats that focus on providing information around nutrition.
- A session with Rob Beaglehole (National Public Health Advocate), to discuss work around diet, obesity and healthy eating has been scheduled in 2021.

The Chair noted the discussion during the Human Resource section of the report and the following recommendation around reducing annual leave will be submitted to the Board.

**Resolution** (Moved Edward Benson-Cooper /Seconded Chris Carter)

**That the Hospital Advisory Committee receives the report and recommends to the Board:**

**That the Board requests management to set targets to reduce high annual leave balances, in particular for staff with balances exceeding 75 days.**

**Carried**

### **3.2 Provider Arm Performance Summary Report – October 2020** (agenda pages 82-97)

Mark Shepherd (Director Provider Healthcare Services) was present for this item. The paper was taken as read.

Robert Paine (Chief Finance Officer) advised that it is forecast to be within budget at year-end.

**Resolution** (Moved Sandra Coney /Seconded Warren Flaunty)

**That the report be received.**

**Carried**

Chris Carter retired from the meeting at 3.10pm

#### **4. CORPORATE REPORTS**

##### **4.1 Clinical Leaders' Report** (agenda pages 98-109)

Jonathan Christiansen (Chief Medical Officer), Jocelyn Peach (Director, Nursing) and Sharon Russell (Associate Director, Allied Health) were present for this item.

##### Medical Staff

Jonathan Christiansen took the report as read.

Matters discussed and response to questions included:

- The work of the Quality and Risk team on the upgrade of the incident reporting system was acknowledged.
- The End of Life Choice Act came into force in November 2021. There is on-going work by the Ministry for this process. The Committee requested regular updates on the subject as there are a number of questions related to the implementation of the Act.

##### Allied Health, Scientific and Technical Professions

Sharon Russell provided a summary of her report. No queries were raised.

##### Nursing and Midwifery and Emergency Planning Systems

Jocelyn Peach provided a summary of her report noting the great engagement with the implementation of ANTT (Aseptic Non Touch Technique) infection control Programme, the work underway on recruitment of Māori and Pacific and the continuing planning for fire and emergency systems for Tōtara Haumaru.

**Resolution** (Moved Sandra Coney / Second Edward Benson-Cooper)

**That the report be received.**

##### Carried

##### **4.2 Quality Report – September** (agenda pages 110-181)

Jacky Bush (Quality and Risk Manager), Brenda Witt (Complaints and Adverse Events Manager) and Penny Andrew (Director, i3 and Clinical Lead) were present for this section of the report. David Price (Director Patient Experience) joined by video conference.

##### Quality Update

Jacky Bush summarised the report.

Matters discussed and response to questions included:

- Noting the data on falls and pressure injuries and the continued focus on prevention.
- Complaint response time remains within target.
- The report on Complaints Received by the Nationwide Health and Disability Advocacy Service was noted. Waitematā DHB is ranked as having the second lowest number of complaints. A clarification on the complaints process was given and it was noted that the Nationwide Health and Disability Advocacy Service is independent of the Health and Disability Commissioner. COVID-19 may have impacted the rate of the complaints during the reported period.
- Noting the communication issues highlighted in the Advocacy Service's report, it was suggested that this could be a result of unmet expectations, in relation to interactions in the practice, or provision of service. The service tracks complaints and service provision is patient centred. There is also focus on communication and consistency in patient experience training which is seen in the DHB's high performance in net promoter score.

### i3 update

Penny Andrew provided an update on the following:

- Sixteen clinicians were selected for the Waitematā DHB Clinical Digital Academy which commenced in November.
- Awards were won by students who have worked with the Auckland Regional Dental Service for the education game Kete Menemene (Smile Kit) and the patient app 'Your Health Pal'; the awards received were a gold pin in 'Student Public Good' and bronze in 'Student Digital' categories respectively.

### Patient and Whānau Centred Care

David Price (Director Patient Experience) noted that the revised Inpatient Survey commenced in August and will be reflected in the next report. The net promoter score decreased slightly, but remained above target. The work of the volunteer musicians, who have been playing the piano as part of the Christmas activities at North Shore Hospital, was highlighted.

**Resolution** (Moved Sandra Coney / Seconded Warren Flaunty)

**That the report be received.**

### Carried

## 5. GENERAL BUSINESS

There were no items of general business.

## 6. RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 182-183)

**Resolution** (Moved Warren Flaunty/Seconded Edward Benson-Cooper)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

| General subject of items to be considered  | Reason for passing this resolution in relation to each item   | Ground(s) under Clause 32 for passing this resolution   |
|--|---|---|
| <p><b>1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 21/10/20</b></p> | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p> | <p><b>Confirmation of Minutes</b></p> <p>As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>  |
| <p><b>2. Quality Report</b></p>  | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p> | <p><b>Privacy</b></p> <p>The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p>  |
| <p><b>3. Human Resources Report</b></p>  | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p> | <p><b>Privacy</b></p> <p>The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p> <p><b>Negotiations</b></p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p> |
| <p><b>4. Primary Birthing Unit</b></p>   | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p>   | <p><b>Negotiations</b></p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>  |

**Carried**

The open session of the meeting concluded at 3.53p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATĀ DISTRICT HEALTH BOARD HOSPITAL  
ADVISORY COMMITTEE MEETING OF 2 DECEMBER 2020.

\_\_\_\_\_ CHAIR

**Actions Arising and Carried Forward from  
Meetings of the Hospital Advisory Committee  
as at 10 February 2021**

| <b>Meeting</b> | <b>Agenda Ref</b> | <b>Topic</b>  | <b>Person Responsible</b>               | <b>Expected Report Back/Comment</b> |
|----------------|-------------------|---|---|-------------------------------------|
| 29/07/20       | 3.1               | <u>Provider Arm Performance Report</u><br>Update on vascular services   | Mark Shepherd                           | 31/03/21                            |
| 09/09/20       | 3.1               | <u>Provider Arm Performance Report</u><br>Review/update DNA strategy paper and to update with COVID-19 learning | Mark Shepherd/<br>Jonathan Christiansen | 31/03/21                            |
| 02/12/20       | 3.1               | <u>Provider Arm Performance Report</u><br>Provide an overview of the Clinician graduate pipeline                | Fiona McCarthy                          | 31/03/21                            |

### **3.1 Provider Arm Summary Report – November 2020**

#### **Recommendation:**

**That the report be received.**

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Prepared by: Robert Paine (Executive Director, Finance, People and Planning) and Mark Shepherd (Executive Director, Hospital Services)

This report summarises the Provider Arm summary report for November 2020.

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Glossary

How to interpret the scorecards

Provider Arm Performance Report – November 2020

    Executive Summary / Overview

        Scorecard – All services

        Priority Health Outcome Areas

        Elective Performance Indicators (part of Planned Care Programme)

        Financial Performance

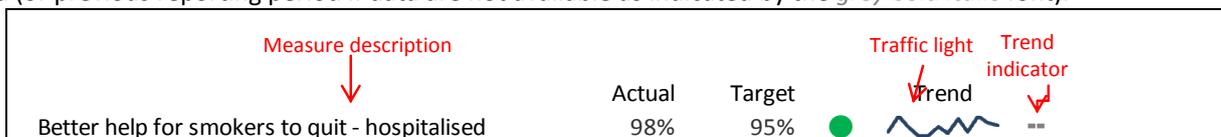
## Glossary

|        |   |  |
|--------|---|--|
| ACC    | - | Accident Compensation Commission                       |
| ADU    | - | Assessment and Diagnostic Unit                         |
| ALOS   | - | Average Length of Stay                                 |
| ARDS   | - | Auckland Regional Dental Service                       |
| AT&R   | - | Assessment Treatment and Rehab                         |
| ASA    | - | American Society of Anaesthesiologists                 |
| CADS   | - | Community Alcohol, Drug and Addictions Service         |
| CAMHS  | - | Child, Adolescent Mental Health Service                |
| CT     | - | Computerised Tomography                                |
| CWF    | - | Child, Women and Family service                        |
| DCNZ   | - | Dental Council of New Zealand                          |
| DHB    | - | District Health Board                                  |
| DNA    | - | Did Not Attend   |
| ED     | - | Emergency Department                                   |
| ECHO   | - | Echocardiogram   |
| ESC    | - | Elective Surgery Centre                                |
| ESPI   | - | Elective Services Performance Indicators               |
| FTE    | - | Full Time Equivalent                                   |
| GP     | - | General Practitioner                                   |
| HCA    | - | Health Care Assistant                                  |
| HT     | - | Hypertensive Disorders                                 |
| ICU    | - | Intensive Care Unit                                    |
| KMU    | - | Kingsley Mortimer Unit                                 |
| LMC    | - | Lead Maternity Carer                                   |
| LOS    | - | Length of Stay   |
| SMHOPS | - | Specialty Medicine and Health of Older People Services |
| MRI    | - | Magnetic Resonance Imaging                             |
| MoH    | - | Ministry of Health                                     |
| NGO    | - | Non Government Organisation                            |
| NSH    | - | North Shore Hospital                                   |
| NZNO   | - | New Zealand Nurses Organisation                        |
| ORL    | - | Otorhinolaryngology (ear, nose, and throat)            |
| RMO    | - | Registered Medical Officer                             |
| S&A    | - | Surgical and Ambulatory Services                       |
| SADU   | - | Surgical Assessment and Diagnostic Unit                |
| SCBU   | - | Special Care Baby Unit                                 |
| SGA    | - | Small for Gestational Age Baby                         |
| SMHA   | - | Specialist Mental Health & Addiction Services          |
| SMO    | - | Senior Medical Officer                                 |
| WIES   | - | Weighted Inlier Equivalent Separations                 |

## How to interpret the scorecards

### Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target or not for the reporting period (or previous reporting period if data are not available as indicated by the *grey bold italic font*).



The colour of the traffic lights aligns with the Annual Plan:

| Traffic light | Criteria: Relative variance actual vs. target |  | Interpretation                  |
|---------------|---|--|---------------------------------|
| ●             | On target or better                           |  | Achieved                        |
| ●             | 95-99.9% achieved                             | 0.1–5% away from target  | Substantially Achieved          |
| ●             | 90-94.9%*achieved                             | 5.1–10% away from target AND improvement from last month               | Not achieved, but progress made |
| ●             | <94.9% achieved                               | 5.1–10% away from target, AND no improvement, OR >10% away from target | Not Achieved                    |

### Trend indicators

A trend line and a trend indicator are reported against each measure. Trend lines represent the actual data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. The small data range may result in small variations appearing to be large.

Note that YTD measures (e.g., WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

The trend indicator criteria and interpretation rules:

| Trend indicator | Rules   | Interpretation |
|-----------------|---|----------------|
| ▲               | <b>Current &gt; Previous</b> month (or reporting period) <b>performance</b> | Improvement    |
| ▼               | <b>Current &lt; Previous</b> month (or reporting period) <b>performance</b> | Decline        |
| --              | <b>Current = Previous</b> month (or reporting period) <b>performance</b>    | Stable         |

By default, the performance criteria is the actual:target ratio. However, in some exceptions (e.g., when target is 0 and when performance can be negative (e.g., net result) the performance reflects the actual.

Look up for scorecard-specific guidelines are available at the bottom of each scorecard:

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. **Actuals and targets** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. Small data range may result in small variations perceived to be large.

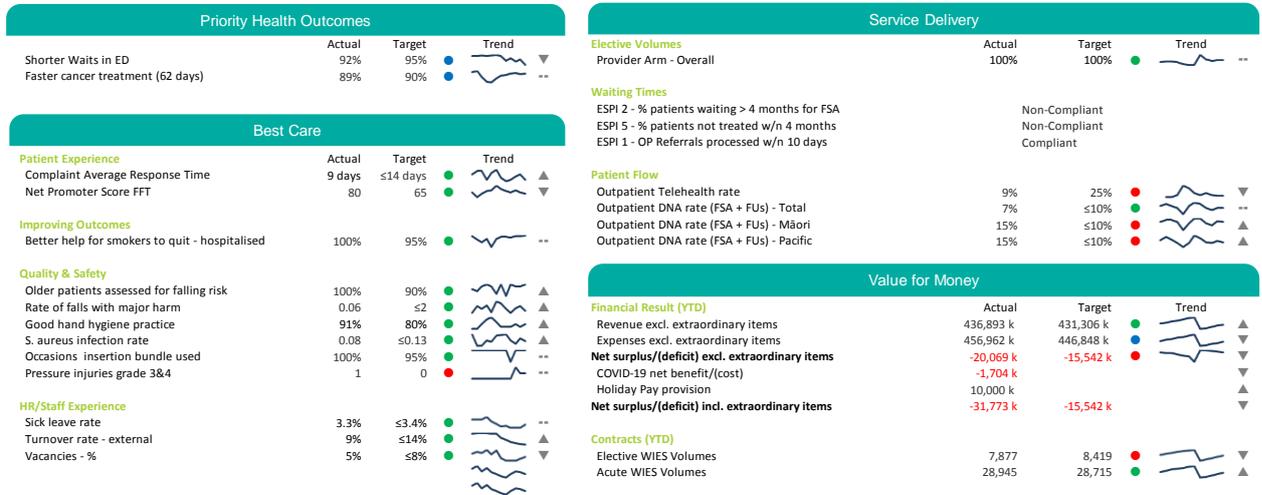
a. ESPI traffic lights follow the MoH criteria for funding penalties:  
 ESPI 2: the traffic light will be **green** if no patient is waiting, **blue** if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and **red** if 0.4% or higher.  
 ESPI 5: the traffic light will be **green** if no patient is waiting, **blue** if greater than 0 patients and less than or equal to 10 patients or less than 0.99% and **red** if 1% or higher.

# Provider Arm Performance Report

## Scorecard – All services

### Waitematā DHB Monthly Performance Scorecard

ALL Services  
November 2020  
2020/21



| How to read | Performance Indicators:                 | Trend Indicators:  |
|-------------|---|--|
|             | ● Achieved/ On track                    | ▲ Performance <b>improved</b> compared to previous month |
|             | ● Substantially Achieved but off target | ▼ Performance <b>declined</b> compared to previous month |
|             | ● Not Achieved/ Off track               | -- Performance was <b>maintained</b>                     |
|             | ● Not Achieved but progress made        |  |

**Key notes**

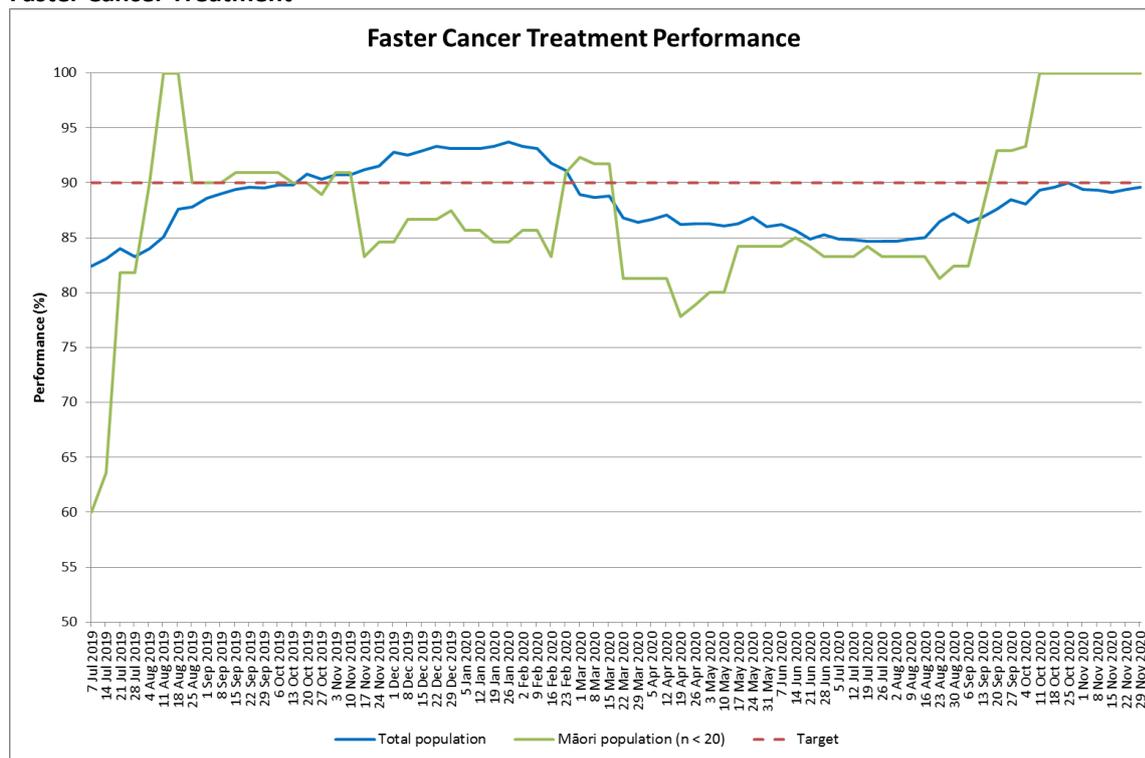
- Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
- Actuals and targets** in **grey bold italics** are for the most recent reporting period available where data is missing or delayed.
- Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales; the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

**A question?**

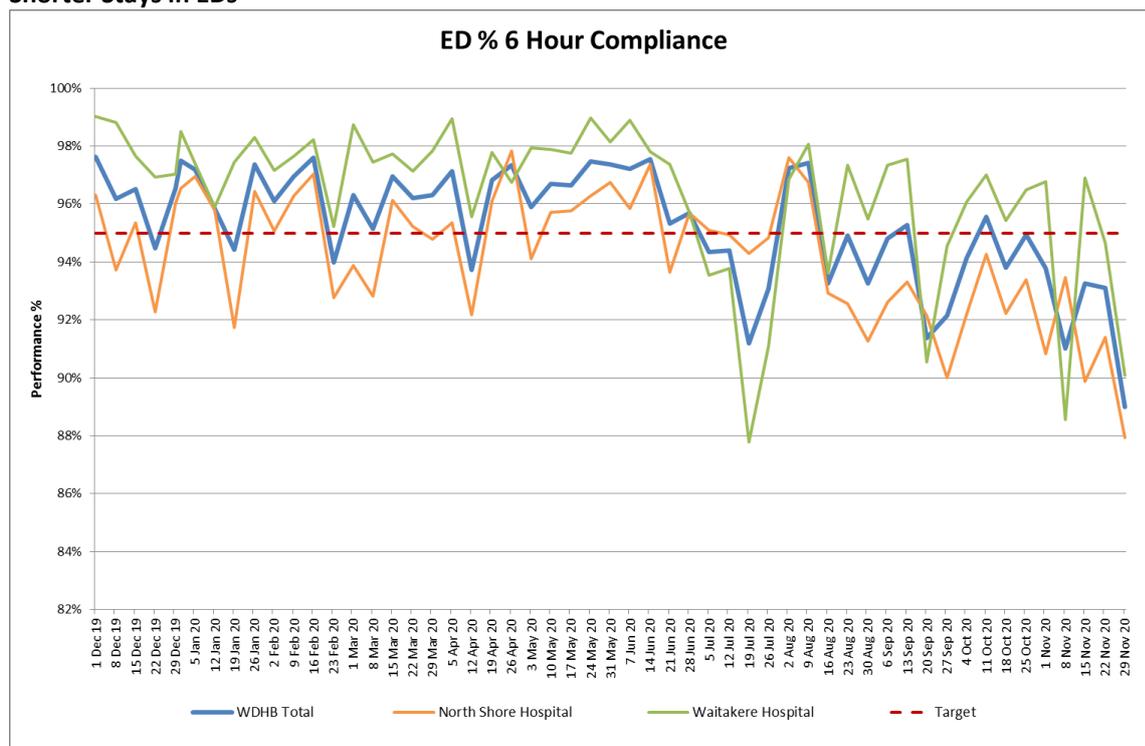
Contact: Victoria Child - Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz  
Planning, Funding and Health Outcomes, Waitematā DHB

## Priority Health Outcome Areas

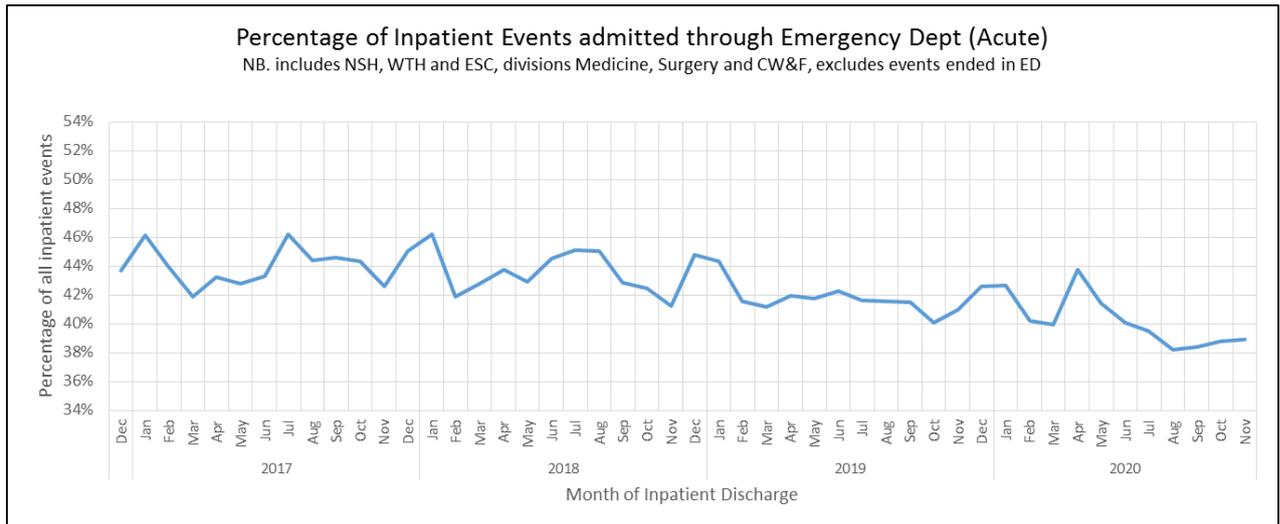
### Faster Cancer Treatment



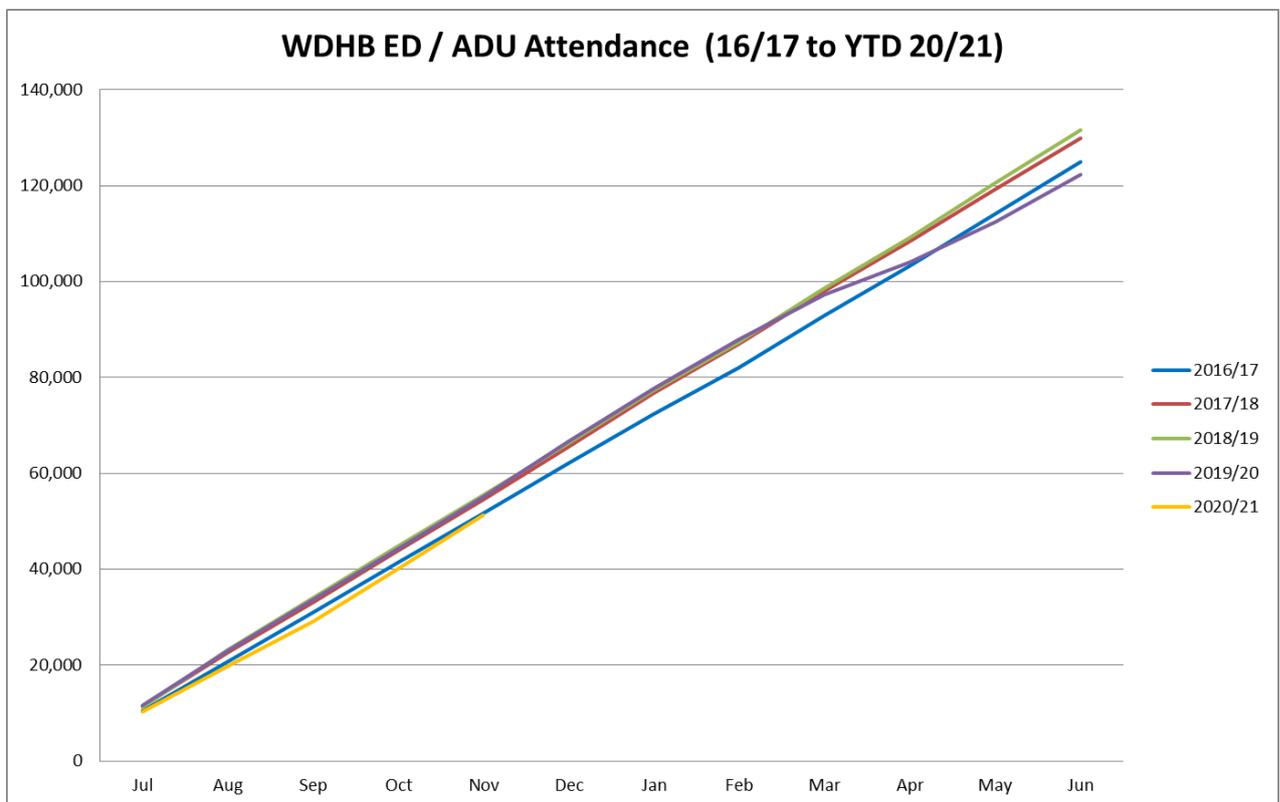
### Shorter Stays in EDs



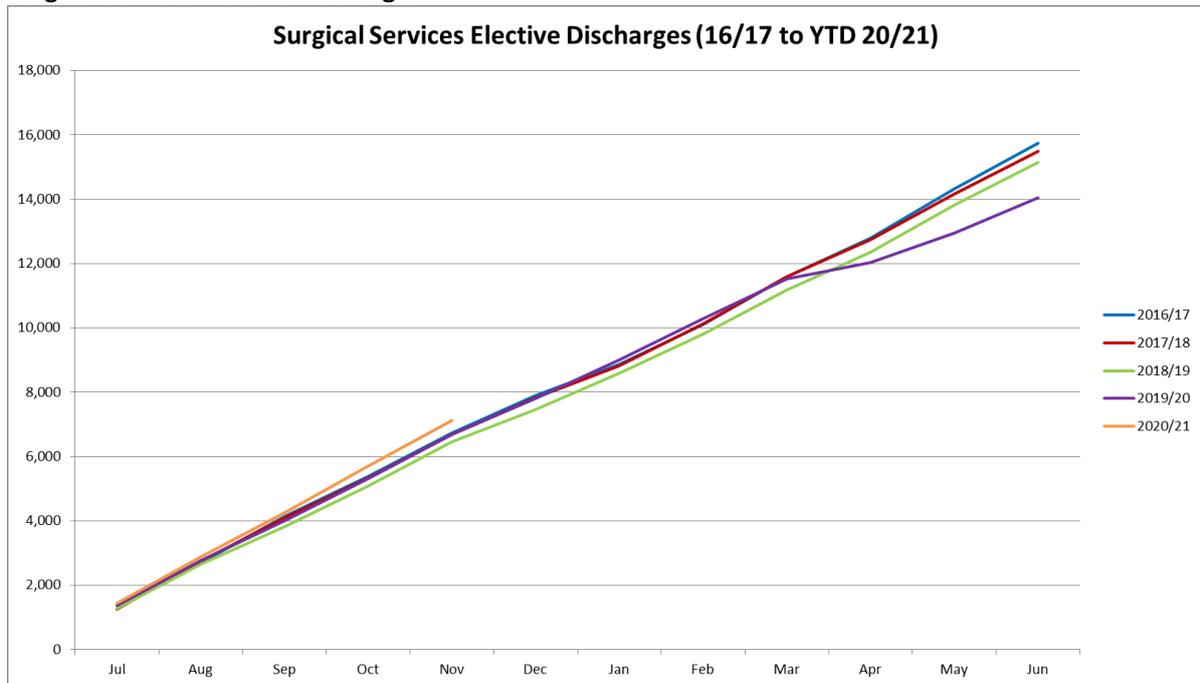
### Inpatient Events admitted through ED



### ED / ADU Presentations



### Surgical Services Elective Discharges



\* Surgical discharge volumes include all elective Orthopaedic, Gynaecology, ORL, Urology and General Surgery discharges (including skin lesions).

### Percentage Change ED and Elective Volumes

| November 2020                                | Month Volumes | % Change (last year) | YTD Volumes | % Change (last year) |
|--|---------------|----------------------|-------------|----------------------|
| ED/ADU Volumes                               | 11,161        | 4%                   | 51,226      | -7%                  |
| Surgical Services Elective Discharge Volumes | 1491          | 8%                   | 7075        | 6%                   |

## Elective Performance Indicators (part of Planned Care Services)

### Zero patients waiting over 4 months

|   |                  |
|---|------------------|
| Summary (November 2020)   |                  |
| Speciality  | Non Compliance % |
| ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA). | 5.65%            |
| ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.          | 18.76%           |

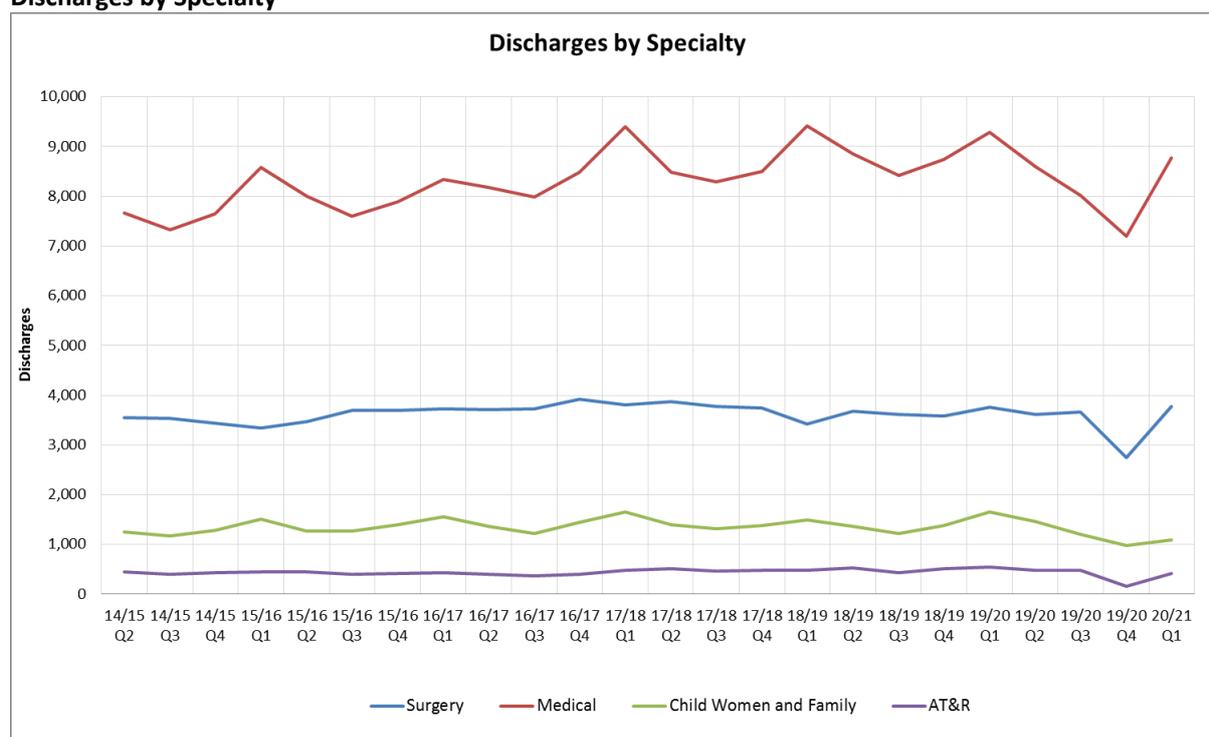
| ESPI   | WL Specialty         | Compliant | Non Compliant | Non Compliant |
|--------|----------------------|-----------|---------------|---------------|
| ESPI 2 | Anaesthesiology      | 89        | -             | 0.00%         |
|        | Cardiology           | 1,333     | -             | 0.00%         |
|        | Dermatology          | 307       | -             | 0.00%         |
|        | Diabetes             | 224       | -             | 0.00%         |
|        | Endocrinology        | 161       | -             | 0.00%         |
|        | Gastro-Enterology    | 1,062     | -             | 0.00%         |
|        | General Medicine     | 255       | -             | 0.00%         |
|        | General Surgery      | 1,354     | 173           | 11.33%        |
|        | Gynaecology          | 1,061     | 44            | 3.98%         |
|        | Haematology          | 125       | -             | 0.00%         |
|        | Infectious Diseases  | 62        | -             | 0.00%         |
|        | Neurovascular        | 109       | -             | 0.00%         |
|        | Orthopaedic          | 2,220     | 75            | 3.27%         |
|        | Otorhinolaryngology  | 1,190     | 311           | 20.72%        |
|        | Paediatric MED       | 738       | 1             | 0.14%         |
|        | Renal Medicine       | 277       | -             | 0.00%         |
|        | Respiratory Medicine | 514       | -             | 0.00%         |
|        | Rheumatology         | 192       | -             | 0.00%         |
|        | Urology              | 741       | 115           | 13.43%        |
|        | Total                | 12,014    | 719           | 5.65%         |
| ESPI 5 | Cardiology           | 97        | -             | 0.00%         |
|        | General Surgery      | 1,697     | 135           | 7.37%         |
|        | Gynaecology          | 526       | 132           | 20.06%        |
|        | Orthopaedic          | 1,157     | 472           | 28.97%        |
|        | Otorhinolaryngology  | 318       | 39            | 10.92%        |
|        | Urology              | 370       | 184           | 33.21%        |
|        | Total                | 4,165     | 962           | 18.76%        |

### 90% of outpatient referrals acknowledged and processed within 10 days

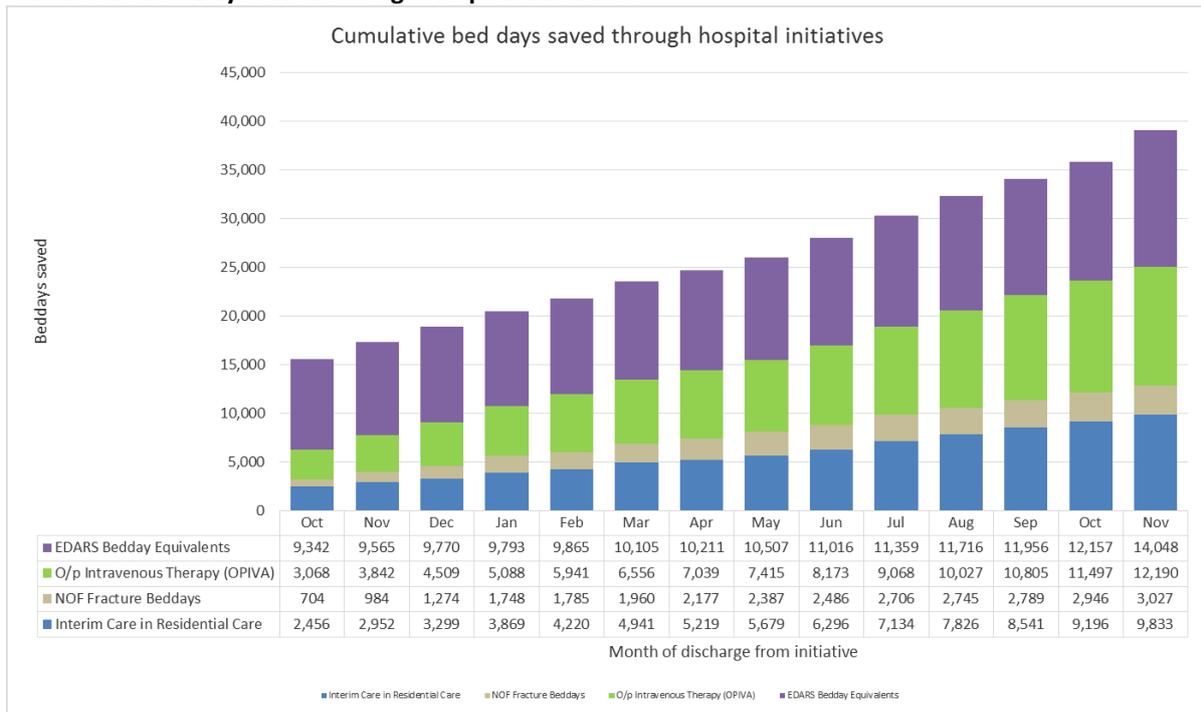
| ESPI 1 (November 2020) |               |
|------------------------|---------------|
| Specialty              | Compliance %  |
| Anaesthesiology        | 95.77%        |
| Cardiology             | 100.00%       |
| Dermatology            | 100.00%       |
| Diabetes               | 99.29%        |
| Endocrinology          | 99.56%        |
| Gastro-Enterology      | 98.75%        |
| General Medicine       | 99.47%        |
| General Surgery        | 99.46%        |
| Gynaecology            | 99.64%        |
| Haematology            | 99.24%        |
| Infectious Diseases    | 99.10%        |
| Neurovascular          | 100.00%       |
| Orthopaedic            | 97.85%        |
| Otorhinolaryngology    | 100.00%       |
| Paediatric MED         | 99.33%        |
| Renal Medicine         | 100.00%       |
| Respiratory Medicine   | 100.00%       |
| Rheumatology           | 100.00%       |
| Urology                | 99.75%        |
| <b>Total</b>           | <b>99.37%</b> |

| Legend        |   |
|---------------|---|
| <b>ESPI 1</b> | Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.   |
| <b>ESPI 2</b> | Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher. |
| <b>ESPI 5</b> | Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher    |

### Discharges by Specialty



### Cumulative Bed Days saved through Hospital Initiatives



## Financial Performance

| Waitematā DHB Statement of Financial Performance     |                |                |                |                 |                 |                 |                  |
|--|----------------|----------------|----------------|-----------------|-----------------|-----------------|------------------|
| Provider - Nov-20                                    |                |                |                |                 |                 |                 |                  |
| (\$000's)  | MONTH          |                |                | YEAR TO DATE    |                 |                 | FULL YEAR        |
|  | Actual         | Budget         | Variance       | Actual          | Budget          | Variance        | Budget           |
| <b>REVENUE</b>                                       |                |                |                |                 |                 |                 |                  |
| * Government and Crown Agency                        | 85,360         | 83,972         | 1,388          | 423,647         | 420,691         | 2,956           | 1,008,037        |
| Other Income   | 2,460          | 2,248          | 212            | 13,246          | 10,615          | 2,631           | 41,825           |
| <b>Total Revenue (excl. extraordinary items)</b>     | <b>87,820</b>  | <b>86,220</b>  | <b>1,600</b>   | <b>436,893</b>  | <b>431,306</b>  | <b>5,587</b>    | <b>1,049,862</b> |
| <b>EXPENDITURE</b>                                   |                |                |                |                 |                 |                 |                  |
| <b>Personnel</b>                                     |                |                |                |                 |                 |                 |                  |
| Medical  | 18,337         | 18,190         | (147)          | 88,857          | 88,200          | (657)           | 221,100          |
| Nursing  | 24,046         | 22,991         | (1,056)        | 120,579         | 120,251         | (329)           | 296,150          |
| Allied Health  | 11,730         | 11,255         | (475)          | 57,299          | 55,912          | (1,387)         | 134,634          |
| Support  | 2,142          | 2,156          | 14             | 10,755          | 11,149          | 394             | 27,550           |
| Management / Administration                          | 6,739          | 7,203          | 464            | 33,666          | 36,678          | 3,011           | 88,151           |
| Outsourced Personnel                                 | 1,867          | 1,334          | (534)          | 10,402          | 6,491           | (3,911)         | 15,503           |
|  | 64,862         | 63,129         | (1,733)        | 321,559         | 318,681         | (2,878)         | 783,088          |
| <b>Other Expenditure</b>                             |                |                |                |                 |                 |                 |                  |
| Outsourced Services                                  | 6,488          | 5,596          | (892)          | 28,976          | 27,994          | (982)           | 66,234           |
| Clinical Supplies                                    | 11,400         | 11,446         | 46             | 58,987          | 58,712          | (275)           | 138,622          |
| Infrastructure & Non-Clinical Supplies               | 8,011          | 7,991          | (20)           | 47,439          | 41,460          | (5,979)         | 98,719           |
|  | 25,898         | 25,032         | (866)          | 135,402         | 128,167         | (7,236)         | 303,575          |
| <b>Total Expenditure (excl. extraordinary items)</b> | <b>90,760</b>  | <b>88,161</b>  | <b>(2,599)</b> | <b>456,962</b>  | <b>446,848</b>  | <b>(10,114)</b> | <b>1,086,662</b> |
| <b>Surplus/(Deficit) excl. extraordinary items</b>   | <b>(2,940)</b> | <b>(1,941)</b> | <b>(999)</b>   | <b>(20,069)</b> | <b>(15,542)</b> | <b>(4,527)</b>  | <b>(36,800)</b>  |
| <b>Extraordinary items</b>                           |                |                |                |                 |                 |                 |                  |
| COVID-19 Net benefit/(cost)                          | (417)          | 0              | (417)          | (1,704)         | 0               | (1,704)         | 0                |
| Holiday Pay provision                                | (2,000)        | 0              | (2,000)        | (10,000)        | 0               | (10,000)        | 0                |
| <b>Surplus/(Deficit) incl. extraordinary items</b>   | <b>(5,358)</b> | <b>(1,941)</b> | <b>(3,416)</b> | <b>(31,773)</b> | <b>(15,542)</b> | <b>(16,231)</b> | <b>(36,800)</b>  |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

| Waitematā DHB Statement of Financial Performance       |                |                |                |                 |                 |                 |                 |
|--|----------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|
| Provider by service - Nov-20                           |                |                |                |                 |                 |                 |                 |
| (\$000's)  | MONTH          |                |                | YEAR TO DATE    |                 |                 | FULL YEAR       |
|  | Actual         | Budget         | Variance       | Actual          | Budget          | Variance        | Budget          |
| <b>CONTRIBUTION (excl. extraordinary items)</b>        |                |                |                |                 |                 |                 |                 |
| Surgical and Ambulatory                                | (11,808)       | (11,665)       | (143)          | (64,044)        | (61,091)        | (2,953)         | (148,940)       |
| Acute and Emergency                                    | (12,160)       | (11,881)       | (279)          | (65,637)        | (64,896)        | (742)           | (157,056)       |
| Specialty Medicine and HOPS                            | (7,487)        | (7,291)        | (196)          | (39,369)        | (39,396)        | 27              | (94,546)        |
| Child Women and Family                                 | (4,945)        | (4,645)        | (300)          | (26,049)        | (25,867)        | (182)           | (62,828)        |
| Regional Dental  | (2,063)        | (2,141)        | 77             | (11,057)        | (11,768)        | 711             | (27,563)        |
| Specialist Mental Health and Addiction                 | (11,036)       | (10,224)       | (811)          | (59,042)        | (56,273)        | (2,769)         | (136,730)       |
| Elective Surgery Centre                                | (2,450)        | (2,354)        | (96)           | (12,745)        | (12,362)        | (382)           | (28,228)        |
| Clinical Support                                       | (2,737)        | (2,622)        | (115)          | (14,676)        | (13,667)        | (1,009)         | (32,987)        |
| Diagnostics  | (8,994)        | (8,632)        | (361)          | (43,319)        | (44,088)        | 769             | (105,736)       |
| Corporate and Provider Support                         | 60,740         | 59,515         | 1,225          | 315,869         | 313,866         | 2,003           | 757,816         |
| <b>Net Surplus/(Deficit) excl. extraordinary items</b> | <b>(2,940)</b> | <b>(1,941)</b> | <b>(999)</b>   | <b>(20,069)</b> | <b>(15,542)</b> | <b>(4,527)</b>  | <b>(36,800)</b> |
| <b>Extraordinary items</b>                             |                |                |                |                 |                 |                 |                 |
| COVID-19 Net benefit/(cost)                            | (417)          | 0              | (417)          | (1,704)         | 0               | (1,704)         | 0               |
| Holiday Pay provision                                  | (2,000)        | 0              | (2,000)        | (10,000)        | 0               | (10,000)        | 0               |
| <b>Surplus/(Deficit) incl. extraordinary items</b>     | <b>(5,358)</b> | <b>(1,941)</b> | <b>(3,416)</b> | <b>(31,773)</b> | <b>(15,542)</b> | <b>(16,231)</b> | <b>(36,800)</b> |

## Financial Performance Summary

The Provider Arm operating result for YTD November 2020 prior to the extraordinary impacts of COVID-19 and Holidays Act accruals was a deficit of \$20.069m against a budget deficit of \$15.542m and therefore \$4.527m unfavourable.

Key financial performance factors driving the year to date variance include:

- Unfavourable personnel costs, primarily in Mental Health Nursing and Allied personnel, with higher than usual staff retention rates and sick leave.
- Unfavourable clinical supply costs, primarily in Surgery and Ambulatory due to increased activity, increased usage and ongoing cost pressures in this area.
- Unfavourable outsourced Personnel costs due to higher than planned spend on locums to cover sick leave, maternity leave and vacancies.
- Unfavourable infrastructure and non-clinical supplies costs due to unmet savings and delays in realising Financial Sustainability Programme targets and ongoing cost pressures in relation to non-clinical supplies

The overall result shows an unfavourable variance of \$31.773m after the extraordinary impacts of COVID-19 (net of revenue and expenses) of \$1.704m and of \$10.00m for accruals in relation to the Holidays Act, which will continue to be booked on a monthly basis for the 2020/21 financial year, as directed by the Ministry of Health (MoH).

The full year effect of Holidays Act cost is expected to be \$24m which will lead to a forecast deficit of \$60.8m for the Provider Arm against the planned deficit of \$36.8m.

### Comment on major financial variances by service

#### **Surgical Services (S&A and ESC) (\$3,335k unfavourable YTD)**

The YTD unfavourable position was driven by the increase in volumes that have gone through the service in the first five months of the year. There was a 7% increase in acute cases in the first five months of the year. Planned care production was increased to meet targets agreed with the MoH for catch-up post COVID-19. As well as eight additional planned care lists run on Saturdays there were also a significant number of theatre session overruns. Revenue was ahead of budget due to the additional funding received from the MoH (\$806k) as well as the on-going revenue streams which are ahead of target: ACC and other DHB income.

While vacancies in Medical personnel resulted in a positive variance (\$55k), Nursing continued to be significantly over budget (\$1,116k). There were several key drivers for the higher nursing costs: opening of the Surgical ADU without the required FTE budget in the first three months (\$100k); reliance on casuals (\$208k), extra hours (\$121k), allowances (\$40k) and overtime (\$100k) to meet theatre demand and the necessary PACU support; ward watches (\$376k) of which one on one high acuity watches was \$131k, and the need for internal bureau nurses in wards for unplanned cover and to meet the higher than expected bed occupancy in surgical wards (\$220k). The unfavourable variances in Allied Health and in management and administration were a reflection of the lower than expected turnover of staff so that the planned position vacancy benefits did not arise (\$330k).

Outsource Personnel costs were unfavourable (\$253k) reflecting the reliance on locums to cover medical vacancies in Anaesthesia (\$82k) and ORL (\$121k) and the need to use external bureau nurses in NSH theatres to cover unplanned leave and vacancies (\$127k).

The unfavourable variance in clinical supplies was \$1,135k YTD and is across most consumables but most particularly in Treatment Disposables. This has several reasons: higher volume of activity, supply chain issues arising from COVID-19 forcing Surgical Services to find new and often more expensive sources of product as well

as higher usage of disposable instruments (\$394k) and higher orthotic costs (\$140k). There was a budget uplift in November in clinical supplies to take into account these factors.

The unfavourable result also includes embedded budget savings target related to the Financial Sustainability Programme (\$1,129k).

#### **Acute and Emergency Medicine Services (YTD \$742k unfavourable to budget)**

The unfavourable variance is driven by:

- Emergency Departments (ED) was very busy both site in November, the patients presentation volume is 15% and 11 % higher in NSH and WTH respectively compare to the same month last year. Good management and increase availability of SMO resulted lower medical cover cost in the month as well as for YTD. Some of the savings is offset by the cover cost for two senior doctors who have been on sick leave; higher nursing cost was mainly due to COVID-19 impact for extra nurse and HCA for COVID corridor in NSH ED;
- Inpatient wards were tracking close to plan both in terms of bed days and WIES. The service had contained costs successfully, with active control of staffing around flexed bed management. Due to good management of patient watches the service has realised some cost reduction in the month. Medical costs were anticipated to increase in the remaining months with recruitment now underway for the home based wards initiative;
- Cardiology services has continued the business for month with high number of cases for both pacemaker and ICD in the month, extra resources was deployed in order to reduce the outpatient follow up appointments. This high productivity resulted high clinical consumable cost and high medical cost for the month. There is ongoing financial risk in order to reduce the waiting list for the compliance with industry KPIs, the list has been lengthened due to COVID-19. The cath-lab rebuild went as planned which added some extra cost for doing some afterhours sessions for keeping up the demand;
- COVID-19 Impact: There have been number of staff that were stood down or on special leave due to COVID-19, the cover cost is estimated at 131k. Additional registered nurses and health care assistant were deployed at North Shore ED and ADU since 11th-August which incurred an extra staffing cost of \$343k by the end of the month. Additional cost on annual leave creep is largely offset by saving from outsourced personnel cost.

#### **Child, Women and Family (YTD \$611k unfavourable to budget)**

- Neonatal patient demand and higher acuity has been a significant driver of increased spend to date (\$397k). Staffing and supplies cost pressures have been partly mitigated by reduced demand for Paediatric Inpatient services in enabling the service to transfer staff between wards to meet demand rather than utilising more expensive external staffing cover or overtime. Neonatal demand is reflected in increased WIES numbers (91 WIES higher than contract)
- Paediatric RMO spending (\$83k) is also a feature of the over spend to date. An over allocation of RMO staff to the service is inflating service costs. This is expected to reduce with the next RMO allocation.
- Colposcopy service revenue shortfall (\$145k) is primarily related to contract volume changes. This is expected to be rectified in 2021/22.

The service is on track to meet its 2020/21 financial sustainability savings programme target with benefits being realised across Paediatric Inpatient staffing and supply costs. Maternity service overtime has reduced with improved staffing levels and there has been less reliance on external postnatal transfers to Birthcare Auckland and reduced expenditure associated with activity either ceasing, or being relocated back to ADHB (Starship clinics exit from the Wilson Centre).

#### **Regional Dental Service (\$711k favourable YTD)**

The favourable variance is driven by:

- Staff vacancies remain the dominant driver of the favourable result as the service continues to develop its workforce recruitment and retention strategies as part of an overarching ARDS Improvement Plan. Staffing levels have remained steady over the past nine months. COVID-19 related clinic closures and pre-screening of children prior to appointment along with new NZ Dental Council measures around infection prevention and

control have impacted productivity across the service. A reduction in children being seen is evident in reduced spending in clinical supplies and infrastructure costs.

- The 2020/21 financial sustainability savings programme for ARDS has financial benefits being realised through reduced clinical supply costs. Work continues on service contract reviews and other costs. It is expected that the financial sustainability savings requirements will be met this year through reduced clinical supplies and the more complex contract work will be more prominent in the next financial year.

#### **Specialist Mental Health and Addiction Services (\$2,769k unfavourable YTD)**

Additional revenue continued for service users within care need (Intellectual Disability) in the Pohutukawa ward of the Mason Clinic, with funding provided from MOH for the level of care exceeding the base level funding (\$253k YTD) and revenue for court reporting (\$226k YTD) continued to be higher than budgeted due to higher volumes than expected. A one-off funding injection of \$145k was received in September to set up crisis support in the Emergency Department.

Mental Health have seen higher staff retention with an increase of 63 additional FTEs year on year now in service. Medical however, has an average vacancy of 12.39 FTE YTD (of \$580k YTD favourable) offset with a higher use of outsourced services equivalent to 11 FTEs, of which 30% of the outsourced services comes from overflow for court reporting. Nursing personnel costs are (\$1,927k unfavourable YTD) driven by high overtime and the use of Healthcare Assistants to support gaps in Registered Nursing positions.

Clinical supplies have been favourable (\$155k YTD) coming mainly from a reduction in numbers in after care services in the Flexifund, however, is expected to increase over the next few months. Infrastructure and Non-Clinical supplies are unfavourable (\$216k YTD) as they are mainly driven by additional OPEX charges on rented properties. Due to the impact of COVID-19, we have seen higher costs in outsourced meals in service user self-catered facilities, incentive payments in Work Rehab due to the reduction of client work days, and laundering and cleaning due to a higher standard of COVID-19 appropriate activities.

#### **Specialty Medicine and Health of Older Persons Services (YTD \$0.620m unfavourable to budget)**

COVID-19 has had an impact on some loss of Non-Acute ACC revenue relating to the final pathway of the Interim Care Service and AT&R rehabilitation, a change implemented which is now becoming part of the normal model of care, in which revenue is \$283k less than the budget YTD. As well as this lost revenue, all services have experienced additional staff costs compared to past trends that could be attributed to staff not taking annual leave. This has had another \$767k unfavourable impact that has been attributed to COVID-19.

There was also an unfavourable variance driven by pressure on the allied churn targets from record low average vacancy rates averaging 18 FTEs as at November 2020 worth (\$400k). This is noted as a potential risk going forward. There have been medical vacancies worth \$100k YTD and a lower skill mix in nursing than budgeted worth \$200k YTD.

The service has made savings of around \$1,081k YTD against the FSP programme, against a budgeted savings target of \$791k variance.

#### **Clinical Support Services (YTD \$1,003k unfavourable to budget)**

The unfavourable variance is driven by:

- The Financial Sustainability Programme allocated savings target for Clinical Support and Diagnostics is \$1.1m unfavourable YTD; a number of initiatives are being progressed that will realise benefits in future periods.

#### COVID-19 impacts:

- COVID-19 related costs for additional ventilation equipment amount to \$39k YTD.
- Patient Meal costs are favourable \$207k YTD with lower than anticipated inpatient volumes.

**Diagnostics Services (YTD \$769k favourable to budget)**

The favourable variance is driven by:

- Revenue of \$2.2m from Ministry of Health for COVID-19 testing in Laboratory and \$340k for Radiology COVID-19 catch up. There has also been additional \$576k unbudgeted revenue from ADHB through identification of additional scanning which could be charged back.
- Outpatient Pharmacy is \$1,126k unfavourable YTD driven by higher volumes of claims under Community Pharmacy Programme than prior years.
- Radiology is currently on target as additional unplanned revenue \$911k and lower than budgeted clinical supplies \$263k offsets additional personnel costs in Allied Health (\$748k) and Medical (\$350k).
- The new Northern Region Interventional Radiology service which involves increasingly complex procedures, involving higher cost consumables had a negative impact year to date of \$70k.

**COVID-19 impacts:**

- Additional sessions for CT as part of the COVID-19 catch up plan, cost approximately \$90k
- CT outsourcing as part of the COVID-19 catch up plan (\$727k)
- COVID-19 related costs in Laboratory for testing is unfavourable by \$770k YTD

## **3.2 Provider Arm Performance Report – December 2020**

### **Recommendation:**

**That the report be received.**

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Prepared by: Mark Shepherd (Director Hospital Services) and Robert Paine (Executive Director Finance, People and Planning)

This report summarises the Provider Arm performance for December 2020.

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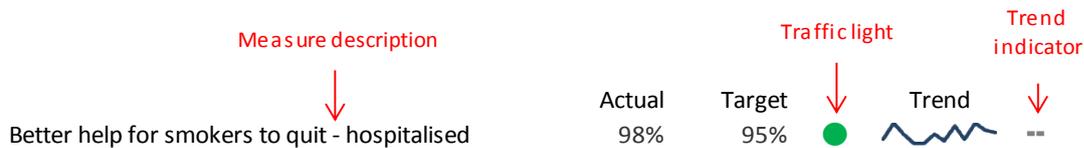
## Glossary

|        |   |  |
|--------|---|--|
| ACC    | - | Accident Compensation Commission                       |
| ADU    | - | Assessment and Diagnostic Unit                         |
| ALOS   | - | Average Length of Stay                                 |
| ARDS   | - | Auckland Regional Dental Service                       |
| AT&R   | - | Assessment Treatment and Rehab                         |
| ASA    | - | American Society of Anaesthesiologists                 |
| CADS   | - | Community Alcohol, Drug and Addictions Service         |
| CAMHS  | - | Child, Adolescent Mental Health Service                |
| CT     | - | Computerised Tomography                                |
| CWF    | - | Child, Women and Family service                        |
| DCNZ   | - | Dental Council of New Zealand                          |
| DHB    | - | District Health Board                                  |
| DNA    | - | Did Not Attend   |
| ED     | - | Emergency Department                                   |
| ECHO   | - | Echocardiogram   |
| ESC    | - | Elective Surgery Centre                                |
| ESPI   | - | Elective Services Performance Indicators               |
| FTE    | - | Full Time Equivalent                                   |
| GP     | - | General Practitioner                                   |
| HCA    | - | Health Care Assistant                                  |
| HT     | - | Hypertensive Disorders                                 |
| ICU    | - | Intensive Care Unit                                    |
| KMU    | - | Kingsley Mortimer Unit                                 |
| LMC    | - | Lead Maternity Carer                                   |
| LOS    | - | Length of Stay   |
| SMHOPS | - | Specialty Medicine and Health of Older People Services |
| MRI    | - | Magnetic Resonance Imaging                             |
| MoH    | - | Ministry of Health                                     |
| NGO    | - | Non Government Organisation                            |
| NSH    | - | North Shore Hospital                                   |
| NZNO   | - | New Zealand Nurses Organisation                        |
| ORL    | - | Otorhinolaryngology (ear, nose, and throat)            |
| RMO    | - | Registered Medical Officer                             |
| S&A    | - | Surgical and Ambulatory Services                       |
| SADU   | - | Surgical Assessment and Diagnostic Unit                |
| SCBU   | - | Special Care Baby Unit                                 |
| SGA    | - | Small for Gestational Age Baby                         |
| SMHA   | - | Specialist Mental Health & Addiction Services          |
| SMO    | - | Senior Medical Officer                                 |
| WIES   | - | Weighted Inlier Equivalent Separations                 |

## How to interpret the scorecards

### Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target or not for the reporting period (or previous reporting period if data are not available as indicated by the *grey bold italic* font).



The colour of the traffic lights aligns with the Annual Plan:

| Traffic light | Criteria: Relative variance actual vs. target |  | Interpretation                  |
|---------------|---|--|---------------------------------|
| Green         | On target or better                           |  | Achieved                        |
| Blue          | 95-99.9% achieved                             | 0.1–5% away from target  | Substantially Achieved          |
| Yellow        | 90-94.9%*achieved                             | 5.1–10% away from target AND improvement from last month               | Not achieved, but progress made |
| Red           | <94.9% achieved                               | 5.1–10% away from target, AND no improvement, OR >10% away from target | Not Achieved                    |

### Trend indicators

A trend line and a trend indicator are reported against each measure. Trend lines represent the actual data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. The small data range may result in small variations appearing to be large.

Note that YTD measures (e.g., WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

The trend indicator criteria and interpretation rules:

| Trend indicator | Rules   | Interpretation |
|-----------------|---|----------------|
| ▲               | <b>Current &gt; Previous</b> month (or reporting period) <b>performance</b> | Improvement    |
| ▼               | <b>Current &lt; Previous</b> month (or reporting period) <b>performance</b> | Decline        |
| --              | <b>Current = Previous</b> month (or reporting period) <b>performance</b>    | Stable         |

By default, the performance criteria is the actual:target ratio. However, in some exceptions (e.g., when target is 0 and when performance can be negative (e.g., net result) the performance reflects the actual.

### Look up for scorecard-specific guidelines are available at the bottom of each scorecard:

| Key notes  |
|--|
| <ol style="list-style-type: none"> <li>Most Actuals and targets are reported for the reported month/quarter (see scorecard header).</li> <li>Actuals and targets in <i>grey bold italics</i> are for the most recent reporting period available where data is missing or delayed.</li> <li>Trend lines represent the data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. Small data range may result in small variations perceived to be large.</li> </ol> <p>a. ESPI traffic lights follow the MoH criteria for funding penalties:<br/>           ESPI 2: the traffic light will be <b>green</b> if no patient is waiting, <b>blue</b> if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and <b>red</b> if 0.4% or higher.<br/>           ESPI 5: the traffic light will be <b>green</b> if no patient is waiting, <b>blue</b> if greater than 0 patients and less than or equal to 10 patients or less than 0.99% and <b>red</b> if 1% or higher.</p> |

# Provider Arm Performance Report

## Executive Summary/Overview

December saw continued high demand for healthcare across our hospitals in both acute emergency department presentations and General Practitioner referrals for diagnostic procedures and specialist consultations. Additionally, with COVID-19 in abeyance in the community through the later part of the year, clinical services were ramped up to meet demand and reduce excessive waiting times for clinical services.

To ensure our services work to create efficiency in our care delivery and capacity to meet this demand, the surgical improvement programme known as *Whetu Urangi* (Journey to a better place) and outpatient improvement programmes commenced. In addition, the DHB was successful in gaining Ministry of Health funding for these initiatives as well as approximately \$800k for the Sustainability Programme, we have themes around “*Shifting the balance of care to the Community*” which will focus on redesigning our care to enable patients to be better cared for in the community where they were previously cared for in hospitals. Examples of this are in developing Hospital in the Home programmes. These programmes are in development and will commence in the early new year.

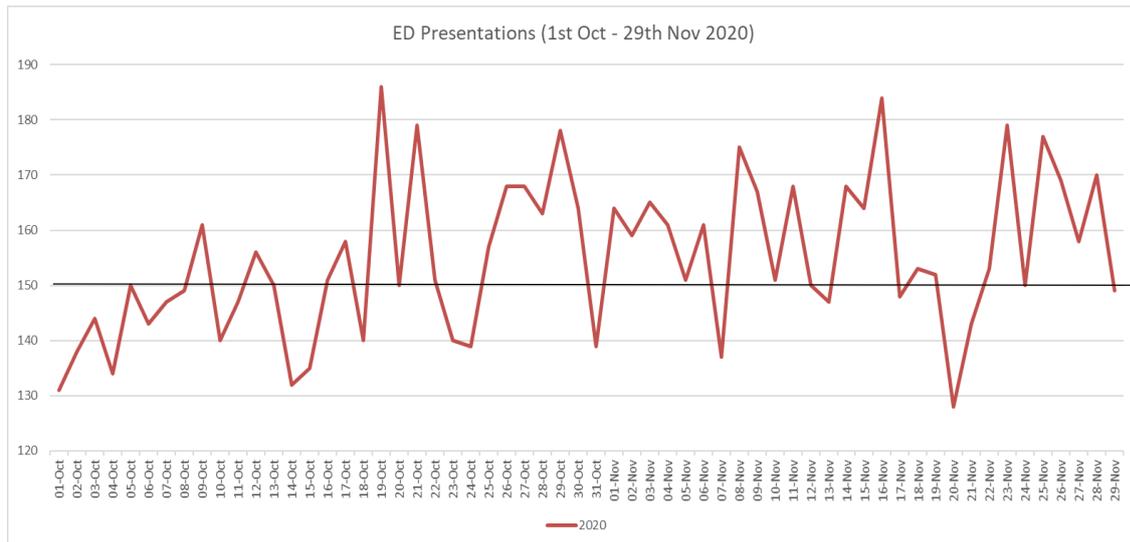
## Highlight of the month

The significant improvement in delivery of both elective and acute surgical volumes is a key highlight for the six months to December 2020, with almost an additional 1,000 surgical patient discharges and 1,200 additional operating theatre hours performed. Additionally, the surgical division has continued to exceed planned care targets throughout the six-month period.

|   | Dec-20    |           |           |           |           |
|---|-----------|-----------|-----------|-----------|-----------|
|   | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 |
| <b>Surgical Health Target volumes</b>       | 5883      | 5879      | 5585      | 5794      | 6059      |
| <b>Elective Discharge Volumes</b>           | 7916      | 7830      | 7469      | 7804      | 8345      |
| <b>Elective Discharge WIES</b>              | 8524      | 8621      | 8056      | 8381      | 8819      |
| <b>Acute and Elective Discharge Volumes</b> | 14,465    | 14,626    | 13,843    | 14,171    | 15,127    |
| <b>Acute and Elective Theatre Hours</b>     | 14,172    | 14,931    | 14,389    | 14,251    | 15,482    |

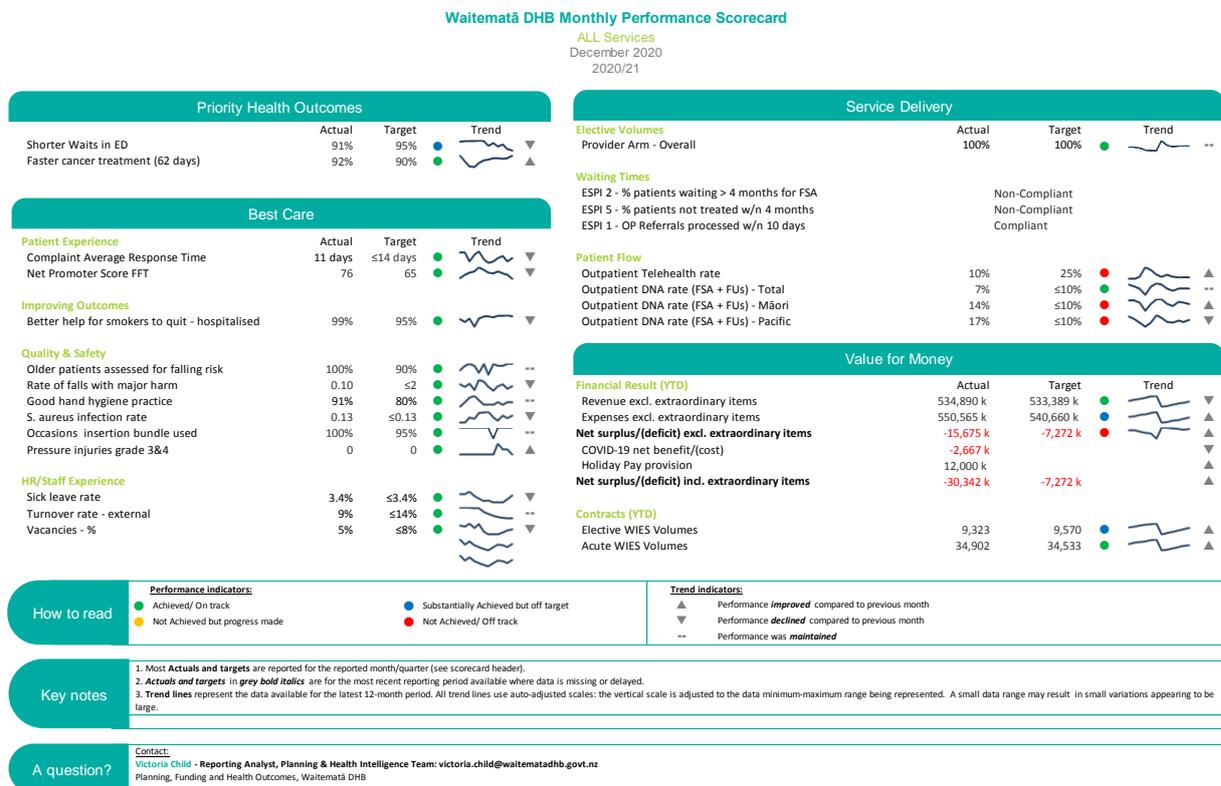
## Key Issue of the Month

Significant and sustained increases in acute presentations to both North Shore and Waitakere Hospitals, between October and December, consistently above the daily average of 150 presentations per hospital per day, have created considerable congestion in the hospitals.



In response to these demands we have revised our summer bed plan to ensure we are able to flex up and resource beds according to increased acute demand, commenced implementation of a demand and capacity operational framework and developing an action plan to improve patient flow and decrease congestion.

## Scorecard – All services



## Scorecard Variance Report

### Service Delivery

#### **DNA rates for Māori 14% and Pacific 17% are higher than the target rate of 10%**

DNA rates are substantively unchanged from the November report for Māori and Pacific patients. The Equity Committee is focusing on initiatives to improve service delivery for Maori and Pacific patients. There was an overall one per cent rise for the total patient DNA rate of 7%. This rise in December for the total patient volume is a traditional trend for this month due to patients' competing personal commitments and other pressures.

Elective Services are focused on the introduction of several initiatives to assist in the reduction of the high Māori and Pacific DNA rates, in line with the DHB Joint DNA strategy, including changing the post DNA pathway for Māori and Pacific patients to include cultural support to contact this cohort of patients.

The first stage of this work related to ensuring appropriate data for DNA, with a recent review of Endoscopy DNA revealing Māori DNA rates were 3% instead of 11% due to incorrect data capture. However, the DNA rate for Māori remains more than double the rate of non-Māori.

### Value for Money

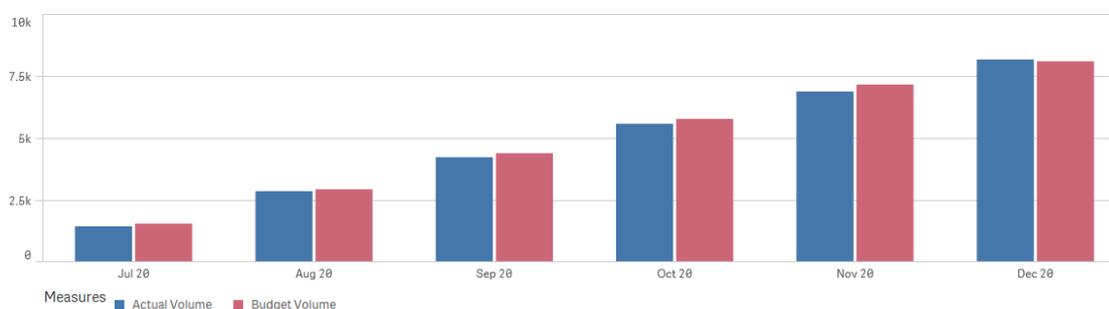
#### **The YTD Provider Result is \$8.403m unfavourable against a budget of \$7.272m YTD December before the impacts of Holiday Pay and Covid-19**

The main contributor to variance in the month of December was for revenue adjustment for the under delivery of WIES which is the casemix of planned care. This is to the value of \$2.2m, despite actual patient discharges having been achieved. There is also YTD variance of \$3.6m in Mental Health, mainly due to pressures on the churn savings target from improved retention and recruitment. Surgical services is \$3.6m deficit due to non-achievement of savings targets, outsourced skin lesions and pressure on nursing from high sick leave, watch demand and casual and overtime cover of vacancies and additional theatre hours. This cost pressure is directly influenced by the 646 WIES (\$3.58m) YTD over-delivery of elective and acute surgery compared to planned PVS contract.

#### **Elective Volume – 101% against a target of 100%**

After being behind contract at the end of quarter one, surgical elective WIES now exceed contract target volumes YTD.

Performance to Contract



| Specialty  | Actual Volume | Contract Volume | Variance  | %           |
|--|---------------|-----------------|-----------|-------------|
| Ear, Nose and Throat - Inpatient Services (DRGs) | 589           | 593             | -4        | 99%         |
| General Surgery - Inpatient Services (DRGs)      | 2,985         | 2,943           | 42        | 101%        |
| Gynaecology - Inpatient Services (DRGs)          | 907           | 855             | 52        | 106%        |
| Orthopaedics - Inpatient Services (DRGs)         | 2,963         | 3,036           | -73       | 98%         |
| Urology - Inpatient Services (DRGs)              | 710           | 655             | 56        | 109%        |
| <b>Total</b>                                     | <b>8,155</b>  | <b>8,082</b>    | <b>72</b> | <b>101%</b> |

General surgery have made up ground from being at 83% of WIES volume at Q1, as have ORL which was at 93%. This WIES position is mimicked by the planned care surgical health target which is 108 discharges ahead of contract, and bodes well regarding the MoH COVID-19 catch up, although current capacity can only just cope with normal demand, and any additional volumes need to be generated from additional theatre sessions; which over time can put pressure on the front line staff involved.

This second quarter turn around in WIES elective volume is promising, especially in the knowledge that acute surgical volumes are running 7% ahead of contract volumes YTD. This equates to \$3.13m over funded contract.

#### **Financial Sustainability and reducing expenses**

The Financial Sustainability Programme FSP, is progressing well with almost fifty different initiatives having been developed and implemented over the past six months. The program to date has delivered 97% of target YTD December, with \$7.724m realised in expense reduction.

Further, \$13.29m in annual savings initiatives, have been identified and work is ongoing to implement these initiatives and identify a further \$2.71M in savings to reach the target savings of \$16m for the full financial year.

|                                    | <b>Measure</b>           | <b>December Actuals</b> | <b>Year to Date</b> | <b>Identified Annual Savings</b> | <b>Target</b>       | <b>% against target</b> |
|------------------------------------|--------------------------|-------------------------|---------------------|----------------------------------|---------------------|-------------------------|
| <b>Hospital Services</b>           | <b>Primary – Expense</b> | \$1,091,469             | \$5,979,112         | \$11,265,372                     | \$14,000,000        | 80.47%                  |
| <b>Corporate</b>                   | <b>Budget</b>            | \$ 207,361              | \$1,744,919         | \$2,025,904                      | \$2,000,000         | 101.3%                  |
| <b>FSP Overall Programme Total</b> |                          | <b>\$1,298,830</b>      | <b>\$7,724,031</b>  | <b>\$13,291,276</b>              | <b>\$16,000,000</b> |                         |

## Waitematā DHB Priorities Variance Report

| DHB activity  | Milestone         | On Track |
|---|-------------------|----------|
| <b>Improving quality</b>  |                   |          |
| Actions to improve equity in outcomes and patient experience  |                   |          |
| <b>Improving consumer engagement</b>  | Jun 2021          | ✓        |
| <ul style="list-style-type: none"> <li>Implement actions identified in the Consumer Council annual plan</li> </ul>                                  | Jul 2020          | ✗        |
| <ul style="list-style-type: none"> <li>Set up a governance group and structure to guide implementation of the Consumer Engagement QSM</li> </ul>    | Dec 2020, ongoing | ✓        |
| <ul style="list-style-type: none"> <li>Upload data on to Consumer Engagement QSM dashboard and report against the framework twice yearly</li> </ul> | Jun 2021          | ✓        |
| <ul style="list-style-type: none"> <li>Conduct gap analysis from Consumer Engagement QSM participation to identify areas of improvement</li> </ul>  |                   |          |

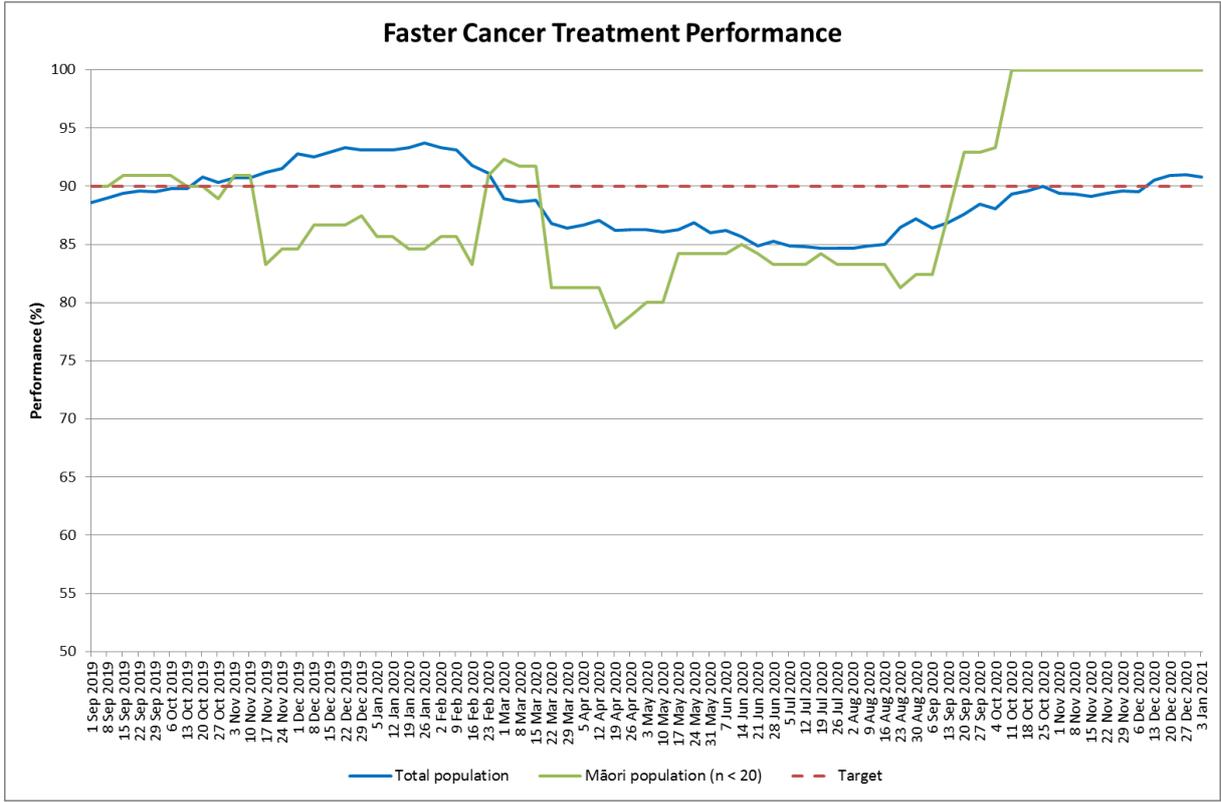
| Areas off track for month and remedial plans  |
|---|
| Governance structure for implementation of the Consumer Engagement QSM not supported by the Senior Management Team. |

| DHB activity   | Milestone | On Track |
|--|-----------|----------|
| <b>New Zealand Cancer Action Plan 2019-2029</b>  |           |          |
| Actions that demonstrate collaboration with all stakeholders to prevent cancer and improve detection, diagnosis, treatment and care after treatment  |           |          |
| Actions to maintain 31- and 62-day FCT targets (as well as other ongoing BAU actions):   | Ongoing   |          |
| <ul style="list-style-type: none"> <li>Customise contact and care plans for Māori and Pacific patients on the 62- and 31-day report by our Māori and Pacific Clinical Nurse Specialists - Cancer Coordination (EOA)</li> </ul> |           | ✓        |
| <ul style="list-style-type: none"> <li>Customised breach reports to each tumour stream Operations Manager and Clinical Director to identify improvement areas</li> </ul>   |           | ✓        |
| Improve post-cancer support for Māori and Pacific women who had endometrial cancer (EOA)   | Sep 2020  | ✗        |
| <ul style="list-style-type: none"> <li>Complete a co-design project to identify how to support patients to live well after cancer and address risk factors to improve their quantity and quality of life</li> </ul>            | Dec 2020  | ✗        |
| <ul style="list-style-type: none"> <li>Review findings and recommendations and plan appropriate next steps; plan implementation for one action</li> </ul>  |           |          |
| Extend local delivery of all medical oncology care for patients diagnosed with breast cancer   | Aug 2020  | ✓        |
| <ul style="list-style-type: none"> <li>Obtain local and regional approval</li> </ul>   | Nov 2020  | ✓        |
| <ul style="list-style-type: none"> <li>Implement plan to extend local delivery</li> </ul>  |           |          |

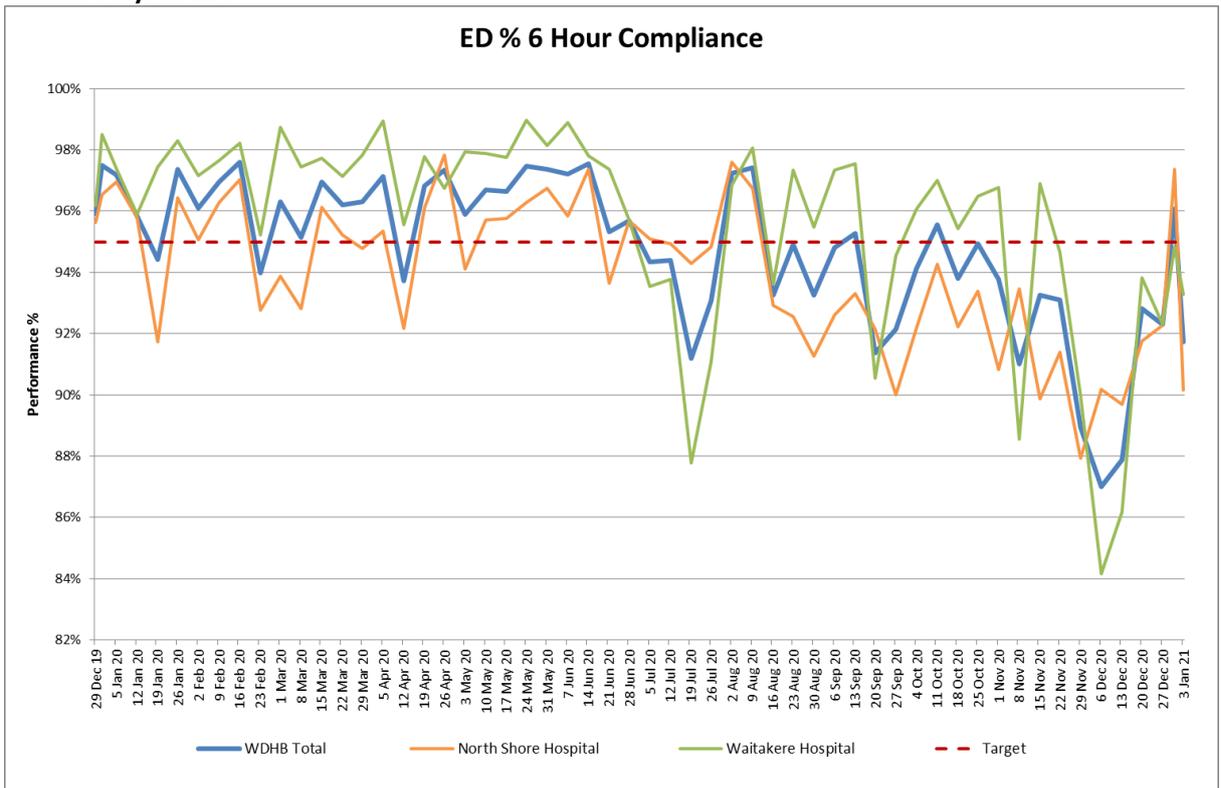
| Areas off track for month and remedial plans  |
|---|
| Endometrial cancer co-design project delayed to March 2021 due to COVID-19  |
| Extension of medical oncology breast cancer care has been delayed from November 2020 due to lack of Oncologists. Provisional date is March 2021 |

# Priority Health Outcome Areas

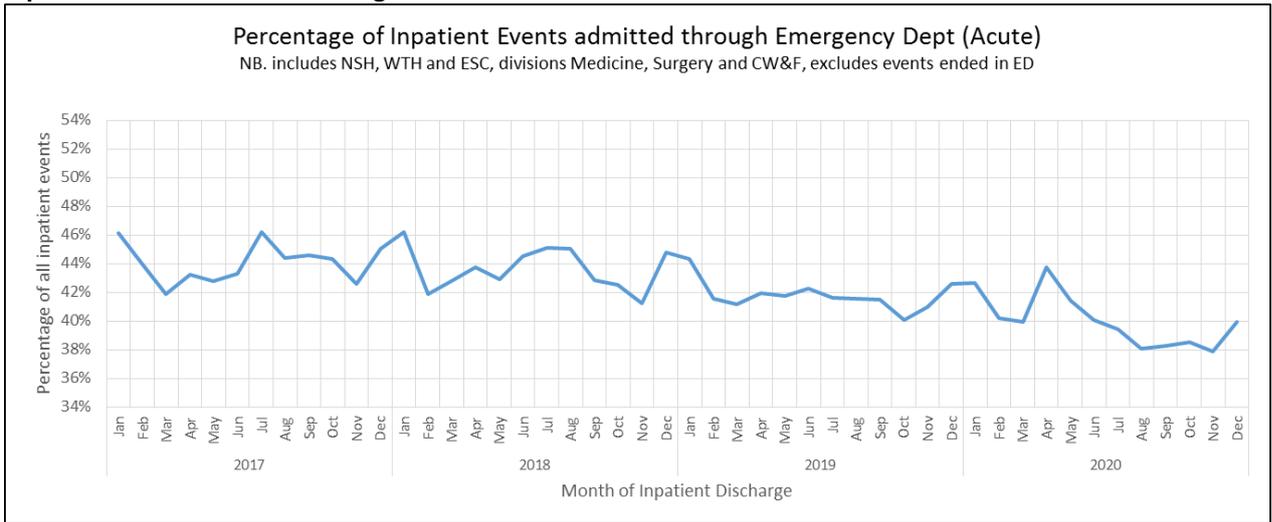
## Faster Cancer Treatment



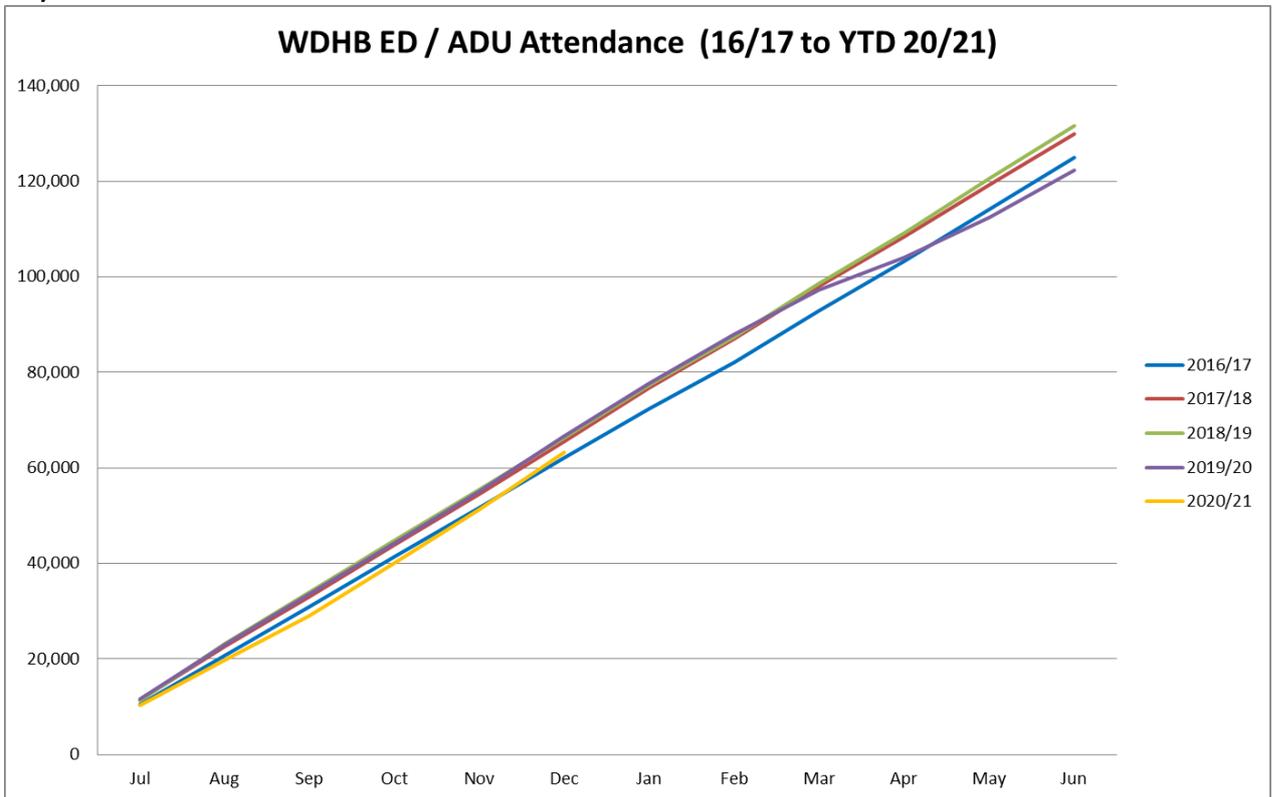
## Shorter Stays in EDs



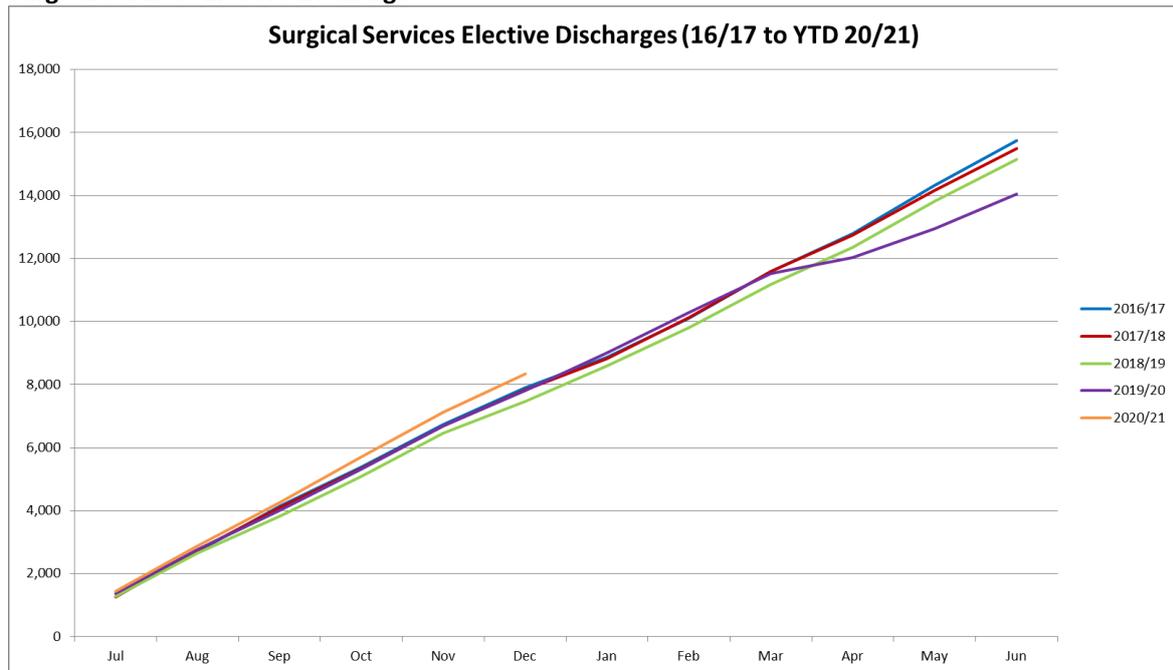
**Inpatient Events admitted through ED**



**ED / ADU Presentations**



### Surgical Services Elective Discharges



\* Surgical discharge volumes include all elective Orthopaedic, Gynaecology, ORL, Urology and General Surgery discharges (including skin lesions).

### Percentage Change ED and Elective Volumes

| December 2021                                | Month Volumes | % Change (last year) | YTD Volumes | % Change (last year) |
|--|---------------|----------------------|-------------|----------------------|
| ED/ADU Volumes                               | 11,923        | 4%                   | 63,149      | -5%                  |
| Surgical Services Elective Discharge Volumes | 1225          | 11%                  | 8345        | 7%                   |

## Elective Performance Indicators (part of Planned Care Services)

### Zero patients waiting over 4 months

|   |                  |
|---|------------------|
| Summary (December 2020)   |                  |
| Speciality  | Non Compliance % |
| ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA). | 6.92%            |
| ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.          | 20.37%           |

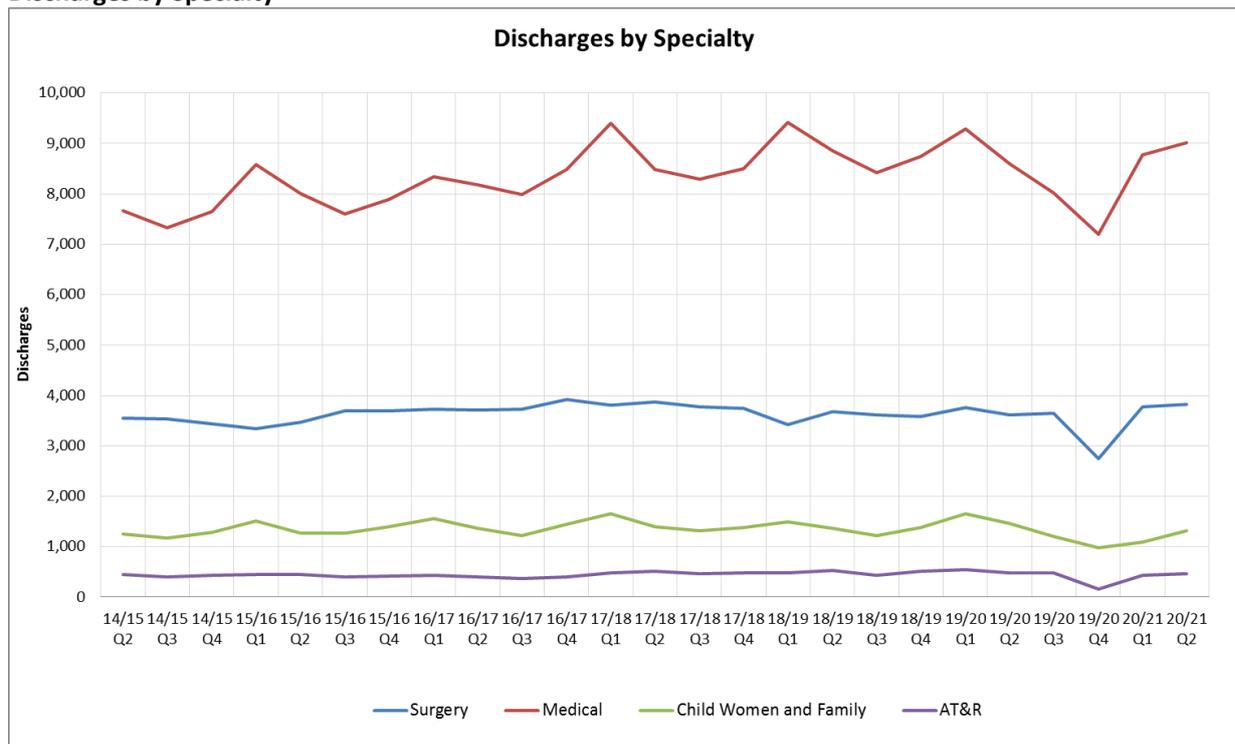
| ESPI   | WL Specialty         | Compliant | Non Compliant | Non Compliant |
|--------|----------------------|-----------|---------------|---------------|
| ESPI 2 | Anaesthesiology      | 113       | -             | 0.00%         |
|        | Cardiology           | 1,381     | -             | 0.00%         |
|        | Dermatology          | 323       | -             | 0.00%         |
|        | Diabetes             | 228       | -             | 0.00%         |
|        | Endocrinology        | 165       | -             | 0.00%         |
|        | Gastro-Enterology    | 1,034     | -             | 0.00%         |
|        | General Medicine     | 266       | -             | 0.00%         |
|        | General Surgery      | 1,462     | 125           | 7.88%         |
|        | Gynaecology          | 980       | 45            | 4.39%         |
|        | Haematology          | 160       | -             | 0.00%         |
|        | Infectious Diseases  | 66        | -             | 0.00%         |
|        | Neurovascular        | 123       |               | 0.00%         |
|        | Orthopaedic          | 2,187     | 237           | 9.78%         |
|        | Otorhinolaryngology  | 1,231     | 354           | 22.33%        |
|        | Paediatric MED       | 810       | 1             | 0.12%         |
|        | Renal Medicine       | 330       | -             | 0.00%         |
|        | Respiratory Medicine | 624       | -             | 0.00%         |
|        | Rheumatology         | 223       | -             | 0.00%         |
|        | Urology              | 740       | 164           | 18.14%        |
|        | Total                | 12,446    | 926           | 6.92%         |
| ESPI 5 | Cardiology           | 112       | -             | 0.00%         |
|        | General Surgery      | 1,736     | 159           | 8.39%         |
|        | Gynaecology          | 540       | 150           | 21.74%        |
|        | Orthopaedic          | 1,114     | 529           | 32.20%        |
|        | Otorhinolaryngology  | 298       | 40            | 11.83%        |
|        | Urology              | 370       | 189           | 33.81%        |
|        | Total                | 4,170     | 1,067         | 20.37%        |

**90% of outpatient referrals acknowledged and processed within 10 days**

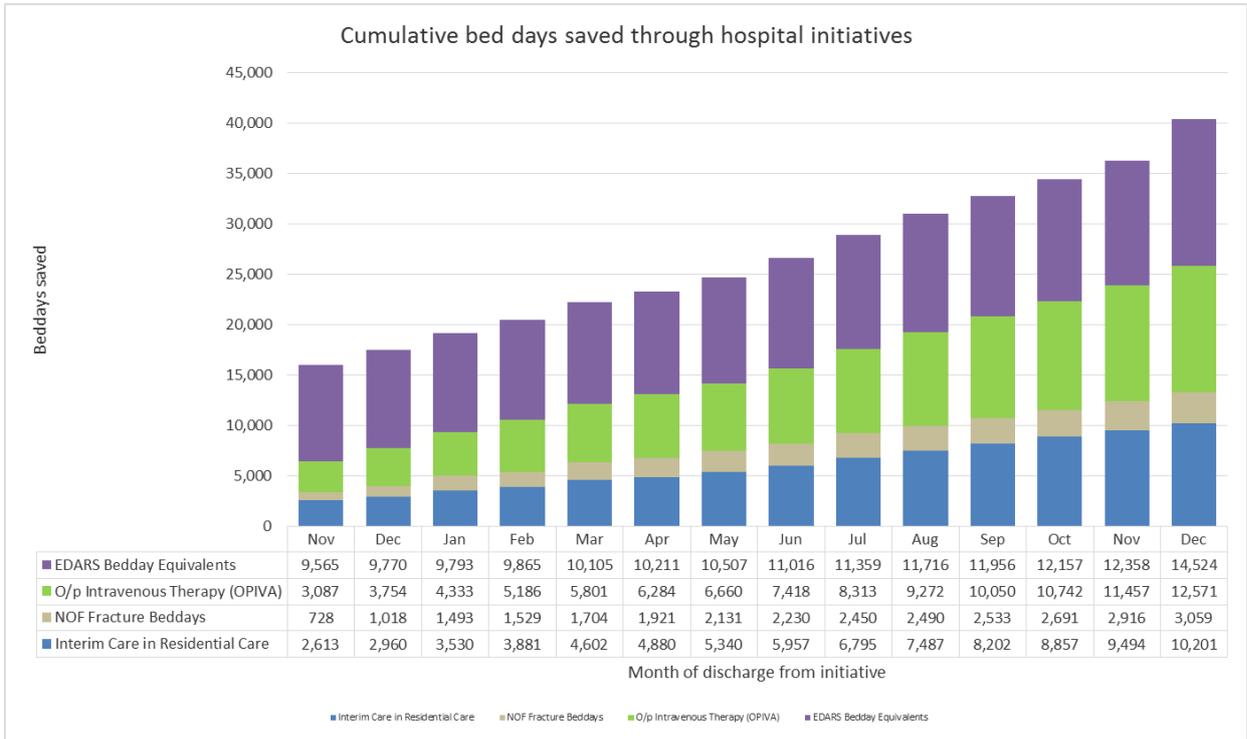
| ESPI 1 (December 2020) |               |
|------------------------|---------------|
| Specialty              | Compliance %  |
| Anaesthesiology        | 100.00%       |
| Cardiology             | 98.71%        |
| Dermatology            | 99.38%        |
| Diabetes               | 99.29%        |
| Endocrinology          | 99.55%        |
| Gastro-Enterology      | 96.88%        |
| General Medicine       | 98.08%        |
| General Surgery        | 96.91%        |
| Gynaecology            | 98.63%        |
| Haematology            | 99.59%        |
| Infectious Diseases    | 100.00%       |
| Neurovascular          | 100.00%       |
| Orthopaedic            | 98.05%        |
| Otorhinolaryngology    | 99.70%        |
| Paediatric MED         | 94.15%        |
| Renal Medicine         | 100.00%       |
| Respiratory Medicine   | 100.00%       |
| Rheumatology           | 99.34%        |
| Urology                | 100.00%       |
| <b>Total</b>           | <b>98.35%</b> |

| Legend        |   |
|---------------|---|
| <b>ESPI 1</b> | Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.   |
| <b>ESPI 2</b> | Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher. |
| <b>ESPI 5</b> | Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher    |

**Discharges by Specialty**



### Cumulative Bed Days saved through Hospital Initiatives



## Financial Performance

| Waitematā DHB Statement of Financial Performance     |               |                |                |                 |                |                 |                  |
|--|---------------|----------------|----------------|-----------------|----------------|-----------------|------------------|
| Provider - Dec-20                                    |               |                |                |                 |                |                 |                  |
| (\$000's)  | MONTH         |                |                | YEAR TO DATE    |                |                 | FULL YEAR        |
|  | Actual        | Budget         | Variance       | Actual          | Budget         | Variance        | Budget           |
| <b>REVENUE</b>                                       |               |                |                |                 |                |                 |                  |
| * Government and Crown Agency                        | 77,771        | 83,974         | (6,203)        | 501,418         | 504,665        | (3,247)         | 1,008,037        |
| Other Income   | 20,226        | 18,108         | 2,117          | 33,472          | 28,724         | 4,748           | 41,825           |
| <b>Total Revenue (excl. extraordinary items)</b>     | <b>97,997</b> | <b>102,083</b> | <b>(4,085)</b> | <b>534,890</b>  | <b>533,389</b> | <b>1,501</b>    | <b>1,049,862</b> |
| <b>EXPENDITURE</b>                                   |               |                |                |                 |                |                 |                  |
| <b>Personnel</b>                                     |               |                |                |                 |                |                 |                  |
| Medical  | 19,119        | 19,953         | 834            | 107,976         | 108,153        | 177             | 221,100          |
| Nursing  | 27,117        | 26,076         | (1,041)        | 147,697         | 146,327        | (1,370)         | 296,150          |
| Allied Health  | 11,784        | 11,751         | (33)           | 69,083          | 67,664         | (1,420)         | 134,634          |
| Support  | 2,487         | 2,379          | (108)          | 13,242          | 13,529         | 286             | 27,550           |
| Management / Administration                          | 6,978         | 7,320          | 343            | 40,644          | 43,998         | 3,354           | 88,151           |
| Outsourced Personnel                                 | 1,893         | 1,186          | (708)          | 12,295          | 7,677          | (4,619)         | 15,503           |
|  | 69,378        | 68,665         | (713)          | 390,938         | 387,347        | (3,592)         | 783,088          |
| <b>Other Expenditure</b>                             |               |                |                |                 |                |                 |                  |
| Outsourced Services                                  | 4,992         | 5,385          | 392            | 33,968          | 33,379         | (590)           | 66,234           |
| Clinical Supplies                                    | 11,404        | 11,418         | 14             | 70,391          | 70,130         | (260)           | 138,622          |
| Infrastructure & Non-Clinical Supplies               | 7,828         | 8,345          | 516            | 55,268          | 49,805         | (5,463)         | 98,719           |
|  | 24,224        | 25,147         | 923            | 159,627         | 153,314        | (6,313)         | 303,575          |
| <b>Total Expenditure (excl. extraordinary items)</b> | <b>93,602</b> | <b>93,813</b>  | <b>210</b>     | <b>550,565</b>  | <b>540,660</b> | <b>(9,905)</b>  | <b>1,086,662</b> |
| <b>Surplus/(Deficit) excl. extraordinary items</b>   | <b>4,395</b>  | <b>8,270</b>   | <b>(3,875)</b> | <b>(15,675)</b> | <b>(7,272)</b> | <b>(8,403)</b>  | <b>(36,800)</b>  |
| <b>Extraordinary items</b>                           |               |                |                |                 |                |                 |                  |
| COVID-19 Net benefit/(cost)                          | (964)         | 0              | (964)          | (2,667)         | 0              | (2,667)         | 0                |
| Holiday Pay provision                                | (2,000)       | 0              | (2,000)        | (12,000)        | 0              | (12,000)        | 0                |
| <b>Surplus/(Deficit) incl. extraordinary items</b>   | <b>1,431</b>  | <b>8,270</b>   | <b>(6,839)</b> | <b>(30,342)</b> | <b>(7,272)</b> | <b>(23,070)</b> | <b>(36,800)</b>  |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

| Waitematā DHB Statement of Financial Performance       |              |              |                |                 |                |                 |                 |
|--|--------------|--------------|----------------|-----------------|----------------|-----------------|-----------------|
| Provider by service - Dec-20                           |              |              |                |                 |                |                 |                 |
| (\$000's)  | MONTH        |              |                | YEAR TO DATE    |                |                 | FULL YEAR       |
|  | Actual       | Budget       | Variance       | Actual          | Budget         | Variance        | Budget          |
| <b>CONTRIBUTION (excl. extraordinary items)</b>        |              |              |                |                 |                |                 |                 |
| Surgical and Ambulatory                                | (15,606)     | (15,125)     | (481)          | (79,650)        | (76,216)       | (3,434)         | (148,951)       |
| Acute and Emergency                                    | (15,724)     | (15,323)     | (401)          | (81,361)        | (80,219)       | (1,142)         | (157,056)       |
| Specialty Medicine and HOPS                            | (9,273)      | (9,434)      | 160            | (48,642)        | (48,830)       | 187             | (94,578)        |
| Child Women and Family                                 | (6,407)      | (6,300)      | (107)          | (32,457)        | (32,167)       | (290)           | (62,828)        |
| Regional Dental  | (2,520)      | (2,745)      | 225            | (13,577)        | (14,512)       | 936             | (27,563)        |
| Specialist Mental Health and Addiction                 | (14,334)     | (14,169)     | (165)          | (73,376)        | (70,441)       | (2,934)         | (136,908)       |
| Elective Surgery Centre                                | (2,142)      | (1,841)      | (301)          | (15,026)        | (14,304)       | (721)           | (28,439)        |
| Clinical Support                                       | (3,692)      | (3,443)      | (250)          | (18,369)        | (17,109)       | (1,259)         | (33,034)        |
| Diagnostics  | (9,735)      | (10,669)     | 935            | (53,054)        | (54,758)       | 1,704           | (105,736)       |
| Corporate and Provider Support                         | 83,829       | 87,318       | (3,489)        | 399,836         | 401,286        | (1,449)         | 758,293         |
| <b>Net Surplus/(Deficit) excl. extraordinary items</b> | <b>4,395</b> | <b>8,270</b> | <b>(3,875)</b> | <b>(15,675)</b> | <b>(7,272)</b> | <b>(8,403)</b>  | <b>(36,800)</b> |
| <b>Extraordinary items</b>                             |              |              |                |                 |                |                 |                 |
| COVID-19 Net benefit/(cost)                            | (964)        | 0            | (964)          | (2,667)         | 0              | (2,667)         | 0               |
| Holiday Pay provision                                  | (2,000)      | 0            | (2,000)        | (12,000)        | 0              | (12,000)        | 0               |
| <b>Surplus/(Deficit) incl. extraordinary items</b>     | <b>1,431</b> | <b>8,270</b> | <b>(6,839)</b> | <b>(30,342)</b> | <b>(7,272)</b> | <b>(23,070)</b> | <b>(36,800)</b> |

## Financial Performance Summary

The Provider Arm operating result for YTD December 2020 prior to the extraordinary impacts of COVID-19 and Holidays Act accruals was a deficit of \$15.675m against a budget deficit of \$7.272m and therefore \$8.403m unfavourable.

Key financial performance factors driving the year to date variance include:

- Unfavourable personnel costs, primarily in Mental Health Nursing and Allied personnel, with higher than usual staff retention rates and sick leave.
- Unfavourable clinical supply costs, primarily in Surgery and Ambulatory due to increased activity, increased usage and ongoing cost pressures in this area.
- Unfavourable outsourced Personnel costs due to higher than planned spend on locums to cover sick leave, maternity leave and vacancies.
- Unfavourable infrastructure and non-clinical supplies costs due to unmet savings and delays in realising Financial Sustainability Programme targets and ongoing cost pressures in relation to non-clinical supplies

The overall result shows an unfavourable variance of \$23.071m after the extraordinary impacts of COVID-19 (net of revenue and expenses) of \$2.668m and of \$12.00m for accruals in relation to the Holidays Act, which will continue to be booked on a monthly basis for the 2020/21 financial year, as directed by the Ministry of Health (MoH).

The full year effect of Holidays Act cost is expected to be \$24m which will lead to a forecast deficit of \$60.8m for the Provider Arm against the planned deficit of \$36.8m.

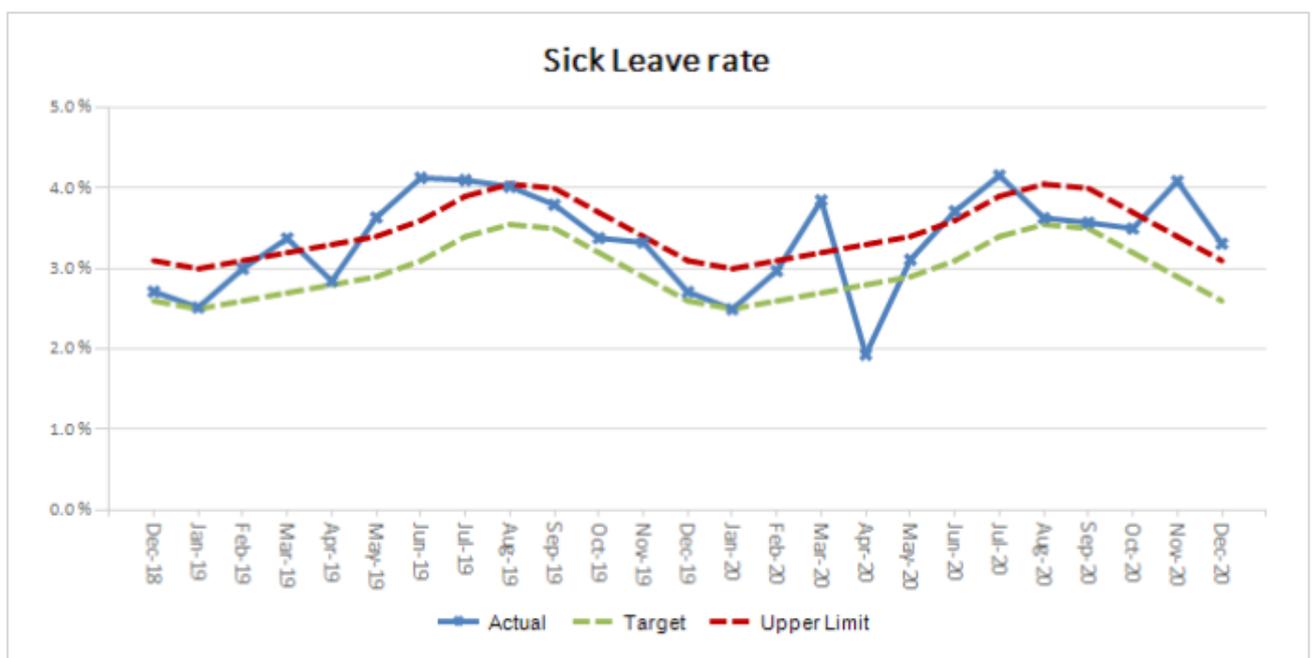
## Human Resources

Method of calculation of graphs:

1. Overtime Rate: The sum of overtime hours worked over the period divided by worked hours over the period.
2. Sick Leave Rate (days): The sum of sick leave hours over the period divided by total hours over the period.
3. Annual Leave balance days: Count of staff with 0-76+ days equivalent 8 hour days accumulated leave entitlement.
4. Voluntary Turnover Rate: Count of ALL staff resignations in the last 12 months. This data excludes RMOs, casuals, and involuntary reasons for leaving such as redundancy, dismissal and medical grounds.

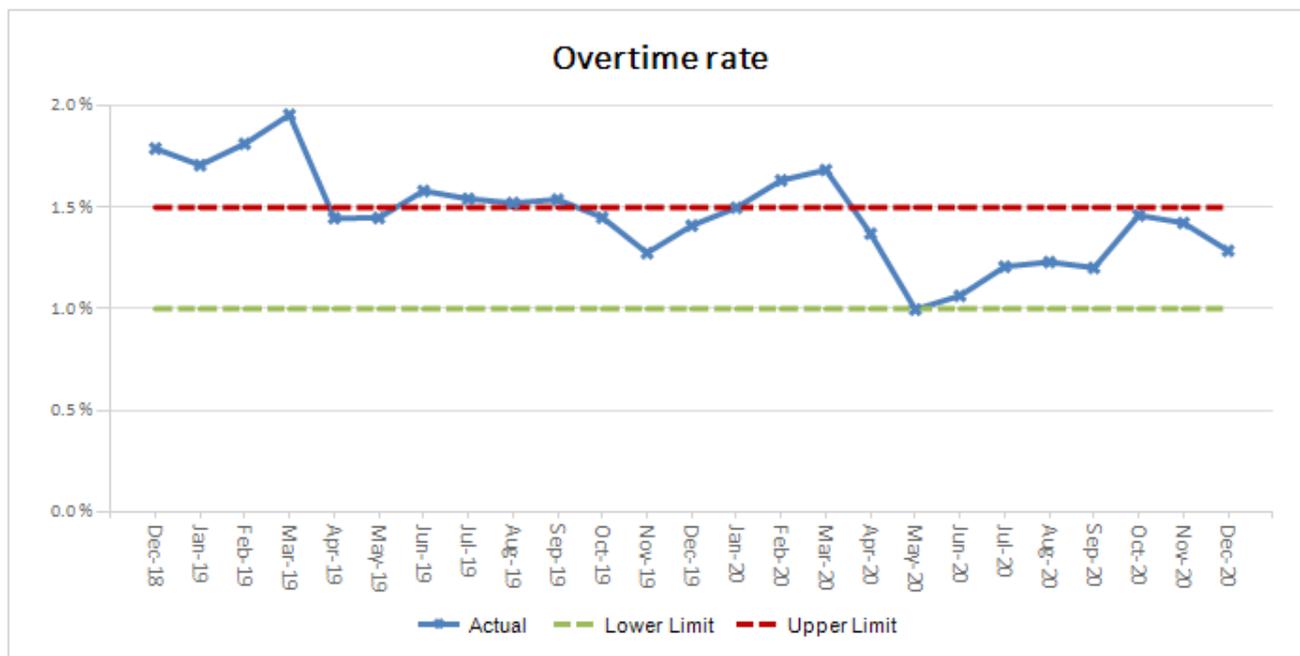
## Sick Leave

Sick leave increased in November (+0.6%) but decreased again in December (-0.6%), with colds and hay fever circulating in Spring.



## Overtime

Over time continues at low levels, decreasing from 1.5% to 1.3%. There may be some increase in figures for January due to an increase in COVID-19 response activity as a result of some active cases in the Northern region.

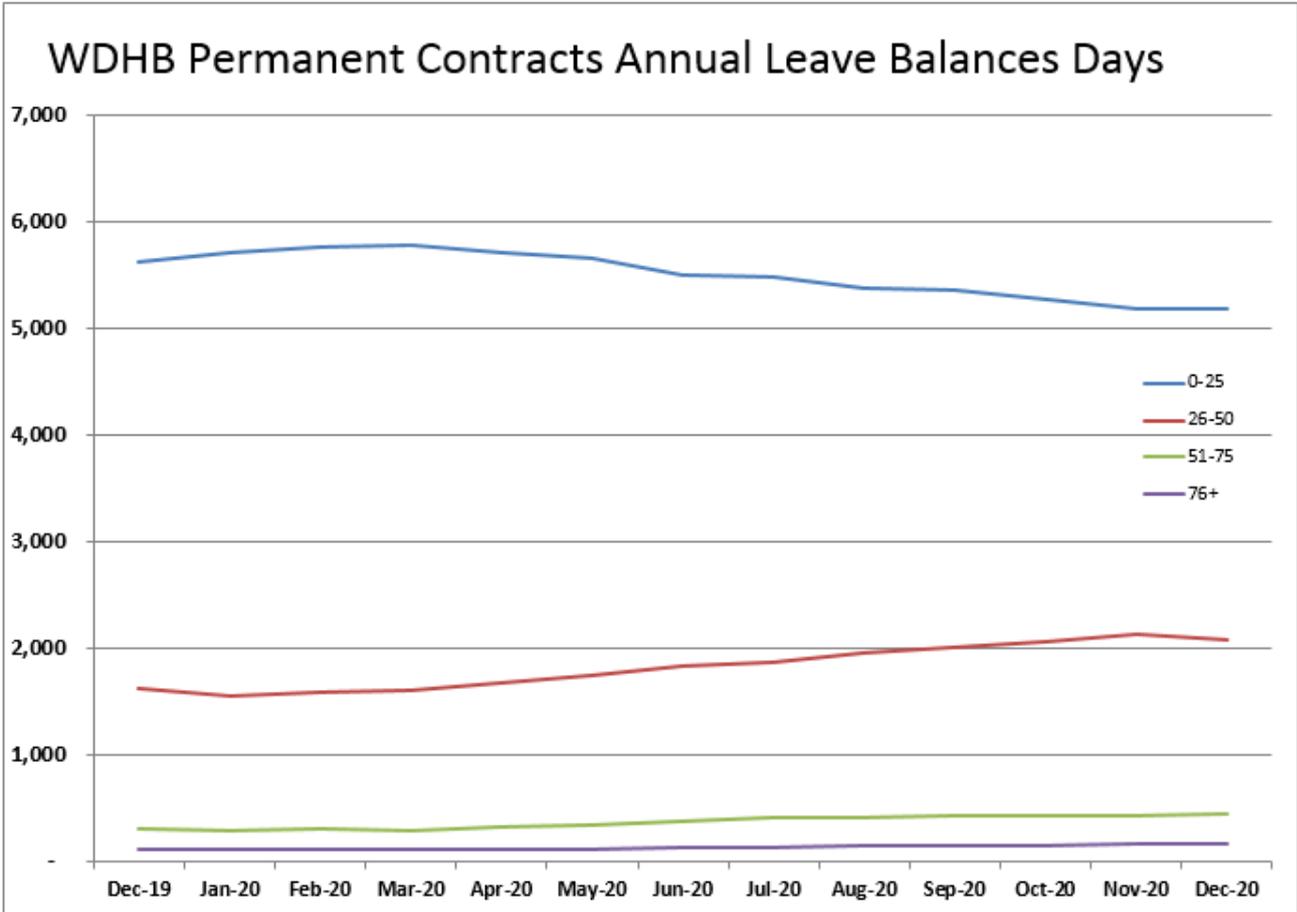


### Annual Leave

Annual leave balances have increased on average five additional days (23 to 27 days) per annum due to the impact of National COVID-19 Alert Levels 4 to 2 in late March-September 2020. This decreases to an average of 25 days in January 2021.

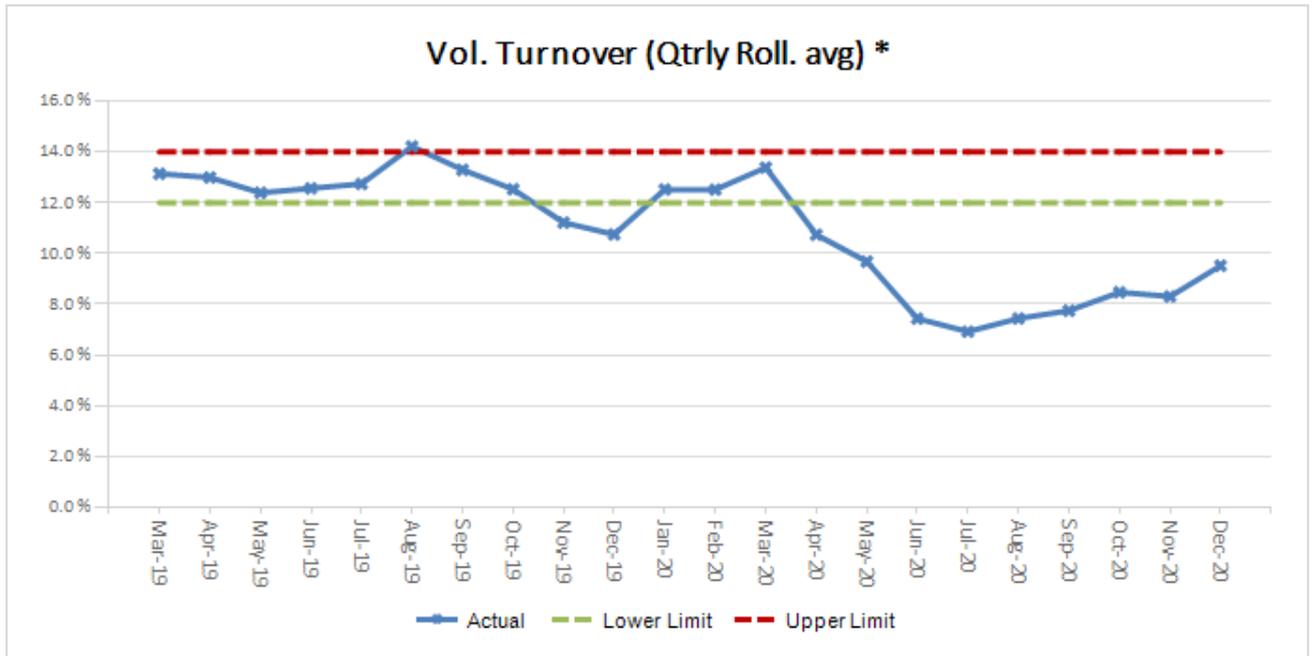
Staff are being requested to take leave over the Holiday seasons – including Auckland Anniversary, Waitangi Day and Easter. We have notified staff that they can cash up one week's leave, in line with the Holidays Act and over 500 staff have nominated to do this so far.

| Annual Leave December 2020           | Leave Bal<br>0-25 days | Leave Bal<br>25-50 days | Leave Bal<br>50-75 days | Leave Bal<br>75 days + |
|--------------------------------------|------------------------|-------------------------|-------------------------|------------------------|
| Surgical and Ambulatory              | 652                    | 303                     | 83                      | 38                     |
| Elective Surgery Centre              | 70                     | 29                      | 3                       | -                      |
| Child Women & Family                 | 568                    | 165                     | 21                      | 13                     |
| Facilities and Development           | 45                     | 19                      | 4                       | 2                      |
| Corporate                            | 319                    | 127                     | 23                      | 9                      |
| Acute and Emergency Medical Division | 837                    | 385                     | 122                     | 46                     |
| Clinical Support                     | 212                    | 116                     | 22                      | 1                      |
| Diagnostics                          | 285                    | 161                     | 45                      | 21                     |
| Director Hospital Services           | 132                    | 53                      | 19                      | 4                      |
| Elective and Outpatient Services     | 76                     | 20                      | 6                       | -                      |
| Mental Health & Addiction            | 978                    | 352                     | 42                      | 5                      |
| Regional Dental                      | 284                    | 65                      | 4                       |                        |
| Sub Specialty Med and HOPS           | 640                    | 252                     | 50                      | 15                     |
| Governance and Funding               | 94                     | 26                      | 2                       | 6                      |
| <b>Total</b>                         | <b>5,192</b>           | <b>2,073</b>            | <b>446</b>              | <b>160</b>             |
| <b>Comparison - December 2019</b>    | <b>5,623</b>           | <b>1,625</b>            | <b>297</b>              | <b>109</b>             |



## Staff Turnover

Staff turnover has remained stable with turnover increasing slightly in December to 9.5%.



## Divisional Reports

### Acute and Emergency Medicine Division

#### Service Overview

This division is responsible for the provision of General, Acute and Emergency Medical services. The division includes the departments of General Medicine, Assessment and Diagnostic Unit (ADU), Emergency Medicine, Cardiology, Medical wards and Hyperbaric Medicine.

The service is managed by Dr Gerard de Jong, Division Head Acute and Emergency Medicine and Alex Boersma, General Manager. The Associate Director of Nursing Medicine is Melody-Rose Mitchell. The Clinical Directors are Dr Hamish Hart for General Medicine, Dr Kate Allan for Emergency Care, Dr Tony Scott for Cardiology, Dr Hasan Bhally and Dr Hugh de Lautour for North Shore Hospital ADU and Dr Chris Sames for Hyperbaric Medicine.

#### Cardiovascular Unit Refurbishment

The Cath lab replacement project went live on Monday 14 December 2020 with the first angiogram being performed on the new machine.

This is a fantastic milestone given the time involved by the service and project team in the planning and implementation of this complex piece of work. It was particularly challenging given the impact on surrounding areas including the Emergency Department below it.

All teams pulled together to ensure that service delivery was managed during the eight weeks. Interventional radiology were wonderful in providing us the facilities to help maintain our device waiting list. The service and project team would like to thank staff in ED for their flexibility in accommodating the works, the cardiovascular lab staff for continuing to provide a high level of service throughout the works and all other staff involved in the successful completion of this project.

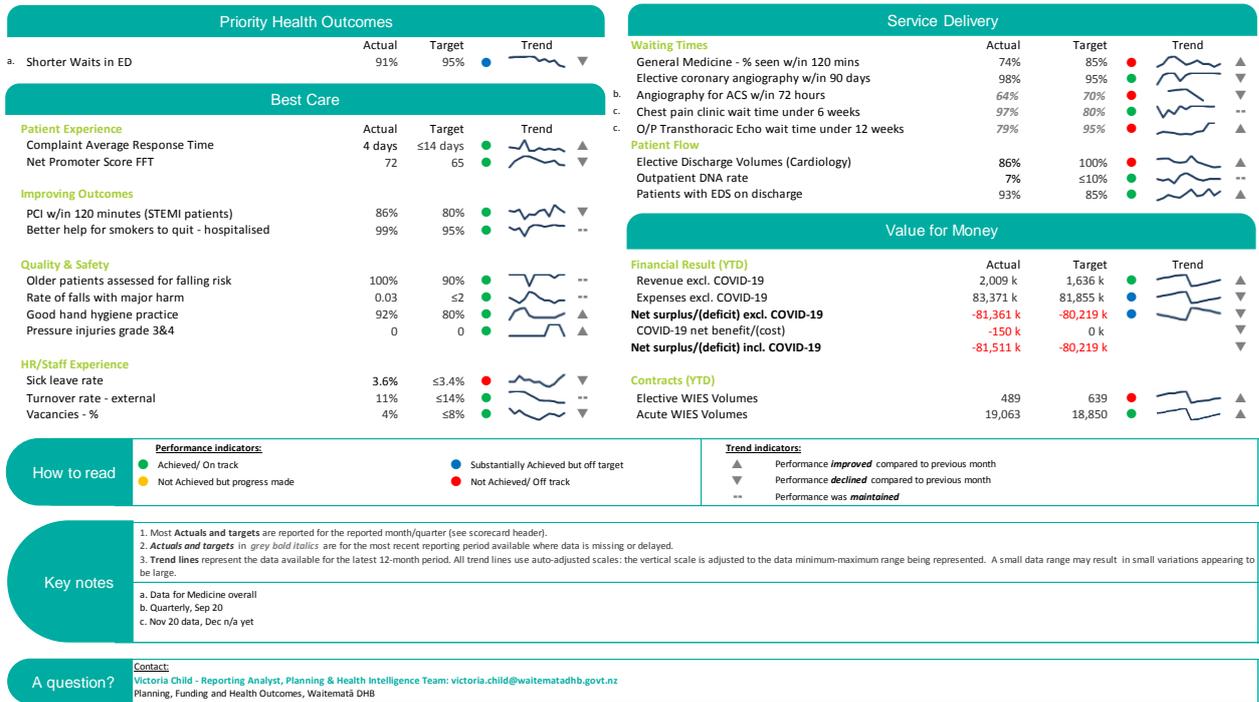


L-R: Hatish Padharia, Jenny Bindon, Dr Dale Bramley, Dr Seif El-Jack, Ruth Newcombe, Cecille Inocentes

L-R: Dr Dale Bramley, Dr Seif El-Jack, Cecille Inocentes, Linda Flay

# Scorecard – Acute and Emergency Medicine Division

Waitematā DHB Monthly Performance Scorecard  
Acute and Emergency Medicine  
December 2020  
2020/21



## Scorecard Variance Report

### Best Care

#### Sick leave rate – 3.6% against a target of ≤3.4%

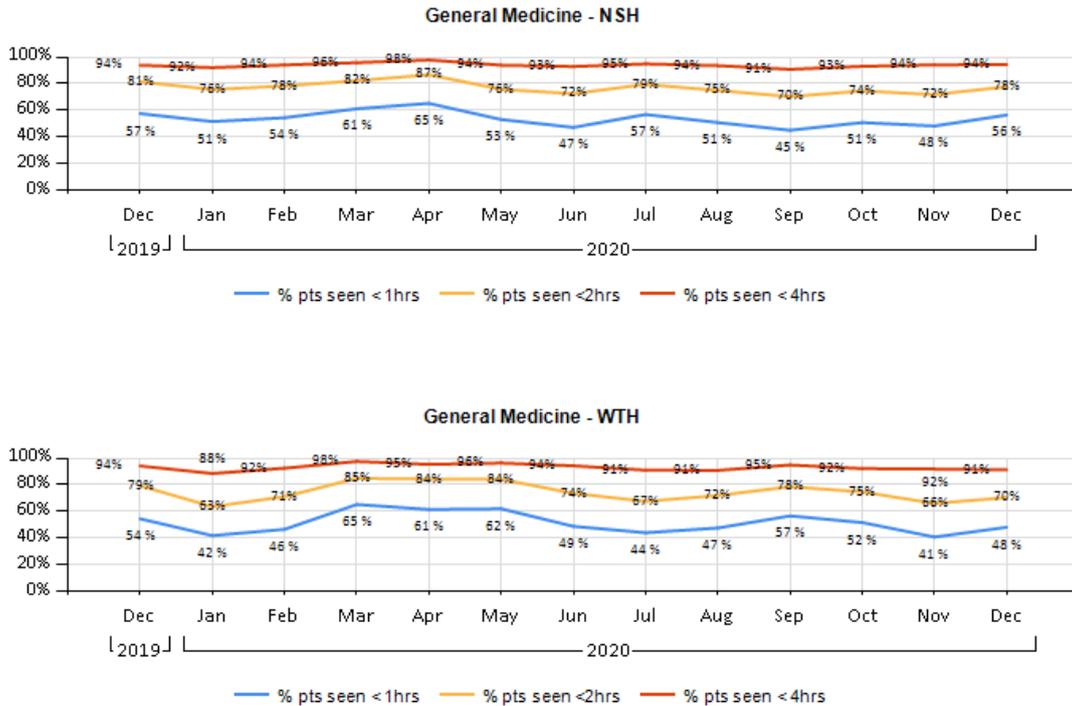
Sick Leave Rate – 10.1 days (per FTE) compared to a target of 8.0 days. The sick leave rate per FTE has increased slightly since the September figure of 9.5 and remains a lot higher than the usual December figures (8.0 in December 2018 and 7.9 in December 2019). The global pandemic also saw a delay in the winter influx of patient presentations with the flu season presenting itself much later in the year.

Sick Leave Rate 12 month rolling average – 3.6% compared to a target of 3.4%. The 12 month rolling average sick leave rate has remained relatively stable over the last 12 months.

### Service Delivery

#### General Medicine - % seen within 120 minutes of triage – 74% against a target of 85%

The time to be seen at NSH has remained the same in the last month. Despite slightly lower admission numbers there was an increase in RMO vacancies at both sites due to the change of RMO rotation dates. There is an SMO present in the ADU NSH on a daily basis between 8:00am and 8:00pm to support the assessment of acute patients. Patients who wait longer than four hours are minimal and are reviewed on a daily basis. There is a slight increase in the time to be seen overnight with the reduction in RMO numbers and we will continue to monitor this.



**Angiography for ACS (acute coronary syndrome) within 72 hours – 64% against a target of 70%**

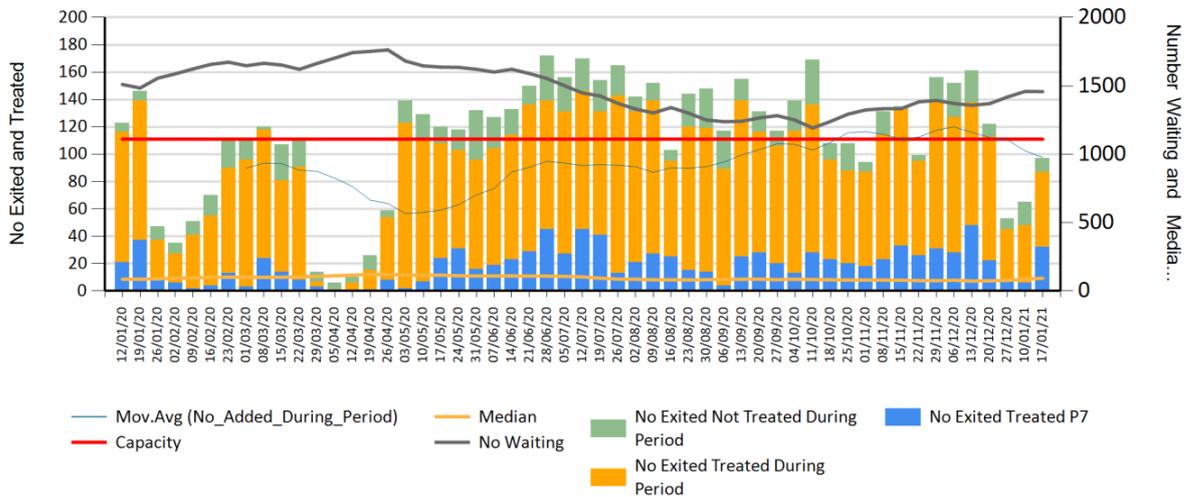
High demand for inpatient cardiology beds impacted on ability to provide angiogram within the target of 72 hours.

**O/P Transthoracic Echo wait time under 12 weeks – 79% against a target of 95%**

It has been challenging to provide echocardiography services in a timely manner over a prolonged period. Various initiatives such as weekend lists have achieved temporary gains. In December, 79% of ECHOs were completed in outpatients within the 12-week Northern Region target. While the waiting time for P1 patients has been maintained, the median wait time for all patients is 12 weeks – an improvement in comparison to 2019 when the median was as high as 22 weeks. P2 patients are now down to eight to ten weeks and P3 patients are at eight months.

The graph below shows the improvements made since the beginning of June, the sustained increase in productivity since production resumed in May and the continued downward trend on the waiting list, which at the beginning of December sits at 1,358.

### OP Cardiology 2D Echo ~ Data for the last 12 months



#### Elective Discharge Volumes (Cardiology) – 86% against a target of 100%

The refurbishment of the Cath Lab, which commenced on the 21 September 2020 has impacted on elective volumes. This will improve from January 2021.

#### Waitematā DHB Priorities Variance Report

| DHB activity  | Milestone            | On Track |
|---|----------------------|----------|
| <b>Planned Care</b>   |                      |          |
| Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes  |                      |          |
| <b>Quality. Support consumers to navigate their health journeys</b>   | Dec 2020             | ✓        |
| <i>Acute readmissions</i>   |                      |          |
| <ul style="list-style-type: none"> <li>Establish effective outpatient management pathways and clinics for patients with heart failure and monitor the impact of this on their readmission rate</li> </ul>   |                      |          |
| <ul style="list-style-type: none"> <li>Utilise both General Medicine and cardiology resources to support and further develop the chronic heart failure management system/clinic</li> </ul>  | Jun 2021             | ✓        |
| <b>Acute demand</b>   |                      |          |
| Actions to improve the management of acute inpatient demand and data in the Emergency Department  |                      |          |
| <b>Acute data capturing</b>   | Jul 2020             | ✗        |
| Pending funding approval, develop a project to clarify ED clinician workflow and interactions with clinical systems and develop and enhance ED workflow user experience tools to better support data capture  |                      |          |
| <ul style="list-style-type: none"> <li>Initiate project</li> <li>Development and delivery of SNOMED</li> <li>Optimisation</li> </ul>  | Dec 2020<br>Jun 2021 |          |
| <b>Acute demand</b>   | Ongoing              | ✓        |
| <i>Improving patient flow for admitted patients</i>   |                      |          |
| Continue to support inpatient home-based wards in Medicine at both hospitals with a focus on further improving patient flow through daily consultant-led ward rounds, daily multidisciplinary board rounds supported by a daily review of patients with a length of stay (LOS) >7 days. Further enhance these processes by providing cultural support to facilitate discharge planning for Māori and Pacific patients (EOA) |                      |          |

|  |                          |   |
|--|--------------------------|---|
| <i>Acute clinics</i><br>Continue to develop same-day acute outpatient clinics in Medicine as an alternative to assessment in the Admissions and Diagnostic Unit (ADU)  | Ongoing                  | ✓ |
| Establish the baseline and for virtual clinics and develop a robust virtual clinic follow-up process in General Medicine   | Dec 2020                 | ✓ |
| <i>Geriatric Medicine in ED and ADU</i><br>Work with the Health Care of the Elderly to develop a system to ensure the early assessment and management of frail elderly patients presenting to the hospital to facilitate early discharge to community geriatric support or direct admission for rehabilitation               | Dec 2020                 | ✓ |
| <i>Acute Care of the Elderly</i><br>Provide a more co-ordinated and specialised care pathway for the acute care of frail elderly (evidence suggests that this facilitates earlier discharge and shorter LOS in secondary services)<br><ul style="list-style-type: none"> <li>• Trial concept</li> <li>• Implement</li> </ul> | Jul 2020<br><br>Jun 2021 | ✓ |
| <i>Improving wait times for patients requiring mental health and addiction services who present to ED</i><br><ul style="list-style-type: none"> <li>• Implement a rapid assessment process for mental health patients to ensure timely assessment</li> </ul>   | Dec 2020                 | ✓ |
| <ul style="list-style-type: none"> <li>• Review the current model of care to minimise patient waiting times; action at least one recommendation</li> </ul>   | Jun 2021                 | ✓ |

#### **Areas off track for month and remedial plans**

##### *Acute data capturing*

- Implement SNOMED coding of ED presenting complaints
- Investigate and scope requirements for ED Procedures and Diagnosis codes

There are three parts to SNOMED coding in ED the coding of presenting complaints, the coding of procedures and the coding of diagnosis. The Waitemata DHB IT service has assessed and scoped the implementation of SNOMED and have concluded that they cannot support this with the current IT tools. They have made a capital request for \$400k, however funding for this IT project was not approved.

Plan to link the implementation of the ED white board in July 2021.

##### *Acute Care of the Elderly*

Provide a more co-ordinated and specialised care pathway for the acute care of frail elderly (evidence suggests that this facilitates earlier discharge and shorter LOS in secondary services)

- Trial Concept

Acute Care of Elderly working group established – data analysis of acute patient flows.

## Financial Results - Acute and Emergency Medicine

| Waitematā DHB Statement of Financial Performance |                 |                 |              |                 |                 |                |                  |
|--|-----------------|-----------------|--------------|-----------------|-----------------|----------------|------------------|
| Acute & Emergency Medicine - Dec-20              |                 |                 |              |                 |                 |                |                  |
| (\$000's)  | MONTH           |                 |              | YEAR TO DATE    |                 |                | FULL YEAR        |
|  | Actual          | Budget          | Variance     | Actual          | Budget          | Variance       | Budget           |
| <b>REVENUE</b>                                   |                 |                 |              |                 |                 |                |                  |
| * Government and Crown Agency                    | 292             | 215             | 77           | 1,616           | 1,287           | 329            | 2,574            |
| Other Income                                     | 72              | 58              | 14           | 393             | 349             | 44             | 698              |
| <b>Total Revenue (excluding COVID)</b>           | <b>364</b>      | <b>273</b>      | <b>91</b>    | <b>2,009</b>    | <b>1,636</b>    | <b>373</b>     | <b>3,272</b>     |
| <b>EXPENDITURE</b>                               |                 |                 |              |                 |                 |                |                  |
| <b>Personnel</b>                                 |                 |                 |              |                 |                 |                |                  |
| Medical  | 6,917           | 6,821           | (96)         | 29,960          | 30,376          | 417            | 56,881           |
| Nursing  | 6,191           | 6,071           | (120)        | 37,690          | 37,105          | (585)          | 75,525           |
| Allied Health                                    | 381             | 380             | (1)          | 1,734           | 1,692           | (43)           | 3,184            |
| Support  | 0               | 0               | 0            | 0               | 0               | 0              | 0                |
| Management / Administration                      | 826             | 814             | (12)         | 3,739           | 3,682           | (57)           | 6,852            |
| Outsourced Personnel                             | 88              | 142             | 54           | 639             | 843             | 204            | 1,673            |
|  | 14,403          | 14,227          | (175)        | 73,762          | 73,699          | (63)           | 144,115          |
| <b>Other Expenditure</b>                         |                 |                 |              |                 |                 |                |                  |
| Outsourced Services                              | 45              | 39              | (6)          | 194             | 231             | 36             | 458              |
| Clinical Supplies                                | 1,313           | 1,241           | (72)         | 7,451           | 7,416           | (35)           | 14,768           |
| Infrastructure & Non-Clinical Supplies           | 327             | 89              | (239)        | 1,963           | 510             | (1,453)        | 989              |
|  | 1,685           | 1,368           | (316)        | 9,609           | 8,156           | (1,452)        | 16,214           |
| <b>Total Expenditure (excluding COVID)</b>       | <b>16,088</b>   | <b>15,596</b>   | <b>(492)</b> | <b>83,371</b>   | <b>81,855</b>   | <b>(1,516)</b> | <b>160,329</b>   |
| <b>Surplus/(Deficit) excluding COVID</b>         | <b>(15,724)</b> | <b>(15,323)</b> | <b>(401)</b> | <b>(81,361)</b> | <b>(80,219)</b> | <b>(1,142)</b> | <b>(157,056)</b> |
| <b>Extraordinary impacts</b>                     |                 |                 |              |                 |                 |                |                  |
| COVID-19 Net benefit/(cost)                      | (8)             | 0               | (8)          | (150)           | 0               | (150)          | 0                |
| <b>Surplus/(Deficit) including COVID</b>         | <b>(15,732)</b> | <b>(15,323)</b> | <b>(409)</b> | <b>(81,511)</b> | <b>(80,219)</b> | <b>(1,292)</b> | <b>(157,056)</b> |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

### Comment on major financial variances

#### Comment on major financial variances

The overall result for Acute and Emergency was \$409k unfavourable for December and \$1,292k unfavourable for the YTD.

#### Revenue (\$91k favourable for December, \$373k favourable YTD)

The favourable variance for the month was due to ACC revenue. The favourable YTD variance was due to higher ACC revenue and University of Auckland teaching.

#### Expenditure excluding COVID (\$492k unfavourable for December, \$1,516k unfavourable YTD)

The unfavourable variance for December was mainly due to overspending on nursing in NSH ED and ADU, Cardiology cost relate to afterhours sessions for catching up the volume impacted by the rebuild of one Cath lab and high cost on registrar and house officers due to over-allocation. The unfavourable variance for the YTD was mainly due to unmet saving target and COVID-19 cost.

#### Personnel (\$63k unfavourable YTD)

##### Medical (\$417k favourable YTD)

The favourable variance was due to reduced ED medical cover cost from additional sessions and savings from skill mix in General Medicine for junior doctors. Overspending on Cardiology medical cost, due to high activity level, had offset some savings from other areas.

*Nursing (\$585k unfavourable YTD)*

The unfavourable variance was due to high ED and ADU nursing cover and watch cost across the division. Extra nursing staff deployed at NSH ED and ADU since COVID-19 Alert Level 3 since August. In addition, longer term COVID-19 impact has imposed on extra cost pressure on the areas of accumulated annual leave and additional safety measures implemented in some areas caring for COVID-19 patients.

*Allied Health (\$43k unfavourable YTD)*

The unfavourable variance was due to the afterhours work for Cath lab rebuild period from September to December.

*Support and Management/Administration (\$57k unfavourable YTD)*

The unfavourable variance was due to high sick leave cover in ED and additional cover provided for Surgical Assessment and Diagnostic Unit (SADU).

*Outsourced Personnel (\$204k favourable YTD)*

**Other Expenditure (\$1,452k unfavourable YTD)**

*Outsourced Services (\$36k favourable YTD)*

*Clinical Supplies (\$35k unfavourable YTD)*

The unfavourable variance was due to high cardiology catheter and implant costs.

*Infrastructure and Non-Clinical Supplies (\$1453k unfavourable YTD)*

The unfavourable variance was the saving target.

**COVID-19 impact**

*Total COVID-19 impact (150k for YTD):*

There was extra cover cost for staff that stood down or was under self-isolation for various reasons in relation to COVID-19. Additional RN and HCAs have been deployed at NSH ED, ADU, ward 10 and ward 11 since August incurring extra nursing cost. In addition, COVID-19 restrictions on travels have caused an increase on accumulated annual leave balance. Clinical supplies for face masks, protective clothing and related products also increased during last few months. A breakdown by account group as follows:

**EXPENDITURE**

**Personnel**

|                             |      |
|-----------------------------|------|
| Medical                     | 105  |
| Nursing                     | 102  |
| Allied Health               | 0    |
| Support                     | 0    |
| Management / Administration | 0    |
| Outsourced Personnel        | (81) |
|                             | 24   |

**Other Expenditure**

|  |     |
|--|-----|
| Outsourced Services                    | 24  |
| Clinical Supplies                      | 0   |
| Infrastructure & Non-Clinical Supplies | 0   |
|  | 150 |

**COVID Expenses**

150

**COVID-19 Net benefit/(cost)**

**(150)**

## Specialty Medicine and Health of Older People Division

### Service Overview

This Division is responsible for the provision of medical sub-specialty and health of older people services. This includes respiratory, renal, endocrinology, stroke, dermatology, haematology, diabetes, rheumatology, infectious diseases, medical oncology, neurology, gastroenterology, smoke-free, fracture liaison services and Older Adults and Home Health, which in turn includes palliative care, geriatric medicine, district nursing, EDARS (early discharge and rehabilitation service), needs assessment and service coordination, the specialist gerontology nursing service Nga Kaitiaki Kaumatua, Mental Health Services for Older Adults, and the AT&R wards. The division also includes the Medicine patient service centre. Allied Health provides clinical support across (inpatient, outpatient and community services) across the Acute and Emergency Medicine Division, Specialty Medicine and Health of Older People Division and Surgical and Ambulatory Service and reports to the General Manager Specialty Medicine and Health of Older People.

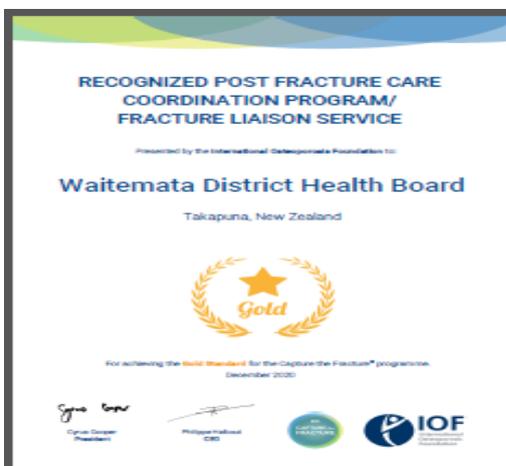
The service is managed by Willem Landman, Head of Division, and Brian Millen, General Manager. Melody-Rose Mitchell is the Associate Director of Nursing Acute and Emergency Medicine and Specialty Medicine and Health of Older People. The Clinical Directors are Dr Cheryl Johnson for Geriatric Medicine, Dr Sachin Jauhari for Psychiatry for the Older Adult, Dr Moira Camilleri for Palliative Care, Dr Stephen Burmeister for Gastroenterology, Dr Simon Young for Diabetes/Endocrinology, Dr Naveed Ahmed (Acting) for Renal, Dr Megan Cornere for Respiratory, Dr Eileen Merriman for Haematology, Dr Nicholas Child for Stroke, Dr Matthew Rogers for Infection, Dr Blair Wood for Dermatology and Dr Michael Corkill for Rheumatology.

### Highlight of the Month

#### Fracture Liaison Service

The Waitematā DHB Fracture Liaison Service has now been recognised as the most comprehensive and effective Fracture Liaison service in New Zealand.

In December, the Waitematā DHB Fracture Liaison service (FLS) was awarded the Gold Star standard by the International Osteoporosis Foundation's Capture the Fracture (IOF CTF) Map of Best Practice. IOF CTF adjudicates each FLS according to their performance level (KPIs focus on rates of fragility fracture identification, assessment, treatment, as well as appropriate implementation of follow up and falls prevention strategies) and grades respective FLS into Green, Bronze, Silver and Gold. The Gold Star is awarded to centres performing at the highest level.



Fracture Liaison Service (FLS) is a secondary fracture prevention programme that was first developed and implemented in Europe in the early 2000s and is now broadly and globally adopted. Waitematā DHB was the first DHB to have an established Fracture Liaison service in New Zealand about eight years ago, and with the

on-going support of the Board and funding from Accident Compensation Corporation (ACC), the service was able to grow and has been recognised as the leading FLS in New Zealand over recent years.

The FLS is comprised of a small team of passionate clinicians (0.1FTE senior doctor, 1.6FTE nurse specialists, and 0.2FTE administrative support) who continue to strive to find ways to improve both the service and outcomes for Waitematā patients over 50 who have suffered a fragility fracture. Considering the fact that the DHB serves a population of over 0.6 million, the FLS are punching well above their weight in what they are providing and achieving for our residents.

The ultimate aim of FLS is future fracture prevention especially that of the hip, by identifying, investigating and treating those presenting with an initial fragility fracture. Literature tells us that fifty per cent of people with a fragility fracture will have a further fracture in their lives and should be assessed for treatment of osteoporosis. The role and function of the FLS service is to identify these patients and commence them, where appropriate, on bone protection medications. Research has demonstrated that this potentially leads to a 50% reduction in subsequent fractures and a reduction in admissions associated with these fractures.

With every improvement that the team introduces, more and more Waitematā DHB patients are being identified and commenced on bone treatment. This bodes well for the future health and strength of bones in our aging populations.

ACC has recently announced that they will continue with their national funding of FLS till June 2021, and beyond that they would fund individual DHBs according to level of performance (in accordance with IOF CTF's KPI's) of respective DHBs. This puts Waitematā FLS in a very strong position beyond 2021 and we are hopeful that we can expand our service to provide even broader and better quality care. ACC is already aware of Waitematā DHB's FLS achievements and have recently indicated that they would like use Waitematā DHB FLS as 'exemplary bench mark' for other DHBs.

## **Key Issues**

### **Warkworth Community Services Move – Acknowledgment of Staff**

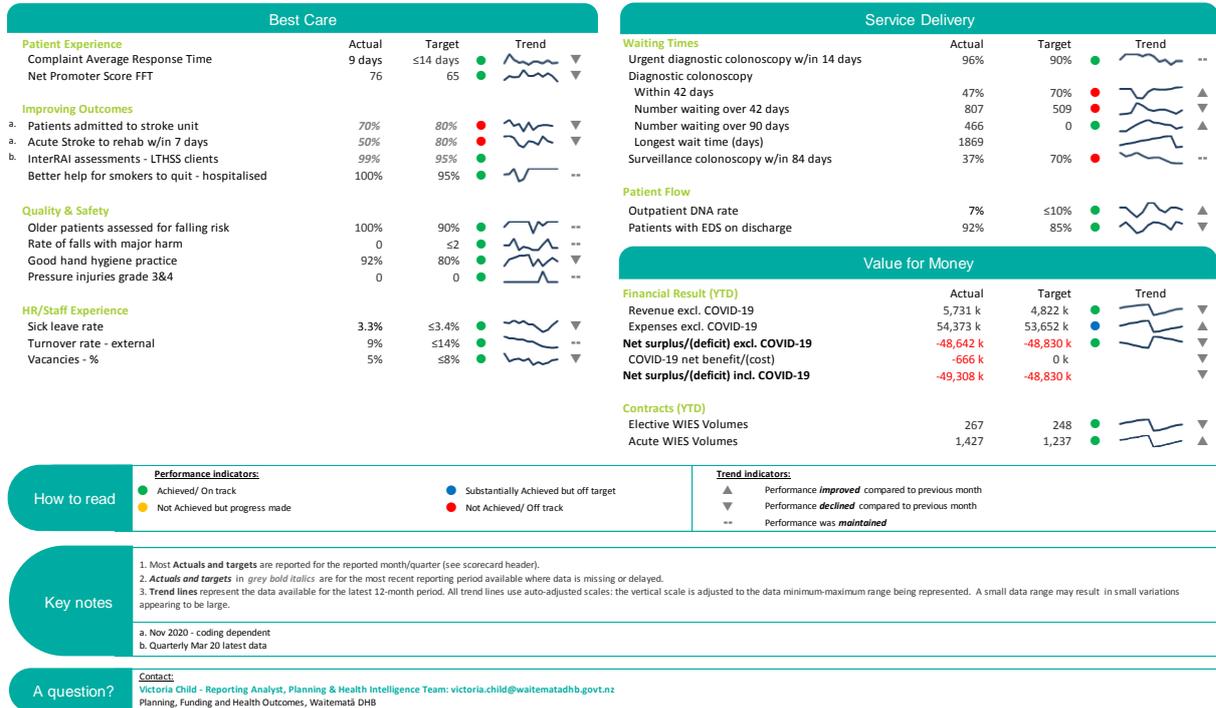
The move from the previous base at Alnwick Street to Coast to Coast and Hospice Tui House, and the subsequent settling in period, was a challenging period for the community teams. We would like to acknowledge the teams involved and those in the project group for working together in a collaborative and positive way to ensure things went as well as possible.

Senior management visited the sites and met with staff from all the services on 22 December 2020 including District Nursing, Allied Health, Public Health, Rodney Adult Mental Health and the Administration teams. This was an opportunity to connect with staff and to hear their experiences and thoughts about the new facilities and what they might require to ensure services can continue to deliver a high standard of care to the community of Warkworth and surrounds.

The level of engagement of staff across services has been and continues to be commendable. On-going communication and participation is a priority for the teams with agreement that transparency and two way communication will continue as solutions are found for the challenges they face in the new settings. Fortnightly zoom meetings with staff and managers have been scheduled to provide a regular forum for updates and discussion.

# Scorecard – Specialty Medicine and Health of Older People Services

Waitematā DHB Monthly Performance Scorecard  
Specialty Medicine and Health of Older People  
December 2020  
2020/21



## Scorecard Variance Report

### Best Care

#### Patients admitted to Stroke unit – 70% against a target of 80%

Of the 81 patients coded as having had a stroke in November, 57 were identified as having received their care on a stroke ward. A review of the medical noted identified that of the 24 who did not receive their care on a stroke ward: eight had stroke recorded as a secondary diagnosis (previous stroke but not the reason for their admission in December); one was transferred to Auckland hospital for clot retrieval, one had severe respiratory issues and remained under the care of a respiratory team, one received end of life care appropriately on another ward; two had not had a stroke and six require further clinical review by a stroke physician to determine if they had a stroke or other neurological condition. Two of the 24 were appropriately identified as having had an acute stroke in November and should have received their care on a stroke ward.

#### Acute Stroke to rehab within seven days – 50% against a target of 80%

Of the 24 patients coded as having been eligible for transfer to rehab in November, 12 did so within seven days. Upon review, seven were too medically unwell to transfer to rehab within seven days; three require further medical review to confirm a diagnosis of an acute stroke; one was initially to go to rehab+ but declined, necessitating a transfer to AT&R and one was delayed due to bed access.

### Service Delivery

#### Diagnostic colonoscopy within 42 days – 47% against a target of 70%

While the target was not met in terms of compliance against the indicators, the total number of people waiting for their colonoscopy (non-urgent and surveillance) was aligned to the recovery trajectory forecast in our improvement action plan prior to December. Outsourcing was temporarily stopped 11 November 2020

and did not fully resume until early January 2021 which resulted in the 221 fewer colonoscopies than planned over this period. While this will also negatively impact January and February results, the lost volume will be fully recovered prior to June 2021.

- 30 Sept: forecast waiting 2,932, actual 2,767
- 31 Oct: forecast waiting 2,825, actual 2,647
- 30 Nov: forecast waiting 2,667, actual 2,574
- 31 Dec: forecast waiting 2,696, actual 2,806

Supporting this work, we have retrospectively and prospectively implemented the new national surveillance guidelines that will reduce or defer demand by up to 1,000 colonoscopies in 2020/21. In December 2020, a review of 774 patients identified a total of 226 patients where surveillance could be deferred and 227 patients who could be removed due to surveillance no longer being required, the patient being out of domicile or having had their procedure done in private.

**Surveillance colonoscopy with-in 84 days – 37% against a target of 70%**  
As above

**Compliance with patient safety checks in Adult Mental Health Ward**

Fifteen clinical notes were randomly audited throughout from 1 to 31 December 2020. The need for safety checks was correctly documented in all cases and all current risk assessments were up to date.

**Waitematā DHB Priorities Variance Report**

| DHB activity   | Milestone | On Track |
|--|-----------|----------|
| <b>Healthy ageing</b>  |           |          |
| Actions to care for our older population, as identified in the Healthy Ageing Strategy 2016  |           |          |
| <b>Non-acute rehabilitation pathway</b>  | Jun 2021  | ✘        |
| <ul style="list-style-type: none"> <li>• Work with ACC to develop a new model of care (MOC) for non-acute rehabilitation, which spans community-based provision and minimises unnecessary inpatient stays</li> </ul>   |           |          |
| <ul style="list-style-type: none"> <li>• Include in the new MOC a proactive consideration of policy, practice and service delivery issues to maximise cultural safety and relevance for older Māori, Pacific and Asian people (EOA)</li> </ul>                   | Jun 2021  | ✘        |
| <b>Bowel screening and colonoscopy wait times</b>  |           |          |
| Actions to meet colonoscopy wait times and equitable access to bowel screening   |           |          |
| <b>Colonoscopy wait times</b>  | Dec 2020  | ✘        |
| Implement a revised scheduling process to clinically review all patients waiting >100 days and a proportion of those waiting >120 days to ensure no new patients wait >120 days, and a planned and progressive reduction of patients currently waiting >120 days |           |          |
| Review options to lower demand while continuing to maximise internal production by maintaining utilisation rates above 85% and DNA rates below 5%  | Jun 2021  | ✓        |
| Building on 2019/20 work, further develop our understanding of barriers resulting in Māori non-attendance with direct phone contact by ENCs with Māori patients on the waitlist that focus on overcoming barriers (EOA)  | Jun 2021  | ✓        |

|   |
|---|
| <b>Areas off track for month and remedial plans</b>   |
| <b>Non-acute rehabilitation pathway:</b> a number of facilitated planning workshops with medical, nursing and |

Waitematā DHB Hospital Advisory Committee Meeting 17/02/21

allied health staff have been used to cement the values and principles that will underpin the development of our hospital based and non-acute community rehabilitation services. The principles agreed include:

- Assessment and care should be provided in the most appropriate place for the patient
- Care should be provided to the patient at the earliest opportunity
- Care is overseen by experts in geriatric medicine and provided by an inter-disciplinary team supported by up to date research and technology
- Care provision should be seamless with limited transfers of care between teams
- Patients should have equitable access to Older Adults services at any point in their journey

Working groups are now being established to review and develop new care pathways that align with these principles. The implication of the NAR ACC contract changes scheduled for December 2022 have yet to be fully understood including the demand and financial implications of moving to case mix funding model. This remain a work in progress.

**Colonoscopy wait times:** the total number of people waiting for their colonoscopy (non-urgent and surveillance) is aligned to the recovery trajectory forecast in our improvement action plan.

Supporting this work, we have retrospectively and prospectively implemented the new national surveillance guidelines that will reduce or defer demand by up to 1,000 colonoscopies in 2020/21. In December 2020, a review of 774 patients identified a total of 226 patients where surveillance could be deferred and 227 patients who could be removed due to surveillance no longer being required, the patient being out of domicile or having had their procedure done in private.

2019/20 outsourced contracts were extended through to early November 2020. Noting that outsourcing stopped early November 2020 and resumed in January 2021 with 2 new providers.

Additional internal sessions are on track to deliver an extra 400 colonoscopies by June 2021.

## Financial Results – Specialty Medicine and Health of Older People

| Waitematā DHB Statement of Financial Performance |                |                |            |                 |                 |              |                 |
|--|----------------|----------------|------------|-----------------|-----------------|--------------|-----------------|
| Specialty Medicine and HOPS - Dec-20             |                |                |            |                 |                 |              |                 |
| (\$000's)  | MONTH          |                |            | YEAR TO DATE    |                 |              | FULL YEAR       |
|  | Actual         | Budget         | Variance   | Actual          | Budget          | Variance     | Budget          |
| <b>REVENUE</b>                                   |                |                |            |                 |                 |              |                 |
| * Government and Crown Agency                    | 707            | 741            | (34)       | 4,838           | 4,435           | 403          | 8,850           |
| Other Income                                     | 142            | 65             | 77         | 893             | 387             | 506          | 774             |
| <b>Total Revenue (excluding COVID)</b>           | <b>848</b>     | <b>805</b>     | <b>43</b>  | <b>5,731</b>    | <b>4,822</b>    | <b>908</b>   | <b>9,625</b>    |
| <b>EXPENDITURE</b>                               |                |                |            |                 |                 |              |                 |
| <b>Personnel</b>                                 |                |                |            |                 |                 |              |                 |
| Medical  | 2,863          | 3,042          | 179        | 12,881          | 13,230          | 349          | 25,040          |
| Nursing  | 2,615          | 2,689          | 74         | 15,699          | 16,501          | 802          | 33,695          |
| Allied Health                                    | 2,686          | 2,429          | (257)      | 12,843          | 12,038          | (804)        | 22,290          |
| Support  | 0              | 0              | 0          | 0               | 0               | 0            | 0               |
| Management / Administration                      | 521            | 473            | (48)       | 2,402           | 2,336           | (66)         | 4,345           |
| Outsourced Personnel                             | 66             | 54             | (12)       | 405             | 298             | (106)        | 614             |
|  | 8,750          | 8,687          | (64)       | 44,228          | 44,403          | 174          | 85,984          |
| <b>Other Expenditure</b>                         |                |                |            |                 |                 |              |                 |
| Outsourced Services                              | 28             | 456            | 428        | 2,390           | 2,710           | 319          | 5,168           |
| Clinical Supplies                                | 1,092          | 1,048          | (45)       | 6,208           | 6,243           | 35           | 12,467          |
| Infrastructure & Non-Clinical Supplies           | 252            | 49             | (202)      | 1,546           | 296             | (1,250)      | 583             |
|  | 1,371          | 1,552          | 181        | 10,145          | 9,249           | (895)        | 18,218          |
| <b>Total Expenditure (excluding COVID)</b>       | <b>10,122</b>  | <b>10,239</b>  | <b>117</b> | <b>54,373</b>   | <b>53,652</b>   | <b>(721)</b> | <b>104,202</b>  |
| <b>Surplus/(Deficit) excluding COVID</b>         | <b>(9,273)</b> | <b>(9,434)</b> | <b>160</b> | <b>(48,642)</b> | <b>(48,830)</b> | <b>187</b>   | <b>(94,578)</b> |
| <b>Extraordinary impacts</b>                     |                |                |            |                 |                 |              |                 |
| COVID-19 Net benefit/(cost)                      | (18)           | 0              | (18)       | (666)           | 0               | (666)        | 0               |
| <b>Surplus/(Deficit) including COVID</b>         | <b>(9,291)</b> | <b>(9,434)</b> | <b>142</b> | <b>(49,308)</b> | <b>(48,830)</b> | <b>(478)</b> | <b>(94,578)</b> |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

### Comment on major financial variances

The overall result for Specialty Medicine and HOP was \$142k favourable for December and \$478k unfavourable for the YTD once COVID-19 impacts are taken into account.

### Revenue (\$43k favourable for December, \$908k favourable YTD)

The December revenue result is driven by additional research revenue to cover research costs, and YTD the favourable result contains both research revenue as well as additional gastro revenue carried over from FY19/20. This is partly being offset by lower numbers of bed nights qualifying for reimbursement from ACC under the Non-Acute Rehab contract, due to admitting much fewer patients from interim care services back to the hospital for rehab. The YTD revenue result would be worsened by \$279k as July and August ACC revenue is also down from lower demand as we recover slowly from the COVID-19 lockdown impacts, and this is reported in the last line under extraordinary COVID-19 impacts

### Expenditure (\$117k favourable for December, \$721k unfavourable YTD)

The favourable variance for December was due to low volumes of outsourced endoscopy procedures being performed, and partly offset by allied personnel which, due to improved retention and recruitment, have vacancies below the churn savings target level as well as lower leave taken. The YTD unfavourable result is also due to the allied churn pressure.

### Personnel (\$174k favourable YTD)

*Medical (\$349k favourable YTD)*

The YTD favourable medical variance is mainly due to underspend in allowances and vacancies. This result is worsened due to an annual leave taken deficit YTD of \$164k which is at least partially attributable to the COVID-19 environment. This figure is included and reported in the COVID extraordinary cost line above.

*Nursing (\$802k favourable YTD)*

The YTD favourable nursing variance is mainly due to savings in ward 15, with nursing staff redeployed across the hospital whilst bed numbers have been flexed and closed during the year in this ward. In reality, this result is worsened due to an annual leave taken deficit YTD of \$218k which is partially attributable to the COVID-19. This figure is included and reported in the COVID-19 extraordinary cost line above.

*Allied Health (\$804k unfavourable YTD)*

The YTD unfavourable variance for Allied Health was mainly due to improved retention and recruitment, with vacancies now below the churn savings target level, worth (\$550k), as well as a skill mix variance worth (\$200k) YTD. There was also a couple of one off back payments for Allied Health staff to correct a pay in August (\$80k). This result is negatively impacted by an annual leave taken deficit YTD of \$59k which is attributable to the COVID-19. This figure is included and reported in the COVID-19 extraordinary cost line above.

*Support and Management/Administration (\$66k unfavourable YTD)*

Support and Management/Administration is slightly unfavourable due to at times vacancies being below the churn savings target level. In reality, this result is worsened due to an annual leave taken deficit YTD of \$59k which is reported in the COVID-19 extraordinary cost line.

*Outsourced Personnel (\$106k unfavourable YTD)*

Outsourced Personnel has been adjusted to account for savings YTD attributed to COVID-19 given the higher retention and lower vacancies and thus the lower need for outsourcing compared to the equivalent periods in the previous year, which is reported in the COVID extraordinary cost line as a savings.

**Other Expenditure (\$895k unfavourable YTD)**

*Outsourced Services (\$319k favourable YTD)*

Outsourced services are favourable due to lower than budgeted volumes of outsourced endoscopy procedures being performed.

*Clinical Supplies (\$35k favourable YTD)*

Clinical Supplies in on budget YTD.

*Infrastructure and Non-Clinical Supplies (\$1,250k unfavourable YTD)*

The YTD unfavourable infrastructure and non-clinical supplies is mainly due to the savings target allocated to the service, partially met in other areas above, worth (\$948k). There are also expenses relating to research which are offset by additional revenue (\$315k).

**Extraordinary impacts COVID-19 (\$666k unfavourable YTD)**

As detailed above, this is a combination of lost ACC revenue, annual leave taken deficits in all personnel groups and a small amount of personnel cost associated with staffing MIQ facilities.

## Child, Woman and Family Services

### Service Overview

This Division is responsible for the provision of maternity, obstetrics, gynaecology and paediatric medicine services for our community, for the regional Out of Home Children's Respite Service, the Auckland Regional Dental Service (ARDS), and the national Child Rehabilitation Service. Services are provided within our hospitals, including births, outpatient clinics and gynaecology surgery, and within our community, e.g. community midwifery, mobile/transportable dental clinics and the Wilson Centre.

The service is managed by Dr Meia Schmidt-Uili, Division Head and Stephanie Doe, General Manager. Head of Division Nursing is Marianne Cameron, Director of Midwifery is Emma Farmer and Head of Division Allied Health is Susan Peters. The Clinical Directors are Dr Christopher Peterson for Child Health, Dr Diana Ackerman for Women's Health and Dr Kirsten Miller (acting) for ARDS.

### Highlight of the Month

***Connected: Collaborating with Well Child providers to deliver dental examination and fluoride application to pre-schoolers***

Difficulty in accessing dental clinics is a common reason for children not attending their appointment with the Auckland Regional Dental Service (ARDS). To address this, two teams in South Auckland have been working with other community providers (i.e. Well Child Tamariki Ora providers) to improve pre-school children's access to oral health care.

Each week, Dental/Oral Health Therapists and Dental Assistants have been attending the 'Before School Check' clinic based at Manukau Super Clinic, and the pre-school Well Child clinic at South Seas Health Care centre. Both clinics provide free health assessments to children from Well Child Tamariki Ora nurses and Hearing and Vision technicians.

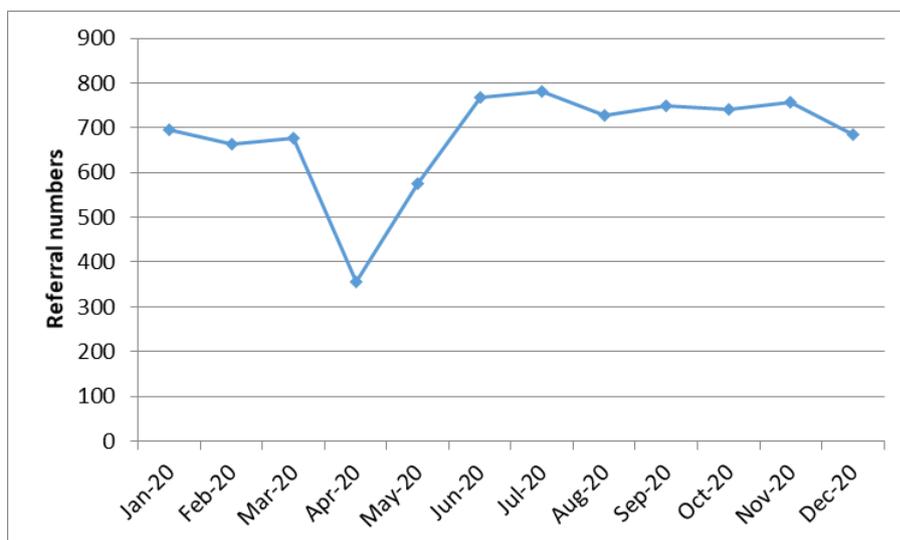
The ARDS has been working closely with these providers to integrate dental examination, fluoride application and oral health promotion into these health assessments. They are also supporting children who require follow-up treatment to attend appointments and complete all dental treatments through the supportive treatment pathway. Attendance at both initiatives has been very positive. Over 130 children attended the 'Before School Check' clinic over four consecutive Saturdays at the end of 2020, with an additional 27 children attending mid-January. Attendance at the South Seas centre are between 21-25 children per clinic, the majority of these children are of Pacific ethnicity.

Many of the children attending these joint clinics have missed appointments previously with ARDS. In addition, this has provided an opportunity to enrol children not previously enrolled in the service. Staff have reported positive feedback from parents/caregivers about the service as well as the accessibility of the service. Both initiatives are continuing into 2021 and ARDS continues to seek opportunities to work in partnership with other providers.

### Key Issues

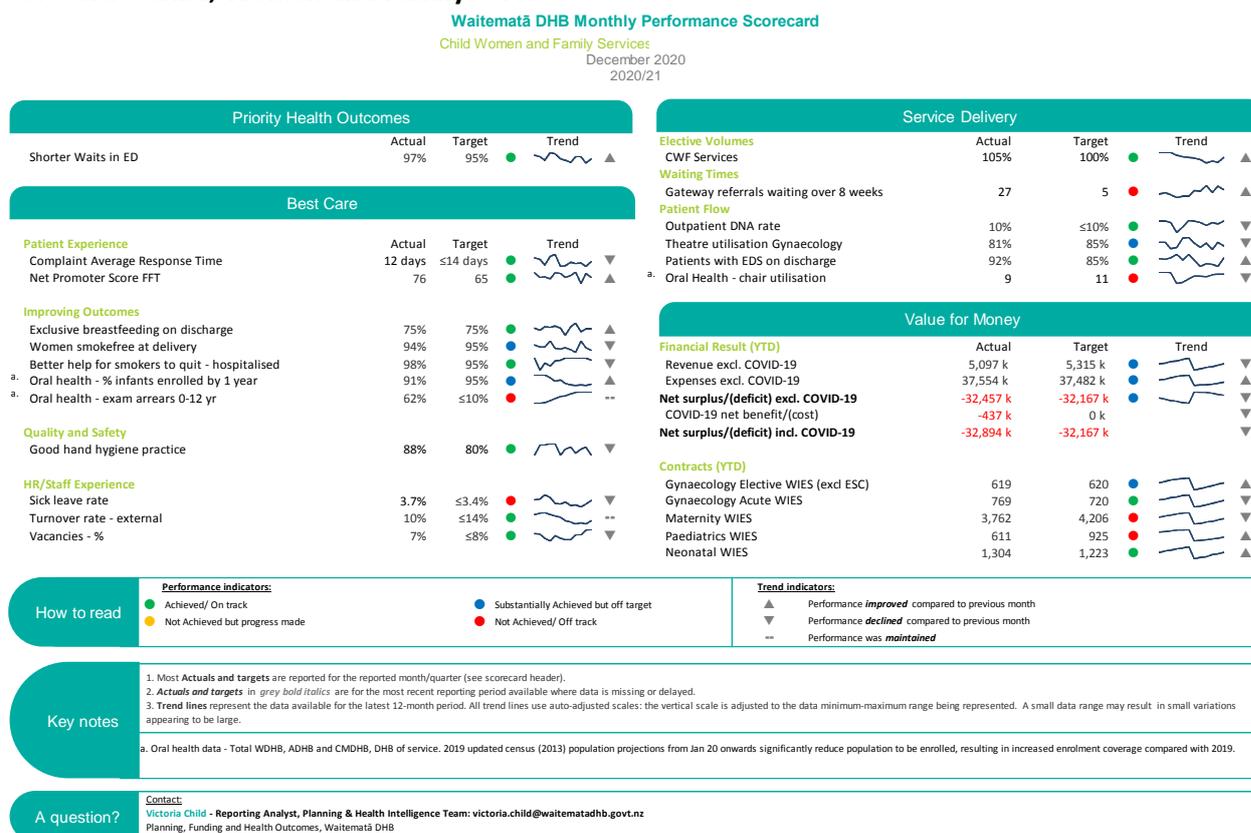
#### ***Increased Gynaecology referrals***

Gynaecology (along with other services) had a sustained spike in referral numbers following the COVID-19 lockdown. The average numbers per month received between June-November 2020 were 754 per month compared to the average for 2019 of 668 per month. This impacted our ability to catch up on the elective work deferred during the lockdown and to make any progress with getting back on track with our ESPI targets.



One of the initiatives, to enable an increase in efficiency in managing these additional numbers, is to increase the numbers of non-contact first specialist assessments (FSA). The aim is to raise the awareness to those who grade referrals and institute a monthly scorecard to show performance between each clinician (anonymised between colleagues). The initial results are showing a 115% increase in non-contact FSAs. A non-contact FSA involves providing written advice to GPs including first line treatment options that may avoid the need for a specialist appointment. Evaluation of the impact of this initiative will be monitored.

## Scorecard – Child, Women and Family Services

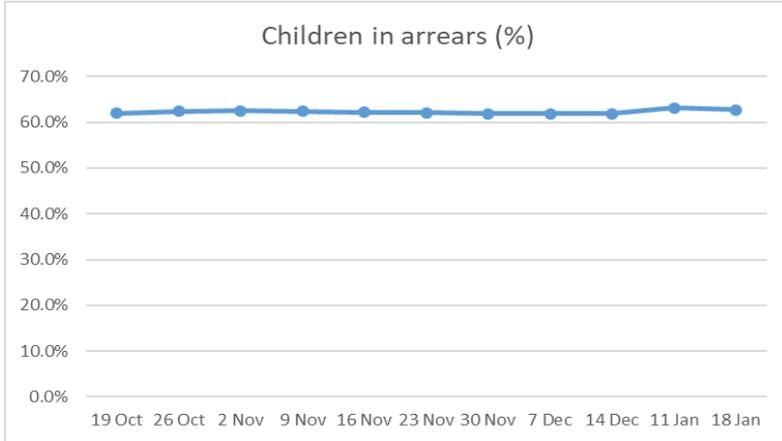


**Scorecard Variance Report**

**Best Care**

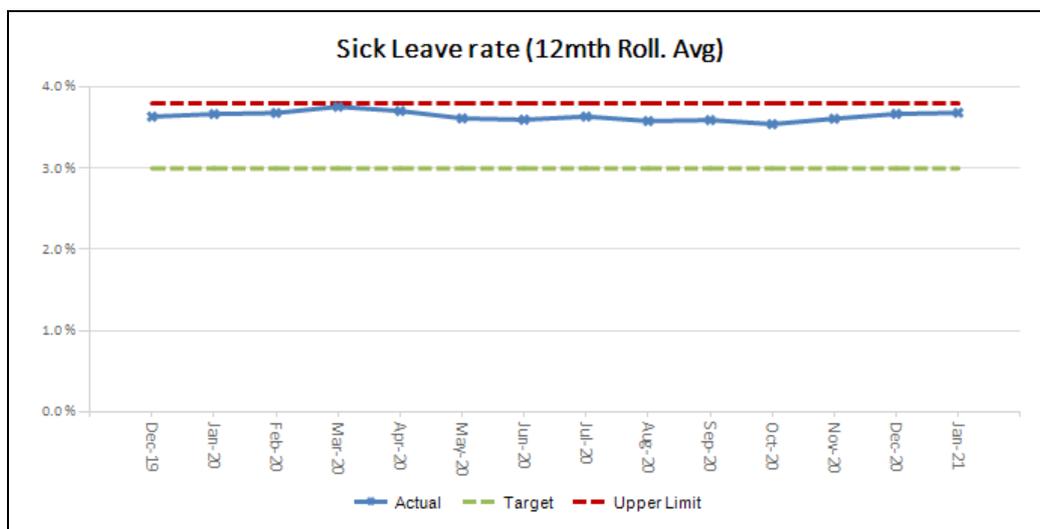
**Oral health - exam arrears 0-12 yr- 62% against a target of ≤10%**

As demonstrated by the graph below, the percentage of children in arrears was maintained at 61.9% between 30 November and 20 December. This is typical in December given that the number of operating days is reduced due to ARDS' shut-down period from 23 December to 5 January. Implementation of the improvement plan is continuing. Centralized chair planning and rostering has been introduced and daily service wide 'huddles' have been initiated to oversee resource allocation and bookings. Progress against the plan continues to be monitored weekly.



**Sick leave rate – 3.7% against a target of  $\leq 3.4\%$**

Sick leave remains static at 3.7% and below the upper limit.



### Service Delivery

**Gateway referrals waiting over 8 weeks – 27 against a target of 5**

The service received the outstanding education profiles at the end of the school year resulting in an increase in completed referrals and children waiting to be seen. Extra clinic sessions are currently being held to reduce the number of children waiting.

**Oral health – chair utilisation – 9 against a target of 11**

Additional infection prevention and control measures required by the Dental Council of New Zealand have impacted on service productivity. The completion of the required DCNZ pre-screening has impacted on service productivity as the service has not been able to operate its usual model of care (seeing children at school without prior contact with a parent/caregiver). This also required a substantial resource requirement, which has reduced the service's ability to provide direct care to children. Implementation of the improvement plan is continuing. This involves specific initiatives such as introducing service wide chair plans and centralising key functions (waitlist management, rostering and clinic deployment).

### Value for Money

**Maternity WIES – 3,762 against a target of 4,206**

Performance for maternity WIES is inconsistent with birth volumes. Work is underway to understand the variance which may be related to coding errors.

**Paediatric WIES – 611 against a target of 925**

There continues to be unseasonably low demand for acute paediatric inpatient care. This is thought to be attributed to physical distancing measures and lockdown, which has reduced the spread of respiratory illnesses amongst children over recent months.

## Waitematā DHB Priorities Variance Report

| DHB activity   | Milestone | On Track |
|--|-----------|----------|
| <b>Maternity and Midwifery workforce – hospital and LMC (Waitematā DHB)</b>  |           |          |
| Actions to train, support, recruit and retain our maternity and midwifery workforce  |           |          |
| Work with the National Midwifery Accord (NMA) group to implement additional clinical coach roles to support the transition of undergraduate midwives to employed practice  | Jul 2020  | ✓        |
| <ul style="list-style-type: none"> <li>Develop position descriptions and agree ratio of coaches to midwives with National Midwifery Leaders group and TAS</li> <li>Appoint coaches in line with new graduate intake</li> </ul> | Apr 2021  | ✓        |
| Work with the NMA group to implement greater wrap-around support for Māori and Pacific undergraduate students (EOA)  | Jul 2020  | ✗        |
| <ul style="list-style-type: none"> <li>Agree package of support with midwifery education providers, DHB midwife leaders and MoH working group</li> <li>Implement support packages</li> </ul>                                   | Feb 2021  | ✗        |

Support packages are awaiting approval from the MOH.

## Financial Results - Child, Women and Family Services

| Waitematā DHB Statement of Financial Performance |                |                |              |                 |                 |              |                 |
|--|----------------|----------------|--------------|-----------------|-----------------|--------------|-----------------|
| Child Woman and Family - Dec-20                  |                |                |              |                 |                 |              |                 |
| (\$000's)  | MONTH          |                |              | YEAR TO DATE    |                 |              | FULL YEAR       |
|  | Actual         | Budget         | Variance     | Actual          | Budget          | Variance     | Budget          |
| <b>REVENUE</b>                                   |                |                |              |                 |                 |              |                 |
| * Government and Crown Agency                    | 635            | 795            | (160)        | 4,566           | 4,866           | (300)        | 9,355           |
| Other Income                                     | 85             | 75             | 10           | 531             | 449             | 81           | 898             |
| <b>Total Revenue (excluding COVID)</b>           | <b>720</b>     | <b>870</b>     | <b>(150)</b> | <b>5,097</b>    | <b>5,315</b>    | <b>(219)</b> | <b>10,253</b>   |
| <b>EXPENDITURE</b>                               |                |                |              |                 |                 |              |                 |
| <b>Personnel</b>                                 |                |                |              |                 |                 |              |                 |
| Medical  | 2,277          | 2,459          | 182          | 10,723          | 11,020          | 297          | 20,764          |
| Nursing  | 2,640          | 2,704          | 64           | 15,677          | 16,351          | 674          | 33,462          |
| Allied Health                                    | 849            | 984            | 135          | 4,159           | 4,372           | 213          | 7,889           |
| Support  | 37             | 40             | 3            | 166             | 172             | 7            | 336             |
| Management / Administration                      | 508            | 455            | (53)         | 2,397           | 2,418           | 21           | 4,389           |
| Outsourced Personnel                             | 232            | 111            | (121)        | 1,041           | 659             | (383)        | 1,306           |
|  | 6,542          | 6,753          | 211          | 34,163          | 34,992          | 829          | 68,146          |
| <b>Other Expenditure</b>                         |                |                |              |                 |                 |              |                 |
| Outsourced Services                              | 44             | 46             | 2            | 208             | 273             | 65           | 542             |
| Clinical Supplies                                | 355            | 299            | (56)         | 1,992           | 1,776           | (216)        | 3,540           |
| Infrastructure & Non-Clinical Supplies           | 188            | 73             | (115)        | 1,191           | 442             | (749)        | 854             |
|  | 586            | 418            | (169)        | 3,391           | 2,491           | (900)        | 4,935           |
| <b>Total Expenditure (excluding COVID)</b>       | <b>7,128</b>   | <b>7,170</b>   | <b>43</b>    | <b>37,554</b>   | <b>37,482</b>   | <b>(71)</b>  | <b>73,081</b>   |
| <b>Surplus/(Deficit) excluding COVID</b>         | <b>(6,407)</b> | <b>(6,300)</b> | <b>(107)</b> | <b>(32,457)</b> | <b>(32,167)</b> | <b>(290)</b> | <b>(62,828)</b> |
| <b>Extraordinary impacts</b>                     |                |                |              |                 |                 |              |                 |
| COVID-19 Net benefit/(cost)                      | (8)            | 0              | (8)          | (437)           | 0               | (437)        | 0               |
| <b>Surplus/(Deficit) including COVID</b>         | <b>(6,415)</b> | <b>(6,300)</b> | <b>(115)</b> | <b>(32,894)</b> | <b>(32,167)</b> | <b>(727)</b> | <b>(62,828)</b> |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

### Comment on major financial variances

The overall result for CWF was \$115k unfavourable for the month and \$727k unfavourable for the YTD.

**Revenue (\$150k unfavourable for the month, \$219k unfavourable YTD)**

The unfavourable December variance was related to the release of an ACC accrual, a shortfall in Colposcopy revenue and a reduction in inpatient Respite and Rehabilitation activity. The unfavourable YTD variance is a combination of reduced funding associated with the relocation of Auckland DHB (ADHB) clinics from the Wilson Centre to ADHB, reduced Child Inpatient Rehabilitation demand and the Colposcopy funding shortfall.

**Expenditure (\$43k favourable for the month, \$71k unfavourable YTD)**

The YTD unfavourable position is a combination of service vacancies being offset of increased patient demand and elective surgery catch up, embedded savings and clinical supplies pricing pressures.

**Personnel (\$211k favourable for the month, \$829k favourable YTD)***Medical (\$297k favourable YTD)*

The favourable medical variance is due to multiple vacancies across Obstetrics and Gynaecology. These vacancies are being covered by locums to date. Acute and Elective Gynaecology activity tracks at 109% and 101% of contract volume as at December 2020.

*Nursing (\$674k favourable YTD)*

The favourable nursing variance is due a combination midwife vacancies and the timing of retention payments, Rangatira ward staffing under spends due to reduced patient demand and Public Health Nursing vacancies. Paediatric inpatient service demand has been tracking around 57% of contracted WIES. December YTD reflects some movement in demand with contract WIES now at 62%. Demand for Neonatal services remains variable with WIES at 108% of contract YTD.

*Allied Health (\$213k favourable YTD)*

The favourable variance was due to staff vacancies across predominately Child Health services and includes the staffing impact of ADHB rehabilitation clinics relocating from the Wilson Centre to ADHB and a residual under spend from a ceased Health Promotion contract.

*Support and Management/Administration (\$28k favourable YTD)*

The favourable variance was due to several vacancies across the division.

*Outsourced Personnel (\$383k unfavourable YTD)*

The unfavourable variance was due to medical locum cover for increased service demand and for vacancies where internal cover options are not available.

| Waitematā DHB Statement of Financial Performance |                |                |            |                 |                 |              |                 |
|--|----------------|----------------|------------|-----------------|-----------------|--------------|-----------------|
| Regional Dental - Dec-20                         |                |                |            |                 |                 |              |                 |
| (\$000's)  | MONTH          |                |            | YEAR TO DATE    |                 |              | FULL YEAR       |
|  | Actual         | Budget         | Variance   | Actual          | Budget          | Variance     | Budget          |
| <b>REVENUE</b>                                   |                |                |            |                 |                 |              |                 |
| * Government and Crown Agency                    | 0              | 7              | (7)        | 0               | 43              | (43)         | 87              |
| Other Income                                     | 48             | 44             | 5          | 266             | 263             | 4            | 525             |
| <b>Total Revenue (excluding COVID)</b>           | <b>48</b>      | <b>51</b>      | <b>(2)</b> | <b>266</b>      | <b>306</b>      | <b>(40)</b>  | <b>612</b>      |
| <b>EXPENDITURE</b>                               |                |                |            |                 |                 |              |                 |
| <b>Personnel</b>                                 |                |                |            |                 |                 |              |                 |
| Medical  | 91             | 121            | 29         | 451             | 535             | 84           | 1,003           |
| Nursing  | 0              | 0              | 0          | 0               | 0               | 0            | 0               |
| Allied Health                                    | 1,963          | 2,130          | 167        | 10,213          | 11,199          | 986          | 21,099          |
| Support  | 0              | 0              | 0          | 0               | 0               | 0            | 0               |
| Management / Administration                      | 100            | 128            | 29         | 500             | 610             | 110          | 1,174           |
| Outsourced Personnel                             | 0              | 0              | 0          | 0               | 0               | 0            | 0               |
|  | 2,154          | 2,379          | 225        | 11,163          | 12,344          | 1,181        | 23,276          |
| <b>Other Expenditure</b>                         |                |                |            |                 |                 |              |                 |
| Outsourced Services                              | 2              | 0              | (2)        | 5               | 3               | (2)          | 5               |
| Clinical Supplies                                | 183            | 275            | 92         | 1,420           | 1,630           | 210          | 3,231           |
| Infrastructure & Non-Clinical Supplies           | 230            | 142            | (88)       | 1,254           | 841             | (413)        | 1,663           |
|  | 415            | 417            | 2          | 2,679           | 2,474           | (205)        | 4,899           |
| <b>Total Expenditure (excluding COVID)</b>       | <b>2,569</b>   | <b>2,796</b>   | <b>227</b> | <b>13,843</b>   | <b>14,818</b>   | <b>975</b>   | <b>28,175</b>   |
| <b>Surplus/(Deficit) excluding COVID</b>         | <b>(2,520)</b> | <b>(2,745)</b> | <b>225</b> | <b>(13,577)</b> | <b>(14,512)</b> | <b>936</b>   | <b>(27,563)</b> |
| <b>Extraordinary impacts</b>                     |                |                |            |                 |                 |              |                 |
| COVID-19 Net benefit/(cost)                      | 0              | 0              | 0          | 222             | 0               | 222          | 0               |
| <b>Surplus/(Deficit) including COVID</b>         | <b>(2,520)</b> | <b>(2,745)</b> | <b>225</b> | <b>(13,355)</b> | <b>(14,512)</b> | <b>1,158</b> | <b>(27,563)</b> |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

### Comment on major financial variances – Regional Dental Services

The overall result for Regional Dental was \$225k favourable for the month and \$1,158k favourable for the YTD.

#### Revenue (\$2k unfavourable for the month, \$40k unfavourable YTD)

This is driven by ceased Service Level Agreement with Auckland DHB for a preschool coordinator role and being offset with the corresponding service vacancy.

#### Expenditure (\$227k favourable for the month, \$975k favourable YTD)

The YTD favourable position is primarily driven by service vacancies and dental supplies due to reduced service delivery.

#### Personnel (\$225k favourable for the month, \$1,181k favourable YTD)

##### Medical (\$84k favourable YTD)

The favourable medical variance is due to a vacant Clinical Director position.

##### Allied Health (\$986k favourable YTD)

The favourable variance is primarily due to ongoing therapist and therapy assistant vacancies across ARDS. An ongoing focus on improving recruitment and retention has enabled the service to increase its staffing levels by 7% and hold this since the last new graduate recruitment in January/February 2020.

*Support and Management/Administration (\$110k favourable YTD)*

The favourable variance is due to vacancies across the service. Service is undergoing a reorganisation that will result in some vacancies being utilised for centralised booking and scheduling.

**Other Expenditure (\$205k unfavourable YTD)**

*Clinical Supplies (\$210k favourable YTD)*

The favourable clinical supplies variance is attributed to reduced dental clinic output. Dental supplies spending is expected to fluctuate as clinics reopen and chair utilisation increases.

*Infrastructure and Non-Clinical Supplies (\$413k unfavourable YTD)*

The unfavourable variance is due to a combination of increased ARDS staff mileage claims due to staff relocating to alternate clinics to meet service need, registration and maintenance expenses on mobile dental facilities, outsourced cleaning costs and embedded savings, which are being met by reduced clinical supplies and staff vacancies.

## Specialist Mental Health & Addiction Services

### Service Overview

This service is responsible for the provision of specialist community and inpatient mental health services to Waitemata residents. This includes child, youth family and infant mental health services, adult mental health services including two acute adult in-patient units, community alcohol, drug and other addiction services across the Auckland metro region including inpatient detox beds, Whītiki Maurea providing kaupapa mental health services to Waitemata residents and addiction services across metro-Auckland, Takanga a fohe - Pasifika Peoples mental health services and regional forensic psychiatry services that deliver services to the five prisons across the northern region as well as eight in-patient villas and a regional medium secure Intellectual Disability unit, including an intellectual disability offenders liaison service. Mental Health and Addiction services have around 9,000 active tāngata whai i te ora in our care at any point in time. Less than 1% of these would be in an inpatient unit. This means 99% of the tāngata whai i te ora in our care are living in the Community.

The group is led by Murray Patton (Director Mental Health & Addictions Lead), and Sarah Wallbank (Acting General Manager). The Acting Associate Directors of Nursing are Carole Schneebeil and Michelle Dawson and the Clinical Directors are Dr Greg Finucane for Adult, Dr Frances Agnew for Whitaker Maurea and Takanga A Fohe, Dr Krishna Pillai for Forensics, Dr Emma Schwarcz for CADS, and Dr Mirsad Begic for Child, Youth and Family.

### Highlight of the Month

#### Child Youth and Family Mental Health Services

An Occupational Therapist from Marinoto West - Child and Adolescent Mental Health Services has developed an online psycho-education page for parents/caregivers that have children in the Attention Behavioural Therapy (ABT) pathway. The ABT pathway provides interagency assessment and interventions for children 5-13 years where there are significant concerns about their attention and behaviour (e.g. children with autistic spectrum disorder or attention deficit hyperactivity disorder). The development of an on-line page provides readily accessible health information to whānau/caregivers who often need additional support in understanding their child's diagnosis and management. This is a great innovation and enables alternative ways for the service to engage with our clients. The service is in the process of involving the Waitemata DHB Communications team before the page goes live and is available for whānau/caregivers.

### Key Issues

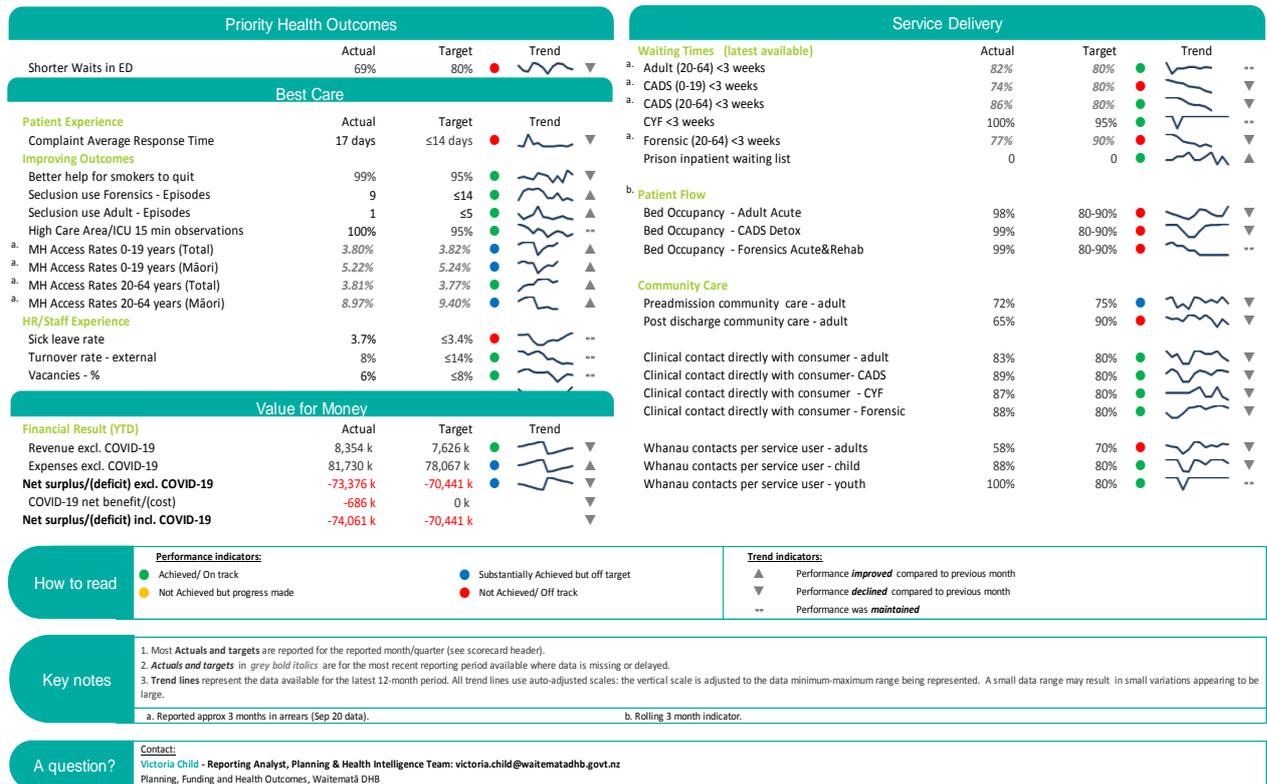
#### Emergency Department and Acute Inpatient Services issues:

Throughout December, demand remained high for access to acute inpatient beds. Whilst the majority of admissions to the acute inpatient units come via the community teams there are also a proportion that come via Emergency Department (ED) often including Police. This places significant pressure on the Emergency Department staff and environment and on the psychiatric liaison service and community acute service to manage unwell clients and to identify the most appropriate setting for treatment. Demand for access to psychiatric high dependency and intensive care beds has remained high and frequently outstrips capacity which impacts waiting times.

In December 2020, it was agreed that a business case to commission four acute high care step down beds at He Puna Waiora would be developed to present to the Board in the coming months. Planning work is now underway to develop the case including the cover model and logistics required.

# Scorecard – Specialist Mental Health & Addiction Services

Waitematā DHB Monthly Performance Scorecard  
Specialist Mental Health and Addiction Services  
December 2020  
2020/21



## Scorecard Variance Report

### Priority Health Outcome Areas

#### Shorter wait in ED – 69% against a target of 80%.

Emergency Department breaches for the month of December were due to a number of factors, which include; patients awaiting inpatient mental health beds, delays in patients being medically cleared and patients being too intoxicated to be assessed. Inpatient occupancy for December was at 98% with very little bed availability to enable flow through the Emergency Department.

Current workload for community-based clinicians, including travel time for on call psychiatric registrars and consultants to travel to Emergency Department also had an impact on the breaches.

#### Best Care

##### Complaint Average Response Time – 17 days against a target of >14 days

The increase in the average time to respond to complaints was associated with the complexity of a particular complaint received by the Auckland Opioid Treatment Service, Community Alcohol and Drug Service. The delay primarily related to the client not attending two meetings scheduled to address their concern.

##### HR/ Staff Experience- Sick leave rate – 3.7% against a target of <3.4%

We noted a slight increase in general sick leave from employees suffering from general virus/ illnesses, whereby the employees took longer to recover and return to work. This can be attributed to the etiquette of COVID-19 and staff being more mindful when sick to remain at home. The Service continues to work on reducing sick leave including on-going discussions and developing management plans with staff with low sick leave balances and general reminder to all staff on importance of maintaining adequate sick leave balances and supports that are

available. We are constantly engaging with the Unions on ways to better support the staff and their health, safety and wellbeing.

### **Service Delivery**

#### ***Waiting Times- CADS (0-19) < 3 weeks- 74% against a target of 80%***

The waiting time for Community Alcohol and Drug Service, Youth Service, Altered High was 74%. The Service had a higher number of “did not attend” and cancellations. This is a recognised trend with young people in December and is attributable to school examinations and the end of term holidays, which includes parents taking young people out of Auckland on holiday.

#### ***Waiting Times- Forensic (20-64) <3 weeks – 77% against a target of 90%***

This metric has a three-month lag and is based on a data set covering September 2019- September 2020. This metric was adversely affected by the COVID 19 responses. During the escalated Alert Levels our ability to enter the prisons to conduct routine psychiatric in-reach work was constrained by the Department of Corrections. During this time the Forensic Prison Team continued to receive referrals. Those referrals that were triaged as non-urgent were deferred until constraints around entrance to prisons had relaxed.

#### ***Patient Flow- Bed occupancy- Adult Acute- 98% against a target of 80-90%.***

Both inpatient units at North Shore Hospital (He Puna Waiora) and Waitakere Hospital (Waiatarau) have had high occupancy rates for the month of December. Acuity on both the inpatient wards has been high, including several clients requiring one-to-one and two-to-one care and demand frequently outstrips capacity. This has flow on impact by increasing the 28-day readmission rate which again places stress on the availability of beds. In addition, there are a number of long-stay clients, with complicated presentations, who remain in acute beds reducing capacity for acute admissions.

It is recognised that Waitematā DHB has the second lowest number of inpatient psychiatric beds per 100,000 population in the country.

#### ***Patient Flow- Bed occupancy- CADS Detox- 99% against a target of 80-90%.***

The Community Alcohol and Drug Service Detox Unit occupancy is higher than the 80-90 % target due the opening of an 11<sup>th</sup> (unfunded) bed to assist with patient flow and to try to meet current demand with a wait list in place. In December waitlist is 62 clients with an average wait time of seven for admission; with 16 new referrals awaiting prioritisation and suitability for a home detox.

Since the implementation of SACAT access to beds for voluntary clients has decreased, as on average, two beds are being used by SACAT clients who have a longer average length of stay.

#### ***Patient Flow- Bed Occupancy – Forensics Acute & Rehab – 99% against a target of 90%***

The Service continues to have supernumerary Intellectual Disability contracted beds, but the Ministry of Health has agreed to purchase five additional beds. This is being worked through with our Funding and Planning department.

#### ***Community Care- Post discharge community care- adult – 65% against a target of 90%.***

Challenges remain for community teams to visit service users within the seven-day post discharge period. These challenges include difficulties contacting service users on discharge or service users not being home when the community teams visit. There were also service users identified as not being closed by the admitting service when they have moved out of the area. Clinical co-ordinators in each service continue to provide daily reports on post discharge community care.

#### ***Community Care- Whānau contacts per service user-adult – 58% against a target of 70%.***

Contact and engagement with whānau has increased with the use of technology such as zoom. This is not reflected in the target figure. There has been a slight increase in face to face contact with services and family/whānau. This is being followed up on a weekly basis by each service to increase the figures.

Family/whānau training continues to be rolled out across the adult mental health group.

## Waitematā DHB Priorities Variance Report

| DHB activity   | Milestone | On Track   |
|--|-----------|--|
| <b>Placing people at the centre of all service planning, implementation and monitoring programmes</b>  |           |  |
| Continue to operate the Waitematā DHB Consumer and Family/Whānau Advisory Team, which is embedded into our service (12 FTE) (EOA)  | Ongoing   | On track   |
| Enhance family/whānau participation in Mental Health Act reviews to reduce the number of Māori treated under compulsory treatment order in the community (EOA)   | Jun 2021  | On track   |
| Implement and retrieve data from a new feedback system to improve quality of services for tāngata i te whai ora and whānau across the services, including the Māori kaupapa and Pacific services. Paper and electronic surveys will be available to suit users and data will be available by service and by ethnic group so improvements can be targeted (EOA)   | Dec 2020  | Completed Q1   |
| Develop a new model of care across the Specialist Mental Health and Addiction Services. Plan for improved access to cultural support (as per Code of Consumer Rights) (EOA)  | Jun 2021  | Not on track but underway. More project resource secured via MOH sustainability funding. New ETA December 2021 |
| <b>Embedding a wellbeing and equity focus</b>  |           |  |
| Implement an Equally Well strategy across specialist services, including: <ul style="list-style-type: none"> <li>implement the National Patient Deterioration System (NZEWS) in inpatient services</li> <li>metabolic screening and follow-up for at risk groups (including Māori and Pacific people on olanzapine and clozapine medication) (EOA)</li> <li>wrap-around medication initiation package for people starting atypical anti-psychotics, including testing of the agreed package</li> </ul>                               | Jun 2021  | On track   |
| With Tūhono (cross-DHB and NGO forum), develop a green prescription pathway for people supported by specialist and NGO services who are at high risk of co-morbidities (EOA)   | Jun 2021  | On track   |
| Complete the delivery of an Individual Placement and Support (IPS) trial within Waitematā DHB secondary mental health services   | Jun 2021  | On track   |
| Continue with implementation of Supporting Parents, Healthy Children (COPMIA) and form a cross-sector partnership, which will enable an integrated service to children identified as vulnerable, including establishing inter-agency forum terms of reference  | Dec 2020  | Not on track but underway  |
| Engage with collaborative forums to drive transformational change in line with He Ara Oranga, including: <ul style="list-style-type: none"> <li>Tūhono (Auckland-Waitematā DHBs MHA executive leadership sector collaborative body)</li> <li>the Northern Region MHA network</li> <li>the Integrated Primary MHA Services governance group</li> <li>the Suicide Prevention and Postvention governance Group</li> <li>Supplement ongoing engagement with Ministry of Health and the Mental Health and Wellbeing Commission</li> </ul> | Jun 2021  | On track   |

|   |                      |   |
|---|----------------------|---|
| Develop a new model of care across the specialist services, including planning for improved engagement with Māori, Pacific, youth and rainbow communities (EOA)   | Jun 2021             | Not on track but underway. ETA Dec 2021   |
| <b>Increasing access and choice of sustainable, quality, integrated services across the continuum</b>   |                      |   |
| Improve sustainability of ED mental health and liaison psychiatry services by implementing a one-team model   | Jun 2021             | On track  |
| Implement brief acute assertive community interventions in three specialist mental health hubs in adult mental health   | Jun 2021             | On track  |
| Partner with NGO and PHO services to develop a model for delivery of specialist and consult-liaison MHA interventions in primary care settings (using an in-reach model) (EOA)  | Mar 2021             | Not on track - awaiting model of care work, new ETA Dec 2021  |
| Strengthen and increase the focus on mental health promotion, prevention, identification and early intervention by increasing the delivery of a wider range of MHA community-based options in line with the Ministry investment in primary MHA. This includes: expansion of Health Improvement Practitioners, Health Coaches and Awhi Ora positions, in line with funding agreement to be confirmed with MoH <ul style="list-style-type: none"> <li>Contracts signed with NGO and PHO partners</li> <li>Initiate procurement processes for expansion of delivery of all three models</li> </ul> | Sep 2020<br>Mar 2021 | Completed in Q1   |
| Develop a metro-Auckland governance group to oversee the primary mental health investment from Ministry into access and choice. To include partnership with NGO, PHO, DHB, Māori, Pacific, young people and those with lived experience <ul style="list-style-type: none"> <li>Terms of reference endorsed by governance group</li> <li>Develop reporting mechanisms, including setting of baseline data for primary mental health investment</li> </ul>  | Jul 2020<br>Oct 2020 | Completed in Q1   |
| Apply cost pressure funding to the price for all NGOs in the district to ensure their sustainability; develop new contracts with updated price, inclusive of cost pressure  | Dec 2020             | On Track  |
| <b>Suicide prevention</b>   |                      |   |
| Work with the new national prevention and post-vention office and MoH, contribute to plans and implement programmes as required   | Dec 2020             | Ongoing communication with the Suicide Prevention Office for support with the suicide action plan.                                  |
| Review the current Suicide Prevention Action Plan and develop a plan for 2020–2023, in partnership with people with Māori, people with lived experience and population groups who experience disproportionately higher rates of suicide (EOA). The actions will align with key DHB-led actions from Every Life Matters and be approved by the Suicide Prevention Office   | Jul 2020             | The suicide action plan is currently awaits presenting to CPHAC for approval. All four focus areas within the plan align with Every |

|  |          |  |
|--|----------|--|
|  |          | Life Matters suicide prevention strategy. However, we have commenced reporting to MOH on actions on the revised Action Plan.   |
| Investigate data capture options to analyse the effectiveness of implementing the Waitematā DHB specialist mental health and regional AOD and Forensic services plan and provide data to the national suicide prevention research plan | Dec 2020 | This is an ongoing process. Data are generated from the suspected suicide notification process. Currently this process is being reviewed together with the suicide postvention response process. Data will need to be analysed and reports will be generated on a quarterly basis. |
| <b>Workforce</b>   |          |  |
| Work with the DHB's Māori recruitment specialist to develop a Māori recruitment initiative (EOA)   | Jun 2021 | On track   |
| Scope workforce expansion to carry out clinical support functions with people within specialist MHA services by developing a business case   | Mar 2021 | Not on track but underway (delayed by COVID)   |
| Procure new positions to expand primary mental health models, including specific focus and reference to the value of lived experience, peers and whanau  | Mar2021  | On track   |
| <b>Forensics</b>   |          |  |
| Contribute to the MoH Forensic Framework project to identify an agreed Forensic model of care, including provision of Kaupapa Māori services (EOA), and implement the plan   | Sep 2020 | Not on track as MoH audit still underway   |
| Pending confirmation of the wellbeing budget, work with the Ministry to improve and expand the capacity of forensic responses  | Jun 2021 | Not on track as Wellbeing budget allocation not  |

|   |          |                           |
|---|----------|---------------------------|
|   |          | confirmed                 |
| Work with the Ministry to agree the long-term capacity of forensic intellectual disability responses  | Mar 2021 | On track                  |
| Complete building works as required to replace deteriorating building stock at Mason Clinic, including planning and securing funding                              | Ongoing  | On track                  |
| <b>Commitment to demonstrating quality services and positive outcomes</b>   |          |                           |
| Improve the quality of data input for consult-liaison functions (MH01), including extension of the capability for consult-liaison reporting to addiction services | Dec 2020 | Not achieved but underway |

## Financial Results – Specialist Mental Health & Addictions Services

| Waitematā DHB Statement of Financial Performance |                 |                 |              |                 |                 |                |                  |
|--|-----------------|-----------------|--------------|-----------------|-----------------|----------------|------------------|
| Specialist Mental Health and Addiction - Dec-20  |                 |                 |              |                 |                 |                |                  |
| (\$000's)  | MONTH           |                 |              | YEAR TO DATE    |                 |                | FULL YEAR        |
|  | Actual          | Budget          | Variance     | Actual          | Budget          | Variance       | Budget           |
| <b>REVENUE</b>                                   |                 |                 |              |                 |                 |                |                  |
| * Government and Crown Agency                    | 1,108           | 1,031           | 77           | 6,735           | 6,184           | 551            | 12,368           |
| Other Income                                     | (45)            | 190             | (235)        | 1,619           | 1,442           | 177            | 2,905            |
| <b>Total Revenue (excluding COVID)</b>           | <b>1,063</b>    | <b>1,221</b>    | <b>(158)</b> | <b>8,354</b>    | <b>7,626</b>    | <b>728</b>     | <b>15,273</b>    |
| <b>EXPENDITURE</b>                               |                 |                 |              |                 |                 |                |                  |
| <b>Personnel</b>                                 |                 |                 |              |                 |                 |                |                  |
| Medical  | 3,369           | 3,724           | 355          | 15,521          | 16,782          | 1,261          | 31,436           |
| Nursing  | 5,728           | 5,443           | (284)        | 34,777          | 32,816          | (1,961)        | 66,532           |
| Allied Health                                    | 4,033           | 4,182           | 149          | 19,323          | 18,215          | (1,109)        | 33,867           |
| Support  | 235             | 212             | (23)         | 972             | 947             | (25)           | 1,839            |
| Management / Administration                      | 841             | 784             | (57)         | 3,840           | 3,539           | (300)          | 6,636            |
| Outsourced Personnel                             | 375             | 172             | (204)        | 2,587           | 1,057           | (1,530)        | 2,058            |
|  | 14,581          | 14,516          | (65)         | 77,020          | 73,355          | (3,665)        | 142,367          |
| <b>Other Expenditure</b>                         |                 |                 |              |                 |                 |                |                  |
| Outsourced Services                              | 12              | 13              | 0            | 75              | 75              | 0              | 149              |
| Clinical Supplies                                | 71              | 108             | 37           | 442             | 640             | 198            | 1,270            |
| Infrastructure & Non-Clinical Supplies           | 732             | 752             | 20           | 4,192           | 3,997           | (196)          | 8,394            |
|  | 816             | 873             | 57           | 4,710           | 4,712           | 2              | 9,813            |
| <b>Total Expenditure (excluding COVID)</b>       | <b>15,397</b>   | <b>15,389</b>   | <b>(7)</b>   | <b>81,730</b>   | <b>78,067</b>   | <b>(3,662)</b> | <b>152,181</b>   |
| <b>Surplus/(Deficit) excluding COVID</b>         | <b>(14,334)</b> | <b>(14,169)</b> | <b>(165)</b> | <b>(73,376)</b> | <b>(70,441)</b> | <b>(2,934)</b> | <b>(136,908)</b> |
| <b>Extraordinary impacts</b>                     |                 |                 |              |                 |                 |                |                  |
| COVID-19 Net benefit/(cost)                      | (15)            | 0               | (15)         | (686)           | 0               | (686)          | 0                |
| <b>Surplus/(Deficit) including COVID</b>         | <b>(14,349)</b> | <b>(14,169)</b> | <b>(180)</b> | <b>(74,061)</b> | <b>(70,441)</b> | <b>(3,620)</b> | <b>(136,908)</b> |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

### Comment on major financial variances

The overall result for Specialist Mental Health and Addictions Services was \$180k unfavourable for December and \$3,620k unfavourable for the year to date.

### Revenue (\$158k unfavourable for December, \$728k favourable YTD)

The unfavourable variance for December was due to a correction in court reporting. Other income was additional revenue for service users with high care needs (Intellectual Disability) in the Pohutukawa ward at the Mason Clinic. This additional funding provided from the Ministry of Health was for the level of care exceeding the base level funding and an one-off funding injection of \$145k was received to set up crisis support in the Emergency Department.

**Expenditure (\$7k unfavourable for September, \$3,662k unfavourable YTD)**

The unfavourable variance for December was due to the continued effects of COVID-19 resulting in significantly higher staff retention, high sick leave taken (this was especially high in Medical leading to an increase in additional sessions and locum cover). Retention and recruitment of staff has increased year on year, such that 54.5 FTE above the usual vacancy rate are now in service.

**Personnel (\$3,665k unfavourable YTD)**

*Medical (\$1,261k favourable YTD)*

The favourable variance was due to vacancies, 13.55 FTE and an average of 12.59 FTE YTD

*Nursing (\$1,961k unfavourable YTD)*

The unfavourable variance was due to 67.08 FTE nursing variances in December and an average of 65.55 FTE YTD, offset by overtime and the use of Healthcare Assistants to support gaps in rostered and acute Registered Nursing positions.

*Allied Health (\$1,109k unfavourable YTD)*

The unfavourable variance was due to backfill requirements and the increased need to support nursing vacancies where possible.

*Support and Management/Administration (\$275k unfavourable YTD)*

The unfavourable variance was mainly due to retention of staff and additional sick leave taken for July, August, September.

*Outsourced Personnel (\$1,530k unfavourable YTD)*

The unfavourable variance was due to an increase in cover for long term sick leave and parental leave mainly in medical, as well as cover for vacancies. Equivalent to 9.3 FTE. In addition, overflow work for court reporting accounts for around 30%.

**Other Expenditure (\$2k favourable YTD)**

*Outsourced Services (\$0k favourable YTD)*

The favourable variance was due to the reduced use of contract staff to cover non-medical vacancies. This is offset by staff overtime in personnel costs.

*Clinical Supplies (\$198k favourable YTD)*

The favourable variance was due to a reduced number of after care services in the Flexifund, however this is expected to increase over the next few months.

*Infrastructure and Non-Clinical Supplies (\$196k unfavourable YTD)*

The unfavourable variance was mainly driven by additional Operating Expenses (OPEX) charges on rented properties and outsourced meals to reduce the risk of COVID-19 spread in service user self-catered facilities. Laundering and cleaning cost are also over budget due a higher standard of COVID appropriate activity.

## Surgical and Ambulatory Services/Elective Surgical Centre

### Service Overview

The Surgical and Ambulatory Services provide elective and acute surgery to our community encompassing surgical specialties such as general surgery, orthopaedics, otorhinolaryngology and urology, and includes outpatient, audiology, clinics, operating theatres and pre and post-operative wards and ICU. The service is managed by Dr Richard Harman (Acting Chief of Surgery), David Resoli (Interim General Manager) and Kate Gilmour (Associate Director of Nursing).

The Elective Surgery Centre provides elective surgical services to our community, led by Dr Bill Farrington (Clinical Director) and Janine Wells (ESC Operations Manager).

### Highlight of the Month

Theatre metrics indicate a substantial increase in work for the six months ending 31 December compared to the same period in previous years.

We remain ahead of our surgical inpatient planned care target volumes overall (108 procedures =101%) and have completed 541 more elective discharges from 1 July 2020 - 31 December 2020 compared to the same time last year. Below is a table outlining the December results for the past five years for surgical health target volumes, elective volumes, Elective WIES, Acute and Elective volumes and acute and elective theatre hours.

|   | Dec-20    |           |           |           |           |
|---|-----------|-----------|-----------|-----------|-----------|
|   | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 |
| <b>Surgical Health Target volumes</b>       | 5883      | 5879      | 5585      | 5794      | 6059      |
| <b>Elective Discharge Volumes</b>           | 7916      | 7830      | 7469      | 7804      | 8345      |
| <b>Elective Discharge WIES</b>              | 8524      | 8621      | 8056      | 8381      | 8819      |
| <b>Acute and Elective Discharge Volumes</b> | 14,465    | 14,626    | 13,843    | 14,171    | 15,127    |
| <b>Acute and Elective Theatre Hours</b>     | 14,172    | 14,931    | 14,389    | 14,251    | 15,482    |

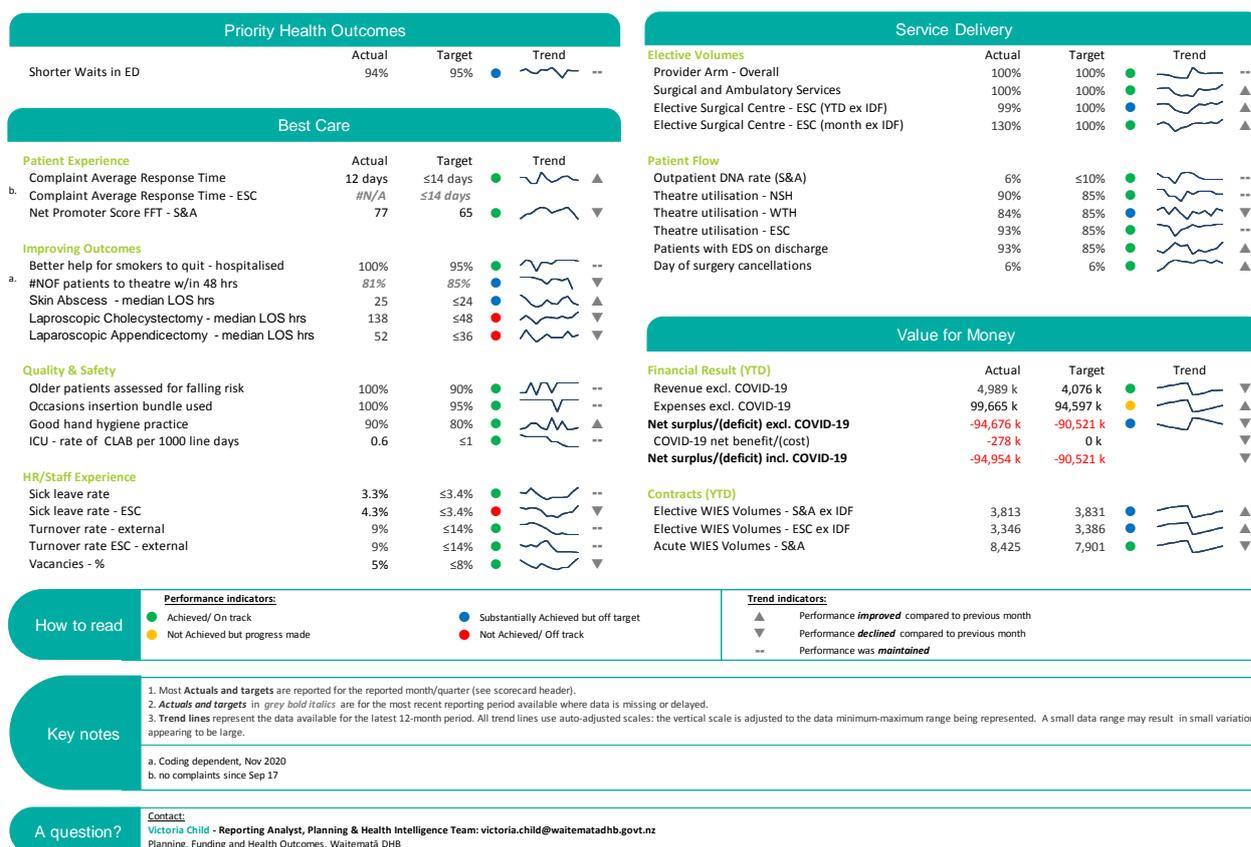
While this is a highlight, it is also a risk as it has been achieved by oversubscribing existing resources which is not sustainable.

### Key Issues

- ESPI 2 and 5 compliance. All services had made significant gains in reducing patient waitlists for both FSA and surgery. However, increased referral volumes, increased P1 demand, increased acute demand (particularly in orthopaedics) and nursing shortages in theatres is causing a deteriorating ESPI 2 and ESPI 5 position. Correction of this would be achieved by increasing FTE to support evening and weekend clinics and theatres or reducing demand for FSA's and elective procedures.
- Risk to maintaining above production due to the demands on staff to do additional work.
- There is on-going risk to full theatre and endoscopy production due to aging and unrepairable equipment in Central Sterile Services Department (CSSD) while awaiting the substantial refurbishment programme.
- Theatre staffing shortages. The Surgical Improvement Programme has in place a workforce and education work stream with a variety of strategies to address this however, it will take some time to recruit and train more staff and provide a programme of development which supports retention.

# Scorecard - Surgical and Ambulatory and Elective Surgical Centre

Waitematā DHB Monthly Performance Scorecard  
Surgical and Ambulatory Service / Elective Surgery Centre  
December 2020  
2020/21



## Scorecard Variance Report

### Laparoscopic Cholecystectomy Median LOS – 138 hours against a target of ≤48

58 patients underwent laparoscopic cholecystectomy and 40 of these patients come under the HAC flag. Only 25% met the target of having their operation within 24 hours of booking into theatre. Some of this cohort of patients required ERCP (procedure to check the bile and pancreatic ducts and remove stones present in the ducts). Some patients who were well enough to wait for a few days were sent home to return to an acute arranged lap chole list on Tuesdays. Median time to theatre from booking was 41.4 hours impacting the target LOS.

### Laparoscopic Appendicectomy Median LOS – 52 hours against a target of ≤36

There were 42 patients in this cohort. 1 patient also had a small bowel resection resulting in a seven day LOS. Sixteen patients also had intra-abdominal washout (this is usually only done when there is a perforation or pus in the abdomen). Patients who had a washout also stayed longer.

### Sick leave rate ESC – 4.3% against a target of ≤3.4%

The sick leave for ESC whilst higher than our target number, remains stable. (As ESC is a sub group of SAS the smaller number of staff can disproportionately affect the percentage).

## Value for Money

### Expenses excluding COVID-19 – 99,665k against a target of 94,597k

As per financial result commentary below.

## Waitematā DHB Priorities Variance Report

| DHB activity  | Milestone | On Track |
|---|-----------|----------|
| <b>Planned Care</b><br>Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes   |           |          |
| <b>Equity. Improve understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and inequities that can be changed</b><br><i>Electives</i><br>Refurbish the Diagnostic Breast Service to improve coordinated and integrated service provision in one location. This aims to improve breast cancer diagnosis and treatment times, removing barriers to care for Māori and Pacific women (EOA) | Nov 2020  | ✓        |
| <b>Access. Balance national consistency and the local context</b><br><i>Electives</i><br>Implement bladder cancer testing in primary care, and where appropriate, to establish urothelial cancers, to reduce the need for secondary care assessments and referral to cystoscopy (currently all patients with macro and micro haematuria are referred for cystoscopy)  | Oct 2020  | ✓        |
| <b>Bowel screening and colonoscopy wait times</b><br>Actions to meet colonoscopy wait times and equitable access to bowel screening   |           |          |
| <b>Bowel screening</b><br>Continue with monthly data audits to ensure data accuracy and in preparation of transitioning to the new register (timing is subject to MoH confirmation and expected to be during 2020/21)   | Ongoing   | ✓        |
| Continue to provide existing and new nursing staff with training to maintain data accuracy, which impacts on monitoring of all activities along the screening pathway   | Ongoing   | ✓        |
| Deliver a six-week communications campaign to inform people that the bowel screening programme has re-started and that it is safe to screen, supported by ongoing health promotion and communication activities designed to restore the participation rate and equity gaps to the pre-COVID-19 levels (EOA)   | Dec 2020  | ✓        |

## Financial Results - Surgical and Ambulatory and Elective Surgical Centre Combined

| Waitematā DHB Statement of Financial Performance |                 |                 |              |                 |                 |                |                  |
|--|-----------------|-----------------|--------------|-----------------|-----------------|----------------|------------------|
| S&A and ESC Combined - Dec-20                    |                 |                 |              |                 |                 |                |                  |
| (\$000's)  | MONTH           |                 |              | YEAR TO DATE    |                 |                | FULL YEAR        |
|  | Actual          | Budget          | Variance     | Actual          | Budget          | Variance       | Budget           |
| <b>REVENUE</b>                                   |                 |                 |              |                 |                 |                |                  |
| * Government and Crown Agency                    | 655             | 564             | 91           | 4,543           | 3,367           | 1,177          | 6,753            |
| Other Income                                     | 76              | 117             | (42)         | 446             | 710             | (264)          | 1,324            |
| <b>Total Revenue (excluding COVID)</b>           | <b>731</b>      | <b>682</b>      | <b>49</b>    | <b>4,989</b>    | <b>4,076</b>    | <b>913</b>     | <b>8,077</b>     |
| <b>EXPENDITURE</b>                               |                 |                 |              |                 |                 |                |                  |
| <b>Personnel</b>                                 |                 |                 |              |                 |                 |                |                  |
| Medical  | 7,506           | 7,721           | 216          | 33,150          | 33,718          | 568            | 63,361           |
| Nursing  | 4,599           | 4,285           | (314)        | 28,014          | 26,769          | (1,245)        | 54,987           |
| Allied Health                                    | 786             | 825             | 38           | 3,570           | 3,484           | (87)           | 6,705            |
| Support  | 316             | 320             | 4            | 1,403           | 1,406           | 3              | 2,593            |
| Management / Administration                      | 577             | 542             | (34)         | 2,712           | 2,494           | (219)          | 4,668            |
| Outsourced Personnel                             | 666             | 447             | (219)        | 4,320           | 3,577           | (743)          | 7,068            |
|  | 14,450          | 14,140          | (310)        | 73,170          | 71,447          | (1,722)        | 139,383          |
| <b>Other Expenditure</b>                         |                 |                 |              |                 |                 |                |                  |
| Outsourced Services                              | 347             | 155             | (192)        | 1,408           | 848             | (561)          | 1,782            |
| Clinical Supplies                                | 3,362           | 3,301           | (61)         | 23,160          | 21,963          | (1,197)        | 43,653           |
| Infrastructure & Non-Clinical Supplies           | 320             | 52              | (268)        | 1,927           | 339             | (1,589)        | 648              |
|  | 4,029           | 3,508           | (521)        | 26,495          | 23,150          | (3,346)        | 46,084           |
| <b>Total Expenditure (excluding COVID)</b>       | <b>18,479</b>   | <b>17,648</b>   | <b>(832)</b> | <b>99,665</b>   | <b>94,597</b>   | <b>(5,068)</b> | <b>185,467</b>   |
| <b>Surplus/(Deficit) excluding COVID</b>         | <b>(17,749)</b> | <b>(16,966)</b> | <b>(783)</b> | <b>(94,676)</b> | <b>(90,521)</b> | <b>(4,155)</b> | <b>(177,390)</b> |
| <b>Extraordinary impacts</b>                     |                 |                 |              |                 |                 |                |                  |
| COVID-19 Net benefit/(cost)                      | (15)            | 0               | (15)         | (278)           | 0               | (278)          | 0                |
| <b>Surplus/(Deficit) including COVID</b>         | <b>(17,764)</b> | <b>(16,966)</b> | <b>(798)</b> | <b>(94,954)</b> | <b>(90,521)</b> | <b>(4,433)</b> | <b>(177,390)</b> |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

### Comment on major financial variances

The overall result for S&A and ESC combined was \$798k unfavourable for December and \$4,433k unfavourable for the YTD.

### Revenue (\$49k favourable for December and , \$913k favourable YTD)

The favourable variance for December was due to higher than planned revenue from ACC. The YTD favourable position was due to additional MoH revenue received to assist in the planned care catch-up arising from the impact of COVID-19 as well as higher than planned revenue from ACC and income from other DHBs.

### Expenditure (\$832 unfavourable for December, \$5,068 unfavourable YTD)

The unfavourable variance for December is similar to the pattern throughout the year of higher than planned costs. The variances continue to be as a consequence of higher than budgeted personnel costs particularly in nursing and the ongoing reliance on external personnel and the need to outsource skin lesion procedures.

### Personnel (\$310 favourable for December, \$1,722k unfavourable YTD)

The unfavourable variance for December was driven by costs in nursing and in use of locums and bureau nurses. The YTD unfavourable position was similarly driven.

*Medical (\$568k favourable YTD)*

The YTD favourable position was due to difficulty in recruiting into vacant SMO positions creating a saving (\$430k) in addition to lower than budgeted training and study costs (\$210k) and a timing benefit for membership costs (\$141k). These benefits have been offset by higher than budgeted allowances for SMOs (\$155k).

*Nursing (\$1,245k unfavourable YTD)*

Nursing was over budget, for which there are a number of contributing factors. Surgical and gastro theatre overspend continued to be driven by increased acute volumes(7%) and additional sessions for planned care patients. NSH theatre was budgeted to run 8 hour elective sessions, but extended theatre lists have become increasingly BAU since July in order to maximise utilisation and throughput to meet planned care targets. There was higher than expected sick leave in theatres. These factors as well as nursing vacancies required a higher use of casuals, extra hours, overtime and allowances, contributing to a \$562k negative variance to budget. The remainder of the overspend was in surgical wards driven by the use of watches (\$292k) for high acuity patients (Spinal, Tracheostomy, ERAS NOF, peri-prosthetic) and use of internal bureau nurses to cover higher than unplanned leave and to meet the higher than expected bed occupancy in surgical wards in the last few months (\$210k). There were some one-off costs in the YTD of -\$100k.

*Allied Health (\$87k unfavourable YTD)*

The unfavourable variance represents the vacancy factor of the personnel budget which was not achieved as a result of the lower than expected turnover of staff.

*Support and Management/Administration (\$216k unfavourable YTD)*

The YTD unfavourable position was due to the vacancy factor of the personnel budget which was not achieved as a result of the lower than expected turnover of staff. There was also additional costs (\$44k) within Admin clerical team for casual use and extra staffing hours to meet the booking demand of the surgical services.

*Outsourced Personnel (\$743k unfavourable YTD)*

The YTD unfavourable position was due to vacancies within Anaesthesia and ORL and recently to cover leave within General Surgery. These resulted in reliance on locums (\$245k) to assist in production to meet the planned care target. POC costs at ESC were \$104k over budget in the period.

\$133k was spent on external agency theatre nursing in the first six months to help provide cover for unplanned leave and vacancies within theatres and to help resource additional lists.

**Other Expenditure (\$3,346k unfavourable YTD)**

The YTD unfavourable position was driven by higher than budgeted costs across all costs.

*Outsource Services (\$561k unfavourable YTD)*

The YTD unfavourable position was driven by the outsourcing of skin lesions to GPs (\$446k) in addition to Interim Care costs which are offset by budget within clinical supplies.

*Clinical Supplies (\$1,197k unfavourable YTD)*

The unfavourable variance in clinical supplies was \$1,197k YTD and occurred across most services but most particularly in Surgical and Gastro theatres. There was a significant increase in treatment disposable costs as well as increases in all other areas of clinical supply. This had several reasons: higher volume of activity, supply chain issues arising from COVID-19 forcing Surgical Services to find new and often more expensive sources of product as well as higher usage of disposable instruments (\$394k) and higher orthotic costs (\$140k). The supply chain issues are on-going and are not expected to be resolved in this year. The cost impact is difficult to ascertain.

There was a budget uplift in November in clinical supplies to take into account these issues and this has reduced the monthly variance to budget.

*Infrastructure and Non-Clinical Supplies (\$1,589k unfavourable YTD)*

The negative variance represented the YTD embedded budgeted savings related to the Financial Sustainability Programme (\$1,682k). This line was partially offset by additional revenue and cost savings in other areas. Revenue projects are recognising additional revenue in the financial year however cost savings within the current surgical environment are proving more difficult to realise.

*COVID-19 (\$278k unfavourable YTD)*

The COVID-19 impact represents the impact of delayed annual leave in the period.

## Diagnostic Services

### Service Overview

This division is responsible for the provision of Pharmacy, Laboratories and Radiology services. The service is managed by Brad Healey General Manager. The Operation Managers and Clinical Directors are Ariel Hubbert for Pharmacy, Lee-Ann Weiss and Dr Matt Rogers (Clinical Director) for Laboratories and Bronwyn Ness and Dr Philip Clark (Clinical Director) for Radiology.

### Highlight of the Month

Radiology – medical gasses were successfully installed in CT Room 3 at North Shore Hospital. This will enable complex procedures to be undertaken for which patients require general anaesthetic.

### Key Issues

Radiology – performance against the MoH 6-week waiting time targets has not been achieved as a result of the increase of waiting list with higher than expected referrals received in MRI

Laboratory – the Bio-chemistry analyser upgrade project was planned for completion in late 2020. This project has been delayed due to the impact of COVID-19, electricity and water supply infrastructure and key supplier issues. We are hoping to be able to use the first new analyser at North Shore Hospital at the end of January, and over the next few months, bring the second analyser at North Shore Hospital online and install the two analysers at Waitakere Hospital. We have identified a potential constraint at Waitakere Hospital relating to inadequate water pressure that will require installation of water pumps. This is currently being assessed to manage an already constrained space at Waitakere Hospital.

### Waitematā DHB Priorities Variance Report

| DHB activity  | Milestone | On Track |
|---|-----------|----------|
| <b>Planned Care</b><br>Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes   |           |          |
| <b>Timeliness. Optimise sector capacity and capability</b><br><i>Radiology</i><br>Review production planning capability for CT and MRI, with the objective of better informing the need for internal capacity change and the need for outsourcing   | Mar 2021  | ✓        |
| <b>Experience. Ensure the Planned Care Systems and supports are sustainable and designed to be fit for the future</b><br><i>Pharmacy</i><br>Work to ensure the accurate transfer of information about medication changes on transitions of care by completing medicine reconciliation in primary care and community pharmacy settings as well as on discharge from hospital | Ongoing   | ✓        |

**Antimicrobial Resistance (AMR)**

Actions to improve equity in outcomes and patient experience

|  |                 |   |
|--|-----------------|---|
| <p><b>Hospital</b></p> <p>Complete a hospital-wide antimicrobial prescribing survey to assess prescribing appropriateness for all patients and analyse the results for ethnic disparity to identify gaps and target initiatives for delivery of service equity (EOA)</p> <p><b>Measure</b></p> <p><i>Audit 100% of medical and surgical patients</i></p> | <p>Sep 2020</p> | <p>✘</p>  |
| <p>Complete audit of compliance with Waitematā DHB MDRO Management Policy (consistent with national guidance, guidelines and relevant standards), including CPE, develop recommendations and implement actions</p>   | <p>Feb 2021</p> | <p>✓</p> <p>MDRO policy has been reviewed in November 2020 to align with international guidelines and we are on track</p> |

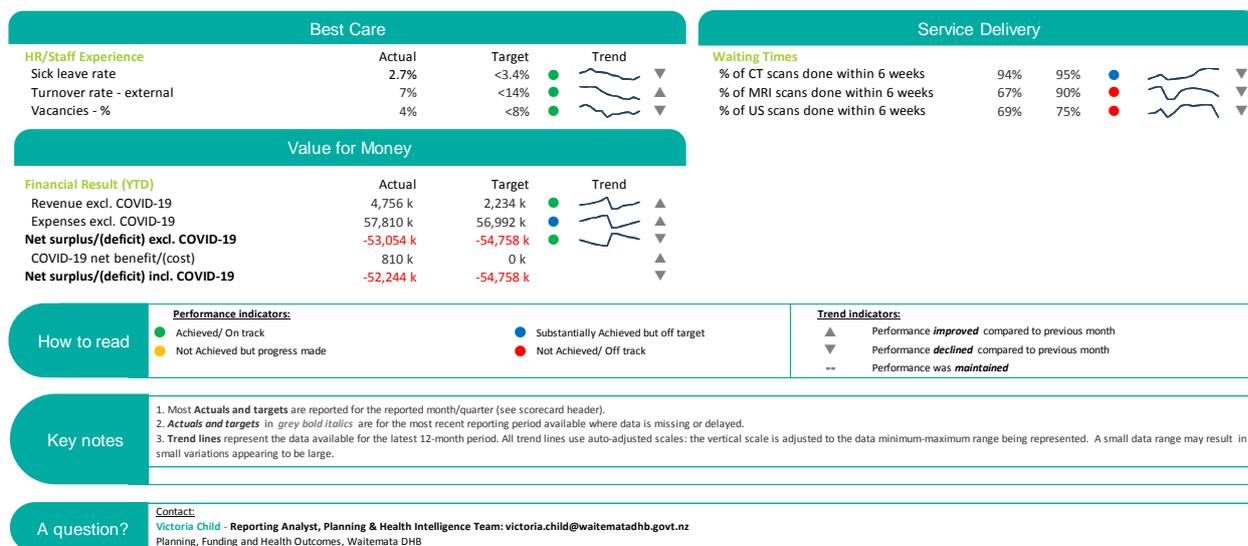
**Areas off track for month and remedial plans**

**Complete a hospital-wide antimicrobial prescribing survey** – Fallen a little behind due to the competing interest of Covid in 2020, however on-track to have this completed for end of June 2021.

## Scorecard – Diagnostic Services

### Waitematā DHB Monthly Performance Scorecard

Diagnostic Services  
December 2020  
2020/21



## Scorecard Variance Report

% of MRI scans done within six weeks – 67% against a target of 90%

MRI Wait time: A reduction in outsourcing in November together with higher planned volumes has flowed into December performance. We continue to run additional volunteer weekend sessions where staff were willing. Internal capacity remains utilised as best as able, while high acute demand puts added pressure on an already stretched resource.

% of US scans done within six weeks – 69% against a target of 75%

A reduction outsourcing in November has flowed into December performance. While additional sessions were offered, very few staff took this up over December. Urgent scans, acute referrals, and internal clinics put added pressure on our ultrasound capacity for routine OP and GP patients.

## Financial Results

| Waitematā DHB Statement of Financial Performance |                |                 |              |                 |                 |              |                  |
|--|----------------|-----------------|--------------|-----------------|-----------------|--------------|------------------|
| Diagnostic Services - Dec-20                     |                |                 |              |                 |                 |              |                  |
| (\$000's)  | MONTH          |                 |              | YEAR TO DATE    |                 |              | FULL YEAR        |
|  | Actual         | Budget          | Variance     | Actual          | Budget          | Variance     | Budget           |
| <b>REVENUE</b>                                   |                |                 |              |                 |                 |              |                  |
| * Government and Crown Agency                    | 250            | 209             | 41           | 1,879           | 1,255           | 624          | 2,510            |
| Other Income                                     | 898            | 163             | 735          | 2,877           | 979             | 1,898        | 1,958            |
| <b>Total Revenue (excluding COVID)</b>           | <b>1,148</b>   | <b>372</b>      | <b>776</b>   | <b>4,756</b>    | <b>2,234</b>    | <b>2,522</b> | <b>4,468</b>     |
| <b>EXPENDITURE</b>                               |                |                 |              |                 |                 |              |                  |
| <b>Personnel</b>                                 |                |                 |              |                 |                 |              |                  |
| Medical  | 1,765          | 1,924           | 159          | 8,321           | 8,277           | (44)         | 15,582           |
| Nursing  | 263            | 251             | (11)         | 1,684           | 1,538           | (146)        | 3,138            |
| Allied Health                                    | 3,722          | 3,673           | (49)         | 16,631          | 15,748          | (883)        | 29,682           |
| Support  | 0              | 0               | 0            | 0               | 0               | 0            | 0                |
| Management / Administration                      | 271            | 262             | (9)          | 1,279           | 1,330           | 52           | 2,473            |
| Outsourced Personnel                             | 64             | 59              | (5)          | 449             | 361             | (88)         | 707              |
|  | 6,085          | 6,170           | 85           | 28,363          | 27,255          | (1,108)      | 51,580           |
| <b>Other Expenditure</b>                         |                |                 |              |                 |                 |              |                  |
| Outsourced Services                              | 350            | 468             | 117          | 3,526           | 4,111           | 585          | 7,714            |
| Clinical Supplies                                | 4,270          | 4,217           | (53)         | 24,742          | 24,490          | (251)        | 48,365           |
| Infrastructure & Non-Clinical Supplies           | 178            | 187             | 9            | 1,179           | 1,135           | (44)         | 2,544            |
|  | 4,798          | 4,872           | 74           | 29,446          | 29,736          | 290          | 58,624           |
| <b>Total Expenditure (excluding COVID)</b>       | <b>10,883</b>  | <b>11,042</b>   | <b>159</b>   | <b>57,810</b>   | <b>56,992</b>   | <b>(818)</b> | <b>110,204</b>   |
| <b>Surplus/(Deficit) excluding COVID</b>         | <b>(9,735)</b> | <b>(10,669)</b> | <b>935</b>   | <b>(53,054)</b> | <b>(54,758)</b> | <b>1,704</b> | <b>(105,736)</b> |
| <b>Extraordinary impacts</b>                     |                |                 |              |                 |                 |              |                  |
| COVID-19 Net benefit/(cost)                      | 399            | 0               | 399          | 810             | 0               | 810          | 0                |
| <b>Surplus/(Deficit) including COVID</b>         | <b>(9,336)</b> | <b>(10,669)</b> | <b>1,334</b> | <b>(52,244)</b> | <b>(54,758)</b> | <b>2,514</b> | <b>(105,736)</b> |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

### Comment on major financial variances

The overall result for Diagnostic Services was \$1,334k favourable for December and \$2,514k favourable for the YTD.

### Revenue (\$776k favourable for December, \$2,522k favourable YTD)

The favourable variance for the YTD is due to increased billing to other DHBs for Radiology scans and billing to drug trials from the Inpatient Pharmacy and Laboratory.

### Expenditure (\$159k favourable for December, \$818k unfavourable YTD)

The unfavourable variance for the YTD was due to Outpatient Pharmacy not being fully funded for the activity per the Community Pharmacy Programme and Radiology Services performing additional volumes to aid back log of procedures.

### Personnel (\$1,108k unfavourable YTD)

Personnel costs are over in Radiology as the service is doing additional sessions to catch up on procedures delayed due to COVID-19 Alert Level restrictions and the anticipated vacancy savings have not materialised due to retention of staff in the post COVID environment.

### Other Expenditure (\$290k favourable YTD)

*Outsourced Services (\$585k favourable YTD)*

Radiology outsourcing was favourable due to the lower than budgeted volumes outsourced for Ultrasound and MRI.

*Clinical Supplies (\$251k unfavourable YTD)*

The unfavourable variance for the YTD was due to drug costs in the Outpatient pharmacy being \$1,125k unfavourable YTD primarily due to increase access to high cost drugs as prescribed in the pharmaceutical schedule. Subsidy claim for these drugs are not reimbursed to the Outpatient Pharmacy. Other clinical supplies in Radiology and the Inpatient Pharmacy are favourable YTD with less than anticipated inpatient volumes at start of the year. Radiology clinical supplies also favourable due to one off accrual releases (\$230k) in July relating to terminated service contracts and leases and on-going savings on contracts and leases.

*Infrastructure and Non-Clinical Supplies (\$44k unfavourable YTD)*

The unfavourable variance for the YTD was due to phasing of Laboratory and Radiology accreditation costs where budget is in future periods.

## Clinical Support Services

### Service Overview

This division is responsible for the provision of Clinical Support Services Division includes Food Services, Security, Traffic and Fleet, Clinical Engineering, Clinical Support Services, Contact Centre Collaboration.

The service is managed by Brad Healey General Manager. The Operation Managers are Barbara Schwalger for Clinical Support Services, Mark Garner for Clinical Engineering, Chris Webb for Security, Traffic and Fleet, Teresa Stanbrook for Food Services and Matthew O'Connor for Contact Centre.

### Highlight of the Month

Food Services- Christmas day meal service for staff went very well and received positive feedback from staff. This reflected the significant planning effort that went in from both Compass and the Waitematā DHB team.



### Key Issues

Clinical Engineering – we have now filled the vacant Operations Manager role and Mark Garner started mid-December. Mark has used the past month to familiarise himself with the service and organisation. The next step will be pulling together a plan and suite of initiatives to address issues related to Clinical Engineering space, staffing and equipment.

Food Services - A snapshot audit was completed in November to audit compliance against the healthy eating food policy. The audit resulted in the removal of 21 items from sale which was complied with. There is work underway with NZ Health Partnership to continue progress with recommendations from the audit.

## Scorecard – Clinical Support Services

### Waitematā DHB Monthly Performance Scorecard

Clinical Support  
December 2020  
2020/21

| Best Care                  |        |        |       | Value for Money                             |                  |                  |       |
|----------------------------|--------|--------|-------|---|------------------|------------------|-------|
| <b>HR/Staff Experience</b> | Actual | Target | Trend | <b>Financial Result (YTD)</b>               | Actual           | Target           | Trend |
| Sick leave rate            | 3.5%   | <3.4%  |       | Revenue excl. COVID-19                      | 207 k            | 95 k             |       |
| Turnover rate - external   | 15%    | <14%   |       | Expenses excl. COVID-19                     | 18,576 k         | 17,204 k         |       |
| Vacancies - %              | 6%     | <8%    |       | <b>Net surplus/(deficit) excl. COVID-19</b> | <b>-18,369 k</b> | <b>-17,109 k</b> |       |
|                            |        |        |       | COVID-19 net benefit/(cost)                 | 226 k            | 0 k              |       |
|                            |        |        |       | <b>Net surplus/(deficit) incl. COVID-19</b> | <b>-18,143 k</b> | <b>-17,109 k</b> |       |

|                    |  |  |
|--------------------|--|--|
| <b>How to read</b> | <b>Performance indicators:</b>   | <b>Trend indicators:</b>   |
|                    | <ul style="list-style-type: none"> <li> Achieved/ On track</li> <li> Not Achieved but progr</li> <li> Substantially Achieved but off target</li> <li> Not Achieved/ Off track</li> </ul> | <ul style="list-style-type: none"> <li> Performance <b>improved</b> compared to previous month</li> <li> Performance <b>declined</b> compared to previous month</li> <li> Performance was <b>maintained</b></li> </ul> |

|                  |  |
|------------------|--|
| <b>Key notes</b> | <ol style="list-style-type: none"> <li>Most <b>Actuals and targets</b> are reported for the reported month/quarter (see scorecard header).</li> <li><b>Actuals and targets</b> in <i>grey bold italics</i> are for the most recent reporting period available where data is missing or delayed.</li> <li><b>Trend lines</b> represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.</li> </ol> |
|------------------|--|

|                    |   |
|--------------------|---|
| <b>A question?</b> | <p><u>Contact:</u><br/>Victoria Child - Reporting Analyst, Planning &amp; Health Intelligence Team: victoria.child@waitematahb.govt.nz<br/>Planning, Funding and Health Outcomes, Waitemata DHB</p> |
|--------------------|---|

## Scorecard Variance Report

### Best Care

**Turnover Rate** – external - 15% against a target of 14%

Turnover rate has reduced this month to 15% for 12 month rolling average. Turnover is primarily in Support personnel of cleaning, orderly, traffic and security staff and vacancies are covered by casual staff. This KPI is lower than the 22% rate as at Jan-19 reflecting the concerted effort being done in recruitment and retention of this staff group.

## Financial Results

| Waitematā DHB Statement of Financial Performance |                |                |              |                 |                 |                |                 |
|--|----------------|----------------|--------------|-----------------|-----------------|----------------|-----------------|
| Clinical Support Services - Dec-20               |                |                |              |                 |                 |                |                 |
| (\$000's)  | MONTH          |                |              | YEAR TO DATE    |                 |                | FULL YEAR       |
|  | Actual         | Budget         | Variance     | Actual          | Budget          | Variance       | Budget          |
| <b>REVENUE</b>                                   |                |                |              |                 |                 |                |                 |
| * Government and Crown Agency                    | 0              | 0              | 0            | 0               | 0               | 0              | 0               |
| Other Income                                     | 34             | 16             | 19           | 207             | 95              | 112            | 190             |
| <b>Total Revenue (excluding COVID)</b>           | 34             | 16             | 19           | 207             | 95              | 112            | 190             |
|  |                |                |              |                 |                 |                |                 |
| <b>EXPENDITURE</b>                               |                |                |              |                 |                 |                |                 |
| <b>Personnel</b>                                 |                |                |              |                 |                 |                |                 |
| Medical  | 0              | 0              | 0            | 0               | 0               | 0              | 0               |
| Nursing  | 0              | 0              | 0            | 2               | 0               | (2)            | 0               |
| Allied Health                                    | 0              | 0              | 0            | 0               | 0               | 0              | 0               |
| Support  | 2,335          | 2,284          | (51)         | 10,270          | 10,421          | 151            | 20,145          |
| Management / Administration                      | 238            | 247            | 10           | 1,003           | 1,123           | 120            | 2,093           |
| Outsourced Personnel                             | 19             | 19             | 1            | 150             | 114             | (36)           | 227             |
|  | 2,592          | 2,550          | (41)         | 11,425          | 11,658          | 233            | 22,465          |
| <b>Other Expenditure</b>                         |                |                |              |                 |                 |                |                 |
| Outsourced Services                              | 2              | 0              | (2)          | 5               | 0               | (5)            | 0               |
| Clinical Supplies                                | 105            | 118            | 13           | 792             | 705             | (87)           | 1,396           |
| Infrastructure & Non-Clinical Supplies           | 1,028          | 789            | (238)        | 6,354           | 4,842           | (1,512)        | 9,363           |
|  | 1,135          | 908            | (227)        | 7,151           | 5,546           | (1,604)        | 10,759          |
|  |                |                |              |                 |                 |                |                 |
| <b>Total Expenditure (excluding COVID)</b>       | 3,727          | 3,458          | (268)        | 18,576          | 17,204          | (1,371)        | 33,224          |
|  |                |                |              |                 |                 |                |                 |
| <b>Surplus/(Deficit) excluding COVID</b>         | <b>(3,692)</b> | <b>(3,443)</b> | <b>(250)</b> | <b>(18,369)</b> | <b>(17,109)</b> | <b>(1,259)</b> | <b>(33,034)</b> |
|  |                |                |              |                 |                 |                |                 |
| <b>Extraordinary impacts</b>                     |                |                |              |                 |                 |                |                 |
| COVID-19 Net benefit/(cost)                      | 0              | 0              | 0            | 226             | 0               | 226            | 0               |
|  |                |                |              |                 |                 |                |                 |
| <b>Surplus/(Deficit) including COVID</b>         | <b>(3,692)</b> | <b>(3,443)</b> | <b>(250)</b> | <b>(18,143)</b> | <b>(17,109)</b> | <b>(1,033)</b> | <b>(33,034)</b> |

\* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

### Comment on major financial variances

The overall result for Clinical Support Services was \$250k unfavourable for December and \$1,033k unfavourable for the YTD.

#### Revenue (\$19k favourable for December, \$112k favourable YTD)

The favourable variance for the YTD was due to new concession levies from staff café sales as well as Security Services charging for the issue of ID cards.

#### Expenditure (\$268k unfavourable for December, \$1,259k unfavourable YTD)

The unfavourable variance for the YTD was primarily due to The Financial Sustainability Programme allocated savings target for Clinical Support and Diagnostic Services which is \$1,332 unfavourable YTD. A number of initiatives are being progressed that will realise benefits in future periods.

#### Personnel (\$233k favourable YTD)

The favourable variance for the YTD does not include \$61k of casual security guard costs that are coded in Infrastructure and Non-Clinical Supplies. Vacancy factor savings are being met by turnover in Clinical Support cleaners and orderlies where approximately 18% of shifts are covered by lower cost casual workforce

#### Other Expenditure (\$1,604k unfavourable YTD)

*Clinical Supplies (\$87k unfavourable YTD)*

The unfavourable variance for the YTD was due to clinical equipment consumables, repair and maintenance including outsourced bed repairs.

*Infrastructure and Non-Clinical Supplies (\$1,512k unfavourable YTD)*

The unfavourable variance YTD was due to Financial Sustainability Programme allocated savings target for Clinical Support and Diagnostic Services which is \$1,332k unfavourable YTD.

Outsourced casual security guards where the budget is held as personnel cost are also \$33k unfavourable YTD.

**COVID-19 (\$226k favourable YTD)**

COVID-19 related transactions are in relation to savings in patient meal numbers due to low level of hospital occupation during lockdown as well as additional costs for ventilation equipment and consumables.

## 4.1 Clinical Leaders' Report

### Recommendation:

**That the report be received.**

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Prepared by: Dr Jonathan Christiansen (Chief Medical Officer),  
Dr Jocelyn Peach (Director of Nursing and Emergency Systems Planner), and  
Sharon Russell, (Associate Director of Allied Health, Scientific and Technical Professions)

### Quality and Risk

In December 2019, the DHB had its three yearly certification audit against the Health and Disability Services Standards. As part of the on-going certification process, a follow-up review (surveillance audit), will take place in August 2021. The Health and Disability Services Standards are currently undergoing a review. The revised Standards will reflect the shift towards more person and whānau centred health and disability services, where people are empowered to make decisions about their own care and support in order to achieve their outcome goals. The Health and Disability Services Standards will be published by Standards New Zealand, while the Sector Solutions will be published and retained by the Ministry of Health to allow for more frequent updates that reflect changing models of care and support. It is expected that the next surveillance audit will be against the existing standards.

To support the organisation's delivery of key quality activities and to support the approach of improvement through training, the Quality and Risk Team have set their 2021 training plan. The Team offers training in a number of key areas including Risk Management, Responding to Complaints and undertaking Adverse Event Investigations. This year, a specific Risk Management training event for the Renal Service and an Adverse Event Investigation training session for the Surgical and Ambulatory Division have already been held.

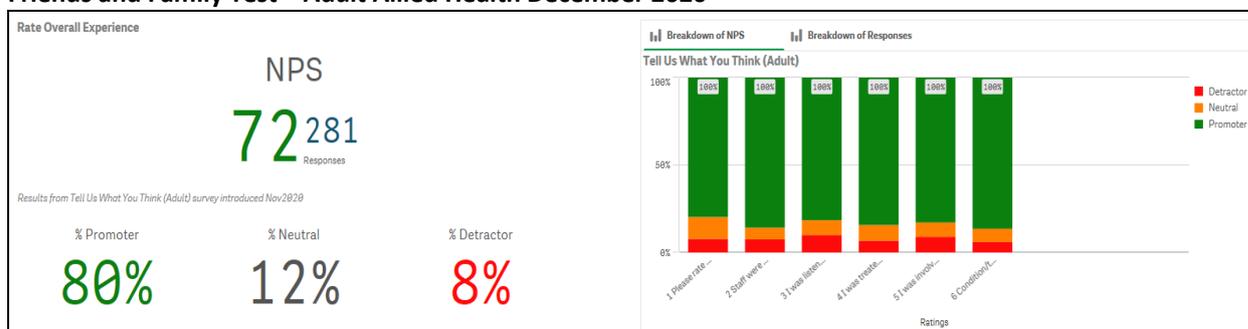
## Allied Health, Scientific and Technical Professions

Prepared by Sharon Russell, Associate Director Allied Health, Scientific and Technical Professions and Tamzin Brott, Chief Allied Health, Scientific and Technical Professions Officer

(Forty-two (43) professions, accounting for 24% of the Waitematā DHB workforce.)

**Everyone Matters, With Compassion, Connected and Better, Best, Brilliant**

## Friends and Family Test – Adult Allied Health December 2020



A selection of comments received in November and December 2020 for the Allied Health group:

- “Great friendly staff. Wonderful with my daughter.”
- “Clean, fast organised.”
- “I brought my son for a relief of pain appointment. Staff fitted me in and promptly arranged an appointment for further assessment at Kilimanjaro dental. Thank you, very professional and kind. Happy environment.”
- “Good explanation of equipment and alternatives.”
- “Because you rang me and I got the stool the next day and it has been a life saver.”
- “Girls were very easy to deal with and very informative.”
- “I was listened to and I did not expect to be seen straight away. Thank you.”
- “Because all the boxes I ticked were spot on accurate.”
- “Because the service was great and when the raisers were not quite right, Melanie came back and set up the new ones and it is all working well. It has made such a difference to my life”
- “I felt very comfortable all the time.”
- “The things that I have had done work well and staff have been friendly, I do not think the service could be any better.”

## Recruitment and retention of Māori and Pasifika workforce

Four allied health professions (Oral Health, Dietetics, Occupational Therapy and Physiotherapy) are in focus, with work plans in place locally, regionally and nationally in order to recruit and retain Māori and Pacific clinicians reflecting the communities we serve. These workplans include maintaining links with tertiary institutions, promoting Waitematā DHB scholarship programmes across all professions within Allied Health, and encouraging the promotion of Allied Health professions within secondary education.

Current Māori and Pacific staff across those priority professions and staff required to reflect the working population as of December 2020 are:

| <b>MALT PRIORITY ALLIED December 2020</b> | <b>Māori in current workforce</b> | <b>% of Māori in current workforce</b> | <b>Number of Māori to reflect working population</b> | <b>Additional Māori required</b> | <b>Recruited last 12 months</b> | <b>Terminated last 12 months</b> | <b>Last 12 months Movement</b> |
|---|-----------------------------------|--|--|----------------------------------|---------------------------------|----------------------------------|--------------------------------|
| <b>Oral Health Therapist</b>              | 14                                | 8.0%                                   | 16   | 2                                | 1                               | -3                               | -2                             |
| <b>Dietitian</b>                          | 3                                 | 6.3%                                   | 4  | 1                                | 1                               | 0                                | 1                              |
| <b>Occupational Therapist</b>             | 8                                 | 5.0%                                   | 15   | 7                                | 4                               | -3                               | 1                              |
| <b>Physiotherapist</b>                    | 10                                | 9.2%                                   | 10   | 0                                | 4                               | 0                                | 4                              |
| <b>Total AH Priority Professions</b>      | <b>35</b>                         | <b>7.1%</b>                            | <b>45</b>  | <b>10</b>                        | <b>10</b>                       | <b>-6</b>                        | <b>4</b>                       |

| <b>PALT PRIORITY ALLIED December 2020</b> | <b>Pacific in current workforce</b> | <b>% of Pacific in current workforce</b> | <b>Number of Pacific to reflect working population</b> | <b>Additional Pacific required</b> | <b>Recruited last 12 months</b> | <b>Terminated last 12 months</b> | <b>Last 12 months Movement</b> |
|---|-------------------------------------|--|--|------------------------------------|---------------------------------|----------------------------------|--------------------------------|
| <b>Oral Health Therapist</b>              | 15                                  | 8.5%                                     | 13   | 0                                  | 0                               | 0                                | 0                              |
| <b>Dietitian</b>                          | 0                                   | 0.0%                                     | 4  | 4                                  | 0                               | 0                                | 0                              |
| <b>Occupational Therapist</b>             | 2                                   | 1.3%                                     | 12   | 10                                 | 0                               | -1                               | -1                             |
| <b>Physiotherapist</b>                    | 3                                   | 2.8%                                     | 8  | 5                                  | 0                               | -1                               | -1                             |
| <b>Total AH Priority Professions</b>      | <b>20</b>                           | <b>4.1%</b>                              | <b>37</b>  | <b>19</b>                          | <b>0</b>                        | <b>-2</b>                        | <b>-2</b>                      |

Reasons for leaving Waitematā DHB, across all allied health scientific and technical professions for Māori and Pacific, continues to be leaving the district, leaving for personal reasons and leaving to go to another job in public health. On-going work is being undertaken to better understand those that choose not to disclose why they are leaving via choosing personal reasons, including offering exit interviews with the Director of Allied Health Scientific and Technical Professions.

### ***Everyone Matters***

#### **Celebrating Long Service – Galin Ido, Occupational Therapist**

On 3 December 2020, Galin Ido, Occupational Therapist, celebrated 30 years working at Waitematā DHB having begun her Waitematā career on 3 December 1990. Over this time Galin has worked in a number of services across the DHB, and currently works in the Assessment, Treatment and Rehabilitation service at North Shore Hospital.

Galin has been instrumental working with our older adults, and in particular our Orthogeriatric patients, and has a positive working relationship with Ward 14 interdisciplinary staff members to ensure “Best care for everyone”.

Congratulations to Galin and thank you for your incredible commitment to the wellbeing of our community.



Top row – Charles Lolohea (Therapy Assistant (TA)), Cameron Elliott (Physiotherapist (PT)), Jo Stewart (Clinical Centre Leader Occupational Therapist (OT)), Jo Dick (OT), Paula Marsden (OT), Fara Bhai (OT), Bogna Mieszkowska (PT), Louise Lennon (Professional Clinical Leader OT), Michelle Lummis (Clinical Coach OT), Vicky Ongers (PT), Helen Weaver (OT), Eleese Brandt (OT), Sarah Lee (OT), Shahla Heard (Team Administrator), Karlina Benjamin (OT), Ola Hasan (TA), Dr Joe Singh (Geriatrician)  
Front row – Matt Irving (OT), Julia Tinker (PT), Julia Gundy (Team Manager), Ashleigh Donovan (OT), Galin Ido (OT and guest of honour), Gaya Patel (TA), Nikky Higgins (OT), Cadee Chan (OT), Shivani Mathur (TA), Evie Millyn (PT), Sarah Franks (OT clinical leader), Chiho Suzuki (OT), Kirsten Ter Braak (Charge Nurse Manager) and Catherine Joseph (OT)

### **Health Round Table, Allied Health Pandemic Innovations**

The Health Round Table is a platform for innovative ideas that are showcased across New Zealand and Australia. Waitemata DHB is a member of the Allied Health chapter and has been an active participant in annual events showcasing Allied Health initiatives and improvements. Waitemata DHB was fortunate to be invited to present at the 2020 forum in October, with the theme and focus on COVID-19, and what learnings and innovative measures were gained from pandemic planning and response aspects to ensure ongoing connectivity and patient care.

Two topics were presented by Leanne Browne, Allied Health Quality Improvement Lead and Sharon Russell, Associate Director Allied Health, Scientific, Technical Professions:

- Auckland Regional Dental Service (ARDS) Telehealth: A pilot introducing phone assessments to engage and connect with whānau of children aged between 6-15 months.
- Community Connect: A phone or social media-based wellbeing check-in for vulnerable adults.

## **Better, Best, Brilliant**

### **Celebrating Pharmacy award**

Congratulations to Joanna Hikaka who was named 2019 Pharmacist of the Year in October 2020 by the Pharmaceutical Society of New Zealand.

Joanna's level of commitment to clinical pharmacy in New Zealand by promoting the need for, and ability of, pharmacists to other health professions impressed the judges. The judges also noted Joanna's achievement of being the first pharmacist to be awarded the Health Research Council Clinical Research Training Fellow position in 2017.



Joanna is currently working towards a PhD at Auckland University's School of Pharmacy focusing on equitable access to, and quality use of, medicines and medicines-related care for older Māori in Waitematā DHB. Joanna, who is of Ngā Ruahine descent, is a founding member of Ngā Kaitiaki o Te Puna Rongoā o Aotearoa - The Māori Pharmacists' Association.

### **Dental Therapy Assistant Graduation**

Congratulations to ten Dental Assistants (DAs) - members of our Auckland Regional Dental Service (ARDS) team, who received their New Zealand Qualification Framework (NZQF) New Zealand Certificate in Health and Wellbeing Health Assistance - Dental Assistance certificates in October 2020.

The programme includes developing and/or recognising competencies such as preparing equipment and instruments required for oral healthcare procedures, including sterilisation procedures, describing tooth notation and anatomy, dental caries, periodontal disease and chart teeth and restorations, assisting and preparing patients for treatment and applying infection prevention and control processes and procedures.

A lot of hard work has gone into achieving these qualifications, and we are proud of their efforts. Congratulations everyone!



Left to right: Back row: Leah Wilkie, Saleshni Chetty, Manmeet Malhotra, Carmen Denyer (Clinical Educator ARDS and Assessor), Adrienne Rollo (Clinical Team Leader ARDS and Assessor), Karen Bull  
Front row: Moka Toimata (Clinical Team Leader ARDS and Assessor), Jose Tom, Madhu Lata, Dyna Jose (Clinical Educator ARDS and Assessor), Rozina Bibi, Gayani Ranaweera, Sohini Madisetty

## Connected

### New graduate/trainee support programme

The Allied Health Scientific and Technical new graduate/trainee programme successfully continued in 2020, despite of the impact of the COVID-19 pandemic.

A total of 54 new graduates/trainees across 10 disciplines participated in the 2020 programme. The programme provides specific skills that assist in shaping the first year of practice and starts to develop leadership skills for the future. New ways of providing opportunities for the new graduates/trainees to connect with each other, and to learn in an inter-professional framework, were found given the impact of COVID-19 on face to face meetings.

Disciplines taking part in the 2020 cohort include:

| Discipline                        | Number of participants |
|-----------------------------------|------------------------|
| Anesthetic Technicians            | 2                      |
| Dietitians                        | 5                      |
| Intern Pharmacists                | 2                      |
| Medical Laboratory Scientists     | 2                      |
| Oral Health Therapists            | 25                     |
| Occupational Therapists           | 2                      |
| Physiotherapists                  | 6                      |
| Provisional Cardiac Physiologists | 2                      |
| Social Workers                    | 7                      |
| Speech and Language Therapists    | 1                      |
| <b>TOTAL</b>                      | <b>54</b>              |

Feedback regarding the programme objectives was gathered via an electronic survey. Examples of the feedback are provided below:

- *“Learning about other allied health roles, managing time and expectations and the reminders about self-care.”*
- *“Seminars that focused on patient communication and the wellbeing of us as health professionals.”*
- *“Communication skills and knowing more about other allied health professionals and the development of clinical practice-confidence and competence.”*
- *“Interacting with other new grads and knowing that we are starting fresh with our knowledge and have this year to grow and learn collectively.”*
- *“It was reassuring to have my experiences validated by those around me, and to have my uncertainty/nerves normalised.”*
- *“It helped me realise a lot of us are in the same boat and share similar issues as new grads.”*
- *“Understanding the different roles, we all play and the importance that other professions play in the role of supporting patients.”*
- *“I did find it quite helpful for sharing strategies that we have found useful this year.”*
- *“Being able to hear about other's experiences and the challenges they have been facing, good way to gain perspective.”*



2020 new graduate/trainee programme end of year celebration.

### ***With Compassion***

#### ***Pink Shirt Day***

Allied Health Staff at Waitakere Hospital embraced Pink Shirt Day to celebrate diversity and make a stand against bullying with their message of:

Kōrero Mai, Kōrero Atu, Mauri Tū, Mauri Ora  
 Speak Up, Stand Together, Stop Bullying!



Pictured: Left to right: Back Row: Gel Bumanlag (Occupational Therapist) Tess Gatchalian (Social Worker) Sonya Wilson (Occupational Therapist) Andrea D' Silva (Social Worker), Megan Newton (Occupational Therapist) Elizabeth Johnson (Social Worker)  
 Front Row: Katrina Bennett (Senior Occupational Therapist), Howard Lee (Social Worker), Victoria Hay (Social Worker), Louise Harben (Occupational Therapist Clinical Leader)

## Nursing and Emergency Planning Systems

Prepared by Jocelyn Peach, Director of Nursing and Emergency Systems Planner  
Nurses, Midwives and Health Care Assistants account for 43.9% of the total DHB workforce.

### Quality, Safety and Practice Development

#### Quality Priorities for Nursing

|   |   |
|---|---|
| <p><b>Competent Professionals</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Right people - selection</li> <li><input type="checkbox"/> Right knowledge, skills, expertise, skill mix</li> <li><input type="checkbox"/> Right place</li> <li><input type="checkbox"/> Right time – schedule, Code of Practice, Managing Fatigue &amp; shift work</li> <li><input type="checkbox"/> Right orientation, right competence assessment [PDRP, learning framework]</li> </ul>                          | <p><b>Practice Safety &amp; Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Competencies</li> <li><input type="checkbox"/> Policies and procedures [compliance]</li> <li><input type="checkbox"/> Safety &amp; Clinical practice effectiveness – Best Practice essentials [PWCCS], falls and pressure prevention, IV bacteraemia</li> <li><input type="checkbox"/> Credentialing</li> <li><input type="checkbox"/> Learning Framework; incl. NETP/NESP</li> <li><input type="checkbox"/> Safe care priorities / Quality framework</li> <li><input type="checkbox"/> Professional Development &amp; Recognition Programme [PDRP]</li> <li><input type="checkbox"/> Audits of practice [assurance]</li> </ul> |
| <p><b>Person &amp; Family Centered Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Model of care - service appropriate</li> <li><input type="checkbox"/> Te Whare Tapa Wha</li> <li><input type="checkbox"/> Patient experience and values</li> <li><input type="checkbox"/> Patient and Staff Experience &amp; Resilience</li> <li><input type="checkbox"/> Relationship management [primary care, ARC, NGO, Schools of Nursing, other DHBs, regional and national] benchmarking</li> </ul> | <p><b>Safe Practice Innovation/Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Workforce Planning – skill mix, pathway and training needs</li> <li><input type="checkbox"/> Acuity &amp; CCDM - influence resources</li> <li><input type="checkbox"/> Extended / Advanced Practice roles</li> <li><input type="checkbox"/> Credentialing</li> <li><input type="checkbox"/> Research and Practice Development projects</li> <li><input type="checkbox"/> New technologies – digital</li> <li><input type="checkbox"/> New models of care</li> </ul>  |

### Patient and Whanau Centered Care Standards

The senior nurse leaders and Director of Midwifery met with the charge nurses and midwives in November to review the quality improvement initiatives required to maintain and improve standards. Improvement is focused across all four domains in the model.

Patient feedback identified that there are areas where changes need to focus: patient feedback has shown that they appreciate the care provided, but have feedback about how we need to make improvement in communicating the plan of care; meeting their cultural needs; be more timely to answer call bells to respond to their needs – including regular intentional rounding; and meeting their personal needs. We will be working with wards/units to review the feedback for their area.

The next Care Standards audit is on 17-28 May 2021.

Focus on safety as regards IV line, pressure prevention and falls management.

## Workforce Planning & Workforce Development

### Workforce Planning & Development

- Planning: supply and demand
- Professional Development & Recognition Programme [PDRP]
- Learning Framework /Education
- New Graduate Programme [NETP, NESP]
- Return to Practice / CAP
- Unqualified Staff Devt [HCA]
- Undergraduate student placements
- Post Graduate Education
- Extended / Advanced Practice

Student Clinical Placements: Planning for 2021 is in place for the beginning of the academic year for clinical placements of nursing and midwifery students from the five nursing schools.

New Graduate Nursing 'Entry to Practice' (February intake)

One hundred new graduate nurses commence the Nursing Entry to Practice programme on 2 February 2021 in the inpatient setting (medicine, surgery and child health, mental health and community/primary care).

The first period is intensive as Nurse Educators support application of theory to practice, focusing on safe assessment and escalation. The September group is progressing well. Offers were made to Māori and Pacific applicants. Not all new graduates have sat state examination in November as usual and are sitting in January and February (accommodating the impact of COVID-19).

The nursing and midwifery workforce planning has been revised to accommodate the impact of COVID-19, reduced international applicants and future needs. Midwifery has some particular challenges and regional competition.

Particular workforce processes continue to target Māori and Pacific nurses and health care assistants. This is proving to be a challenge as these are small groups and we are competing regionally for this key resource.

| MALT PRIORITY NURSING December 20 | Māori in current workforce | % of Māori in current workforce | Number of Māori to reflect working population | Additional Māori required | Recruited last 12 months | Terminated last 12 months | Last 12 months Movement |
|-----------------------------------|----------------------------|---------------------------------|---|---------------------------|--------------------------|---------------------------|-------------------------|
| Senior Nurses                     | 29                         | 5.3%                            | 50  | 21                        | 5                        | -3                        | 2                       |
| Registered Nurses                 | 115                        | 5.2%                            | 204   | 89                        | 15                       | -10                       | 5                       |
| Enrolled Nurses                   | 2                          | 4.3%                            | 4   | 2                         | 0                        | -1                        | -1                      |
| <b>Nurses</b>                     | <b>146</b>                 | <b>5.2%</b>                     | <b>258</b>                                    | <b>112</b>                | <b>20</b>                | <b>-14</b>                | <b>6</b>                |
| Registered Midwives               | 16                         | 11.2%                           | 13  | 0                         | 6                        | -3                        | 3                       |
| Health Service Assistants         | 61                         | 12.0%                           | 47  | 0                         | 14                       | -10                       | 4                       |
| <b>Total NURSING</b>              | <b>223</b>                 | <b>6.5%</b>                     | <b>318</b>                                    | <b>112</b>                | <b>40</b>                | <b>-27</b>                | <b>13</b>               |

| PALT PRIORITY NURSING December 20 | Pacific in current workforce | % of Pacific in current workforce | Number of Pacific to reflect working population | Additional Pacific required | Recruited last 12 months | Terminated last 12 months | Last 12 months Movement |
|-----------------------------------|------------------------------|-----------------------------------|---|-----------------------------|--------------------------|---------------------------|-------------------------|
| Senior Nurses                     | 12                           | 2.2%                              | 40  | 28                          | 1                        | 0                         | 1                       |
| Registered Nurses                 | 92                           | 4.1%                              | 162   | 70                          | 15                       | -11                       | 4                       |
| Enrolled Nurses                   | 3                            | 6.4%                              | 3   | 0                           | 0                        | 0                         | 0                       |
| <b>Nurses</b>                     | <b>107</b>                   | <b>3.8%</b>                       | <b>205</b>                                      | <b>98</b>                   | <b>16</b>                | <b>-11</b>                | <b>5</b>                |
| Registered Midwives               | 6                            | 4.2%                              | 10  | 4                           | 0                        | 0                         | 0                       |
| Health Service Assistants         | 106                          | 20.9%                             | 37  | 0                           | 22                       | -5                        | 17                      |
| <b>Total NURSING</b>              | <b>219</b>                   | <b>6.3%</b>                       | <b>252</b>                                      | <b>102</b>                  | <b>38</b>                | <b>-16</b>                | <b>22</b>               |

## Professional Relationships & Resilience

### Professional Relationships & Resilience

- Staff Experience and Resilience
- Code of Practice for Managing Fatigue and Shift Work in Hospital based Nursing
- Professional networks
- Schools of Nursing
- Primary Care, Aged Residential Care, NGO
- Technology and Innovation: vitals e-notes, infusion
- Innovation projects
- Clinical Awards

Work is underway with key focus groups to consider staff experience and need to develop resilience for work pressure and future changes. There is also focus on support for community transition of service including nurse prescribing and specialised assessment e.g. mental health in primary care nursing.

Work is underway with Schools of Nursing regionally and nationally to identify a way forward for supply and demand to meet current and future workforce demand.

New approach is under development to support advanced practice nurses, ensuring orientation, supervision, development and advancement. These nurses lead service development for specialist needs and outcomes.

## Emergency Systems Planning

Work continues with planning for fire evacuation using the new Fire and Emergency New Zealand (FENZ) requirements. The fire wardens are enthusiastic to participate in the new approach and video learning. First responder training has been well received and will continue to enhance confident team work. Resources are being updated to support staff reference.

## 4.2 Quality Report – November/December 2020 Data

### Recommendation:

**That the report be received.**

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Prepared by: Stacey Hurrell (Corporate Compliance Manager), David Price (Director of Patient Experience) and Dr Penny Andrew (Executive Director, Innovation and Improvement)

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## Acronyms

| Acronym      | Definition  | Acronym | Definition  |
|--------------|---|---------|---|
| ADU          | Assessment and Diagnostic Unit                              | IT      | Information Technology                                    |
| ACP          | Advance Care Planning                                       | IVL     | Intravenous luer  |
| AKI          | Acute Kidney Injury   | KPI     | Key Performance Indicator                                 |
| AMS          | Antimicrobial Stewardship                                   | LOS     | Length of Stay  |
| ANTT         | Aseptic non-Touch Technique                                 | LCC     | Lakeview Cardiology Centre                                |
| BSI          | Blood Stream Infections                                     | MACE    | Major Adverse Cardiac Events                              |
| CADS         | Community Alcohol and Drug Service                          | MALT    | Māori Alliance Leadership Team                            |
| CAUTI        | Catheter Associated Urinary Tract Infection                 | M&M     | Mortality and Morbidity                                   |
| CCOT         | Critical Care Outreach Team                                 | MRSA    | Methicillin Resistant Staphlococcus aureus                |
| CDI (C.diff) | <i>Clostridium difficile (C.difficile) infection</i>        | MRO     | Micro Resistant Organism                                  |
| CeDSS        | Clinical e-Decision Support                                 | MSU     | Mid-Stream urine  |
|              |   | NMDS    | National Minimum Data Set                                 |
| CGB          | Clinical Governance Board                                   | N/A     | Not Applicable  |
| CLAB         | Central Line Associated Bacteraemia                         | NRFit   | Neuroaxial and Regional connectors                        |
| CPP          | Chronic Pelvic Pain   | NZEWS   | New Zealand Early Warning Score                           |
| CWFS         | Child Woman and Family Service                              | NPS     | Net Promoter Score  |
| CXR          | Chest X-Ray   | PACE    | Pathway for Acute Care of the Elderly                     |
| ESC          | Elective Surgery Centre                                     | PDP     | Patient Deterioration Programme                           |
| ePA          | Electronic Prescribing and Administration                   | PERSy   | Patient Experience Reporting System                       |
| eMR          | E-Medicine Reconciliation                                   | PICC    | Peripherally Inserted Central Catheter                    |
| ED           | Emergency Department  | PROM    | Patient Reported Outcome Measure                          |
| EDARS        | Early Discharge and Rehabilitation Services                 | PWCCS   | Patient Whānau Centre Care Standards                      |
| ELT          | Executive Leadership Team                                   | QI      | Quality Improvement                                       |
| ETT          | Exercise Tolerance Test                                     | QoL     | Quality of Life   |
| FFT          | Friends and Family Test                                     | QSM     | Quality and Safety Markers                                |
| FHC          | Front of House Coordinator                                  | SAB     | S.aureus bacteraemia                                      |
| FY           | Financial Year  | SAC     | Severity Assessment Code                                  |
| HABSI        | Hospital Acquired Blood Stream Infection                    | S&A     | Surgical and Ambulatory                                   |
| HCAI         | Health-care associated infection                            | SAQ     | Safety Attitude Questionnaire                             |
| HDU          | High Dependency Unit  | SCBU    | Special Care Baby Unit                                    |
| HH           | Hand Hygiene  | SMART   | Specific, Measurable, Achievable, Reliable and Time bound |
| HOPE         | Health Outcomes Prediction Engineering                      | SMT     | Senior Management Team                                    |
| HQSC         | Health Quality and Safety Commission                        | TBA     | To Be Advised   |
| HRT          | Health Round Table  | TRAMS   | Tracheostomy Review and Management Service                |
| ICU          | Intensive Care Unit   | UTI     | Urinary Tract Infection                                   |
| IORT         | Intraoperative Radiotherapy                                 | WTK     | Waitakere Hospital  |
| IP&C         | Infection, Prevention and Control                           | XPs     | Extended Properties                                       |
| ISBAR        | Identify, Situation, Background, Assessment, Recommendation | YTD     | Year to date  |

## 1. Health Quality and Safety Markers

The Quality and Safety Markers (QSMs) are used by the Health Quality and Safety Commission to evaluate the success of its national patient safety campaign, *Open for better care*, and determine whether the desired changes in practice and reductions in harm and cost have occurred. The markers focus on the four areas of harm covered by the campaign:

1. Falls
2. Healthcare associated infections (hand hygiene, central line associated bacteraemia and surgical site infection)
3. Perioperative harm
4. Medication safety
5. Pressure injuries
6. Deteriorating patient
7. Patient experience

For each area of harm there are a set of process and outcome markers. The process markers show whether the desired changes in practice have occurred at a local level (e.g. giving older patients a falls risk assessment and developing a care plan for them). The outcome markers focus on harm and cost that can be avoided. Process markers at the DHB level show the actual level of performance, compared with a threshold for expected performance:

- 90% of older patients are given a falls risk assessment
- 90% of older patients at risk of falling have an appropriate individualised care plan
- 90% compliance with procedures for inserting central line catheters in ICU (insertion and maintenance bundle compliance)
- 80% compliance with good hand hygiene practice
- Surgical Site Infections rate per 100 procedures [target has not been set by HQSC]
- 100% primary hip and knee replacements antibiotic given 0-60 minutes before 'knife to skin' [first incision]
- 95% primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more
- 100% of audits where all components of the surgical safety checklist were reviewed
- 100% of audits with surgical safety checklist engagement scores of five or higher
- >50 observational audits are carried out for each part of the surgical checklist
- Number of DVT/PE cases per quarter (*target has not been set by HQSC*)
- Percentage of patients where eMedRec was finished at any time during the patients' admissions (*target has not been set by HQSC*)
- Percentage of patients aged 65 years and over (55 and over for Māori and Pacific people) where eMedRec was finished at any time during the patients' admissions (*target has not been set by HQSC*)
- Percentage of patients where eMedRec was finished within ( $\leq$ ) 24 hours of admissions (*target has not been set by HQSC*)
- Percentage of patients aged 65 years and over (55 and over for Māori and Pacific people) where eMedRec was finished within ( $\leq$ ) 24 hours of admissions (*target has not been set by HQSC*)
- Percentage of patients with a documented sedation score (*target has not been set by HQSC*)
- Percentage of patients with documented bowel function monitored (*target has not been set by HQSC*)

- Percentage of patient with uncontrolled pain(*target has not been set by HQSC*)
- Percentage of patients with documented opioid related adverse events(*target has not been set by HQSC*)
- Percentage of patients with a hospital acquired pressure injury (*target has not been set by HQSC*)
- Percentage of patients audited for pressure injury risk who received a score (*target has not been set by HQSC*)
- Percentage of patients with the correct pressure injury care plan implemented (*target has not been set by HQSC*)
- Percentage of wards using the NZ early warning score (*target has not been set by HQSC*)
- Percentage of audited patients with an early warning score calculated correctly for the most recent set of vital signs (*target has not been set by HQSC*)
- Percentage of audited patients that triggered an escalation of care and received the appropriate response to that escalation as per the DHB's agreed escalation pathway (*target has not been set by HQSC*)
- Number of in-hospital cardiopulmonary arrests in adult inpatient wards, units or departments (*target has not been set by HQSC*)
- Number of rapid response escalations (*target has not been set by HQSC*)
- Score of 8.5 per domain - improvement in national patient experience survey response results over time
- Maintain and improve national patient experience survey response rate over time

The future timetable for Health Quality and Safety Commission Quality Safety Marker (QSM) reporting in 2021 is:

| Period covered       | Publication date (indicative) |
|----------------------|-------------------------------|
| Q4 2020 (Oct-Dec 20) | 31 March 2021                 |
| Q1 2021 (Jan-Mar 21) | 30 June 2021                  |
| Q2 2021 (Apr-Jun 21) | 30 September 2021             |
| Q3 2021 (Jul-Sep 21) | 17 December 2021              |

## 2. Health Quality and Safety Commission Quarterly QSM Dashboard

| Quality Safety Markers (QSM)   |  | Target   | Q4 2018                       | Q1 2019                   | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 | Q3 2020 | Q4 2020                                  | Last Quarter Change |   |
|--|--|--|-------------------------------|---------------------------|---------|---------|---------|---------|---------|---------|--|---------------------|---|
| Falls  | % older patients assessed for falls risk   | 90%  | 96%                           | 98%                       | 97%     | 98%     | 99%     | 99%     | 100%    | 98%     | 100%                                     | ↑                   |   |
|  | % older patients assessed as significant risk of falling with an individualised care plan                                      | 90%  | 96%                           | 94%                       | 99%     | 99%     | 98%     | 96%     | 97%     | 97%     | 99%                                      | ↑                   |   |
| Health Care Associated Infections  | Hand Hygiene (HH)  | % of compliant HH moments  | 80%                           | 89%                       | 90%     | 89%     | 90%     | 93%     | 91%     | 92%     | 90%                                      | 91%                 | ↑ |
|  | CLAB   | % occasions insertion bundle used in ICU   | 90%                           | 99%                       | 100%    | 100%    | 100%    | 100%    | 100%    | 100%    | 99%                                      | 100%                | ↑ |
|  |  | % occasions maintenance bundle used in ICU ( <i>not currently an HQSC Target</i> )   | 90%                           | 92%                       | 96%     | 97%     | 99%     | 99%     | 98%     | 91%     | 97%                                      | 98%                 | ↑ |
|  | Surgical Site Infections   | Surgical Site Infections rate per 100 procedures [target has not been set by HQSC. <i>National Q1 2020 rate = 1.1 infection per 100 procedures</i> ] | HQSC has not defined a target | 0.5                       | 1.5     | 0.3     | 0.7     | 0.4     | 0.4     | 0.0     | 0.9                                      | TBA                 | ↑ |
|  |  | Prelim Results   |                               |                           |         |         |         |         |         |         |  |                     |   |
|  |  | 100% primary hip and knee replacements antibiotic given 0-60 minutes before 'knife to skin' [first incision]   | 100%                          | 97%                       | 97%     | 97%     | 98%     | 100%    | 99%     | 98%     | HQSC SSI data lags by one – two quarters |                     | ↓ |
|  |  | 95% > primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more  | 90%                           | 99%                       | 98%     | 97%     | 98%     | 100%    | 99%     | 93%     |  |                     | ↓ |
|  | 100% of primary hip and knee replacements will have alcohol based skin preparation   | 100%   | 98%                           | 100%                      | 95%     | 95%     | 100%    | 99%     | 100%    | ↑       |  |                     |   |
|  | 100% of primary and knee replacements will have surgical antimicrobial prophylaxis discontinued with 24 hours post-operatively | 100%   | 100%                          | 100%                      | 99%     | 99%     | 99%     | 98%     | 100%    | ↑       |  |                     |   |
|  | eMedRec  | eMedRec on admission implemented anywhere in the hospital  | TBD                           | New Quality Safety Marker |         |         |         |         |         |         | Yes                                      | Yes                 | ↔ |
| % of patients with access to eMedRec Services  |  | TBD  | New Quality Safety Marker     |                           |         |         |         |         |         | 86%     | 86%                                      | ↔                   |   |
| % of patients where eMedRec was finished at any time during the patients' admissions |  | TBD  | New Quality Safety Marker     |                           |         |         |         |         |         | 75%     | 73%                                      | ↓                   |   |

| Quality Safety Markers (QSM) |  |  | Target | Q4 2018                   | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 | Q3 2020 | Q4 2020 | Last Quarter Change |
|------------------------------|--|--|--------|---------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------|
| Medication Safety            |  | % of patients aged 65 years and over (55 and over for Māori and Pacific people) where eMedRec was finished at any time during the patients' admissions | TBD    | New Quality Safety Marker |         |         |         |         |         |         | 91%     | 89%     | ↓                   |
|                              |  | % of patients where eMedRec was finished within (≤) 24 hours of admission  | TBD    | New Quality Safety Marker |         |         |         |         |         |         | 54%     | 50%     | ↓                   |
|                              |  | % of patients aged 65 years and over (55 and over for Māori and Pacific people) where eMedRec was finished within (≤) 24 hours of admission            | TBD    | New Quality Safety Marker |         |         |         |         |         |         | 68%     | 86%     | ↑                   |
|                              | Opioids  | % of patients with a documented sedation score   | TBD    |                           | 72%     | 76%     | 85%     | 86%     | 86%     | 85%     | 83%     | 67%     | ↓                   |
|                              |  | % of patients with documented bowel function monitored   | TBD    |                           | 4.0%    | 3.0%    | 3.5%    | 3.0%    | 4.3%    | 5.0%    | 4.5%    | 5.6%    | ↑                   |
|                              |  | % of patient with uncontrolled pain  | TBD    |                           | 18%     | 8%      | 0.5%    | 0.0%    | 0.8%    | 0.1%    | 0.3%    | 0.1%    | ↓                   |
|                              |  | % of patients with documented opioid related adverse events<br><i>HQSC Provide</i>   | TBD    |                           |         | 0.49%   | 0.35    | 0.58%   | 0.59%   | 0.48%   | TBC     | TBC     | ↓                   |
| Patient Deterioration        | % of eligible wards using the NZ Early Warning System (EWS)  | TBD  |        |                           | 100%    | 100%    | 100%    | 100%    | 100%    | 100%    | 100%    | 100%    | ↔                   |
|                              | % of audited patients with an EWS score calculated correctly for the most recent set of vital sign   | TBD  |        |                           | 100%    | 100%    | 100%    | 100%    | 100%    | 100%    | 100%    | 100%    | ↔                   |
|                              | % of audited patients that triggered an escalation of care and received appropriate response to that escalation as per DHB agreed escalation pathway | TBD  |        |                           | 70%     | 72%     | 78%     | 69%     | 70%     | 86%     | 84%     | ↓       |                     |
|                              | <u>Rate</u> of in-hospital cardiopulmonary arrests in adult inpatient wards, units or departments per 1000 admissions (NMDS) <i>HQSC Provide</i>     | TBD  | 1.3%   | 1.0%                      | 0.2%    | 0.6%    | 0.5%    | 0.2%    | 0.7%    | TBC     | TBC     | ↑       |                     |
|                              | <u>Rate</u> of rapid response escalations per 1000 admissions (NMDS) <i>HQSC Provide</i>   | TBD  |        |                           |         | 19%     | 19.7%   | 13.2%   | 19%     | TBC     | TBC     | ↑       |                     |
| Pressure Injuries            | % of patients audited for pressure injury risk who received a score (NMDS)   | 90%  | 86%    | 85%                       | 86%     | 87%     | 89%     | 88%     | 88%     | 90%     | 92%     | ↑       |                     |
|                              | % of patients with the correct pressure injury care plan implemented   | 90%  | 62%    | 68%                       | 68%     | 68%     | 65%     | 70%     | 69%     | 65%     | 59%     | ↓       |                     |
|                              | % of patients audited with a hospital acquired pressure injury   | TBD  | 2.4%   | 0.6%                      | 1.2%    | 1.0%    | 0.6%    | 1.3%    | 0.6%    | 1.4%    | 0.0%    | ↓       |                     |

|  |     |      |      |      |      |      |      |       |   |
|--|-----|------|------|------|------|------|------|-------|---|
| % of patients audited with non-hospital acquired pressure injury | TBD | 2.1% | 1.6% | 2.2% | 1.4% | 2.9% | 3.3% | 0.26% | ↓ |
|--|-----|------|------|------|------|------|------|-------|---|

|                             |                         |                               |                     |             |                     |                     |                     |
|-----------------------------|-------------------------|-------------------------------|---------------------|-------------|---------------------|---------------------|---------------------|
| Meets or exceeds the target | Within 5% of the target | More than 5% away from target | Positive increase ↑ | No change ↔ | Positive Decrease ↓ | Negative Increase ↑ | Negative Decrease ↓ |
|-----------------------------|-------------------------|-------------------------------|---------------------|-------------|---------------------|---------------------|---------------------|

| Quality Safety Markers                                  |                 |   | Target |          | Q3 2018 | Q4 2018 | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 | Q3 2020 | Last Quarter Change  |
|---|-----------------|---|--------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--|
| Peri-Operative Care                                     | Surgical Safety | Uptake: % of audits where all components were reviewed  | 100%   | Sign In  | 100%    | 100%    | 98%     | 100%    |         | 98%     |         |         |         | NB: During Q1-2 2020 QSM submission for Safe Surgery was suspended due to COVID-19.<br><br>Q3 2020: - only 11/20 DHBs were able to submit the required 50 observational audits.<br><br>Q4 2020 data to be advised. |
|   |                 |   |        | Time Out | 98%     | 98%     | 100%    | 100%    |         | 100%    |         |         |         |  |
|   |                 |   |        | Sign Out | 98%     | 100%    | 98%     | 98%     |         | 100%    |         |         |         |  |
|   | Surgical Safety | Engagement: % of audits with engagement scores of five or higher  | 95%    | Sign In  | 96%     | 88%     | 89%     |         |         | 97%     |         |         |         |  |
|   |                 |   |        | Time Out | 94%     | 94%     | 100%    | 98%     |         | 100%    |         |         |         |  |
|   |                 |   |        | Sign Out | 100%    | 92%     | 98%     |         |         | 98%     |         |         |         |  |
|   | Surgical Safety | Observations: number of observational audits carried out for each part of the surgical checklist (minimum of 50 observations per quarter) | ≥ 50   | Sign In  | 52      | 51      | 57      | 48      | 49      | 65      | 40      |         | 5       |  |
|   |                 |   |        | Time Out | 51      | 53      | 53      | 52      | 45      | 64      | 40      |         | 3       |  |
|   |                 |   |        | Sign Out | 52      | 50      | 51      | 45      | 36      | 55      | 33      |         | 2       |  |
| Data not published by the HQSC if observations were <50 |                 |   |        |          |         |         |         |         |         |         |         |         |         |  |
| Less than 75%   |                 |   |        |          |         |         |         |         |         |         |         |         |         |  |
| More than 75%   |                 |   |        |          |         |         |         |         |         |         |         |         |         |  |
| Target Achieved   |                 |   |        |          |         |         |         |         |         |         |         |         |         |  |

### 3. DHB Key Quality Indicators and Trends

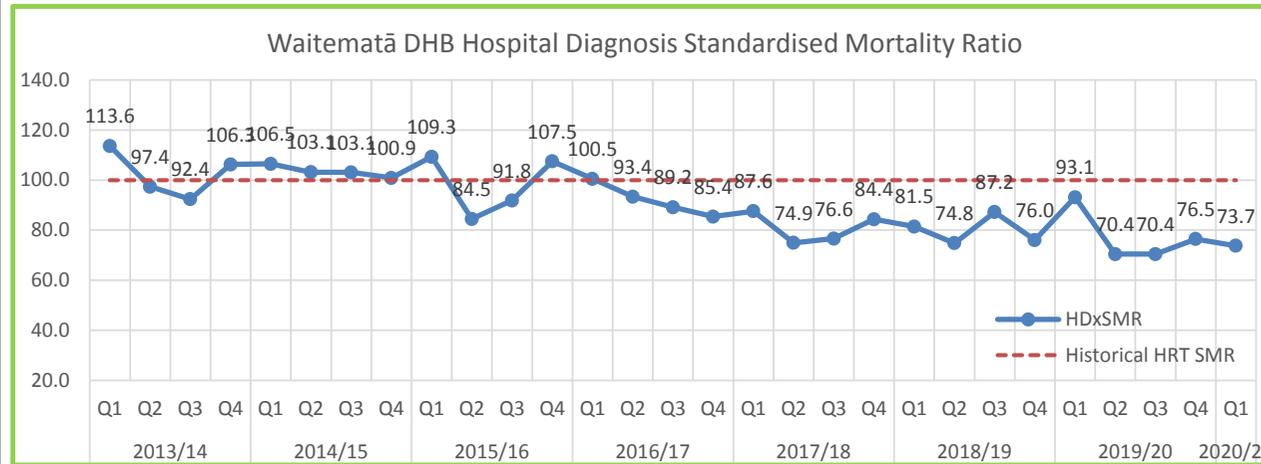
#### Quarterly HDxSMRs

**Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)**

The HDxSMR is expressed as a ratio and seeks to compare actual deaths occurring in hospital (or in hospital and following hospital admission), with a predicted number of deaths based on the types of patients admitted to the hospital. The HDxSMR is a new HRT mortality methodology introduced in November 2016 (see Key Quality Indicator 'Mortality' below for further description of the new HRT mortality methodology).

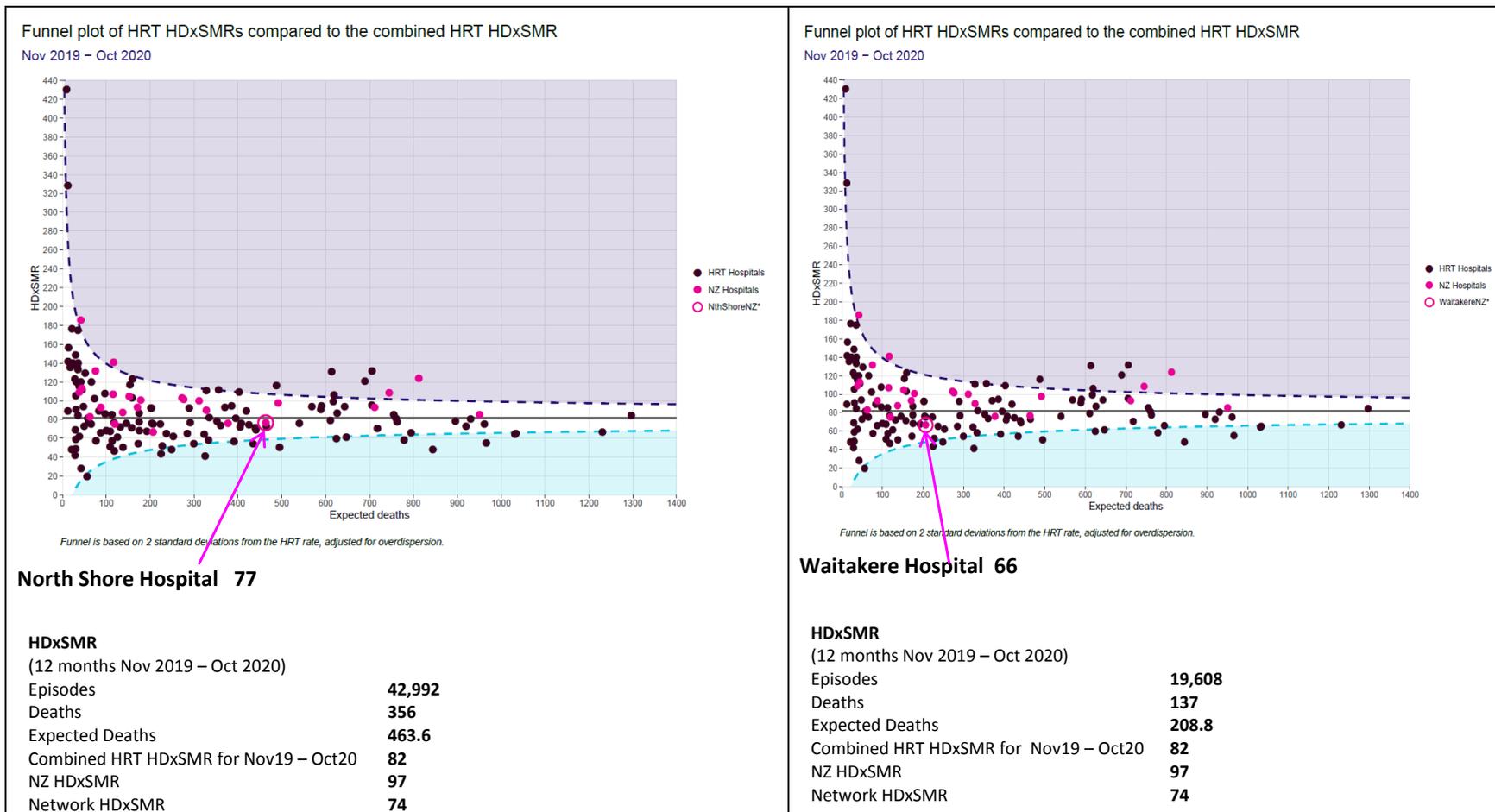
**Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)**

Waitematā DHB's HDxSMR (combined NSH + WTH ) **Q1 FY2020/2021= 73.7**



**12 month Data - HDxSMR Jul 2019 – Jun 2020:**

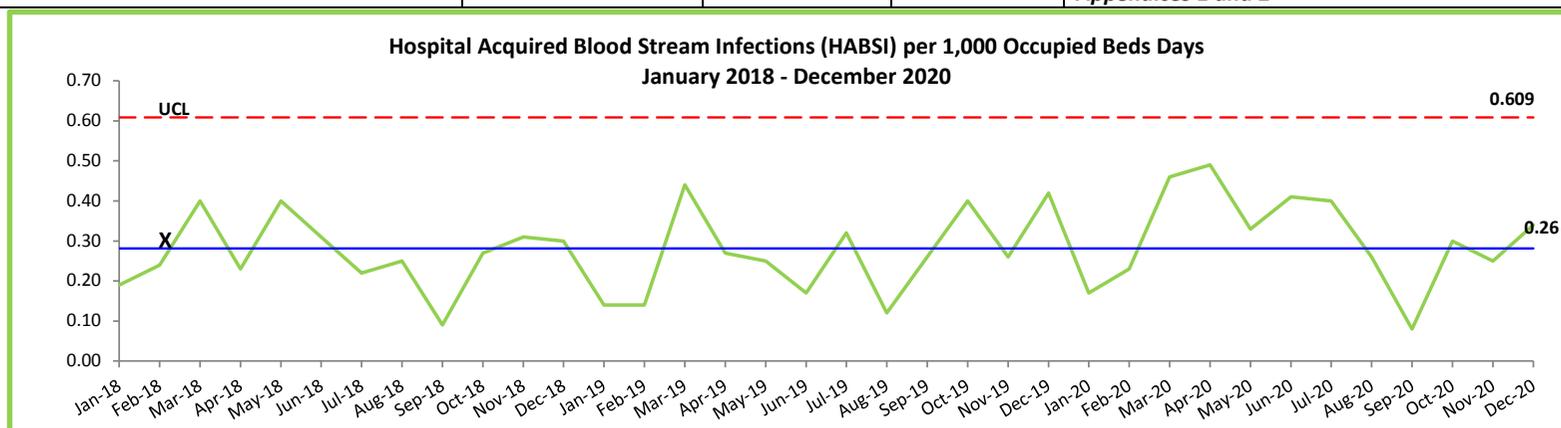
*NB: Delays incurred by Health Round Table impacting on the receipt of the latest HDxSMR; will be updated as soon as available*



## Hospital Acquired Blood Stream Infections (HABSI)

HABSI is defined as a bloodstream infection attributable to hospital where acute or rehabilitation care is provided, if the infection was not incubating on admission. Typically bacteraemia diagnosed after 48 hours of admission, on readmission, related to a device, or within 30 days of procedure (if no alternate source identified) is categorised as a HABSI. There is no recognised national benchmark 'acceptable' rate or target for HABSI.

| Target | Measure                                     | Prev. Report Period |      | Current Report Period |     | Commentary/Trends  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |
|--------|---|---------------------|------|-----------------------|-----|--|--|------|----|------|------|----|------|------|----|------|------|----|------|------|----|------|------|----|
|        |   | Oct                 | Nov  | Dec                   | Dec |  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |
| 0      | Total # of infections                       | 7                   | 6    | 8                     |     | <b>Mean rates of HABSI/1,000 occupied bed days</b><br><table border="1"> <thead> <tr> <th></th> <th>Rate</th> <th>N=</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>0.35</td> <td>89</td> </tr> <tr> <td>2017</td> <td>0.25</td> <td>67</td> </tr> <tr> <td>2018</td> <td>0.26</td> <td>70</td> </tr> <tr> <td>2019</td> <td>0.26</td> <td>71</td> </tr> <tr> <td>2020</td> <td>0.30</td> <td>79</td> </tr> </tbody> </table> <p>The Infection, Prevention and Control Committee's Executive Reports for <b>November/December 2020</b> are attached as <b>Appendices 1 and 2</b></p> |  | Rate | N= | 2016 | 0.35 | 89 | 2017 | 0.25 | 67 | 2018 | 0.26 | 70 | 2019 | 0.26 | 71 | 2020 | 0.30 | 79 |
|        | Rate  | N=                  |      |                       |     |  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |
| 2016   | 0.35  | 89                  |      |                       |     |  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |
| 2017   | 0.25  | 67                  |      |                       |     |  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |
| 2018   | 0.26  | 70                  |      |                       |     |  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |
| 2019   | 0.26  | 71                  |      |                       |     |  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |
| 2020   | 0.30  | 79                  |      |                       |     |  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |
| 0.00   | # of infections per 1,000 occupied bed days | 0.30                | 0.25 | 0.34                  |     |  |  |      |    |      |      |    |      |      |    |      |      |    |      |      |    |      |      |    |



A total of 79 HABSI were identified from **January to December 2020** rate **0.30/** 1000 bed days, an increase in comparison to the rate in 2019 (**0.26/** 1000 OBD).

- E coli was the most common pathogen (**24/79 - 30%**) followed by **S.aureus (n=16)**, **K. pneumoniae (n=9)** and other pathogens (n=11). 5/14 E.coli and 1/9 K.pneumoniae isolates were ESBL producers.
- 33%** of HABSI were device related, including **13** Catheter Associated Urinary Tract Infections (CAUTI); nine were IV luer related- and considered potentially preventable. While the four CLABs did not have any apparent correctable causes, complete assessment of preventability for IV luer related HABSI has been difficult due to poor documentation in addition to excessive duration of IV luers and the use of antecubital fossa (crook of elbow) for insertion (non-preferred site)
- Line related HABSI is comparable to 2019 N= 12 and 2020 N=13
- A Point Prevalence audit under taken in November 2020 for both NSH and WTH identified:
  - Time and date not documented

| Target | Measure | Prev. Report Period | Current Report Period |     | Commentary/Trends |
|--------|---------|---------------------|-----------------------|-----|-------------------|
|        |         | Oct                 | Nov                   | Dec |                   |

- IVL placement in ante-cubital fossa
- IVL left in when not required
- Overall compliance rate **NSH 69%** and **WTH 70%**. The Director of Nursing is working with clinical staff to reduce the incidence of IVL infections
- Increase in CAUTI related HABSIs from **five** in 2019 to **13** in 2020: CAUTI surveillance undertaken in August 2020
  - Showed inconsistent documentation in clinical portal on maintenance of IDC
  - Indications for IDC was appropriate at time of insertion
  - No documentation in clinical portal to state if IDC indications was being reviewed daily to see if IDC was still required
  - Point Prevalence Survey planned in 2021 to understand extent of CAUTI and review if prolonged catheter days are contributory

#### Comparison of sources of HABSIs 2018 -2020

| HABSIs source                                  | 2018                       | 2019                      | 2020                      |
|--|----------------------------|---------------------------|---------------------------|
| Vascular device                                | 18<br>(7 CLAB)<br>(11 IVL) | 12<br>(3 CLAB)<br>(9 IVL) | 13<br>(4 CLAB)<br>(9 IVL) |
| CAUTI  | 8                          | 5                         | 13                        |
| Post procedure/ surgical                       | 8                          | 10                        | 16                        |
| Other (non-IDC related UTI and non -surgical ) | 25                         | 31                        | 22                        |
| Unknown  | 11                         | 13                        | 15                        |
| <b>TOTAL</b>                                   | <b>70</b>                  | <b>71</b>                 | <b>79</b>                 |

#### Common pathogens causing HABSIs in 2020

| Organism                         | Total                    |
|----------------------------------|--------------------------|
| Staph. aureus                    | 16                       |
| E.coli (EC)                      | 24 (5 ESBL producing EC) |
| Klebsiella pneumonia (KP)        | 9 (1 ESBL producing KP)  |
| Enterococci /bacteroides species | 11                       |

#### HABSIs Analysis Nov 2020

| Source | Total | Area   | Organism                        | Comments  |
|--------|-------|--------|---------------------------------|---|
| CAUTI  | 1     | Ward 6 | E cloacae/Staphylococcus aureus | <ul style="list-style-type: none"> <li>• A patient developed a hospital acquired blood stream infection secondary to an indwelling urinary catheter (IDC). The IDC was appropriately inserted for management of urinary output and required reinsertion following a failed trial removal of the catheter</li> </ul> |

| Target | Measure | Prev. Report Period | Current Report Period |     | Commentary/Trends |
|--------|---------|---------------------|-----------------------|-----|-------------------|
|        |         | Oct                 | Nov                   | Dec |                   |

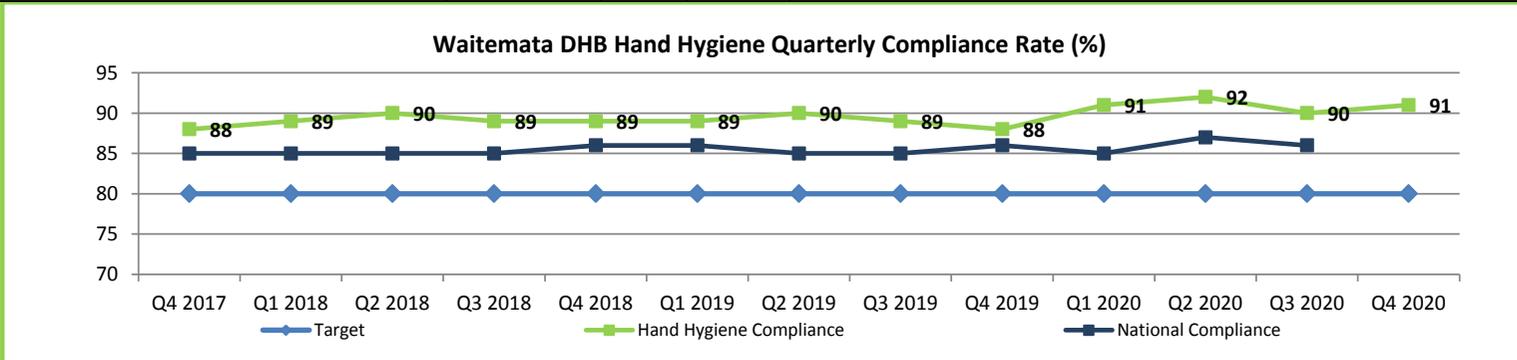
| Source | Total | Area                         | Organism  | Comments   |
|--------|-------|------------------------------|---|--|
| IVL    | 1     | Ward 4                       | Staphylococcus aureus   | <ul style="list-style-type: none"> <li>A patient developed a hospital acquired blood stream infection secondary to an old IVL site in which they had developed thrombophlebitis<sup>1</sup>; noted that documentation on the maintenance of the IVL was poor</li> </ul>  |
| Other  | 4     | Ward 4<br>Ward 5<br>ESC Ward | C. freundii<br>Klebsiella pneumoniae (KP)<br>E faecalis<br>E coli | <ul style="list-style-type: none"> <li>Two patients developed a hospital acquired blood stream infection following endoscopic procedures</li> <li>A patient developed a hospital acquired blood stream infection following the removal of a nephrostomy (kidney) tube</li> <li>A haematology patient developed a hospital acquired blood stream infection secondary to a recurrent urinary sepsis</li> </ul> |

#### HABSI Analysis Dec 2020

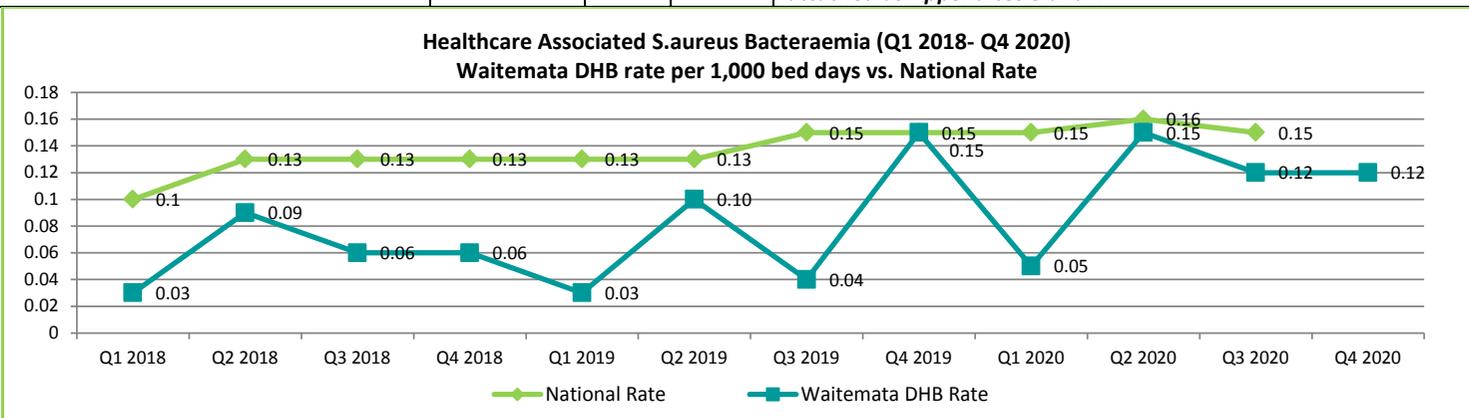
| Source            | Total | Area              | Organism  | Comments  |
|-------------------|-------|-------------------|---|---|
| CAUTI             | 2     | Ward 6<br>Ward 14 | Proteus mirabilis<br>E coli                               | <ul style="list-style-type: none"> <li>A patient developed a hospital acquired blood stream infection secondary to an indwelling urinary catheter (IDC). The patient inadvertently pulled out the IDC causing trauma; another catheter was inserted and the infection developed 48hrs after reinsertion. The IDC was appropriately required to manage fluid overload.</li> <li>A patient developed a hospital acquired blood stream infection secondary to an indwelling urinary catheter (IDC); the patient had several unsuccessful trial removals of the catheter; the IDC was required for urinary retention</li> </ul> |
| IVL               | 1     | Anawhata Ward     | Staphylococcus aureus                                     | <ul style="list-style-type: none"> <li>A patient developed a hospital acquired blood stream infection secondary to an IVL site; they had developed thrombophlebitis 72 hrs following insertion of the line</li> </ul>   |
| Post Procedure    | 1     | Ward 8            | Bacteroides vulgatus                                      | <ul style="list-style-type: none"> <li>A patient developed a hospital acquired blood stream infection secondary to an anastomotic (<i>surgical join</i>) leak following a Whipples Procedure (<i>removal of the head of the pancreas</i>)</li> </ul>  |
| Other/<br>Unknown | 4     | Ward 3<br>Ward 4  | E faecalis<br>Staphylococcus aureus<br>Strep Vestibularis | <ul style="list-style-type: none"> <li>Three patients were on Ward 3, two patients had an unknown source for their HABSI and one was an unrelated IDC source</li> <li>Source of HABSI for patient on Ward 4 is unknown</li> </ul>   |

<sup>1</sup> Thrombophlebitis is an inflammatory process that causes a blood clot to form and block one or more veins, usually in the legs. The affected vein might be near the surface of the skin (superficial thrombophlebitis) or deep within a muscle (deep vein thrombosis, or DVT).

### 3.1 Hand Hygiene (HH) Compliance

| Target  | Measure  | Prev. Report Period     | Current Report Period       |      | Commentary/Trends  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
|---|--|-------------------------|-----------------------------|------|--|--|------------|-------------------------|-----------------------------|----------------------------|-----|----------------------|-----|--------------------------------------|-----|--|-----|-----------------------|-----|--------------|------------|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|
|   |  | Oct                     | Nov                         | Dec  |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| >80%  | % rate of compliance with five Hand Hygiene Moments    | 90%                     | 91%                         | 91%  | <p>Waitematā DHB continues to achieve a Hand Hygiene compliance rate above the National Target of &gt;80%; Q3 2020 Waitematā DHB is leading the DHBs with <b>90%</b> and the National average compliance rate is 86%. Q4 2020 our compliance rate is <b>91%</b>; other DHB data to be advised.</p> <table border="1" data-bbox="1214 475 1886 767"> <thead> <tr> <th colspan="2">Hand Hygiene Results by Division – Q4 2020</th> </tr> <tr> <th>Division</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Acute &amp; Emergency Medicine</td> <td>91%</td> </tr> <tr> <td>Child Women &amp; Family</td> <td>90%</td> </tr> <tr> <td>Specialty Mental Health + Addictions</td> <td>97%</td> </tr> <tr> <td>Specialist Medicine + Health of Older People</td> <td>93%</td> </tr> <tr> <td>Surgical &amp; Ambulatory</td> <td>89%</td> </tr> <tr> <td><b>Total</b></td> <td><b>91%</b></td> </tr> </tbody> </table> | Hand Hygiene Results by Division – Q4 2020 |            | Division                | Compliance                  | Acute & Emergency Medicine | 91% | Child Women & Family | 90% | Specialty Mental Health + Addictions | 97% | Specialist Medicine + Health of Older People | 93% | Surgical & Ambulatory | 89% | <b>Total</b> | <b>91%</b> |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Hand Hygiene Results by Division – Q4 2020  |  |                         |                             |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Division  | Compliance   |                         |                             |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Acute & Emergency Medicine  | 91%  |                         |                             |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Child Women & Family  | 90%  |                         |                             |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Specialty Mental Health + Addictions  | 97%  |                         |                             |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Specialist Medicine + Health of Older People  | 93%  |                         |                             |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Surgical & Ambulatory   | 89%  |                         |                             |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| <b>Total</b>  | <b>91%</b>   |                         |                             |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
|  <p><b>Waitemata DHB Hand Hygiene Quarterly Compliance Rate (%)</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Target (%)</th> <th>National Compliance (%)</th> <th>Hand Hygiene Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2017</td><td>80</td><td>85</td><td>88</td></tr> <tr><td>Q1 2018</td><td>80</td><td>85</td><td>89</td></tr> <tr><td>Q2 2018</td><td>80</td><td>85</td><td>90</td></tr> <tr><td>Q3 2018</td><td>80</td><td>85</td><td>89</td></tr> <tr><td>Q4 2018</td><td>80</td><td>86</td><td>89</td></tr> <tr><td>Q1 2019</td><td>80</td><td>86</td><td>89</td></tr> <tr><td>Q2 2019</td><td>80</td><td>85</td><td>90</td></tr> <tr><td>Q3 2019</td><td>80</td><td>85</td><td>89</td></tr> <tr><td>Q4 2019</td><td>80</td><td>86</td><td>88</td></tr> <tr><td>Q1 2020</td><td>80</td><td>85</td><td>91</td></tr> <tr><td>Q2 2020</td><td>80</td><td>87</td><td>92</td></tr> <tr><td>Q3 2020</td><td>80</td><td>86</td><td>90</td></tr> <tr><td>Q4 2020</td><td>80</td><td>86</td><td>91</td></tr> </tbody> </table> |  |                         |                             |      |  | Quarter                                    | Target (%) | National Compliance (%) | Hand Hygiene Compliance (%) | Q4 2017                    | 80  | 85                   | 88  | Q1 2018                              | 80  | 85   | 89  | Q2 2018               | 80  | 85           | 90         | Q3 2018 | 80 | 85 | 89 | Q4 2018 | 80 | 86 | 89 | Q1 2019 | 80 | 86 | 89 | Q2 2019 | 80 | 85 | 90 | Q3 2019 | 80 | 85 | 89 | Q4 2019 | 80 | 86 | 88 | Q1 2020 | 80 | 85 | 91 | Q2 2020 | 80 | 87 | 92 | Q3 2020 | 80 | 86 | 90 | Q4 2020 | 80 | 86 | 91 |
| Quarter   | Target (%)   | National Compliance (%) | Hand Hygiene Compliance (%) |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q4 2017   | 80   | 85                      | 88                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q1 2018   | 80   | 85                      | 89                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q2 2018   | 80   | 85                      | 90                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q3 2018   | 80   | 85                      | 89                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q4 2018   | 80   | 86                      | 89                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q1 2019   | 80   | 86                      | 89                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q2 2019   | 80   | 85                      | 90                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q3 2019   | 80   | 85                      | 89                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q4 2019   | 80   | 86                      | 88                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q1 2020   | 80   | 85                      | 91                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q2 2020   | 80   | 87                      | 92                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q3 2020   | 80   | 86                      | 90                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| Q4 2020   | 80   | 86                      | 91                          |      |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| 0   | Total # of Hospital Associated SAB infections          | 2                       | 1                           | 3    | <p><b>Staph Aureus Blood Stream Infections/Healthcare Associated Bacteraemia (HCA-BSI)</b></p> <p>The rate of <i>S.aureus</i> bacteraemia (SAB) infections attributed to healthcare is the national outcome measure for hand hygiene compliance. The SAB rate is based on HHNZ's definition to maintain consistency in DHB reporting.</p> <p><b>Overview 2020</b></p> <ul style="list-style-type: none"> <li>A total of <b>28</b> SAB HCA - BSI were identified in 2020 with a rate of <b>1.1</b> per 10,000</li> </ul>  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |
| 0   | # of Hospital Associated SAB infections/1,000 bed days | 0.09                    | 0.04                        | 0.13 |  |  |            |                         |                             |                            |     |                      |     |                                      |     |  |     |                       |     |              |            |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |         |    |    |    |

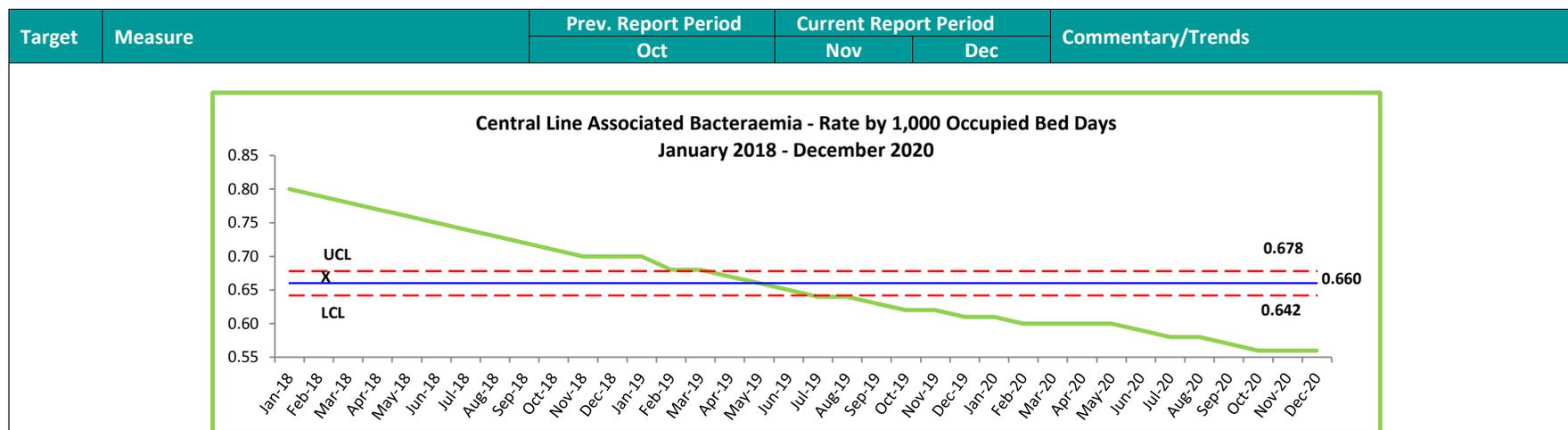
| Target | Measure | Prev. Report Period | Current Report Period |     | Commentary/Trends   |
|--------|---------|---------------------|-----------------------|-----|---|
|        |         | Oct                 | Nov                   | Dec |   |
|        |         |                     |                       |     | <p>Occupied Bed Days (OBD); this is an increase in SAB HCA - BSI compared to 2019 rate <b>0.8</b> /10, 000 ( N=22)</p> <ul style="list-style-type: none"> <li>• <b>16</b> of SAB was vascular access related ( 9 IVL and 7 CLAB)</li> <li>• <b>57 %</b> (n= 16) of these SAB were Hospital Acquired (HA) and <b>43%</b> (n= 12) were Health Care Associated (HCA)</li> <li>• Renal Services accounted for <b>28%</b> (n= 8) of SAB in <b>2020</b> compared to <b>2019</b> which accounted for <b>38%</b> (n=10)</li> </ul> <p><i>The Waitematā DHB Hand Hygiene Reports for November and December 2020 are attached as Appendices 3 and 4</i></p> |



### 3.2 Central Line Associated Bacteraemias (CLAB)

Patients with a central venous line are at risk of a blood stream infection (CLAB). Patients with a CLAB experience more complications, increased length of stay, and increased mortality; and each case costs approximate \$20,000 - \$54,000. CLAB infections are largely preventable using a standardised procedure for insertion and maintaining lines (insertion and maintenance bundles of care). NSH's ICUs compliance with standard procedure and rates of CLAB are Health Quality and Safety Markers.

| Target | Measure  | Prev. Report Period | Current Report Period |      | Commentary/Trends  |
|--------|--|---------------------|-----------------------|------|--|
|        |  | Oct                 | Nov                   | Dec  |  |
| <1     | # of CLAB infections per 1,000 line days (ICU) | 0.56                | 0.56                  | 0.56 | <p><b>Central Line Associated Bacteraemia (CLAB)</b></p> <p>The ICU is currently <b>1,218 days</b> CLAB Free as at <b>31 December 2020</b></p> <ul style="list-style-type: none"> <li>• The total number of central lines (centrally and peripherally) inserted in <b>Nov = 18 ; Dec = 18</b></li> </ul> |
| >98%   | % bundle compliance at insertion (ICU)         | 100%                | 100%                  | 100% |  |
| >98%   | % bundle compliance maintenance (ICU)          | 98%                 | 100%                  | 97%  |  |



### 3.3 Surgical Site Infections

Surgical Site Infections (SSIs) – in scope procedures for SSI are primary and revision hip and knee arthroplasty at either North Shore Hospital or the Elective Surgery Centre (ESC) in accordance with the National Surgical Infection Improvement Programme. The surveillance criteria are 90 days post-operatively for deep and 30 days for superficial infection.

| Target | Measure | Previous Report Period  | Preliminary Results  |  | Comments  |  |  |  |
|--------|---------|---|--|--|---|--|--|--|
| TBA    | -       | 0.4% (SSI Rate)<br>Q1 Jan – Mar 2020<br><br>232 procedures<br>One superficial SSI (NSH) | 2.2% (SSI Rate) (Preliminary)<br>Q2 Apr – Jun 2020<br><br>NB only 45 procedures performed<br>One superficial SSI (NSH) | <b>Q3 2020 Preliminary Results</b> <ul style="list-style-type: none"> <li>0.9% (SSI Rate)</li> <li>321 procedures</li> <li>Two superficial and one deep (ESC/NSH)</li> </ul> | <b>Q4 2020</b> – nil to date as surveillance period ends 31/03/2021 |  |  |  |

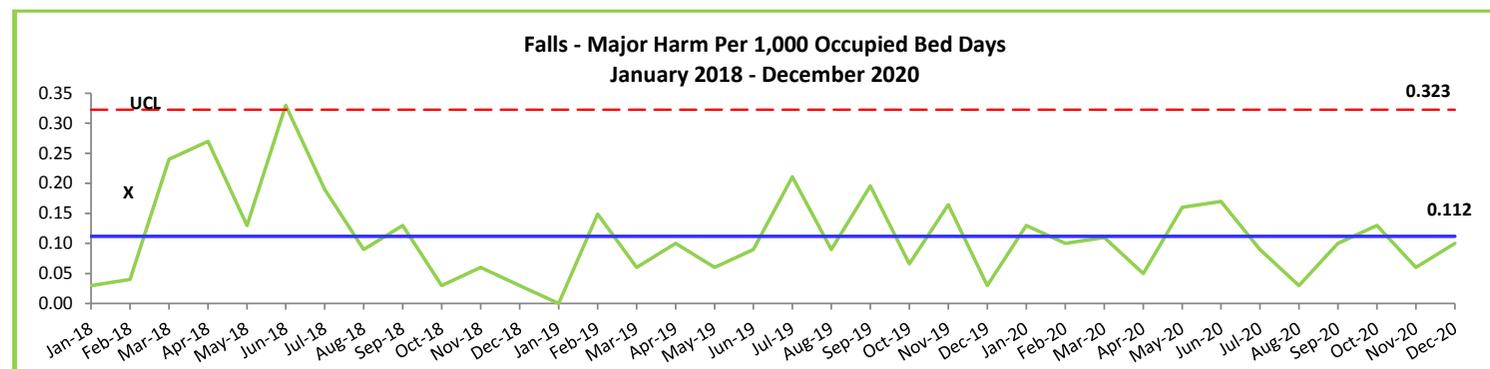
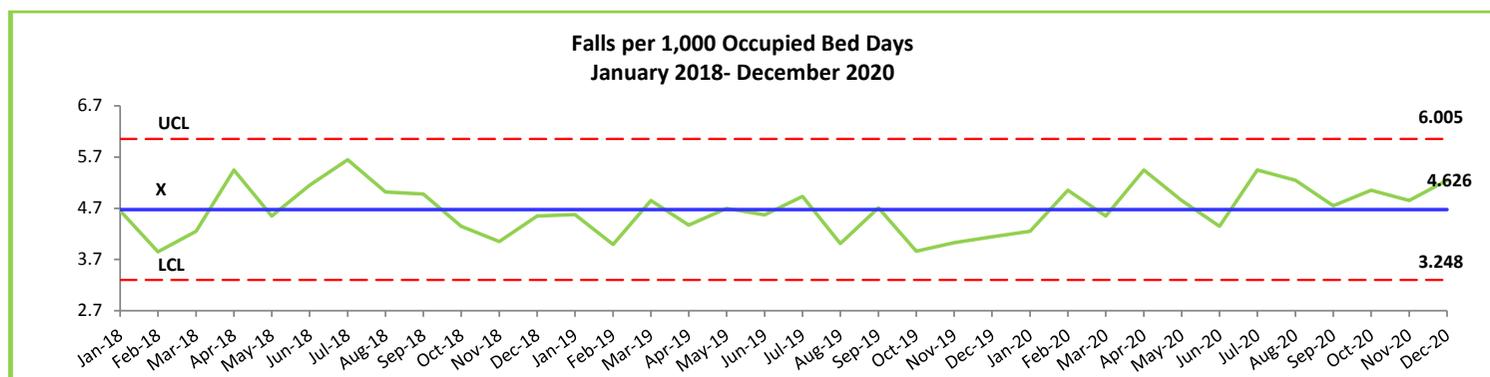
| Year                    | 2016    | 2017    | 2018    | 2019    | 2020 |     |     |      |
|-------------------------|---------|---------|---------|---------|------|-----|-----|------|
| Quarter                 | Q1 – Q4 | Q1 – A4 | Q1 – A4 | Q1 – A4 | Q1   | Q2  | Q3  | Q4   |
| Total Procedures        | 1217    | 1191    | 990     | 1134    | 232  | 45  | 321 | 249* |
| SSIs (n)                | 12      | 13      | 5       | 8       | 1    | 1   | 3   | -    |
| Rate per 100 Procedures | 1.0     | 1.0     | 0.5     | 0.7     | 0.4  | 2.2 | 0.9 | -    |

\*Data for Q4 provisional, surveillance period ends 31 March 2021

### 3.4 Falls with Harm

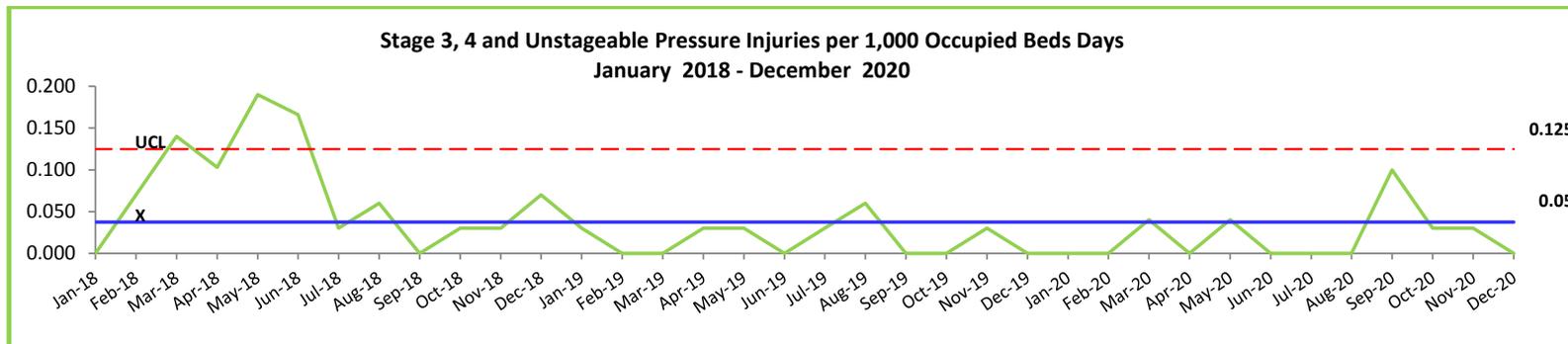
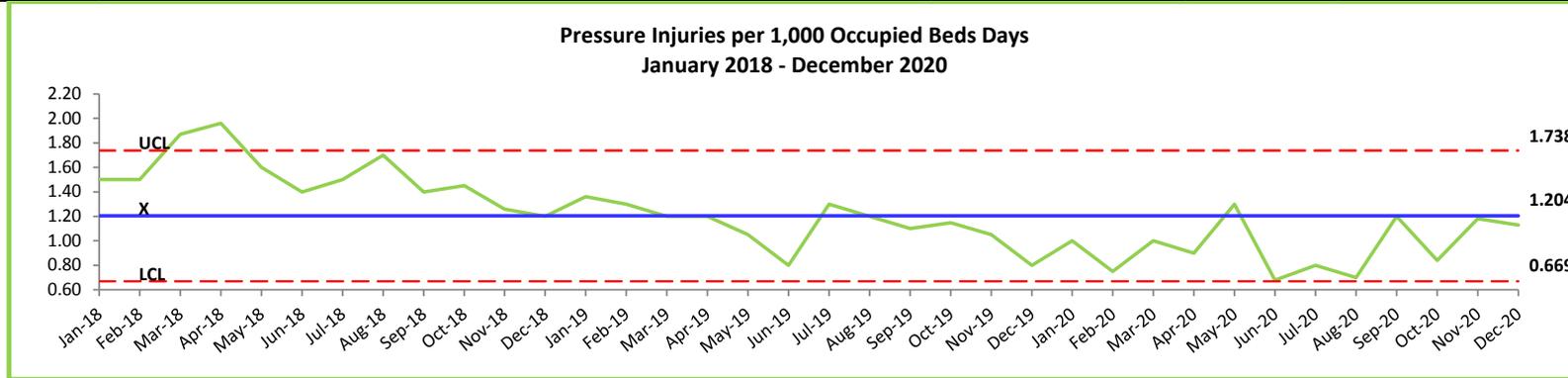
| Target | Measure                   | Prev. Report Period |     | Current Report Period |     |
|--------|---------------------------|---------------------|-----|-----------------------|-----|
|        |                           | Oct                 | Nov | Nov                   | Dec |
|        | Total number (#) of falls | 155                 | 151 | 151                   | 162 |

| Target | Measure  | Prev. Report Period |      | Current Report Period |  |
|--------|--|---------------------|------|-----------------------|--|
|        |  | Oct                 | Nov  | Dec                   |  |
| <5.0   | Rate of falls per 1,000 Occupied Bed Days (OBD)  | 5.0                 | 4.8  | 5.2                   |  |
|        | Total number of multi-fallers  | 20                  | 20   | 25                    |  |
| >90%   | % patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling  | 99%                 | 100% | 100%                  |  |
| >90%   | % patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling 8 hours of admission                                     | 82%                 | 93%  | 89%                   |  |
| >90%   | % patients 75 years and over (55 years and over Māori and Pacific) assessed as being at sufficient risk of falling have an individualised care plan in place | 98%                 | 99%  | 100%                  |  |
|        | Total number of falls where an injury has occurred (including Major Harm)  | 42                  | 47   | 42                    |  |
|        | Rate of falls where an injury has occurred (including Major Harm) per 1,000 Occupied bed day   | 1.3                 | 1.5  | 1.4                   |  |
|        | Total number of falls with major harm (SAC 1 and 2)  | 3                   | 2    | 3                     |  |
|        | Rate of falls with major harm per 1,000 Occupied bed day   | 0.10                | 0.06 | 0.10                  |  |
| 0      | Total number of <u>reported</u> fractured neck of femurs (NOF) as a result of a fall while in hospital (included in the major falls with harm rate)          | 1                   | 0    | 2                     |  |
| 0      | Total number of <u>coded</u> fractured neck of femurs (NOF) as a result of a fall while in hospital  | TBC                 | TBC  | TBC                   |  |



### 3.5 Pressure Injuries

| Target | Measure  | Prev. Report Period | Current Report Period |      |
|--------|--|---------------------|-----------------------|------|
|        |  | Oct                 | Nov                   | Dec  |
| 100%   | % patients risk assessed within specified time frame (eight hours)   | 73%                 | 71%                   | 75%  |
| 100%   | % patients audited who received a score  | 87%                 | 96%                   | 93%  |
| 100%   | % patients with the correct care plans implemented   | 56%                 | 60%                   | 60%  |
|        | Number of patients with <u>reported confirmed</u> pressure injuries<br>(Incident Reporting System – RL6)             | 27                  | 37                    | 35   |
|        | Rate of <u>confirmed</u> pressure injuries per 1,000 Bed Days  | 0.8                 | 1.2                   | 1.1  |
| 0      | Number of <u>reported confirmed</u> Stage 3, 4 or unstageable pressure injuries<br>(Incident Reporting System – RL6) | 2                   | 1                     | 0    |
|        | Rate of <u>confirmed</u> Stage 3, 4 or unstageable pressure injuries per 1,000 Bed days                              | 0.06                | 0.03                  | 0.00 |



### 3.6 Complaint Responsiveness

| Target  | Measure  | Previous Report Period | Current Report Period |          | Commentary   |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
|---|--|------------------------|-----------------------|----------|--|-------------------------|--|------|----|------|----|------|----|------|----|------|----|-------------|-----------|--|--|--|--|----------|----------|----------|--|----------------------------|---|---|--|-----------------------|---|----|--|---------------------------------------|----|----|--|---|---|---|--|-----------------------|----|----|--|
| <15 days                                      | Average time to respond to complaints in the reporting month | 12 (Oct)               | 9 (Nov)               | 11 (Dec) | <ul style="list-style-type: none"> <li>The average days to respond has gradually decreased over the last four years and services across the DHB are working diligently to ensure they meet the target of &lt;15 calendar days to respond.</li> </ul> <table border="1"> <thead> <tr> <th colspan="2">Average Days to Respond</th> </tr> </thead> <tbody> <tr><td>2015</td><td>18</td></tr> <tr><td>2016</td><td>19</td></tr> <tr><td>2017</td><td>15</td></tr> <tr><td>2018</td><td>14</td></tr> <tr><td>2019</td><td>12</td></tr> <tr><td><b>2020</b></td><td><b>12</b></td></tr> </tbody> </table><br><table border="1"> <thead> <tr> <th colspan="4">Average Days to Respond – Provider Arm</th> </tr> <tr> <th>Division</th> <th>Nov 2020</th> <th>Dec 2020</th> <th></th> </tr> </thead> <tbody> <tr><td>Acute &amp; Emergency Medicine</td><td>7</td><td>4</td><td></td></tr> <tr><td>Child, Women &amp; Family</td><td>6</td><td>12</td><td></td></tr> <tr><td>Specialist Mental Health &amp; Addictions</td><td>13</td><td>17</td><td></td></tr> <tr><td>Specialty Medicine and Health of Older People</td><td>7</td><td>9</td><td></td></tr> <tr><td>Surgical &amp; Ambulatory</td><td>13</td><td>12</td><td></td></tr> </tbody> </table> | Average Days to Respond |  | 2015 | 18 | 2016 | 19 | 2017 | 15 | 2018 | 14 | 2019 | 12 | <b>2020</b> | <b>12</b> | Average Days to Respond – Provider Arm |  |  |  | Division | Nov 2020 | Dec 2020 |  | Acute & Emergency Medicine | 7 | 4 |  | Child, Women & Family | 6 | 12 |  | Specialist Mental Health & Addictions | 13 | 17 |  | Specialty Medicine and Health of Older People | 7 | 9 |  | Surgical & Ambulatory | 13 | 12 |  |
| Average Days to Respond                       |  |                        |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| 2015  | 18   |                        |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| 2016  | 19   |                        |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| 2017  | 15   |                        |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| 2018  | 14   |                        |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| 2019  | 12   |                        |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| <b>2020</b>                                   | <b>12</b>  |                        |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| Average Days to Respond – Provider Arm        |  |                        |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| Division                                      | Nov 2020   | Dec 2020               |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| Acute & Emergency Medicine                    | 7  | 4                      |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| Child, Women & Family                         | 6  | 12                     |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| Specialist Mental Health & Addictions         | 13   | 17                     |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| Specialty Medicine and Health of Older People | 7  | 9                      |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |
| Surgical & Ambulatory                         | 13   | 12                     |                       |          |  |                         |  |      |    |      |    |      |    |      |    |      |    |             |           |  |  |  |  |          |          |          |  |                            |   |   |  |                       |   |    |  |                                       |    |    |  |   |   |   |  |                       |    |    |  |

## 4. Safe Care

### 4.1 Infection Prevention and Control (IP&C)

*IP&C Surveillance Overview and Audit Results for 2020*

| Month          | Total ESBL (Def) | Total HABS | Total C.diff (HO-HCA) | Total Waitematā DHB Hand Moments | % National HH Moments Passed (Ave) | %IP&C Facilities Standards Met Overall (Ave) | % Commodes Clean |
|----------------|------------------|------------|-----------------------|----------------------------------|------------------------------------|--|------------------|
| January 2019   | 17               | 3          | 3                     | 5079                             | 89%                                | 97%  | 100%             |
| February 2019  | 18               | 3          | 3                     | 4824                             | 89%                                | 98%  | 83%              |
| March 2019     | 16               | 10         | 4                     | 4939                             | 90%                                | 98%  | 98%              |
| April 2019     | 15               | 6          | 4                     | 4783                             | 89%                                | 97%  | 86%              |
| May 2019       | 12               | 6          | 5                     | 4722                             | 90%                                | 97%  | 91%              |
| June 2019      | 4                | 4          | 2                     | 4516                             | 90%                                | 97%  | 95%              |
| July 2019      | 16               | 7          | 8                     | 4859                             | 88%                                | 100%   | 97%              |
| August 2019    | 7                | 3          | 5                     | 4583                             | 91%                                | 96%  | 100%             |
| September 2019 | 9                | 6          | 2                     | 4989                             | 89%                                | 97%  | 100%             |

|                     |            |           |           |               |            |            |            |
|---------------------|------------|-----------|-----------|---------------|------------|------------|------------|
| October 2019        | 9          | 8         | 4         | 5039          | 87%        | 99%        | 99%        |
| November 2019       | 7          | 6         | 4         | 4486          | 87%        | 98%        | 99%        |
| December 2019       | 8          | 9         | 5         | 4560          | 89%        | 98%        | 95%        |
| <b>Overall 2019</b> | <b>138</b> | <b>71</b> | <b>49</b> | <b>57,379</b> | <b>89%</b> | <b>99%</b> | <b>99%</b> |
| January 2020        | 6          | 4         | 2         | 4897          | 89%        | 97%        | 100%       |
| February 2020       | 6          | 5         | 2         | 4392          | 91%        | 98%        | 100%       |
| March 2020          | 9          | 9         | 4         | 4624          | 93%        | 97%        | 97%        |
| April 2020          | 3          | 7         | 6         | 3818          | 93%        | 95%        | 100%       |
| May 2020            | 3          | 6         | 4         | 4730          | 92%        | 99%        | 100%       |
| June 2020           | 4          | 9         | 5         | 4656          | 90%        | 97%        | 100%       |
| July 2020           | 9          | 10        | 4         | 4750          | 91%        | 97%        | 96%        |
| August 2020         | 7          | 6         | 4         | 5457          | 90%        | 98%        | 100%       |
| September 2020      | 12         | 2         | 4         | 5267          | 91%        | 98%        | 97%        |
| October 2020        | 8          | 7         | 2         | 5246          | 90%        | 97%        | 100%       |
| November 2020       | 10         | 6         | 4         | 5097          | 91%        | 98%        | 100%       |
| December 2020       | 10         | 8         | 4         | 4847          | 91%        | 98%        | 94%        |
| <b>Overall 2020</b> | <b>87</b>  | <b>79</b> | <b>45</b> | <b>58,252</b> | <b>91%</b> | <b>97%</b> | <b>97%</b> |

#### RAG Rating Legend

| % National HH Moments Passed | % I&PC Facilities Standards Met | % of Clean Commodes |
|------------------------------|---------------------------------|---------------------|
| ≥ 80%                        | ≥ 99%                           | ≥ 99%               |
| ≥ 70%                        | ≥ 90%                           | ≥ 90%               |
| < 70%                        | < 90%                           | < 90%               |

## 4.2 Surveillance

| 4.2.1 Extended Spectrum Beta Lactamase (ESBL)   |                            | Overview 2020 |         |         |         |         |         |         |         |         |          |         |         |          |  |
|---|----------------------------|---------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|---------|---------|----------|--|
| <p><i>HA-ESBL is now defined as Isolation of ESBL producing Enterobacteriaceae (e.g. E.Coli or Klebsiella sp.) from a clinical or screening specimen &gt;72 hours post admission (not 48 hours as per the old definition), in a patient with previously negative or unknown ESBL status. This new definition now aligns with ICNET and CDC Surveillance Definition</i></p> <p>An overall reduction in HA-ESBL was seen both at NSH and WTH for 2020 with WTH accounting for sustained reduction. A total of <b>87</b> HA-ESBL patients (<b>68</b> at NSH and <b>19</b> at WTH) with either new colonisation or infection were identified compared to <b>138</b> for a similar period in 2019.</p> <p>This is a significant reduction in the overall HA ESBL rate HA from <b>5.1/10,000</b> in 2019 to <b>3.3/10,000</b> in 2020; in comparison to 2019 we had total of <b>138</b> HA ESBL with NSH accounting NSH for <b>107</b> and WTH <b>31</b>.</p> |                            |               |         |         |         |         |         |         |         |         |          |         |         |          |  |
| <b>HA-ESBL rate/10,000 bed days (number)</b>  | <b>2019 Rate 5.1 (138)</b> | <b>2020</b>   | Jan     | Feb     | Mar     | Apr     | May     | Jun     | July    | Aug     | Sept     | Oct     | Nov     | Dec      |  |
|   |                            | <b>NSH</b>    | 3.1 (5) | 3.9 (6) | 4.3 (6) | 2.9 (2) | 2.2 (2) | 2.6 (4) | 2.3 (4) | 3.8 (5) | 6.8 (11) | 3.6 (5) | 4.8 (8) | 6.3 (10) |  |
|   |                            | <b>WTH</b>    | 1.5 (1) | 0       | 5.2 (3) | 2.2 (1) | 2.1 (1) | 0       | 6.8 (5) | 2.9 (2) | 1.5 (1)  | 4.5 (3) | 2.8 (2) | 0        |  |

- E coli appears to be the predominant strain in both community and hospital acquired ESBL with E coli accounting for 88% of the new ESBL isolated
- Despite a high prevalence of community acquired ESBL in Waitematā DHB patients, the number of clinical isolates with ESBL in hospitalised patients remained relatively low with **17** HA ESBL compared to **134** CA ESBL.
- **59%** HA clinical isolates were from patients with urinary tract infections.
- **Three** of **17** HA ESBL isolates were from blood cultures, **three** CAUTI and **one** wound swab
- E coli appears to be the predominant strain in both community and hospital acquired ESBL with E coli accounting for **86 %** of the new ESBL isolated
- North Shore Hospital (NSH) contributed to **78 %** of overall **HA ESBL** isolated in 2020
- Surgical Services NSH accounted for **48%** of HA ESBL
- **42 %** spread across NSH Acute and Speciality Medicine, with the balance of ESBL spread across other services within NSH
- **100%** of HA ESBL isolated from Waitakere Hospital (WTH) was from Acute and Speciality medicine

**Comparison of ESBL KP, EC, other sp. in terms of place of acquisition (This table includes both screening swabs and clinical isolates).**

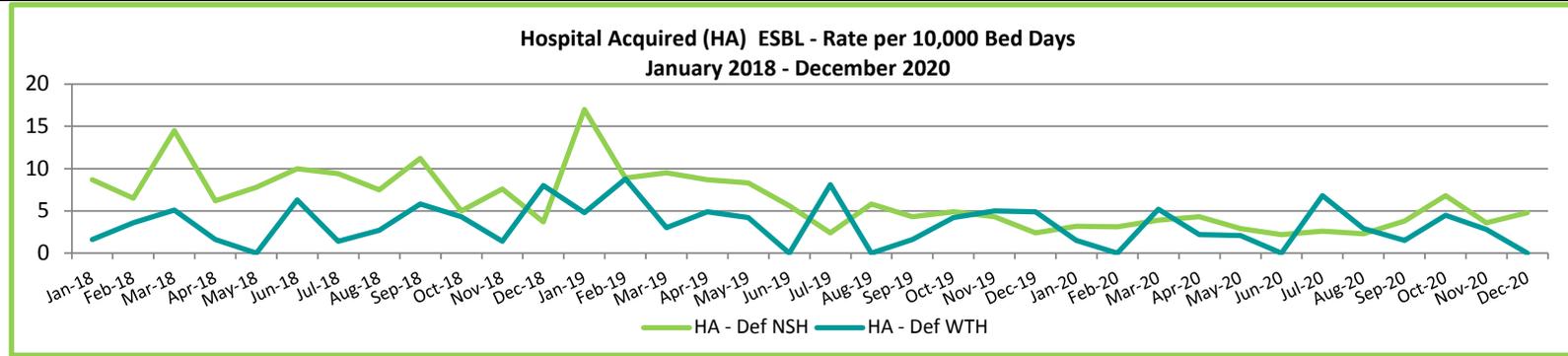
| Types        | ESBL KP   | ESBL EC    | Other     |
|--------------|-----------|------------|-----------|
| HA-ESBL      | 12        | 60         | 15        |
| CA- ESBL     | 50        | 524        | 28        |
| <b>TOTAL</b> | <b>62</b> | <b>584</b> | <b>33</b> |

**Distribution Hospital Acquired ESBL amongst wards with 4 or more HA ESBL**

| Ward           | 8  | 9  | 11 | 6 | 10 | 2 | Indeterminate areas NSH | Anawhata<br>Huia<br>Muriwai<br>Titirangi<br>Wainamu |
|----------------|----|----|----|---|----|---|-------------------------|---|
| No. of HA ESBL | 13 | 11 | 7  | 6 | 5  | 5 | 4                       | 19  |

#### 4.2.1 Extended Spectrum Beta Lactamase (ESBL)

Overview 2020



#### 4.2.2 Methicillin Resistant Staphylococcus Aureus (MRSA)

- Waitematā DHB continues to have low HA -MRSA infection rates based on information primarily collected from laboratory antibiotic susceptibility data
- 90% of MRSA are community acquired
- Majority of MRSA isolated from clinical isolates
- Increase in HA MRSA for NSH, this could be due to delay in sending clinical isolates i.e. 72 hours after admission
- There has not been any evidence of MRSA cross transmission

Table below shows the number of MRSA isolates in 2019- 2020

| Description                              | 2019<br>NSH/WTH<br>(TOTAL) | 2020<br>NSH/WTH<br>(TOTAL) |
|--|----------------------------|----------------------------|
| MRSA isolates                            | 190/147 (337)              | 115/116                    |
| Community MRSA and other HCF (new cases) | 111/93 (204)               | 93/48                      |
| Community MRSA (known on admission)      | 73/52 (125)                | 38/61                      |
| New healthcare onset (hospital acquired) | 6/2 (8)                    | 14/7                       |

#### 4.2.3 Vancomycin Resistant Enterococci (VRE)

Active VRE surveillance, similar to ESBL since 2007 and CPE since 2017, is performed at WDHB since May 2015 after an outbreak at NSH in 2014. Identification of new VRE colonisation or infection continues to be very low due to enhanced IPC measures including use of Deprox for environmental decontamination in selected situations.

- Only **four** new VRE colonisations were identified between January –December 2020
- These VRE cases were community acquired from routine admission screening of high risk patients
- **No** hospital acquired VRE identified in last 12 months for both Northshore and Waitakere Hospital

#### 4.2.4 Carbapenemase-producing Enterobacteriaceae

National concern has been raised about the emergence and spread of **Carbapenemase producing Enterobacteriales and Pseudomonas (CPE)** in New Zealand since 2015. These are the “next generation” of antimicrobial resistant bacteria with minimal or no effective antibiotics that can be used for treatment of infections caused by them. In addition, CPEs have important Infection, Prevention and Control implications.

Different types of Carbapenemase genes (NDM, OXA-48, and KPCs) confer resistance which can be detected by molecular testing. A national guidance strategy on testing and surveillance for CPE was released last month.

Waitemata DHB has undertaken CPE screening as part of active MDRO screening for high risk patients since 2017. Any patient suspicious of CPE on initial testing is placed in contact isolation pending further confirmation.

- In 2019, 14 (31%) of 45 suspicious isolates were confirmed as CPE by molecular testing; of these, 11 patients were hospitalised or had recently travelled overseas
- In 2020, five (13.5%) of the 37 suspicious isolates confirmed as CPE by molecular testing; four of these patients either had previous hospitalisation or had recently travelled overseas
- There was one CPE cross transmission in Surgical Ward; wide scale swabbing of all admissions and discharges from the ward did not yield any new cases

|   |                                 |
|---|---------------------------------|
| <b>4.2.5 Clostridioides difficile (CDI)</b> | <b>January to December 2020</b> |
|---|---------------------------------|

**Waitematā DHB Surveillance Definitions for CDI**  
**Healthcare facility Onset (HO-HCA)** - CDI symptom onset is more than 48 hours after admission (third calendar day).  
**Community Onset healthcare facility associated (CO-HCA)** -Discharged from a healthcare facility within previous four weeks.  
**Community Onset Community Associated (CO)** -No admission in the last 12 months.  
**Indeterminate** -Discharged from a healthcare facility within the previous 4-12 weeks.  
**Recurrent** -Episode of CDI that occurs eight weeks or less after the onset of a previous episode provided the symptoms from the prior episode have resolved.

**Clostridium difficile (C.difficile) infection (CDI) Summary**

- Clostridium difficile infection (CDI) typically results from the use of antibiotics that affect the normal gut flora, promoting the growth of gut flora. Prevention, therefore, is dependent on appropriate antibiotic use.
- A total of 102 CDI cases detected
- The overall rate of CDI for the year was 3.5 per 10,000 bed days\*
- The proportion of HO-HCA infections was 42%
- The CDI rate was the lowest it has been since 2015, likely reflective of reduce hospital presentations during the lockdown periods in March/April/May and August

**HO-HCA CDI 2020**

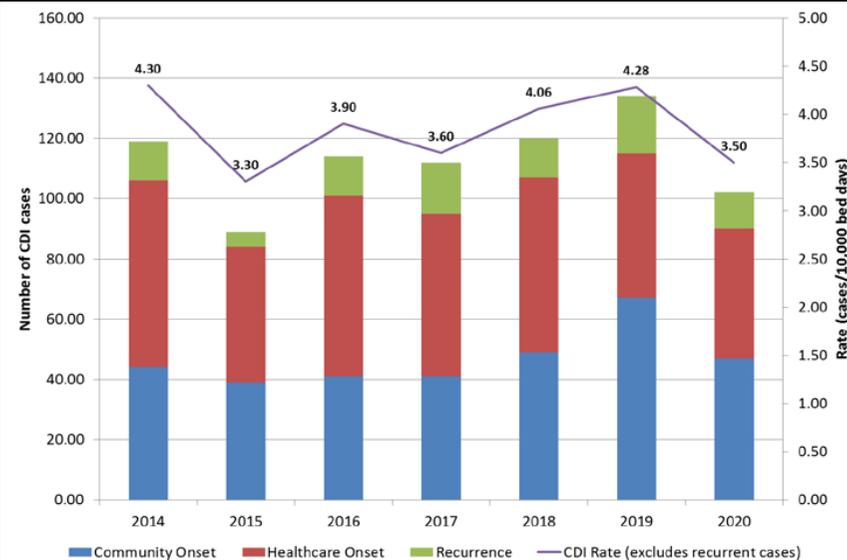
Waitematā DHB has an active feedback process for all cases of HO-HCA and for all recurrent infections, where a case review is undertaken by the ID physician / microbiologist and AMS pharmacist at the time of diagnosis of CDI. A letter outlining the causes and corrective actions is sent to the responsible clinician if the case is considered avoidable.

- 65% of all HO-HCA CDI cases reviewed for 2020 (compared with 96% for 2019)
- Due to workload during the COVID-19 lockdown periods, HO-HCA CDIs were not able to be reviewed
- 25% of HO-HCA CDI reviewed found to be avoidable

#### 4.2.5 Clostridioides difficile (CDI)

January to December 2020

- Slightly higher rates of avoidable HO-HCA CDI at WTH



#### 4.2.6 Seasonal Influenza

Waitematā DHB has a yearly seasonal Influenza surveillance program which usually commences in March every year. In addition, hospital acquired (HA-Inf) is a unique designation used in our surveillance since 2017. It identifies inpatients admitted initially for other medical reasons but developed Influenza during their hospital stay, likely through acquisition from either other patients, staff, visitors or environment. Therefore, confirmation of Influenza after 72 hrs of admission is defined as HA-Inf.

Data includes only confirmed patient cases where influenza like illness (ILI) symptoms developed 48 hours after admission. Source of acquisition variable (healthcare worker, patient, visitors)

- Influenza Season is now over for 2020
- Nil further influenza identified for November/December 2020

| NSH    | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| CA-INF | 15  | 7   | 2   | 3   | 0   | 0   | 0   | 0   | 0   |
| HA-INF | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |

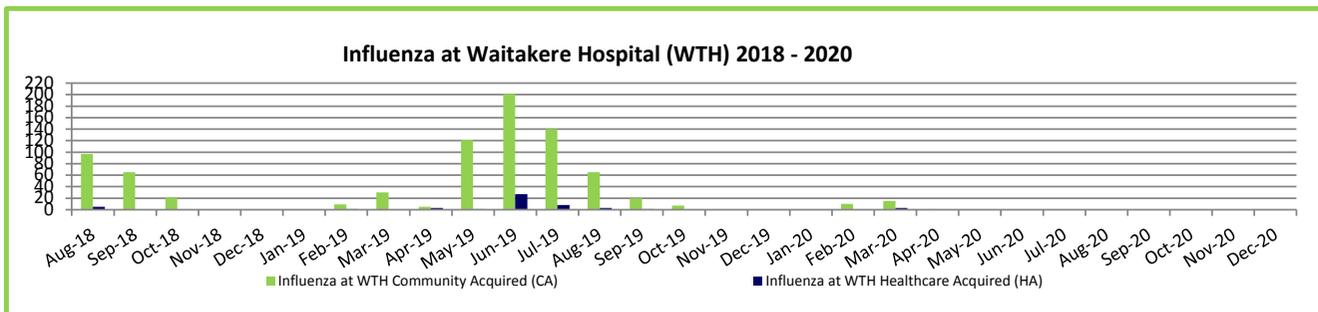
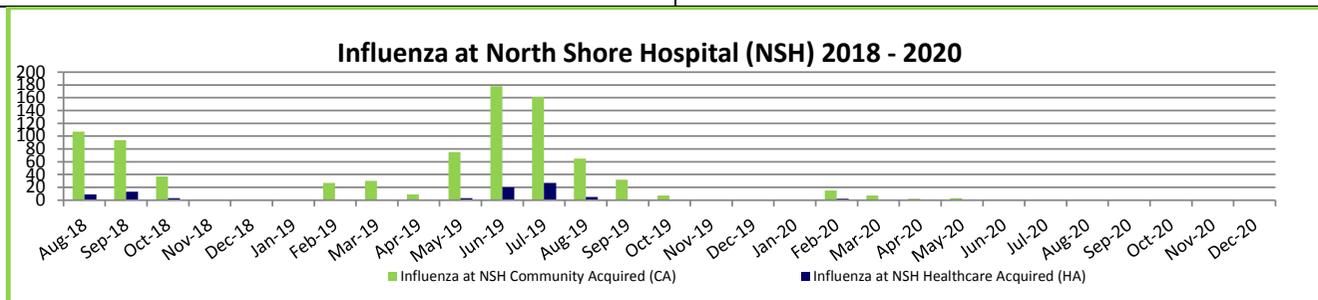
| WTH    | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| CA-INF | 10  | 15  | 1   | 0   | 0   | 0   | 0   | 0   | 0   |
| HA-INF | 0   | 3   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |

- The 2020 season so far has been characterised very low presentation of patients with Influenza like illness, total of 58 compared to same period in 2019 with 359

#### 4.2.6 Seasonal Influenza

confirmed cases

- In March 2020, a Mental Health inpatient unit had a cluster of **three** nosocomial (originated in hospital) acquired influenza



- Waitematā DHB staff flu vaccine uptake for 2019 has increased to 71.2% compared to 59% in 2018 uptake
- This is due to strategies implemented by Influenza Working Group and Occupation Health and Safety to raise profile of influenza by awareness and strategies to improve vaccination uptake among staff

#### Waitematā DHB Influenza Vaccination uptake – 2020

#### 4.2.6 Seasonal Influenza

| Operating Group                    | Service | RC short description | Percentage | Total Employees | Vaccinated Employess |
|------------------------------------|---------|----------------------|------------|-----------------|----------------------|
| ☑ Acute and Emergency Medical      |         |                      | 83.7%      | 1396            | 1169                 |
| ☑ Child Women & Family             |         |                      | 69.9%      | 1103            | 771                  |
| ☑ Clinical Support                 |         |                      | 74.7%      | 454             | 339                  |
| ☑ Corporate                        |         |                      | 58.4%      | 461             | 269                  |
| ☑ Diagnostics                      |         |                      | 78.9%      | 522             | 412                  |
| ☑ Director Hospital Services       |         |                      | 56.2%      | 468             | 263                  |
| ☑ Elective and Outpatient Services |         |                      | 75.0%      | 112             | 84                   |
| ☑ Elective Surgery Centre          |         |                      | 76.8%      | 99              | 76                   |
| ☑ Facilities and Development       |         |                      | 67.4%      | 46              | 31                   |
| ☑ Governance and Funding           |         |                      | 43.2%      | 111             | 48                   |
| ☑ Locum                            |         |                      | 29.4%      | 34              | 10                   |
| ☑ Mental Hlth & Addiction          |         |                      | 65.8%      | 1434            | 943                  |
| ☑ Sub Specialty Med and HOPS       |         |                      | 71.6%      | 990             | 709                  |
| ☑ Surgical and Ambulatory          |         |                      | 73.3%      | 1078            | 790                  |
| Total                              |         |                      | 71.2%      | 8308            | 5914                 |

#### 4.2.7 Communicable Diseases, Clusters and Outbreaks

- Overview 2020

| Disease   | Confirmed cases | Ward                           | Staff contacts | Patient contacts    | Comments  |
|---|-----------------|--------------------------------|----------------|---------------------|---|
| TB  | 4               | Ward 10<br>Huia Ward           | 37             | 23                  | <ul style="list-style-type: none"> <li>• Contact tracing initiated as patients not isolated in airborne precautions due to low clinical suspicion initially</li> </ul>  |
| Influenza   | 3               | Waiatarau<br>Inpatient<br>Unit | 0              | 0                   | <ul style="list-style-type: none"> <li>• Cluster identified in March 2020; contained to three inpatients</li> </ul>   |
| N. meningitides<br>(sputum)   | 1               | Anawhata<br>Ward               | 7              | 0                   | <ul style="list-style-type: none"> <li>• Patient had persistent cough</li> <li>• Staff contacts offered prophylaxis</li> </ul>  |
| Carbapenemase<br>producing<br>Enterobacterales<br>(CPE)<br><br>Cross transmission | 1               | 8                              | 0              | 8 close<br>contacts | <ul style="list-style-type: none"> <li>• A patient with known CPE was admitted to Ward 8 without the ward staff being informed of the patient's CPE status; the patient was placed into a multi-bedded room</li> <li>• The patient had a wound that was swabbed that returned a positive for CPE</li> <li>• Eight close contacts who shared the room with the patient (index case) were screened for CPE ; 1 CPE isolated from screening of close contacts</li> </ul> |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  |  |  |  |  | <ul style="list-style-type: none"> <li>• Ward was closed to admission with enhanced Infection Prevention and Control measures</li> <li>• Entire ward was screened for CPE = 27 patients; all these swabs returned negative for CPE</li> <li>• Discharge screening of Ward 8 patients was implemented and to date 130 swabs have returned negative for CPE</li> <li>• Isolates sent to ESR for genome sequencing; both isolates produced identical molecular plasmid which confirmed CPE cross transmission occurred Ward 8</li> </ul> |
|--|--|--|--|--|---|

## 5. Innovation and Improvement Team Active Projects Report

### i3 Overview of Work Programmes

January 2021



#### CURRENT i3 WORK IN PROGRESS

##### Leapfrog Programme

- See *Leapfrog Programme Report – Phase 3 projects (separate report)*
- Information Systems Strategic Group (meets fortnightly)

##### Data/Analytics

- Qlik Sense
  - completed upgrade to Sep 2020 version
  - currently in development: Congestive Heart Failure; COVID-19 Staff Availability app; Surgical Pathology, Costing, PPE Mask Fit Testing
  - Regional COVID-19 health information platform
- DataRobot implementation for Flow Predictions commenced 15 Jan 2021. The development of predictive algorithms will be done in collaboration with CMH
- Regional Data Design Authority – preparing business case for regional data platform support and development
- AI lab concept (see Innovation)
- Collaboration with HQSC on impact of COVID on health service delivery
- MH Snapshot – design + implementation planned Feb 2021
- Care Pathways test cases – currently outpatients eOutcomes (with SNOMED coding); surgical waitlist; ED best care bundles

##### Digital Transformation

- i3 website: <http://i3.waitematadhb.govt.nz/> (upgrade in progress)
- Waitematā DHB website rebuild
- Intranet website migration to Office 365
- Sharepoint development (Intranet update + off-site access; preparation for potential Controlled Docs and CeDS transition)
- PERSy analytics + PROMs: Bulk/individual emailing surveys to patients – continuing roll-out to support Outpatients + Telehealth
- Web Apps (MHS: THEO)

##### Health Leadership + QI

- Tier 1: QI e-learning via Awhina Learning for all staff
- Tier 2: Annual QI Workshop series; Safety in Practice Programme (Primary Care and Community Pharmacies);
- Fellows Programme – currently 4 fellows (range of FTE among fellows)
- Public Health Registrars – new registrar commencing 2021
- Summer students – x13 studentships will be completed and presented in Feb 2021
- Health Excellence Awards – Planning for 15 June 2021



##### Care Redesign Innovation and Improvement Team Projects

- See *Innovation and Improvement Project Team report (below)*

##### Innovation + Research

**Leapfrog Programme** – see separate report

##### Regional + National IS Development – Clinical Director of Innovation

- Business Design Council MoH + national Digital Investment Board
- HSDC: refresh of Northern Region's ISSP; review of data governance/RDDA
- Managed Isolation/Quarantine Facilities COVID health IS roll out

##### Digital Academy

- 2nd academy held 2-6 Nov 2020, follow up session Jan; 1<sup>st</sup> 2020/21 fellow commenced in i3

##### Academic Partnership Programmes

- AUT Good Health Design partnership – Integrated Design Studio
- Summer studentships (13) underway

##### Innovative Design

- Design Space (Portacom) mock-ups double rooms for Tötara Haumau

##### AI Lab

- Development of foundation structures: principles, commercial models, governance, ethics, guidelines

##### Precision Driven Healthcare (research projects)

- Smart Search/ NLP of free text documents for clinical use (ICU)
- GP referrals triage (cardiology + gynae)
- Risk calculators – validation process in development
- Inpatient and Outpatient Survey patient perspectives on use of info – survey completed, results being analysed

##### Horizon Scanning/ Innovation Library

- Hospital in the Home models and Patient Focused Booking completed in 2020

##### Research

- Gynae – endometriosis in Māori + Pacifica; oestrogen pessary
- Tranexamic sutures – pharmacokinetic study
- mPR – mobile pulmonary rehab development

##### Person Centered Design

- Patient reported outcome measures (PROMS)
- PREMs
- Values Programme – appreciative inquiry
- Patient Engagement System – see Leapfrog Programme
- AUT Good Health Design – Design space mock-ups; Masters students' projects (Stroke ward; rehab gym; ARDS)

## Achievements/Events

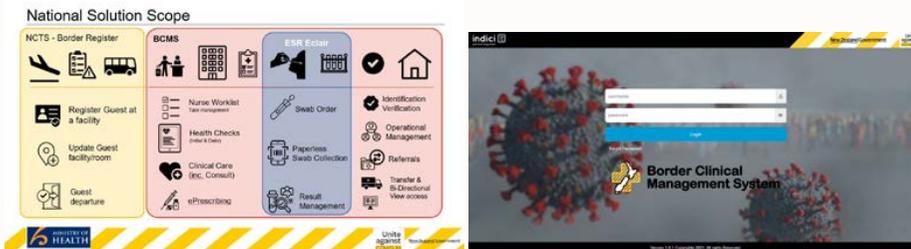
### Dr Lara Hopley wins Clinical Informatics Leadership Award

Congratulations to Dr Lara Hopley, pictured with Shayne Hunter, Ministry of Health Deputy Director General Data and Digital. Lara received the Health Informatics New Zealand (HiNZ) Clinical Informatics Leadership Award 2020. The awards recognise the contribution clinicians make to the digital health sector. The judges noted Lara's expertise and skill across a broad range of informatics, her willingness to share her knowledge with colleagues and her advocacy for user design and proactive change management.



### Dr Lara Hopley – leadership in the design of the Border Clinical Management System (BCMS) for managed isolation and quarantine (MIQ).

Lara has been an integral member of the team developing the BCMS and a paperless COVID test ordering and collection system. She has had a lead clinical role in design and roll-out of the system across the Northern region and nationally. The system builds on the region's eOrders work, led by Lara, developing a national electronic ordering system for COVID testing with the national éclair system. The system, currently rolled out to 3 MIQ facilities, has been well received. The system will be rolled out to all Auckland MIQs by March. It will greatly reduce the work load for managing and documenting guest encounters. BCMS has a great new technology for COVID testing, making the process of planning, ordering, collecting and processing COVID tests much quicker and more accurate for everyone.

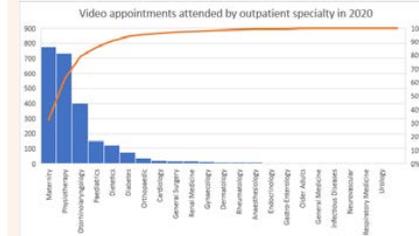


### Article, co-authored by Robyn Whittaker, Lara Hopley, Barbara Corning-Davis, Penny Andrew and Rosie Dobson, published in The New Zealand Medical Journal: *Training clinicians to lead clinical IT projects*

This paper describes the first DHB Clinical Digital Academy (CDA) to train future clinical IT project leaders that took place in September 2019. The inaugural academy was evaluated by participants who all stated they appreciated the course and that it had inspired them to do more training or take up other educational IT opportunities. Several participants have gone taken up fellow roles with the i3 or to worked on related IT/IS projects. The CDA was repeated in November 2020 with a further 16 participants.

### Outpatients developments:

Our outpatient teams provided 2,414 video appointments in 2020; an 800% increase compared to 2019 volumes. Most (80%) of video appointments were delivered by three specialties; maternity, physiotherapy and otorhinolaryngology. These specialties, along with dietetics, diabetes and paediatrics, utilise video appointments regularly as part of their standard operating practices. We currently provide 13% of all outpatient appointments by telephone and video (14% of follow-up appointments).



We are planning two procurement processes. This will include solutions for patient and staff experience reporting, collection of patient reported outcomes measures, and remote patient monitoring (RPM). RPM will include a system to support the collection of patient data from devices in the home, communication between clinicians and patients at home, and the clinical support for people with high needs in condition management – initially being trialled in our nurse-led congestive heart failure service and renal service.

The Health Information Group (HIG) developed application eNotes has been implemented into five older adults / stroke wards at Counties Manukau DHB's Middlemore Hospital. The five wards began recording notes electronically in November, and have created more than 34,000 notes. Feedback has been very positive, and they are planning to roll the system out further over the next few months.

## Innovation and Improvement Project Team: Active Projects Report Summary

| Project Name  | Project Summary   | Requester                             | PM Resource                            | Budget | Forecast Variance | This Period | Last Period | Phase                               |
|---|---|---------------------------------------|--|--------|-------------------|-------------|-------------|-------------------------------------|
| <b>Organisation wide / Multiple Divisions</b>       |   |                                       |  |        |                   |             |             |                                     |
| Outpatients<br><i>See Leapfrog Programme Report</i> | Expedite implementation of telephone appointments at scale across outpatients and community   | Dale Bramley<br>Jonathan Christiansen | Kelly Bohot                            |        |                   |             |             | Executing                           |
|   | Expedite implementation of video conference appointments at scale across outpatients and community  | Jonathan Christiansen                 | Kelly Bohot<br>Charlie Aiken           |        |                   |             |             | Executing                           |
|   | Telehealth community pod<br>We have purchased the pod located in NSH Outpatients. A 2 <sup>nd</sup> pod is being tested – currently located outside the i3, LGF NSH. Contacts are being made through the Māori Gains team, the Helensville Community and Fono, to discuss community placements. | Penny Andrew                          | Tim Alvis<br>Charlie Aiken             |        |                   |             |             | Executing                           |
|   | Paperlite-paperless outpatient appointments (incl ePrescribing; eOutcomes; eNotes; eLabs; eSurgical Waitlist (incl eAnaesthetic assessment, CPAC score); eForms + eACC  | Jonathan Christiansen<br>Lara Hopley  | Kelly Bohot<br>Tim Alvis<br>Dean Croft |        |                   |             |             | Executing                           |
|   | Remote patient monitoring   | Penny Andrew/Robyn Whittaker          | Barbara Corning-Davis                  |        |                   |             |             | Executing                           |
| Patient Deterioration Programme (PDP)               | An organisation and national programme to improve the management of the clinically deteriorating patient. The Programme has 3 main streams: (1) Recognition and response systems; (2) Kōrero mai: Patient, family and whānau escalation (3) Shared goals of care                                | Jos Peach<br>Penny Andrew             | Jeanette Bell                          | N/A    | N/A               |             |             |                                     |
|   | 1. PDP: Recognition and Response Systems - National Early Warning System (completed) Maternity National Maternal Early Warning System (MEWS) (Executing) , NZEWS for Mental Health (Initiating)   | Penny Andrew                          | Jeanette Bell                          | N/A    | N/A               |             |             | Executing                           |
|   | 2. PDP: Kōrero mai: Patient, family and whānau escalation   | David Price                           | Jeanette Bell                          | N/A    | N/A               |             |             | Closed                              |
|   | 3. PDP: Shared Goals of Care  | Penny Andrew<br>Carl Peters           | Jeanette Bell                          | N/A    | N/A               |             |             | Pilot closed<br>Planning next phase |
| Anaesthesia Outpatients Service                     | Support service redesign –pre-assessment process model of care; scoping current processes in ESC, NSH + WTH   | Dave Burton                           | Lisa Sue                               | N/A    | N/A               |             |             | Closed                              |
| Smartpage   | Secure communication and task management app.   | Stuart Bloomfield                     | Joel Rewa-                             | \$80k  | 0%                |             |             | Executing                           |

|   |   |   |   |                |     |  |  |             |
|---|---|---|---|----------------|-----|--|--|-------------|
| See Leapfrog Programme Report   | Smartpage 777 module questionable due to connectivity issues. Regional RFP underway for 777 replacement.  |   | Morgan  | (opex) phase 2 |     |  |  |             |
| Allied Health Telehealth Toolkit  | Scoping tools required to sustain telehealth in AH outpatients and community AH teams   | Jude Sprott   | Danni Yu  | N/A            | N/A |  |  | Executing   |
| Patient Engagement System<br>See Leapfrog Programme Report                | Joel Rewa-Morgan assigned as Project Manager. PIC decision: funding on hold, however, work underway for Well Foundation funding of the Whānau Accommodation   | Penny Andrew  | Joel Rewa-Morgan                                      | \$88K          | 0   |  |  | Planning    |
| Clinical Photography Silhouettelite Test<br>See Leapfrog Programme Report | Test Silhouettelite app to understand benefits for wound assessment and monitoring  | Jos Peach<br>Kate Gilmour                                     | Kelly Bohot<br>Marlé<br>Dippenaar                     | N/A            | N/A |  |  | Executing   |
| Paperlite Hospital  | Stocktake of e-systems and status of paper remaining in the clinical environment  | Penny Andrew  | Lisa Sue  |                |     |  |  | In progress |
| Fax Free<br>See Leapfrog Programme Report                                 | A programme to migrate the organisation off fax use by June 2021.   | Stuart Bloomfield   | Lisa Sue  | TBC            | 0   |  |  | Planning    |
| <b>Surgical and Ambulatory Services</b>                                   |   |   |   |                |     |  |  |             |
| Surgical Programme  | Support the Surgical Division to develop an improvement programme that attracts and retains highly skilled clinicians and delivers a positive patient experience and optimal outcomes within clinically appropriate timeframes. | Mark Shepherd<br>Richard Harman                               | Jonathan<br>Wallace<br>Laura<br>Broome<br>Kelly Bohot | N/A            | N/A |  |  | Initiating  |
|   | 1. Acute Workstream   |   | Laura<br>Broome                                       |                |     |  |  |             |
|   | 2. Staffing model workstream  |   | Laura<br>Broome                                       |                |     |  |  |             |
|   | 3. Education and Orientation workstream   |   | Marlé<br>Dippenaar                                    |                |     |  |  |             |
|   | 4. Booking and scheduling process mapping   |   |   |                |     |  |  |             |
| Osteoarthritis Chronic Care Programme                                     | Support AH leader to scope a programme of work to introduce low intervention medical pathway for osteoarthritis patients; develop a project plan to create working model  | Mark Shepherd<br>Richard Harman<br>Matt Walker<br>Jude Sprott | Danni Yu  | N/A            | N/A |  |  | Scoping     |
| Enhancing patient safety with NRFit Neuraxial Connectors                  | Develop plan to pilot ISO 80369-6 NRFit connectors to replace the traditional Luer devices for all neuraxial procedures; scope scale of roll-out; develop business case for procurement; implement replacement                  | Andrew Love   | Dina<br>Emmanuel                                      | N/A            | N/A |  |  | Executing   |

| Acute and Emergency Medicine, Specialist Medicine and Health of Older People Services |   |                                     |                             |     |     |  |  |                              |
|---|---|-------------------------------------|-----------------------------|-----|-----|--|--|------------------------------|
| Chest Pain Pathway  | Complete a review of the chest pain pathway including: <ul style="list-style-type: none"> <li>- Review of local and international literature</li> <li>- Audit of ETTs and patient outcomes</li> </ul>   | Jonathan Christiansen<br>Kate Allan | Kelly Bohot                 | N/A | N/A |  |  | On hold – closing date tbc   |
| Rapid Cardiac Screening Clinic Model of Care  | Develop a model of care for a new rapid cardiac screening (RCS) clinic model of care. Develop a business case to introduce a new model of care that will include <ul style="list-style-type: none"> <li>• Improved, timely access to initial outpatient cardiology evaluation</li> <li>• Improved screening process to allow risk stratification that enables early intervention for higher acuity patients</li> </ul> Identification and elimination of unwarranted tests and investigations | Patrick Gladding<br>Alex Boersma    | Kelly Bohot                 | N/A | N/A |  |  | Executing                    |
| TransforMED phase 2   | Support medicine and older adults to develop and implement integrated, patient centred models of care across inpatient, outpatient and community settings   | Brian Millen<br>Alex Boersma        | Kelly Bohot                 | N/A | N/A |  |  | Planning                     |
|   | 1. Congestive Heart Failure   |                                     |                             |     |     |  |  |                              |
|   | 2. Integrated Stroke  |                                     |                             |     |     |  |  |                              |
|   | 3. Interim Care   |                                     |                             |     |     |  |  |                              |
|   | 4. Hospital in the Home   |                                     |                             |     |     |  |  |                              |
| 5. Acute Care of the Elderly  |   |                                     |                             |     |     |  |  |                              |
| Child Woman and Family Services   |   |                                     |                             |     |     |  |  |                              |
| Urogynaecology Service  | Develop a local service for women: management of urogynaecological conditions stress urinary incontinence (SUI) + pelvic organ prolapse (POP); and management of complications associated with previously implanted surgical mesh<br>Support development of a business case for women in Waitematā DHB and the Northern Regions with SUI or POP, and those affected by mesh complications   | Jonathan Christiansen<br>Eva Fong   | Sue French                  | N/A | N/A |  |  | On hold PM seconded to NHRCC |
| Project Management Mentoring for CWF  | Project Management Support for x3 projects funded by the MoH.   | Shirley Campbell<br>Stephanie Doe   | Laura Broome                |     |     |  |  | In progress                  |
| Mental Health and Addiction Services  |   |                                     |                             |     |     |  |  |                              |
| NZEWS Implementation  | Request to support the implementation of NZEWS in MHS inpatient units (He Puna; Waitarau; Forensics)<br>(See Patient Deterioration Programme)   | Murray Paton<br>Michelle Dawson     | Jeanette Bell               |     |     |  |  | Planning<br>Acute<br>Adults  |
| Electronic therapeutic observation tool (THEO)  | Design and implement a tool to enable staff to record electronically therapeutic observations (e.g. 15min client checks)  | Derek Wright<br>Murray Paton        | David Ryan<br>Sharon Puddle |     |     |  |  | Executing                    |

| Community Services   |   |  |            |  |  |  |  |             |
|--|---|--|------------|--|--|--|--|-------------|
| PM secondment to NHRCC to support quarantine/isolation facility management processes | NHRCC – extension of secondment until June 2021 |  | Sue French |  |  |  |  | In progress |

| Quality Improvement Training               | Overview   | Involvement  | Sponsor(s)  | PM Resource   | Comment                           |
|--|--|--|---|---|-----------------------------------|
| Tier 2 project-based QI Training Programme | Teach QI skills to hospital and community staff and mentor each to deliver a QI project  | Content development and delivery<br>Ongoing mentorship | Penny Andrew  | Barbara Corning-Davis<br>Lisa Sue<br>Laura Broome<br>Dina Emmanuel<br>Jeanette Bell | Ongoing                           |
| Safety in Practice Programme               | The programme aims to promote a safety and improvement culture within community teams including general practice (GP), pharmacy and urgent care teams, within the Auckland region. The programme is adapted from the Scottish Patient Safety Programme in Primary Care | i <sup>3</sup> Innovation and Improvement PM           | Tim Wood<br>Stuart Jenkins                                | Dina Emmanuel   | PM assigned to replace Sue French |
| RMO Clinical Governance Training           | QI training involving project-based learning in the workplace with QI coaching   | Content development and delivery                       | Andrew Brant<br>Penny Andrew<br>Naomi Heap<br>Ian Wallace | Jonathan Wallace  | RMO Clinical Governance Training  |
| Management Foundations                     | Teach QI skills to participants and mentor each to deliver a QI project  | Content development and delivery<br>Ongoing mentorship | Sue Christie  | Barbara Corning-Davis   | Management Foundations            |

| Support Requests                            |                     |  |                  |                                 |               |         |
|---|---------------------|--|------------------|---------------------------------|---------------|---------|
| Current Support Requests                    |                     |  |                  |                                 |               |         |
| Project Name                                | Sponsor / Requestor | Description  | Request received | Scoping Completed Approved date | Assigned to   | Comment |
| <b>Organisation-wide/Multiple Divisions</b> |                     |  |                  |                                 |               |         |
| Choosing Wisely                             | Penny Andrew        | PM support to document current state, a programme strategy and identify future opportunities | 01/2019          | Scoping completed Jan 2021      | Jeanette Bell |         |

|  |                             |  |            |                                 |                  |                                |
|--|-----------------------------|--|------------|---------------------------------|------------------|--------------------------------|
| Day Case Procedures  | David Wilson<br>Merit Hanna | Follow up from adverse event investigation 4/08/2020. Request to process map day case procedures and develop e-documentation that aligns to outpatient processes. Explore adapting registrar credentialing app developed by Gynaecology (for procedure sign off) | 4/08/2020  |                                 |                  |                                |
| Pigtail Chest Drains   | Penny Andrew                | Follow up from 2 x adverse event investigation 4/08/2020 related to pigtail chest drains. Ensure recommendations are implemented and explore opportunities for improvement.  | 4/08/2020  | Scoping completed November 2020 | Mustafa Shabaney | Review completed December 2020 |
| <b>Surgical and Ambulatory Services</b>  |                             |  |            |                                 |                  |                                |
| Transition Pain Service  | Michael Kluger              | Request to support the development of a transition pain service (TPS) model of care  | 05/08/2020 |                                 |                  |                                |
| Equity tracking in Bariatric Surgery   | Jonathan Christiansen       | Support HIG with implementation of equity tracking process in Bariatric Surgery in iPM   | 12/11/2020 |                                 |                  |                                |
| <b>Acute and Emergency Medicine, Specialist Medicine and Health of Older People Services</b> |                             |  |            |                                 |                  |                                |
| Paramedics - Economic evaluation model of care trial   | Amber Smith                 | Economic evaluation of the Paramedic Model of Care Trial at WTH  | 18/11/2020 |                                 |                  |                                |
| SNOMED for ED  | Delwyn Armstrong            | SNOMED coding for ED mandated MOH implementation June 2021   | 20/11/2020 |                                 |                  |                                |
| <b>Mental Health and Addiction Services</b>  |                             |  |            |                                 |                  |                                |
| Operation manual for Regional Forensic Psychiatry  | Clare McCarten              | Support to guide and produce a service wide operation manual for all services delivered at Mason Clinic  | 21/10/2020 |                                 |                  |                                |
| MHS ED liaison and ICU step down   | Penny Andrew                | PM support to run a workshop to agree a joint model of care and implementation plan for ED and MHS in preparation for project - PM funding available from MoH Sustainability Funding   | 15/01/2021 |                                 | Jeanette Bell    |                                |

| Closed since last report  |                                       |  |             |                            |
|---|---------------------------------------|--|-------------|----------------------------|
| Project/Work/Request  | Sponsor/Requestor/<br>Project Manager | Overview   | PM /Outcome | Close out / summary report |
| Improve Central Line Associated Bloodstream Infection "CLABSI" for renal patients | Janak de Zoysa/Dina Emmanuel          | <ul style="list-style-type: none"> <li>• Support service with QI Programme</li> <li>• Establish ANTT audit and CLABSI Qlik dashboard</li> <li>• Enhance and streamline current practices</li> </ul> Reduce CLAB infection rate | Closed      | Completed                  |
| Informed Consent Patient Surveys  | Jonathan Christiansen                 | Design and undertake a survey of patients regarding the informed consent process for elective Caesarean Section patients   | Closed      | Completed                  |

## 6. Patient and Whānau Centered Care

### 6.1 Patient Experience Feedback – October 2020 update

#### 6.1.1 National Inpatient Survey

In January 2020, The Commission announced they had contracted Ipsos New Zealand, an independent research company, for the provision of the inpatient survey and primary care survey data collection and reporting system services. A subsequent review of the former Inpatient Patient Experience Survey was also conducted and a refresh of the survey was launched in August 2020.

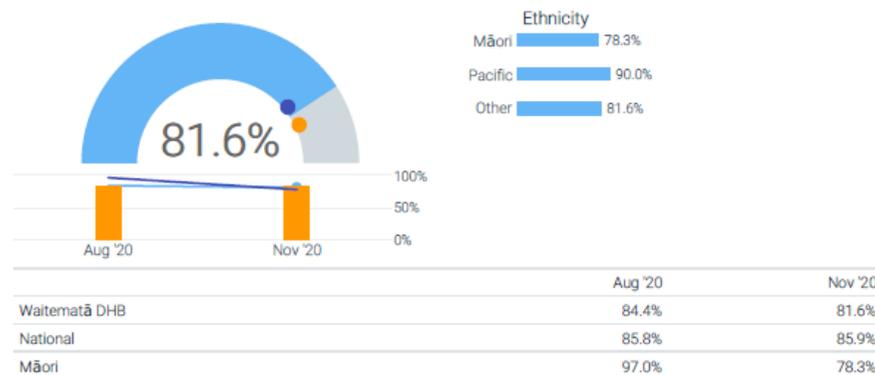
The second revised survey commenced on 24<sup>th</sup> November 2020 for patients discharged between November 2<sup>nd</sup> to November 15<sup>th</sup>. Waitemātā DHB’s sample size for the survey was 1,259 patients – all were emailed the survey. Three hundred seventy seven patients responded to the survey equivalent to a 30% response rate. Below are some key questions focused on staff listening.

### Care from health care team

#### 3\_1 Did the doctors listen to your views and concerns?

All patients were asked "Did the doctors listen to your views and concerns?" 81.6% of Waitemātā DHB's respondents stated *Yes, always*. 15.6% stated *Sometimes*, and 2.7% chose *No*.

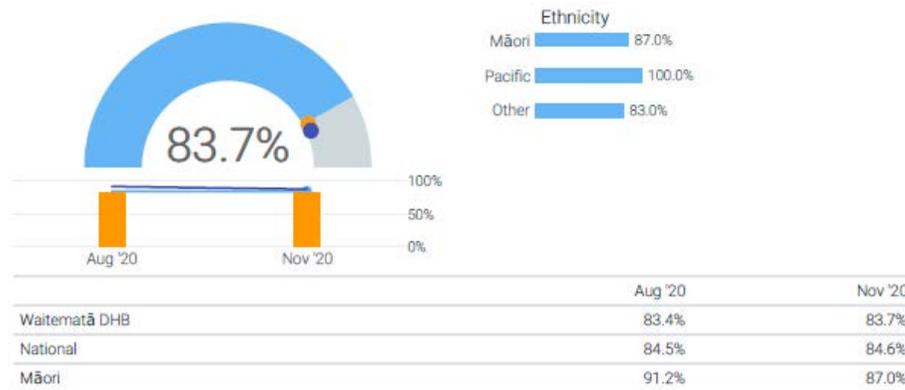
In the prior survey period, a similar proportion of respondents (84.4%) at Waitemātā DHB stated *Yes, always*.



**3\_2 Did the nurses listen to your views and concerns?**

When asked "Did the nurses listen to your views and concerns?" 83.7% of Waitematā DHB's respondents selected *Yes, always*. 14.4% stated *Sometimes*, and 1.9% chose *No*.

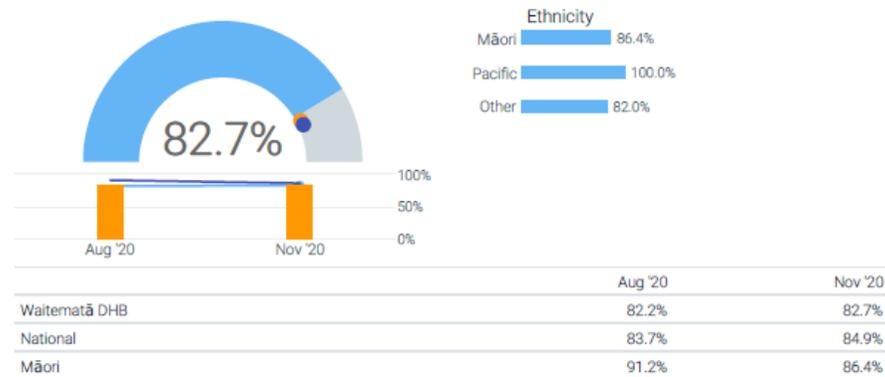
In the prior survey period, a similar proportion of respondents (83.4%) at Waitematā DHB said *Yes, always*.



**3\_3 Did the other members of your health care team listen to your views and concerns?**

All patients were asked "Did the other members of your health care team listen to your views and concerns?" 82.7% of Waitematā DHB's respondents chose *Yes, always*. 14.6% chose *Sometimes*, and 2.6% chose *No*.

In the prior survey period, a similar proportion of respondents (82.2%) at Waitematā DHB chose *Yes, always*.



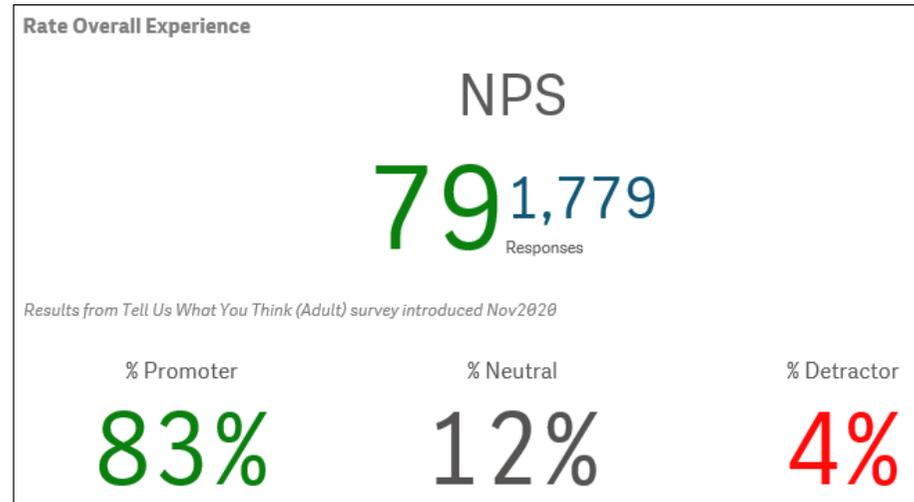
**6.1.2 Friends and Family Test**

On 1<sup>st</sup> November 2020, a new Friends and Family Test for Adults and Children and Youth was launched.

**ADULT SURVEY**

In November, the Net Promoter Score (NPS) was 80 with feedback from 1,025 patients and in December the NPS was 76 with feedback from 754 people. The NPS scores are encouraging and perform above the DHB target of 65.

**Friends and Family Test Overall Results**

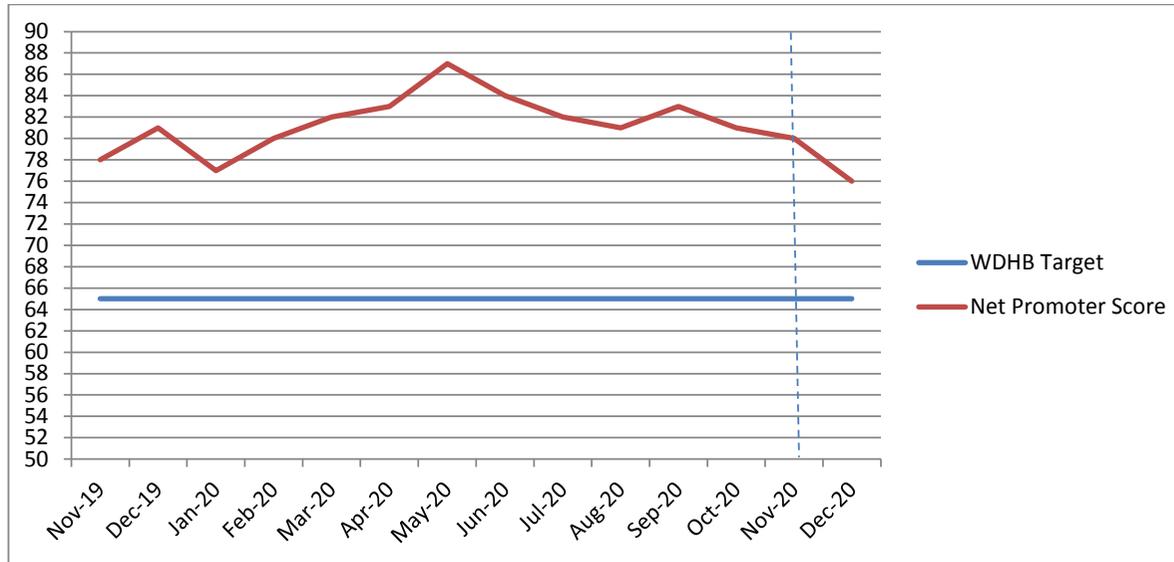


**Figure 1:** Waitematā DHB overall NPS November/December average

| <b>Pt Experience by Service</b> |              |                         |                        |             |                         |                             |                                 |
|---------------------------------|--------------|-------------------------|------------------------|-------------|-------------------------|-----------------------------|---------------------------------|
| Month & Year                    | Surveys      | Rate Overall Experience | Welcoming and Friendly | Listened To | Treated with Compassion | Involved in Decision Making | Explained in a Way I Understood |
| <b>Totals</b>                   | <b>1,779</b> | <b>79</b>               | <b>85</b>              | <b>80</b>   | <b>85</b>               | <b>76</b>                   | <b>75</b>                       |
| Dec-2020                        | 754          | 76                      | 85                     | 79          | 84                      | 76                          | 69                              |
| Nov-2020                        | 1,025        | 80                      | 86                     | 81          | 86                      | 76                          | 79                              |

**Table 1:** Waitematā DHB overall FFT results

**Graph 1: Waitematā DHB overall FFT results**



**Graph 2: Waitematā DHB Net Promoter Score over time**

**Total Responses and NPS to Friends and Family Test by ethnicity**

| Nov & Dec 2020 | NZ European | Māori | Overall Asian | Overall Pacific | Other/ European |
|----------------|-------------|-------|---------------|-----------------|-----------------|
| Responses      | 1042        | 114   | 205           | 106             | 312             |
| NPS            | 78          | 85    | 75            | 84              | 79              |

**Table 2: NPS by ethnicity**

In November and December, all ethnicities met the Waitemata DHB NPS target and score 65 and above. Māori achieved the highest NPS score of 85.

| November and December 2020                                      | NZ European | Māori | Asian | Pacific | Other/ European |
|---|-------------|-------|-------|---------|-----------------|
| Staff were welcoming and friendly                               | 85          | 90    | 84    | 90      | 82              |
| I was listened to   | 79          | 79    | 78    | 86      | 82              |
| I was treated with compassion                                   | 85          | 87    | 83    | 91      | 84              |
| I was involved in decision making                               | 75          | 78    | 74    | 89      | 77              |
| My condition/treatment was explained in a way that I understood | 77          | 77    | 72    | 81      | 64              |

**Table 3: NPS for all questions by ethnicity**

All measures score above the DHB target with the exception of Other/European which narrowly missed the target for 'condition/treatment being explained in a way that was understood'. Pacific scored highly for 'being treated with compassion and 'welcoming and friendly, achieving scores of 91 and 90 respectfully. Māori also rated highly for 'welcoming and friendly' with a score of 90. Providing explanations in a way that patients and whānau understand is our biggest area for improvement.

#### Friends and Family Test Comments

- "Staff are working hard and still had time to explain the procedures with kindness." **Endoscopy, WTH**
- "My hospital care was nothing less than brilliant. The nurses were so loving and caring. I felt like they were just like my three daughters all around me. My hospital care under such skilled workers." **Ward 11, NSH**
- "The teams worked well together. Not rushed but attentive, knowledgeable and willing to spend time with you explaining." **Elective Surgery Centre, NSH**
- "Never believed the treatment would do any good, but I was totally wrong." **Hyperbaric Unit**
- "Everyone here does a great job, very happy with services from midwives, cleaners and doctors. Awesome work." **Maternity Unit, NSH**
- "Throughout our experience the nurses and doctors have been extremely informative and friendly. They have all been great with my 1.5 year old daughter. I loved getting all of the explanations of why and what was happening and felt very supported. Thank you." **Rangatira Ward, WTH**
- "All the staff that we dealt with were awesome, friendly and professional. They took the time to answer my son's questions and made him feel comfortable with the procedures he was having done." **ARDS, Botany Clinic**

#### Friends and Family Test by ward

| Division | Ward  | Nov & Dec 2020 |     |
|----------|---|----------------|-----|
|          |   | Responses      | NPS |
| AH       | Allied Health Community Adults North                                    | 37             | 89  |
| AH       | Allied Health Community Adults Rodney                                   | 15             | 80  |
| AH       | Allied Health Community Adults West                                     | 52             | 83  |
| AH       | Allied Health Early Discharge and Rehabilitation Service (EDARS)        | 24             | 71  |
| AH       | Allied Health Outpatients Physiotherapy Waitakere Hospital              | 2              | 100 |
| ESC      | North Shore Hospital Elective Surgery Centre Cullen Ward                | 42             | 100 |
| A&EM     | North Shore Hospital Assessment and Diagnostic Unit (ADU)               | 20             | 80  |
| SMHOP    | North Shore Hospital Dialysis Unit                                      | 3              | 100 |
| SMHOP    | North Shore Hospital Haematology Day Stay                               | 20             | 90  |
| S&AS     | North Shore Hospital Hine Ora Ward                                      | 24             | 92  |
| S&AS     | North Shore Hospital Intensive Care Unit/High Dependency Unit (ICU/HDU) | 16             | 81  |
| A&EM     | North Shore Hospital Lakeview Cardiology (LCC)                          | 95             | 84  |
| CWF      | North Shore Hospital Maternity Unit                                     | 105            | 80  |
| S&AS     | North Shore Hospital Outpatients  | 18             | 72  |
| CWF      | North Shore Hospital Special Care Baby Unit (SCBU)                      | 16             | 88  |
| A&EM     | North Shore Hospital Ward 2   | 7              | 86  |

|       |   |    |     |
|-------|---|----|-----|
| A&EM  | North Shore Hospital Ward 3                             | 4  | 75  |
| S&AS  | North Shore Hospital Ward 4                             | 55 | 82  |
| A&EM  | North Shore Hospital Ward 5                             | 18 | 56  |
| A&EM  | North Shore Hospital Ward 6                             | 54 | 63  |
| S&AS  | North Shore Hospital Ward 7                             | 45 | 96  |
| S&AS  | North Shore Hospital Ward 8                             | 29 | 62  |
| S&AS  | North Shore Hospital Ward 9                             | 57 | 79  |
| A&EM  | North Shore Hospital Ward 10                            | 2  | 50  |
| A&EM  | North Shore Hospital Ward 11                            | 14 | 71  |
| SMHOP | North Shore Hospital Ward 14                            | 18 | 83  |
| CWF   | Wilson Centre   | 5  | 80  |
| A&EM  | Waitakere Hospital Assessment and Diagnostic Unit (ADU) | 46 | 70  |
| A&EM  | Waitakere Hospital Anawhata Ward                        | 38 | 55  |
| A&EM  | Waitakere Hospital Cardiology Unit (CCU)                | 19 | 74  |
| SMHOP | Waitakere Hospital Dialysis Unit                        | 7  | 86  |
| A&EM  | Waitakere Hospital Huia Ward                            | 19 | 84  |
| SMHOP | Waitakere Hospital Muriwai Ward                         | 28 | 64  |
| S&AS  | Waitakere Hospital Outpatients Reception 1              | 25 | 68  |
| S&AS  | Waitakere Hospital Outpatients Reception 2              | 22 | 55  |
| CWF   | Waitakere Hospital Rangatira Ward                       | 49 | 96  |
| CWF   | Waitakere Hospital Special Care Baby Unit (SCBU)        | 7  | 100 |
| S&AS  | Waitakere Hospital Surgical Unit                        | 85 | 98  |
| A&EM  | Waitakere Hospital Wainamu Ward                         | 33 | 76  |

**Table 4:** FFT results by ward

**Key for above table 4:**

**Service/Ward Responses:** Green – achieved response target, Red – did not achieve response target

**NPS:** Green – met NPS target (65+), Amber – nearly met target (50-64), Red – did not meet target (<50)

In November and December, 64% of wards and services met their response targets. Of these wards/services, 82% scored at or above the Waitemātā DHB target. Four wards achieved an NPS score of over 95, these are Elective Surgery Centre, Surgical Unit, WTH, Rangatira Ward, WTH and Ward 7, NSH (see table below). The main reasons for these positive scores include great staff (friendly, happy, helpful, compassionate, competent, professional and supportive), wonderful care, staff offering good explanations and being well looked after.

This month, the lowest NPS scores are for Anawhata Ward and Outpatients Reception 2 at North Shore Hospital. The low NPS scores are mostly attributed to neutral scores and patients did not provide specific details for the reasons for the score.

A summary of the FFT results can be seen below.

| Ward/Service – Exceptional NPS                | Target Responses | Achieved | NPS Score |
|---|------------------|----------|-----------|
| Elective Surgery Centre, North Shore Hospital | 20               | 42       | 100       |
| Surgical Unit, Waitakere Hospital             | 20               | 85       | 98        |
| Rangatira Ward, Waitakere Hospital            | 10               | 49       | 96        |
| Ward 7, North Shore Hospital                  | 20               | 45       | 96        |
| Ward/Service – Low NPS                        | Target Responses | Achieved | NPS Score |
| Anawhata Ward, Waitakere Hospital             | 20               | 38       | 55        |
| Outpatients Reception 2, Waitakere Hospital   | 20               | 22       | 55        |

**Table 5:** FFT Results Summary

### CHILD and YOUTH SURVEY

In November, the Net Promoter Score (NPS) was 85 with feedback from 72 patients and in December the NPS was 85 with feedback from 46 people.

| November and December 2020                 | Responses | How Well Did We Look After You | We Were Friendly | We Listened to You | We Told You Our Names | You Understood What Was Happening |
|--|-----------|--------------------------------|------------------|--------------------|-----------------------|-----------------------------------|
| ARDS Botany                                | 9*        | 100                            | 100              | 86                 | 63                    | 57                                |
| ARDS Glenfield                             | 23*       | 74                             | 88               | 79                 | 61                    | 71                                |
| ARDS Henderson Intermediate                | 24*       | 83                             | 89               | 89                 | 63                    | 50                                |
| New Lynn Paediatric Outpatient Clinic      | 11*       | 73                             | 100              | 100                | 100                   | 100                               |
| NSH Paediatric Outpatient Clinic           | 8*        | 50                             | 38               | 50                 | 50                    | 25                                |
| Whanau Centre Paediatric Outpatient Clinic | 41        | 98                             | 100              | 95                 | 83                    | 93                                |
| Wilson Centre                              | 2*        | 100                            | 100              | 60                 | 100                   | 33                                |

**Table 6:** Child and Youth FFT Results Summary

\*Note: low response rates

Many measures score above the DHB target of 65, however, there are several areas for improvement including staff telling patients their names, explaining what is happening in a way that children understand and listening to our patients.

The main reasons for the positive NPS scores include great staff (professional, compassionate, friendly, helpful and kind), staff are good with the children, great care and good explanations. Reasons for negative NPS scores include unfriendly staff, staff who are not gentle with the children, long wait times, cleaners coming at 4am and poor communication around appointments.

### **Patient and Whānau Centred Care Standards Programme (PWCCSP)**

During the month of November, patient interviewing continued around the hospital in preparation for the PWCCSP November check in. This was done by some of the Quality Leads as well as some carefully selected and trained volunteers. Over 300 interviews were obtained.

In the last two weeks of November, the PWCCSP November “check in” was carried out. This involved all inpatient wards included in the programme across both hospitals as well as mental health and addictions (43 areas in total). The Head of Divisions met with their own charge nurses to talk through an abridged part C - ward management tool. The purpose of this was to provide a framework for discussion aimed at ascertaining support and work required (if any) for the full audit scheduled in May 2021.

During December, all data from the PWCCSP November Check in has been entered, analysed and fed back to the charge nurses. This will be available in a more detailed report in January 2021.

Work continues to update quality boards across the hospital. Support has continued to be provided to Community Mental Health & Addictions and ARDS who have both now piloted specialised audit tools in their areas. Community Mental Health & Addictions plans to roll out the full programme in May 2021 and align with the main programme.

### **Māori Patient and Whānau Experience Lead**

Māori Patient and Whānau Experience Lead

Whiringa – ā – rangi (November) – Hakihea (December) 2020 Monthly Report

#### Key Activities:

- Education sessions with both sites for Emergency Department teams and the Child Development Unit were facilitated in this time to encourage staff to become familiar with the Tikanga Best Practice Policy, the concept and reasonings around a focus for equity and to help build competence and confidence with staff engagement with Māori community.
- Participation on Interview panels: Participation in this area is to support the implementation of the DHB policies around Māori and Pacific recruitment as well as to support development of panels around the intentions of finding the right people who can best serve Māori to support Māori health gains and outcomes across services.

#### Update from Goals intended for the month:

| Goal intended from Oct 2020 Report  | Progress update  |
|---|--|
| - Support a paper for the delivery of ARDS services to Māori Community (with Māori Health Gains Team)   | Navigating the service to support local kura/whānau access (particularly regarding confirmation of the establishment of continuous service delivery) has been challenging. The Māori Health Gains Team is currently in the process of compiling the paper to present to Māori Health as an initial stage to address the issue.   |
| - Begin the implementation of changes to the physical environment of the Waitakere Hospital site in departments to support positive engagement improvement and improvement of Māori patient experience. | This is progressing with particular priority to the Rangatira and Child Health spaces. Observations of the environment and impact on whānau presented opportunities to do and present better resources for patients and whānau on the ward. A better cohesive and age/cultural neutral theme has been discussed with the ward to implement next year. Staff are being encouraged to be more mindful and intentional about patient and whānau view. |

|   |  |
|---|--|
|   | Signage around the hospital is also being reviewed.  |
| - Begin the development of a set of presentations to support the understanding of Māori Patient and Whānau Experience – inclusive of the 1 <sup>st</sup> set of practical components of the Tikanga Best Practice policy. | Presentations have been completed and general feedback was positive. Demonstration of practical applications of the Tikanga Best Practice policy has been apparent in Waitakere ED. This has resulted in some feedback from whānau appreciating their observation of staff taking care in this practice. Kia ora is more heard in these areas by staff also. |

Goals for January 2021:

- Continue the focus on the Environment at Waitakere Hospital. The installation of the photo wall murals/ decals began with Piha ward in December and will continue through the rest of the wards. The installation in Piha has had great impact and has received many compliments from whānau and staff.
- Development of a hiring manager and interview panel training package with the Māori Recruitment Consultant is due to start in January. Exploration discussions on what a Kaupapa Ward space could look like for patients and whānau to be planned. This is to support requests being made by a few services, wards and departments in order to improve their delivery to Māori and wider community

## 6.2 Patient Experience Activity Highlights

### Consumer Council Update & Highlights

The Consumer Council met on November 25<sup>th</sup>. They discussed the following agenda items at their most recent meeting:

- **Counties Manukau – Consumer Council Experience (guest speaker)**
- **Consumer Council – Selection, appointment and re-appointment process**
- **Waitematā Mental Health and Addictions Lived Experience Advisory Council**
- **Consumer Engagement for Future Facilities Design**
- **Patient Experience Report**

The Consumer Council Chair has called for a strategy session in late January to review the current strategy set in early 2020 (pre-COVID) to ensure it is meeting the needs of the Council members and to confirm the selection and appointment process. Strategy session is scheduled for 27<sup>th</sup> of January and next Council meeting scheduled for 3<sup>rd</sup> of February.

### Patient Experience Highlights

The new Friends and Family Test (FFT) was successfully rolled out on 1<sup>st</sup> November to over 100 wards and services across the organisation. The Adult questions have been updated with new questions, put together in consultation with staff and consumers and tested across a broad range of patients and whānau members from a variety of hospital wards and services. The Child and Youth version ensures tamariki have a voice and their opinions are listened to and acted on.

**Newshub Feature – Festive Pianos at North Shore & Waitakere Hospitals.**

A fantastic initiative that was embraced by many volunteers, staff and visitors. We had over 30 volunteer pianists play the donated pianos in our foyers at each hospital ranging from the ages of 8 – 70. It created a joyful, festive space for all to enjoy and we were featured on newshub on Christmas Eve.



<https://www.newshub.co.nz/home/new-zealand/2020/12/north-shore-hospital-using-music-to-bring-christmas-cheer-to-patients-spending-holidays-in-wards.html>

**Volunteer Recruitment Statistics**

Volunteer number has decreased by six compared to last month. We will be experiencing some fluctuations with the number in the next months because of the challenges the current pandemic has brought.

| Green Coats Volunteers (Front of House) (A) | Other allocated Volunteers (B) | Volunteers on boarded awaiting allocation (C) | Total volunteers available (D) (A) + (B) + (C) =(D) |
|---|--------------------------------|---|---|
| 52  | 121                            | 1   | 174   |

**Table 7:** Volunteers Recruitment

**Volunteer Activity Highlights**

In December, we hosted celebration events for our volunteers to thank them for their support in 2020 and to wish them all a wonderful festive season. Sadly, we said goodbye to Betty Murray who has been a highly committed and valued volunteer for the last 15 years – greeting people as they arrived at North Shore Hospital and escorting visitors to where they need to be. She entertained the attendees at North Shore Hospital with various stories from her volunteering time. Betty often worked five shifts a week!



**Photo** – Genevieve Kabuya (Volunteer Coordinator) & Volunteer – Betty Murray.

**Pastoral Care Update**

There will be no Chaplain’s “My Week in Review” report for November and December but the end of 2020 quarter will be available in late January. Our Volunteer Chaplains Assistant finished up for the year 2020 on the 10<sup>th</sup> December and will resume in February. Below are visitation of the VCA for the month of November and December.

➤ **Pastoral Care Activity Volunteer Chaplains Assistant across Waitemātā DHB**

|                           |  |
|---------------------------|--|
| No. of visits to patients | 614                                    |
| No. of visits to family   | 104                                    |
| No. of visits to staff    | 70                                     |
| Hours volunteered         | 23.65 (Waitakere)<br>131 (North Shore) |

Our new trainees VCAs have all started their visitation on their own in November and our VCA services for 2020 ended with a Christmas lunch in Whenua Pupuke on the 10<sup>th</sup> December. Both Waitakere and North Shore VCAs attended the lunch.



There was also a Carol Service held in the Chapel of St Lukes on the 9<sup>th</sup> December. The Shalom choir sang in the service and then proceeded to sing in the wards thereafter filling the wards with songs of joy.

**CHRISTMAS OPERA CONCERT**

An Outstanding Concert featuring:

- Sopranos: Clare Hood and Phoonyoung Jang
- Tenors: Samuel Park and Ipu Jr Lega'ala
- Pianist: James Soo Lee
- Actor: James Yoo
- Latre girls: Sora, Laura, Hara

**THURSDAY, 17 DECEMBER**    **THE CHAPEL OF ST LUKES, LEVEL 3, NORTH SHORE HOSPITAL**    **11:30AM**

**Songs**

- ◆ Showade, P.P. Tsai
- ◆ The Impossible Dream from "Man of La Mancha"
- ◆ Jesus Loves Me
- ◆ Pur si mira
- ◆ A Chérie
- ◆ I Will Hug My Friend Tight (애인안락요리)
- ◆ Think of Me (Phantom of the Opera)
- ◆ Chanson le saut
- ◆ The Prayer
- ◆ O Holy Night
- ◆ The Lord's Prayer
- ◆ A Million Dreams
- ◆ Dein ist mein ganzer Herz
- ◆ Nessun dorma
- ◆ You Raise Me Up
- ◆ O Mio Babbino Caro
- ◆ Je veux vivre
- ◆ Libiamo ne'liasi calici

Sponsors:

On the 17<sup>th</sup> December, a patient who would like to give back to the hospital for the care she received held a Christmas Opera concert in the Chapel of St Lukes. Together with other singers and three children, they performed for the hospital staff and patients.

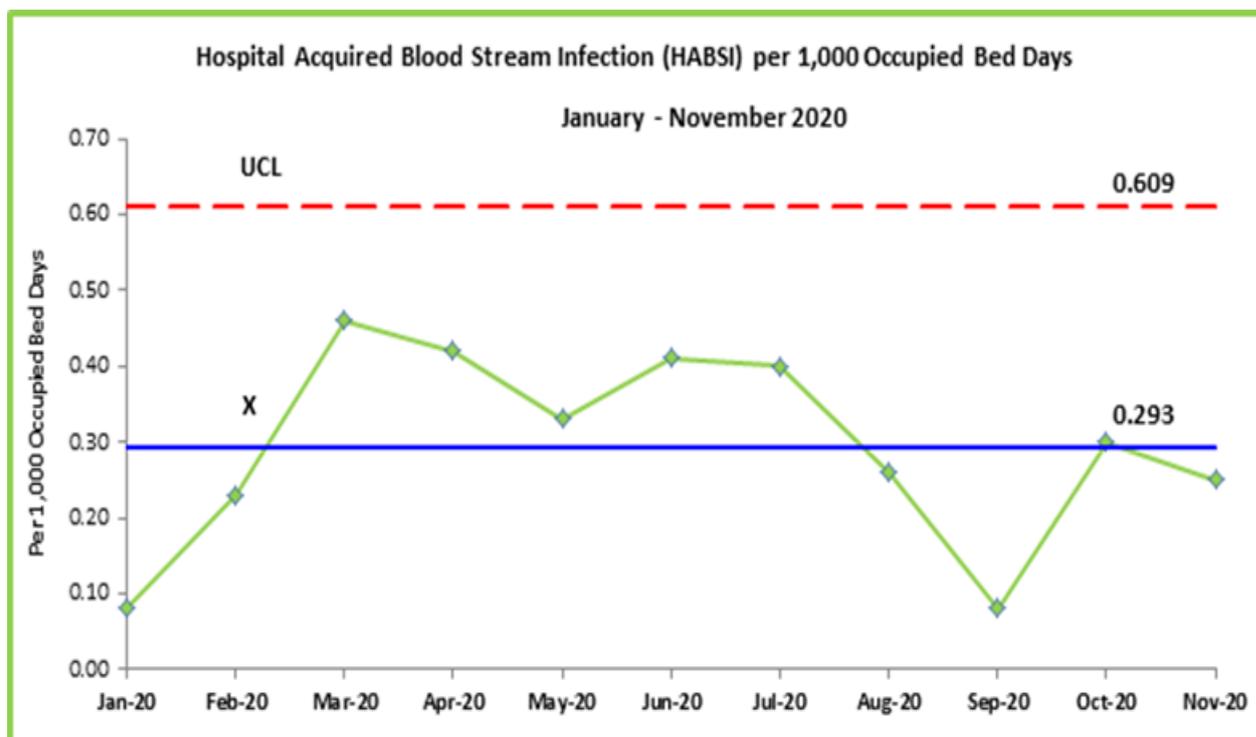
There was a Christmas service across all three sites for the patients and staff. There will also a Chaplain on site for all three sites during the Christmas and New Year period to ensure that Chaplaincy services were available throughout the holiday season.

## Waitemata DHB Infection Prevention and Control Brief report November 2020

Please refer to the mid-year report 2020 for more details of surveillance activities, definitions and trends.

### 1. Hospital Acquired Bloodstream Infections (HABSI)

Graph: HABSI rate and numbers at WDHB for 2020.



Monthly HABSI rate (per 1000 bed days) at WDHB January –November 2020

| 2020                | Jan  | Feb  | Mar  | April | May  | June | July | Aug  | Sept | Oct | Nov  |
|---------------------|------|------|------|-------|------|------|------|------|------|-----|------|
| Total No. HABSI     | 4    | 5    | 9    | 7     | 6    | 9    | 10   | 6    | 2    | 7   | 6    |
| Rates/1000 Bed Days | 0.17 | 0.23 | 0.46 | 0.49  | 0.33 | 0.41 | 0.4  | 0.26 | 0.08 | 0.3 | 0.25 |

Table: HABSI cases in November 2020

| Source | Total | Ward   | Organism               |   |
|--------|-------|--------|------------------------|---|
| IVL    | 1     | Ward 4 | Staph aureus           | IVL inserted on 8/11 WTH ED in L ACF, No documentation on clinical portal when IVL was removed. Developed thrombophlebitis on 11/11 from old IV site. |
| CAUTI  | 1     | Ward 6 | E cloacae/Staph aureus | IDC inserted initially to manage urinary output, unsuccessful TROC, IDC reinserted.   |

|              |   |                 |                                     |   |
|--------------|---|-----------------|-------------------------------------|---|
|              |   |                 |                                     | Patient was for end of life cares. Passed away at Hospice on 20/11. Develop BSI on 17/11. Transferred to Hospice on 19 /11 Deceased on 20/11. |
| <b>Other</b> | 4 | Ward 4, 5, ESC, | C. freundii, KP, E feacalis, E coli | Procedure related BSI, x2 secondary to ERCP and 1 post nephrostomy tube removal Haematology patient with recurrent urinary sepsis             |

**Comment:** x2 device related HABSI. Inconsistencies in documentation as to when IVL was removed as patient had x2 IVL

## 2. Extended spectrum Beta lactamase producing bacteria (ESBL)

| <i>HA-ESBL rate/10,000 bed days (number)</i> | 2019 Rate 5.1 (138) | 2020       | Jan     | Feb     | Mar     | Apr     | May     | Jun     | July    | Aug     | Sept     | Oct     | Nov      |
|--|---------------------|------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|---------|----------|
|  |                     | <b>NSH</b> | 3.1 (5) | 3.9 (6) | 4.3 (6) | 2.9 (3) | 2.2 (3) | 2.6 (4) | 2.3 (4) | 3.8 (6) | 6.8 (11) | 3.6 (6) | 6.0 (10) |
| <b>WTH</b>                                   | 1.5 (1)             | 0          | 5.2 (3) | 2.2 (1) | 2.1 (1) | 0       | 6.8 (5) | 2.9 (2) | 1.5 (1) | 4.5 (3) | 2.8 (2)  |         |          |

**Comment:**

4/10 of ESBL for NSH was attributed to Ward 8. These were four different species of non KP ESBL, identified from patients who were screened late i.e. beyond 72 hours cut-off time.

### 3. Communicable Diseases, Clusters and Outbreaks

| Disease   | Confirmed cases | Ward | Staff contacts | Patient contacts | Comments   |
|---|-----------------|------|----------------|------------------|--|
| <p>Carbapenemase producing Enterobacterales (CPE)</p> <p>Cross transmission</p> | 1               | 8    | 0              | 8 close contacts | <ul style="list-style-type: none"> <li>• Know CPE was admitted to Ward 8, CPE status was unknown to the ward during admission.</li> <li>• Patient was placed in multi bedded. CPE isolated from wound swab.</li> <li>• 8 Close contacts who shared room with index case was screened for CPE.</li> <li>• 1 CPE isolated from screening of close contacts</li> <li>• Ward was closed to admission with enhanced IP&amp;C measures</li> <li>• Entire ward was screened for CPE = 27 patients .All swabs returned negative for CPE</li> <li>• Discharge screening of implemented , to date 130 swabs have returned negative for CPE</li> <li>• Isolates sent to ESR for genome sequencing. Both isolates produced identical molecular plasmid which confirmed CPE cross transmission occurred Ward 8</li> </ul> |

### Waitemata DHB Infection Prevention and Control 2020 Year End Report

*This report includes IPC surveillance data for last 12 months. Highlights are as follows*

- Overall decrease in ESBL cross transmission rates and sustained low prevalence of CPE/VRE colonisation and hospital acquired MRSA infections.
- Increase in CAUTI related HABSIs
- Increase in Health Care associated Staph aureus bacteraemia
- Decrease in both community and hospital acquired Influenza

*Please refer to attached Appendix for definitions of terms/categories used in this report*

#### 1a. Hospital Acquired Bloodstream Infections

A total of **79** HABSIs were identified from January to December 2020 rate **0.30/** 1000 bed days which is an increase in comparison to 2019 0.26/ 1000 OBD

- E coli was most common pathogen (**24/79 - 30%**) followed by S.aureus (**n=16**), Pneumonia (**n=9**) and other pathogens (**n=11**). 5 /14 E.coli and 1/9 K.pneumoniae isolates were ESBL producers.
- As shown in Table 2, 33% of HABSIs were device related, including 13 Catheter Associated Urinary Tract Infection (CAUTI), 9 IV luer related- and considered potentially preventable. While the **4** CLAB's did not have any apparent correctable causes, complete assessment of preventability for IV luer related HABSIs has been difficult due to poor documentation in addition to excessive duration of IV luers and use of antecubital fossa for insertion (non-preferred site).
- Line related HABSIs is comparable to 2019 N= 12 and 2020 N=13.

#### **Point Prevalence audit under taken in November for both NSH and Waitakere identified:**

1. Time and date not documented
  2. IVL placement in ACF
  3. IVL left in when not required
- Overall compliance rate NSH 69% & WTH 70%. Work is being done by Director of Nursing to address this issue
- Increase in CAUTI related HABSIs from 5 in 2019 to 13 in 2020.

#### **CAUTI surveillance undertaken in August**

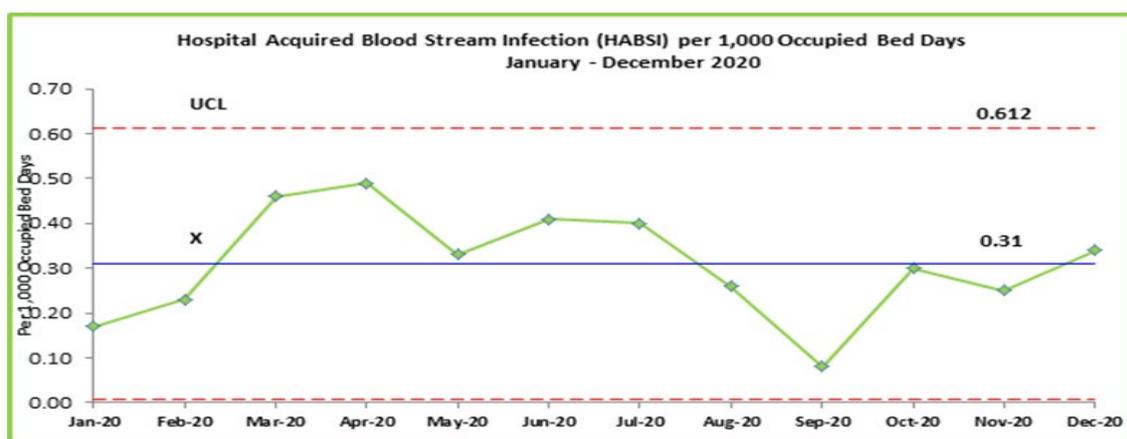
1. Showed inconsistent documentation in clinical portal on maintenance of IDC.
2. Indications for IDC was appropriate at time of insertion
3. No documentation in clinical portal to state if IDC indications was being reviewed daily to see if IDC was still required
4. Point Prevalence Survey planned in 2021 to understand extent of CAUTI and review if prolonged catheter days are contributory

The monthly distribution of HABSIs in 2020 (Table 1), source of HABSIs (Table 2) and summary of cases in December (Table 3) can be found below.

## Appendix 2

**Table1: Monthly HABS rate (per 1000 bed days) at WDHB 2020**

| 2020                       |                              | Jan  | Feb  | Mar  | April | Ma<br>y | June | July | Aug  | Sept | Oct | Nov  | Dec  |
|----------------------------|------------------------------|------|------|------|-------|---------|------|------|------|------|-----|------|------|
| <b>Total No. HABS</b>      | 2019<br>Rate<br>0.26<br>(71) | 4    | 5    | 9    | 7     | 6       | 9    | 10   | 6    | 2    | 7   | 6    | 8    |
| <b>Rates/1000 Bed Days</b> |                              | 0.17 | 0.23 | 0.46 | 0.49  | 0.33    | 0.41 | 0.4  | 0.26 | 0.08 | 0.3 | 0.25 | 0.34 |



**Table 2: Comparison of sources of HABS 2017- 2020**

| HABS source                                   | 2018                   | 2019                  | 2020                  |
|---|------------------------|-----------------------|-----------------------|
| Vascular device                               | 18<br>7 CLAB<br>11 IVL | 12<br>3 CLAB<br>9 IVL | 13<br>4 CLAB<br>9 IVL |
| CAUTI   | 8                      | 5                     | 13                    |
| Post procedure/ surgical                      | 8                      | 10                    | 16                    |
| Other (non-IDC related UTI and non-surgical ) | 25                     | 31                    | 22                    |
| Unknown                                       | 11                     | 13                    | 15                    |
| <b>TOTAL</b>                                  | <b>70</b>              | <b>71</b>             | <b>79</b>             |

**Common pathogens causing HABS 2020**

| Organism                         | Total                      |
|----------------------------------|----------------------------|
| Staph. aureus                    | 16                         |
| E.coli (EC)                      | 24 ( 5 ESBL producing EC ) |
| Klebsiella pneumonia ( KP)       | 9 ( 1 ESBL producing KP)   |
| Enterococci /bacteroides species | 11                         |

## Appendix 2

**Table 3: HABSIs cases in December 2020**

| Source         | Total | Ward        | Organism  | Comments   |
|----------------|-------|-------------|---|--|
| IVL            | 1     | Anawhata    | Staph aureus  | Patient developed septic thrombophlebitis within 72 hours of IVL insertion .IVL inserted in L) ACF. Root cause analysis found inconsistent documentation with insertion and maintenance of IVL   |
| CAUTI          | 2     | Ward 6 , 14 | Proteus mirabilis<br>E coli                         | No documentation on when first IDC was inserted ED. Patient pulled out IDC in Ward 6 which caused trauma to bladder resulting in haematuria. New IDC was reinserted. Patient developed BSI with 48 hours of IDC insertion. Indication for IDC was to manage fluid overload<br><br>Patient has had several unsuccessful TROC Indication for IDC reinsertion was to manage urinary retention. No documentation on ongoing maintenance of IDC |
| Post procedure | 1     | Ward 8      | Bactroides vulgatus                                 | Developed anastomotic leak post Whipples procedure.  |
| Other /Unknown | 4     | Ward 3, 4,  | E faecalis<br>Staph aureus<br>Strep<br>Vestibularis | Three of HABSIs was identified in ward 3 .Two source unknown, and one non IDC related. Source of BSI unclear for Ward 4 patient  |

### 1b. Healthcare associated bacteraemia (HCA-BSI)

- A total of 47 HCA-BSI's were recorded in 2020
- Renal Services account for 49 % (23) of HCABSI
- 50% of HCA-BSI were line related , of these 87% (20) attributed to Renal OPD Services
- This is an increase in overall HCABSI for 2020, compared to 2019, N= 37. This could be due to accurate capturing of data via ICNET
- Renal Services have seen a decrease in CLAB from 28 in 2019 to 20 in 2020. However community dialysis had three SAB bacteraemia isolated in patient with AV fistula
- Renal Services have implemented a quality improvement project using ANTT 8 Framework developed by Renal Services to define infection risk points. The ANTT8 Framework is audited monthly by Hand Hygiene gold auditors. This is reported on QlikSense dashboard metrics and Renal Service pathway

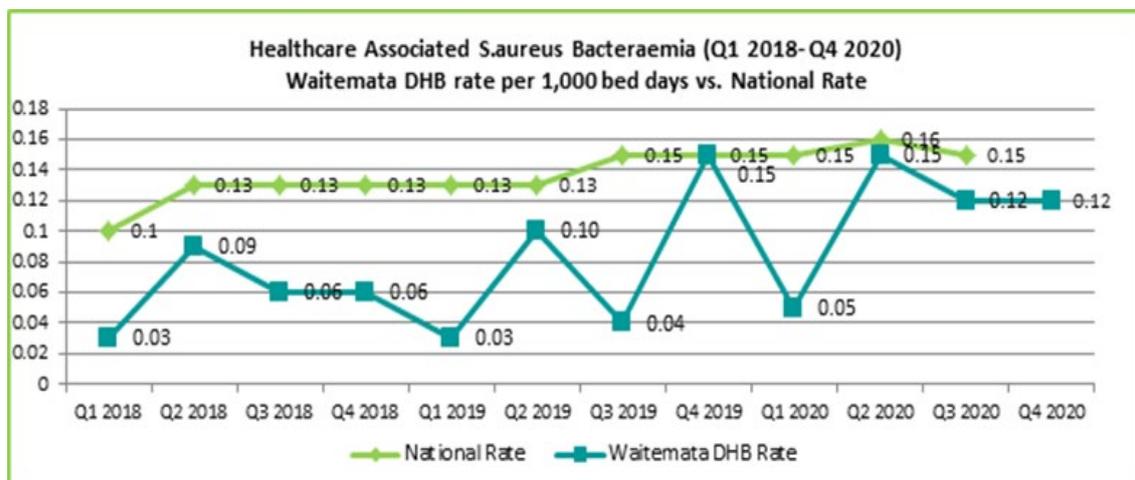
## Appendix 2

| Source                     | Total | Ward                      | Comments   |
|----------------------------|-------|---------------------------|--|
| CLAB                       | 20    | Renal Dialysis CDC / OPD  | CLAB from Renal OPD patients with Tunnel lines. X2 patients had CLAB more than once                      |
| CLAB                       | 2     | Surgical Service , Ward 6 | Hickman's insitu for parenteral nutrition. Portacath insitu , patient was receiving chemotherapy at ADHB |
| CAUTI                      | 1     | Huia                      | Readmission with CAUTI. Discharged home with long term IDC for management of urinary retention           |
| Post -Surgery or Procedure | 8     | Ward 4, ward 8,Ward 6     | These patients developed BSI within 30 days post abdominal procedures/surgery.                           |
| IVL                        | 1     | Ward 5                    | Readmitted after three weeks with SAB , source was attributed to IVL                                     |
| Other /unknown             | 12    | Medicine , Surgical       | Majority of these were either urosepsis or intra abdominally acquired                                    |
|                            | 3     | Renal Services            | X3 AV fistula. All three case were investigated and Staph aureus was isolated                            |

### 1c. Healthcare associated S.aureus bacteremia (SAB HCA-BSI)

Surveillance for S.aureus HCA-BSI is a requirement from Health Quality and Safety Commission as a quality indicator and outcome measure for hand hygiene. This includes both HABSIs and HCA-BSI caused by S.aureus.

- A total of 28 SAB HCA - BSI were identified from Jan –December 2020 with a rate of 1.1 per 10, 000 OBD
- This is an increase in SAB HCA - BSI compared to 2019 rate 0.8 /10, 000 ( N=22)
- 16 of SAB was vascular access related ( 9 IVL and 7 CLAB)
- 57 % (n= 16) of these SAB were Hospital Acquired and 43% (n= 12) was Health Care Associated
- Renal Services accounted for 28% ( n= 8) of SAB compared to 2019 which accounted for 38% (n=10)



### 2. Extended spectrum Beta lactamase producing bacteria (ESBL)

An overall reduction in HA-ESBL was seen both at NSH and WTH for 2020 with Waitakere accounting for sustained reduction. A total of 87 HA-ESBL patients (68 at NSH and 19 at WTH) with either new colonisation or infection were identified compared to 138 for a similar period in 2019. This is a significant reduction in the

## Appendix 2

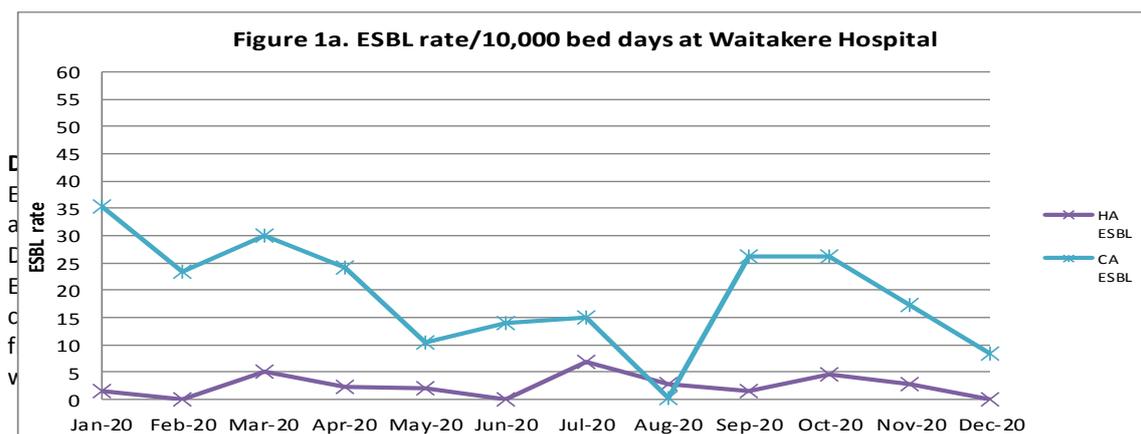
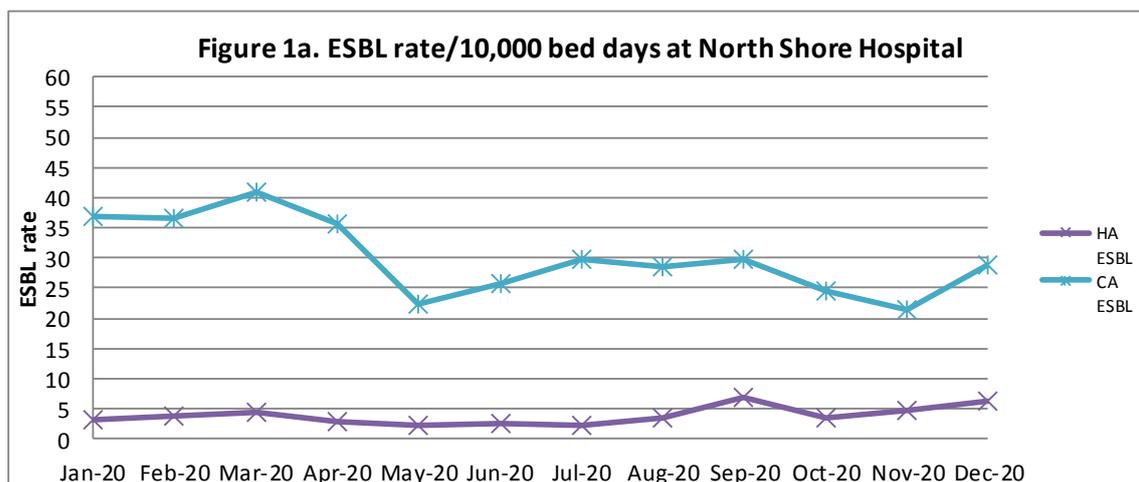
overall HA ESBL rate HA from 5.1/10,000 in 2019 to 3.3/10,000 in 2020. Compared to 2019 we had total of 138 HA ESBL with NSH accounting NSH for 107 and WTH 31

Despite the change in our HA-ESBL definitions from Aug 2018 (old definitions likely to over attribute ESBL acquisition to healthcare) this represents a significant reduction in ESBL cross transmission despite disestablishment of ward 11 as an MDRO ward in 2019, and relaxation in cohorting rules for ESBL EC. While some aspects of the TAKE CHARGE ESBL bundle like hand hygiene (monthly) and contact precautions (periodically) are audited and successful, consistent and sustained implementation of a DHB wide prevention strategy can be improved further

**TABLE 1: HA-ESBL rates/number at WDHB**

| HA-ESBL rate/10,000 bed days (number) | 2019 Rate 5.1 (138) | 2020    |         |         |         |         |         |         |         |          |         |         |          |
|---------------------------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|---------|---------|----------|
|                                       |                     | Jan     | Feb     | Mar     | Apr     | May     | Jun     | July    | Aug     | Sept     | Oct     | Nov     | Dec      |
| <b>NSH</b>                            |                     | 3.1 (5) | 3.9 (6) | 4.3 (6) | 2.9 (2) | 2.2 (2) | 2.6 (4) | 2.3 (4) | 3.8 (5) | 6.8 (11) | 3.6 (5) | 4.8 (8) | 6.3 (10) |
| <b>WTH</b>                            |                     | 1.5 (1) | 0       | 5.2 (3) | 2.2 (1) | 2.1 (1) | 0       | 6.8 (5) | 2.9 (2) | 1.5 (1)  | 4.5 (3) | 2.8 (2) | 0        |

**Figure 1a Distribution of community (CA) vs hospital (HA) ESBL Jan –Dec 2020**



## Appendix 2

E coli appears to be the predominant strain in both community and hospital acquired ESBL with E coli accounting for 86 % of the new ESBL isoalted .

NSH contributed to 78 % of overall HA ESBL isolated in 2020. Surgical Services NSH accounted for 48% of HA ESBL, and 42 % spread across NSH Acute & Speciality Medicine, with the balance of ESBL spread across other services within NSH

100% of HA ESBL isolated from Waitakere Hospital was from Acute and Speciality medicine

**TABLE 2: Comparison of ESBL KP, EC, other sp. in terms of place of acquisition. This table includes both screening swabs and clinical isolates)**

| Types        | ESBL KP   | ESBL EC    | Other     |
|--------------|-----------|------------|-----------|
| HA-ESBL      | 12        | 60         | 15        |
| CA- ESBL     | 50        | 524        | 28        |
| <b>TOTAL</b> | <b>62</b> | <b>584</b> | <b>33</b> |

**Table 3: Distribution Hospital Acquired ESBL amongst wards with 4 or more HA ESBL**

| Ward          | 8  | 9  | 11 | 6 | 10 | 2 | Indeterminate areas NSH | Anawhata<br>Huia<br>Muriwai<br>Titirangi<br>Wauinamu |
|---------------|----|----|----|---|----|---|-------------------------|--|
| No of HA ESBL | 13 | 11 | 7  | 6 | 5  | 5 | 4                       | 19   |

### 3. Carbapenemase-producing Enterobacteriaceae

Waitemata DHB has undertaken CPE screening as part of active MDRO screening for high risk patients since 2017. Any patient suspicious of CPE on initial testing is placed in contact isolation pending further confirmation  
Total of

In 2019 14 of 45 suspicious isolates were confirmed as CPE by molecular testing. Of these, 11 patients were hospitalised or had recently travelled overseas.

**In Jan-December 2020** 5 of the 37 suspicious isolates confirmed as CPE by molecular testing. 4 of these patients either had previous hospitalisation or had recently travelled overseas.

There was 1 CPE cross transmission in Surgical Ward. Wide scale swabbing of all admissions and discharges from the ward did not yield any new cases

### 4. Methicillin Resistant Staphylococcus Aureus (MRSA)

WDHB continues to have low HA -MRSA infection rates based on information primarily collected from laboratory antibiotic susceptibility data. 90% of MRSA are community acquired  
Table below shows the number of MRSA isolates in 2019- 2020.

Majority of MRSA isolated from clinical isolates. Increase in HA MRSA for NSH, this could be due to delay in sending clinical isolates i.e. 72 hours after admission. There has not been any evidence of MRSA cross transmission

## Appendix 2

| Description                              | 2019<br>NSH/WTH<br>(TOTAL) | 2020<br>NSH/WTH<br>(TOTAL) |
|--|----------------------------|----------------------------|
| MRSA isolates                            | 190/147 (337)              | 115/116                    |
| Community MRSA and other HCF (new cases) | 111/93 (204)               | 93/48                      |
| Community MRSA (known on admission)      | 73/52 (125)                | 38/61                      |
| New healthcare onset (hospital acquired) | 6/2 (8)                    | 14/7                       |

### 5. Vancomycin resistant Enterococci (VRE)

Active VRE surveillance, similar to ESBL since 2007 and CPE since 2017, is performed at WDHB since May'15 after an outbreak at NSH in 2014. Identification of new VRE colonisation or infection continues to be very low due to enhanced IPC measures including use of Deprox for environmental decontamination in selected situations.

**Only 4 new VRE colonisations were identified between Jan –December 2020. These VRE were community acquired from routine admission screening of high risk patients**

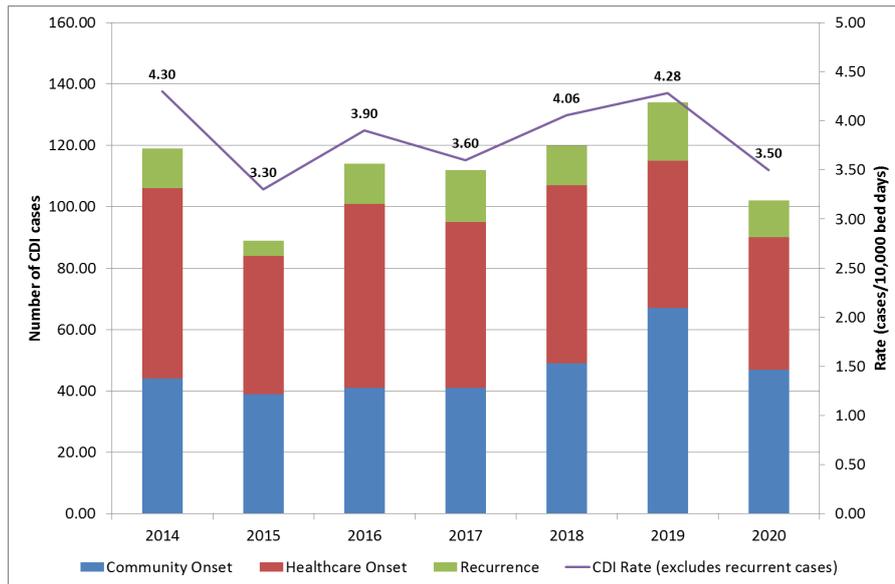
**No hospital acquired VRE identified in last 12 months for both Northshore and Waitakere Hospital**

### 6. Clostridium Difficile (now called Clostridioides difficile)

#### Jan –December 2020

- A total of 102 CDI cases detected
  - 19 x CO
  - 9 x CO-indeterminate
  - 19 x CO-HCA
  - 43 x HO-HCA
  - 12 x recurrent
- The overall rate of CDI for the year was 3.5 per 10,000 bed days\*
- The proportion of HO-HCA infections was 42%
- The CDI rate was the lowest it has been since 2015, likely reflective of reduce hospital presentations during the lockdown periods in March/April/May and August.

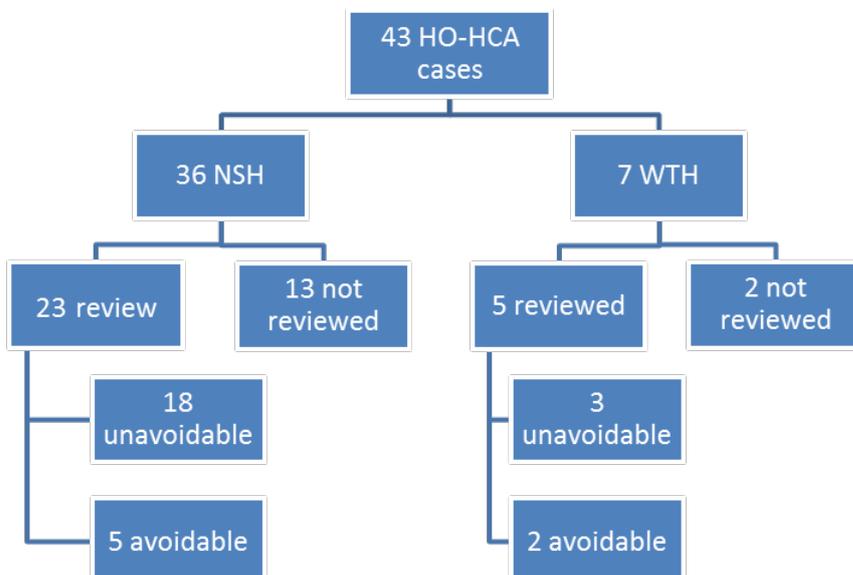
## Appendix 2



### HO-HCA CDI 2020

WDHB has an active feedback process for all cases of HO-HCA and for all recurrent infections, where a case review is undertaken by the ID physician / microbiologist and AMS pharmacist at the time of diagnosis of CDI. A letter outlining the causes and corrective actions is sent to the responsible clinician if the case is considered avoidable.

- 65% of all HO-HCA CDI cases reviewed for 2020 (compared with 96% for 2019). Due to workload during the COVID-19 lockdown periods, HO-HCA CDIs were not able to be reviewed
- 25% of HO-HCA CDI reviewed found to be avoidable
- Slightly higher rates of avoidable HO-HCA CDI at WTH (however confounded by low number)



## Appendix 2

### 7. Seasonal Influenza

#### Summary points:

- 1) There was a marked decline in the seasonal influenza activity during the COVID restrictions period which appears to be sustained to date. Only 6 Influenza cases (all community acquired) were diagnosed since April.
- 2) Staff influenza vaccine uptake was at a record high (71%) in 2020.

Waitematā DHB has a yearly seasonal Influenza surveillance program which usually commences in February every year. In addition, hospital acquired (HA-Inf) is a unique designation used in our surveillance since 2017. It identifies inpatients admitted initially for other medical reasons but developed Influenza during their hospital stay, likely through acquisition from either other patients, staff, visitors or environment. Confirmation of Influenza after 72 hrs of admission is defined as HA-Inf.

The 2020 season so far has been characterised very low presentation of patients with Influenza like illness, total of 58 compared to same period in 2019 with 359 confirmed cases. In March 2020, Mental Health inpatient unit had a cluster of three nosocomial acquired influenza.

|                   | 2019 | 2020<br>Feb | 2020<br>March | 2020<br>April | 2020<br>May | June –September 2020 |
|-------------------|------|-------------|---------------|---------------|-------------|----------------------|
| NSH<br>CA-<br>INF | 603  | 15          | 7             | 2             | 3           | No cases             |
| HA-<br>INF        | 58   | 2           | 0             | 0             | 0           |                      |
| WTH<br>CA-<br>INF | 606  | 10          | 15            | 1             | 0           |                      |
| HA-<br>INF        | 44   | 0           | 3             | 0             | 0           |                      |

WDHB staff flu vaccine uptake for 2019 has increased to 71.2% compared to 59% in 2018 uptake as shown below Figure 1&2. This is due to strategies implemented by Influenza Working Group and Occupation Health and Safety to raise profile of influenza by awareness and strategies to improve vaccination uptake among staff.

#### Waitemata DHB Influenza Vaccination uptake – 2020

| Operating Group                  | Service | RC short description | Percentage | Total Employees | Vaccinated Employees |
|----------------------------------|---------|----------------------|------------|-----------------|----------------------|
| Acute and Emergency Medical      |         |                      | 83.7%      | 1396            | 1169                 |
| Child Women & Family             |         |                      | 69.9%      | 1103            | 771                  |
| Clinical Support                 |         |                      | 74.7%      | 454             | 339                  |
| Corporate                        |         |                      | 58.4%      | 461             | 269                  |
| Diagnostics                      |         |                      | 78.9%      | 522             | 412                  |
| Director Hospital Services       |         |                      | 56.2%      | 468             | 263                  |
| Elective and Outpatient Services |         |                      | 75.0%      | 112             | 84                   |
| Elective Surgery Centre          |         |                      | 76.8%      | 99              | 76                   |
| Facilities and Development       |         |                      | 67.4%      | 46              | 31                   |
| Governance and Funding           |         |                      | 43.2%      | 111             | 48                   |
| Locum                            |         |                      | 29.4%      | 34              | 10                   |
| Mental Health & Addiction        |         |                      | 65.8%      | 1434            | 943                  |
| Sub Specialty Med and HOPS       |         |                      | 71.6%      | 990             | 709                  |
| Surgical and Ambulatory          |         |                      | 73.3%      | 1078            | 790                  |
| Total                            |         |                      | 71.2%      | 8308            | 5914                 |

## 8. Surgical Site Infections (SSI) for knee and hip arthroplasties

**Table: SSI number and rates from 2016 to December 2020 at Waitemata DHB**

*In scope procedures for SSI surveillance are primary and revision hip/knee arthroplasty performed at either NSH or elective surgical centre (ESC) in accordance with National Surgical Infection Improvement (SSII) program. The surveillance criteria 90 days post-operatively for deep and 30 days for superficial infection*

### 2020

Q1 - **One superficial SSI** has been identified (rate **0.4**/100 procedures; this SSI was from NSH)

Q2 - **One superficial SSI** has been identified (rate **2.2** /100 procedures; this SSI was from NSH)

Q3 - **Two superficial and 1 deep** (rate 0.9/100 procedures) ESC and NSH

Q4 – nil to date as surveillance period ends 31<sup>st</sup> March 2021

NB- no in scope procedures performed in ESC during April /May due to COVID 19

### **Staph decolonisation bundle commenced in Nov 2017**

- X1 Staph aureus and Staph epidermidis isolated in deep SSI for Q3. SSI investigation found 100% adherence to SAB bundle
- X1 Pseudomonas isolated in superficial SSI in Q1
- x3 superficial SSI no swabs sent

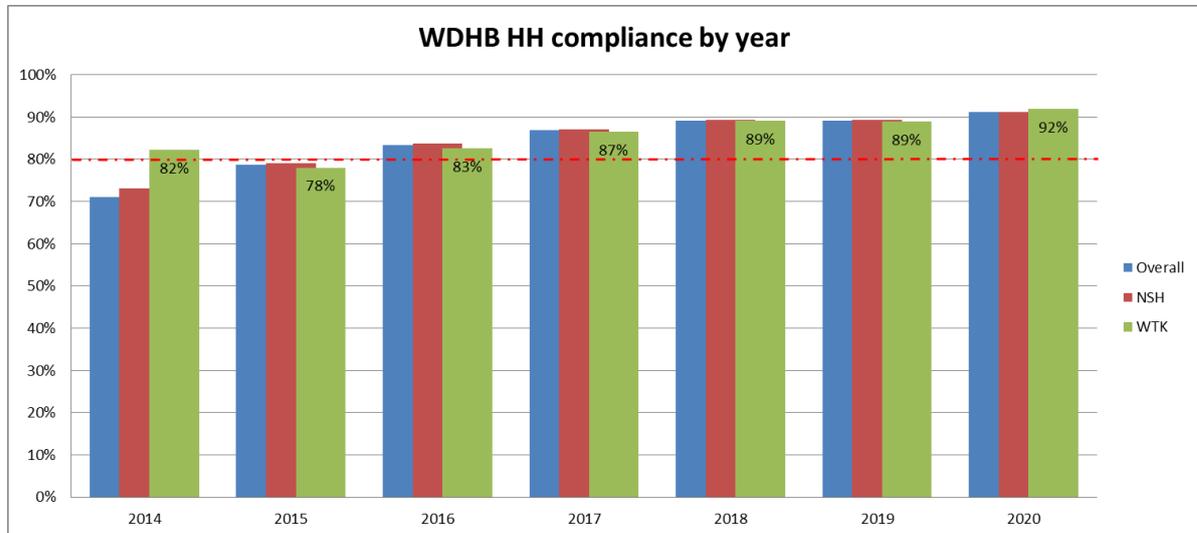
**Table: SSI number and rates 2016 to Q4 2020 at Waitemata DHB**

| Year                           | 2016 | 2017 | 2018 | 2019 | 2020 |     |     |            |
|--------------------------------|------|------|------|------|------|-----|-----|------------|
| Quarter                        | Q1-4 | Q1-4 | Q1-4 | Q1-4 | Q1   | Q2  | Q3  | Q4*        |
| <b>Total procedures</b>        | 1217 | 1191 | 990  | 1134 | 232  | 45  | 321 | <b>249</b> |
| <b>SSI's (n)</b>               | 12   | 13   | 5    | 8    | 1    | 1   | 3   | -          |
| <b>Rate per 100 procedures</b> | 1.0  | 1.0  | 0.5  | 0.7  | 0.4  | 2.2 | 0.9 |            |

\*Data for Q4 provisional, surveillance period ends 31<sup>st</sup> March 2021

## 9. Hand Hygiene Waitemata DHB Hand Hygiene Annual Report 2020

### Waitemata DHB Hand Hygiene Annual Report 2020



#### Key achievements in the hand hygiene program in 2020:

- 33 new hand hygiene auditors trained
- 3 hand hygiene auditor training sessions successfully completed
- Maintenance of the hand hygiene programme during the 2020 pandemic & subsequent lockdowns
- Cross validation of wards continues
- Separation of meal delivery staff (Compass private contractor) from Waitemata DHB staff (cleaners, orderlies) to enable better clarity of the contractor's performance.
- Continued medical leadership of the hand hygiene program provided by Dr Nick Gow (Infectious Diseases Physician)
- Embedding Gold Auditor training onto Ko Awatea to streamline booking process and gold auditor records
- Waitemata DHB consistently achieved over 85% hand hygiene compliance
- 105/135 (77%) Gold Auditor validation achieved – which has lifted the compliance of WDHB from 17%
- Depts. such as theatres have begun to embed compliance above 80%
- Consistent communication with the other DHB HH coordinators and a meeting to align training and share ideas was held in Feb 2020
- Approval for the larger 1000ml alcohol gel product achieved

## Appendix 2

### 11. Communicable Diseases, Clusters and Outbreaks

| Disease  | Cases | Ward               | Staff contacts | Patient contacts | Comments   |
|--|-------|--------------------|----------------|------------------|--|
| <b>TB</b>  | 4     | Wd 10, Huia ED WTH | 37             | 23               | Contact tracing initiated as pts not isolated in airborne precautions due to low clinical suspicion initially.   |
| <b>Influenza</b>   | 3     | Waiatarau          | 0              | 0                | Cluster identified in March , contained to three residents   |
| <b>N. meningitides (sputum)</b>  | 1     | Anawhata           | 7              | 0                | Staff contacts offered prophylaxis. Patient had persistent cough   |
| Carbapenemase producing Enterobacterales (CPE)<br><br>Cross transmission | 1     | 8                  | 0              | 8                | <ul style="list-style-type: none"> <li>• Know CPE was admitted to Ward 8, CPE status was unknown to the ward during admission.</li> <li>• Patient was placed in multi bedded. CPE isolated from wound swab.</li> <li>• 8 Close contacts who shared room with index case was screened for CPE.</li> <li>• 1 CPE isolated from screening of close contacts</li> <li>• Ward was closed to admission with enhanced IP&amp;C measures</li> <li>• Entire ward was screened for CPE = 27 patients .All swabs returned negative for CPE</li> <li>• Discharge screening of implemented , to date 130 swabs have returned negative for CPE</li> <li>• Isolates sent to ESR for genome sequencing. Both isolates produced identical molecular plasmid which confirmed CPE cross transmission occurred Ward 8</li> </ul> |

### 12. Infection Control involvement in DHB, Community, National Projects

- Review furniture, furnishings and fittings for Waitemata DHB projects
- Health Source - RFP
- Health Source – Mattress and pressure relieving devices project –in progress
- Updated policies and procedures
- Gold Auditors training
- Link Reps Study Day
- Orientation RMO
- PPE and COVID 19 in-service
- Providing IP&C support during outbreaks for Providers
- Reviewing new products as a result of backorder created by COVID 19
- Reviewing new products - Product Management Committee
- Welcome to Waitemata Orientation Programme
- On-going project to increase ICNET capability
- COVID 19- IMT – WDHB
- COVID 19 – IMT –ARC
- Business case for MEG Audit software

### 13. Building, Renovations and other issues

- IP&C input for ECIB
- IP&C input SCBU refurbishment WTH
- IP&C input Diagnostic Breast Screening
- IP&C input Primary Birthing Unit
- IP&C input Waitakere new build
- IP&C input Warkworth Community building
- IP&C input in Sewer Stacker Project
- HDU provision of extra rooms to manage COVID -19

### Appendix –Waitemata DHB IPC Surveillance Definitions

| ESBL Definitions  |  |
|---|--|
| HA-ESBL ( Hospital acquired)<br>ESBL definition was changed in August 2018. HA ESBL includes both Definite, probable and possible | HA-ESBL is defined as Isolation of ESBL producing Enterobacteriaceae (e.g. E.coli or Klebsiella sp.) from a clinical or screening specimen > 72 hrs post admission (not 48 hrs. as per old definition), in a pt. with previously negative or unknown ESBL status |
| Community Acquired (CA)   | Isolation of ESBL from clinical or screening specimen within 48 hours of admission in a low risk patient with no exposure to acute or long term care facilities in last 6 months   |
| Other Healthcare Facility onset ESBL (OHCF-E)   | Isolation of ESBL on admission screen or clinical isolate within 48 hours admission in patients not previously ESBL colonised, admitted to WDHB acute care from rest home, private hospital, or other non WDHB acute care facilities                             |

## Appendix 2

| MRSA definitions                            |  |
|---|--|
| Community onset MRSA (CA)                   | New MRSA identified from either clinical isolate or screening within 48 hrs. of admission in a patient with no contact with acute healthcare or contact >30 days prior to identification               |
| A) Hospital Acquired (HA)                   | New MRSA identified after 72 hours of hospital stay  |
| B) Healthcare associated (HCA)              | Previous WDHB admissions and NEW MRSA identified in a patient admitted for <72 hours but had prior contact in the last 30 days with NSH/WTH  |
| C) Healthcare associated-Other (HCA-O)      | New MRSA identification in a patient admitted for <48 hours and had prior contact in last 30 days with any other DHBs or healthcare facility   |
| D) Hospital acquired in known (HA in known) | MRSA identified in known patients after 72 hours of admission  |
| VRE definitions                             |  |
| VRE Burden                                  | Total number of new and previously known VRE colonised/infected patients seen at NSH/WTK hospital during a month   |
| VRE Incidence                               | Newly identified VRE colonised or infected pts during particular month.  |
| A: Definite hospital acquired (HA)          | If admission screen was negative and subsequent screening cultures >48 hrs. after admission confirm VRE  |
| B: Probable hospital acquired (HA-Prob)     | If admission screen not performed and subsequent screening cultures >72 hrs. After confirm VRE.  |
| C: Other (CA)                               | If VRE is isolated on admission screen or within 72 hrs. Of admission to NSH/WTK.  |
| <b>VRE infection (HA inf in known)</b>      | Any infection diagnosed either on admission to or during hospital stay. Includes infections in previously colonised  |
| CPE /CPO NSH definition and Alerts          |  |
| NSH PCR positive                            | CPE = carbapenemase-producing Enterobacteriaceae<br>CPO = carbapenemase-producing organism i.e. Acinetobacter, pseudomonas   |
| NSH PCR negative, ESR PCR pending           | Possible CPO, awaiting confirmation  |
| ESR PCR comes back negative                 | Non-CP CRO = non-carbapenemase producing, carbapenem resistant organism (R to carbapenems due to mechanisms other than carbapenemase production). This is confirmed by Clinical Microbiologist         |
| Hospital Acquired (HA)                      | New CPE/CPO identified after 72 hours of hospital stay   |
| Community onset (CA)                        | New CPE/CPO isolated on admission screen or within 72 hr.'s admission  |
| Bacteraemia                                 |  |
| <b>Hospital Acquired BSI (HABSI)</b>        | Positive blood culture greater than 48hours after admission, procedure in last 48 hours, previous admission in last 48 hours.  |
| <b>Healthcare Associated BSI (HCA)</b>      | Occurred with 48 hours of admission from patients that had procedure in last 30 days from WDHB or not admitted, outpatient receiving treatment from WDHB, include dialysis and home dialysis patients. |
| <b>Community Associated BSI (CA)</b>        | Positive blood culture less than 48 hours after admission.   |
| <b>HABSI category</b>                       | Other - caused by UTI, wounds, pneumonia etc   |
|   | Unknown -Source of bacteraemia unknown   |

## Appendix 2

|   |   |
|---|---|
|   | Surgical /procedure - ERCP , Nephrostomy, TURP, TRUS, SSI   |
|   | CLAB - CVL, Tunnel line, Groshong, PICC etc.  |
|   | IVL - Peripheral venous catheter  |
|   | CAUTI - IDC , SPC   |
| <b>Clostridium Difficile</b>                                    |   |
| <b>Healthcare Facility Onset - HO-HCA</b>                       | CDI symptom onset more than 48hours after admission (3rd calendar day).   |
| <b>Community Onset health care facility associated - CO-HCA</b> | Discharged from a healthcare facility within previous 4 weeks.  |
| <b>Community Onset Community Associated - CO</b>                | No admission in the last 12 weeks.  |
| <b>Indeterminate</b>  | Discharged from a healthcare facility within the previous 4 to 12 weeks.  |
| <b>Recurrent</b>  | Episode of CDI that occurs 8 weeks or less after the onset of a previous episode provided the symptoms from the prior episode resolved. |
| <b>Influenza</b>  |   |
| <b>Community associated CA</b>                                  | positive result less than 72 hours after admission, admitted with coryzal symptoms and febrile > 38.0 degrees                           |
| <b>Hospital acquired HA</b>                                     | positive result after 72 hours from admission, not admitted with coryzal symptoms and not febrile >38.0 degrees                         |



## Appendix 3

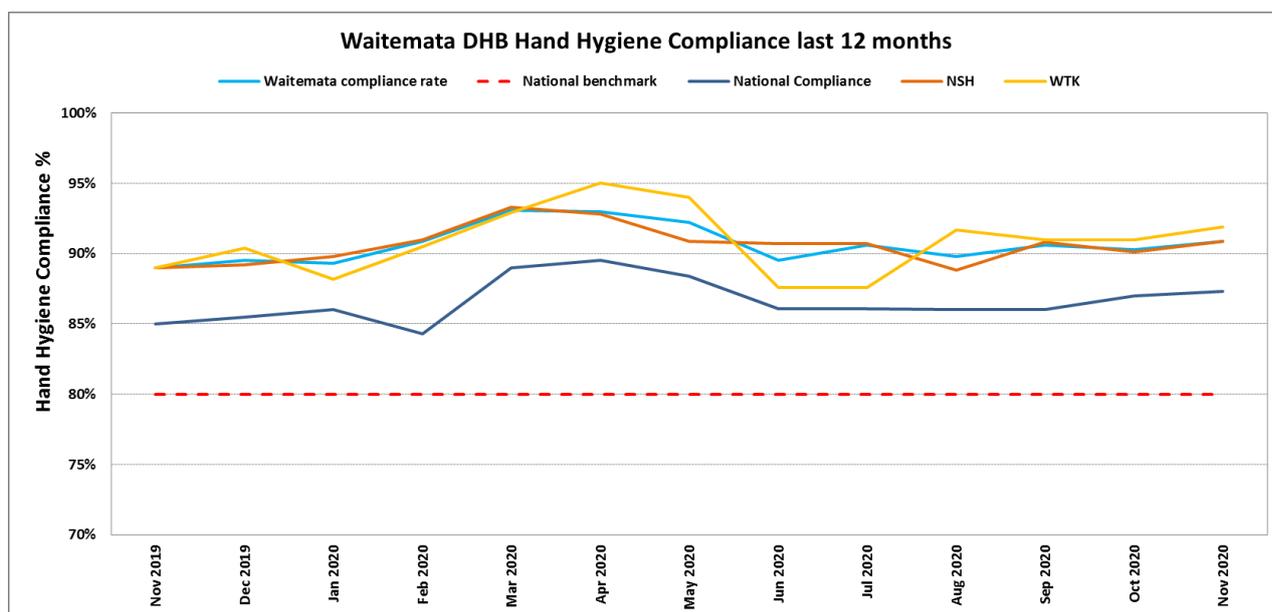
### Monthly Hand Hygiene Report: November 2020

#### Highlights:

- One of the cornerstones of preventing the spread of COVID 19 is **hand washing**
- Well done to NSH Theatres who have recorded above 80% compliance for the 2<sup>nd</sup> time this year

The overall Waitemata DHB hand hygiene compliance for the month of Nov 90.9% 2020

### **KEEP UP THE GOOD WORK**



**Table 1: Overall Waitemata DHB hand hygiene compliance by facility.**

| Name                                    | Correct Moments | Total Moments | Compliance Rate |
|---|-----------------|---------------|-----------------|
| Waitemata DHB                           | 4617            | 5077          | 90.9%           |
| Elective Surgery Centre                 | 296             | 341           | 86.8%           |
| North Shore Hospital                    | 2873            | 3160          | 90.9%           |
| Waitakere Hospital                      | 1448            | 1576          | 91.9%           |
| Specialist Mental Health and Addictions | 198             | 202           | 98%             |
| Wilson Centre                           | 47              | 51            | 92.2%           |

All Gold Auditors and Charge Nurses now have logins to be able their own data - It is recommended that the department reports are printed and publically displayed in each department's quality board.



## Monthly Hand Hygiene Report: November 2020

**Table 2: Overall Waitemata DHB hand hygiene compliance by HCW type**

| Name  | Correct moments | Total moments | Compliance rate |
|---|-----------------|---------------|-----------------|
| 1 Nurse/Midwife                               | 2396            | 2590          | 95.5%           |
| 2 Medical Practitioner                        | 647             | 760           | 85.1%           |
| 3 Allied Health Care Worker                   | 188             | 210           | 89.5%           |
| 4 Phlebotomy Invasive Technician              | 225             | 233           | 96.6%           |
| 5 Health Care Assistant                       | 544             | 590           | 92.2%           |
| 6 Cleaner & Meal staff                        | 192             | 200           | 96%             |
| 7 Administrative and Clerical Staff           | 27              | 28            | 96.4%           |
| 8 Student Doctor                              | 20              | 20            | 100%            |
| 9 Other - Orderly & Not Categorised Elsewhere | 200             | 247           | 81%             |
| 10 Student Allied Health                      | 8               | 9             | 88.9%           |
| 11 Student Nurse/Midwife                      | 170             | 190           | 89.5%           |

**Table 3: Overall Waitemata DHB hand hygiene compliance by moment.**

|   | Correct moments | Total moments | Compliance rate |
|---|-----------------|---------------|-----------------|
| 1 - Before Touching A Patient                     | 1272            | 1453          | 87.5%           |
| 2 - Before Procedure                              | 561             | 614           | 91.4%           |
| 3 - After a Procedure or Body Fluid Exposure Risk | 658             | 684           | 96.2%           |
| 4 - After Touching a Patient                      | 1350            | 1440          | 93.8%           |
| 5 - After Touching A Patient's Surroundings       | 776             | 886           | 87.6%           |

### Areas which did not meet the national standard of 80%:

| Ward/Area | Compliance Rate NOV 20 | Compliance for previous 3 months | Comments |
|-----------|------------------------|----------------------------------|----------|
| ED WTK    | 75%                    | Aug 86.7% Sept 81.8% Oct 80%     |          |

All Gold Auditors and Charge Nurses now have logins to be able their own data - It is recommended that the department reports are printed and publically displayed in each department's quality board.



## Monthly Hand Hygiene Report: November 2020

### National Requirements for the Hand Hygiene Program :

As part of the hand hygiene (HH) program managed by the health quality safety commission (HQSC), we are required to validate our HH audit data. The auditing process and schedule for Northshore and Waitakere hospital are available.

In addition the HQSC requires that all Gold Auditors complete annual online validation training – emails have been sent regarding the process for this.

### Number of moments required by clinical units

- Inpatient medical, surgical, radiology, endoscopy, maternity, paediatric units = **100 moments per month**
- Outpatient units (including outpatient Haemodialysis and Haematology units), Wilson Centre, Hine Ora, CVU, interventional radiology NSH (AIR) = **50 moments per month**
- Inpatient mental health / detox units, hyperbaric unit = **25 moments per month.**

### Hand hygiene auditor training for 2020

**All training for 2020 has now been completed. Dates for 2021 below:**

Hand Hygiene Gold Auditor Training Workshop

| Date            | Time              | Room  | Capacity | Status       | Options           |
|-----------------|-------------------|---|----------|--------------|-------------------|
| 2 February 2021 | 8:00 AM - 4:00 PM | Waitemata DHB: Manuka Room, Ground Floor, Whenua Pupuke, North Shore Hospital<br>(Room details)   | 3 / 25   | Booking open | Attendees Sign-up |
| 12 May 2021     | 8:00 AM - 4:00 PM | Waitemata DHB: Manuka Room, Ground Floor, Whenua Pupuke, North Shore Hospital<br>(Room details)   | 1 / 25   | Booking open | Attendees Sign-up |
| 5 August 2021   | 8:00 AM - 4:00 PM | Waitemata DHB: Manuka Room, Ground Floor, Whenua Pupuke, North Shore Hospital<br>(Room details)   | 0 / 25   | Booking open | Attendees Sign-up |
| 18 October 2021 | 8:00 AM - 4:00 PM | Waitemata DHB: Harakeke Room, Ground Floor, Whenua Pupuke, North Shore Hospital<br>(Room details) | 0 / 25   | Booking open | Attendees Sign-up |

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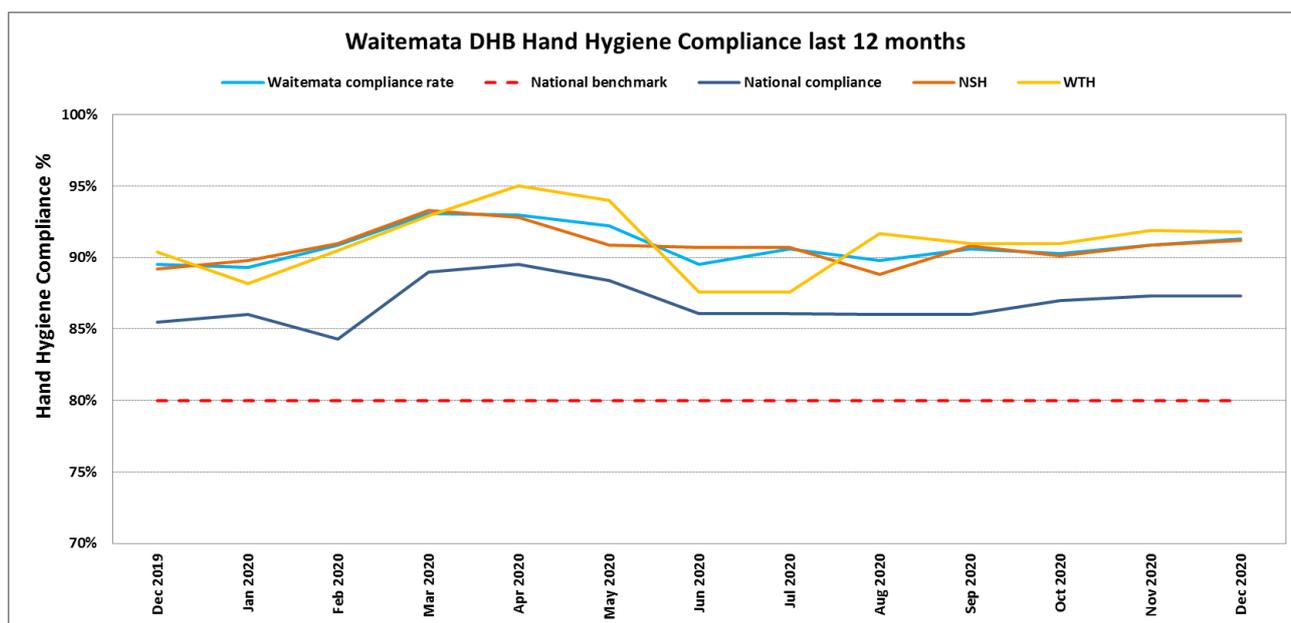
### Monthly Hand Hygiene Report: December 2020

**Highlights:**

- One of the cornerstones of preventing the spread of COVID 19 is hand washing
- Well done to NSH Theatres who have recorded above 80% compliance for the 3<sup>rd</sup> time this year

The overall Waitemata DHB hand hygiene compliance for the month of Dec 91.3%

**KEEP UP THE GOOD WORK**



**Table 1: Overall Waitemata DHB hand hygiene compliance by facility.**

| Name                                    | Correct Moments | Total Moments | Compliance Rate |
|---|-----------------|---------------|-----------------|
| Waitemata DHB                           | 4380            | 4798          | 91.3%           |
| Elective Surgery Centre                 | 215             | 243           | 88.5%           |
| North Shore Hospital                    | 2647            | 2901          | 91.2%           |
| Waitakere Hospital                      | 1518            | 1654          | 91.8%           |
| Specialist Mental Health and Addictions | 203             | 208           | 97.6%           |
| Wilson Centre                           | 27              | 29            | 93.1%           |

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## Monthly Hand Hygiene Report: December 2020

**Table 2: Overall Waitemata DHB hand hygiene compliance by HCW type**

|    | Name  | Correct moments | Total moments | Compliance rate |
|----|---|-----------------|---------------|-----------------|
| 1  | Nurse/Midwife                               | 2362            | 2551          | 92.6%           |
| 2  | Medical Practitioner                        | 559             | 646           | 86.5%           |
| 3  | Allied Health Care Worker                   | 218             | 239           | 91.2%           |
| 4  | Phlebotomy Invasive Technician              | 243             | 259           | 91.2%           |
| 5  | Health Care Assistant                       | 508             | 553           | 91.9%           |
| 6  | Cleaner & Meal staff                        | 179             | 192           | 93.2%           |
| 7  | Administrative and Clerical Staff           | 29              | 32            | 90.6%           |
| 8  | Student Doctor                              | 4               | 5             | 80%             |
| 9  | Other - Orderly & Not Categorised Elsewhere | 214             | 247           | 86.6%           |
| 10 | Student Allied Health                       | 2               | 2             | 100%            |
| 11 | Student Nurse/Midwife                       | 62              | 72            | 86.1%           |

**Table 3: Overall Waitemata DHB hand hygiene compliance by moment.**

|   | Correct moments | Total moments | Compliance rate |
|---|-----------------|---------------|-----------------|
| 1 - Before Touching A Patient                     | 1221            | 1400          | 87.2%           |
| 2 - Before Procedure                              | 482             | 526           | 91.6%           |
| 3 - After a Procedure or Body Fluid Exposure Risk | 574             | 594           | 96.6%           |
| 4 - After Touching a Patient                      | 1369            | 1435          | 95.4%           |
| 5 - After Touching A Patient's Surroundings       | 734             | 843           | 87.1%           |

### Areas which did not meet the national standard of 80%:

| Ward/Area     | Compliance Rate DEC 20 | Compliance for previous 3 months | Comments                 |
|---------------|------------------------|----------------------------------|--------------------------|
| Maternity WTK | 29.4%                  | Sept 83.3% Oct 81% Nov 91.9%     | Only 17 moments recorded |
| Hine Ora      | 75.9%                  | Sept 93.7% Oct 98% Nov 100%      |                          |
| Ward 6        | 75.4%                  | Sept 83.6% Oct 86.3% Nov 91.8%   |                          |

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## Monthly Hand Hygiene Report: December 2020

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## 6. Resolution to Exclude the Public

### Recommendation:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

| General subject of items to be considered  | Reason for passing this resolution in relation to each item   | Ground(s) under Clause 32 for passing this resolution   |
|--|---|---|
| <p><b>1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 02/12/20</b></p> | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p> | <p><b>Confirmation of Minutes</b></p> <p>As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>  |
| <p><b>2. Quality Report</b></p>  | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p> | <p><b>Privacy</b></p> <p>The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p>  |
| <p><b>3. Human Resources Report</b></p>  | <p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&amp;D Act 2000 Schedule 3, S.32 (a)]</p> | <p><b>Privacy</b></p> <p>The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p> <p><b>Negotiations</b></p> <p>The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p> |