Celebrating excellence in healthcare

The Health Excellence Awards are one of the highlights in our calendar at Auckland DHB. The Awards recognise and celebrate the outstanding initiatives undertaken each year by our team and our partners.

These awards recognise those teams and individuals whose dedication and creative thinking empower us to do our jobs more effectively, and provide better care and support for our patients, their families, and our community. In short the types of initiatives celebrated ensure we can continue to deliver health excellence into the future.

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

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

As you can imagine, judging the entries is never an easy task, and we’d like to thank our panel of judges for generously giving their time to do so. You can find out more about the judges on page 37.

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

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

As Chairman and Chief Executive of Auckland DHB, we’re inspired, as always, by the stories within these pages, and hope you are too.
Congratulations to our 2017 Health Excellence Award Winners

**Excellence in Clinical Care**
Haumaru: Safe Together at Te Whetu Tawera
Peter McColl, Carol Stott, Lee Reeves, Lynne Edmonds, Anne Frew, Sean Chew

**Excellence in the Workplace**
Speak Up
Arend Merrie, Katie Quinney, Maxine Stead, Elizabeth Jeffs, Luke Sutherland, Anne O’Callaghan, Susan Atherton, Shankara Amurthalingam, Zoe Brownlie, Margaret Cain, Fiona Michel, Julie Helean

**Excellence in Community Health and Wellbeing**
Awhi Ora – supporting wellbeing
Oliver Campbell, Camille Gheerbrant, Dominique Cummins, Sue Copas, Michelle Atkinson, Johnny O’Connell

**Excellence in Process and Systems Improvement**
Improving care for older people
Anna McRae, Jane Lees, Tim Denison, Samantha Abbott, Elizabeth Waiari, Sandy Ash, Janet Horrell, Joanne Michaels Mulder, Maree Todd, Raewyn Osbaldiston, Lorraine Thompson Aramoana, Angela Minto, Charlotte Lay, Judith Catherwood

**Excellence in Research**
Prophylactic Oral Dextrose Gel for Newborn Babies at Risk of Neonatal Hypoglycaemia
Joanne Hegarty, Jane Harding, Gregory Gamble, Caroline Crowther, Richard Edlin, Jane Alsweiler

**Individual Values Award**
Katie Quinney, Director of Nursing Surgical Directorate

**Team Values Award**
The CoRe Team

**Chief Executive’s Award**
Creating Breathing Spaces
Sue Copas, Anne Purcell, Anna Meredith, Oliver Campbell
Creating breathing spaces in Tāmaki

‘Breathing Spaces’ is a community-led, place-based, wellbeing strategy occurring in the Tāmaki locality. Auckland DHB has been a key partner in supporting local parents to lead the way in creating new spaces to enhance wellbeing.

The initial idea for ‘breathing spaces’ came from local Tāmaki women who were looking beyond the usual offering of parenting programmes. The aim was to create safe ‘time out’ spaces to share stories and challenges, learn new skills, have fun and explore ways to support whānau wellbeing together.

Breathing spaces grew from local wisdom through community conversations using a co-designed, intentional and values-based process. The values Ako (teaching and learning), Alofa (love) and Acceptance were carefully chosen. Expressed in some of the languages of the community they reflect what people said was most essential to create an environment where safe, high trust relationships could be nurtured.

For the mostly Māori and Pacific women involved, the process enabled them to recognise and grow the wisdom they already had; build great relationships within their community; and feel they have the trust, confidence and resources to support each other when challenges arise.

The success of the innovation is measured by the words and experiences of the women involved, who define the benefits that matter most to them. It’s also evident in the emergence of other ‘breathing spaces’ as the community embraces and shares this way of working to build ‘awesome whānau’ in the locality.

Project team: Sue Copas, Anne Purcell, Anna Meredith, Oliver Campbell.
The workshops are now more interactive, and accessible, and parents only need to attend a single session. They are tailored to the individual participants’ needs, using information collected beforehand. The sessions are also more accepting of different feeding cultures and practices.

Comparison of pre and post-workshop questionnaires showed that every parent reported their child was doing better with their eating, and were eating more foods two months after the sessions. All parents and carers reported learning some strategies to implement at home. The Child Development Service are now able to provide a cost effective, culturally responsive, tailored, and multidisciplinary feeding intervention service to a larger number and wider range of children and families – including children with complex needs.

The Welcome to School (WTS) project is a cross-sector and interdisciplinary assessment of children starting school in Tāmaki, a socioeconomically deprived multicultural community.

Good education predicts good health, and disparities in health and educational achievement are closely linked. After hearing community concerns about school readiness among new entrants, the project team set out to determine how well tamariki were doing, and, whether our current health and educational systems were operating as they should – identifying children in need and referring them for early intervention prior to school entry.

Overall, the level of health, social and educational need was high, yet few tamariki were identified and referred on for assessment and intervention. Less than 2% of children had received early intervention.

Our current model of delivering health, education and social services equally is accepting a lesser deal for disadvantaged children and is increasing inequity. Doing the same for everyone isn’t working.

To improve outcomes, the current health and educational systems should be re-aligned, by developing proportionate universalism. That is, health and education services and interventions which are universal, but with a scale and intensity that is proportionate to the level of disadvantage. This has been incorporated into the Starship Community Redesign and is the system improvement path the team is now following.

The Welcome to School collaboration is still evolving, and many of the necessary system changes aren’t yet in place. One preliminary change was to move paediatric appointments into schools - in the first clinics, all scheduled children and whānau attended. In comparison, half of children referred for traditional outpatient appointments at Starship or Greenlane after their WTS check, did not attend. Another change was to introduce new tools in the well child schedule to increase detection of developmental concerns, and to develop a project to increase developmental literacy.

The collaboration has also seen some schools introduce a transition class where children can grow the social, emotional and developmental skills required to participate and engage in their learning environments. It has also seen multiple new referrals to the DHB’s Healthy Housing initiative, and the social workers in schools. Data has been power and collaboration has been key.

people quitting completely. The service users who still smoke, have switched to vaping as an alternative, either all or half of the time.

The smoke free environment goal has now been maintained for a year. With staff noticing improvements across peoples’ lives; improved moods, fewer respiratory infections, reduction in the use of anti-psychotic medication, better sleeping patterns, reduced anxiety, and more family involvement.

Here’s what the service users had to say…

“A challenging journey with lots of hurdles but being successfully smokefree has meant a better quality of life for me!” - Judith

“Being smokefree has given my body a chance to rejuvenate successfully” - David

“I can’t even imagine what it would be like to be smokefree. But at least now I feel strong enough to try and keep going on this journey” - Marie

Project team: Lindsey Yullie, Jane Galea-Singer, Amanda (Fisi) Halo, Aleta Gaunt, Christina Halo, Rauti McAllister, AnneMarie Finau, Fairleigh Lodge Team, Kirsty Joyce.

At Fairleigh Lodge, an Auckland DHB funded residential service for older people with mental illness; there has been a tolerance and acceptance of smoking as the norm in the lives of residents.

The Fairleigh team wanted to address this accepted culture, and improve health outcomes for service users. The team set out on a journey to provide a smoke free environment, and this clear vision was communicated with staff, and their input was sought on how to make this work. Both family and staff were educated on the harm of smoking, and a smoke free policy was put in place. Stop smoking services made weekly on-site visits, and individualised cessation plans were put in place. Existing relationships were used to communicate plans with service users, and quit smoking contracts were negotiated with each smoker. The smoke free journey and associated emotions were normalised by encouraging conversations around smoking reduction. Smoking cessation was monitored by breath testing, counting cigarette intake and use of Nicotine-Replacement Therapy. All service users have reduced the amount they smoked by more than half, with 11
Haumaru: Safe together at Te Whetu Tawera

Te Whetu Tawera (TWT) is our acute mental health unit, where many admissions are involuntary under the Mental Health Act, and with the assistance of NZ Police. Admissions have been increasing due to population growth, with 18,000 people being expected to use secondary mental health services in 2016.

In 2015/16 there was an unacceptably high number of assaults reported in TWT, 270 in total and an average of 22.5 per month. Assaults included incidents of physical violence, threatening gestures, property damage and verbal aggression.

Morale was generally low with many of the team reporting that they felt being assaulted was ‘just part of the job’. Recruitment was also a challenge, with the Unit having developed a negative reputation as a place to work.

The TWT leadership worked on reducing this number of incidents by identifying intertwined problem areas – safety, employee wellbeing and patient flow. After several stakeholder workshops, the decision was made to implement the ‘Four Steps to Safety programme’ developed in the UK, which focuses on proactive models of care, patient engagement and teamwork.

Reported assaults have reduced by 52 per cent compared with 2015/16. Episodes of seclusion and restraint were also reduced. Nurses now have more confidence in their clinical assessments thanks to some of the tools implemented. Charge Nurses have also experienced a change of workplace culture.

Coordination with community mental health services has also improved, meaning that admissions can be timed better, and individual plans for service users with a history of assault can be developed.

Project team: Peter McColl, Carol Stott, Lee Reeves, Lynne Edmonds, Anne Frew, Sean Chew.
A relatively new therapy, Percutaneous Stroke Intervention (or Endovascular Clot Retrieval) has been shown to double the number of patients who survive an acute stroke free from long-term disability, when compared with standard treatment. This can be the difference between requiring 24-hour nursing care to being able to go home with support.

Input was sought from the community, St Johns, regional hospital emergency departments, and numerous medical specialties in order to introduce a 24/7 multidisciplinary service and pathway to provide this promising new treatment for patients with acute stroke in the Auckland region.

Key features of the pathway begin outside of the hospital, with a pre-hospital paramedic screening tool to identify patients most likely to require this therapy, and after-hours ambulance diversion to Auckland City Hospital. A specialist nurse from the 24/7 hyperacute stroke unit meets these identified patients immediately at the ED front door, and coordinates their journey through ED, CT scanning, and on to treatment. This new nursing model means the patient experiences a single face of continuity throughout their care. It also reduces delays due to handover, miscommunication or unpreparedness.

The 24/7 regional service has been live since July 2017, there has been an increase in the number of patients being treated, with 80% of patients treated with Clot Retrieval within 75 minutes of their arrival. ‘Time is brain’, with two million neurons dying every minute after stroke onset, the sooner treatment can be given, the better the outcome is for the patient.

Project team: Dean Kilfoyle, Alan Barber, Stefan Brew, Anna Thorburn, Kamlesh Nand, Jo Mack, Dee Hackett, Barry Snow, Northern Region Hyperacute Stroke Pathway Project Group.
Liver Transplant Unit for about 2 years before transferring to adult services. This allows the creation of new therapeutic relationships with clinicians from adult services. It also lets young people explore their healthcare independence, and adjust to new processes and places within adult health.

After five years of the service, good engagement has been seen, with 84% of appointments attended by those transferring to the Auckland adult clinic. Rates of rejection have decreased from 35% to 17% and reports of medication non-adherence from 60% to 28% when compared retrospectively with the pre-clinic group.

Young people who had liver transplants in childhood have high health needs after leaving paediatric services and this robust transition service continues to engage them in health care and provides an opportunity to ensure better outcomes into adulthood.

Project team: Rachael Harry, Helen Evans, Stephen Mouat, Cate Frazer-Irwin, Barry Harrison, Lucy Robinson.
each professional group ensured everyone had the opportunity to provide feedback on process and content. Making sure the change process was inclusive and engaging was crucial to its success.

After the new checklist was implemented, an audit to measure compliance and engagement in checklist use was conducted using the same methodology as the first audits. The rate of surgical specimen labelling errors in the six months before and after adoption of the new approach was also measured.

The new checklist increased patient safety in our OR through facilitating teamwork, improved communication and information sharing. There was also a reduction in the rate of mislabelled specimens sent to pathology reduced to 8/5065 from 19/4760. The Health Quality and Safety Commission has rolled out this new approach to every DHB in New Zealand.

Project team: Tracey Lee, Vanessa Beavis, Wendy Guthrie, Charles Bradfield, Ian Civil.
Prophylactic Oral Dextrose Gel for Newborn Babies at Risk of Neonatal Hypoglycaemia

Low blood sugar level (hypoglycaemia) is common soon after birth, with 30% of all babies born at risk, and hypoglycaemia developing in half of these at-risk babies.

Babies who develop hypoglycaemia are at risk of neurodevelopmental impairment, including developmental delay and poor school performance. Despite clinical guidelines recommending that prophylactic measures should be taken in babies at risk, there currently are no effective strategies for preventing hypoglycaemia.

Oral dextrose gel is effective for treating neonatal hypoglycaemia, but it was unknown if this could be used to prevent babies developing it.

This was the first trial to demonstrate an effective strategy to reduce the incidence of neonatal hypoglycaemia, which could therefore help reduce NICU admissions and neurodevelopmental impairment.

We conducted a multicenter, randomised controlled trial of prophylactic oral dextrose gel in babies at-risk of developing neonatal hypoglycaemia to determine an effective dose to reduce the incidence of this condition. 416 at-risk babies were randomised to receive either a standard (200mg/kg) or high (400mg/kg) dose of dextrose gel or placebo, either once or followed by three more doses before feeds. We found that 200 mg/kg of 40% dextrose gel was the most effective dose. Overall, dextrose gel reduced the incidence of hypoglycaemia by over a third, and may also reduce NICU admission.

This research has the potential to improve outcomes for many babies, both in New Zealand and overseas. If long term outcomes are also improved (study in progress), this simple and inexpensive intervention could become the standard of care for up to 30% of all babies born.

Project team: Joanne Hegarty, Jane Harding, Gregory Gamble, Caroline Crowther, Richard Edlin, Jane Alsweiler.
have remained uncertain as to whether treatment is effective.

Analysis included 149 participants from five tertiary care centres in three countries. There was no evidence of treatment effect of LMWH on the incidence of preeclampsia or fetal growth restriction; any secondary outcome measures; or the anti-angiogenic biomarkers, sFlt–1 and soluble endoglin.

These results strongly support the growing body of evidence that LMWH does not reduce the risk of placental mediated complications during pregnancy, and women should not be unnecessarily exposed to this intervention.

Project team: Katie Groom, Lesley McCowan, Laura Mackay, Arier Lee, Joanne Said, Stefan Kane, Susan Walker, Thijs van Mens, Natalie Hannan, Stephen Tong, Larry Chamley, Peter Stone, Claire McLintock.
There has been insufficient evidence around the effect of time targets for emergency department length of stay on clinical outcomes for patients. There is concern that focus on a time target for length of stay may divert attention from other aspects of quality of care.

This study found that the introduction of the Ministry of Health’s six-hour target was associated with a substantial 50 per cent reduction in the number of patient deaths in emergency departments – about 700 fewer deaths than predicted if pre-target trends had continued. This result mirrors the 50 per cent reduction in emergency department crowding. Auckland DHB’s patients would have spent 150,000 more hours (equivalent to 17 years) in ED each year if the average patient’s stay was still as long as it was in 2009.

There was also no increase in deaths on the wards, so there was no evidence that the observed reduction was due to ‘shifting’ deaths to elsewhere in the system. The research team also found that after the target was introduced, fewer patients left the emergency department before completing their care and that admission rates did not change substantially.

The number of patients readmitted to hospital 30 days after being discharged increased by about 1 per cent; however this is a plausible unintended consequence of reducing the amount of time people spend in hospital.

Project team: Peter Jones, Susan Wells, Alana Harper, James Le Fevre, Joanna Stewart, Elana Curtis, Papaarangi Reid, Shanthi Ameratunga.
Improving care for older people: care close to home

In 2013/14, an analysis of hospital use showed that patients over the age of 75 are more likely to be admitted, stay in hospital longer, and use more than 1/3 of all hospital bed days. The demand for older people’s health services is growing, with the Auckland DHB region expecting a population increase of 30% across the next 20 years, half of whom will be aged over 65.

In response, the Community and Long Term Conditions Directorate set out to improve patient care. By providing quality, patient-centred, self-directed care as close to home as possible for these patients, aiming to reduce hospital demand, and support a more sustainable health system.

New models of care were introduced after collaborative workshops with directorate experts. Clinicians now respond to community or aged care referrals by assessing patients at their place of residence instead of admitting them. A full-time gerontology nurse specialist has now been introduced to support older patients presenting to ED.

A seven day rapid response service means that individual patients have more options for an earlier or more supported transition home from hospital. The early supported discharge service provides intensive rehabilitation at home as an alternative to inpatient rehabilitation. An interim care pathway offers short-term admission into a residential care facility, with an individualised care programme.

Since the programme began, patients over 75 years old have spent fewer days in hospital. Thanks to these new approaches to providing care closer to home, older adults are estimated to be spending 3000 to 4000 fewer days in hospital each year. Further improvements are underway to development a fully inclusive Frailty Service.


Excellence in Process and Systems Improvement Winner
Incident Management in the Surgical Directorate

Almost 900 open, unreviewed clinical incidents were identified within the Surgical Directorate in a 2016 review of our Risk Management system. Learning from these incidents enables us to continually improve our systems and processes and aligns with a key priority of the surgical directorate to embed a culture of quality and safety.

A three stage approach to improve our use of the incident management system was developed to establish a culture where incidents are reported, and learned from in a timely manner for the benefit of future patients. A manageable, short term goal was set to close all incidents submitted in 2015 by the end of 2016.

Every service and ward within the Directorate were involved to achieve this goal.

Data was presented in a visually clear and understandable way, and learning opportunities were shared between nurse leaders. Progress was tracked through regular reporting which was shared at both the directorate and individual service level. Progress milestones were celebrated regularly.

Learning from incidents where significant harm had occurred contributed to a customised improvement process addressing the contributing systemic issues. This project has helped Auckland DHB to continue to create an environment where open and transparent conversations are had about system failures within the Surgical Directorate, for the benefit of our patients and their safety in the operating room, wards and outpatient clinics.

Project team: Katie Quinney, Arend Merrie, Duncan Bliss, Anna McGregor, Kristine Nicol.
Cellulitis is an acute, spreading infection of the skin and subcutaneous tissues that places heavy demands on clinical resources and patient time.

In 2016, cellulitis ranked second on the list of causes of avoidable hospitalisations for the Auckland DHB population. An audit showed that more than half of patients admitted to our hospital wards with cellulitis had no evidence of sepsis or high-risk comorbidity. Furthermore Health Roundtable data showed that we needed to save 770 bed days a year to be in line with exemplars.

A Rapid Improvement methodology was used to engage stakeholders, build relationships and improve the way cellulitis is managed at Auckland DHB.

An eight week pilot was implemented. This included the creation of an objective decision making tool for both primary and secondary care providers to better guide management, the development of a simple clinical pathway tool to ensure optimal management and clinical decision making for use in the hospital, and a new cellulitis coordination role within the DHB.

Together, these changes support early discharge, and avoid unnecessary hospital admissions. The project also put in place ‘take-away’ oral antibiotics for patients in ED, along with funded GP follow up.

Initial results indicate that the interventions put in place have resulted in a 32% reduction in average length of stay for patients with simple cellulitis - this equates to saving over 744 bed days a year, which can now be used for other acute or elective patients.

There has also been a significant increase in the proportion of patients treated at home or in a community setting rather than being admitted to hospital.

Patients and senior clinicians have shared positive feedback during the pilot and now more patients can be supported to receive their treatment in their community.

*Project team: Rupert Handy, Bret Vykapal, Paul Birch, Stephen Ritchie, Tim Cutfield, Greg Wiggle, Eamon Duffy, Sam Abbott, Sarah Bell, Mike Puttick.*
Adequate haemodialysis is fundamental to support a patient’s independence and quality of life. When the adequacy of dialysis is compromised, the potential risk of mortality or hospitalisation is increased.

The Haemodialysis Service at Auckland DHB looked at two important issues related to haemodialysis adequacy for their patients - the hours that a patient stays for each treatment, and the blood flow rate achieved for each session. During one week in the dependent haemodialysis unit, 28.8% of patients did not complete the prescribed dialysis treatment time or blood flow rate. World-wide haemodialysis non-adherence rates typically range from 9 to 22% of patients.

A multidisciplinary team came together, using DMAIC methodology and a patient survey to explore the contributing issues to this non-adherence. They found that 20% of patients were contributing to 60% of the problem, and that longer prescribed times had higher non-adherence. Patients also did not seem to fully understand ‘dialysis adequacy’.

To combat non-adherence, case managers reviewed patients, and the potential changes required to prescribing were discussed with SMOs. Education on adequacy for staff was also prioritised, as well as a change to the patient forms to record patient achievement for both hours and blood flow rate. After these changes were implemented, the total non-adherence rate for patients had significantly decreased from 28.8% to 11.4%.

Project team: Jason Wei, Tim Denison, Ian Dittmer, Michael Collins, Josaphat Flores, Prasanth Nair, Rajeev Kumar, Fritz Gale, Emma Marsh.
Awhi Ora – supporting wellbeing

Tāmaki is a vibrant and multicultural area, but many people face health and social challenges, and high levels of stress.

Using a co-design approach, which brought together local people, GPs, NGOs and health professionals, the people of Tāmaki identified ‘stress’ as one of the biggest issues they face. In response to this, Awhi Ora was created – a preventative, early intervention approach integrating NGO support as a core part of primary care, to support mental health and wellbeing.

In an initial prototype phase, NGOs and GPs learned new ways of interacting with each other, and with the people using the service. An action learning group met fortnightly, to refine the service design, with a strong focus on removing access barriers. For example, contracts linking NGOs to DHBs were changed to enable people without a mental health diagnosis to access the service. Another example of person-centred service design is changes made to the language of the service to address the stigma attached to the phrases such as ‘mental health’. The group allowed collaborative, trusting relationships to develop between service users, community leaders, GPs and NGOs.

The voice of the person using the service remains at the heart of the growth and development of Awhi Ora. The stories gathered from people who have used the service provide credible evidence of success.

Awhi Ora is now connected with over 20 practices and has recently up scaled to connect with social sector and education providers. More importantly the service is receiving more self-introductions, indicating that the value of the service is being advocated across the community.

Project team: Oliver Campbell, Camille Gheerbrant, Dominique Cummins, Sue Copas, Michelle Atkinson, Johnny O’Connell.
Up to 80% of children with developmental delays experience feeding difficulties, which in the absence of a physical cause include food refusal and selectivity according to food type or texture. Without intervention, feeding difficulties can cause faltering growth and nutritional deficiencies which could lead to requiring long-term nutritional supplementation or enteral tube feeding.

The previous intervention provided by the Starship Community Child Development Service was not meeting the needs for all children with feeding difficulties, for example, children with Autism or other complex needs. There was also a lack of carryover into the home environment.

A new workshop for parents and carers of children with feeding difficulties was developed with a PDSA improvement cycle approach.

The team piloted the workshop several times between 2014 and 2016, changing it each time in response to parent feedback.

The workshops are now more interactive, and accessible, and parents only need to attend a single session. They are tailored to the individual participants’ needs, using information collected beforehand. The sessions are also more accepting of different feeding cultures and practices.

Comparison of pre and post-workshop questionnaires showed that every parent reported their child was doing better with their eating, and were eating more foods two months after the sessions. All parents and carers reported learning some strategies to implement at home.

The Child Development Service are now able to provide a cost effective, culturally responsive, tailored, and multidisciplinary feeding intervention service to a larger number and wider range of children and families – including children with complex needs.

An independent evaluation for the programme was commissioned in 2016, including in-depth interviews with key stakeholders and student focus groups. Each young person accessing the service completed a self-report measure of their wellbeing before and after receiving care. Students who had seen a psychologist at school were positive about their experiences. They appreciated validation of their issues, and the focus on developing strategies to move forward. Some students were able to share these techniques to help support their peers. Students also indicated a significant reduction in mental distress after receiving care. School staff felt the psychologists added strength to the care they could offer students, and school counsellors felt more supported.

Project team: David Bloore, Renee Berry, Louise Barber, Sheryl Metheney, Linda Gow, Laura Barkwill.

Enhanced school based health services

The Youth Service Alliance Team introduced a school based psychologist programme into high schools, designed for students with mild to moderate mental health needs. This early intervention approach filled a gap in care for students with more complex needs - which school counsellors were not trained to support, and which were below threshold for secondary services. The programme aims to reduce barriers to accessing specialist mental health (e.g. cost, transport, parental consent, time off school), and lift Māori and Pacific youth access to primary mental health services. As well as normalising talk therapy for youth by placing psychologists into their school environment.

Over the past three years, the service has grown and is now based in 11 low decile schools within the Auckland DHB region, as the benefits of the service were discussed at inter-school forums.
Meeting the oral health needs of our most vulnerable children

The team at Te Puaruruahu, the Child Protection Unit, were concerned that 70% of vulnerable young people referred by Oranga Tamariki for Gateway assessments had been lost to follow up by the Auckland Regional Dental Service (ARDS). Many of these children had significant dental decay noted at their Gateway assessment.

In a baseline audit, every child, except one, continued to remain unengaged with dental services following a recommendation to their families and Social Workers at the assessment to arrange a dental appointment. Often the Social Workers from Oranga Tamariki did not have direct contacts within the health system and did not know how to arrange dental appointments. Families often faced barriers to dental appointments, such as transport, or limited phone contact. ARDS were not a member of the Gateway multidisciplinary team.

When ARDS became aware of the problem they worked flexibly to improve the oral health of these vulnerable children. The first step was to create a new process for dental referrals, so that an appointment was made for the child 4-6 weeks after their Gateway assessment. This means the social worker and whānau can be given a specific date and location and issues like transport can be solved. A series of PDSA cycles led to improvements to this referral process. Solutions were tailored for individual families, for example allowing large sibling groups to be seen at one time.

For school-age children, the Starship Community Nurse assigned to their school was also invited to Gateway appointments, to foster a relationship with the whānau and social worker, which enabled them to support the family and make sure their dental needs were met.

Now more than 80% of Gateway children are receiving dental treatment compared with just 4% before the new process.

*Project team: Collette Muir, Allie Fyfe.*
The programme was named Speak Up | Kaua ē patu wairua and was launched on Pink Shirt Day, an international anti-bullying event. The day was embraced throughout the organisation with pink posters, t-shirts and decorations galore. A memorandum of understanding was signed with the Royal Australasian College of Surgeons on the same day. A launch day was chosen with the understanding that a single day event should be a catalyst for change not the marker of change itself.

Speak Up | Kaua ē patu wairua

The fact that bullying and harassment occur within healthcare workplaces is sadly an acknowledged fact. Evidence also shows that a culture where bullying is allowed to exist ultimately affects patient safety.

The Auckland DHB employee survey revealed 26% of those completing the survey had experienced bullying or harassment and 41% had observed bullying and harassment. In response to this a multi-disciplinary team came together to work on a concept of an open, transparent process to talk about, and speak up against, bullying and harassment. The work included developing policy and collateral. The National Health Integrity line was promoted as an anonymised option for reporting unprofessional behaviour.

In addition a group of ‘Speak Up’ supporters were identified who could act as a sounding board for employees to safely approach with their concerns. A training session for managers was initiated and the concept of team charters was established.

Project team: Arend Merrie, Katie Quinney, Maxine Stead, Elizabeth Jeffs, Luke Sutherland, Anne O’Callaghan, Susan Atherton, Shankara Amurthalingam, Zoe Brownlie, Margaret Cain, Fiona Michel, Julie Helean.
With the aims of providing a quality start, making it easier to work here and connecting people with their new workplace, the Organisational Development team refreshed the way we formally welcome our new people to Auckland DHB.

The previous structure had remained relatively static since its introduction in 2005. The team took a phased approach, replacing Welcome Day with an interim solution in mid-2016, giving them time to gather ideas and feedback from managers, new starters and other key stakeholders, and run human-centred design forums. The review served to reduce compliance risks to the organisation. To give an example, the length of time between joining the DHB and attending the old Welcome Day was anything from 1 week to 7 years!

From this information, Navigate | Kai Arahi, the new welcoming event was launched in April 2017 to much enthusiasm. Navigate | Kai Arahi was designed as an adult learner led experience with an informative and interactive session with our senior leaders, self selected bite sized sessions and an expo where participants can seek out the information they want from services across the organisation and our wellbeing and benefits partners. This new structure now includes all employees, as previously volunteers, contractors and returning employees were not invited. Also more opportunities for engagement with senior leadership, a broader range of people from across the organisation and conversations with other new employees have been created.

Project team: Natasha Cherry, Gil Sewell, Sarah McLeod, Anne Silva, Kim Herrick.
Health Science Academies: An approach to grow the Pacific health workforce

The Health Science Academies programme (HSA) is a workforce development initiative to grow our Pacific health workforce beginning at high school. Across New Zealand, Pacific peoples are under-represented in our health workforce. This problem stems from low uptake of science education at secondary and tertiary levels, which are prerequisite for a career as a health professional. For our Pacific-identifying patients and communities, this under-representation means they are less able to engage with a workforce that understands their needs and cultural perspectives.

The programme is offered at three low-decile high schools in the Auckland region, in collaboration between the education sector and the three metro Auckland DHBs. Students selected to participate in the programme are offered extra science subjects with tutorials and mentoring, and exposure to health careers. They are also able to engage with health professionals in clinical settings through workplace experience and panel sessions. This hands-on experiential learning provides motivation, a purpose for learning and enhances engagement with young people, their families and their communities, in the area of health.

Over three years, the uptake of senior sciences by Pacific students has doubled. Academic achievement has increased in both NCEA Level 1 and 2 exams. Pacific students and their families have increased awareness and knowledge of health career options particularly in the allied health professions. They feel confident to enrol in tertiary health courses of study.

The impact of this investment on workforce will become evident in the coming years. The project team looks forward to the benefits of a stronger Pacific health workforce, which will ultimately impact on Pacific health.

Project team: Tuliana Guthrie, Malcom Andrews.
The Department embraced our DHB values and asked what they might mean within the team. The value of ‘Together, Tūhono’ stood out for them, and drove the team to move away from working in silos. Coders now work as two teams, each tackling half of our clinical specialties for three months, before switching to cover the other half. This process has opened up opportunities for cross-skilling, collaboration and knowledge sharing. Productivity has increased by 20% as a result, with the total numbers coded now sitting at 600/day compared with the previous rate of 500/day. The team is now moving towards achieving their KPI of having nothing uncoded at seven days after discharge. A more open and friendly team environment has been fostered with a team-centred approach to decision making.

Project team: Corey Scott, Kumair Naik, Bridget Cettina, Ramya Rattenalli.
Our Values Awards

These Values Awards are for anyone working in Auckland DHB who truly lives and breathes our values:

Welcome Haere Mai  Respect Manaaki  Together Tūhono  Aim High Angamua

Individual
Living our Values Award
Winner

Katie Quinney, Director of Nursing Surgical Directorate

Whenever I see Katie she always has a huge smile on her face. When moving through public spaces she makes eye contact, smiles and says hello and always presents a welcoming, friendly face. Katie is one of the most genuinely caring people I know. She is always looking for new ways to acknowledge and value people’s contributions, and make them feel like important members of the team. She has been an enthusiastic supporter of a number of values-based initiatives including the roll-out of the values themselves and more recently the Speak Up programme. Katie is all about teamwork. She draws on others for inspiration and goes to great lengths to ensure that everyone is involved and included in work she’s doing.

She was one of the original champions of Releasing Time to Care as Charge Nurse on Ward 31, which was an exemplar ward for years based on the incredible way she pulled that nursing team together in a shared commitment to patient centred excellence. One of things that continually impresses me about Katie is her determination to always be better – whether that’s in her own professional development and constantly finding new ways to engage and inspire her team, or in her willingness to get involved in projects that are all about helping the organisation be the best it can be.

Auckland DHB is so lucky to have Katie as an employee. She is truly a model of what living our values mean and a perfect choice for this award.

The following people were also nominated by their colleagues for consistently demonstrating our four values:

Lea Hooper: A role model of organisation and congeniality.
Ruta Padalkar: Above and beyond, breathing our values through critical times.
Marian John: Delightfully living the values.
Patrick Mendes: he Waka Eke noa.
Janice Langlands: Living our values for over 25 years.
Mahia Winder: Wonder woman midwife.
Shubhra Shrotriya: 500 volunteer hours in 18 months.
I felt immediately at home within the CoRe team (Community Rehabilitation), each new person is welcomed and their contribution valued. Every team member strives to ensure our clients have a good experience.

Team meetings and case conferences are collaborative and have a very supportive atmosphere, encouraging everyone to contribute. Clients are part of the team to enable them to get the most out of their rehabilitation whether this is about setting meaningful goals, personalising the types of activities we do in sessions or being flexible with scheduling or the location of sessions.

This is a supportive team. Everyone says hello with a smile and genuinely cares about how you are doing. Everyone is approachable and always makes time for a debrief or clinical discussion when needed, this is essential in a community environment when you are frequently working alone. The team values each other’s skills and works closely together but each member is also prepared to go above and beyond when necessary for clients’ wellbeing. The team help each other out willingly and share the load, frequently offering before being asked.

There is a general desire in the team to progress and improve in a way that benefits clients, this is infectious and motivating. The team constantly improves its links with external agencies and other teams so that clients receive a well-informed, high quality and coordinated service.

The following teams were also nominated by their colleagues for consistently demonstrating our four values:

- AKBEDS, Clinical Engineering
- Cancer and Blood Early Phase Clinical Trials Team
- Regional Youth Forensic Service
- Medphoto and Graphics Team
- Enhanced School Based Health Service (Youth Health Alliances Services)
- The Consumer Liaison Team
- Companion Volunteers at Auckland City Hospital Reablement Services
- Maxcare Medical Centre
Thank you to all applicants in the Health Excellence Awards 2017

Here is a summary of the applications not already featured.

Excellence in Clinical Care

Implementation of a Medicine Discharge Service in the Transition Lounge

_Linda Lam, Joe Monkhouse_

A pharmacist-led medicines reconciliation and review was piloted between August 2016 and July 2017, for patients who were discharged via the transition lounge.

The clinical pharmacist conducted medicines reconciliation, provided medication education and counselling, and facilitated medicines supply to discharged patients. A post discharge medicines helpline was also established. The pharmacist conducted medication reviews for 23% of patients discharged and identified that 1 in 6 patients are at risk of one or more medication-related errors. A user survey indicated that the service is extremely valued by patients (95% satisfaction rate).

Overall the service has reduced the risk of medication harm for patients at discharge, and has reduced the risk of medication related avoidable readmissions.

Multidisciplinary Diabetic Foot Service - Vascular Services


Diabetic foot ulcers are complex wounds which have a major long term impact on the quality of a patient’s life. Foot ulcers affect a person’s physical, emotional, and social wellbeing. As a result, these issues contribute to economic loss creating a huge public health burden. The cost of treating Diabetes is projected to exceed NZD 1.8billion by 2021 with 24% of the overall cost resulting from diabetic foot disease.

The development of a Multidisciplinary Diabetic Foot service has seen a five-fold reduction in major limb amputation of those patients on the diabetic foot pathway and has also seen an increase in healing rates from 69% to 91%. The Multidisciplinary Diabetic Foot Service has provided access for direct referral for patients to access services as both an inpatient and outpatient.

Dialectical behaviour therapy in a secure youth justice residence

_Amanda Cain, Sarah Morton, Amelia Gilbert, Azeria D’Souza Jana Malabuyoc, Deepti Reddy, Jemma Stephens_

Taiohi Tu Taiohi Ora provides in-reach mental health treatment to secure Oranga Tamariki residences. Through this we often see the effects of working with young people who have offended and the difficulties this brings for Oranga Tamariki. These include assaults on staff, use of secure care and high levels of trauma history and distress in the young people in Oranga Tamariki residence.

Our goal was to teach interpersonal skills, emotional regulation behaviours and to give these young people the skills to use when feeling distress associated with past trauma.

Training was offered to some of the Oranga Tamariki staff and the primary health team to enable them to support the group and continue to coach young people.
Learning about Dialectical Behaviour Therapy has assisted staff to practice mindfulness resulting in a better space to work.

Increasing patient safety by reducing specimen label errors

*Nelson Aguirre-Duarte, Roxane Benney, Erin Retter, Ines Blaj, Heera Bhullar, Katie Quinney, Rachel Donegan*

In 2015 the rate of specimen labelling errors per 1000 tests was 3.5, this increased to 4.1 in 2016. 21% of the errors were located in the Adult Emergency Department. This has a significant impact on patient safety and has led to a considerable waste of resources. Lack of clarity in policy and guidelines and lack of standard practice on how to collect specimens were the primary causes identified.

A Green-Belt project was implemented to reduce the rate of specimen labelling errors per 1000 test to $< 2$ by October 2017, and maintain the rate below 0.5 per 1000 test by end of January 2018.

The quality improvement project is focusing on four primary drivers: Standardisation of the specimen collection, education and training, data transparency that may help clinical teams to have awareness of the SLE trend and discussion at MOS meetings.

Review on newborn red eye reflex

*Nelson Aguirre-Duarte, Shuan Dai, Jude Cottrell, Mariam Buksh, Karen Upton, Ehsan Ullah, Sue Fleming*

Inadequate screening practice for babies with congenital cataracts or retinoblastoma poses a serious risk if missed.

A root cause analysis team was set up to review how this practice could be improved. The team conducted interviews to understand some of the challenges with the practise and suggested recommendations. Plans were put in place to implement the recommendations.

The review team developed an Open Book case with the Health Quality and Safety Commission. Over eleven months all paper files and neonatal discharge screens were entered correctly.

Women’s Health continues to run monthly random audits of files at discharge to ensure that Red Eye Reflex Screening status and outcomes are documented and communicated. The upskilling of the workforce through training on red reflex screening has become a part of the competency assessment.

Adult Emergency Department Neck of Femur pathway

*Karen Schimanski, Owen Doran*

Sustaining a hip fracture is a devastating event for many older people and increases risk of mortality and morbidity. Over 4000 New Zealanders suffer from a hip fracture annually with over 75% never returning home to live independently. Faster care, assessment and treatment have been shown to improve patient outcomes.

A multidisciplinary Adult Emergency Department Neck of Femur Pathway has been initiated which advocates for expedited quality care for a vulnerable group of elderly, frail patients that present with a suspected hip fracture.

Since implementation of the pathway, this group of patients have improved standard of care, faster access to analgesia, radiology and diagnosis, improved referral time to inpatient team and reduced length of stay in ED to 4 hours.

Communication Cards

*Michelle Knox, Eden Short, Lauren Stewart*

Communication cards have been developed with a set of icons that patients can use if they are having difficulty communicating their immediate needs, wants or concerns. The cards were designed with the involvement of patients, families, clinical staff and the interpreting service.

The icons are in an order of hierarchy that is similar to the well-researched concept of Intentional Rounding. The focus is on priority needs: pain, elimination, positioning, environment and personal needs or possessions.

The cards can be printed and left with the patient at the bedside. Patients and their families can point to the relevant icons to help their communication with staff. The cards have been translated into 12 languages.

These cards are improving the safety and quality of care for some of our patients who may not be able to communicate effectively.
Excellence in Research

Low sugar nutrition policies and dental caries: a study of primary schools

Simon Thornley, Roger Marshall, Gary Reynolds, Pauline Koopu, Gerhard Sundborn, Grant Schofield

The study assessed whether a healthy food policy implemented in Yendarra school, situated in a socio-economically deprived area of South Auckland had improved student oral health by comparing dental caries levels with students of similar schools in the same region with no healthy food policy.

Records of caries of the primary and adult teeth in children between the ages of 8 and 11 years were collected between 2007 and 2014 and compared to those of eight other schools in the area with a similar demographic profile.

During the study period 3813 records were obtained of children who attended dental examinations. The mean number of primary and adult teeth with caries was 0.37 lower in Yendarra school children, compared to those in other schools. The nutrition policy, which restricted sugary food and drink availability marked positive improvement in the oral health of students compared to surrounding schools where no nutrition policy existed.

High macrolide resistance in Mycoplasma genitalium strains causing infection

Indira Basu, Sally Roberts, Gillian Henderson, James Bower

Mycoplasma genitalium has been implicated as a cause of acute and chronic nonchlamydial nongonococcal urethritis (NCNGU) and pelvic inflammatory disease.

The limited availability of molecular assays has led to it being an under-recognised cause of NCNGU. The preferred treatment is a macrolide antibiotic.

A retrospective study was undertaken on specimens stored from 2009 - 2015 to detect resistance mutations in the 23S rRNA gene. The prevalence of macrolide resistance in a select group of patients who have already failed first line treatment for NCNGU was high at 72%. Clinicians are provided with information to guide treatment choice.

This study supported the introduction of a new assay that combined detection of the pathogen with co-detection of resistance mutations.

This study has enabled informed and appropriate patient-specific treatment, leading to earlier appropriate treatment of this sexually transmitted infection and a reduction in ongoing transmission of the infection.

Predicting recovery potential for individual stroke patients increases rehabilitation efficiency

Cathy Stinear, Alan Barber, Winston Byblow, Suzanne Ackerley, Marie-Claire Smith, Benjamin Scrivener, Kathryn Quick, Justine Slow, Anna McRae

Recovery of hand and arm function after stroke is important for regaining independence, making accurate predictions of a patient’s likely upper limb outcome can be difficult when based on clinical assessment alone.

This project validated and implemented the PREP algorithm for predicting upper limb outcomes after stroke for individual patients. We recruited 192 Auckland DHB patients within three days of a stroke and combined clinical measures with neurophysiological and imaging biomarkers to predict upper limb outcomes for each patient. Half of the patients, their whānau, and therapy teams were provided with prediction information, while the control group were blinded to this information.

Using the algorithm improved practice by helping therapists tailor rehabilitation to the individual patient. Inpatient length of stay reduced by one week with no detrimental effects on patient outcomes or satisfaction. The PREP algorithm therefore improves rehabilitation efficiency and has generated significant local and international interest.
Primary Contact Physiotherapist Role in ED and APU  
*Megan Tennant Humphreys*  
A review of the current physiotherapy service took place, this involved:  
• A detailed review of the evidence base supporting physiotherapy in ED.  
• A review of international practice, guidelines and recommendations.  
• A comparison of physiotherapy service delivery in EDs across DHBS in New Zealand.  
• An audit of the current physiotherapy service.  
From this a detailed proposal was written for the development of a Primary Contact Physiotherapy Role in the Emergency Department.  

Fracture Clinic Improvement Project  
*Anne-Marie Tupp, Susan Stott, Jeremey Stanley, Wendy Ravelich, Romana Rabi, Anna Creak, Diana Browne, Barnett Bond, Kelly Oliff, Teresa Grant, Susan Cato-Symonds, Sarah Danko*  
A series of improvement activities was identified to improve the experience for patients and their families in the Starship Child Health fracture clinic.  
Children and families were consulted on their perspective of how the clinic functioned.  
Feedback was incorporated in the development of an interactive book ‘Lin Breaks her Arm’ outlining the journey through fracture clinic. The book will be distributed to children with a fractured limb, that require follow up at fracture clinic.  
Other improvements from the project include:  
• Increased efficiency and predictability in clinic coordination and delivery of care.  
• Improved, effective scheduling processes.  
• Ensuring the Fracture clinic is adequately resourced to meet requirements.  
• ACC revenue is captured, allowing demand and activity to be matched.  

Reducing antimicrobial treatment of asymptomatic bacteriuria and waste from unnecessary testing of urine  
*Sally Roberts, Pooja Bhatia, Emma McLean, Gavin Cooper, Matt Blakiston, Veronica Playle*  
Nearly 80% of all urine specimens sent to LabPlus for microscopy and culture have no clinical particulars written on the request form, and 50% of the forms are not signed by a clinician. This raised the issue of who is requesting the testing? What clinical signs and symptoms are used to support the decision to investigate for urinary tract infection?  
Our aim was to reduce the volume of unnecessary testing and to reduce harm to patients who received antimicrobials for asymptomatic bacteriuria.  
We elected to discard non-catheter urines that did not have clinical particulars on the request form from all wards except the exclusion wards. The urine was stored at 4ºC for 7 days before being discarded. This allowed clinicians to contact the microbiology department and provide a justification for testing.  
Rejected requests have reduced by 132 per month with potential cost savings of $70,000 per year.
A Better Prognosis for Clinical Coding
Kumar Naik, Kim Salmon, Marion Bain, Richard Weeks, Joseph Rayappa

This project relates to changes in the work allocation process after the appointment of a new Clinical Coding Manager and the resulting improvements in performance.

Through process change and better engagement of the team a number of benefits that have been realised:

- The new process makes the workload appear more manageable
- A smaller CBU range to allow coders to become more adept and to have continuity among patients.
- Daily productivity has increased, along with staff morale and engagement.
- The 7-day KPI has become achievable.
- Coders now have time for professional development and on-going education.
- Coders were recently able to code an extra 2000 Adult Emergency Department cases.

Advanced Recruitment Physiotherapy
Moses Benjamin, Santosh Parab, Desiree McCracken

An issue was identified with maintaining a safe and effective physiotherapy work force during the busy winter months. A project around advanced recruitment was proposed and implemented.

This has created an opportunity for us to recruit our new graduates at the start of their career and develop them into clinicians that work within the values of Auckland DHB. As well as increased engagement with AUT as we work to refine the recruitment process to ensure we attract the best candidates to our organisation.

Staff satisfaction has increased with an improvement in teamwork, with a willingness to support other Physiotherapists during times of increased patient needs.

Implementation of a new safety management system
Nelson Aguirre-Duarte, Mat Chappell, Heera Bhullar, Prasady Demuni, Ehsan Ullah, Yvonnne Kaeppeli, Ei Murakami, Mike Overwater, Shakti Selva

Auckland DHB has had disparate IT systems which facilitated the reporting, analysis and recording of consumer complaints, patient incidents and organisational risks. Although the software had been embedded into everyday use to enhance patient safety, there were limitations within the individual and combined use of the software. A proposal was devised to select an alternative safety management system which could incorporate risk, incident and feedback management and was easy to use. New software was chosen.

The approach behind the implementation was to shift the accountability and ownership to enhance the culture of safety at Auckland DHB through greater engagement.

The change management approach used innovation diffusion identifying and selecting early adopters and champions to help drive and support the change.
Excellence in Community Health and Wellbeing

Peer Sexuality Support Programme

Zoe Brownlie, Alex Anderson, Moeawa Tamanui-Fransen, Elspeth Fougere, Anastasia B, Will Silk

Young people in Aotearoa often don’t receive much sexual health education at secondary school. They tell us that they wish they learnt more at school, and had more people they felt comfortable asking questions about sex, relationships, attraction, and wellbeing.

The Peer Sexuality Support Programme team work with young people in 25 schools in greater Auckland. The team train young people to be able to support and inform other young people at their schools about all areas of sexual health and wellbeing. Young people who have worked with the team felt more confident and knowledgeable, more open to discuss sexual health, and are much more likely to use contraception and only consent to sex when they wanted to.

Healthcare – where should I go?

Samantha Bennett, Raj Singh, Lifeng Zhou

Many migrants and international students have chosen Auckland as a place to live, work and study, but not all of them understand how the New Zealand health system works. This may mean people miss out on the benefits of having a family doctor (GP) or that they present to hospital emergency departments with conditions that could have been treated in primary care.

A successful multi-lingual social media campaign was rolled out between April - June 2017 with a focus on Asian new migrants and students – primarily Chinese, Indian, Korean and Filipino communities. Other languages incorporated in the campaign focused on migrants who speak Russian, Japanese, Vietnamese, Burmese and Arabic.

The aim of the campaign was to reduce triage 4 and 5 presenting at Auckland Hospital’s Emergency Departments, strengthen the Asian Primary Health Organisation enrolment rate, and increase cervical screening for Asian women in the 25–29 age group.

Your elective caesarean section – an animated guide

Kate Bukowski, Morgan Edwards

Postnatal depression and maternal suicide are a significant concern for New Zealand mothers. An estimated 14% of NZ women suffer Postnatal depression, and suicide is the leading cause of maternal mortality in NZ. A recent study in Taiwan showed that women undergoing caesarean section have a significantly increased risk of postnatal stress compared with those having a normal delivery.

In January 2017 a focus group of 118 NZ mothers was formed utilising social media. From this several areas were identified where expectant mothers would benefit from clear and accurate communication. Elective caesarean section was selected as the first area.

Following consultation it was identified that an animated infographic would be an easily digestible and effective way of conveying information.

Feedback from an initial soft launch indicates that we are communicating with more patients including those who don’t attend pre-assessment clinic and creating a more positive caesarean section experience.

Flipping East Social Lab

Karl Bailey

The Flipping East Youth Wellbeing Social Lab is one of the lead community activation projects to emerge from the Local Wellbeing work stream of the Auckland DHB Tāmaki Mental Health and Wellbeing locality initiative.

The focus on youth wellbeing was selected because it remains a complex and multifaceted challenge many communities face. The way that young people live their lives has changed greatly over recent decades - the
Excellence in the Workplace

Releasing the Hippo

*Maxine Stead, Nick Kemp, Treesa Sinha, Maritin Misur, Fiona Barrington, Marama Handcott-Scott, Milena Valbuena, Joanne Bos, Andrew Old*

The Auckland DHB Intranet is the place where the Auckland DHB team go to find information to help them do their jobs. However it was an out of control collection of information.

We heard lots of feedback from our people that they couldn’t find information, information was out of date, the person who looked after the page had left and no one could update the content.

With involvement from some of the Auckland DHB teams, Hippo was born, our new Intranet. This is a place where people want to go to and are proud to participate in. In the first 6 months we have had 6,235,900 visits to the site.

Hippo has a consistent professional look and feel, is easily searchable and intuitive. There’s much more user friendly information and it’s accessible via mobile devices.

Our feedback tells us we already making it easier for our people to work here.

Physician Burnout Conference for Cancer and Blood

*Amanda Ashley, Anne O’Dwyer, Fritha Hanning*

The Cancer and Blood Directorate measured burnout levels using a validated survey and found high levels of stress and burnout amongst senior medical staff. This had a large impact on both the department functioning and on these staff at a personal level. SMO staff had required periods of stress leave due to burnout over recent years.

After consultation with the SMO group we put together a conference titled ‘Joy in Medicine’ which took place offsite over three days.

Following on from the conference individual attendees have made changes to their personal and professional lives. Others have implemented initiatives such as yoga.

Many have instigated preventative professional supervision and they continue to share ideas as a group.

The conference has enabled a more open dialogue about the issue of burnout in our workplace.

Health and Safety Orientation for new employees

*Peace Haven Hospital and Rest Home: Wynonna Faustino, Natalie Burrows, Achal Lata, Christine Ombao*

Hazards are ever present in the workplace, but this does not mean there is nothing we can do about it. Emphasising the importance of identifying them is essential to a safe workplace. This also impacts the quality of life of residents, as accidents and incidents can be avoided this empowers employees as they have the knowledge and skills to address situations wherein hazards are involved. We developed an Identifying Hazard Booklet which we now give to new employees at orientation.
The Judges

Thank you to our judges who generously gave their time and expertise to select the finalists and winners for the Health Excellence Awards 2017.

Jo Agnew  
Auckland DHB Board Member

Dr Penny Andrew  
Director for the Institute for Innovation and Improvement (i3), Waitemata DHB

Greg Balla  
Executive Vice President, Orion Health

Dr Jocelyne Benatar  
Clinical Researcher, Auckland DHB

Andy Blackburn  
Director, Ideas Accelerator

Simon Bowen  
Director of Health Outcomes, Auckland and Waitemata DHBs

Dr Campbell Brebner  
Chief Medical Advisor, Primary & Integrated Care, Counties Manukau Health

Margaret Dotchin  
Chief Nursing Officer, Auckland DHB

Jo Gibbs  
Director of Provider Services, Auckland DHB

Dr Natasha Heather  
Paediatric Consultant, Auckland DHB

Dr Lynne Maher  
Director of Innovation, Ko Awatea, Counties Manukau Health

Megan Main  
Chief Executive, NZ Health Partnerships

Fiona Michel  
Chief Human Resources Officer, Auckland DHB

Dr Andrew Old  
Chief of Strategy Participation and Improvement, Auckland DHB

Dr Manoj Patel  
Director of Clinical Innovation, MercyAscot

Dist Prof Ian Reid  
Deputy Dean, Faculty of Medical and Health Sciences, University of Auckland

Dr Michael Shepherd  
Director, Medical, Starship Child Health, Auckland DHB

Dr Robyn Whittaker  
Clinical Director of Innovation, Waitemata DHB & National Institute for Health Innovation, University of Auckland
Our sponsors

We are very grateful for the generosity of our sponsors. Their support makes such a huge difference to our awards.

Thank you to our Gold Sponsor, A+ Trust, for supporting the Health Excellence Awards

A+ Trust – helping change lives forever

The A+ Trust provides support for many hospital and community-based projects at Auckland DHB.

The general purpose of the Trust is to fund things that ordinarily the Auckland DHB wouldn’t be able to afford with its precious health dollars. Things that make a patient’s stay more pleasant and more comfortable or that provide additional support for healthcare in the community.

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

The Trust receives donations from a myriad of sources but mainly from people who are extremely grateful for the health care they have received.

Often the donated funds are allocated to a specific project according to the donor’s wishes, to purchase a new piece of medical equipment or for specific research.

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

Congratulations to all finalists and winners of the Health Excellence Awards 2017.

Dr Richard Frith
Chairman A+ Trust
www.aplustrust.org.nz

Thank you to our Gold Sponsor, A+ Trust, for supporting the Health Excellence Awards

A+ Trust... Changing lives forever

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WE’RE IN THIS TOGETHER

The Starship Foundation has far more ambitious fundraising targets than ever before, driven by the urgent and increasing clinical needs of Starship Child Health.

Together... we will provide the latest advances in medical technology and better facilities that help the team at Starship go above and beyond for their patients.

Together... we will help ensure Starship’s staff has the best training and opportunities for professional development to meet even the most challenging and complex cases.

Together... we will fund research and innovation to ensure our brightest minds are well supported to investigate and improve the way we diagnose and treat children, and accelerate the pace of change.

Together... we will lift children’s spirits and support them and their families throughout their treatment.

Together we will transform and save lives.

Thank you for all you do to provide the best healthcare possible for all New Zealand children.

www.starship.org.nz/foundation

The Health Excellence Awards are open to people who are supporting our communities to be healthy and deliver health services to our population.

To find out more about the Awards, contact Maxine Stead at excellenceawards@adhb.govt.nz