"Quality improvement practices are an opportunity to reflect what we do well, validate the care we provide, do more of what works well for people and attend to what is not working so well….."

HNZ Standards for Palliative Care, 2012

Hospice Taranaki Quality Accounts 2015

Freedigitalphotos.net

OUR VALUES:

dignity compassion respect

fairness trust honesty

choice.....

SECTION 1-COMMITMENT TO QUALITY

Hospice Taranaki, provider of specialist palliative care services for all people within Taranaki.

Hospice Taranaki provides a range of community or hospice inpatient services for patients and their family/whanau who are living with life-limiting illness. These services are offered free regardless of age, ethnicity or means.

Hospice is not about a building; it is a philosophy of care

Hospice palliative care is a special type of care for patients and families confronted with life-limiting illness; it is a holistic approach to providing the best possible quality of life for these patients.

Hospice palliative care affirms life.

Hospice provides support and care for patients and families/whanau so that they may live as fully and as comfortable as possible.

Hospice recognises dying as a normal process and neither hastens nor postpones death.

Hospice recognises grief as a normal response to loss. Support to families-whanau and caregivers continues into the bereavement period.

The focus of hospice care is on quality of life, for both the patient and their families.

Quality Commitment

Hospice Taranaki is committed to delivering the highest standard of care and support to patients and families/whanau.

For Hospice Taranaki, the concept of "Quality" means making the most of every opportunity to continuously improve the quality of services, being patient-focused and responding effectively

Hospice Taranaki's culture of quality is well embedded throughout all areas of the organisation.

Our People

Hospice Taranaki employs 60 staff and 733 volunteers.

One of Hospice Taranaki's Strategic Aims is to be an employer of choice. Hospice plans to achieve this by supporting, inspiring and recognizing the contribution made by staff and volunteers; continuing the focus on providing a learning culture through facilitating and funding professional development; and, prompting palliative care as a worthwhile career option.

The Hospice employs 40 clinical staff, which includes 1 physiotherapist, 1 occupational therapist, 5 medical officers, and 33 nurses.

There are 6 members of the management team

There are 5 Family Support staff

Under the Family Support umbrella are 2 counsellors, 1 chaplain, 1 social worker, and 1 Maori Liaison person

The Hospice employs 2 full-time & 2 part-time cook/housekeepers

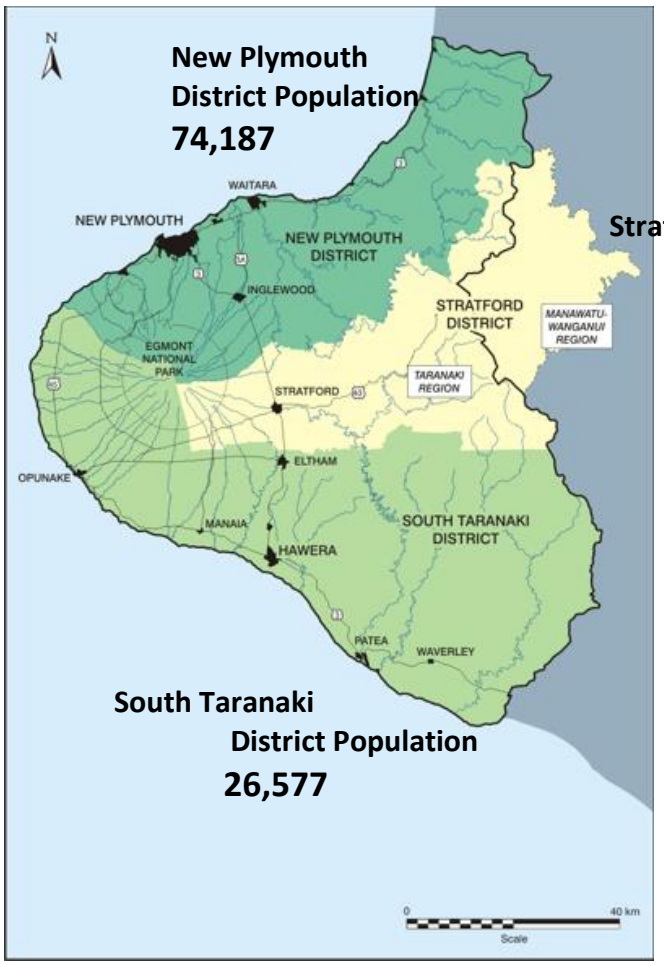
Our volunteers – made up of 516 HospiceShop/Warehouse volunteers, 9 biographers, 95 Te Rangimarie Hospice volunteers, 84 Knitting Group volunteers, and various others (e.g. bereavement, Stratford knitting group, Hawera volunteers)

We have four HospiceShops (Westown, Waiwhakaiho, Stratford and Hawera) which have 14 paid staff in total.

OUR SERVICES

Hospice Taranaki delivers palliative and end of life care and support throughout the Taranaki region

POPULATION PROFILE TARANAKI*



Stratford District Population 8,991

*Statistics NZ 2014/2015

We offer….

Medical / Nursing Care Services

- Te Rangimarie Hospice In-patient Unit
- Community Palliative Care Nursing
- Taranaki Base & Hawera hospitals in-patient service
- Aged Care Facility support
- 24 hour telephone service

Support Services to Patient and Family-Whanau

- Day Programme
- Carer group/Patient group
- Family support (including bereavement counselling)
- Spiritual Care
- Bereavement group
- Respite care (at Te Rangimarie and rest homes)
- Chaplaincy
- Occupational therapy, Physiotherapy, Social worker

Other

- Volunteer Support & Training
- Education for Primary care (ie GP's, aged care staff)
- Biography Services
- Memorial services

This Quality Framework serves as the foundation of the commitment Hospice Taranaki has to continuously improve the quality of services it provides. Continuous Quality Improvement (CQI) is the Total Quality Management (TQM) process utilised by Hospice Taranaki and is based on the PDSA (Plan Do Study Act) quality cycle as a means of implementation. The framework is applied to evaluate new initiatives, projects and processes as determined by the Management Team.

Quality Framework

The Hospice Taranaki Vision, Mission, Values, Philosophy underpin all Service Quality activities

HDSS Certification

Strategic Plan

Quality Committee

HNZ Standards
Focus on hospice palliative care

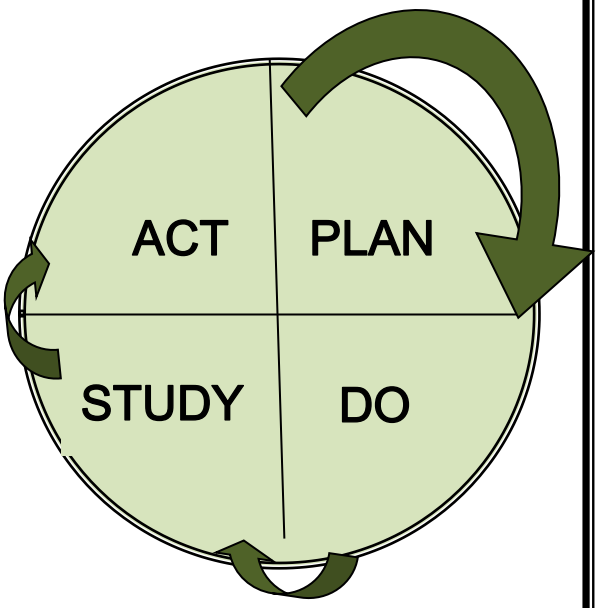
EQuIP V Accreditation
Focus on Clinical and Support processes

QPS
Benchmarking

QUALITY IMPROVEMENT INITIATIVES

OUR CQI* PROCESS

Minor quality initiatives will not be subject to the complete PDSA process.



EVALUATION is a critical factor in quality. It is the process for determining the success or impact of a process, project or initiative. Evaluation addresses questions about whether and to what extent the programme is achieving its goals and objectives and the impact of the intervention.

SECTION 2-REVIEW OF QUALITY PERFORMANCE

Hospice Targets/KPIs

There are no targets set by the ministry at a national level in palliative care. Future developments through the Palliative Care Service Specifications, Resource and Capability framework and outcomes and an outcomes framework from the Palliative care Council provide guidelines with two main recommendations arising from this process. It is recommended that DHBs:

- use the Framework to inform planning and strategic development of palliative care services
- consider population palliative care need during regional clinical service planning.

'The Framework is based on the concept that, for many people, the need for palliative care can be met by their existing primary care provider (eg, their general practitioner). The need for specialist palliative care services may be episodic or shared rather than required on an intensive basis. The Framework also promotes a collaborative and integrated approach to service delivery'.

"Resource and Capability Framework for Integrated Palliative care Service in New Zealand" MOH (2012)

Quality Performance Systems (QPS)

Hospice Taranaki also takes part in a nationwide move to measure performance.
Hospice New Zealand (HNZ) has engaged Australian benchmarking firm, QPS Benchmarking, to collect and report on Key Performance Indicators (KPIs) for 26 hospices across New Zealand.

Hospice Taranaki is using this tool to look more critically at the organisation across a range of core functions enabling the organisation to analyse and compare service delivery, patient satisfaction, human resource, and financial and fundraising performance. The overall aim is to improve accurate identification of strengths and weaknesses, embed best practice, and gain assistance with longer term planning.

At a national level HNZ has undertaken a "Data and Information" Project the expected outcomes of which include:

1. Obtaining an accurate picture of hospice care and services throughout the country
2. Systematic measurement of reach and outcomes of hospice care
3. Improved equity of services for patients, family and whānau
4. Ability to compare hospice activity regionally and across time
5. Potential to compare hospice activity internationally

Hospice Taranaki has a member on the HNZ Data and Information Governance Group which acts as a Steering Committee.

External Auditing

1. HNZ Standards for Palliative Care (2012).
   These standards have been developed to ensure consistency in the quality of services provided and are focussed on reflecting on what Hospices do well, validating the care provided, doing more of what works well for people and refining what is not working quite so well. The overall purpose of the Standards for Palliative Care is to ensure all patients have access to the best possible care at the end of their lives.
   Hospice Taranaki has undertaken two Self-reviews and had two Peer Reviews. Findings have been included in the operations plan and focus on:

- Increasing support to Aged Care Facilities (ACFs)- Link Nurse Support, ongoing education and Last Days of Life Care Plan (LDL)
- Hospital in-reach work and developing pathways with "non-malignancy services" (renal, dementia care etc)
- GP education
- Advanced Care Planning

Comments received from the Peer Mentors were very positive "*Hospice Taranaki is to be congratulated on providing an excellent hospice palliative care service to the communities of Taranaki".*

2. NZS 8134:2008 Health and Disability Sector Standards
   These are mandatory for the operation of the in-patient unit and are made up of four overarching standards and include consumer rights, service governance and management, infection control and minimising restraint.
   Full attainment of all standards was achieved at the March 2015 full audit with a "Continuous Achievement" [1] attained for the new initiative of introducing an Initial Assessment Clinic

CI (Continuous Improvement)
Criterion 1.3.4.2 The post pilot evaluation has identified the initial assessment clinic as very successful. One patient spoken to was very positive about reducing the fear of the hospice. Some patients have requested to continue coming to the clinic for their regular visits.

3. EQuIP 5 (2015)
   This is an Accreditation Programme that monitors and evaluates healthcare systems with a focus on outcomes rather than processes. It has a wider scope than many other forms of accreditation and includes assessing clinical, support and corporate functions.

   All criteria were attained and included 7 "Extensive Achievements" [2].

Extensive Achievements

[1] The service demonstrates a review process including analysis and reporting of findings, evidence of action taken based on those findings, and improvements to service provision and consumer safety, or satisfaction as a result of the review process.
[2] In this criterion the service demonstrates internal and external benchmarking, research, implementation of advanced systems and proven excellent outcomes.

✓	**Criterion 1.1.1** Assessment In 2013 the service reviewed the processes around entry to the service and assessment to improve the patient experience and make more efficient use of staff time. The project culminated in the establishment of an initial assessment clinic
✓	**Criterion 1.1.4** Outcomes of clinical care are evaluated Evaluation of care occurs at multi-levels to ensure that the best possible care and outcomes for individual patients are delivered
✓	**Criterion 1.1.7** The care of the dying and deceased The hospice's philosophy around preparing patients and family/whanau for the dying process with warmth and dignity is based on patient and family wishes and needs
✓	**Criterion 1.3.1** Health care and services are delivered in the most appropriate setting. Development of a modification of the national advance care plan in conjunction with the ambulance service and hospital emergency department so that there is improved responsiveness and appropriate decisions on transfer of known palliative care patients (Plan of Care in Emergencies)
✓	**Criterion 2.1.1** Continuous quality improvement system. Service demonstrates its commitment to improving the outcomes of care and service delivery. CQI embedded into HT
✓	**Criterion 2.1.2** Risk management framework ensures that corporate and clinical risks are identified, minimised and managed
✓	**Criterion 3.1.5** Policies and procedures assist the organisation to provide quality, safe healthcare

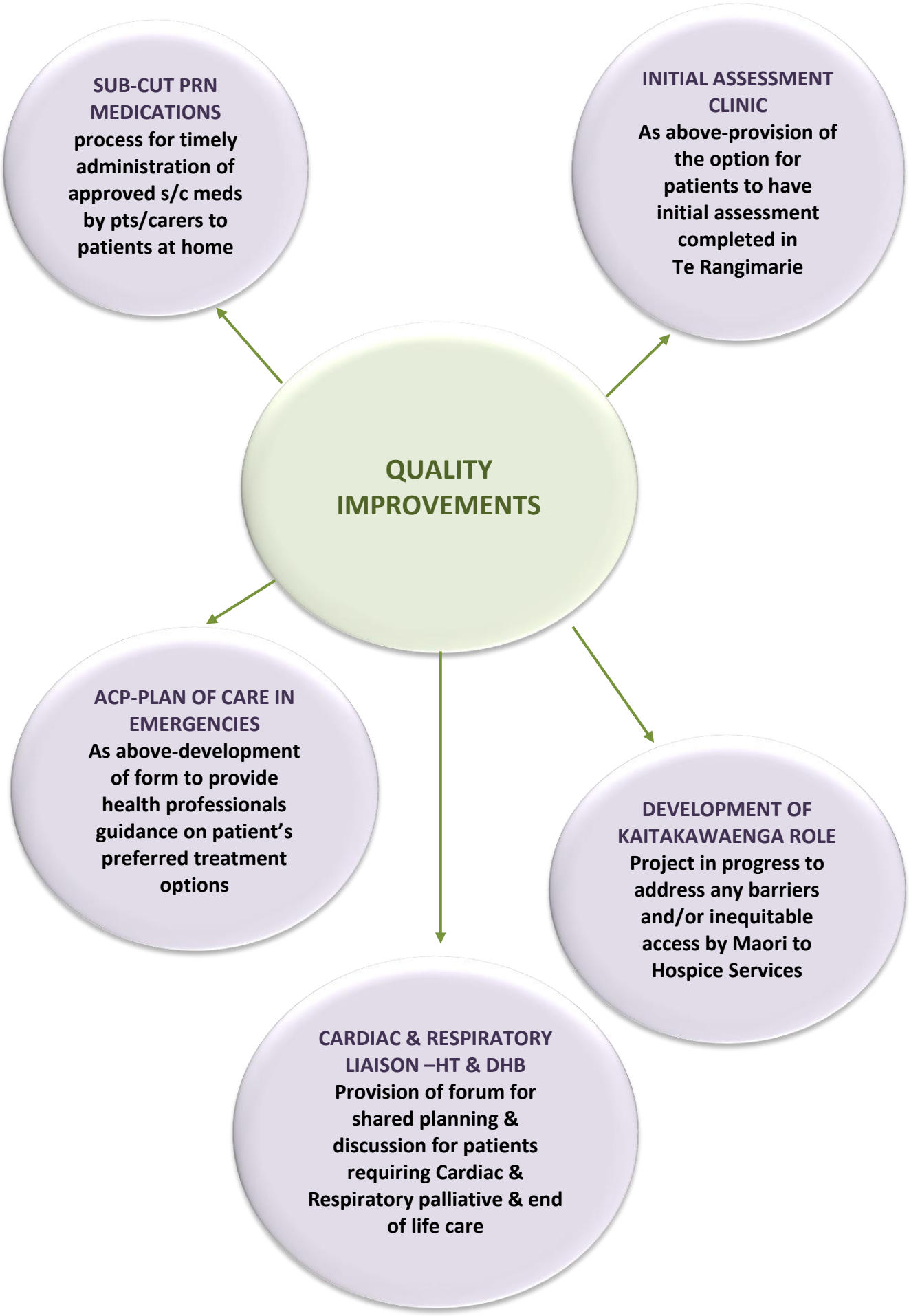
Overall comments from the auditors included "*the organisation is well recognised throughout the health community for the quality of care for the patients with life limiting diagnosis and providing family support services.*"

At this audit the Hospice attained four year accreditation and certification.

Internal Auditing

A comprehensive internal audit schedule is adhered to the aim of which is to:

- Ascertain the current level of compliance for processes against EQuIP 5, Sector Standards and HNZ Standards for Palliative Care
- Identify areas of non-compliance
- Facilitate corrective action process
- Review the area following the implementation of corrective action
- Implement preventive action
- Identify gaps in service provision


SUB-CUT PRN MEDICATIONS
process for timely administration of approved s/c meds by pts/carers to patients at home
INITIAL ASSESSMENT CLINIC
As above-provision of the option for patients to have initial assessment completed in Te Rangimarie
QUALITY IMPROVEMENTS
ACP-PLAN OF CARE IN EMERGENCIES
As above-development of form to provide health professionals guidance on patient's preferred treatment options
DEVELOPMENT OF KAITAKAWAENGA ROLE
Project in progress to address any barriers and/or inequitable access by Maori to Hospice Services
CARDIAC & RESPIRATORY LIAISON –HT & DHB
Provision of forum for shared planning & discussion for patients requiring Cardiac & Respiratory palliative & end of life care

Audits that identified need for intervention		
Clinical Function		
Audit	**Finding**	**Action**
PalCare documentation(random audit of 10 files for set criteria)	1. 60% assessment not completed within 24 hrs 2. 30% assessments incomplete 3. Allergies not documented	1&2. Ongoing training & information being done on assessment/care-planning. Discussion re new assessment tools in Palcare to be discussed Feb 2016. 3. Reminders re allergies at all meetings. Re-audit
Info re Community Volunteer Service	Small numbers being told about service by PCCNs	Reminder to PCCNS; re-audit
ACP & preferred Place of death	1. 40% with ACP –plan of care in emergencies 2. 60% PPOD documented	To focus on this 2016 (refer operations plan)
Invasive/High Risk Procedures	Reminder to do time-out before proceeding	Discussed at MOs meeting; re-audit
Support & Corporate Functions		
Risk Management	1. CD Verbal Order Process 2. Police Check requirements –Vulnerable Children's Act 3. Loss of Key Medical Staff	1.Await further MOH Guidelines 2. In progress 3.Recruitment in progress
Quality Framework	Clinical Governance Committee- on hold with no MD	For Review

Adverse Events

An adverse event is one in which patient care has an unintended consequence resulting in harm.

Adverse Event codes have been reviewed and amended to fit more closely with World Health Organization (WHO) codes. Medication Events had previously been split into "Mistake" and "Discrepancy" but there was some confusion regarding the criteria for the two definitions. With advice from HQSC NZ Medication Errors have now been divided into specific criteria (refer to Appendix). These changes were approved by the Clinical Governance Committee. "Causal and Contributing" factors are to be added to Reportable Events forms using HQSC criteria for these underlying factors.

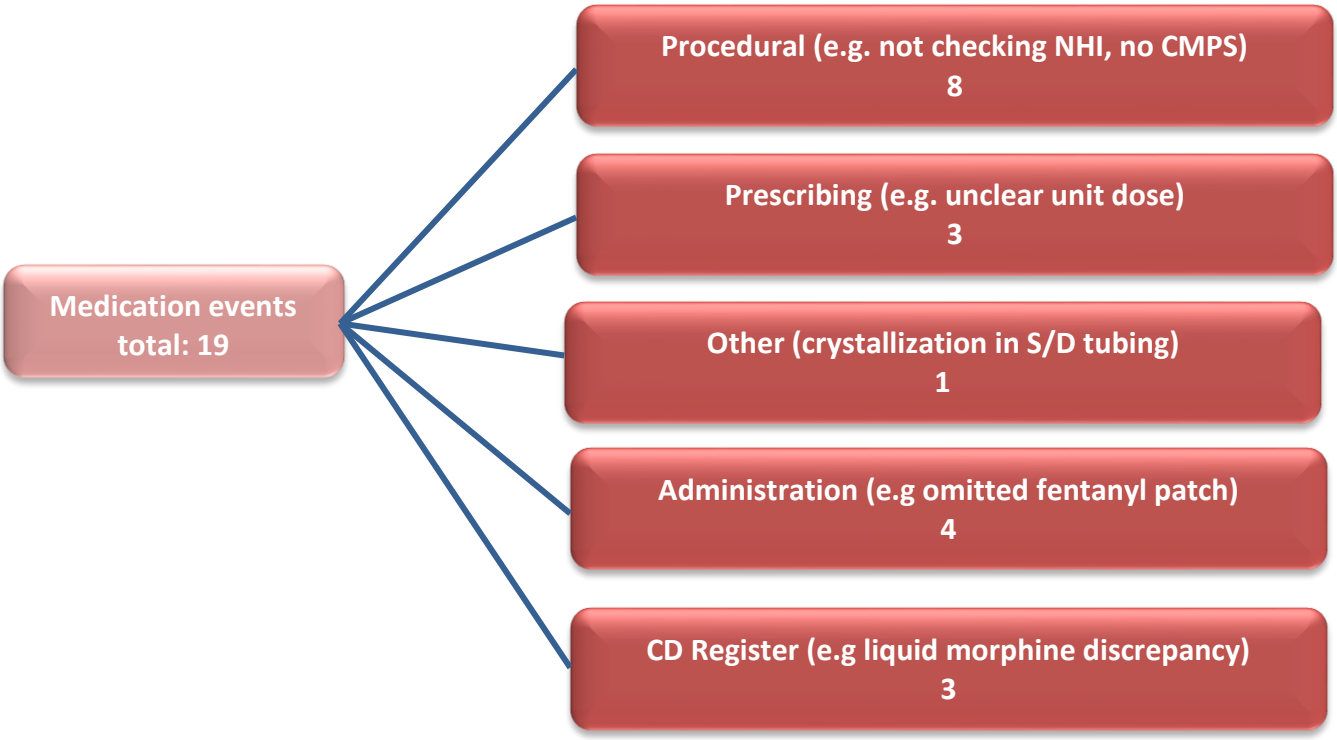
Medication Events 2015

The total number of errors for the year is 19 (20 in 2014)

One incident occurred when a patient discharged from the IPU on a decreasing dose of medication was dispensed the wrong dosage of tablets by a community pharmacist resulting in a rapid deterioration in the patient's condition. This has highlighted the importance of informing patients to always check their medications carefully.

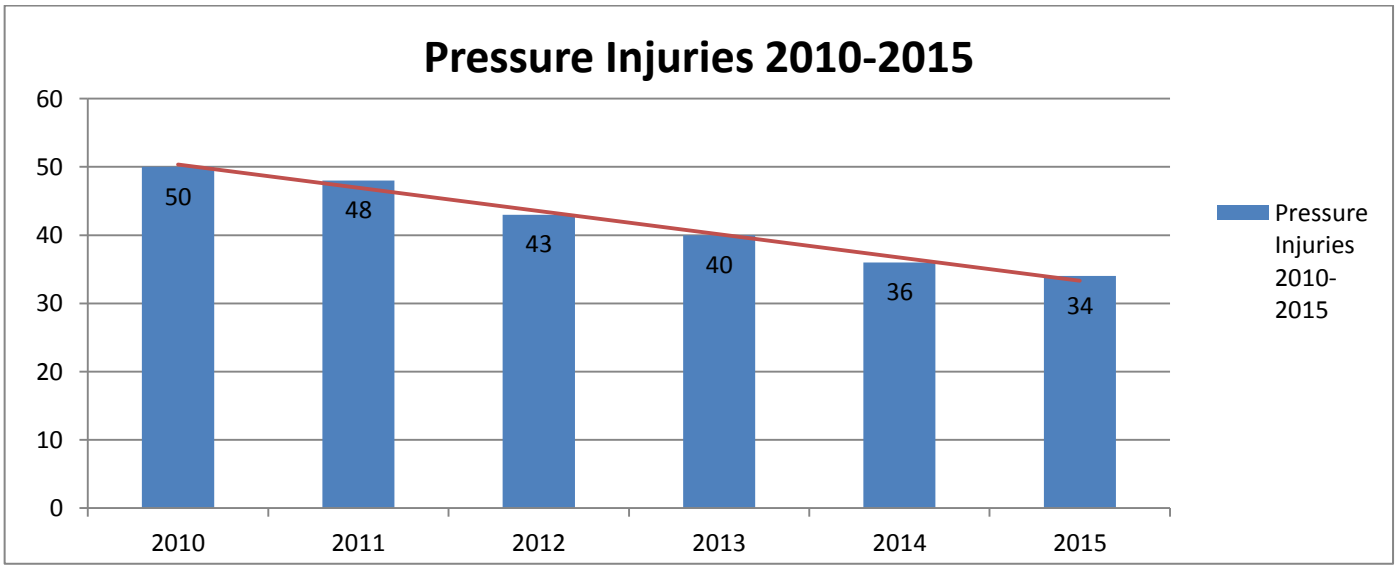
Another incident involved insulin being prescribed on drug chart as 3iu. It was not clear whether the dose was 31 u or 3 iu. 31 u was given. The patient had no ill effects (insulin resistant). Reminder for care to be taken when prescribing and checking.

A further incident of concern involved the absence of a CMPS sheet in patient's home. The PCCN phoned the Inpatient Unit for a medication check. The incorrect CMPS was in patient's file in the unit and the wrong medication was read out. The PCCN realised that the patient was not on that particular medication and it was not administered. This was a near miss that could potentially have caused harm due to non-adherence to procedure. Discussions have been held with staff, team leaders and at all clinical meetings regarding this incident.



Pressure Injuries

Numbers of patients with pressure injuries has been progressively decreasing. All patients continue to be routinely assessed for risk with appropriate intervention being consistently undertaken. The majority of pressure injuries are determined to be at Stages 1 and 2. The Hospice CNS continues to attend education sessions locally and nationally to keep up-to-date with latest research and new findings on prevention and treatment. Best practice continues. New HealthCERT requirements now include reporting all Stage 3 and above pressure injuries.



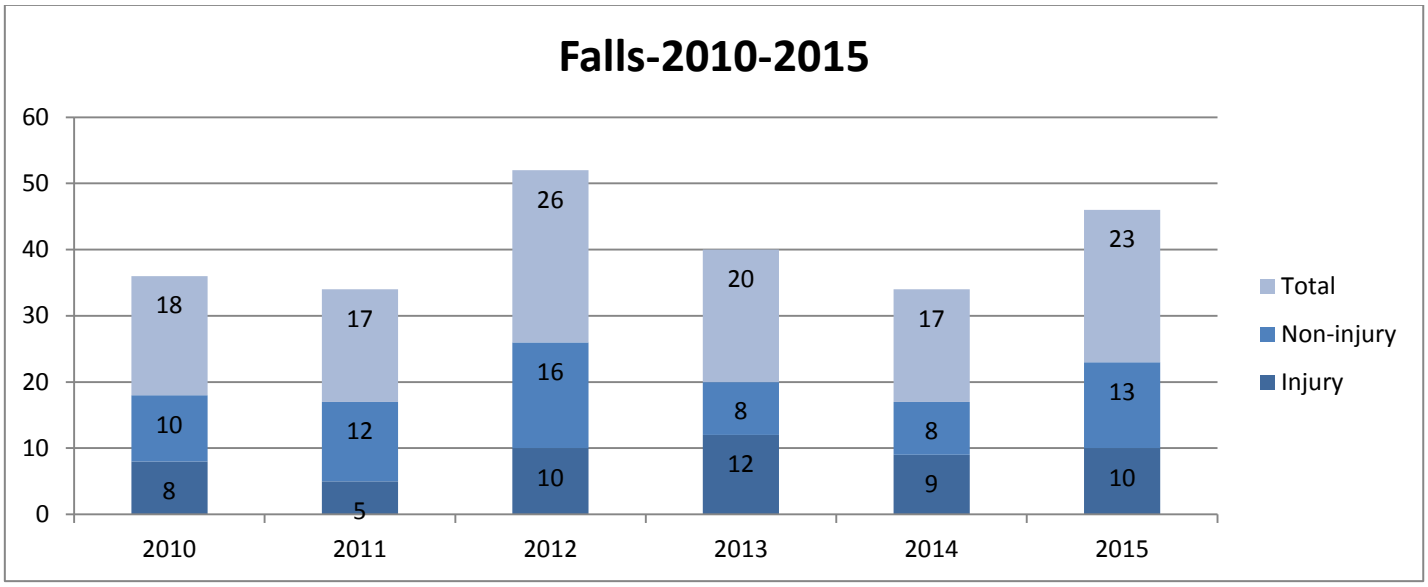
Falls

There were 23 falls in total in 2015-in 10 cases the patient sustained injury (including one skin tear) and in 13 cases there was no injury sustained. There has been an increase of 26% in 2015 compared to 2014.

Falls prevention is taken seriously at Hospice Taranaki and all necessary interventions are in place. This increase in the number of falls is reported at various clinical meetings to ensure staff remains vigilant about preventing falls.

A full analysis of falls that occurred in 2014 was undertaken and while it is recognised that the majority of patients under Hospice Services are at high risk of falls it was noted in the report that: ***"Extra vigilance" was recommended a number of times for those falls documented as being due to "patient condition" an/or "unpreventable falls" (these were in relation to patient confusion, impulsiveness and patients not seeking assistance despite being given instructions to do so). This is an appropriate recommendation to make as there is a risk of staff assuming that patient condition renders falls unpreventable and therefore there is no requirement for any action.***

The Falls Risk Assessment Tool (FRAT) in PalCare is now being utilised. A full analysis of falls in 2015 will be undertaken in July 2016 to assess use and effectiveness of the electronic tool.



Two Adverse Events of significance in 2015 included:

- Clinical Administration (handover process and documentation)
  No care-plan developed in IPU for insertion of nephrostomy. PCCNs unaware patient had a nephrostomy and the site was not checked or dressed.

- Clinical Process (assessment)
  The event under this was in regard to under-staffing of Medical Officers whereby a patient with a hip dislocation was not seen by the MO on duty for a number of hours due to workload. The practice now is to have two MOs on duty each morning

Consumer Feedback

Consumer feedback via surveys and community engagement is essential to effectively assessing the quality of service provided and in planning ongoing service provision.

There are 3 satisfaction surveys mailed to patients and family/whanau

- Inpatient survey sent to patients 1 month post IPU admission
- Community survey sent to patients 2 months post admission to service
- Bereavement Survey sent to family-whanau 3 months post bereavement

These surveys are currently under review with the view of introducing new surveys that are more focused on patient experience.

The majorities of responses are positive and include comments such as:

"You helped us to keep our family member at home where he wanted to be"

"Tihei Mauriora, there are only a few words I can say 'Don't stop what you do-loving, caring and unconditional love.' Te aroha noa"

"The service exceeded our expectations at all levels."

Any negative experiences expressed by patients or family-whanau are immediately followed up by relevant mangers and dealt with if necessary via the complaints process and discussed at the next quality meeting.

Feedback is extremely useful for planning service provision:

"I don't agree with the policy that patients are assessed (given limited time in Hospice) then sent to a rest home until their death. Patients receive much better care from the hospice nurses (rest homes are understaffed)".

"Great relief to get the Hospice on board. Dad was in a Rest-home and his needs I believe were not being met. As soon as your nurse arrived the whole situation changed…..thank you so much for assisting Dad to have a gentle ***passing."***

These comments reflect the need for ongoing support and education to staff in Aged Care Facilities (ACFs) which Hospice is responding to by strengthening support to ACF link-nurses, providing ongoing educational support and ensuring PCCNs visit patients in ACFs regularly and according to patient need.

Additional funding has been provided by the MOH specifically targeted at improving palliative and end of life care in the community. Consultation with the community, Maori, DHB and PHO has identified inequitable access to Best Practice palliative and end of life care to those residents in ACFs who are not registered with Hospice. A proposal to the MOH is currently in progress to support these residents through the employment of Hospice ACF CNS staff who will have a consultative role in providing support, mentoring and advice to ACF staff in order to enhance palliative and end of life care in Taranaki ACFs. The role is proposed to commence in 2016.

Trends noted in the feedback include:

- For the "Supporting Cultural/Spiritual/Religious Needs" section the majority of responses (68%) (across all the surveys) were 'N/A'
- Under the "Information" section (in the bereavement survey) there continues to be a trend (noted in the previous year) whereby an increased number of responses are marked "ok" for the questions on:
  - "Explaining to us the changes to expect along the course of the illness" (18.5%) and,
  - "Explaining to us what to expect with impending death" (15%)

Spirituality is an area that is currently being reviewed to assess means of obtaining more meaningful responses and data. Training for all Hospice Staff members on Spirituality (using the Hospice NZ programme) has commenced.

The trend for a higher number of *"ok"* responses on provision of information to family-whanau regarding course of illness and signs and symptoms of impending death has been discussed at the Quality and Nurses' Meetings. Staff have been reminded to discuss these aspects of end of life with patients and family-whanau and to re-iterate to family-whanau that this information is in the "Introduction to Services" handbook should they need this information at a later stage.

Community Engagement

In May a third ***"Let's Talk: Let's Plan"*** open forum was held in Stratford.
As a result of the forum and the responses received the key message identified was that people wished to be prepared and organised particularly around advising family about their wishes at end of life and that there was some discussion and documentation around treatment option. This links into ***Advance Care Planning.*** Hospice Taranaki will continue to do further work with this project that the National Cooperative of Advance Care Planning is undertaking

Carers' and Bereavement Support Groups

The Carer Support Group Programme provides support and education for the carers of Hospice Taranaki Patients.
The sessions are held weekly for 6 weeks and are run twice yearly with one session held in Hawera. The purpose of the group is to provide an opportunity for carers to:

- share experiences and receive education in a confidential and supportive environment
- identify and help resolve any issues or difficulties that may arise
- provide education about the Grief Cycle and anticipatory grief
- provide education for carers on stress management and self-care
- identify the need for professional intervention and facilitate the referral to the appropriate person or agency.

Feedback from the group has been very positive with most valued aspects of the group including:

"Being able to share your pain and experience with others"

"Being listened to with empathy"

SECTION 3 –FUTURE FOCUS
Priorities for improvement

ACP Focus on Plan of Care for Emergencies, support ACP in ACFs, provide ACP information to carers and the community at large, advocate for greater uptake of ACP across the Health Sector

Share experience & expertise Take a lead role in strategic planning of palliative/end of life care services, increase range/quantity of education to other providers, increase skills/confidence of other providers, increase access to Hospice expert advice

Provide effective and comprehensive **Spiritual care** in response to findings from full review (2016).

Reduce Cultural barriers and provide **equitable access** to best practice care for Maori through ongoing work with appointment of Kaitakawaenga and Kaiawhina

Capability Development

ACF CNS CONSULATIVE ROLE FOR NON HOSPICE PATIENTS-EXPECTED outcomes

- Improved patient & family experience
- Sustainable & equitable access to best practice palliative & end of life care
- Reduced ED & acute hopsital admissions

NURSE-LED COMMUNITY CLINICS-expected outcomes

- *"Better, sooner, more convenient"* Services
- Reduced barriers to accessing services (particularly for Maori as identifed in community consultation)

Appendix: Reportable Events Codes

Review of Reportable Events Coding at Hospice Taranaki

Introduction:

The fundamental role of a reportable events system is to enhance consumer safety by learning from adverse events and near misses that occur in the health and disability services. Each reportable event has a code attached to it in order to facilitate monitoring, checking for trends and reporting purposes.

The reportable events codes currently in use at Hospice Taranaki have been in place for a number of years and no longer meet the reporting requirements for the Hospice. It has become obvious that there has been some confusion over the definition of "Medication Discrepancy" and "Medication Mistake". The current codes have therefore been reviewed against World Health Organisation codes and codes used by other Hospices. I have also been in discussion with Matthew Pitt the Portfolio Manager responsible for overseeing the Medication Safety for the NZ Health Quality and Safety Commission (HQSC). The new codes devised (see 3 below) have been kept in alignment as much as possible with previous codes in order to maintain continuity in monitoring events.

1. Current coding of reportable events

	Classification
01	1.1 Patient Fall (injury)
02	Patient Fall(Non-injury)
03	Pressure area
04	Skin tears
05	Medication error (mistake)
06	Medication error (discrepancy)
07	Equipment issue
08	Facilities (eg cleaning, loss of power)
09	Staff accident
10	Clinical records
11	Contractor issues
12	Finance
13	Infection
14	Fundraising
15	Security
16	Theft
17	Vehicle
18	Quality Deficit (eg communication)
19	Other

2. World Health Organisation Codes

	Classification
01	Clinical Administration (e.g. handover, referral)
02	Clinical Process (e.g. assessment, diagnosis, treatment, general care)
03	Documentation
04	Healthcare associated/acquired infection
05	Medication/IV fluids
06	Blood/blood products
07	Nutrition
08	Oxygen/gas/vapour (e.g. wrong gas, wrong concentration, failure to administer)
09	Medical device/equipment
10	Behaviour (intended self-harm, aggression, assault, dangerous behaviour)
11	Patient accidents (not falls) (e.g. burns, wounds not caused by falls)
12	Patient falls
13	Infrastructure/buildings/fittings
14	Resources/organisation/management

3. Proposed new codes for Hospice Taranaki

	Classification
01	Patient Fall 1.1 Injury 1.2 Non-injury 1.3 Skin tear
02	Clinical Process (e.g. assessment, diagnosis, treatment, general care)
03	Pressure area
04	Clinical Administration (e.g. communication, handover, referral)
05	Medication 5.1 Administration 5.2 Transcribing 5.3 Prescribing 5.4 Documentation 5.5 Equipment (e.g. pump) 5.6 Procedural 5.7 Pharmacy (dispensing) 5.8 Registers 5.9 Adverse reaction
06	Blood/blood products
07	Equipment issue/Medical device
08	Infrastructure/building/fittings
09	Staff accident/health and safety
10	Clinical records/documentation
11	Behaviour (intended self-harm, aggression, dangerous behaviour)
12	Finance/fundraising/resources/management
13	Healthcare associated/acquired Infection
14	Security/Theft