

October 2018				Overall Status		
Project Name	Project Summary	Sponsor(s)	PM Resource	This Period	Last Period	Phase
Organisation wide / Multiple Divisions						
Patient Deterioration Programme (PDP)	An organisation and national programme to improve the management of the clinically deteriorating patient. The Programme has 3 main streams: (i) Kōrero mai: Patient, family and whānau escalation (ii) Recognition and response systems; (iii) Shared goals of care	Andrew Brant Jos Peach Penny Andrew	Jeanette Bell			
	PDP: Kōrero mai: Patient, family and whānau escalation	David Price	Olivia Anstis			Executing
	PDP: Recognition and Response Systems	Penny Andrew	Sue French			Planning
	PDP: Shared Goals of Care	TBA	Jeanette Bell			Scoping
Survive Sepsis Improvement Collaborative	A quality improvement project that aims to reduce inpatient sepsis mortality to <15% by September 2017	Dr Penny Andrew Dr David Grayson Dr Matt Rogers Shirley Ross Kate Gilmour	Kelly Bohot Kelly Fraher Renee Kong			Closing
Leapfrog (refer to Leapfrog project update)	Data Discovery Project: Implement and ensure use of QlikSense Business Intelligence tool across Waitemata DHB	Penny Andrew	Renee Kong			Executing
	Outpatients	Dale Bramley & Robyn Whittaker	Kelly Bohot			Executing
PROMs Programme	Establish a system for developing, collecting and utilising patient reported outcome measures (PROMs) to inform patient experience and outcome improvements in clinical practice and health care delivery planning	Jay O'Brien	Olivia Anstis			Executing
Smartpage	Extend the use of Smartpage messaging system for calls to House Officers during business hours (Mon-Fri 08:00 – 16:00) by deploying DHB-managed smartphones with the SmartPage app installed to all House Officers who currently have a pager (phase 1). Then extend to all RMOs (House Officers + Registrars).	Penny Andrew Stuart Bloomfield	Dina Emmanuel			Executing
IC-Net Optimisation	To optimise the use of ICNet, a software solution for infection surveillance and management in the Waitemata DHB environment	Matthew Rogers, Stuart Bloomfield	Barbara Corning-Davis			Executing
Transcription service process improvement	Reduce transcription wait-times including reducing dictation backlog. Current backlog > 20,000 dictated audio minutes waiting to be typed. This project is now extended to reduce the backlog in the unapproved letters to meet the KPI of 5 days for P1 documents and 10 days for P2 documents	Stuart Bloomfield	Dina Emmanuel			Closing
Radiology Service Care Transformation	Develop Care Transformation Programme to ensure high quality, high value service addressing: demand and outsourcing; patient flow; service utilisation; evidence-based care and elimination of unnecessary procedures (Choosing Wisely); patient experience and staff experience	Cath Cronin Robert Paine	Renee Kong Kelly Fraher			Planning
Surgical						
General Surgery Clinical Pathways (appendicitis, laparoscopic cholecystectomy, abscesses)	Improve general surgery patient experience: reduce length of stay, variation and cost of care	Richard Harman Kate Macfarlane	Lisa Sue			Executing
Conversion of Short-Stay to Surgical ADU	Convert the Short Stay Ward into a Surgical ADU (surgical specialties + gynae) to facilitate the introduction of acute clinical pathways for surgery, smooth out RMO workflow, and potentially free up space in the current ADU for medical patients + pathways.	Michael Rodgers Debbie Eastwood	Kelly Fraher			Scoping
Medical						
TransforMed	Improve the experience of acute medical inpatients by eliminating unnecessary waiting. reducing deconditioning, improving flow, and providing team-based care through four workstreams: <ul style="list-style-type: none"> Inpatient Wards: eliminate unnecessary patient waits + implement SAFER bundles of care ADU: improve flow, earlier access to senior doctor + diagnostics PACE: early identification and care of frail elderly Medical Model: home-based wards and collaborative, MDT ward service 	Cath Cronin Alex Boersma Gerard de Jong John Scott	Kelly Bohot Kelly Fraher Renee Kong			Executing
Chest pain pathway and Exercise Tolerance Testing (ETT)	Complete a review of the chest pain pathway including: <ul style="list-style-type: none"> Review of local and international literature Audit of ETTs and patient outcomes 	Jonathan Christiansen Laura Chapman, Kate Allan	Kelly Bohot			Closing
Lakeview Radiology-ED	Establish new radiology suite with one X-ray digital machine physically located in ED, and implement lean and efficient operational model of care for Radiology services within ED. Refine the e-ordering process by adopting Choosing Wisely approach to create a list of indications "Indication list" for patients requiring abdominal and chest x-rays, with the aim of reducing the unnecessary X-ray orders. This programme has 4 main streams Work started in stream 2-see project summary page for details	Willem Landman	Dina Emmanuel			Executing
	1- Model of care for radiology services in ED					
	2- Choosing Wisely-optimize Abdominal x-ray (AXR) requests					
	3- Choosing Wisely-optimize Chest x-ray (CXR) requests					
4- Relocate and set up gynae rooms in ED (original rooms will be used for new ED radiology suite)						
Rapid Cardiac Screening Clinic Model of Care	Develop a model of care for a new rapid cardiac screening (RCS) clinic model of care. Develop a business case to introduce a new model of care that will include <ul style="list-style-type: none"> Improved, timely access to initial outpatient cardiology evaluation Improved screening process to allow risk stratification that enables early intervention for higher acuity patients Identification and elimination of unwarranted tests and investigations 	Patrick Gladding Alex Boersma	Lisa Sue			Planning

Endoscopy Service Care Transformation	Develop Care Transformation Programme to ensure high quality, high value service addressing: demand and outsourcing; patient flow; service utilisation; evidence-based care and elimination of unnecessary procedures (Choosing Wisely); patient experience; and staff experience	Cath Cronin Robert Paine	Delwyn Armstrong Penny Andrew			Execution
Child Woman and Family						
Urogynaecology Service	Develop a model of care for a secondary and tertiary uro-gynae service at Waitemata DHB	Cath Cronin Stephanie Doe Diana Ackerman Madhu Koya Eva Fong (Clinical Lead)	Sue French			Scoping
Mental Health and Addiction Services						
Mental Health and Addiction (MHA) Quality Improvement Programme	Support the development and delivery of the national MHA quality improvement programme, Whakapai i ngā mahi hauora hinengaro waranga hoki , at Waitemata DHB. The programme aims to improve the quality and safety of mental health and addiction services and the experience of care for consumers.	Susanna Galea	Kevin Cleary			Execution
Community						
Safety in Practice Programme	Waitemata DHB's Safety in Practice (SiP) Programme aims to promote a safety and improvement culture within community teams including general practice (GP), pharmacy and urgent care teams, within the Auckland region. The programme is adapted from the Scottish Patient Safety Programme in Primary Care. The i3 provides quality improvement and project management support to the programme.	Tim Wood Stuart Jenkins	Sue French			Execution
Ear Nurse Service	Improve ear nursing service (ENS) by identifying the required nursing FTE to maintain a sustainable workforce. Define and implement more efficient processes and clear parameters to enhance patient outcomes.	Catherine Wrightman	Dina Emmanuel			Execution
Community Podiatry Services Practice Improvement Programme	Develop a process map of the current referral and re-referral processes for the access to podiatry services in diabetes across Waitemata DHB and ADHB. Analyse and develop a more efficient and effective model of care to better meet patient needs and improve access to podiatry services in diabetes.	Jagpal Benipal	Dina Emmanuel			Execution

Other Work In Progress	Overview	Involvement	Sponsor(s)	PM Resource	Comment
Innovation Partnership	Develop, test and refine mobile app review process	Research and develop a process including a review questionnaire to screen apps based on business/clinical relevance, quality, functionality and security	Stuart Bloomfield Robyn Whittaker	Kelly Bohot	Ongoing
i3 approach to Choosing Wisely	Analysis of current activity, measures and opportunities for improvement	Scoping	Penny Andrew	Lisa Sue	In progress

Quality Improvement Training	Overview	Involvement	Sponsor(s)	PM Resource	Comment
Tier 2 project-based QI Training Programme	Teach QI skills to hospital and community staff and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Penny Andrew	Barbara Corning-Davis	Ongoing
Mental Health and Addiction (MHA) Quality Improvement Programme	As above	As above	Susanna Galea	Kevin Cleary	Ongoing
Safety in Practice	As above	As above	Tim Wood Stuart Jenkins (ADHB/WDHB) Lisa Eskildsen Eleri Clissold	Sue French	Ongoing
RMO Clinical Governance Training	QI training involving project-based learning in the workplace with QI coaching	Content development and delivery	Andrew Brant Penny Andrew Naomi Heap Ian Wallace	Jonathan Wallace	Ongoing
Management Foundations	Teach QI skills to 22 participants and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Sue Christie	Barbara Corning-Davis	Ongoing

Support Requests						
Current Support Requests						
Project Name	Sponsor / Requestor	Description	Request received	Scoping Completed Approved date	Assigned to	Comment
Organisation-wide/Multiple Divisions						
Further development of the skin service model of care	Cath Cronin Debbie Eastwood Michael Rodgers Richard Martin (Clinical Lead)	Support for the Operations Manager and Clinical Lead to: <ul style="list-style-type: none"> Set up a clinical governance structure for the skin service Bring all the stakeholders together to discuss service development Review contracts for GPs within the scheme including the process for appointment Review GP pay rates (this is a regional piece of work) Review the service specification so a procurement process can be completed Review resources across the service and bring them together into one service (GP, General Surgery + ORL) Streamline the referrals flows and allocation process – current duplication Further develop Qlik scorecard for the Skin Service 	September 2018			
Pressure Areas	Cath Cronin, Jos Peach, Kate Gilmore, Lucy Adams	Assistance with review of current state, literature review and education campaign	May 2018			Proposal for Quality Executive Committee to lead. i3 to scope QI programme when i3 PM capacity available

Staff security	Cath Cronin	Prepare an overview of where we are at with security from an operational and Health and Safety view following the work of a Security Review Programme developed by a service project manager in 2016/17. The work is spread over the operational team, Occupational Health team, and Health and Safety team. Develop a proposal for one service to lead and own this work, with responsibility for keeping a full oversight and accountability for the programme.	September 2018			Awaiting i3 project manager capacity
Pain Service	Glen Mullholland	The Dept of Anaesthesiology has identified that changes are needed to the Acute Pain Service's clinical structure, in order to maintain high standards of clinical care to its patients. The Acute Pain Service undertakes a daily ward round providing focused care to improve acute pain management in the post-operative or post-trauma setting, and in patients with acutely painful medical conditions. For many years the Acute Pain Service has also accepted referrals to provide clinical input to patients outside of 'core business'. These chronic and complex pain referrals are increasing in frequency, with greater clinical complexity overall. As these chronic and complex pain referrals require a longer time for initial assessment, generally require more detailed follow-up, and prolonged input over longer durations of admission, the core clinical workload of acute pain management is receiving less focus. The service is responsible for the training of registrars in the post-operative management of advanced pain modalities, however increasingly our trainees are receiving more distant supervision. Several options have been considered and the service has identified ways in which it can re-structure to provide the highest clinical care to both patient groups	October 2018			Awaiting i3 project manager capacity
Mission Home Ground	Sarah Masson, Planning Funding & Outcomes	Request for business analyst/process mapping for development of a 10 bed medical detox floor at Waitemata DHB and 15 bed social detox floor for ADHB, to be operational by October 2020. Proposed start date mid-November				Awaiting i3 project manager capacity
Child Women and Family Service						
Paediatric Tube Feeding	Elizabeth Maritz	Following the results of the co-design project completed by i3 (Olivia Anstis) in 2017, the following service redesign components are requested: 1) Education module on Family-Centred Care and Communication; 2) A family/whānau booklet containing stories, expectations, and patient journeys. 3) Overlay of the ePathway of Care with prompts for family-centred care	August 2018			This will enable the information generated by the co-design process to be embedded into patient care pathways, and staff competency. This will ultimately realise the full benefits of the codesign project, rather than just reporting back on results.
Surgical						
Surgical Implant Tracking	Barbara Corning-Davis	The goal is to achieve a 'future state' where the granular information of a product is captured at point of entry into Waitemata DHB and unique Waitemata DHB specific number is then assigned and applied in barcode format to the product for later. The unique identifier is then captured at point of care (in theatre), some services do capture after the event. (Need to define what comprises the 'granular information'. Lot # and Product # are needed, per Ministry of Health. Costing information must be linked	27 July 2018			Scoping in progress. Plan is to include this project as part of the uro-gynae model of care project. Starting with development of prototype for uro-gynae mesh tracking which could be adapted and scaled to all implants
Meeting the community's need for equitable elective surgery		How can the surgical triage tools and thresholds for elective surgery tell us whether we are being equitable between and within specialties?	May 2018			
NSH Operating Theatres: Improving the function of and culture	Mike Rodgers Debbie Eastwood	Work with the theatre teams (by profession, by area etc) collaboratively on how we can improve the way theatres function linked to how staff work together	28 August 2018			
Medical						
Cardiology Outpatient Triage	Alex Boersma	Develop process for standardisation of triaging of cardiology outpatient referrals with team of cardiologists	September 2018		Kelly Bohot	To be included as a workstream in the Leapfrog Outpatients Programme

Closed since last report				
Project/Work/Request	Sponsor/Requestor	Overview	Outcome	Close out / summary report location