Innovation and Improvement Project Team: Active Projects Report

| March 2019 | | Sponsor(s) | PM Resource | 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: (1) Recognition and response systems; (2) Kōrero mai: Patient, family and whānau escalation (3) Shared goals of care	Andrew Brant Jos Peach Penny Andrew	Jeanette Bell	Amber	Green	
	1. PDP: Recognition and Response Systems	Penny Andrew	Sue French	Red	Red	Executing
	2. PDP: Kōrero mai: Patient, family and whānau escalation	David Price	Jeanette Bell	Amber	Green	Closing
	3. PDP: Shared Goals of Care	TBA	Jeanette Bell	Green	Green	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	Amber	Amber	Closing
Leapfrog (refer to Leapfrog project update)	Data Discovery Project: Implement and ensure use of QlikSense Business Intelligence tool across Waitematā DHB	Penny Andrew	Renee Kong	Green	Green	Executing
	Outpatients	Dale Bramley & Robyn Whittaker	Kelly Bohot	Green	Green	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	Mustafa Shaabany	Green	Green	Planning
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. Then extend to all RMOs (House Officers + Registrars).	Penny Andrew Stuart Bloomfield	Dina Emmanuel	Green	Green	Executing
IC-Net Optimisation	Optimise the use of ICNet, a software solution for infection surveillance and management in the Waitematā DHB environment	Matthew Rogers, Stuart Bloomfield	Barbara Corning-Davis	Green	Green	Executing
Improve "unapproved" clinical letters backlog	Reduce unapproved clinical letters backlog to meet the KPI of 5 days for P1 documents and 10 days for P2 documents from the time of letters being transcribed and ready for approval by the author	Lara Hopley	Dina Emmanuel	Green	Green	Executing
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	Green	Green	Planning
Acute Pain Service Review	Review Acute Pain Service, with possible re-design. Current referral demand and workload not fitting within current model		Lydia Gow	Green	Green	Scoping
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	Green	Green	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 RMO workflow, and potentially free up space in the current ADU for medical patients + pathways	Michael Rodgers Debbie Eastwood	Kelly Fraher	Green	Green	Scoping
Surgical Implant Tracking	Develop a system to track surgical implants. The aim is to capture product information at point of entry into Waitematā DHB and assign a unique Waitematā DHB identifier in bar code format that can be captured and linked to a patient at point of care (in theatre) and beyond	Michael Rodgers	Mustafa Shaabany	Green	Green	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: • 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	Green	Green	Executing
Chest pain pathway Review	Complete a review of the chest pain pathway including: • Review of local and international literature • Audit of ETTs and patient outcomes	Jonathan Christiansen Laura Chapman, Kate Allan	Kelly Bohot	Amber	Amber	Closing
Choosing Wisely-Optimise Abdominal X-ray (AXR) requests in Emergency Department	Abdominal X-ray has long been regarded as overused, with low diagnostic yield in the Emergency Department. The aim is to refine the e-ordering process by adopting Choosing Wisely approach to refine the list of indications "Indication list" for patients requiring abdominal X-ray, with the aim of reducing unnecessary X-ray orders	Willem Landman Amanda Holgate	Dina Emmanuel	Green	Green	Executing
OptimisED+ Providing best care by continuous improvement	Identify and implement further improvements in Emergency department, to consistently deliver best emergency care by optimising ED staffing, capacity-demand matching, and leadership structures and roles.	Cath Cronin Willem Landman	Dina Emmanuel	Green	Green	Executing
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 • 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 Kelly Bohot	Green	Green	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
Cardiology Outpatient Triaging and Grading	Review and improve the process for triaging cardiology outpatient referrals to the Cardiology Service to ensure more timely access to the service, appropriate prioritisation, and identification of patients who require specialist assessment	Tony Scott Alex Boersma Linda Flay	Kelly Bohot	🟩		Planning
Child Woman and Family						
Urogynaecology Service	Develop a local service for women requiring management of urogynaecological conditions; Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP) and management of complications associated with previously implanted surgical mesh as a treatment type. Development of a business case will include care for women in Waitematā and the Northern Regions with SUI or POP, and those affected by complications secondary to treatment of these conditions where mesh was used	Cath Cronin	Sue French	🟩		Initiating
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 Waitematā 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	Waitematā 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 Process Improvement	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 Michele Kooiman	Dina Emmanuel	🟩		Execution
District Nursing Service Review	Review and work to improve DN service across West, North and Rodney	Jos Peach Brian Millen	Lydia Gow Kelly Bohot	🟩	🟩	Initiating

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

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 Diana Phone	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						
eOrders: support with training and change management in ED/ADU	Robyn Whittaker Michael Sheehan	Project management support for the implementation of eOrders Phase 2 – training and change management in ED/ADU	February 2019			
Review of clinical monitoring across the DHB		Most of the monitoring equipment is outdated. The purpose of the review is to scope options for a new system addressing existing shortcomings; develop a replacement strategy; write a business case to replace the equipment	February 2019			
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: • 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
Mission Home Ground	Sarah Masson, Planning Funding & Outcomes	Request for business analyst/process mapping for development of a 10 bed medical detox floor at Waitematā DHB and 15 bed social detox floor for ADHB, to be operational by October 2020. Proposed start date mid-November				Awaiting confirmation that support required. More information provided end March 2019. Follow up discussion about scope required.
Child Women and Family Service						
Surgical						
Meeting the community's need for equitable elective surgery	Mike Rodgers	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						

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