He aha te mea nui o te ao
What is the most important thing in the world ??

He tangata, he tangata, he tangata
It is the people, it is the people, it is the people

- Maori proverb
"We need the whole system to be working for the whole system to work"
How 18,000 people in Canterbury transformed our health system
FIRST OF ALL

Who are we?

• One of 20 District Health Boards in New Zealand

• 2nd largest DHB by both population and geographical size

• Responsible for planning, funding and providing health services to our population
Canterbury

CANTERBURY DISTRICT HEALTH BOARD

Population: 529,000
Funding: $1.4 billion
Employed workforce: 9,500
Funded workforce: 9,000
Tertiary centre
In 2007
Canterbury's health system was fragmented.
If admissions & wait times kept growing...

we'd need **another Christchurch Hospital**

by 2020
Isolated General Practice

(We'd need 20% more GPs by 2020)

Is there anyone else out there?
If demand for aged residential care kept growing...

we'd need **2,000 more** aged care beds by 2020.
A scarce & ageing workforce
Something had to change.
Our Vision
A connected system
centred around people
CONNECTED COMMUNITIES

that aims not to waste their time
our health system
The journey so far
Our Transformation

CHANGE AHEAD
It starts with trust...
Creating a shared purpose

- clinicians are trusted
- care pathways are re-designed
- funding is rearranged to support best practice
- the patient is in the middle of the process
- the system responds well to external shocks
- adaptive leadership in action
A new way of working based on trust

One health system, one budget
It's about people
Focus on leadership
Take a whole of system approach
Three strategic goals

1. People take greater responsibility for their own health
   The development of services that support people/whanau to stay well and take increased responsibility for their own health and wellbeing.

2. People stay well in their own homes and communities
   The development of primary care and community services to support people/whanau in a community-based setting and provide a point of ongoing continuity, which for most people will be general practice.

3. People receive timely and appropriate complex care
   The freeing-up of hospital based specialist resources to be responsive to episodic events and the provision of complex care and support and specialist advice to primary care.
Health is not about hospitals....

It's about a resilient system.
Showcase
Building a social movement
We launched a series of initiatives

- Partnership
- Empowerment
- Leadership

- Improving the Patient Journey
- Canterbury Initiative
- Health Services Planning

- Seeing 2020
- Collabor8
- Xcelr8
- Canterbury Clinical Network
- ERMS
- Showcase 2009
- Particip8
- Genr8

- 2007
- 2008
- 2009
- 2010
xcelr8 our health system
the business of caring
Cultivating talent & innovation

- Eight-day change leadership course
- Open to all mid-level and senior health system staff
- On-the-job knowledge, skills, tools
'David's Den'
An opportunity to pitch ideas directly to the CEO
Creating 1,000 stories of change

- Two day change leadership course
- Free to ALL health system staff - including private sector, charities, NGOs etc
- Covers lean thinking, patient safety, change project, team working etc
the Canterbury initiative
Health professionals from across the system working together to:

make it better
local pathways

- Agreed ways of working across the whole health system
- By health professionals, for health professionals
- HealthPathways is spreading: the whole South Island and lower North Island, Australia, Alaska and UK
Assessment:

When a patient presents with a skin lesion, assess and treat as follows:

- Benign skin lesions
- Skin lesion - uncertain diagnosis
- Malignant skin lesions

Information:

- Clinical Resources
- Patient Information

In This Section:
- Skin Lesion Excision Flow Chart
- Punch Biopsy
- Skin Lesion Excision
- Benign Skin Lesions
- Clinical Resources
...systematically developed, reviewed and updated...
We started alliancing...

- You decide
- We discuss, you decide
- We discuss, we decide
- We discuss, CDHB decides
- CDHB/Minister decides
You decide

We discuss, you decide

We discuss, we decide

We discuss, CDHB decides

CDHB/Minister decides
...developed into alliance contracting

- High trust, low bureaucracy
- One health system, one budget
- Best for patient, best for system
- Everyone wins, or everyone loses
Resourced Multi-Professional Education

Calendar of Canterbury Education Events

Education providers:
- Canterbury Initiative
- Phoenix Health

Phoenix Health
Phoenix Health education sessions are available to all Canterbury general practitioners, practice nurses and community pharmacists working in primary care.
If you are interested in attending a session or would like to know more, contact events@phoenix.org.nz.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Provider</th>
<th>CME credits</th>
<th>Information</th>
<th>Target audience</th>
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<tbody>
<tr>
<td>Mar 11</td>
<td>Motor Nerve Disease Seminar</td>
<td>Nurse Maude</td>
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<td>Health and allied professionals</td>
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<td>Canterbury GP Professional Education Series</td>
<td>Oxford Women's Health</td>
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<td>Education Session for Practice Nurses</td>
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<td>May 21</td>
<td>GP Education Evening</td>
<td>Canterbury Initiative</td>
<td>2.0</td>
<td></td>
<td>General practitioners</td>
</tr>
</tbody>
</table>
Integrated care

Care should be **seamless**. The health system needs to **bring together** the skills of practitioners and staff from different service areas in order to provide the best care for patients. Health providers need to work more in **partnership** with social and community organisations to promote wellbeing.
T­rusting health professionals

Clinical **professionalism** underpins public trust in the health system. **Doctors, nurses and other health professionals** are better motivated and provide better care and treatment when they are trusted, valued and fully engaged. This will also improve the quality and safety of care.
Creating an enabling framework

- Incentives for working together to create a ‘single system’ approach focused on patients
- A focus on ongoing service quality improvement
- Ability to evolve
- Open and transparent information sharing
- Strong relationships and high levels of trust between multiple parties
- Joint decision-making
- High accountability for agreed outcomes and common performance targets
- Evaluation
- Low level of bureaucracy
How it works

• Confidence that the DHB through its Planning and Funding function honours the process and **implements** the agreed outcomes
• Confidence that if it is the **right thing** to do, the funding will be found
• Focus on
  • Managing cost
  • Delivering outcomes
  • Not chasing revenue!
• Enabled by and enabling of
  • Clinical Pathways (eg HealthPathways)
  • Collaborative Care
  • electronic referral (eg ERMs)
  • shared patient records (HealthONE)
• Aligned funding models
It's about 'we'
Acute Demand Management Services:

- Practice Support
- Mobile Nursing Service
- Home IV Therapy
- Logistical support
- Extended Care Management Plan
- Urgent Tests/Investigations
- Doctor Visits
- Home Support
Did it work?
In the last four years, we've saved the people of Canterbury 1.5 million days of waiting in four areas alone.
But then...
A New Challenge

“The trouble with the future is that it usually arrives before we’re ready for it.”
A 6.3 magnitude earthquake struck Christchurch, New Zealand
Its epicentre was just 10km southeast of the city centre.
185 people died
6659 injured
10,000 families displaced

Picture by Amy Milne
Medical Records Department
And our health system was hit hard
• 105 acute inpatient beds lost
• 635 ARC beds lost
• 12 pharmacies and 1 general practice lost (many others damaged and displaced)
• Many NGOs displaced
• 14,000 hospital rooms damaged
Post Disaster

February 2011 dealt the Canterbury Health System a huge blow.

We lost people, our people lost people, we lost buildings and like everyone else we lost access to roads, power, water and sewerage.

But we didn't lose the health system!
Post Disaster

We had a plan.

We had a shared vision of where we were going and we have a system that is built on a foundation of trust and good relationships that we work at hard in the easier times and certainly works for us when we are challenged.
Post Disaster

Our health system demonstrated a remarkable resilience

In the space of hours we were organised and connected across Canterbury, in the space of days we had the whole system back on its feet and delivering free care to people in their communities.
Because our health system is connected.
Dear Doctors, Nurses

Hello, my name is Jake. I am 11 years old. I live in Joseph, Oregon. I really am sorry about the earthquake.

Anyway, good luck taking care of everyone. I really do hope that you take care. Remember to help the people that are severely injured first. Try not to mention that people are going to die. Then it will get chaotic with depression.

From: Jake

P.S. I love animals.
Our Transformation

CHANGE AHEAD
Putting People at the Centre

User centered Design
New technology
Enabling integration

HealthOne
Formerly eSCRV
- A secure system for sharing key patient information
- Accessible by all health professionals involved in a patient's care
- Stores key information: allergies, medical history, prescribed medications, test results, etc.
- Enables faster, safer, more informed treatment

PICS
- Patient Information Care System
- South Island Wide - 5 Health Boards
- One System

Collaborative Care Programme
HealthOne
Formerly eSCRV

- A secure system for sharing key patient information
- Accessible by all health professionals involved in a person's care
- Stores key information: allergies, medical history, prescribed medications, test results, etc.
- Enables faster, safer, more informed treatment
Over 500,000 Cantabrians having a shared electronic clinical record across primary care, pharmacy, hospital and district nursing (soon to include St John)
Usage Snapshot

HealthOne has become a part of daily clinical care for many users

50k Views Per Month
Over 30k accesses from secondary users, and more than 15k accesses by GP users

1.7m Data Items Received
More than 1.7m data items are received every month from primary & community organisations

7,000 Unique Users
More than 7k users access HealthOne every month
PICS

- Patient Information Care System
- South Island Wide - 5 Health Boards
- One System

Collaborative Care Programme
Data

Driving the next wave of change

- Making data available at the front line across multiple providers
- Electronic ordering and tracking of all activity
- Providing the information to plan, predict and improve
- Removing waste and variation
We can see our system
**Key Programmes**

**CREST**
- Community Rehabilitation Enablement & Support Team
- Rehab and support in a person's own home after a hospital stay
- Typically running in just 3/4 weeks
- Now accepts direct referrals from general practice to prevent hospital admission altogether

**ADMS**
- Acute Demand Management Services
- Urgent care in people's own homes & communities
- Delivered by general practice & acute community nurses

**MMS**
- Medication Management Service
- Mobile & community pharmacists deliver medication reviews
- Help patients on multiple medications to understand & better self-manage their medication
- Aim is to minimise medication-related adverse events

**Falls prevention**
- An integrated approach to falls prevention with tailored options depending on individual need
- Community falls champions (patients & their carers)
- Trained volunteers provide 'Ring on Your Feet'
- Tai Chi for older people (80+)

**People supported last year**
- 1700

**referrals last year**
- 1505
referrals
last year

Falls prevention

An integrated approach to falls prevention with tiered options, depending on individual need:

- Community Falls Champions (physios & RNs)
- Trained volunteers provide ‘Stay on Your Feet’
- Tai Chi for older people (65+)
Fewer ED Attendances for a Fall

From 2012 - 1,083 fewer ED attendances; 373 fewer # NoF and 86 fewer deaths

Fewer Bed Days for a #NoF

Fewer Deaths at 180 days post # NoF
ADMS

- Acute Demand Management Services
- Urgent care in people’s own homes & communities
- Delivered by general practice & acute community nurses

30,000 referrals in the last year
CREST

- Community Rehabilitation Enablement & Support Team
- Rehab and support in a person’s own home after a hospital visit/stay
- Up and running in just 3/52
- Now accepts direct referrals from general practice to prevent hospital admission altogether

![Graph showing 2,053 people in the last year]
How does Canterbury compare to New Zealand? Key outcomes

- Acute discharges being held to low growth
- As a result of investment in primary and community services
- Increased planned activity (electives)
- New models of care

Acute Medical Discharges: Increase from 2006/07 baseline
Age Standardised (WHO Standard Population)
Key outcomes

Canterbury has held acute medical admission rates flat resulting in decreasing acute medical bed days.
Key outcomes

Canterbury is leading the nation in improving efficiency
So what does all this mean for people?
People get help to stay well and self-manage in their own homes and communities.
Acute hospital care is not increasing
In particular, older people get support to stay healthy and independent at home.
So they don't need to go to ED...

**ED attendances - age 65+**

![Graph showing total ED attendances for elderly (65+) by month (Jul)](image-url)
Proportion of 65+ attending ED
...and if they must go to hospital...

...they don't have to stay too long...

Number of beds occupied by people 75+ for more than 14 days

...and they're less likely to come back later.

Acute readmission rates - age 65+
...or end up in hospital...

Acute admissions to hospital - age 65+
...they don't have to stay too long...

Number of beds occupied by people 75+ for more than 14 days
...and they're less likely to come back later.

Acute readmission rates - age 65+
They can stay in their own homes and communities...

...instead of in a rest home

Proportion of people 65+ in ARC

And those who do go to Aged Residential Care stay less time

Age Residential Care - Bed days

Reduction from 71 months to 28 months
...instead of in a rest home

Proportion of people 65+ in ARC

In absolute numbers - 400 less people in aged residential care
And those who do go to Aged Residential Care stay less time

Reduction from 71 months to 28 months
In other words, we're keeping people here instead of here.
Person-centred Primary Care

A case study
Integrating health services – measurable IFHS Success

Observations of Travis Medical Centre’s consultation data, the enrolled population’s use of secondary care and surveys indicate the following achievements since the start of the practice’s journey through the IFHS Programme.

14% INCREASED ENROLMENT

25% AVERAGE capacity freed up across all GPs

MORE planned CARE FOR PATIENTS

Increased satisfaction among staff & patients

AVERAGE ED VISIT RATE

180/1000 | Canterbury
90/1000 | Travis MC

Lifestyle changes and better work/life balance achieved for GPs

BETTER relationships with community providers & associated health professionals & patients

Reduced unnecessary waiting & improved access for patient care

Emergency Department presentations by enrolled patients decreased

No negative impact on the practice’s bottom line (all investments repaid through benefits achieved)

50% Increase in PN consultation with same FTE
AVERAGE ED VISIT RATE

180/1000 | Canterbury
90/1000 | Travis MC

Lifestyle changes and better work/life balance
Integrating health services - IFHS

“We found we had lots of acutes and perhaps we weren’t managing them as well as we should. So we changed the way we worked...It’s made us more efficient.”

Linda Adams, Practice Manager

“In the morning we huddle... We’ll look at my patients for the day and we’ll look at the whole...[and ask] what else can I do while they’re here to meet their needs?”

Nicky Scott, Practice Nurse

“We’ve changed things so the patients provide a lot of their own care and we give them the tools to do that... There’s been a shift that the patient is their biggest health provider and we are there to guide them with that.”

Dr David Pilbrow
IFHS – changing the model of care

25% capacity gain for GPs – largely in over 65s
14% increase in enrolment
Our Results

INTEGRATION

Next Exit
Keys to innovation

STATE SERVICES COMMISSION
assessment of Canterbury DHB

Organisations that enable innovation...

- Certification: Certification is used to prove that an organisation is performing well in certain areas.
- Capability: The capability of a knowledge worker is a critical component in ensuring that the organisation can innovate.
- Trust: Trust between different teams and organisations is essential for successful innovation.
- Why: The why is the enjoyment of doing something.
- Sitting: Sitting in front of a computer is not the key to innovation.
STATE SERVICES COMMISSION
assessment of Canterbury DHB

Organisations that enable innovation...

- Are customer-focused and solicit ideas from and engage with diverse internal and external sources.
- Have leadership that is clear about what it's trying to achieve (outcomes/goals), but flexible about how to reach those goals.
- Have capability, skills and experience in innovation disciplines and methods supported by resources (funding, time, space).
- Encourage experimentation and bounded and informed risk-taking.

make it better

Encourage experimentation and bounded and informed risk-taking.
Are customer-focused and solicit ideas from and engage with diverse internal and external sources.
Have leadership that is clear about what it's trying to achieve (outcomes/goals), but flexible about how to reach those goals.
Have capability, skills and experience in innovation disciplines and methods supported by resources (funding, time, space).
Encourage experimentation and bounded and informed risk-taking.
The Office of the Auditor General rated CDHB in the top 4% of all public entities.
Some learnings from our journey so far

- Patient **time** is the key metric of performance
- Create a **vision**, and key **principles**, that shape our **behaviour** and actions
- Integrated networks trump organisation hierarchy for empowering and enabling change
- Reignite the **passion** and the **commitment**
- The language we use connects and aligns groups to create a **purposeful identity**
- Share a problem, to empower and **trust** people to deliver the solution
- Patient and staff **stories** encourage continuous improvement
- **Shared** experiences enhance engagement and **learning application**
Why 1,000 days creates value and really matters...
It is not the mountain we conquer, but ourselves

Sir Edmund Hillary KG, ONZ, KBE (1919-2008)