

CMDHB

Nursing Strategy

2008-2011



NZ NURSING
At the heart of health care

CMDHB Nursing Strategy 2008 -2011

Table of Contents

1.	INTRODUCTION	3
1.1.	Aim of Strategy	3
1.2.	Scope of Plan	3
2.	WORKFORCE DEVELOPMENT PLAN	5
2.1	Infrastructure supportive of Nursing Workforce Development and Innovation....	6
2.2	Increased workforce supply at entry level	9
2.3	Tertiary Education and Training.....	12
2.4	Recruitment and Retention.....	15
2.5	Career Development	18
2.6	Professional Development	19
3	QUALITY IMPROVEMENT ACTION PLAN: NURSING	22
3.1	Improve the Safety Dimension of Quality	22
3.2	Improve Clinical Effectiveness.....	29
3.3	Patient-Centered Care	31
3.4	Improve Timeliness.....	33
3.5	Improve the Capacity of the Health Sector to Deliver Quality Services	34
3.6	Improve Equity.....	35
4	REFERENCES	36
5	ACRONYMS.....	37

This strategy has been compiled by the Director of Nursing, Clinical Nurse Directors and members of the Director of Nursing Team.

1. INTRODUCTION

The intention of this document is to integrate national, regional, local and organisational initiatives and strategic directions with nursing – across the sector.

1.1. Aim of Strategy

The aim of this strategy, is to look at broader nursing workforce and quality improvement priorities over the longer term, and is specifically focussed on the next 3-4 years to 2011. It aims to:

- To enhance and acknowledge nursing professionalism with the intention of strengthening and developing nursing leadership across the continuum of care.
- Highlight the wide range of workforce priorities facing CMDHB's across the continuum of primary and secondary health care sector
- Identify actions to better utilise our current workforce
- Identify actions to increase workforce supply
- Maintain alignment with overarching workforce development plans and national initiatives across the DHB
- Establish a robust quality improvement initiative action plan, based on the six dimensions of health and the Triple Aim, for nursing across the DHB

1.2. Scope of Plan

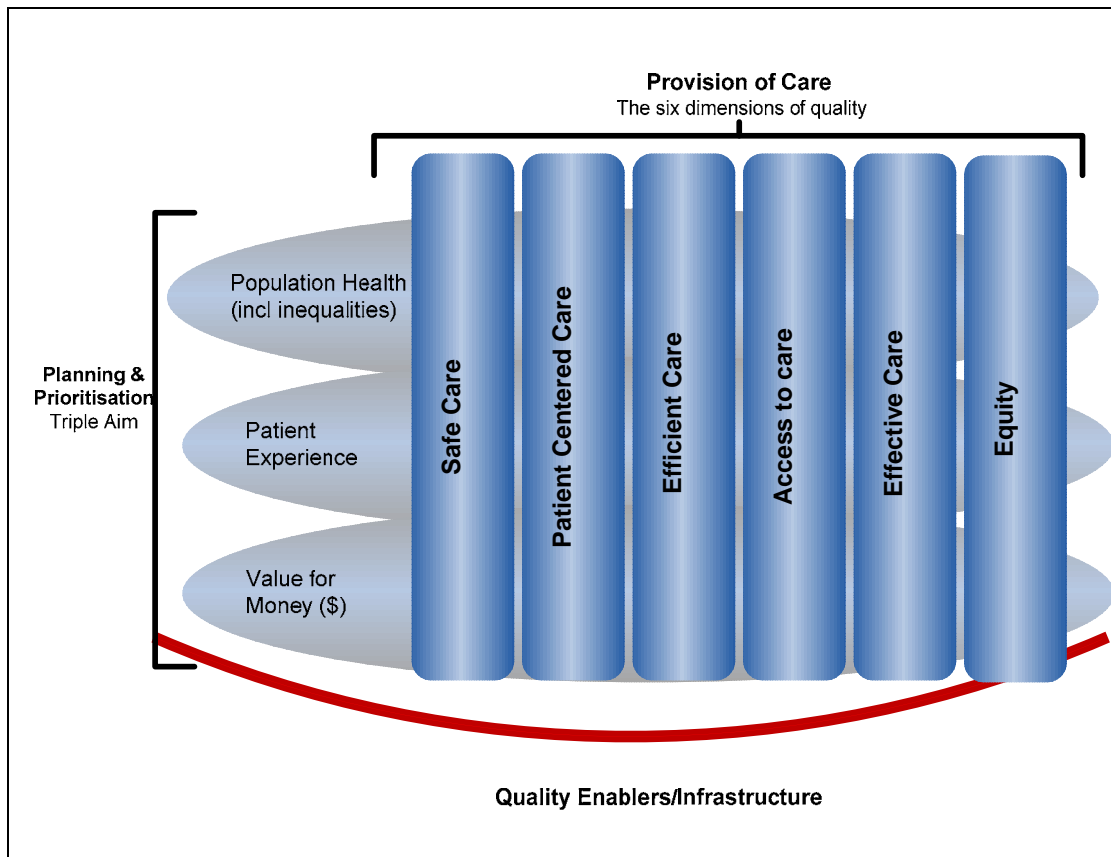
The scope of this workforce plan will incorporate the nursing workforce and quality improvement both in the primary and secondary care areas within the Counties Manukau Health District.

That while this plan aims to highlight the range of workforce priorities facing the nursing sector it is **not** the aim of this plan to address all workforce priorities. Some priorities will need to be addressed by the relevant service area (e.g. mental health, midwifery) and some issues will be best addressed at a national level.

A key area to help support the development of the nursing workforce will be the sharing of useful workforce data, to help with planning purposes, from the CMDHB Workforce Development Plan (WDP) and the Nursing Workforce Strategy document developed by the Nursing Council of New Zealand. These 2 documents will underpin our Nursing workforce plan.

The strategy is presented in two sections: the workforce plan and the quality improvement action plan.

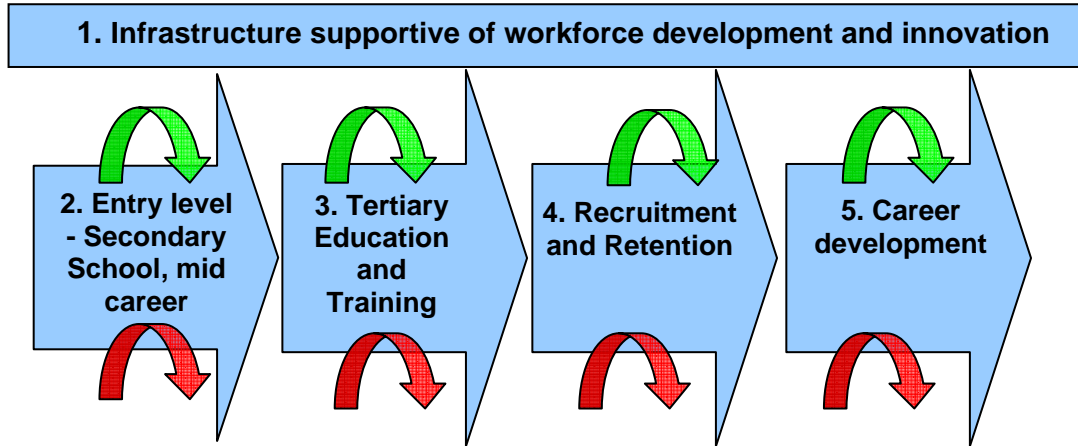
Six Dimensions of Healthcare Quality	Triple Aim
1. Safe	1. To improve the health of a defined population
2. Effective	2. To improve the experience of care by the people in this population
3. Patient-centred	3. While working within the cost per capita of providing this care
4. Timely	
5. Efficient	
6. Equitable	
(Berwick, 2003)	(Berwick, Nolan & Whittington, 2008)



2. WORKFORCE DEVELOPMENT PLAN

Diagram 1 below from the CMDHB Workforce Development Plan shows the supply “pipeline” approach to workforce development. (Counties Manukau DHB *Workforce Development Plan 2007 – 2011*)

Diagram 1



The pipeline takes a whole of system approach by looking at the key points where people enter and leave the workforce. The nursing strategy will look at each of these key points as they relate to nursing across the continuum.

The challenges to traditional ways of thinking, with regards models of care, education and development for nurses, requires imagination, effective leadership and educators to design and implement the nursing strategies that address the issues that have been identified in nursing workforce research both in New Zealand and overseas.

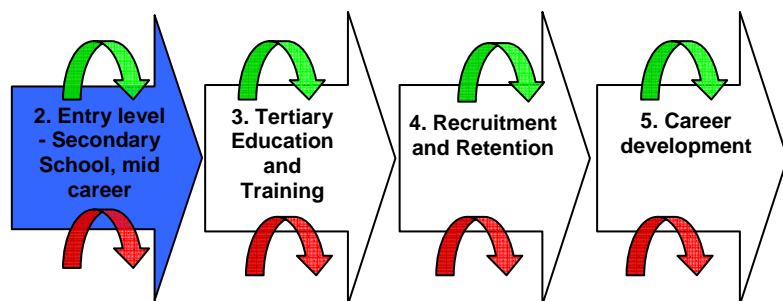
2.1 Infrastructure supportive of Nursing Workforce Development and Innovation

OUTCOME (DSP)	OBJECTIVE	MEASURABLE KEY PERFORMANCE INDICATOR (KPI)	MILESTONES/ CONTRACTED TARGETS	COMPLETION DATE	QUALITY TRIPLE AIM AND DIMENSION	NATIONAL HEALTH TARGET	RESPONSIBILITY	PROGRESS
What are we trying to accomplish?	What changes can we make to result in an improvement?	How will we know the change is an improvement?	Steps towards the Objective					
Improve organisational infrastructure to be supportive of nursing workforce development	Increase the use of predictive tools for reporting i.e.: CapPlan, One-Staff	Improved accuracy in analysis of data including <ul style="list-style-type: none"> ◦ Rostering - One-Staff, CapPlan - skill mix, FTE 	<ul style="list-style-type: none"> ◦ Completion and implementation of the 'Standards of Rostering' ◦ Monitoring/Audit of Rostering practices and One-Staff data accuracy 	2009 2010	TA 2, 3 D 2,4,5		CND's/Service Managers CND's/Service Managers/ CNM	
	Accurate and timely reporting of the status of nursing workforce at CMDHB	<ul style="list-style-type: none"> ◦ Monthly nursing scorecard developed ◦ Monthly reporting – on generic nursing including FTE vacancies, turnover, Annual and sick leave ◦ Improved accuracy of Stats collected and reported to NCNZ and in a timely manner 	<ul style="list-style-type: none"> ◦ Scorecard developed and used ◦ Work with One-Staff to ensure timely reporting 	2009 2009 2009			Nursing Business Advisor Nurse Co-ordinator PDRP	
	Work with DHBNZ and NZNO to ensure documentation on safe staffing provides continuous improvement on issues relating	<ul style="list-style-type: none"> ◦ Safe Staffing, Healthy Workplace initiatives/strategies in place 	<ul style="list-style-type: none"> ◦ SSHW documentation completed ◦ Escalation plan implemented 	2009 2009			Nurse Coordinator – Post Graduate Education	

	to this	<ul style="list-style-type: none"> ◦ Increased incidence of reporting through Risk-Pro 	<ul style="list-style-type: none"> ◦ Continue to work with DHBNZ in SSHW or HWIP committees ◦ Minimal incidences of staffing issues 	ongoing 2010			SSHW Committee CNM/CMM/Service Managers	
	Nursing Model of Care developed, inclusive of new Wards and current Ward requirements	<ul style="list-style-type: none"> ◦ Model of Care developed and agreed ◦ Model promotes professional standards and best practice; ensuring patient safety 	<ul style="list-style-type: none"> ◦ Continue recruitment of nursing staff to support opening of new Wards ◦ Clinical leadership and coordinator roles are developed ◦ Review roles to support milestones 	2010	TA 1,2,3 D 1- 6		CND's/Service Managers	
	Strengthen and support nursing leadership and governance and patient care innovation	<ul style="list-style-type: none"> ◦ Enhanced level of leadership and coordination across the designated senior nursing team ◦ 20% improvement in Organisational Patient and Staff Satisfaction survey around support for staff and patient care. ◦ 5% increased in retention rate 	<ul style="list-style-type: none"> ◦ 100% Senior nursing staff completed Coaching and Mentoring course ◦ Through Model of Care - provide support after hours through safe 24/7 initiative 	2011 2012	TA 2,3 D 1-6		Nurse Leader - Professional Development CND's/Service Managers	

		<ul style="list-style-type: none"> ◦ Evidence of care innovation through Whai Manaaki Programme and other nursing quality improvement initiatives 	<ul style="list-style-type: none"> ◦ Continue rollout and embedding of programme and monitor and evaluate progress 	2010			CNM/CND/Q uality Unit	
--	--	--	---	------	--	--	--------------------------	--

2.2 Increased workforce supply at entry level

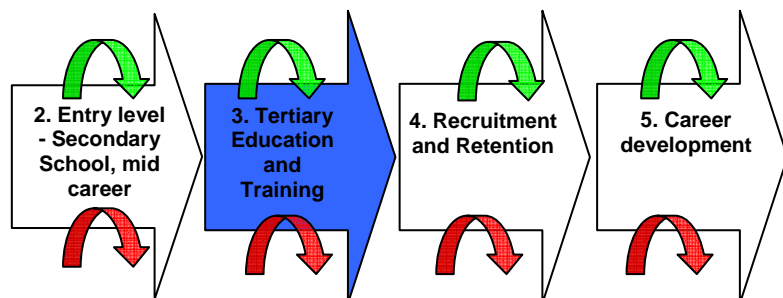


OUTCOME (DSP)	OBJECTIVE	MEASURABLE KEY PERFORMANCE INDICATOR (KPI)	MILESTONES/ CONTRACTED TARGETS	COMPLETION DATE	QUALITY TRIPLE AIM AND DIMENSION	NATIONAL HEALTH TARGET	RESPONSIBILITY	PROGRESS
What are we trying to accomplish?	What changes can we make to result in an improvement?	How will we know the change is an improvement?	Steps towards the Objective					
Developing our own workforce to meet current and future demands that reflect our community	<p>To raise the profile of professional nursing within our community.</p> <p>To raise the profile of nursing as a career integrating key areas within our communities such as schools, maraes and other ethnic communities</p> <p>To develop a nursing recruitment strategy that attracts both youth and those residing in Counties Manukau area</p>	<ul style="list-style-type: none"> Increased workforce supply at entry level Increased Youth, Maaori and Pacific workforce 	<ul style="list-style-type: none"> Work with DHB workforce committee to profile nursing as a career and entry from school. Investigate holding career days and involve tertiary providers Develop a “branded” nursing website that links and inspires young 	<p>2011</p> <p>2011</p> <p>2011 – ongoing</p>	TA 1-3 D 1-6		DoN/ Recruitment/ Nurse Coordinators Undergraduate and NETP	
							DoN in partnership with the CMDHB workforce	

			people.				committee	
			<ul style="list-style-type: none"> ◦ Open days to view organisation as well as identify and showcase nursing as a career option. ◦ Link with Maori and Pacific workforce planning ◦ Support Maaori Nurse Leader and Educators to profile: Pu Ora Mataatini TKOH ◦ Review criteria and capacity of scholarships. ◦ Support national non regulated workforce to develop and gain entry into regulated workforce. ◦ Identify and plan future options with tertiary providers 	2009				
		<ul style="list-style-type: none"> ◦ To increase our Maori nursing workforce by 100 over next 5 years ◦ Nursing Scholarships available to support EN/NA to attainment status. ◦ Develop process for HCA transition and education to NA/RN roles 		2011 – ongoing			<p>Nurse Leader – Maaori/Pacific Nurse Director TKOH</p> <p>DoN Governance Group / Nurse Leader Professional Development / DoN</p> <p>Nurse Leader Professional</p>	
	To support the current unregulated workforce and continue to support EN/NA to attain RN status							

		<ul style="list-style-type: none"> ◦ Courses established for the NA workforce ◦ Support the identified Model of Care for CMDHB ◦ Increased clinical placements for students ◦ Review and identify number of clinical placements 	<ul style="list-style-type: none"> ◦ Identify key workers for development and assist with career planning and funding options. ◦ Work with collaboration with tertiary providers to provide courses for clinical areas for the NA role ◦ Develop orientation programmes for NA 	2010			<p>Development</p> <p>CNM/NM/CND/PDU</p> <p>PDU</p> <p>Undergraduate Coordinator</p> <p>PDU</p>	
--	--	---	---	------	--	--	---	--

2.3 Tertiary Education and Training

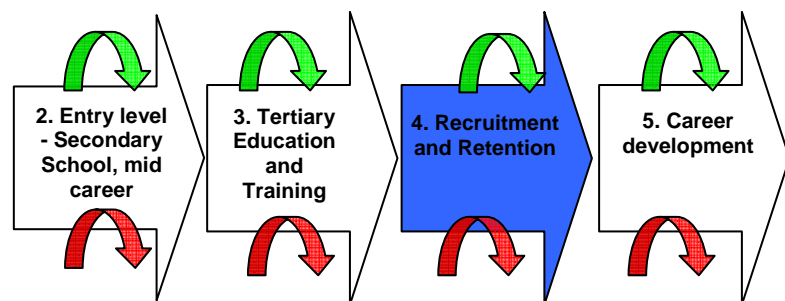


OUTCOME (DSP)	OBJECTIVE	MEASURABLE KEY PERFORMANCE INDICATOR (KPI)	MILESTONES/ CONTRACTED TARGETS	COMPLETION DATE	QUALITY TRIPLE AIM AND DIMENSION	NATIONAL HEALTH TARGET	RESPONSIBILITY	PROGRESS
What are we trying to accomplish?	What changes can we make to result in an improvement?	How will we know the change is an improvement?	Steps towards the Objective					
Tertiary education and training that supports and develops our current and future nursing workforce.	Collaborative working relationships with tertiary institutions and CMDHB nursing services.	<ul style="list-style-type: none"> Identify CMDHB nursing membership on tertiary advisory committees. Service delivery needs are met in undergraduate nursing programmes. Nursing workforce meets current and future model of care requirements. 	<ul style="list-style-type: none"> Continue to provide active membership on advisory committees for academic institutions. CMDHB Collaborative unit with MIT is sustained. Investigate further joint appointments between CMDHB and tertiary providers 	Ongoing 2010 ongoing	TA 1-3 D 1,3		PDU DoN/PDU	

	<p>Quality clinical placements for undergraduate student nurses.</p>	<ul style="list-style-type: none"> ◦ Established Dedicated Education Units (DEU) ◦ Increased undergraduate student placements by 15% by 2011. ◦ Increased satisfaction with preceptors reported by undergraduate nurses in both Hospital and Primary Health Care. 	<ul style="list-style-type: none"> ◦ Develop DEU's within inpatient areas based on Flinders Model. ◦ Evaluate effectiveness of DEU pilot ◦ Review clinical placement capacity for undergraduate nurses. ◦ Investigate and develop models for strengthening student support ◦ Implement principles as per NETP preceptorship toolkit. 	<p>2009</p> <p>2009</p> <p>Ongoing</p> <p>2010</p>	<p>TA 2 and 3</p> <p>D 1,2 and 3</p>		<p>Nurse Coordinator Undergraduate and MIT</p> <p>Nurse Coordinator Undergraduate / PDU</p> <p>Nurse Coordinator Undergraduates and NETP</p>	
	<p>Academic Mentoring for post graduate nursing students.</p> <p>Mentoring and cultural supervision to Maori and Pacific Post Graduate nursing students as per CTA specifications.</p>	<ul style="list-style-type: none"> ◦ Established guidelines for academic mentoring for post graduate nursing students. ◦ 100% of nurses undertaking post graduate study will have an education plan. ◦ Establish process for ensuring all nurses undertaking post graduate education are coached to complete an education plan. 	<ul style="list-style-type: none"> ◦ Develop guidelines and implement throughout CMDHB. ◦ Establish a data base of possible mentors. ◦ Develop a CTA webpage. ◦ Establish a data for Maaori and Pacific mentors and Cultural Supervisors. 	<p>2009</p> <p>2008</p> <p>2009</p>	<p>TA 2, 3</p> <p>D 1, 2</p>		<p>Nurse Coordinator Post Graduate Education.</p>	

	<p>Return to nursing and overseas nurses' practice in accordance with Nursing Council of New Zealand requirements.</p>	<ul style="list-style-type: none"> ◦ Increased numbers of return to nursing and overseas nurses gaining competency are placed within CMDHB. ◦ 100% compliance with Nursing Council of New Zealand recommendations. ◦ 80% retention rate for those successfully completed and employed within the organisation 	<ul style="list-style-type: none"> ◦ Work in collaboration with tertiary providers to support competency assessment and performance appraisal processes and any nursing council recommendations. ◦ Develop orientation package that provides socialisation to the workplace environment. 	<p>Ongoing</p> <p>2009</p>	<p>TA 2 and 3</p> <p>D 1,2, 3</p>		<p>Nurse Leader Professional Development / PDU</p>	
	<p>Attainment of Post Grad Qualifications across the sector, will support service delivery and enhance patient outcomes.</p>	<ul style="list-style-type: none"> ◦ Identify levels of education for career pathways to meet organisational future requirements through PG education ◦ Identify PG education level requirements for the nursing workforce 	<ul style="list-style-type: none"> ◦ Evaluate effectiveness of PG education against patient outcomes ◦ Implement the recommendations for review ◦ Future requirements for PG education are identified 		<p>TA 2, 3</p> <p>D 1,2,3</p>		<p>Nurse Coordinator Post Graduate Education/CND/CNM/NE</p>	

2.4 Recruitment and Retention

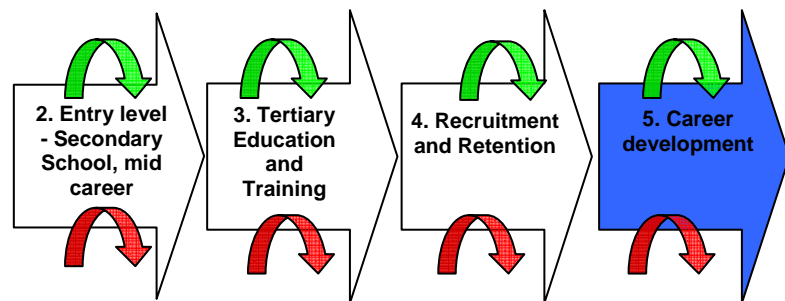


OUTCOME (DSP)	OBJECTIVE	MEASURABLE KEY PERFORMANCE INDICATOR (KPI)	MILESTONES/ CONTRACTED TARGETS	COMPLETION DATE	QUALITY TRIPLE AIM AND DIMENSION	NATIONAL HEALTH TARGET	RESPONSIBILITY	PROGRESS
What are we trying to accomplish?	What changes can we make to result in an improvement?	How will we know the change is an improvement?	Steps towards the Objective					
Attract an appropriately skilled nursing workforce to meet service need.	An efficient and timely recruitment process	<ul style="list-style-type: none"> Appropriate nursing workforce to meet the service models of care. Develop a standardised 1 interview approach for nursing roles within the organisation. Review and update nursing interview structure and process in line 	<ul style="list-style-type: none"> Model of Care developed as appropriate to each service New selection process implemented Survey of new staff on efficiency and timeliness of 	2009 2008 2009	TA 2, 3 D 1,2,3,5		DON/CND's/ Recruitment CND's/CNM/ Recruitment CND's	

		<p>with the SSHWP plan</p> <ul style="list-style-type: none"> ◦ Develop a strategy to increase the nursing gender and ethnicity (male and Pacific/Maori) ◦ Rationalise the recruitment programme for the NETP programme. 	<p>the process</p> <ul style="list-style-type: none"> ◦ Identify gender and ethnic mix ◦ Market the programme effectively to attract increased numbers 	<p>2011</p> <p>2010</p>			<p>Nurse Leader 's Maori/Pacific/DoN</p> <p>Nurse Co-ordinator NETP</p>	
Retention								
<p>Retain an appropriate nursing workforce and maximise the potential of nursing across the organisation.</p>	<p>Develop a culture that supports learning and development.</p> <p>Safe staffing, health workforce principles are applied</p>	<ul style="list-style-type: none"> ◦ 5% turnover rate across the organisation ◦ 6% of nurses per area have completed the Tikanga Best Practice as part of orientation ◦ Review progress of SSHW organisational plan ◦ In partnership with NZNO, 	<ul style="list-style-type: none"> ◦ Monitor and evaluate turnover rate ◦ Monitor and promote attendance at Tikanga Best Practice study days ◦ Monitor and implement SSHW plan ◦ Results against 	<p>Ongoing</p> <p>2011</p> <p>2010</p> <p>2011</p>	<p>TA 2,3 D 1,2,3,5</p>		<p>DON/CND's</p> <p>CND/CNM/T L's</p> <p>DON/Nurse Coordinator Post Grad Education</p>	

	Develop rostering practices to encompass nurse's options for work/life balance.	<p>lead and contribute to the DHBNZ SSHWF project</p> <ul style="list-style-type: none"> ◦ Models of Care support best practice nursing principles and patient outcomes ◦ Review rostering practices through One-Staff capabilities. 	<p>project plan.</p> <ul style="list-style-type: none"> ◦ Developed and reviewed MoC that reflect service need. ◦ Review and update the 'Standards of Rostering' document to ensure alignment with the NZNO ands SSHWP 	<p>2010</p> <p>2009</p> <p>2009</p>			<p>CND/CNM</p> <p>CND Medicine/ CNM</p>	
Full engagement with representative professional organisations	A culture of consultation and partnership with all professional organisations	Cultivate a strong effective partnership approach to workforce decision making.	100% of workforce decisions include consultation with appropriate professional organisation.	2011	TA 2,3, D1,2,5,6,		DON/CND/Nurse Leaders/CNM's	

2.5 Career Development



OUTCOME (DSP)	OBJECTIVE	MEASURABLE KEY PERFORMANCE INDICATOR (KPI)	MILESTONES/ CONTRACTED TARGETS	COMPLETION DATE	QUALITY TRIPLE AIM AND DIMENSION	NATIONAL HEALTH TARGET	RESPONSIBILITY	PROGRESS
What are we trying to accomplish?	What changes can we make to result in an improvement?	How will we know the change is an improvement?	Steps towards the Objective					
<p>Provide clear career pathways for nurses towards more senior nursing roles.</p> <p>Established career pathway for the Nursing workforce</p>	<p>Clear pathways for nurses to progress in advanced specialty and generalist nursing and nurse practitioners roles.</p> <p>Identified structured nursing career pathways within nursing scope of practice to support service delivery and future organisation state</p>	<ul style="list-style-type: none"> ◦ Pathways support career development ◦ Nursing roles service delivery needs ◦ Nurses involved in service development and planning 	<ul style="list-style-type: none"> ◦ Review current pathways and future requirements in alignment with agreed model of care and community needs ◦ Establish overview of career pathways in line with Nursing Council requirements 	<p>2009</p> <p>2010</p>	<p>TA 2,3</p> <p>D1,2,3,5</p>		DoN/CND's/ NL PD	

2.6 Professional Development

OUTCOME (DSP)	OBJECTIVE	MEASURABLE KEY PERFORMANCE INDICATOR (KPI)	MILESTONES/ CONTRACTED TARGETS	COMPLETION DATE	QUALITY TRIPLE AIM AND DIMENSION	NATIONAL HEALTH TARGET	RESPONSIBILITY	PROGRESS
What are we trying to accomplish?	What changes can we make to result in an improvement?	How will we know the change is an improvement?	Steps towards the Objective					
A professional nursing workforce with a focus on leadership	Post graduate education support	<ul style="list-style-type: none"> 100% successful completion of papers Increased up-take of post grad study Evidence of change in practice 	<ul style="list-style-type: none"> Continue to provide expert help with assignment writing and coaching to increase success rate Continued advertising of CTA funding and increase service provision for funding Research into the effectiveness of post graduate study to support a positive change in practice 	2011 2010 2011	TA 2, 3 D 1,2,3,5		Nurse Co-ordinator, Post Graduate Education	
	Professional Development and Recognition Programme (PDRP) implementation	<ul style="list-style-type: none"> 100% compliance with programme Increased number of proficient and expert nurses in services Evidence of contribution of service 	<ul style="list-style-type: none"> Increase compliance through coaching, leadership and performance management Provide coaching and support to services to assist in increasing Proficient and Expert applications Research the effectiveness of the PDRP to deliver 	2010 2011 2012	TA 2, 3 D 1, 2, 3, 5, 6		Nurse Co-ordinator PDRP and CNDs/Service Managers TBA	

			contribution to service from Proficient and Expert nurses					
	Framework for Education (FEDs) implementation	<ul style="list-style-type: none"> ◦ 100% compliance with application process ◦ Evaluation of FEDs process 	<ul style="list-style-type: none"> ◦ Monitor uptake of application process to ensure compliance ◦ Research the effectiveness of the process 	2009 2009	TA 2, 3 D 1 - 6		Chair of FEDs Committee FEDs Evaluation Group	
	Professional Development Unit (PUD) development	<ul style="list-style-type: none"> ◦ Establishment of the PDU ◦ Evidence of effectiveness of PDU 	<ul style="list-style-type: none"> ◦ Establish scope, objectives and direction of the PDU ◦ Ensure adequate communication to the organisation regarding the PDU ◦ Research the effectiveness of the PDU in relation to the co-ordination of professional development 	2009 2009 2012	TA 2, 3 D 1 -6		Nurse Leader Professional Development TBA	
	Credentialing approval and monitoring	<ul style="list-style-type: none"> ◦ 100% compliance with application process ◦ Evaluation of the process 	<ul style="list-style-type: none"> ◦ Establish monitoring process for credentialed activities and application ◦ Development and maintenance of a credentialing database ◦ Research the effectiveness of credentialing in relation to patient safety and uptake 	2009 2009 2012	TA 2, 3 D1 -5		Chair of the Credentialing Committee TBA	

Coaching and Mentoring (CandM) programme roll out	<ul style="list-style-type: none"> ◦ All senior nurses have completed the CandM programme ◦ Reduced number of performance issues and resulting resignations ◦ Evidence of QI activities through Whai Manaaki 	<ul style="list-style-type: none"> ◦ Effective monitoring system and linked to orientation ◦ Process to monitor performance management issues and reasons for resignations ◦ Process for tracking QI activities 	2009	TA 2, 3 D 1, 2		Nurse Leader Professional Development	
			2009			DoN	
				2009			CND QI
Learning and Development utilisation of courses	<ul style="list-style-type: none"> ◦ Evidence of participation and completion of leadership courses by nurses 	<ul style="list-style-type: none"> ◦ Effective reporting system to monitor uptake of course by nurses 	2009	TA 2, 3 D 1, 2		Nurse Leader Professional Development	
Development of the RN to NP pathway	<ul style="list-style-type: none"> ◦ Establishment of defined educational, experience and professional/Personal qualities of roles leading to NP 	<ul style="list-style-type: none"> ◦ Guidelines on the scope, attributes etc of defined senior roles to be developed ◦ Establish clear pathway for NP role 	2009 2009	TA 2, 3 D 1, 2		CND KF NP Critical Care Complex	

3 QUALITY IMPROVEMENT ACTION PLAN: NURSING

3.1 Improve the Safety Dimension of Quality

Management of the Physically Unstable Patient (PUP)						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Improve detection and management of the physiologically unstable patient Decreased unplanned admission to ICU by 20% over 3 years Decreased cardiac arrest rates by 20% over 3 years	Implementation of the new vital sign observation chart. Education of staff and monitoring of use	New Observation chart adopted across the organisation by nursing staff	Patient Experience	December 08	CNMs PUP CNS Resus Educators NEs	Roll out completed
	Orientation of new staff to chart and EWS process and responsibilities	Increased use of MET		April 09	CNMs PUP CNS Resus Educators NEs	New nursing orientation project underway. Internal Bureau study day run 1 Oct 2008
	Compliance rate improvement	Results from compliance audits		April 09	DoN CNDs CNM	CNDs to work with CNMs and SM to improve compliance.
	Develop 'hospital at night' concept	Functional 'hospital at night' team including nursing,		Phase 1 February 09	DoN	Phase 1: clinical lead 24/7 and location in HDU (CNAs)
	Robust system for collecting cardiac arrest rates	Arrest rates show a decline		July 09	PUP CNS	

Medication Safety						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Improved medication safety: Medication adverse events decreased by 20% over 3 years	Introduction of Pyxis machines on wards	Pyxis implemented in 3 pilot wards ICU Medical ward 4 Surgical ward 9	Patient Experience	December 09	CNDs CNMs	10/08 Pyxis installed in three pilot areas. Education provided. Pilot in progress.
	Compliance with Pyxis Policy	Reduced waste of medications	Value for Money Patient Experience	November 2010	CNDs CNMs	10/08 Awaiting approved policy
	Review of nursing medication policy, workbooks and certification process	Improved compliance	Patient Experience	December 08	CND QI NEs	10/08 June 2009
	Implementation of Guardrails Smart IV pump software (Cardinal Health Volumetric/Syringe driver pumps)	Compliance with use of software. Reduced IV medication errors			July 09	CNDs CNMs IV CNM

Decreasing Hospital-Acquired Infections						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Decrease iatrogenic infections by 25% over 3 years	Introduce Central Line Associated Bacteraemia (CLAB) 'bundle' of improvements and checklist.	Compliance with 'bundle' of care and reduced rates of CLAB in ICU	Value for Money	July 2011	CND Acute Care	ICU PDSA cycles in progress
	Introduce Ventilator Associated Pneumonia (VAP) 'bundle' into ICU	Compliance with VAP bundle and decreased VAP rates and antibiotic utilisation in ICU	Patient Experience	July 2010	CND Acute Care	
	Improve compliance with outbreak measures and screening criteria	Reduced HA infections by 30% and improved screening compliance to 80%		Feb 09	CNDs CNM	
	Introduce hand hygiene programme (in line with WHO Healthy Hands are Safe Hands project and QIC initiative).	Increase compliance with hand hygiene policy/programme		July 09	DoN CND QI CNMs NEs T/L IP & C	Second phase of programme – May 09 Project lead for hand hygiene appointed – commenced. Programme planning underway.

Pressure Area and Falls Management						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Improve patient safety	Focus nursing time available on patient care activities that enhance patient safety:	Pilot of falls/pressure ulcer risk assessments on admission in medicine	Value for Money	December 08	Nurse Co-ordinator QI CND Medicine CNMs CNS Wound Care	10/08 Current state analysis Project in collaboration with Wellington Unit planned
	Introduce falls/pressure ulcer risk assessment checklist on all wards	Roll out of falls/pressure ulcer risk assessment to 100% of ward admissions Reduced incidence of falls reported	Patient Experience	July 09		
	Introduce pressure ulcer bundle of care for high risk patients: 1. Daily skin inspection 2. Skin moisture management 3. Optimizing Nutrition 4. Regular repositioning 5. Pressure-redistribution surfaces used	100% of 'at risk' of pressure ulcer patients will receive all five interventions of the pressure ulcer bundle Spot census survey of 15 patient records per week for pressure ulcer monitoring	Value for Money Patient Experience	July 09	Nurse Co-ordinator QI DoN CNDs CNMs CNS Wound Care	Nurse co-ordinator appointed Monitoring of pressure areas and falls assessment through new Wims 5 upgrade planned

Clinical Handover						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Improve patient safety	Introduce standards for inter/intra hospital handover	Improved communication of patients status and treatment plans and standardisation of clinical handover	Patient Experience	July 09	CNDs CNMs	Working party established. Current structure review underway
	Improved Emergency Care (EC) to ward handover			Feb 09	CND Acute Care	EC trialling fax handover to ward – evaluation planned
	Introduce standard for bedside shift handover			July 09	CND QI CND Medicine CNM	Pilot on selected medical ward and links with Whai Manaaki.
	Introduce standard for residential care to hospital and visa versa			July 09	CND ARHOP CND Residential Care	

Reduce Surgical Complications						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Decrease surgical site infections (SSI)	Compliance with Surgical site Infections bundle. Appropriate: <ul style="list-style-type: none"> • Hair removal • Skin cleansing • Dressing application • Theatre staff procedures 	100% compliance with all components of SSI bundle	Patient Experience Value for Money	July 2010	CND of Surgery CNMs NEs	
Venous thrombo-embolism (VTE) prophylaxis	VTE risk assessment on both surgical and medical admissions Standard order sets for VTE prophylaxis Education and training for patients and staff	100% compliance with VTE risk assessment Decreased rates of intra- or post-operative DVT or PE during index admission or within 30 days of surgery		July 2010	CND of Surgery CNMs	

Women's health and Kidz First Early warning score and baby friendly initiatives						
	PEWS paediatric Early Warning Score using SBAR		Patient Experience	2010	CND KF & WH	
	WHO Baby Friendly Hospital Initiative		Value for Money	2010	CND KF & WH	

Standardise Serious and Sentinel Events reporting						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
A system that reliably tracks incidents and investigation of root causes	Increased use of electronic reporting through Risk Monitor and Feedback Pro	Comprehensive reporting of incidents	Patient Experience	July 2009	DoN CNDs CNMs	
	Feedback to reporters of incidents	Improved feedback mechanisms to staff reporting incidents	Value for Money	July 2010	CNDs CNMs	Collaboration with NZNO re Feedback process
	Improved reporting system	Increased reporting across services Safe staffing issues reported directly to the DoN		July 09	CND QI	Planned survey of staff for Feb 09
	Improved root cause analysis (RCA) investigations and shared learning	Collaboration across the services to implement changes as a result of RCAs		March 09	CNDs	RCA training scheduled for March

3.2 Improve Clinical Effectiveness

Introduction of integrated care pathways to standardise care						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Standardisation of care for common processes	Introduction of Lean Integrated Care Pathways for 80% of high cost/high volume procedures	Fully implemented pathways and infrastructure to continually develop them	Patient Experience	June 2011	Nurse Leader PHC Acute CND Care	FAMA Project
Wound Management Service						
Reduce unplanned admissions and improve tissue viability management	Develop a wound care management service across the sector	Outcome measures developed to evaluate the service	Patient Experience Value for money	July 2009	DoN CNS Wound Care	Develop CNS model for Nurse Lead clinics Research with PHC and district nurse completed
Aged Residential Care						
Reduce presentations to EC from ARRC facilities	Numbers of presentations will decline over the next 12 months therefore the pressure on EC related to these presentation will ease	Clinical analysis reporting of monthly presentations		12/2009	CND ARRC	Community Geriatric Services set up covering ARRC facilities Clinical Nurse Specialists numbers in the team have increased from 1 to 3 pilot completed and evaluated ARRC advice Hotline operational managed by the CNS team
	Reduced medication use in ARRC	Clinical analysis reporting CGS evaluation		2010		Phase one completed with evaluation
	Advanced care planning in ARRC	Less admissions to acute care for patients needing end of life care		2010		Documentation developed and trail underway
	Increased IV antibiotic administration capacity of ARRC	Reduce admissions for IV antibiotic therapy		12/09	CND ARRC	IV capability pilot completed

	facilities					
	Improve the service continuum for ARRC residents who need acute care	Reduction in the number of problem/complaints		12/09		Acute transfer for implemented from ARRC to MMH

3.3 Patient-Centered Care

Optimising the patient's journey, decreasing waits and delays in Emergency Care						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Secondary care patient journey optimised	Introduce lean-thinking methods into EC (Frontline Focus)	No patient waits longer than 60 minutes to be seen No patient in EC longer than 6 hours Improved performance against MOH Triage performance measures for ED	Patient Experience	December 08	CND Acute Care	10/08 OPJ programme commenced
	Improving efficiency of ward discharge processes	Reduced cost per case for inpatient episodes by 5% p.a.	Value for Money	July 09	CNDs CNM	Pilot in progress on medical ward

Improved patient-centred care through cultural awareness						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Better Patient engagement and understanding of their health issues	Cultural Responsiveness Training offered for all new staff (primary and secondary) in orientation.	All new staff complete cultural training in orientation	Patient Experience Value for Money	July 2011	CNDs	Learning & Development have introduced a policy outlining mandatory training requirements including cultural awareness training. Approval 12/08
	Decrease training time of Tikanga Best Practice (to two days) to facilitate greater staff engagement	Improved compliance with training requirement		July 09	Nurse Leader, Maaori	MRP Steering Committee agenda item Approval to reduce to two day for 2009 courses.
	Tikanga in Practice (TIP) training linked to Whai Manaaki (WM) programme			July 08	CNDs	Strong links established with first WM cohort now Completing the TIP

						training
	Tikanga in Practice (TIP) training linked to Whai Manaaki (WM) programme			July 08	CNMs	Strong links established with first WM cohort now Completing the TIP training

PHC Nurse Lead Clinics						
	Development of primary health Nurse Lead clinics in Mangere		Patient Experience Value for Money Population Health			Primary Innovation application submitted. Steering group convened

3.4 Improve Timeliness

Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Reduced waiting times for diagnostic services and out patient care	Nurse led clinics for out patient care	Improved waiting times and access to care	Patient Experience	2010	CND Surgery	
Seamless care between secondary and PHC						
Better management of frequent attendees to EC to increase management at home	Developing strong links with primary care providers to improve home care	Reduced visits to EC from 'frequent visitors' through home management	Patient experience Value for Money		Nurse Leader PHC	
	Triage & Allocation Project to identify outlier issues and develop ways forward (ARHOP)				CND ARHOP	
	Referral process AT & R					

3.5 Improve the Capacity of the Health Sector to Deliver Quality Services

Ensure the Quality Improvement Framework is imbedded within Planning						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Apply the quality improvement framework to planning	<p>Planning documents to include quality improvement strategies</p> <p>Project work to reflect QI tools and techniques</p>	<p>Strategies address the Triple Aim and 6 dimensions of Quality</p> <p>Projects are structured to use QI tools and techniques and can be measured</p>	Population Health	2010	DoN DoN Governance Team CNMs NEs	<p>10/08 Development of this plan</p> <p>NEs orientation project team attending the QI training programme</p>
Develop Sustainability Strategies for QI Programmes						
Sustainable QI Programmes	Develop strategies to ensure sustainability	QI is every day practice for front line and all levels of nursing	<p>Patient Experience</p> <p>Value for Money</p>	2010	DoN DoN Governance Team CNMs	
Develop a Framework for Nursing Practice Based on the Forces of Magnetism						
Progression towards compliance with the Magnet Standards	Understanding of and work towards achieving the Magnet application process	Successful application	<p>Patient Experience</p> <p>Value for Money</p> <p>Population Health</p>	2011	DoN DoN Governance Team CNMs NEs	

3.6 Improve Equity

Note that equity is addressed under other domains as well. For example times to FSA and diagnostics analysed by ethnicity will enable staff to plan steps to improve any inequalities that become apparent.

Improving access for the Maaori population						
Outcome What are we trying to accomplish?	Objective What changes can we make to result in an improvement?	Measure How will we know that a change is an improvement?	Triple Aim	Target completion date	Responsibility	Progress
Improved access for the Maaori population	Northern Cancer Network Inequalities, Maaori leadership group which ensures accessible and appropriate services for Maaori	Greater access to care for the Maaori population	Population Health Patient experience		Nurse Leader, Maaori Health	Provides leadership and advice that ensures reducing health inequalities is a focus in all activities
	CM Palliative Care Network Group: identifies information on support services, co-ordination, workforce development and alignment, cultural competencies for staff and joint training across the sector	Improved services and access for Maaori population			Nurse Leader, Maaori Health	
	Gout steering group	Targeting Maaori with Health promotion, early screening and detection and genetic research			Nurse Leader, Maaori Health	

4 REFERENCES

Berwick.D, 2003, Improvement, trust and the healthcare workforce. *Quality and Safety in Healthcare*. Vd 12 pp 448-452

Berwick.D, Nolan and Whittington. J, 2008
The triple aim: care, health and the cost. *Health Affairs*. Vd pp 759-769

Counties Manukau DHB, June 2006. *District Annual Plan 2006/07*. Auckland: Counties Manukau District Health Board

Counties Manukau DHB *Workforce Development Plan 2007 – 2011*. Auckland: Counties Manukau District Health Board

Counties Manukau DHB, 2006. *District Strategic Plan 2006–2011, Healthy Futures*. Auckland: Counties Manukau District Health Board

Counties Manukau DHB, 2006. *Whaanau Ora (Maaori Health Plan 2006–2011)*. Auckland: Counties Manukau District Health Board

Counties Manukau DHB, 2005 *WorkForce Census of the Community, NGO and Primary Care Health Sector*. Auckland: Counties Manukau District Health Board

DHBNZ, Future Workforce, 2006. *Nursing Workforce Strategy*. Wellington: District Health Boards New Zealand

NENZ, December 2006. *Strategic Plan 2006 – 2008*, Nursing Executives of New Zealand Wellington

Ministry of Health 2003. *Health Practitioners Competence Assurance Act 2003*. Wellington: New Zealand Ministry of Health

Ministry of Health 2000, *New Zealand Health Strategy*, Wellington: New Zealand Ministry of Health

5 ACRONYMS

ARHOP	Adult Rehabilitation and Health of Older Person
ARRC	Aged Related Residential Care
AT & R	Adult Treatment and Rehabilitation
CMM	Charge Midwife Manager
CND	Clinical Nurse Director
CNM	Charge Nurse Manager
CNS	Clinical Nurse Specialist
CTA	Clinical Training Agency
DHBNZ	District Health Board New Zealand
DoN	Director of Nursing
EC	Emergency Care
EN	Enrolled Nurse
EWS	Early Warning Score
FAMA	Frequent Adult Medical Admissions
FED's	Framework for Education & Development
HCA	Health Care Assistant
HDU	High Dependency Unit
HWIP	Health Workforce Information Programme
ICU	Intensive Care Unit
IP and C	Infection Prevention and Control
KF	Kidz First
KPI	Key Performance Indicator
MET	Medical Emergency Team
MIT	Manukau Institute of Technology
MOH	Ministry of Health
MRP	Maori Responsiveness Programme
NA	Nurse Assistant
NE	Nurse Educator
NETP	New Entry to Practice Programme
NM	Nurse Manager
NP	Nurse Practitioner
NZNO	New Zealand Nurses Organisation
OPJ	Optimising Patient Journey
PD	Professional Development
PDRP	Professional Development & Recognition Programme
PDSA	Plan Do Study Act
PDU	Professional Development Unit (Nursing)
PHC	Primary Health Care
PUP	Physiologically Unstable Patient
QI	Quality Improvement
QIC	Quality Improvement Committee
RCA	Root Cause Analysis
RN	Registered Nurse
SM	Service Manager
SSHW	Safe Staffing Healthy Workplace
TIP	Tikanga in Practice
TKOH	Te Kupenga O Hoturoa (Primary Healthcare Organisation)
TL	Team Leader
WH	Womens Health
WM	Whai Manaaki
VAP	Ventilated Associated Pneumonia