

A health care system to meet our needs

# The Power of Innovation

Care at the Front Line: Innovating through Integration

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General Manager,  
Canterbury District Health Board



Health



What is a District Health Board?



# How did we do it?

## Developing a patient-centred health system

But together, we **transformed** our health system.



We started with a **vision**.

We launched a series of **initiatives**.

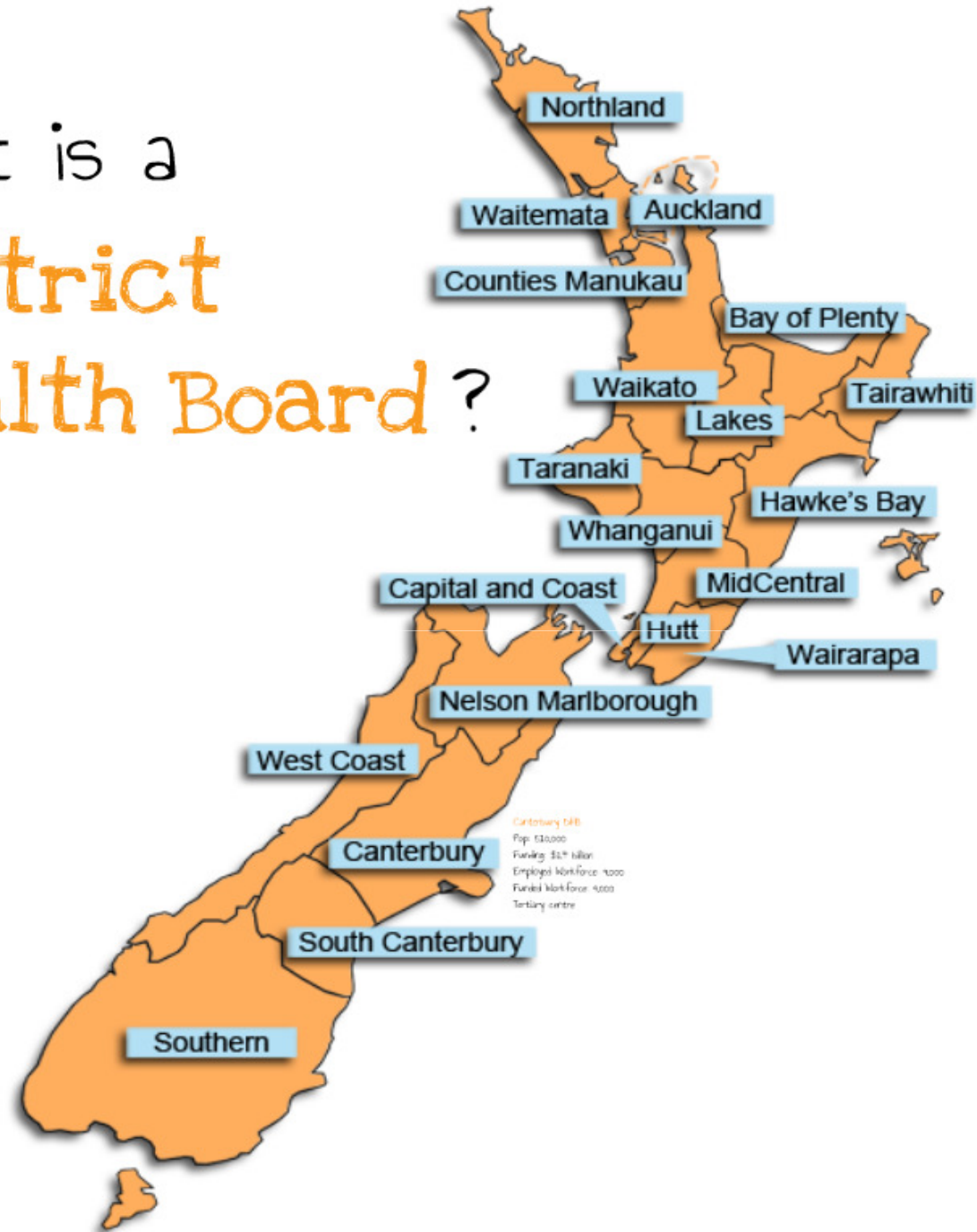
	2009	2008	2007	2006
<b>Primary</b>				
<b>Prevention</b>				
<b>Continuity</b>				
	2009-2010	2008-2009	2007-2008	2006-2007
Improving the Patient Journey	Canterbury Clinical Network	Canterbury Initiative	2005	
Health Services Planning	2008-2009	2007-2008	2006-2007	2005-2006

And now...

Supported by key **enablers**:



What is a  
**District  
Health Board** ?



A stylized map of the Canterbury region in New Zealand, colored in orange. Two light blue rectangular labels with black text are overlaid on the map. The top label is positioned over the northern coastal area and contains the word 'Coast'. The bottom label is positioned over the central inland area and contains the word 'Canterbury'.

Coast

Canterbury

Canterbury DHB

Pop: 510,000

Funding: \$1.4 billion

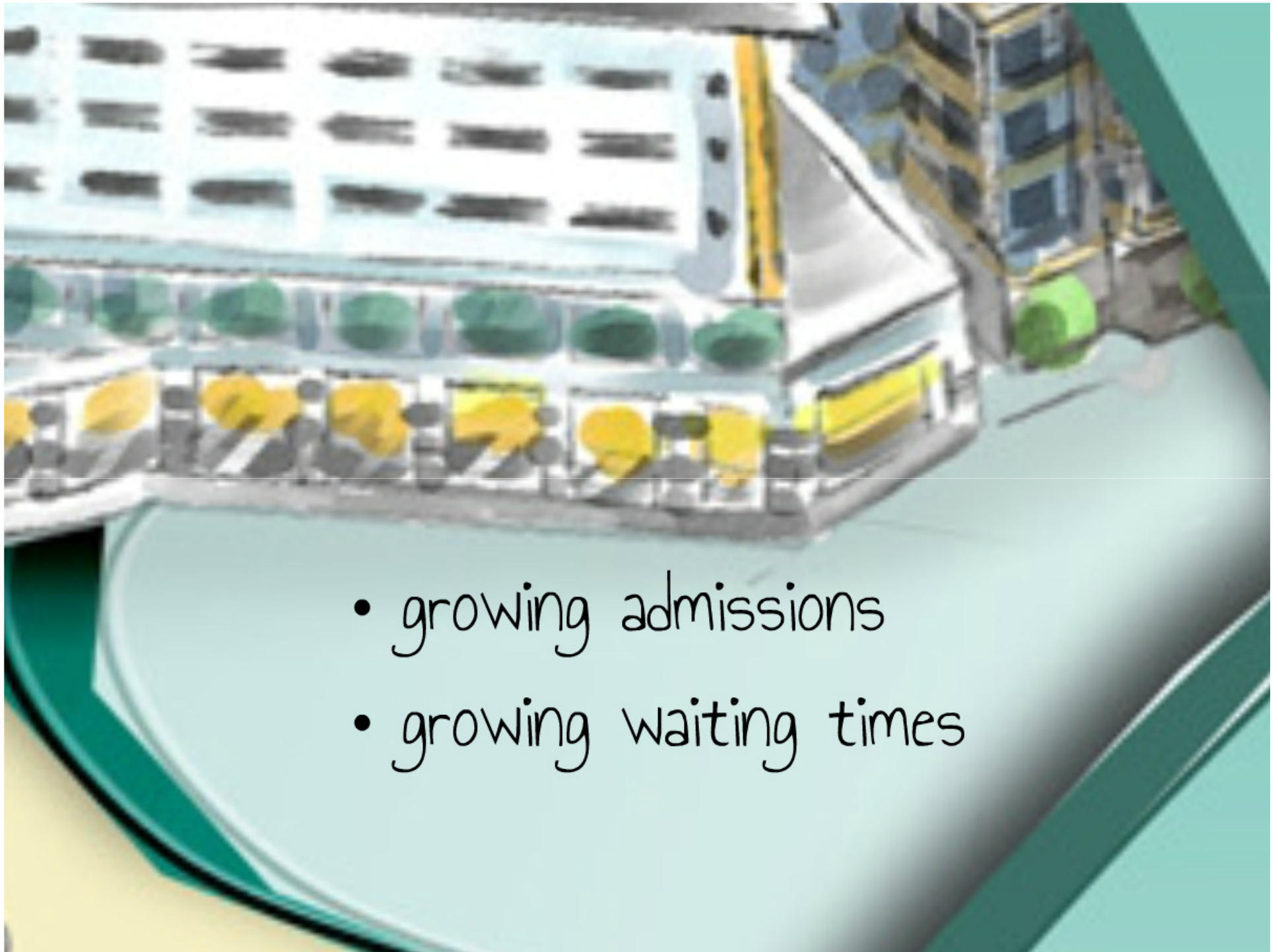
Employed Workforce: 9,000

Funded Workforce: 9,000

Tertiary centre

In 2007 Canterbury's health system was **fragmented**





- growing admissions
- growing waiting times

If we kept this up, we'd need another  
Christchurch Hospital by 2020



# Isolated General Practice

Is there  
anyone else  
out there?



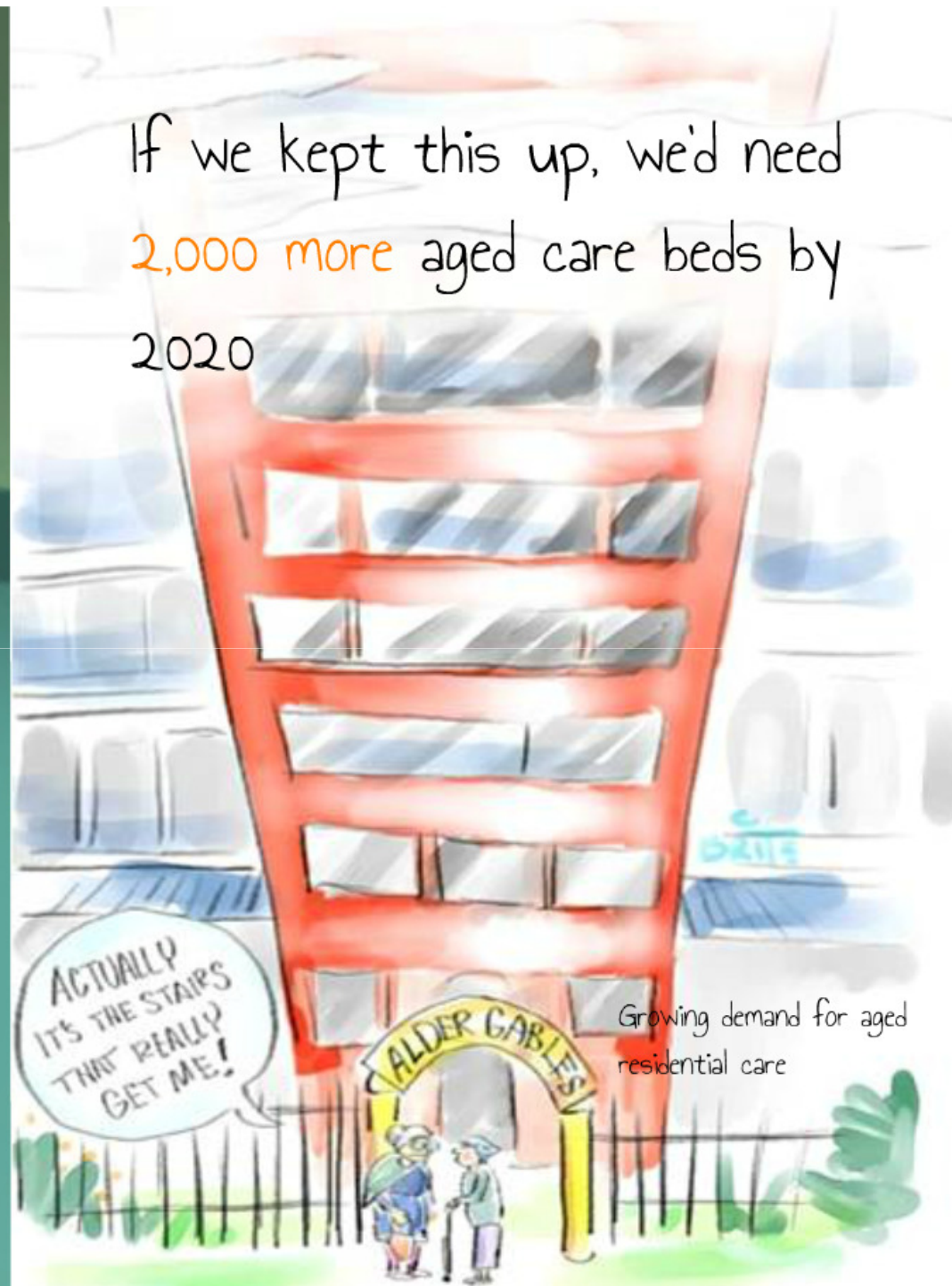
We'd need 20%  
more GPs by 2020



The background of the slide is a blurred photograph. On the left, there is a prominent red vertical element, likely a window frame. To the right, a green plant with large, rounded leaves is visible. The overall scene is out of focus, with soft colors and indistinct shapes.

Growing demand for aged  
residential care

If we kept this up, we'd need  
2,000 more aged care beds by  
2020



Growing demand for aged  
residential care



A scarce  
& ageing  
workforce



health system

But together, we  
**transformed**  
our health system.





TECHNOLOGY

A connected system





Centred around people

DENTAL

# DIRECT ACCESS

That aims not to waste their time



VOLU  
SERV



# Three strategic goals

## People take greater responsibility for their own health.

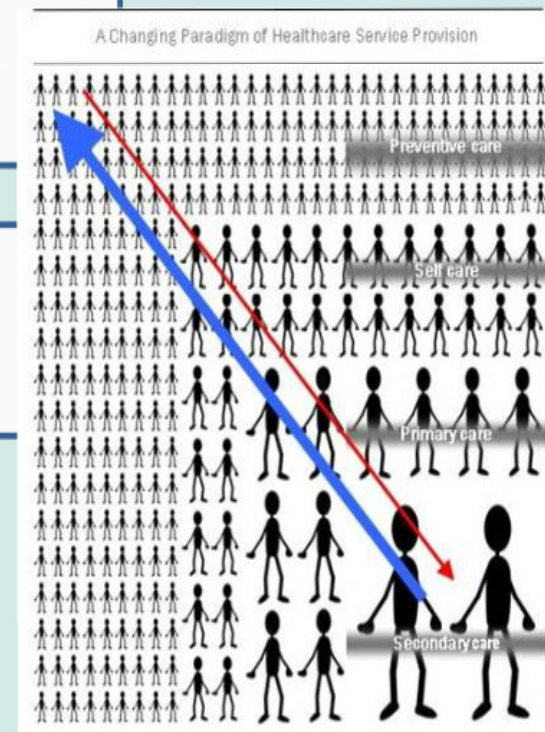
- The development of services that support **people/whānau** to stay well and take increased responsibility for their own health and wellbeing.

## People stay well in their own homes and communities.

- The development of **primary care and community** services to support people/whānau in a community-based setting and provide a point of ongoing continuity, which for most people will be general practice.

## 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.



# And a collaborative way of working

## One health system, one budget.

- Removing barriers and perverse incentives created by contracts and organisational boundaries by planning and working collaboratively across the public, private and NGO sectors.
- Getting the best outcomes possible within the resources we have.

## It's about people.

- The key measure of success at every point in the system is reducing the time people waste *waiting*.
- Right care, right place, right time, delivered by the right person.

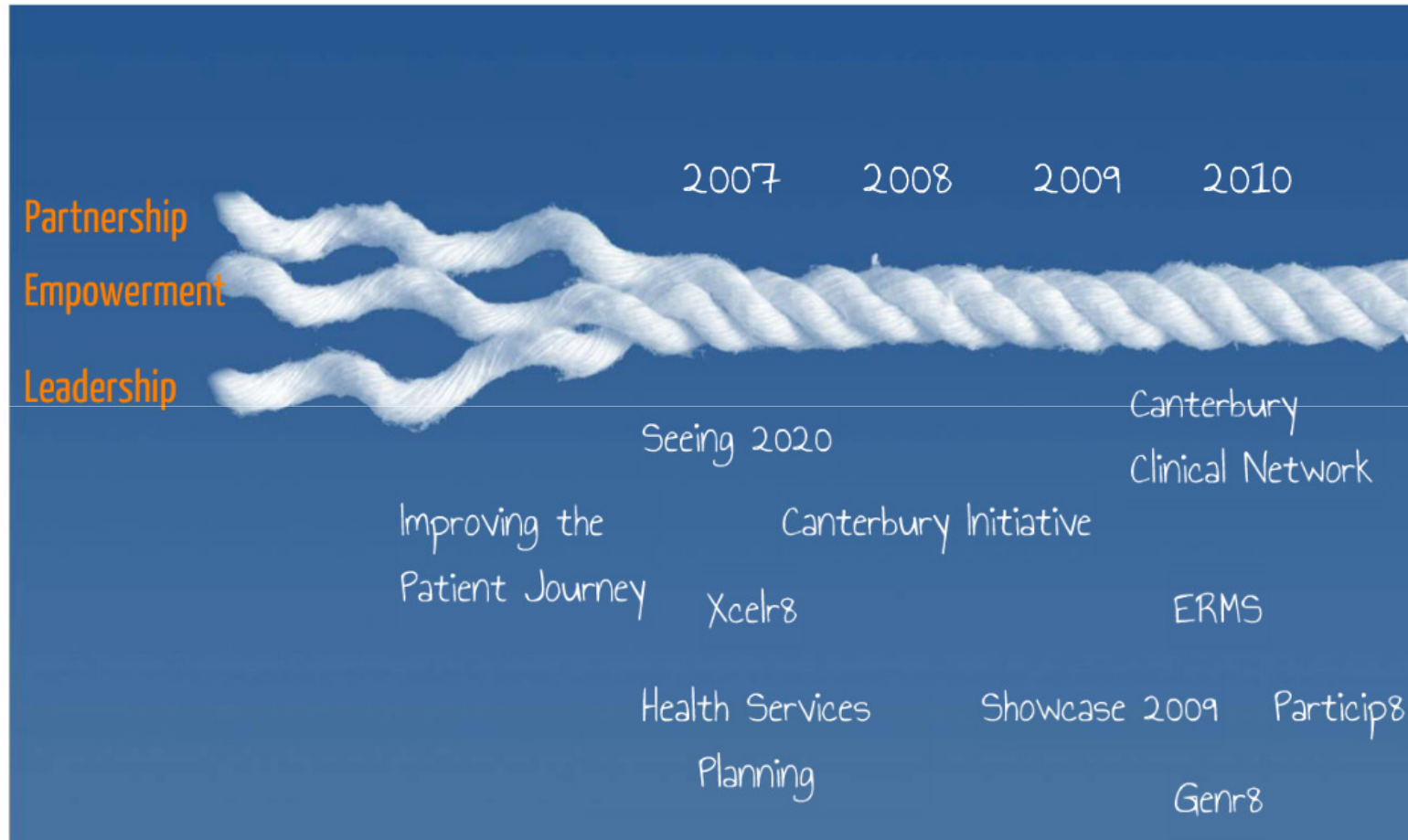
## Focus on leadership.

- The DHB's role is to buy the right thing for the population.
- Clinicians are enabled to do the right thing the right way.

## Take a 'whole of system' approach.

- Understand and respond to the needs of populations.
- Use information to plan and drive service improvement.
- Manage the short term in the context of the long term.
- Focus on improving productivity by doing the right thing the right way at the right time.
- Make decisions based on where services are best provided:
  - What is best for the patient?
  - What is best for the system?

We launched a series of **initiatives.**



# Supported by key enablers:



HealthPathways



Agreed pathways

Electronic Referral Management System



eSCRV

Shared information



Collaborative Care Programme

the Canterbury initiative

Working together



Canterbury Clinical Network  
Transforming Health Care. Whānau Ora ki Waikato.

HealthPathways



Health professionals from  
across the system  
working together to  
**make it better**



# Agreed pathways

Electronic Referral Management System



# HealthPathways



Health professionals from  
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**make it better**



Health professionals from

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 **make it better**

The screenshot shows the Canterbury HealthPathways website interface. At the top, there is a navigation bar with the logo, a search bar, and links for 'QuickLinks', 'Print', and 'Send Feedback'. The left sidebar contains a hierarchical menu of medical topics, with 'Skin Lesions' highlighted under the 'Plastic Surgery' section. The main content area is titled 'Skin Lesions' and features a photograph of a smiling woman. Below the photo, there is an 'Assessment' section with a heading and a paragraph: 'When a patient presents with a skin lesion, assess and treat as follows:'. This is followed by a bulleted list of links: 'Benign skin lesions', 'Skin lesion - uncertain diagnosis', and 'Malignant skin lesions'. An 'Information' section contains icons for 'Clinical Resources' and 'Patient Information'. At the bottom, an 'In This Section' section lists links for 'Skin Lesion Excision Flow Chart', 'Punch Biopsy', 'Skin Lesion Excision', and 'Benign Skin Lesions'. A 'flowchart' icon is also visible on the right side of the page.









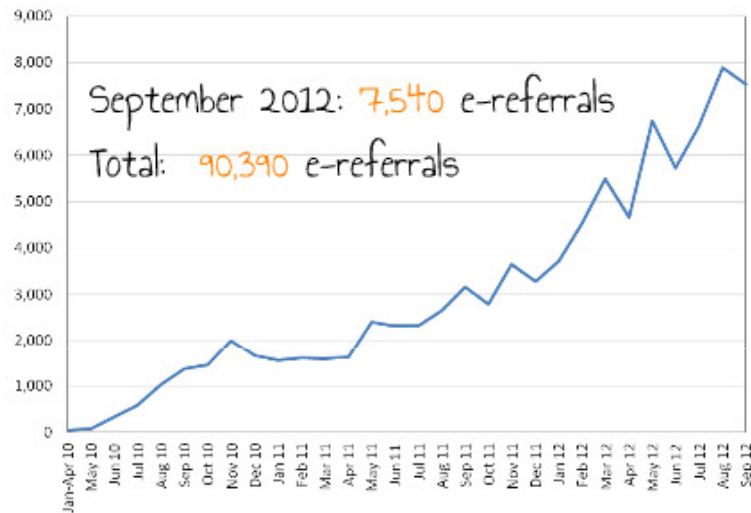
healthinfo.org.nz

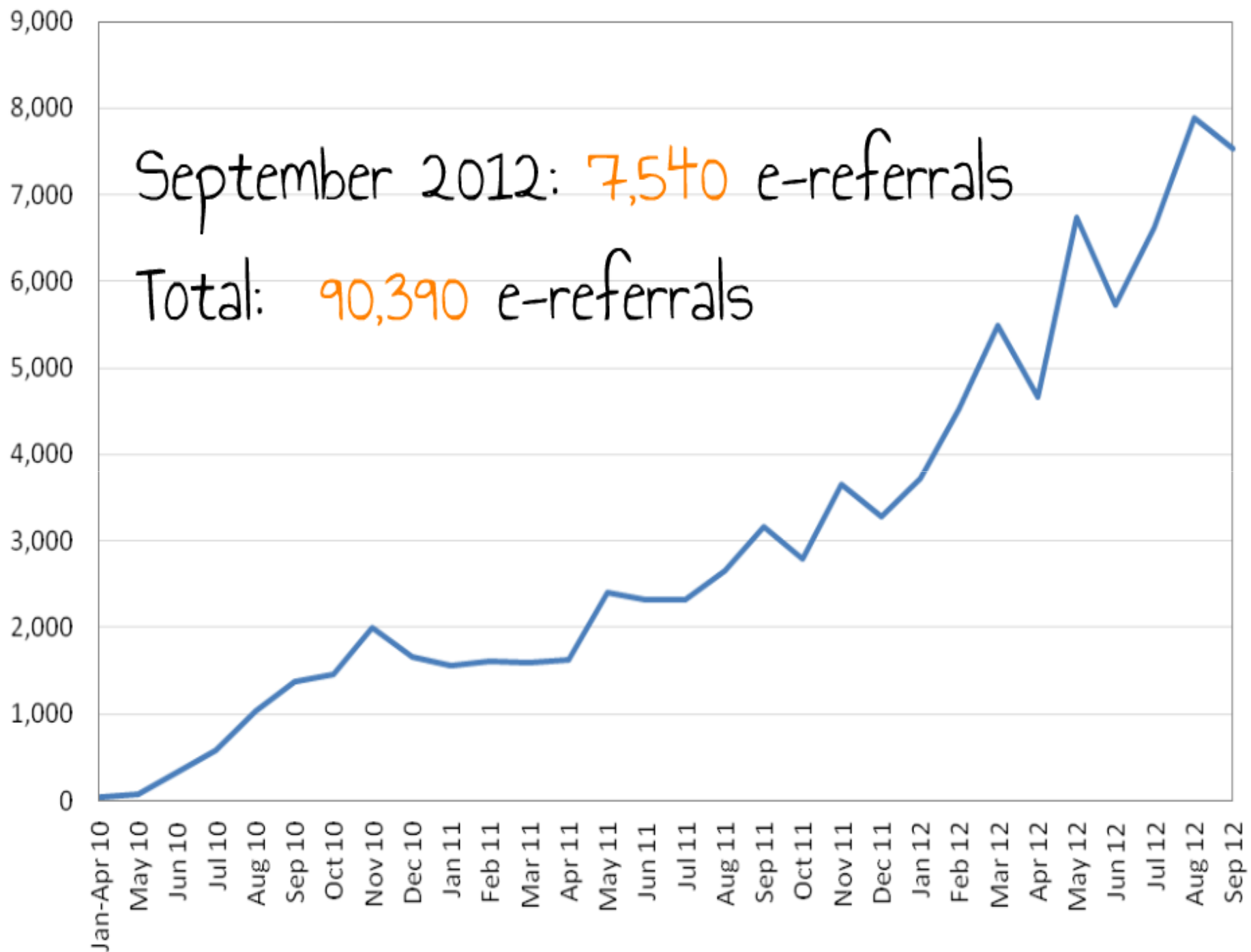
*Health information for Canterbury*

HealthInfo is for patients

Search

# Electronic Referral Management System







# Shared information



the  
**Canterbury**  
initiative

Working together

 Canterbury  
**Clinical Network**  
*Transforming Health Care. Whanau Ora ki Waitaha.*

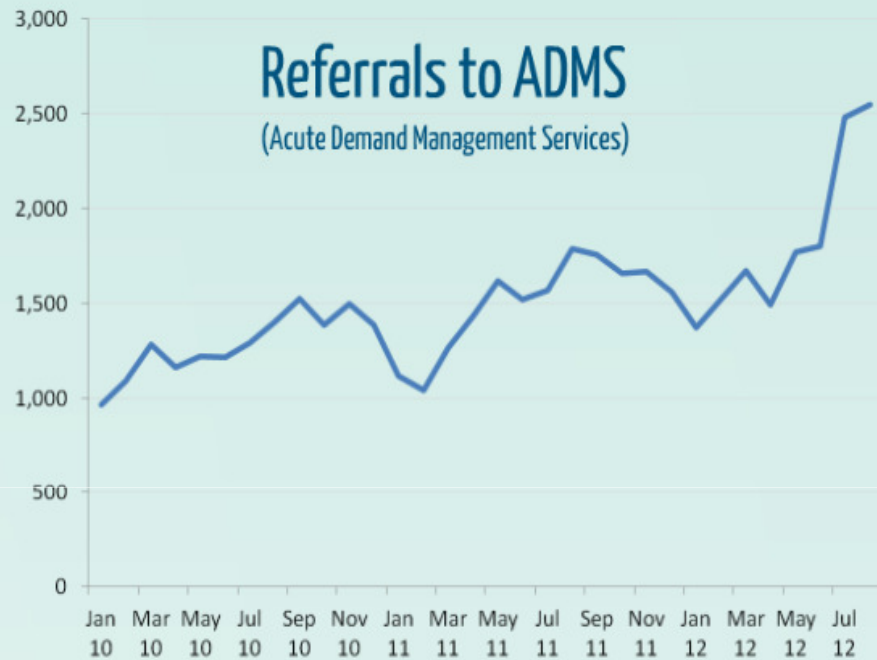
And now...





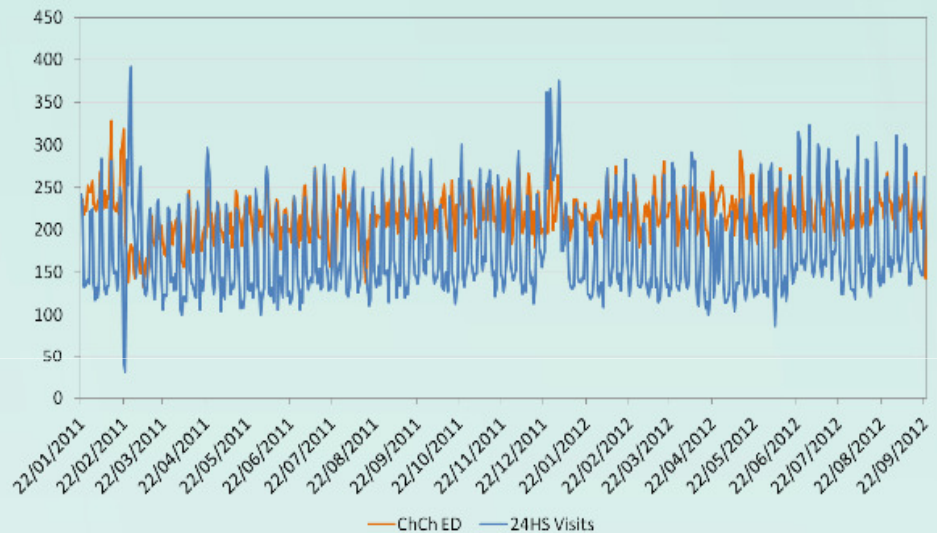


# More urgent care in the community



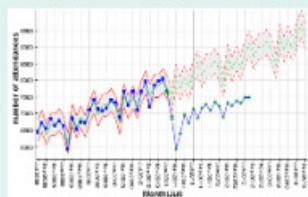
### Patients attending 24 Hour Surgery vs. ChCh ED

(Daily attendances)

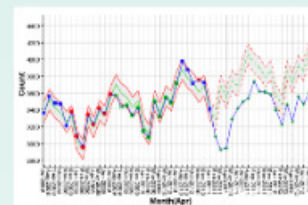


# Keeping down the load on our hospitals

### Total ED attendances

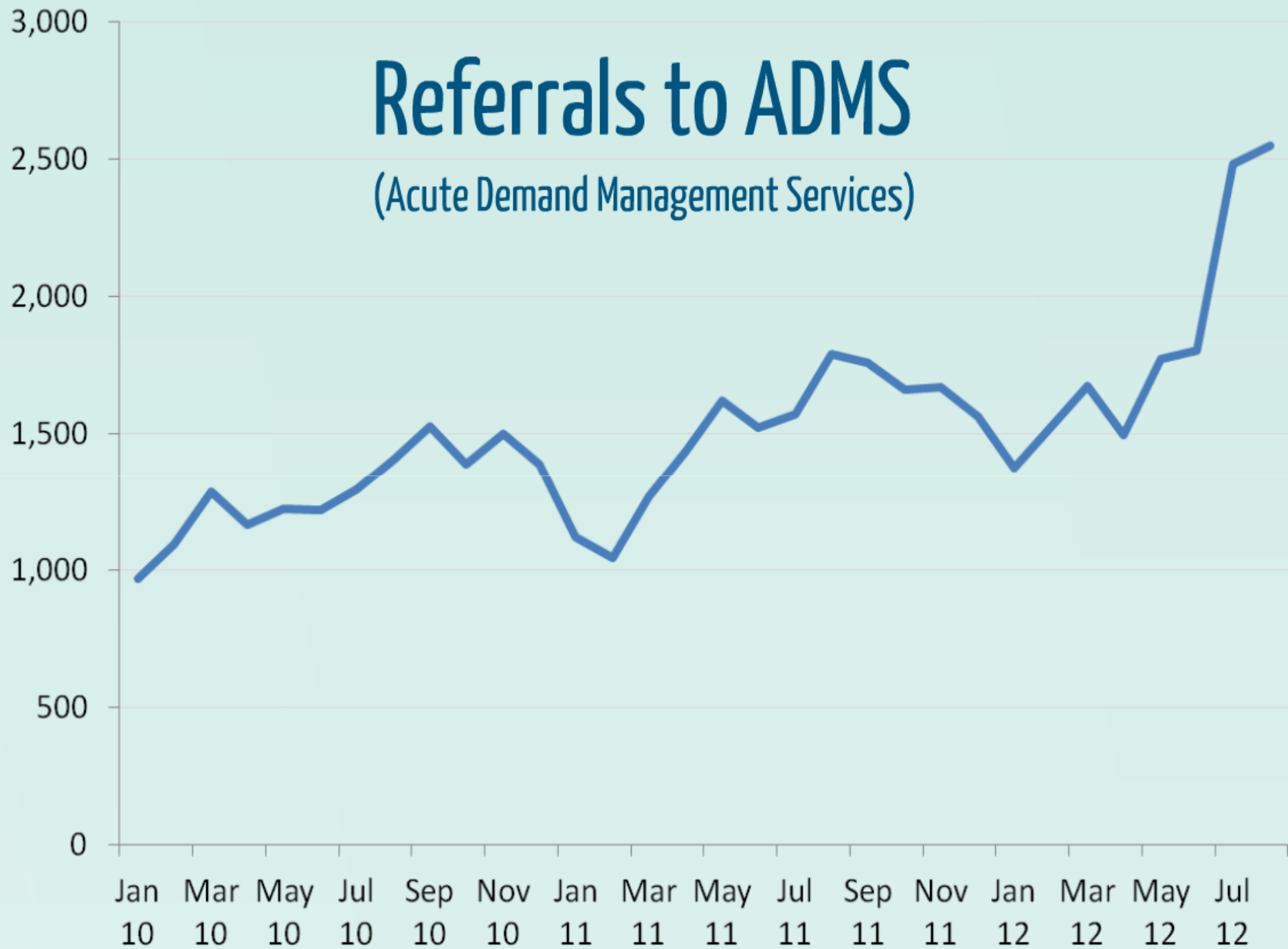


### Acute medical admissions



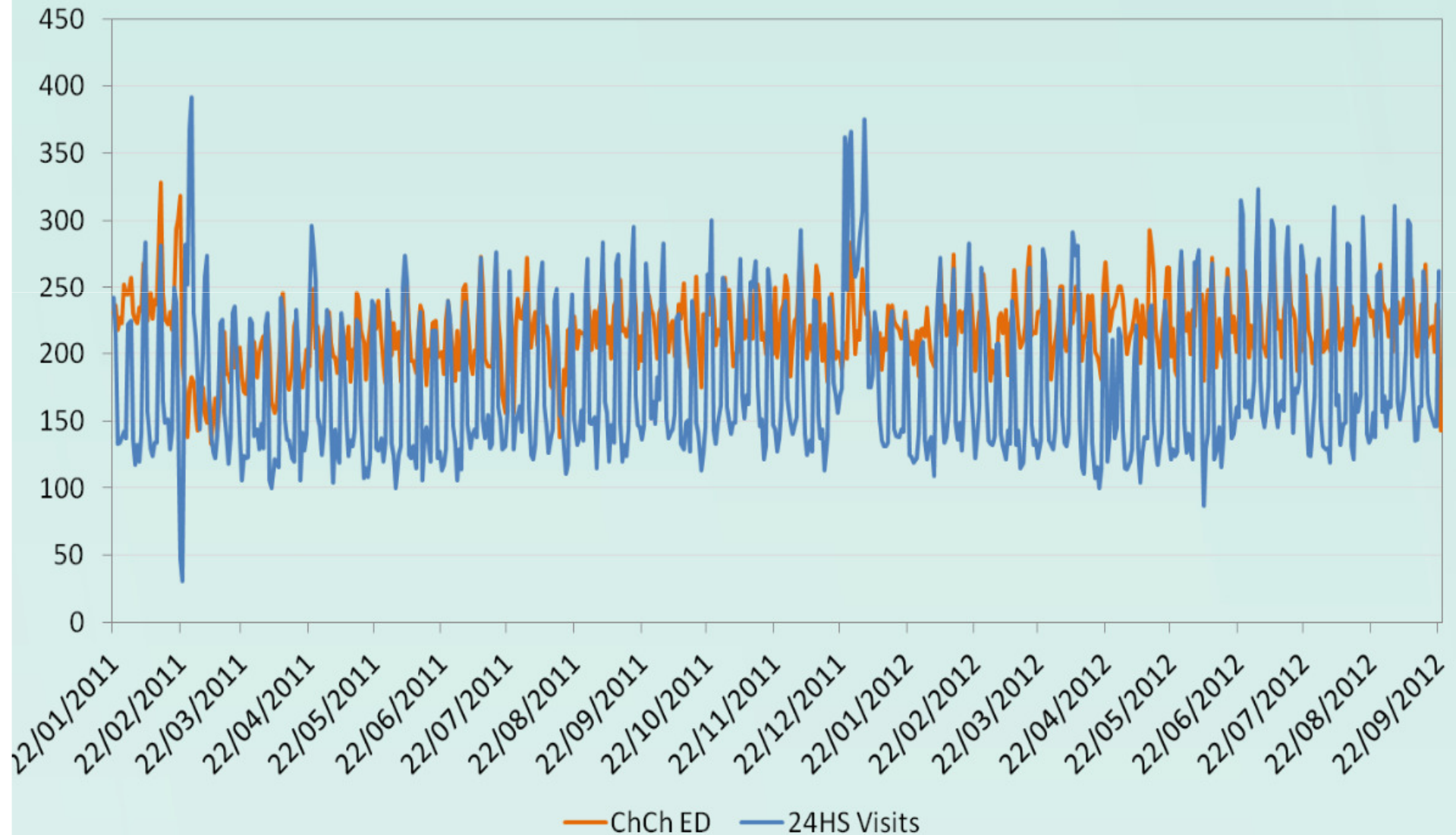
# Referrals to ADMS

(Acute Demand Management Services)

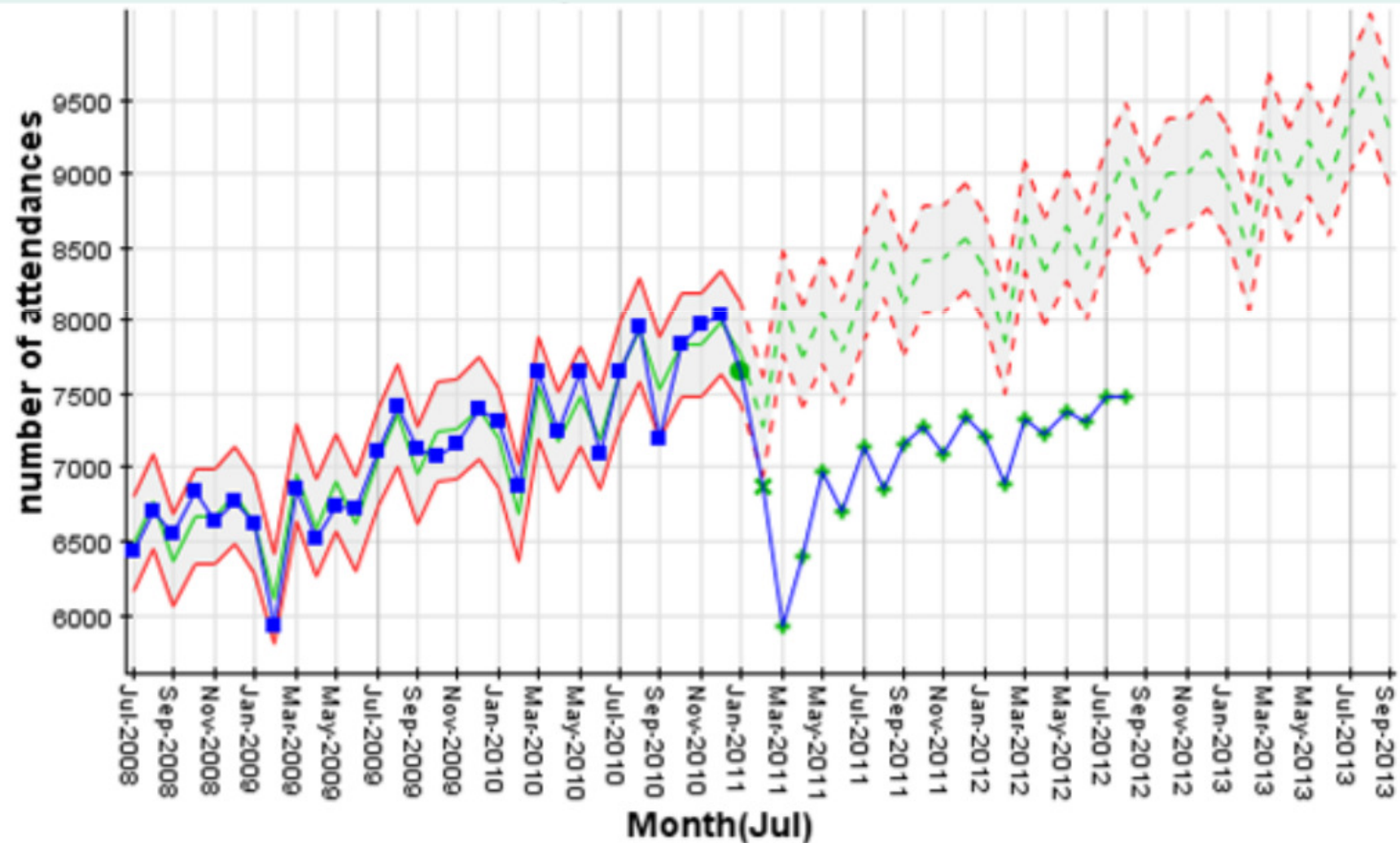


# Patients attending 24 Hour Surgery vs. ChCh ED

(Daily attendances)



# Total ED attendances



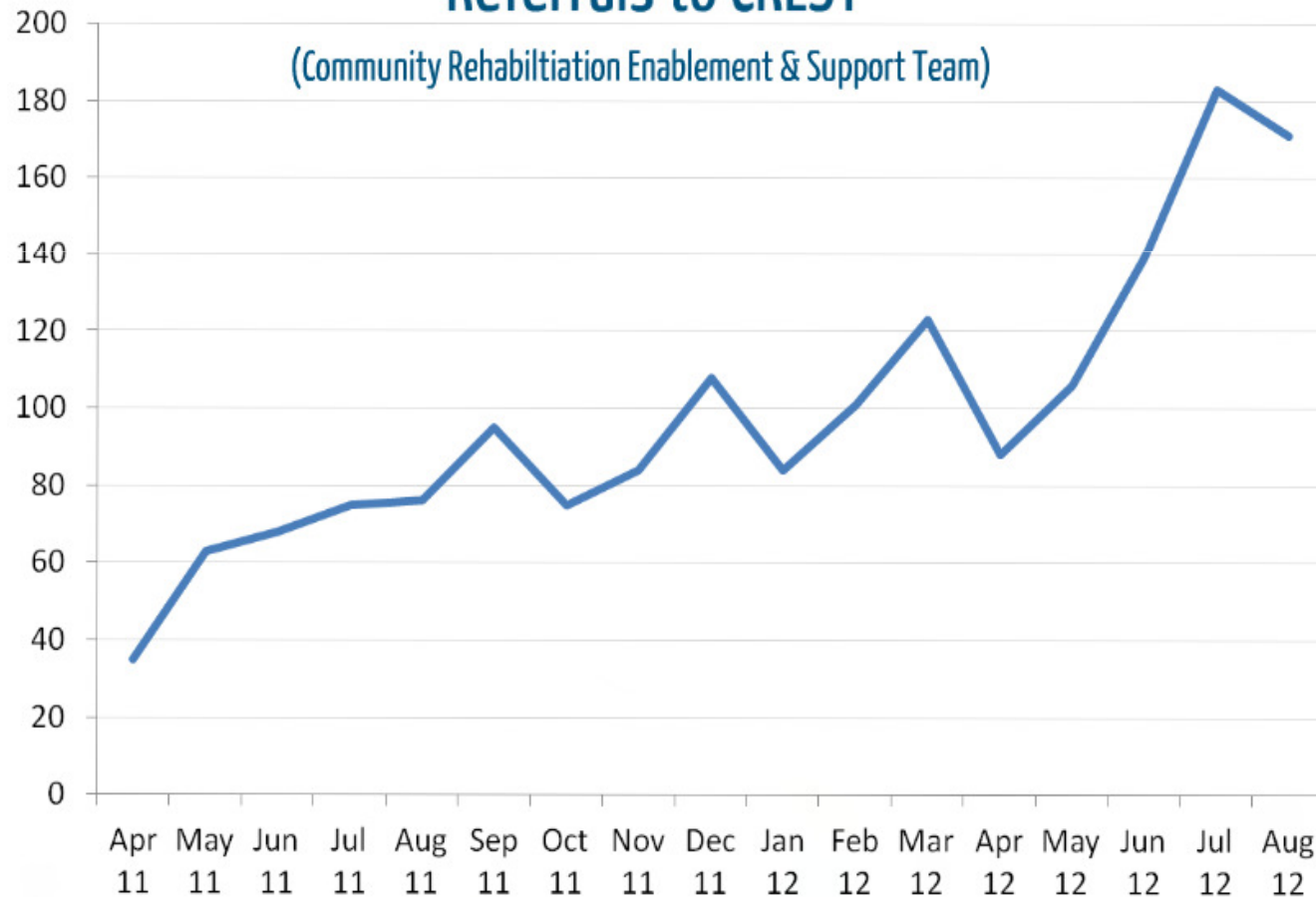
# Acute medical admissions



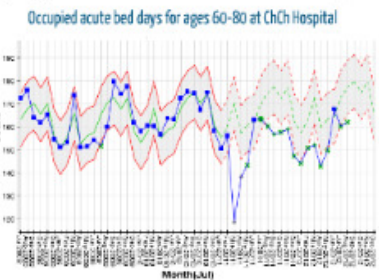
Older people supported to regain and maintain their independence **at home**

## Referrals to CREST

(Community Rehabilitation Enablement & Support Team)

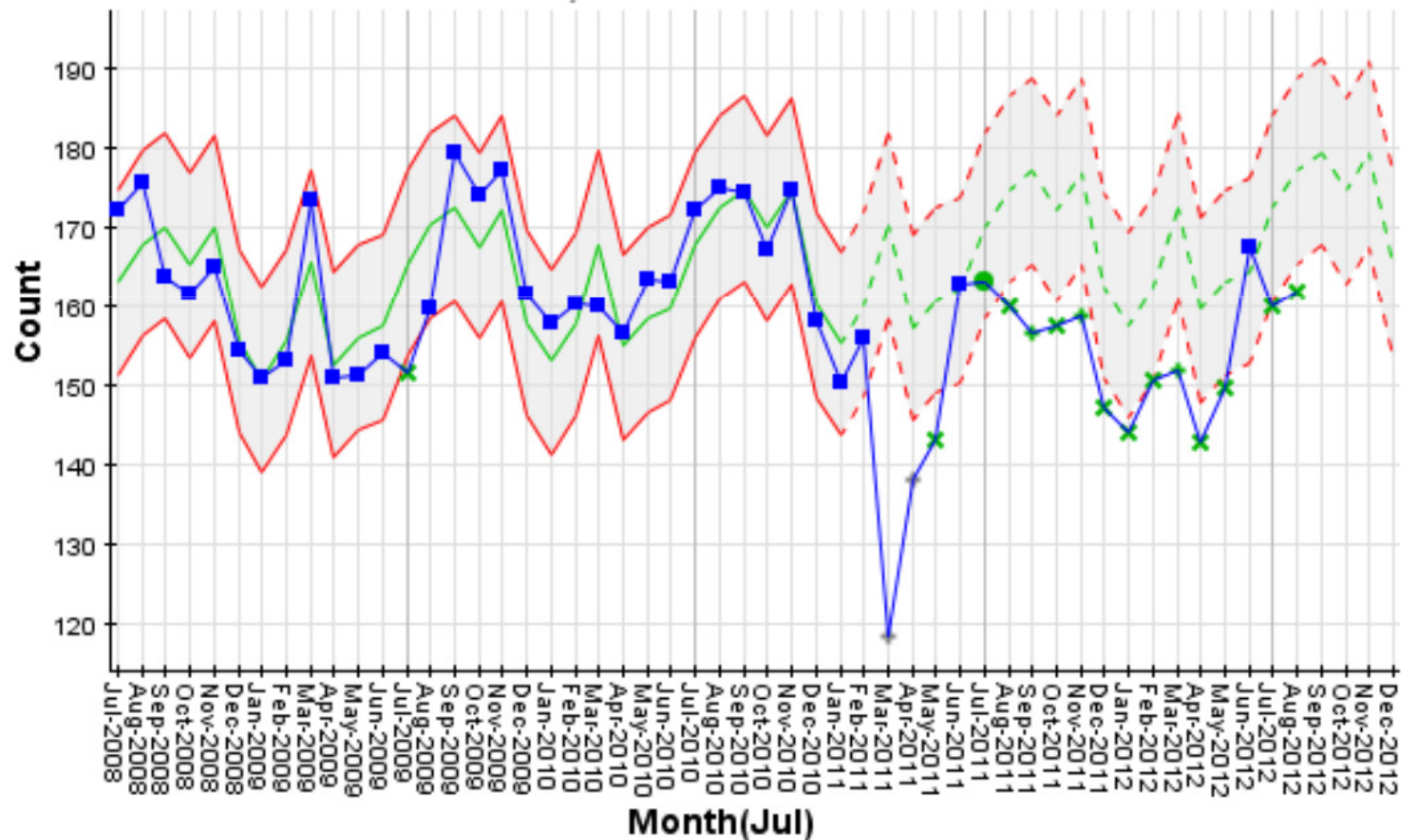


Keeping down the load on our hospitals



# Keeping down the load on our hospitals

## Occupied acute bed days for ages 60-80 at ChCh Hospital

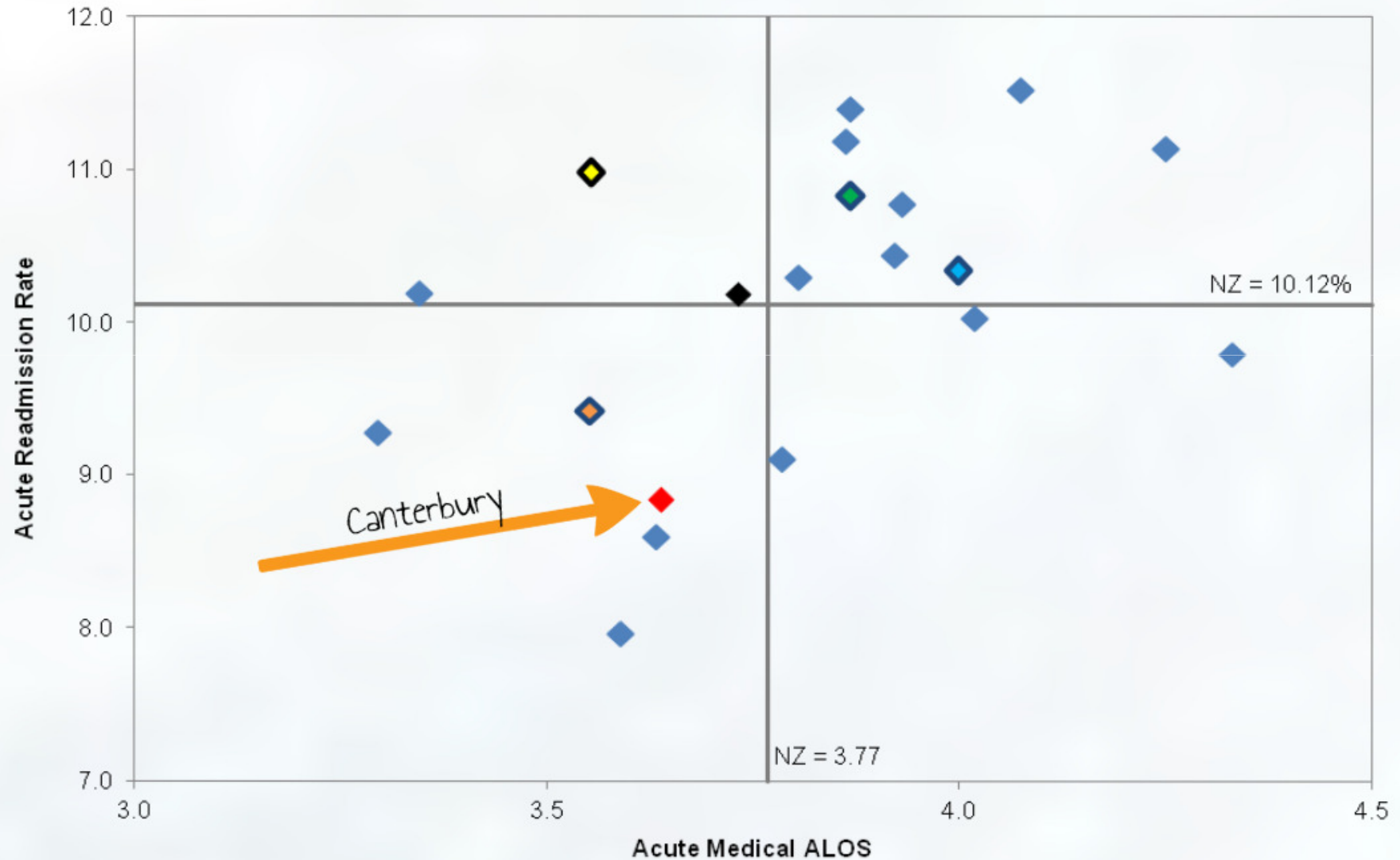






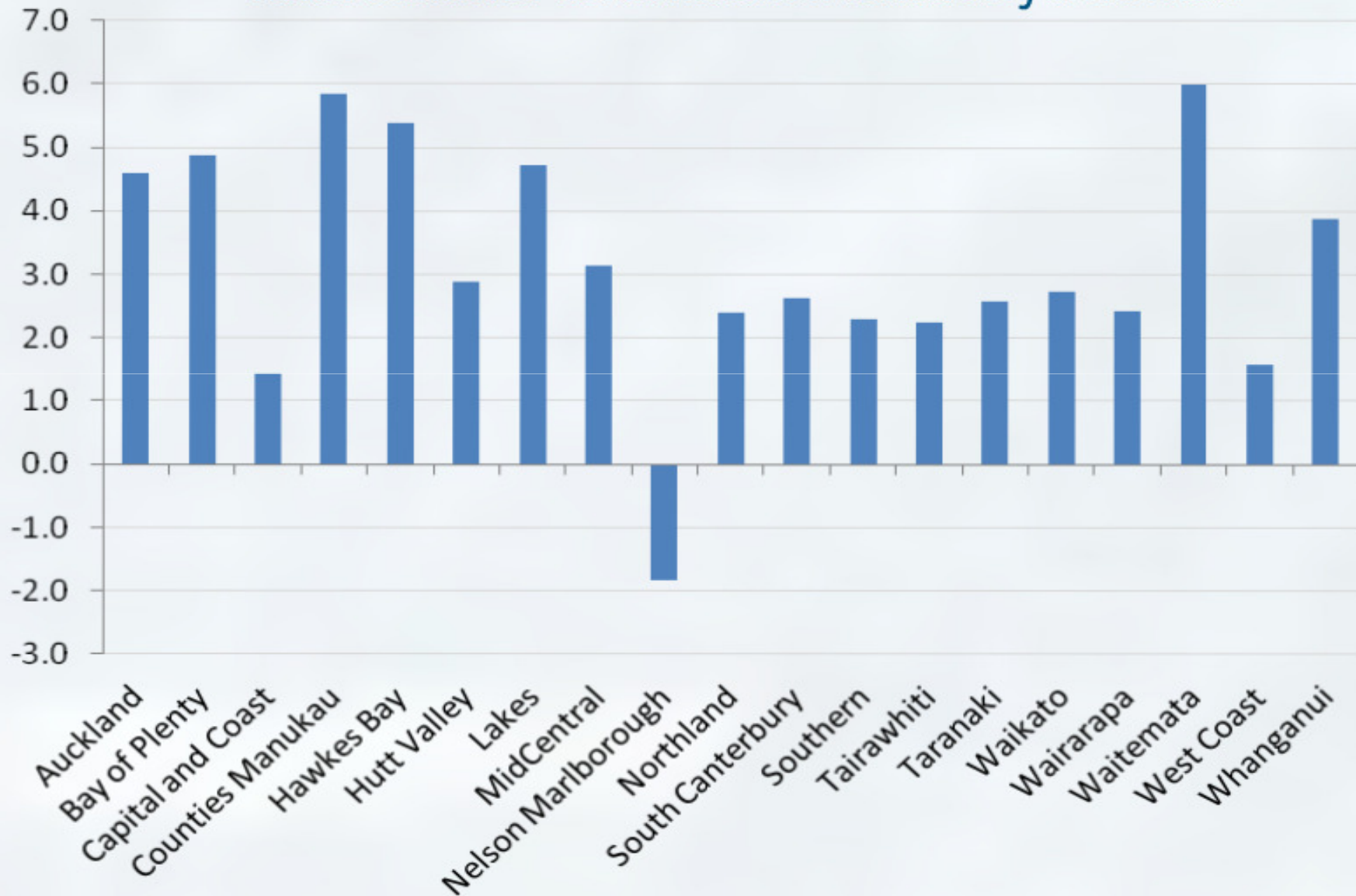
With shorter stays and fewer readmissions

## Acute Readmission Rate vs. Acute Medical Average Length of Stay



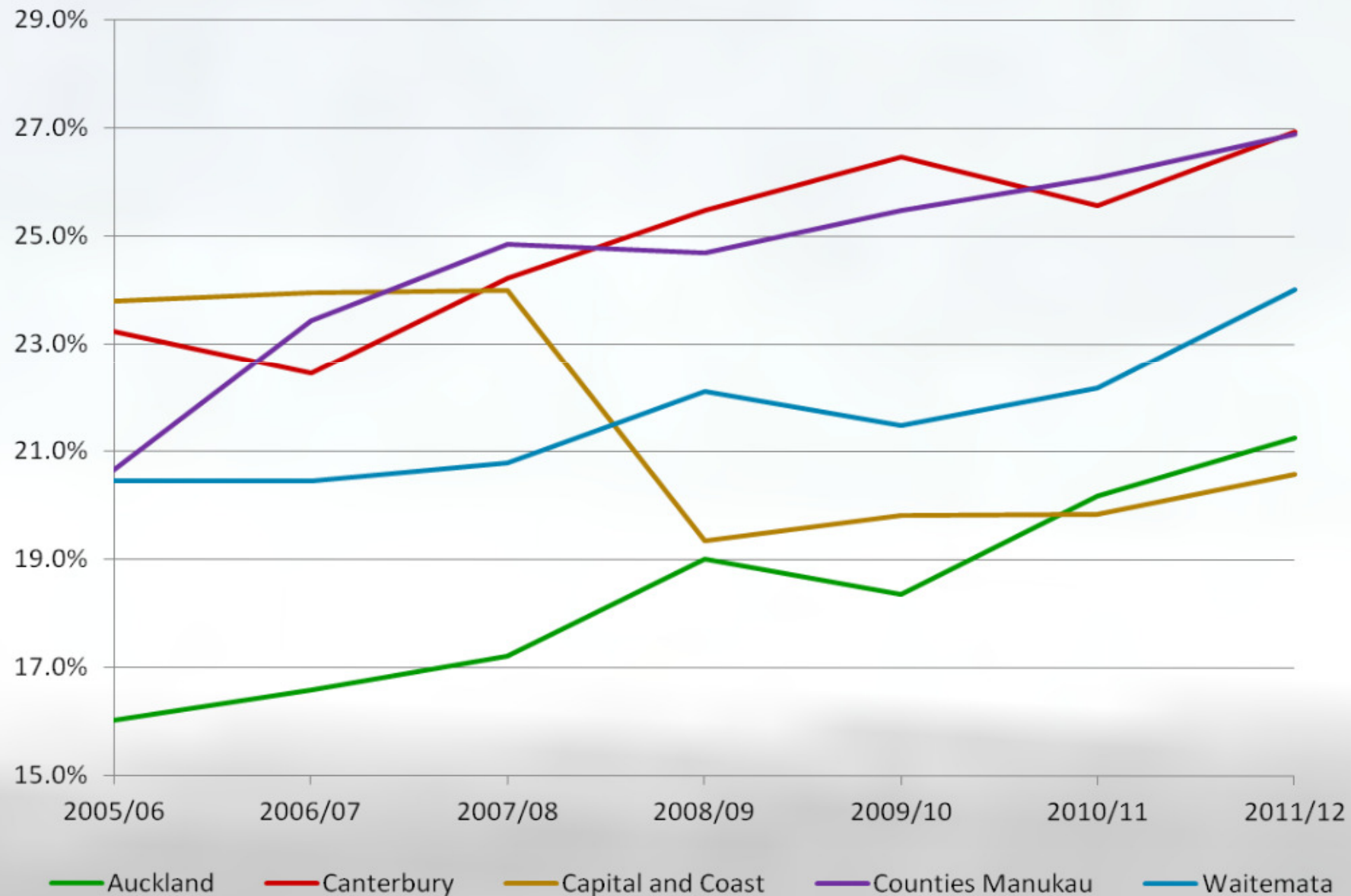
Saving us from needing as many wards as other DHBs

No. of additional wards needed if Canterbury were like...



And freeing up capacity to deliver elective services

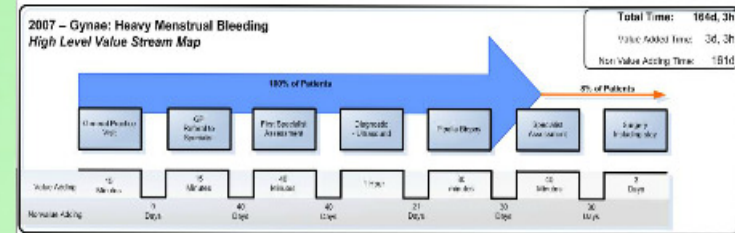
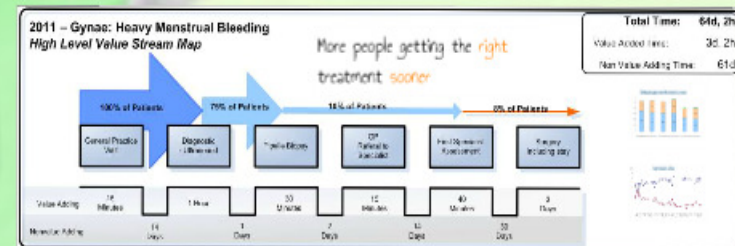
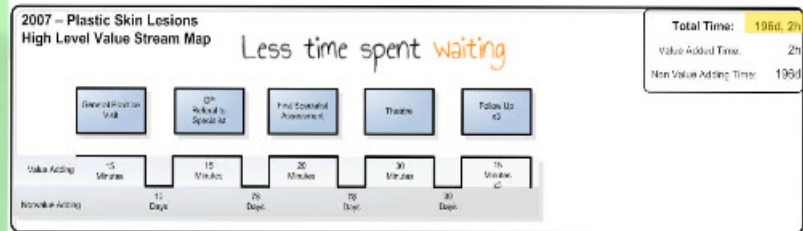
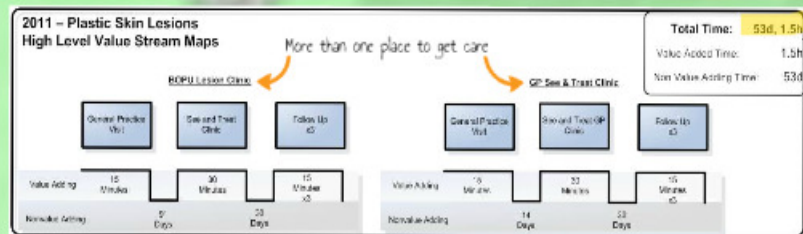
### % of activity that is elective



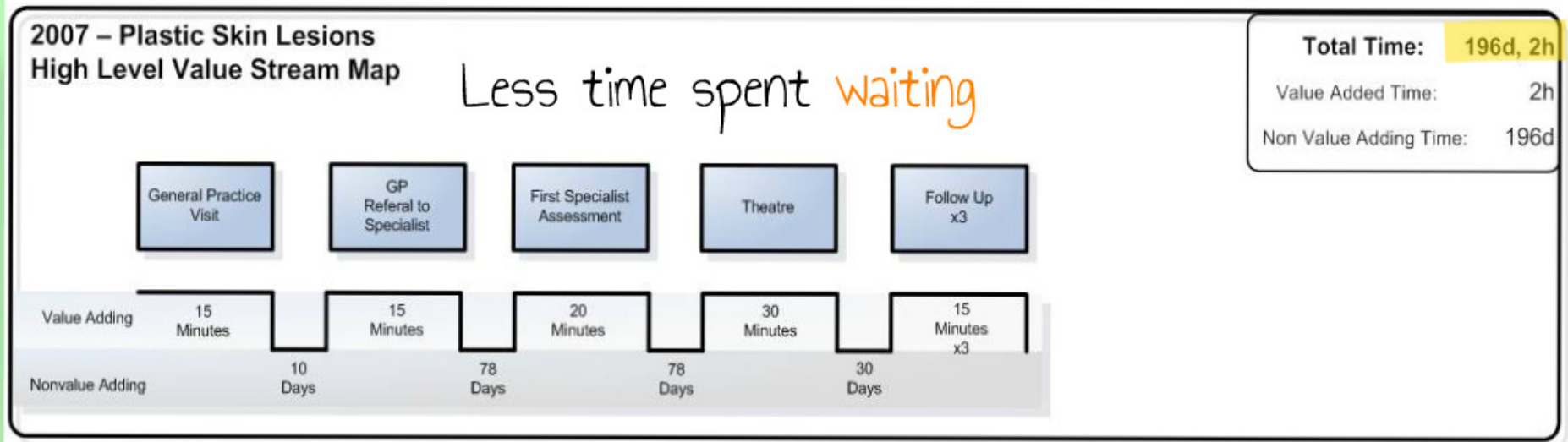
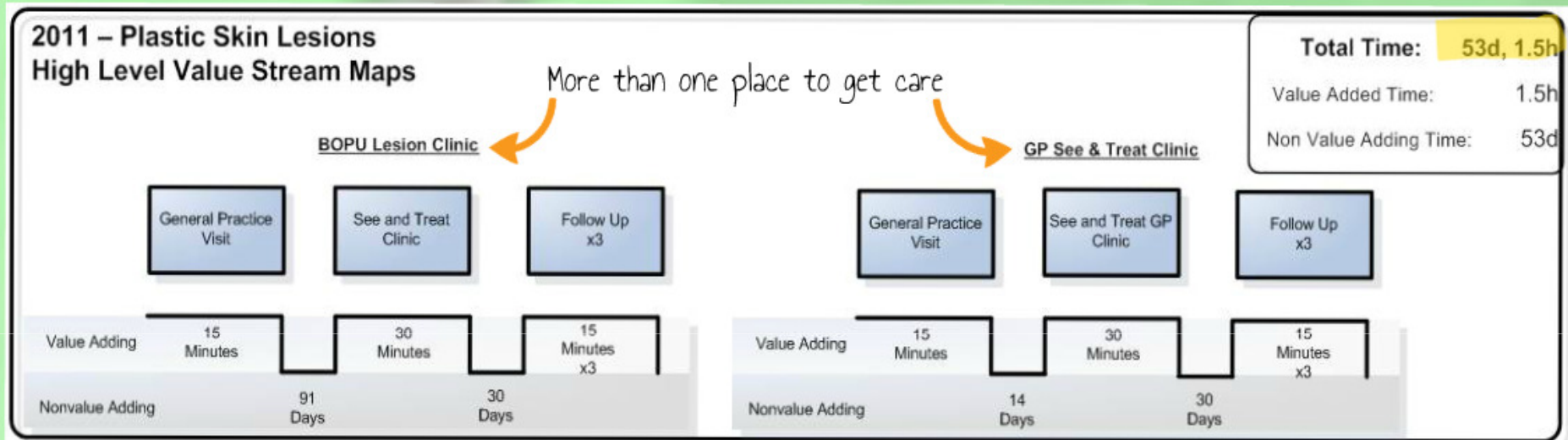
# Shorter waiting times

e.g. skin lesion removal

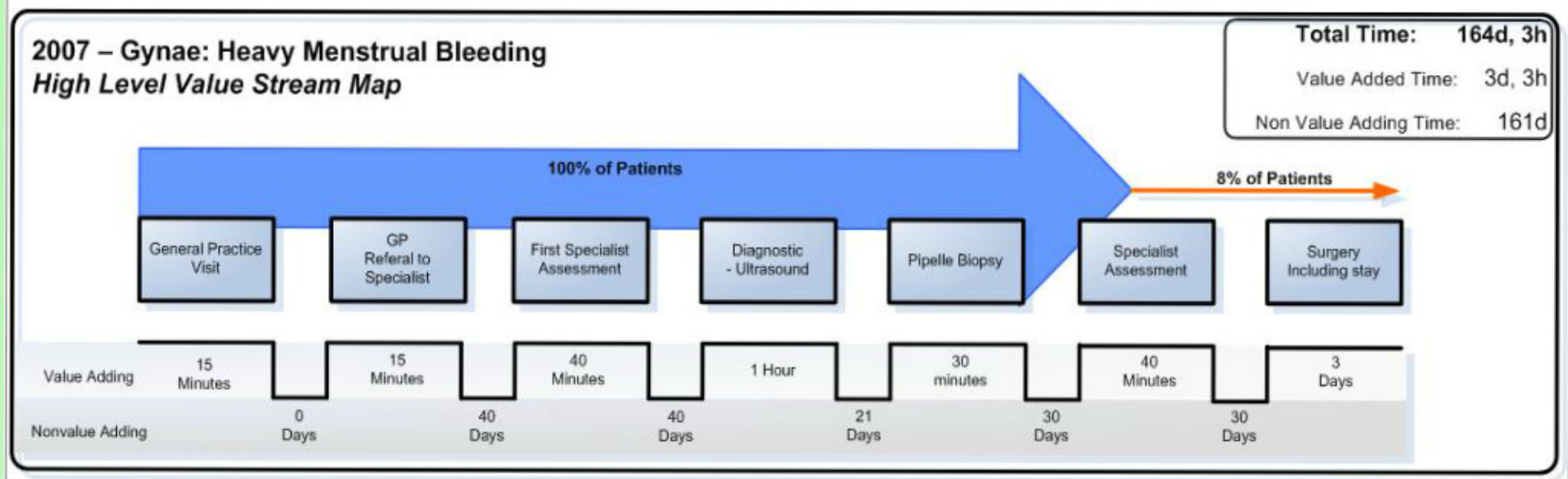
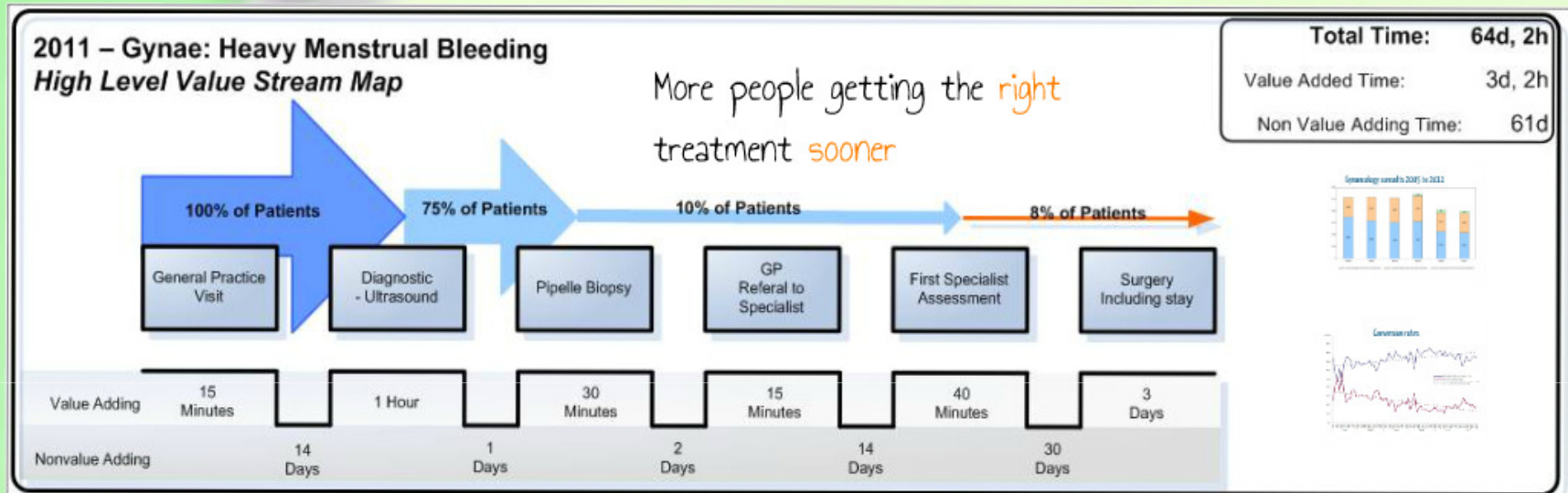
e.g. gynaecology



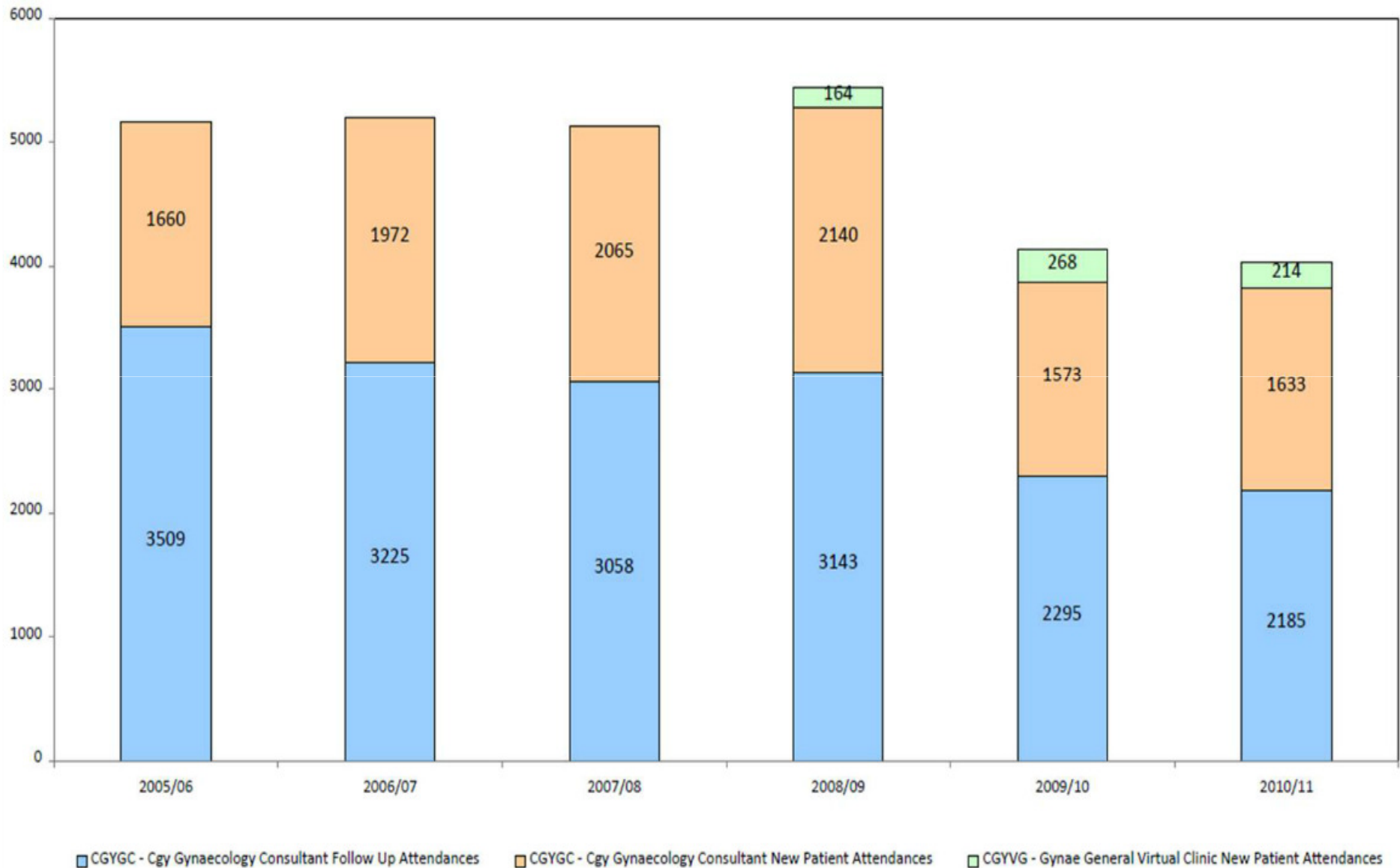
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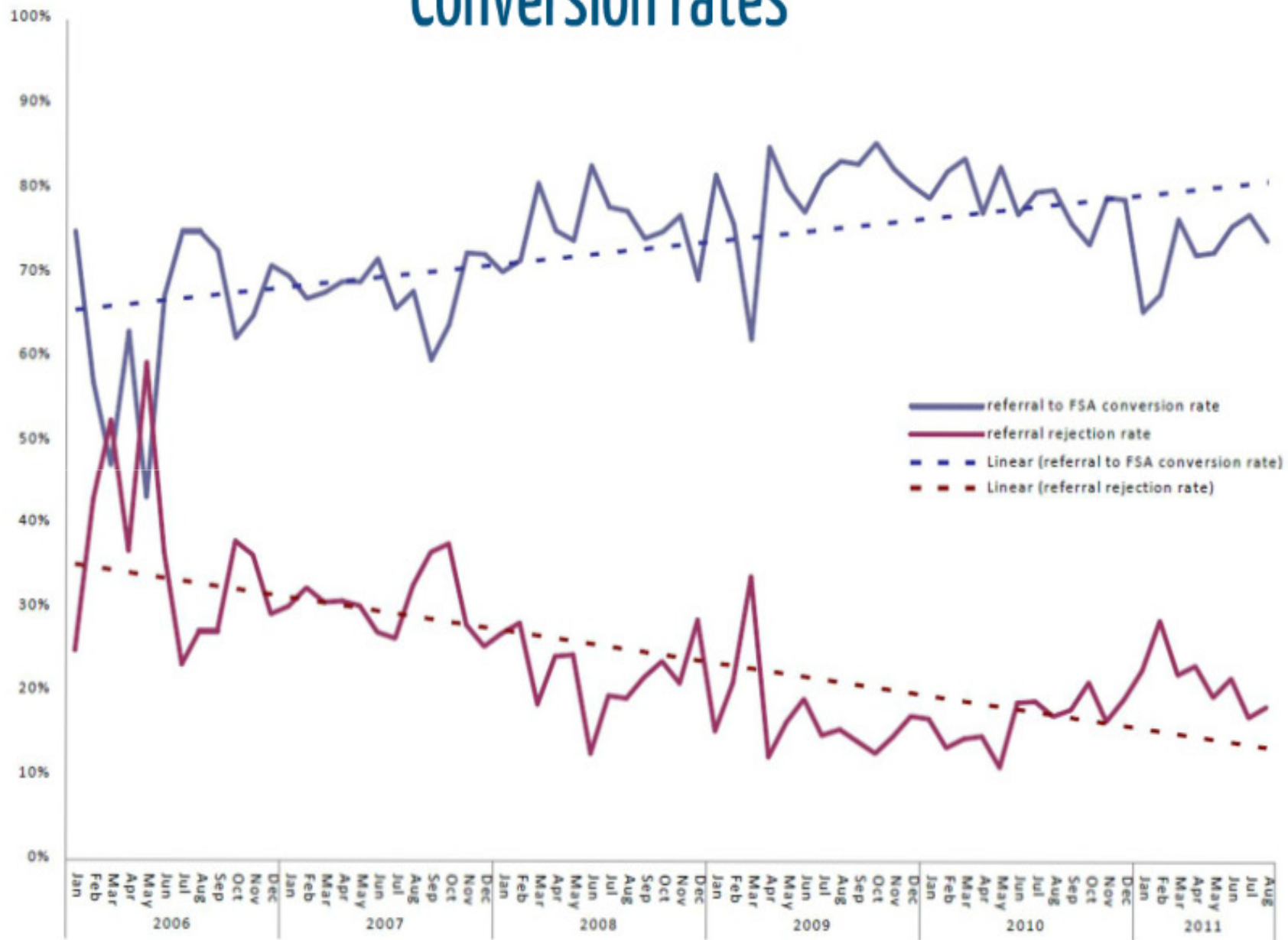
# e.g. gynaecology



# Gynaecology consults 2005 to 2011



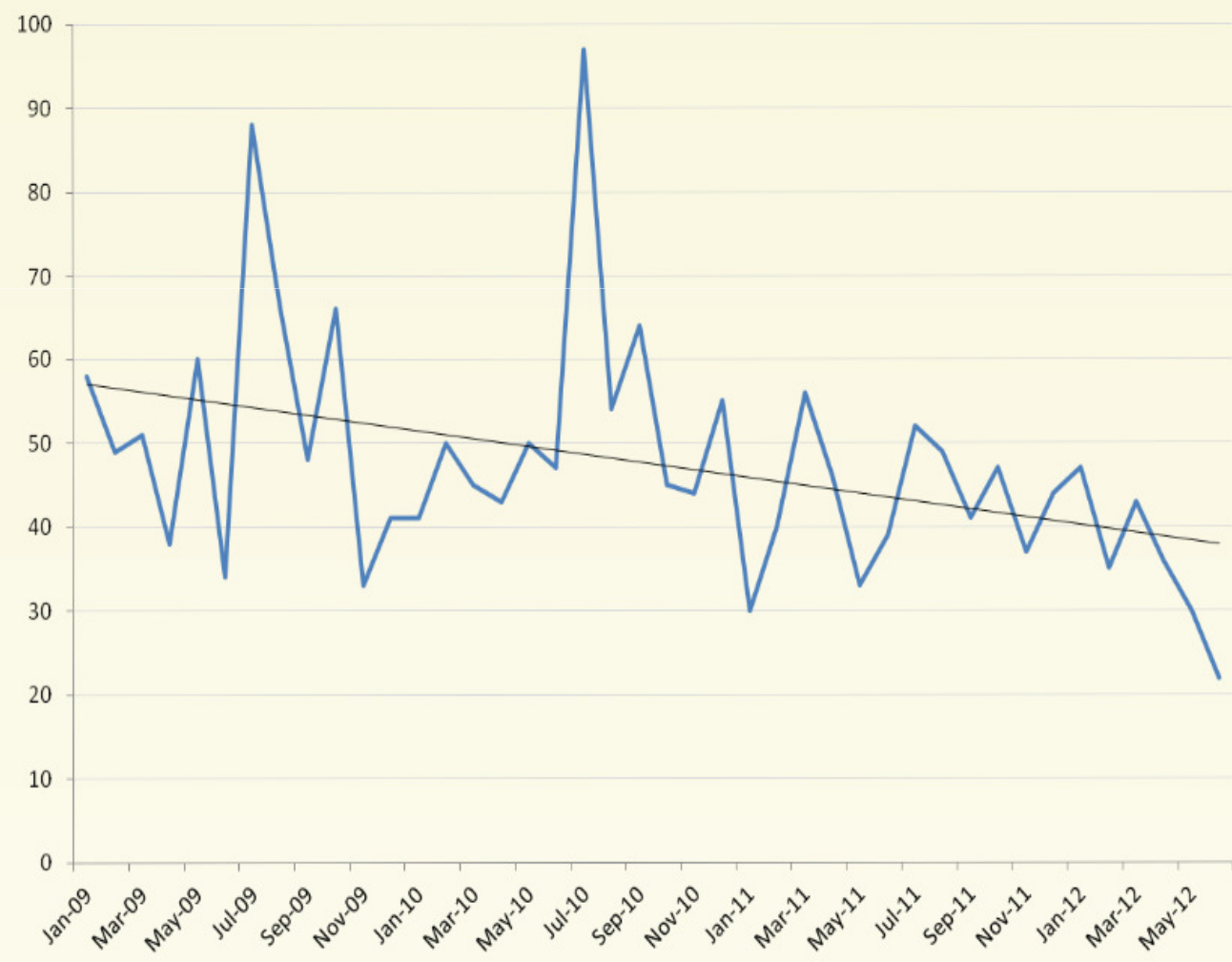
# Conversion rates



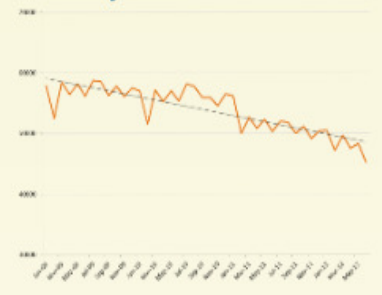


# Fewer people going into aged residential care

## Clients commencing in ARC for rest home care

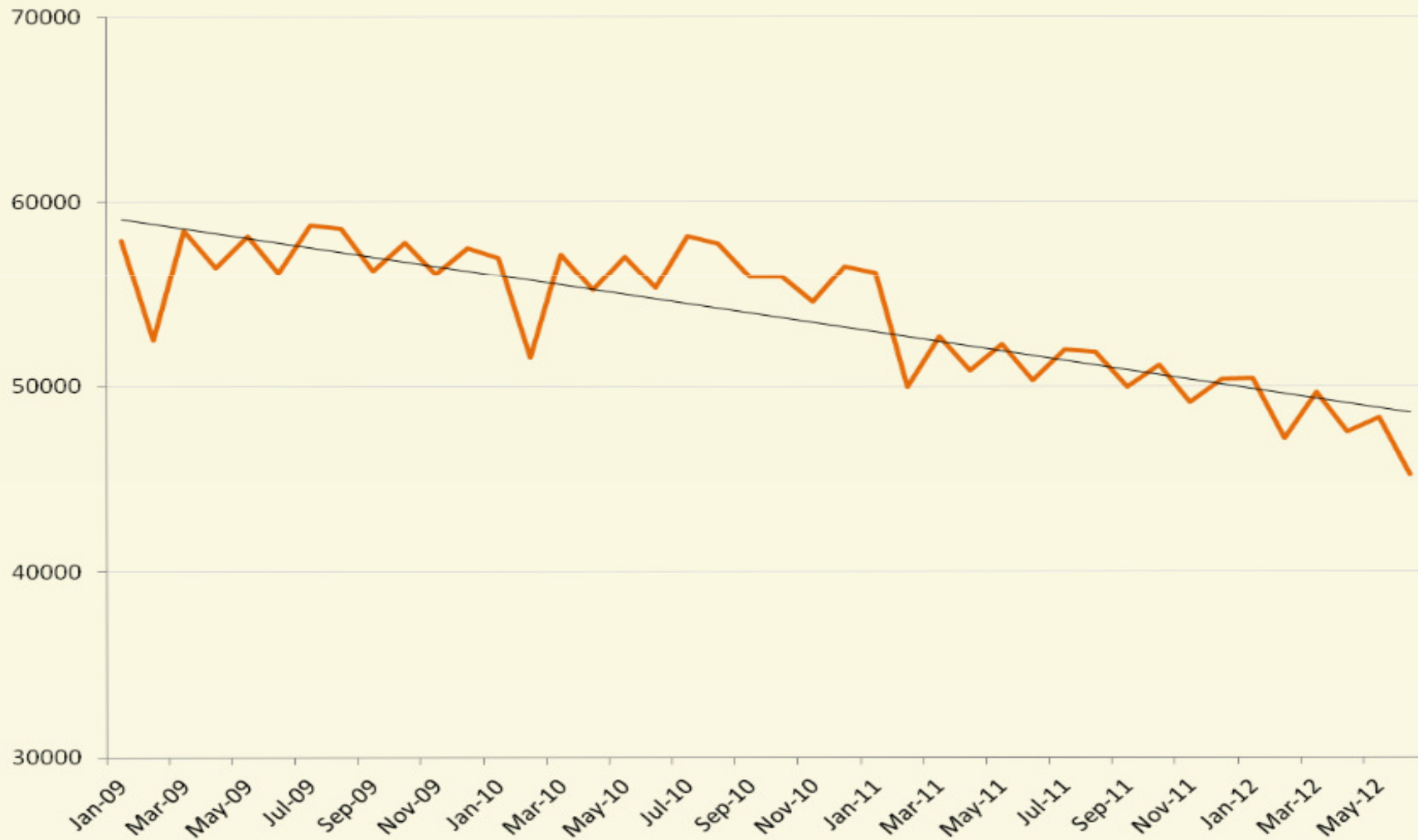


And not staying as long  
Bed Days For Rest Home Level Care



And not staying as long

## Bed Days For Rest Home Level Care



How did we do it?

Developing a patient-centred health system

together.