

# **Lack of Timely & Safe Access to Medicines at the Te Whānau ā Apanui Community Health Centre.**

**Primary Care Improvement Facilitators Programme 2019  
Kiritahanga Savage**



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND  
*Kupu Taurangi Hauora o Aotearoa*



# Improvement Facilitator



Kiritahanga Savage  
Ripeka Te Haara  
Mariana Hudson



Nurse Akenehi Hei  
On Duty in her Tent Hospital

# Background/Context

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- Remote
- Practice: BOPDHB General Practice – Designated Special Doctor Area – no costs to Pts to see GP/RN
- Location: Te Kaha – Outreach clinics  
Maraenui/Omaio/Waihau Bay visited weekly
  - Size: Practice Area 150km from Hawaii to Potaka
  - Demographics: Registered Pt # 1737
  - Casual Pt # trebles over summer break





- Our Paradise/what's going well
- Our Weeds/barriers



HEALTH QUALITY & SAFETY  
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**KO AWATEA**

HEALTH SYSTEM INNOVATION AND IMPROVEMENT



Mai i Te Taumata o Apanui ki Potaka: Base clinic Te Kaha, Outreach clinics: Maraenui Marae, Omaio, Waihou Bay



- Status of a special Area (one of only three in the country)
- Free to all registered residents within the rohe/area boundaries.
- Only Primary Health Care facility in the rohe/area.
- Funded and operated by BOPDHB
- Predominantly Maori population, 13 hapu/marae
- Three schools within Practice boundaries
- Cornerstone Accreditation renewed Mar 2019



- Registered Patient No's: ~1737
  - This figure can double over the summer holiday period
- Staff:
  - 1.5 FTE GP (2)
  - 2.4 FTE Nurses (3)
  - 2.0 FTE Admin staff (2)
  - HCA in appointment process





## Services include:

- *GP/Nurse services*
- *Public Health Nursing*
- *District Nursing*
- *Palliative care*
- *Phlebotomy*
- *Wound dressing*
- *Minor surgery*
- *Immunisations/Smears/DAR's/CVR*
- *Visiting Specialist/Nurse educator clinics -  
Cardiologist (annual), Monthly /Bi-monthly:  
Continence, Renal Nurses, Dietician, Respiratory,  
COPD, Plunket/Tamariki Ora, Midwives,  
Paediatrician, Physiotherapy, Drug and Alcohol  
Councillors, Community Mental Health Case workers,  
Mobile Breastscreening unit, Mobile Dental  
Treatment unit (school age).*
- *Weekly Outreach clinics at Maraenui Marae, Omaio  
and Waihau Bay.*
- *24 Hr PRIME Contract services*
- *After hours on-call nurse cover with GP support if  
needed.*
- *Patient Transport assistance through Runanga Social  
Services*



# Improvement Team

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- Our project team is (will be) made up of:
  - Kiritahanga Savage    Facilitator
  - Emily Gill                Sponsor
  - Phillipa Callaghan    Participant Advocate
  - **Clinic Team**
    - Dr Rachel Thomson GP
    - Dr Kaea Matenga GP Registrar
    - Ripeka Te Haara Admin Reception
  - **Other Project participants**
    - Mariana Hudson Pharmacist
    - Te Motu Savage – Te Runanga o Te Whanau (patient Rep)
    - Pharmac Rep



# Problem Statement

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- Significant disparity and variation for Te Whanau a Apanui patients and the length of time from script generation to receiving non-MPSO medication, with sometimes unacceptable delay.



# Aim Statement

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- We aim to reduce by 10% occurrences of unacceptable delay in patients receiving accurate non-MPSO medications for all Te Whanau a Apanui enrolled patients from our current rates (to be determined) by June 2020.

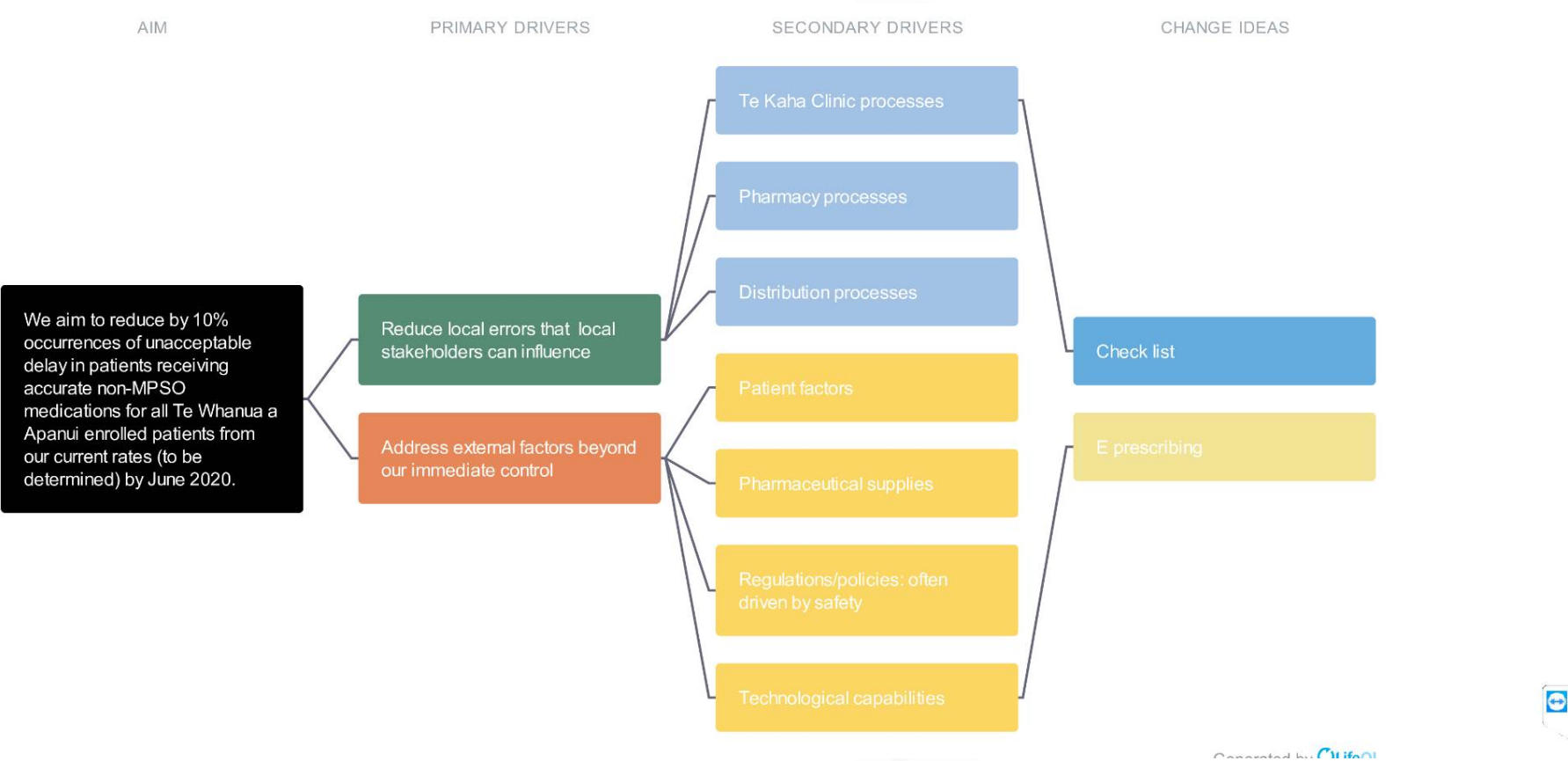
# Tools Used

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- Affinity Chart
- Driver Diagram
- Fish Bone
- Process Mapping



# Driver Diagram



# Tool

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- Aim – To ensure that all patients at Te Kaha Medical Centre prescribed a non-MPSO medicine receives their medication within 48 hours of it being prescribed by Dec 2019.
- Barriers:
  - 1: Transport – couriers -locals
  - 2: Communication – pharmacy –clinic - patients
  - 3: Documentation – gp – clinic – pharmacy - patient



# Diagnose the problem – data

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- It is hard to diagnose as we are currently establishing way to measure this problem:
  - We are creating a measure which will be a ‘error report form’ +/- ‘patient satisfaction form’
  - Pt makes clinician aware- clinicians acts
  - How often pt rings in with Rx request



# Capturing the Patient Experience

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- Te Motu Savage . . . patient satisfaction form/survey in process. Surveys still need to be complete
- Feasibility of doing this monthly (maybe first week of each month)
- Meeting regularly (fortnightly) initially
- Committing to late evening meeting as a whole group





# Stakeholder communication plan

Stakeholder	Motivation/values	Action/message	Strategy	Responsibility	Reflection
R Thomson	Generate Rx	Print Rx	Rv over 1/52	Self /Admin	
E Gill	Generate Rx	Print Rx	Rv over 1/52	Self/ Admin	
R Te Haara	Record lists of Rx Record requested Rx	Inform/task GP for Rx	Record lists daily	Self/GP	
M Hudson	Receive Rx	Prepare Rx	Rv /record & list complete Rx	Self/Clinic Admin	
K Savage	Record & generate Rx	Inofrm /task & generate Rx	Rv Rx requests over 1/52	Self/Admin	
P Callaghan	Record requested Rx	Task to GP	Rv Rx request over 1/52	Self/GP	
K Matenga	Generate Rx	Print Rx	Rv over 1/52	Self/Admin	



# Key Success/barriers

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- Weekly meeting with Sponsor and Participant Advocate
- Weekly updates on QI at Staff meetings
- Fortnightly with available team members/video links with members away from Te Kaha/Life QI link
- Weekly Project time allocation Facilitator 8 hrs per week
- Regular sharing of data with all stakeholders
- Project issues discussion Facilitator/Sponsor then to team



# Lessons Learned

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- To continue working together and sharing ideas
- WATCH this space....

