From the Chief Executive

The Commission is a year old! We began our life as a Crown Agency in November 2010. We were ‘conceived’ and developed for the purpose of bringing focused national leadership to improving quality and safety in health and disability support services for patients/consumers, their families and their communities. We are charged with delivering greater traction on implementation of a number of programmes to reduce patient harm and clinical variation, especially in hospital services in the first instance.

As is perhaps common practice at all first birthdays, it is timely to reflect. Have we reached our expected milestones? Are we walking yet, and are we saying anything intelligible? How are we interacting with the world around us and are we having any impact?

I am aware many will wonder what we have done in a year! There have been intense periods of hard work, but we are conscious that real results, as yet, are not immediately visible. It’s hard to measure progress at a year – sustainable achievements usually come later.

There are however some achievements and progress we can report on.

- Our audit agency (Audit NZ) has assessed us as making the right kind of progress so far in establishing a new agency. (This is a bit like a health check!)
- We are starting to ‘find our feet’ in ways of working with you that are about partnership and support. Some examples of this are our partnerships with Auckland District Health Board (DHB) on the national hand hygiene programme and with Counties Manukau DHB on the Central Line Acquired Bacteraemia (CLAB) programme.
- We have established a strong governance structure, in partnership with the National Health IT Board, for the ongoing development of the medication safety programme and in particular the implementation of e-medication management across the sector. The next phase will see partnerships developed with a number of DHBs.
- Fifteen DHBs have begun implementation of the national medication chart, and work has commenced on a national chart for older people’s services in the sector. In addition, 19 DHBs are undertaking medicine reconciliation.
- The mortality review committees have all produced annual reports, the first such report for the Family Violence Death Review Committee and for the Perioperative Mortality Review Committee.
- We have had a vigorous communications work programme which has resulted in an increasing number of visits to our website (www.hqsc.govt.nz), along with newsletters and factsheets going out to nearly 1000 contacts. We are now well on the way to developing a new, dynamic website, due for launch in late February 2012.
- A new and talented management group is building strong foundations for the development and implementation of programmes that will make an impact on quality and safety across the whole sector. In doing this we have engaged clinicians, managers and consumers. This is just the start.

We feel excited and hopeful about the future. Our leadership work in the development of national measures of quality and health care variation is just beginning, and we are looking forward to the discussions we will have with you about this, and the knowledge you will bring.

Alongside you, we are grappling with the reporting of serious and sentinel adverse events. There has to be a focus on better reporting, but more importantly, to work with you on the system and practice issues that need to be improved.

We know the next year will be challenging, but we are eager and welcome the tasks ahead. Our mission is to invigorate change by doing it right, better and together – with you all.

Dr Janice Wilson
Chief Executive
Health Quality & Safety Commission
Programme Updates

Reportable Events

**National reportable events policy and guidance nearing completion**

Since April 2011 the Commission has been working closely with DHBs to review the working draft of the national reportable events policy and guidance that was developed in 2008.

The policy is intended to be used as a guiding document for public and private health care and disability service providers. The expectation is that specific, local policies will reflect the national policy.

Its aim is to contribute to improved quality, safety and experience of health and disability services through systems that ensure safe, consumer-centred care and provide for early identification and review of events.

**Stakeholder engagement**

Senior Advisor Matthew Pitt has been visiting DHBs across the country to better understand how the Commission can support the delivery of quality care. To date he has visited 11 DHBs, and plans to visit the others over the next couple of months. These visits have provided an excellent opportunity to learn what quality systems DHBs have in place, their views about the draft policy, and the type of training and education the Commission can support or provide during 2012 – particularly about open disclosure and root cause analysis methodology.

**Sector workshops**

The Commission hosted a number of events to discuss the policy, definitions, severity assessment code (SAC) matrix, and the reportable events brief. These included teleconferences and face-to-face meetings with DHB quality and risk managers, and meetings with representatives from mental health, including consumer representatives.

**Sector meetings**

The Commission has also met with the NZ Disability Support Network, the NZ Aged Care Association, the NZ Home Health Association, and general practitioner representative groups to start discussions around the national reportable events policy and its application within their services. So far, the response from these groups has been very positive and the Commission is looking forward to working with them in 2012.

**E-survey**

The draft policy, guidance and a survey were posted on the Commission’s website so anyone with an interest in the topic could provide comment and feedback. Between 18 October and 18 November the Commission received 45 responses. These are now being analysed and will be taken into account as the policy and guidance is finalised.

**Next steps**

The Commission aims to get the national reportable events policy completed by the end of this year. Education and training on the use of the policy will begin in early 2012. This phase is essential to rolling out the national policy to the whole sector for national consistency. It will also enable the Commission to work with various sector groups to develop their own SAC lists of incidents that relate specifically to their circumstances. The example used in the e-survey was one tailored for the needs of DHBs. Other service providers in the community will have different needs. The Commission will provide or facilitate training and education on the new policy and guidance material. Please contact Matthew Pitt, on 04 901 6041, or matthew.pitt@hqsc.govt.nz if your organisation is interested in training.

Medication Safety Programme

Medication safety is a very active and dynamic programme, with a number of components. Latest programme details are available in the National Medication Safety Programme Update which will be available soon on the Commission’s website, under ‘Medication Safety’.

Here, we have a shorter summary of programme activities and highlights.

**Paper-based medication safety programmes**

- To date 15 DHBs have begun implementation of the national medication chart. The latest DHBs to go-live with the chart are South Canterbury and Waikato.
- Nineteen DHBs have implemented medicine reconciliation.
**Bronze, silver and gold levels of medicines management**

A clinically-led national electronic medicines management (eMM) programme continues to evolve, with an objective to implement patient-centred eMM in all public hospitals by 2014.

The Medication Safety Strategic Governance Group has recommended the Commission proceeds to contribute funds for the implementation of electronic medicine reconciliation (eMR) and electronic prescribing and administration (ePA) in 2012, in the four DHBs that recently hosted eMM pilot projects.

As well, all DHBs will be encouraged to Go for Gold in a nationally-led campaign aiming to have 100 percent of public hospitals participating in the eMM programme from 2012 and to have achieved ‘gold’ level medicines management by the end of 2014.

Bronze = paper-based medicine reconciliation and medication charting

Silver = transition to electronic medicine reconciliation (eMR) and electronic prescribing and administration (ePA)

Gold = eMR and ePA.

See [www.hqsc.govt.nz](http://www.hqsc.govt.nz) for more information.

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**Measurement and Evaluation**

**New Zealand quality and safety indicator project**

The Commission is required to monitor and report on the quality and safety of health care provided in New Zealand. As part of that, the Commission’s measurement and evaluation programme is developing quality and safety measures and indicators which can be used to assess the quality of the health and disability system.

The Commission has established a sector-wide expert advisory group (EAG) to select the first set of indicators for the sector. The EAG, which includes representation from across the health and disability sector, has had its first meeting.

**New Zealand atlas of health care variation**

Reporting on health care variation highlights the reasons for variation in service access and delivery, and helps identify opportunities for improvement. For example, in New Zealand there is considerable variation in the use of statins, aspirin and beta blockers for people known to be at risk from coronary artery disease.

The Commission has established a steering group made up of sector clinical leaders to guide our work in this area. This group is in the process of identifying the first domains – or areas of measurement – for the Commission’s first report on health care variation. Sir Muir Gray, the director of the UK-based organisation Better Value Healthcare and formerly the workstream leader for the National Health Service Atlas of Variation in Healthcare, has agreed to be an international advisor for this work.

Once domains have been identified, we will be looking to involve technical experts from the sector in developing measures and sourcing necessary data. The initial results from this project will be published in June 2012.

**Development of the library of quality measures**

The Commission is supporting the ongoing development of the library of quality measures. The library is hosted by Patients First Limited, which is part of the Royal New Zealand College of General Practitioners. It will also house the Commission’s national quality and safety indicator set. The current library can be accessed via the Patients First website ([www.patientsfirst.org.nz/hqmli](http://www.patientsfirst.org.nz/hqmli)), where initial measures can be viewed.
Further information will be made available as the project progresses, with information about how to access this evolving resource.

**Quality accounts**

The Commission is developing guidance for funders and providers across the health and disability sector to enable public reporting on quality and safety performance, alongside the established financial reporting models.

This type of reporting, known as quality accounts, will require health care leaders to consider the quality of the services their organisation funds or provides, and to make this information available to the public.

A DHB-led group has been set up and a project plan put in place to guide the development of the quality accounts. The Commission will produce sector guidelines early next year.

**Commission appoints Director of Health Quality Evaluation**

A key person in the development of the quality accounts, as well as the Commission’s other measurement and evaluation work, will be Richard Hamblin, who’s been appointed as the Director of Health Quality Evaluation.

Richard is based in the United Kingdom and will start in his new role with the Commission at the end of January 2012.

Chief Executive Dr Janice Wilson says the Commission is fortunate to secure someone of Mr Hamblin’s calibre.

“We’ve conducted an extensive search for someone with the right mix of health knowledge and leadership expertise, and I’m delighted that Richard is coming to work with us,” she says.

“Having access to the right information, and understanding it, is vital to identifying the areas New Zealand needs to improve in.”

Richard Hamblin’s first tasks will be to prepare the New Zealand atlas of health care variation, and developing quality and safety measures.

Richard is currently employed as the Director of Intelligence at the Care Quality Commission – the largest health and social care information and analysis department in the UK. He has previously worked for the Healthcare Commission, the Commission for Health Improvement and the King’s Fund in London, and is a former Harkness Fellow.

“I’m looking forward to helping the Health Quality & Safety Commission make a real difference to quality and safety in New Zealand’s health sector,” he says.

**Mortality Review Committees**

**New Chair for Family Violence Death Review Committee**

The Commission is delighted to announce that Associate Professor of Law Julia Tolmie is to head the Family Violence Death Review Committee (FVDRC) from 1 December.

She has been appointed for three years and takes over from outgoing Chair Wendy Davis.

Professor Alan Merry, Chair of the Commission, thanked Wendy Davis for the work she has done for the FVDRC in recent years.

“The committee has benefited from her many years’ experience as a senior family lawyer and her expertise on the laws relating to domestic violence and the care, protection and safety of children,” he says.

“I wish her well with future endeavours.”
SUDI article in New Zealand Medical Journal

Dr Nick Baker, Chair of the Child and Youth Mortality Review Committee (CYMRC), published an editorial on Sudden Unexpected Death in Infancy (SUDI) in the 4 November 2011 issue of the New Zealand Medical Journal entitled Sudden unexpected infant death – no more ‘stunned amazement’.

In the article, he argues that health professionals have a duty to provide information about reducing SUDI to families, in the form of public health messages, antenatally, at birth and during postnatal and ongoing infant care. He writes: “The unexpected nature of SUDI can lead to the unfortunate acceptance that these deaths ‘just happen’ and cannot be prevented, and leave families feeling disempowered. In fact, a substantial proportion of SUDI are preventable. Health professionals have an absolute duty to ensure families are never again left with ‘stunned amazement’ if their infant dies in a setting of unsafe sleep.”

To read the whole article go to: www.cymrc.health.govt.nz and look under ‘Resources/reports/data, then ‘Sudden Unexpected Death in Infancy information (SUDI)’, then ‘reports’.

He says the challenge for the Commission is to continue bringing fresh perspectives and a broad range of expertise to the FVDRC.

“I’m delighted Julia Tolmie has agreed to lead the committee through the next phase of its work. She is an experienced researcher, widely published on family violence, and brings with her extensive networks and knowledge of the issues.”

Professor Merry thanked other outgoing members of the committee for their dedication to addressing family violence.

He welcomed the new committee, effective from 1 December and comprising Dr Dawn Elder, Judge Paul Van Dadelzen, Miranda Ritchie, Professor Barry Taylor, Denise Wilson, Ngaroma Grant and Fia Turner Tupou.

“We are very fortunate to have people of this calibre on FVDRC. They have expertise and networks which will be of great value to the committee.”

For more information about the FVDRC please contact Shelley Hanifan, Manager of Mortality Review, 04 901 6061 or email: shelley.hanifan@hqsc.govt.nz.

Infection Prevention And Control

New website promotes hand hygiene

A new website that aims to increase awareness among hospital health care workers about the importance of hand hygiene to improve patient safety has been launched as part of the Hand Hygiene New Zealand programme.

The website – www.handhygiene.org.nz – hosts an array of educational materials, news, events information, and resources such as promotional materials and videos, all designed to educate and raise awareness about the importance of hand hygiene, while increasing health care workers’ understanding about when each of the five moments of hand hygiene should be performed.

The website has also been designed to assist DHB hand hygiene coordinators, by drawing together key information and resources to assist the implementation of their own DHB’s hand hygiene programme.

Dr Joshua Freeman, Clinical Lead for Hand Hygiene New Zealand, says improving hand hygiene practice among health care workers is one of the simplest, cheapest and effective measures to reduce health care associated infections.

“Hand hygiene practice should therefore be considered one of the key priorities for improving patient safety in New Zealand’s hospitals.

“The message conveyed through the Hand Hygiene New Zealand website is simple: clean hands save lives. The information published on the website reinforces this message, and provides practical tools to support hand hygiene improvement initiatives within individual hospitals.”

Hand Hygiene New Zealand is one component of the Commission’s Infection Prevention and Control programme, which aims to reduce health care associated infections.

For more information visit www.handhygiene.org.nz.
Dr Sally Roberts on infection prevention and control

Dr Roberts is a clinical microbiologist and infectious diseases physician, and is the Clinical Head of Microbiology at Auckland DHB. She has been seconded to the Commission to provide clinical leadership and advice to the Commission’s infection prevention and control programme.

Here she discusses how she became interested in infection prevention and control, and some of the biggest challenges we are facing.

“My training is in microbiology and infectious diseases, and my interest in health care-associated infections, or HAI, has grown over the years as a result of working in hospitals and seeing first-hand the impact of HAI on patients. The burden of HAI on patients is grossly under-estimated. If we can tackle infection prevention and control in some really meaningful ways, we’ll be making health care a lot safer.

“One of the biggest challenges is to get individual health care workers to take responsibility for their own actions. Simple measures such as improving their compliance with hand hygiene can make a real difference in this area. Invasive devices such as central lines and urinary catheters all increase the risk of infection to the patient. It’s a case of making sure they always have clean hands when handling devices such as urinary catheters and central lines, and really being alert to the possibilities of contamination during their day-to-day handling of equipment and contact with patients.

“And it’s not just up to clinical staff to take responsibility. We need everyone in a clinical environment to be aware of the need for care. So we’re talking about occupational therapists, physiotherapists, kitchen staff, cleaners, laboratory workers, operating theatre staff, nurses, doctors – a huge group of people! We’re also talking about hospital visitors – if you’re going to see a friend or relative after an operation, for example, perform hand hygiene when you get there. They don’t need to be dealing with germs on top of everything else.

“There’s a lot of good work happening already to increase awareness of hand hygiene in health care settings, but there is a lot of room for improvement. The good news is that people working in health are very motivated to do what’s best for the people using these services. That means they’re generally very open to information and advice that will give people a safer experience of health care.

“It’s about educating people and increasing their awareness of the need for good hand hygiene, and good infection prevention and control techniques. Getting health staff on board is the key to this.”

"It’s about educating people and increasing their awareness of the need for good hand hygiene, and good infection prevention and control techniques. Getting health staff on board is the key to this.”

Dr Sally Roberts
High interest in the Quality & Safety Challenge

In the Commission’s last newsletter (September 2011), we announced a pool of funding had been established to develop ideas that will improve patient safety, foster quality improvement, and/or improve consumer engagement.

We called for applications for funding for activities in the 2011/12 year.

We’re delighted with the high level of interest in the Commission’s inaugural Quality & Safety Challenge. Ninety proposals were received, covering a broad range of topics from across the health and disability sector. These were analysed against set criteria and selected applicants were invited to submit a full proposal for consideration by the evaluation panel.

The Commission is in the process of deciding which projects will be funded, and we will provide another update in our next newsletter and on our website.

New factsheet on health literacy

The third in the Commission’s series of factsheets – Health Literacy – will be available soon from the Commission’s website (www.hqsc.govt.nz).

Over half of New Zealand’s adult population is believed to have difficulty understanding and interpreting health information. People’s ability to understand and interpret health concepts, terminology and processes is known as ‘health literacy’ and is recognised as an important determinant of an individual’s ability to access quality health care. These skills include the ability to interpret documents, read and write prose (print literacy), use quantitative information (numeracy), and to speak and listen effectively (oral literacy).

Health providers could be offering the best care in the world but if people don’t understand their treatment plans or how to take their medication, that care could be compromised. This factsheet looks at how health literacy can improve health care experiences and consumer safety. It profiles providers and initiatives that use health literacy tools and principles.

New website for the Commission

The Commission is revamping its website so our programmes are together in one place, and to bring you the latest information in the health quality and safety field.

The new website will replace existing sites with current information being transferred to the new programme pages. User-friendliness is a priority – with clear navigation and a comprehensive search tool we’re making sure the information you need is easy to find and no more than a click or two away.

The new website will go live at the end of February 2012. You will find us at the same place www.hqsc.govt.nz.

Commission publications

Commission publications are generally posted on our website (www.hqsc.govt.nz). Please email us at communications@hqsc.govt.nz if you are having difficulty finding them or would like to receive hard copies. You are also welcome to order our posters, flyers and factsheets.

When we move to our new website, in late February 2012, there will be a specific ‘Publications and Resources’ section, as well as an improved search function.
Commission congratulates Dr Peter Foley on NZMA Fellowship

The Health Quality & Safety Commission congratulates its deputy chair, Dr Peter Foley, who was awarded a New Zealand Medical Association (NZMA) Fellowship last week in appreciation of many years of service to the organisation and the wider medical profession.

Dr Peter Foley with NZMA President Dr Aine McCoy.

Dr Foley is immediate past chairman of the NZMA, having served two terms. The fellowship was presented by NZMA President Dr Aine McCoy at the organisation’s 125th anniversary function on 29 November 2011.

Dr Foley is well known and respected for his impressive work ethic. As well as being deputy chair of the Commission he holds the post of Chief Medical Officer for Primary Care at Hawke’s Bay District Health Board and works as a GP in his Napier practice. Prior to being elected NZMA Chair, Dr Foley was the Chair of the NZMA General Practitioner Council for four years, and was the inaugural Chair of the GP Leaders Forum.

Commission Chief Executive Dr Janice Wilson says Dr Foley is highly experienced, not just at a strategic level, but also when it comes to working with the community.

“Peter is skilled at dealing with health systems at a ‘big picture’ level, while also continuing to work at the frontline with patients.

“We are thrilled that he has been awarded this honour, and look forward to his continued strong input as deputy chair of the Commission Board.”

At the same function, the NZMA annual Chair’s Award was presented to David Meates for leading the Canterbury District Health Board in its community response to the earthquake in February. Dr Andrew Old, a public health specialist at the Auckland District Health Board, was also awarded an NZMA Fellowship.

Contact us

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