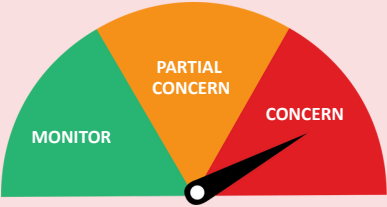
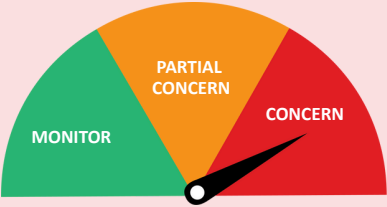


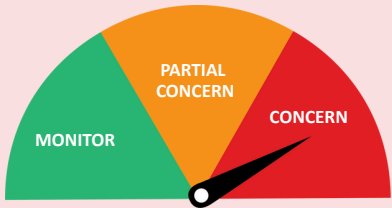
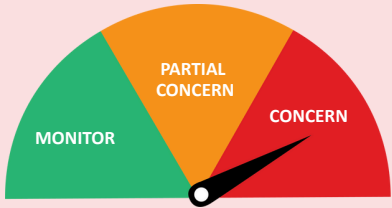
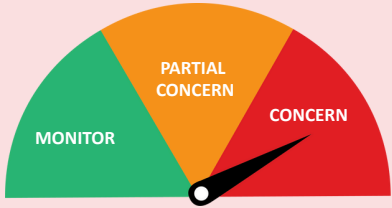
Quality Assessment Framework - June 2025

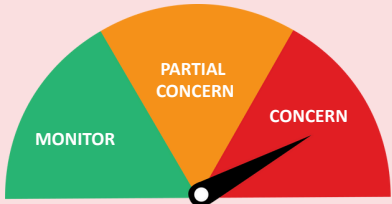
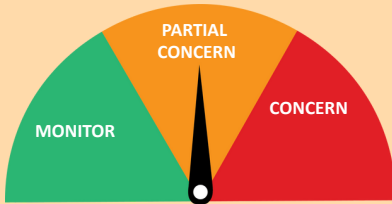
Data from quarter two quality alerts, intelligence from clinician and consumer interviews, more detailed analysis of the hospital survey.

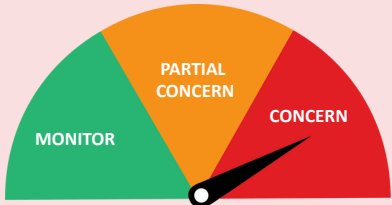
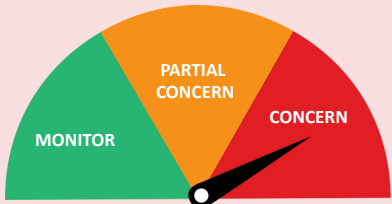
The data in this table should be read alongside the quality alert heat-map on the final page.

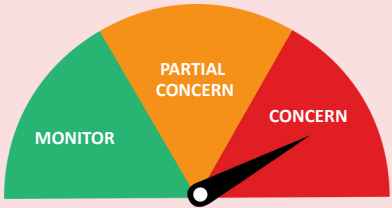
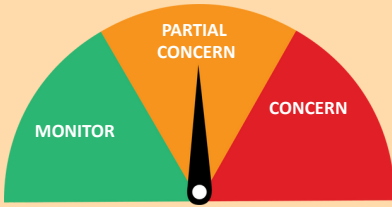


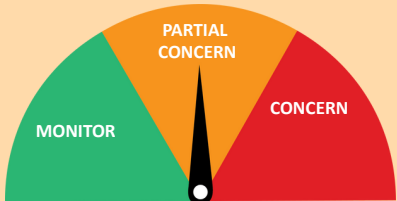
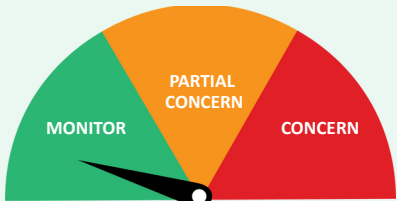
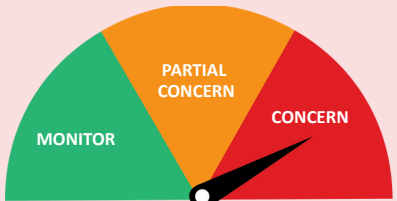
Measures of quality and safety	Status	Evidence	Direction of travel
1. Structures to maintain quality care are in place, such as clinical governance groups and clinical risk reporting pathways.		<p>Staff reported that regional structures have been established, but that clinical risk reporting pathways still problematic.</p> <ul style="list-style-type: none"> Issue 4 in heat map suggest improvements – dropped from 8 to 5 districts with missed reporting in last quarter. Improvements likely to be a result of outreach from Te Tāhū Hauora staff. <p>“Systems and structures need to be identifying risks and supporting change, not just reviewing reports”</p> <p>“Clinical governance not keeping up with the development of new initiatives – what are the standards for extended care paramedics in general practice?”</p>	<p>Improving</p> <p>Concern remains as staff continue to report problems with feedback loops and supporting change for identified risks.</p>
2. Are we actively monitoring the management and consistent use of services to ensure safety?		<p>Data not consistently available</p> <ul style="list-style-type: none"> Undermines the ability to monitor the system. <p>“Quality assurance and safety have been on a backslide in the last few years – reforms have disrupted data collection and reporting.”</p> <p>“Dashboards aren’t visible on the floor, have to go searching for what I want.”</p> <p>“Electronic vitals – real time responsiveness to support staff working with patients, can provide an indication of patients drifting in the wrong direction that might not be picked up by one individual looking after 10 patients => real-time safety system.”</p>	<p>Worsening</p> <p>The status of this measure has moved from partial concern to concern as there are disruptions in monitoring and reporting processes and limited access to digital supports for the provision of safe health care.</p>

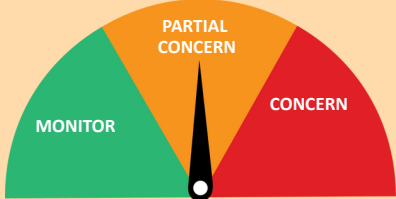
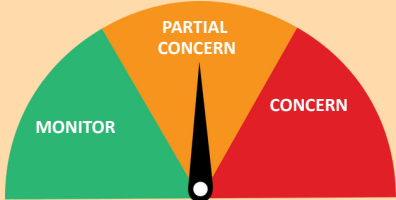
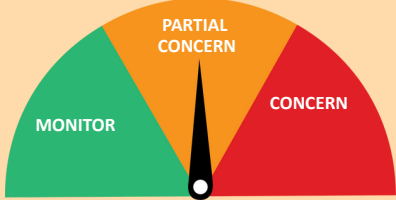
Measures of quality and safety	Status	Evidence	Direction of travel
3. The necessary clinical workforce is in place and engaged.		<p>Inequitable gaps in general practice.</p> <ul style="list-style-type: none"> Rural practices increasingly dependent on locums; Poor access in geographical areas with high and complex needs. Especially problematic in Porirua, Northland, South Taranaki and parts of Hawkes Bay. <p>Gaps in general practice also having implications for Aged Residential Care access to general practitioner support. While there have been improvements in some disciplines (increased supply of graduate nurses and midwives), there is constant pressure on secondary services.</p> <p>“relying on dedicated staff going over and above to provide safe care – missing meal breaks, doing extra hours, extra days”</p>	<p>Static</p> <p>Concern remains due to inequities in staffing for rural areas and localities with a high proportion of people with high and complex needs. There are concerns about both the capacity and capability of the clinical workforce.</p>
4. There are no gaps in the health safety infrastructure.		<p>The local clinical governance infrastructure to respond to safety risks is not consistently available</p> <ul style="list-style-type: none"> Possible downgrading of adverse events in response to pressure. Whistle-blowers going through media rather than appropriate channels – implications for quality improvement. <p>“managing crises, responding to the squeaky wheel rather than being proactive in management of quality and safety”</p>	<p>Static</p> <p>Concern remains as there has been no improvement in the digital infrastructure or the capacity to implement quality and safety initiatives at the local level.</p>
5. There is confidence and consistency in the process of reporting safety concerns, and well defined approval and accountability pathways for acting in response to safety concerns.		<p>While regional structures are in places, there continues to be a lack of clarity concerning decision making and accountability in the districts.</p>	<p>Static</p> <p>Concern remains as there has been a loss of relationships and clear lines of accountability.</p>

Measures of quality and safety	Status	Evidence	Direction of travel
<p>6. Staff have the capacity to participate in quality improvement activities. They have the capacity and willingness to report adverse events, near misses and support responses where concerns have been raised.</p>		<p>Staff reporting but do not feel they have the capacity to participate in quality improvement activities.</p> <ul style="list-style-type: none"> Example: The sepsis quality improvement work with Health New Zealand is on-hold due to staff shortages within districts. <p>Concern expressed about whose responsibility it is to identify and respond to systemic issues (those issues that are prevalent across the health system).</p> <p>"...difficult to see the system if there isn't the capacity to be able to reflect on what is happening. Too much time in crisis management."</p>	<p>Static</p> <p>Concern remains as staff consistently report that they do not have the capacity to take part in quality improvement activities.</p> <p>There continues to be a reduced ability for the system to identify and respond to risks in a timely manner, and to learn, adapt and respond to future challenges.</p>
<p>7. Senior leaders support and actively promote quality improvement activities.</p>		<p>With the introduction of regional quality and safety leads, we would anticipate the active promotion of quality and safety initiatives by senior leadership.</p> <p>There is evidence that the capacity within Health New Zealand to support national led quality improvement programmes does not currently exist.</p>	<p>Static</p> <p>While there are some positive indicators of change, there remains partial concern due to the shortage of national quality improvement capacity.</p>

Measures of quality and safety	Status	Evidence	Direction of travel
<p>8. Health service delivery is even and equitable. People are able to access health services when they need.</p>		<p>There are gaps along care pathways across both primary and secondary care systems, leading to delayed and restricted access to care.</p> <ul style="list-style-type: none"> Increased reliance on telehealth reducing continuity of care and physical access. Increased reliance on locums increasing the financial burden for general practices. Focus on emergency department targets resulting in unintended consequences for general practice (increased management of complex conditions in the community). <p>Increased disparity in avoidable hospital admission rates between Māori and non-Māori in 12 districts (Issue 5 in heat map below), reflective of uneven access to general practice.</p> <p>“Capitation reflects 2.5-3 visits a year, complex patients require 10-12 visits... every visit over 3 is a loss-making exercise. Can't compensate with co-payment because patients can't pay.”</p>	<p>Worsening</p> <p>Concern remains as there are on-going problems with access to general practitioners, combined with an increased reliance on locums and telehealth. General practice are also overwhelmed managing complex conditions that would have previously been managed in secondary services.</p>
<p>9. We understand changes in the health needs of the population of New Zealand and the impact of this on services.</p>		<p>Increased complexity of patient population noted in general practice.</p> <p>“Two registrars came in [to general practice] but both left because couldn't deal with the complexity of what they were seeing on a daily basis. Need to be able to deal with advanced medical issues on a regular basis.”</p> <p>Increased frailty of older population in aged residential care. Suggestions of compounding social issues contributing to reluctance to discharge from secondary care.</p> <p>“Homelessness (Rotorua and Taupō) resulting in patients not being discharged – social issues, high comorbidities. => Bed-blocking... Introducing a supportive transfer service (START) – accelerated rehab, supports patients to be discharged earlier than previously. Will enhance availability of beds.”</p>	<p>Worsening</p> <p>The status of this measure has moved from partial concern to concern as staff report that difficulties with recruitment to fill vacancies are compounding problems associated with increased complexity of health needs in the population. Social determinants of health are also impacting on the delivery of health services.</p>

Measures of quality and safety	Status	Evidence	Direction of travel
<p>10. Pathways for the management of health needs are consistently available and able to be activated.</p>		<p>Staff and patients report delayed access to first specialist appointments, the need for self-advocacy and the need to have resources to access specialist care.</p> <p>Patients report:</p> <ul style="list-style-type: none"> • Particular difficulty obtaining ACC approval for MRI • Difficulty accessing publicly funded MRI compounding above issue (ACC funding) • Delayed GP access for non-urgent appointments • Orthopedic waitlists impacting on quality of life – results in people dropping out of work and other activities <p>“We are getting letters from the hospital saying we can't see this patient because we don't have capacity. We want you to see the patient every month. We want you to weigh, do these blood tests... monitor the patient, do all the stuff. And this is hospital level care – patient expected to pay, practice expected to deliver, and these aren't 15 min appointments.”</p>	<p>Worsening</p> <p>The status of this measure has moved from partial concern to concern because of the reported impact of delayed access to secondary services on general practitioners.</p>
<p>11. Referrals through the health system can be enacted. There are no pinch-points that increase patient safety risks.</p>		<p>More data needed</p> <p>Staff note that there is a lack of integration between primary and secondary care in some areas.</p> <ul style="list-style-type: none"> • Inoperability of patient management systems noted as increasing patient risk. • Potential for lost referrals and diagnoses not passed on in a timely manner (for example, suspected cancer). • Deterioration of a process that was effective in the past. <p>“Stress and gaps – no one looking at blood tests and imaging. Some of these are urgent and need dealt with at the time.”</p>	<p>Unknown</p> <p>Work currently being undertaken by NZIER for the Commission will contribute to our understanding in this area.</p>

Measures of quality and safety	Status	Evidence	Direction of travel
12. There is no unwarranted variation in medication prescribing and dispensing within hospitals or the community that could increase patient safety risks.		<p>More data needed</p> <p>We anticipate being able to provide up to date information on this measure as the Atlas of Healthcare Variation is updated.</p>	<p>Unknown</p> <p>At present, insufficient data is available to comment on this.</p>
13. There are no rapid changes in patient experience of care at the local level.		<p>May 2025 surveys:</p> <ul style="list-style-type: none"> Hospital inpatients: <ul style="list-style-type: none"> Pain relief and toileting small improvements, now back to baseline. Isolated drops in patients reporting that their cultural needs were always met. Primary care: <ul style="list-style-type: none"> Access to care continues to decline. See Heatmap, Issue 1 – access issues impacting on 14 of 18 districts. 	<p>Static</p> <p>While our patient experience surveys suggest that once people access the health system they receive good quality care, we will continue to monitor these to identify any changes.</p>
14. ACC treatment injury and claims data do not reveal patterns suggestive of changes in patient safety.		<p>Need ACC support for data & interpretation</p> <p>ACC data confirms the patterns outlined in this framework. We are currently working with ACC to integrate claims data with our outcome data.</p>	<p>Unknown</p> <p>At present, insufficient data is available to comment on this.</p>

Measures of quality and safety	Status	Evidence	Direction of travel
<p>15. Trends in complications and harms resulting from health service delivery do not point to increased risks for patients.</p>		<p>There are more significant increases in pressure injuries both in and out of hospital</p> <ul style="list-style-type: none"> See Issue 3 on the heat map – alerts raised in 15 of 18 districts with broad spread across region, urban/rural, size and deprivation <p>The increase seen in Post-operative DVT/PE is becoming less widespread – now only in Capital and Coast and Canterbury.</p>	<p>Static</p> <p>There have been both increases (pressure injuries) and decreases (post-operative DVT/PE) in quality alerts. We continue to hold partial concern as pressure injuries are an indicator for stress within the system. This provides evidence of increasing direct negative effects of system pressure on outcomes</p>
<p>16. Mortality rates are consistent throughout the country and between districts.</p>		<p>No new data</p> <p>More regular updates on mortality will be available from the next quarter.</p>	<p>Static</p> <p>We continue to hold partial concern as between 2020 and 2023 (most recent data), there were more deaths than expected in mid-sized North Island districts (Lakes, Mid Central, Northland, Taranaki, Waikato) and also Counties Manukau. There is also a raised in-hospital mortality ratio for patients with pneumonia at Waikato (long-standing trend)</p>
<p>17. Information provided by the Health and Disability Commission or adverse event reporting does not provide evidence of safety risks in the health system.</p>		<p>More data needed</p> <p>At present, insufficient data is available to comment on this. We will seek to address this in the next quarter.</p>	<p>Unknown</p> <p>We hold partial concern due to our inability to comment on this measure.</p>