

A window on the quality of New Zealand's health care
Questions and answers
June 2018

What is the purpose of the *Window on the quality of New Zealand's health care*?

New Zealanders expect and deserve safe health care of the highest quality.

The *Window* presents current data for debate, to stimulate quality and safety initiatives and system change, with the goal of improving our health and disability services.

Broadly, what is the *Window* saying?

The New Zealand health system achieves remarkable things every day.

The ultimate outcomes of care – reducing death and disability – are continuing to improve at a rate comparable with, if not better than, similar countries. This work is achieved at lower cost than most comparable countries. We are spending less – and increasingly less – than many countries and appear to be achieving results that are at least as good as many.

There are improvements being made in many of the areas discussed in the *Window*. However, there are still opportunities for improvement.

This year's *Window* 'shines the light' beyond our positive outcomes, at where we are performing less well and where there are 'early warning signals' of system weakness that may put our future performance at risk.

The New Zealand health system is adept at responding to individual quality issues with effective focused initiatives that improve clinical practice within service and organisation boundaries. However, we have made less progress in tackling long-standing problems such as continuing inequity in access, treatment and outcome, and unwarranted variations in treatment. These problems have been visible and highlighted in all four editions of the *Window* over the last four years.

This year's *Window* also highlights a number of emerging challenges that have not been as visible over the last four years, including financial challenges within the sector, staff challenges and system safety challenges.

If we are to achieve equitable and excellent health outcomes for all New Zealanders, it is essential that an inclusive, partnership approach is adopted for system oversight. New approaches are needed, grounded in co-design with consumers and the workforce.

What is working well and what is not?

New Zealand is performing well internationally in areas of specific harm. Continued improvements are evident in safe practice and patient outcomes, through quality improvement approaches, in most areas where the Commission focuses its efforts (i.e., falls prevention, surgical site infections for hip and knee operations, deep vein thrombosis and pulmonary embolism).

This year's *Window* shows inequities across ethnic, age and socioeconomic groups in access to services, treatments, patient experience and in outcomes. The findings suggest New Zealand's health care system can perform better at each stage of the patient journey, to achieve more equitable health outcomes.

Both of the Commission's inpatient experience and primary care patient experience surveys show generally positive, consistent results over time (although inequity across groups is noted). The picture is mixed for interactions with other parts of the system, suggesting system integration and the patient journey need more focus, and variation across different providers, suggesting room for improvement.

A high-quality system will provide the most effective treatment at the right time and in the right place, organised around the patient and their condition. We compare quite well internationally for measures of effectiveness. However, there is variation across New Zealand, suggesting that effective treatment and coordination is not universal. No one district health board (DHB) provides the best or worst care across all conditions and patient groups.

What are the challenges?

As the *Window* has highlighted for the last four years, inequity in access, treatment and outcomes, and unwarranted variation in treatment continue to challenge us. We also need to consider emerging, newer challenges which were not so visible four years ago – financial challenges, workforce challenges and system safety challenges are raised.

The *Window* notes that there is an increasing gap between expenditure on the New Zealand health system, and that of other similar countries. DHBs are having to do more with their existing budgets. Many of them are spending more than what they have, which is an early warning signal for possible future quality, safety and sustainability issues.

There are also indicators of problems with the wellbeing of the health workforce. Of particular concern, there are indicators which suggest that bullying may be widespread in the New Zealand health care system. Bullying is destructive to culture and affects not only the physical and psychological wellbeing of staff but also their ability to provide high-quality and safe patient care.

While chapter one of the *Window* shows that the New Zealand health system can improve in particular areas of harm, chapter two highlights increasing evidence of harm relating to cross organisational boundary and system issues that are much more complex (i.e., clinical management processes; delays) and will require different approaches to resolve.

Why are these challenges being raised now?

In the past, the *Window* has focussed on harder data and lagging indicators. These indicators tell us about how the system was performing six to eighteen months ago, when the data was collected - not about how the system is performing now, or how it will perform in the future.

In order to understand more about the performance of our system today, we need to look more broadly, for 'leading indicators' and for softer data and intelligence. In *Window 2018*, we have taken this step.

In considering more 'leading indicators' for this *Window*, we looked at a wide range of intelligence (including soft intelligence), pulled information together, and assessed the strength of evidence of issues. In this purposeful and systematic scanning process, it became clear that there are emerging early indicators that raise concern around increasing financial stress, workforce wellbeing and increasingly complex safety issues.

The challenges raised by the *Window* need thought and discussion. These are all issues and challenges that cannot be addressed with the sort of targeted methods, and single-organisation approaches, that have been used to drive improvements in recent years.

Our inability as a system to grapple with and address complex issues, particularly those that have been highlighted in many different ways across the last four to five years (and longer) matters. We cannot keep on with our current approaches and ignore our lack of progress in these key areas.

We need new approaches that can foster relationships of greater trust and encourage working across boundaries to improve our whole health system, together.

How can we address these longstanding and emerging issues?

We can continue the quality improvement approaches that we know work well, and spread them into more areas of harm, and continue our work to strengthen safety culture across the whole health system.

However, new system oversight approaches are also needed, grounded in co-design with consumers and the workforce. *Window 2018* suggests two approaches that may help address these emerging challenges, while also improving the overall quality of services and our system. These are:

- building on existing approaches to encourage focused monitoring of system quality
- developing a mechanism for spotting and addressing potential problems early.