HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

Whakakotahi: Co-creating quality improvement in primary care

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Whakakotahi – origins

- Increased focus on primary care
- Build quality improvement capability
- Projects chosen by the sector with a focus on:
  - equity
  - consumer engagement
  - integration

Together – we partner with others, and learn and share together

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A growing focus on equity

2017	2018	2019
Three projects	Six projects	Nine projects
All in general practice, one integrated with the DHB. Two very low cost access (VLCA) practices with high-needs populations. Two projects centred on Māori, Pacific peoples and areas of high deprivation.	Four general practices (VLCA), one pharmacy (Hastings), one NGO kaupapa Māori health organisation (Turanga Health, Gisborne). All projects centred on Māori, Pacific peoples (Tuvaluan) and areas of high deprivation.	Equity weighted in selection criteria. Seven embedded in general practice (six VLCA), three pharmacies, three Māori/Iwi health providers and the Tongan Health Society. All projects centred on Māori, Pacific peoples and areas of high deprivation.

Whakakotahi 2017

- Hutt Union & Community Health Services – diabetes
  – high-needs population, consumer focus
- Papakura Marae Health Clinic – gout
  – high-need population, consumer focus
- Nelson Marlborough DHB and three general practices – post-stent follow-up
  – quality issue, integration focus

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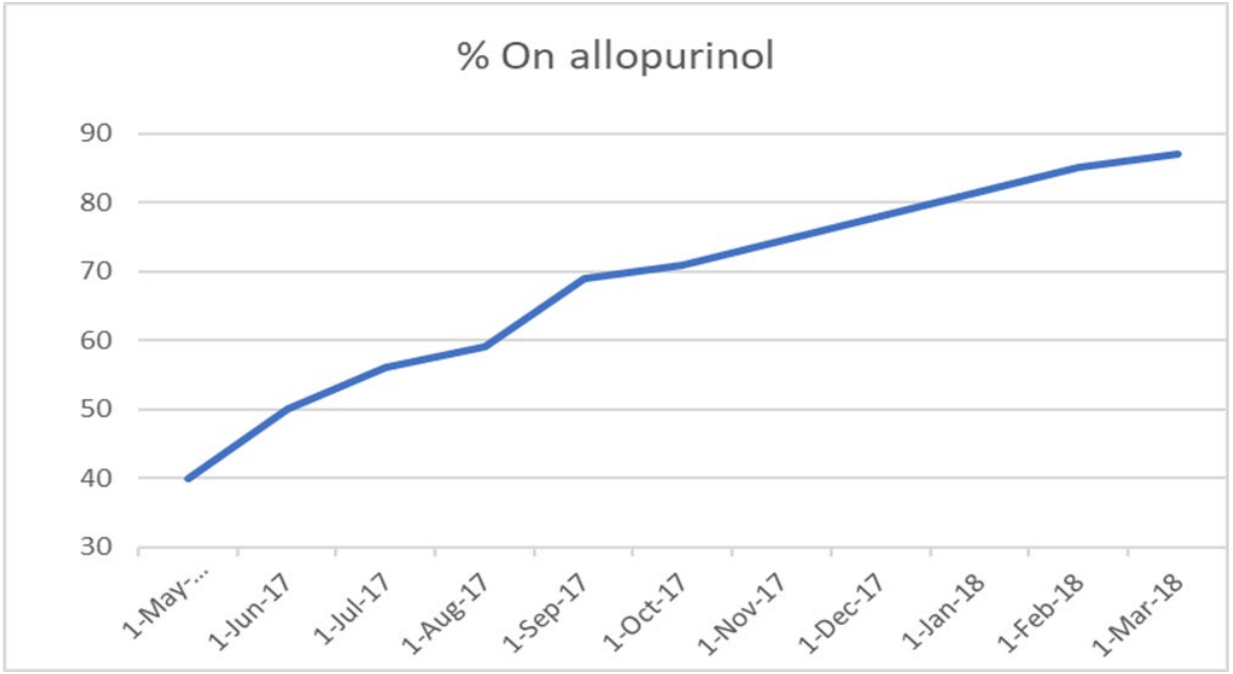
Papakura Marae Health Centre



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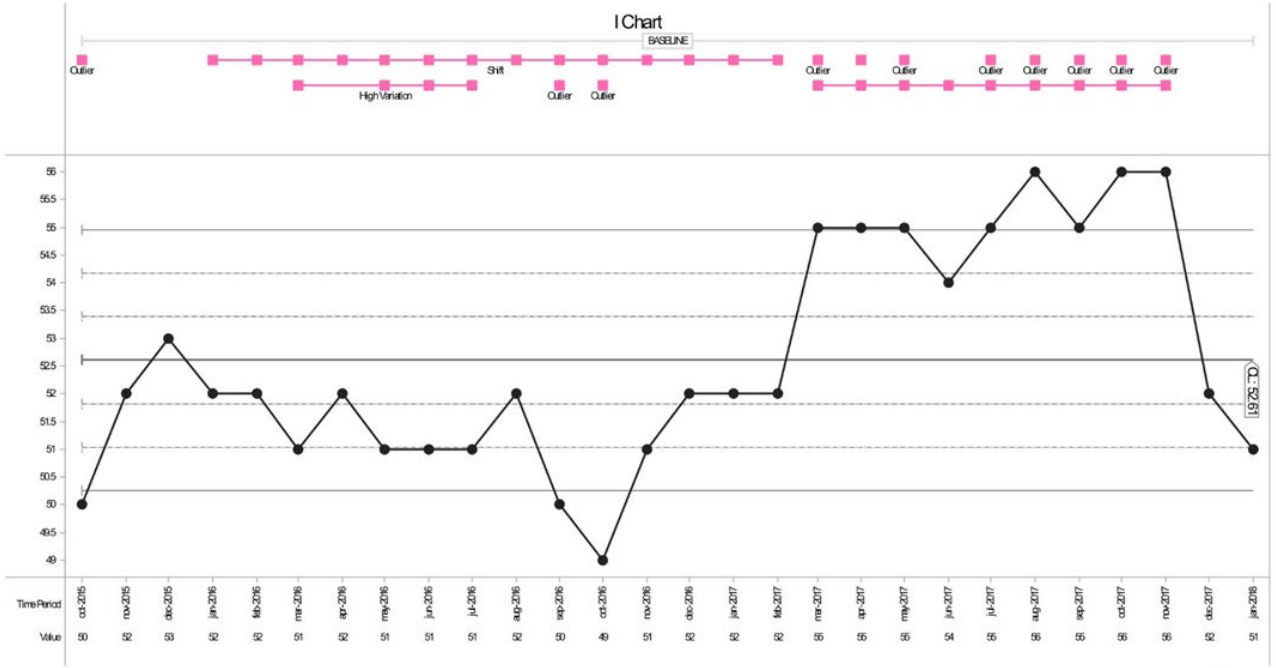
Hutt Union & Community Health Services



Cohort 1 diabetics with HcA1c below 64mmol/L

Generated by LifeQI

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Te Kete Hauora – patient co-design

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Progressing consumer engagement in primary care

Te whakakoke i te whai wāhi a te kiritaki ki te tiaki hauora tuatahi

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Whakakotahi 2018

1. The Fono, Auckland – skin infections in the Tuvaluan community, equity and consumer/community focus
2. Turanga Health, Gisborne – accessing wrap around services for rural communities, equity, whānau focus
3. Gonville Health, Whanganui – improving the new patient process, access equity focus

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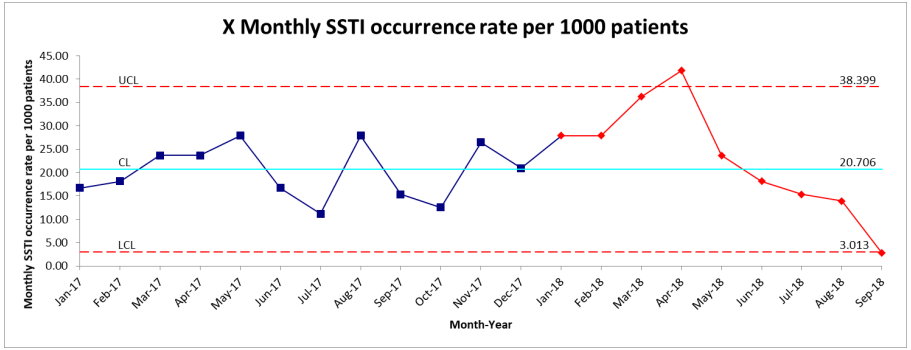
The Fono



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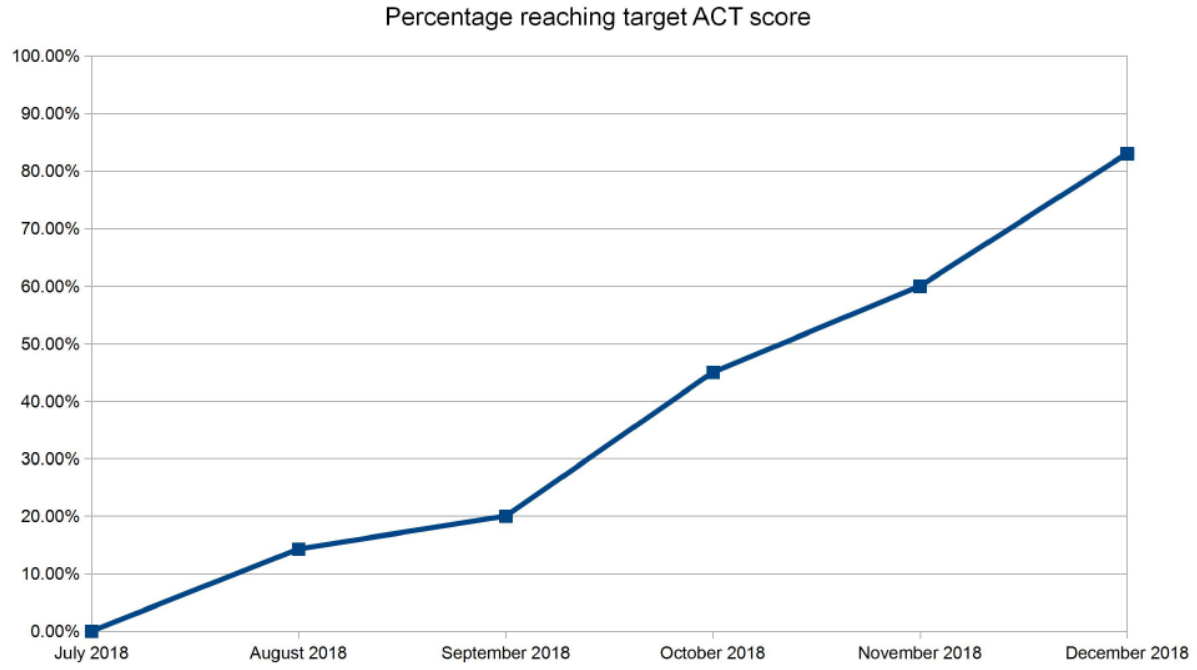
Whakakotahi 2018

4. Unichem Russell Street, Hastings – achieving asthma control test targets with Māori youth, equity focus
5. West Coast PHO – diabetes, equity and integration focus
6. Linwood Medical Centre and Canterbury Diabetes Centre – diabetes, integration focus

Unichem Pharmacy, Russell Street



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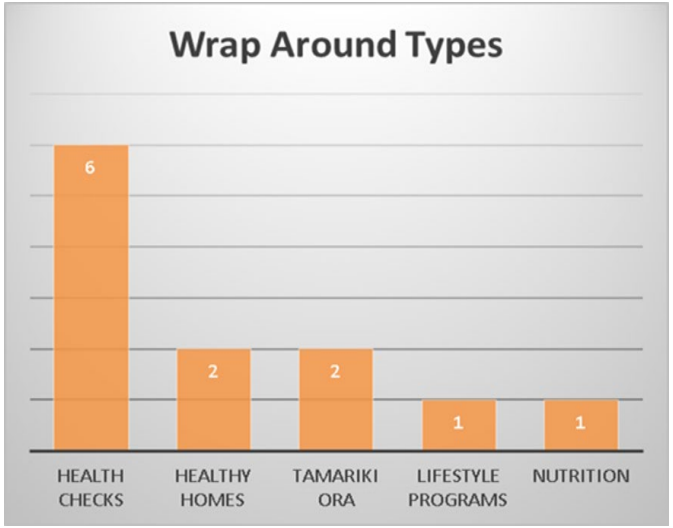
Turanga Health – Tu Mahi project

- Two primary industry workplaces
- 55 employees
- 85 percent Māori
- 14 at-risk employees identified



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Gonville Health

Janine Rider

Improvement team:

Janine Rider – Service Manager
Manu Lewis- Maniapoto – Project Leader
Bev Foster – Nurse Leader
Colleen Dudley – Clinic Coordinator
Lucia Gribble – Nurse Practitioner Intern
Co-opted Members: GHL Staff and Consumers

Gonville Health

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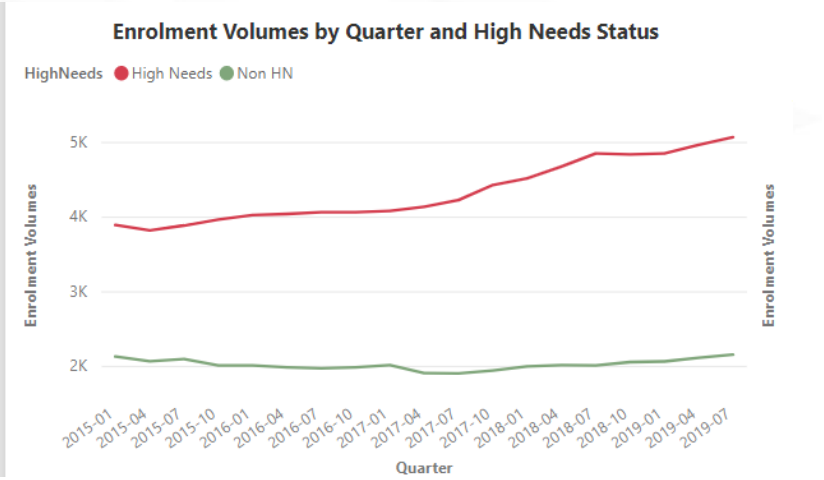
Kupu Taurangi Hauora o Aotearoa

Ko Awatea
Health System Innovation and Improvement

Background

- Gonville Health is a purpose built general practice located in a high deprivation area of Whanganui
- VLCA practice with approximately 7,200 enrolled patients - 70% are high Needs
- 19% of our patients are registered with Community Mental Health service
- 5.5 per 1,000 have a report of concern (high number of vulnerable children)
- We have a transient and increasing enrolled population



Executive summary

As a VLCA practice, Gonville Health was feeling overwhelmed by the number of new patients that we were enrolling and trying to create a therapeutic relationship with.

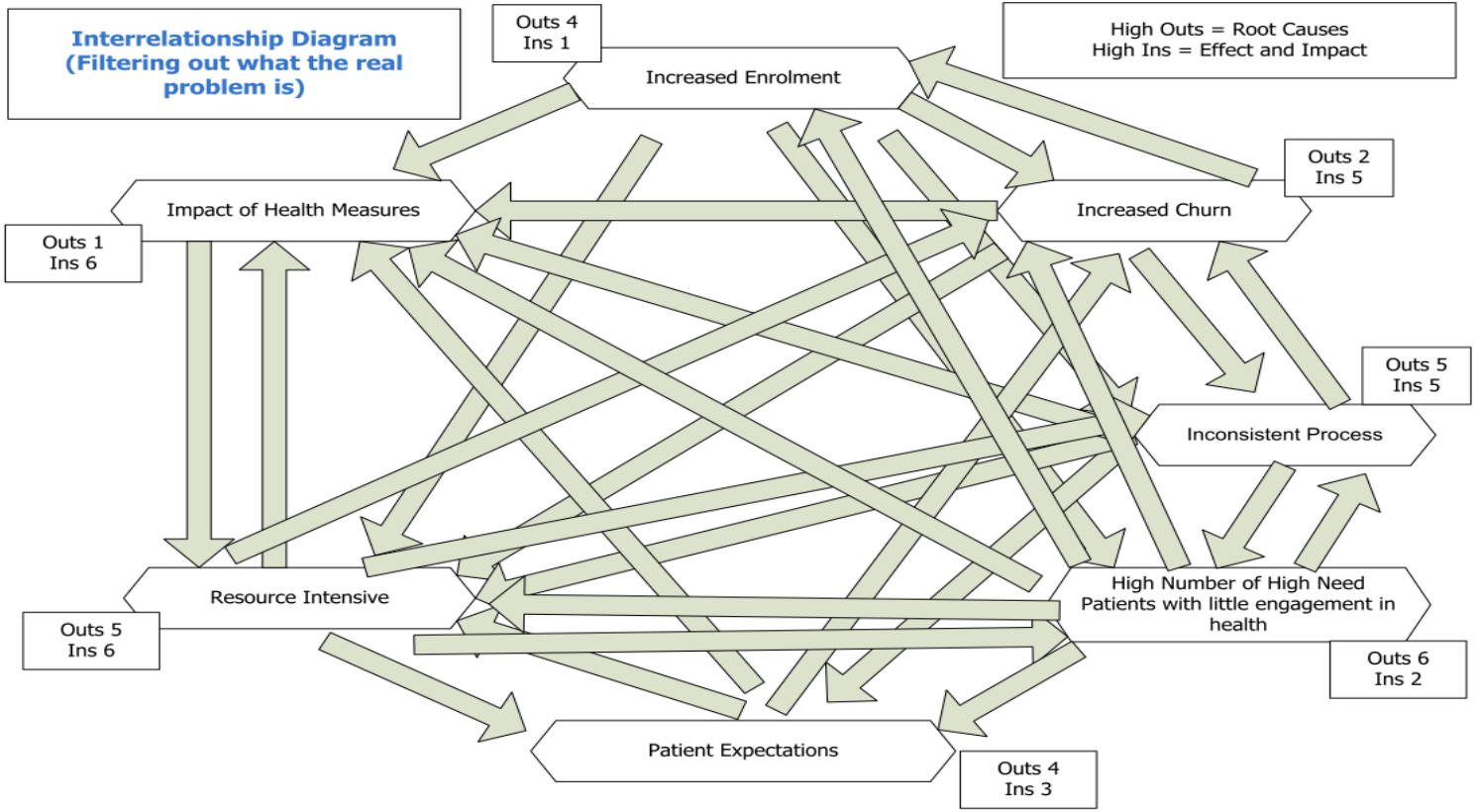
This storyboard shows our journey of how we went about understanding our problem and creating a process of change and evidencing improvement.

Executive summary *cont*

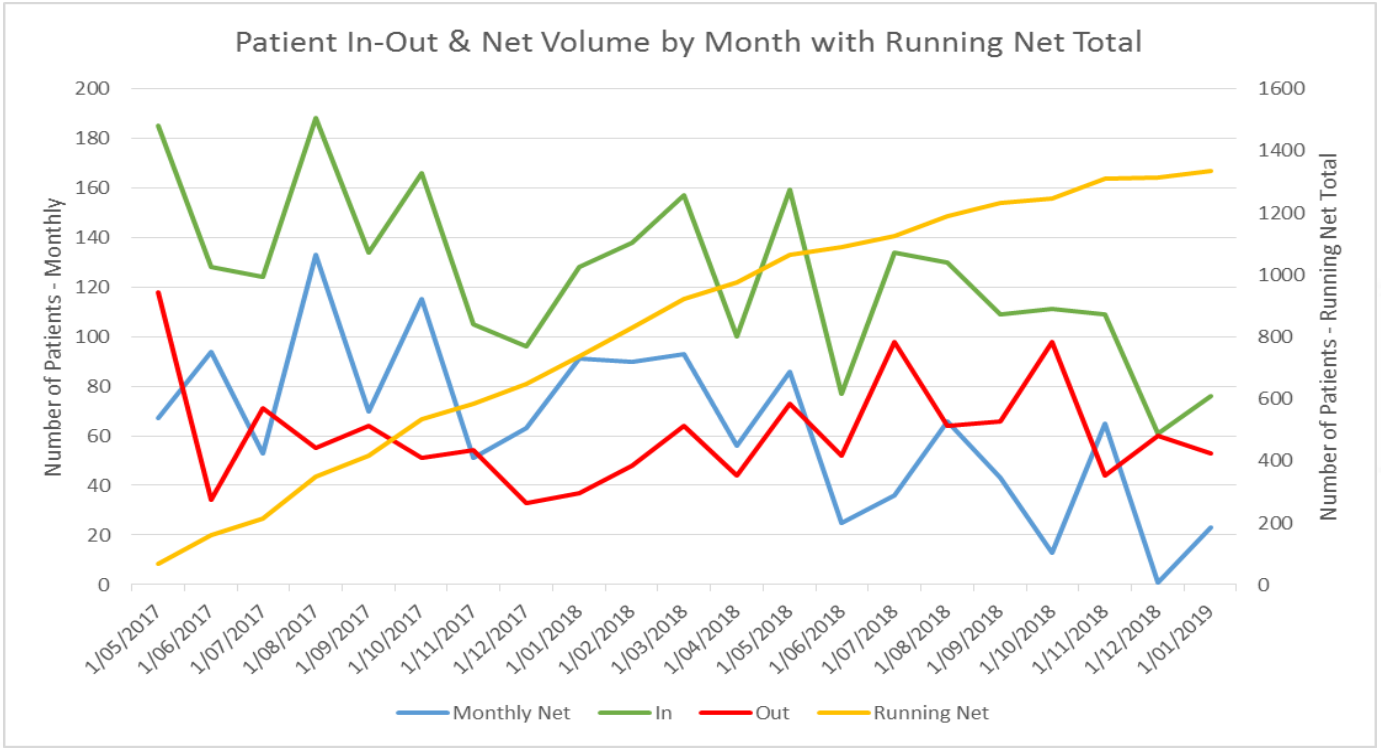
Results:

- Staff have felt more in control
- Patients have said enrolling is less complicated
- Patients are more informed
- We know more about our patients in a way that helps us partner them towards being more engaged in the practice, their health and self management

Understanding the problem



Understanding the problem



New enrolments	**May 2017 – January 2019**	**2,637**
Patient exits	**May 2017 – January 2019**	**1,301**

Problem statement

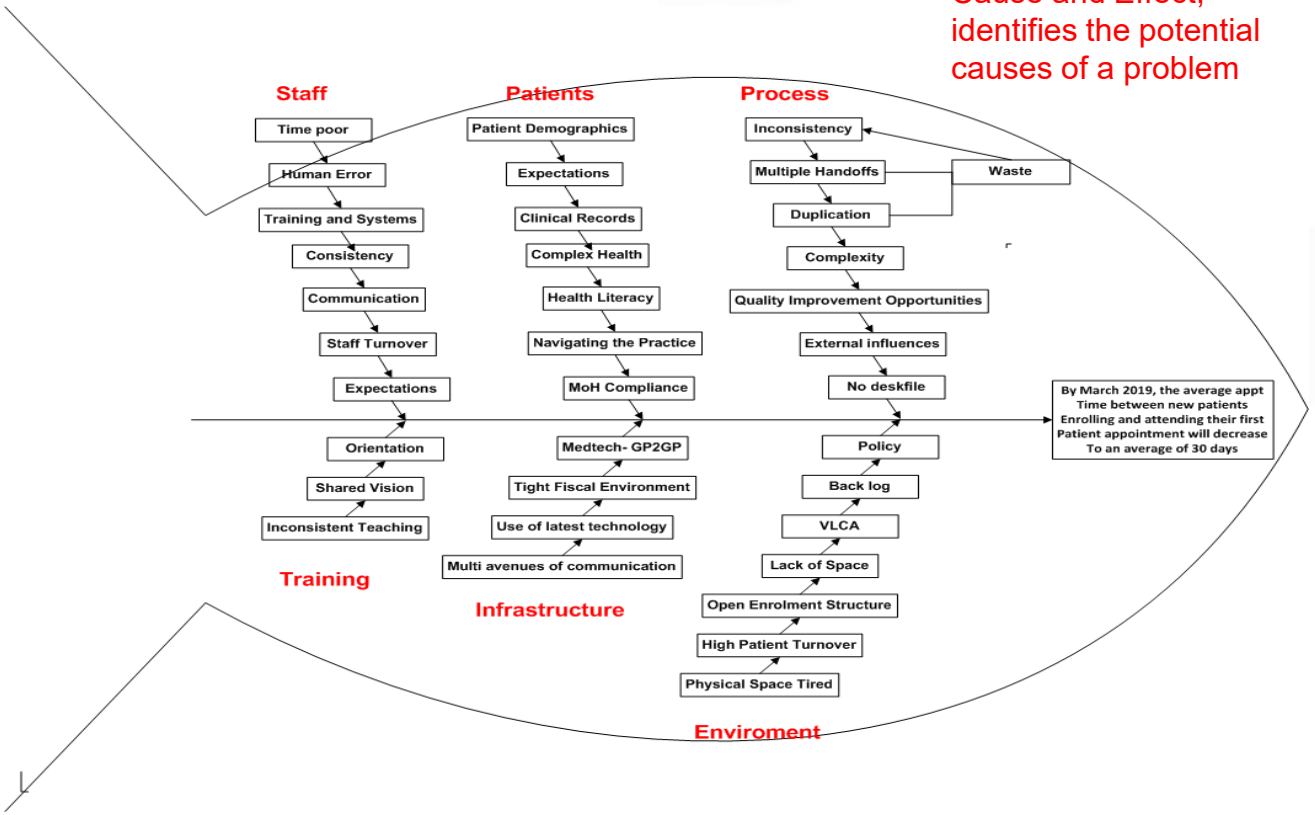
High enrolment of high need patients with little engagement in health combined with inconsistent and resource intensive processes are overwhelming the practice

Aim statement

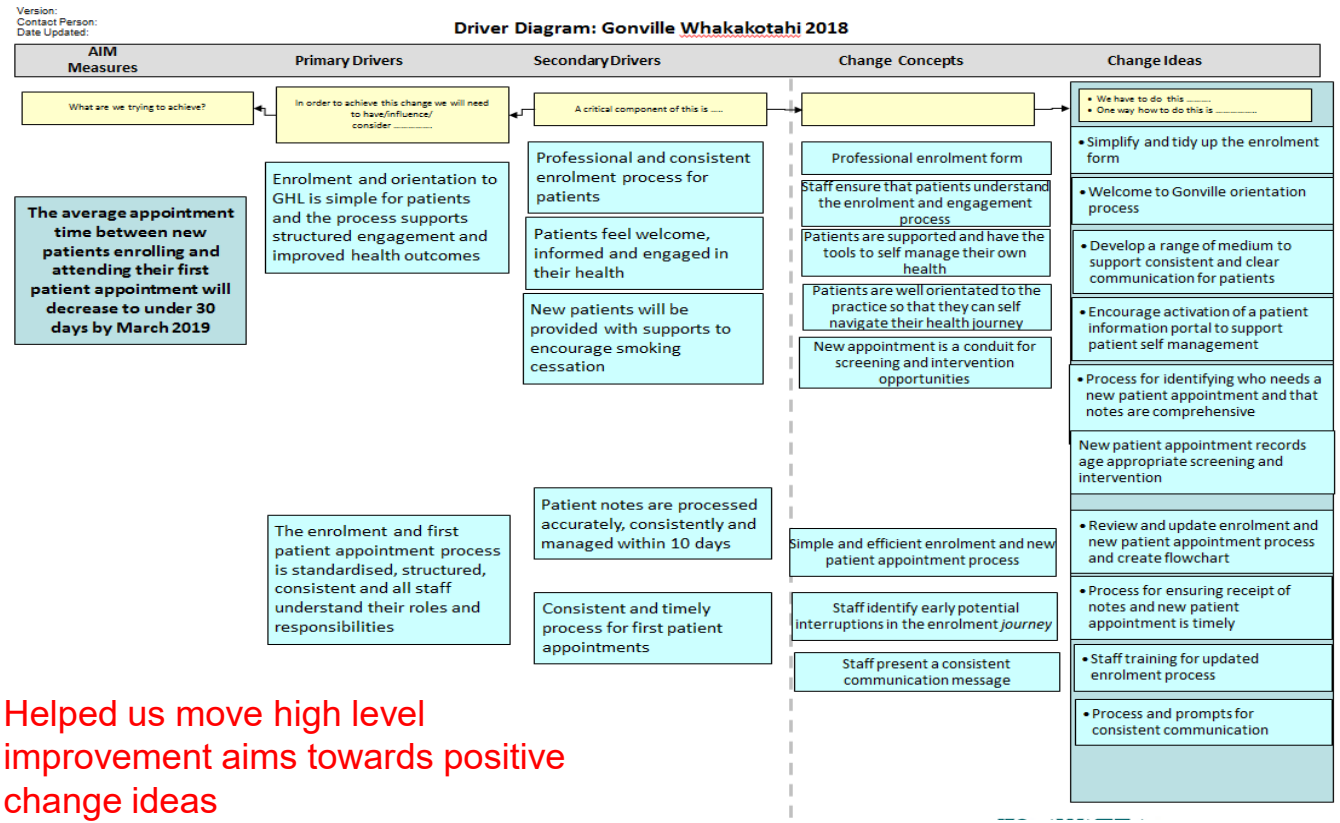
By March 2019, the average appointment time between new patients enrolling and attending their first patient appointment will decrease to an average of under 30 days

Diagnosis: Fishbone diagram

Also called Isikawa or Cause and Effect; identifies the potential causes of a problem



Diagnosis: Driver diagram



Helped us move high level improvement aims towards positive change ideas

Model of Improvement
Example: PDSA summary

Review enrolment new patient appointment process

Process mapping - By working with staff involved; we reviewed the current state to see whether there was consistency and duplication around the process. We used a range of mapping processes being; post its and walk through

Review and trial - After review and discussion we started trials and this included; scenarios, process timing and cast studies

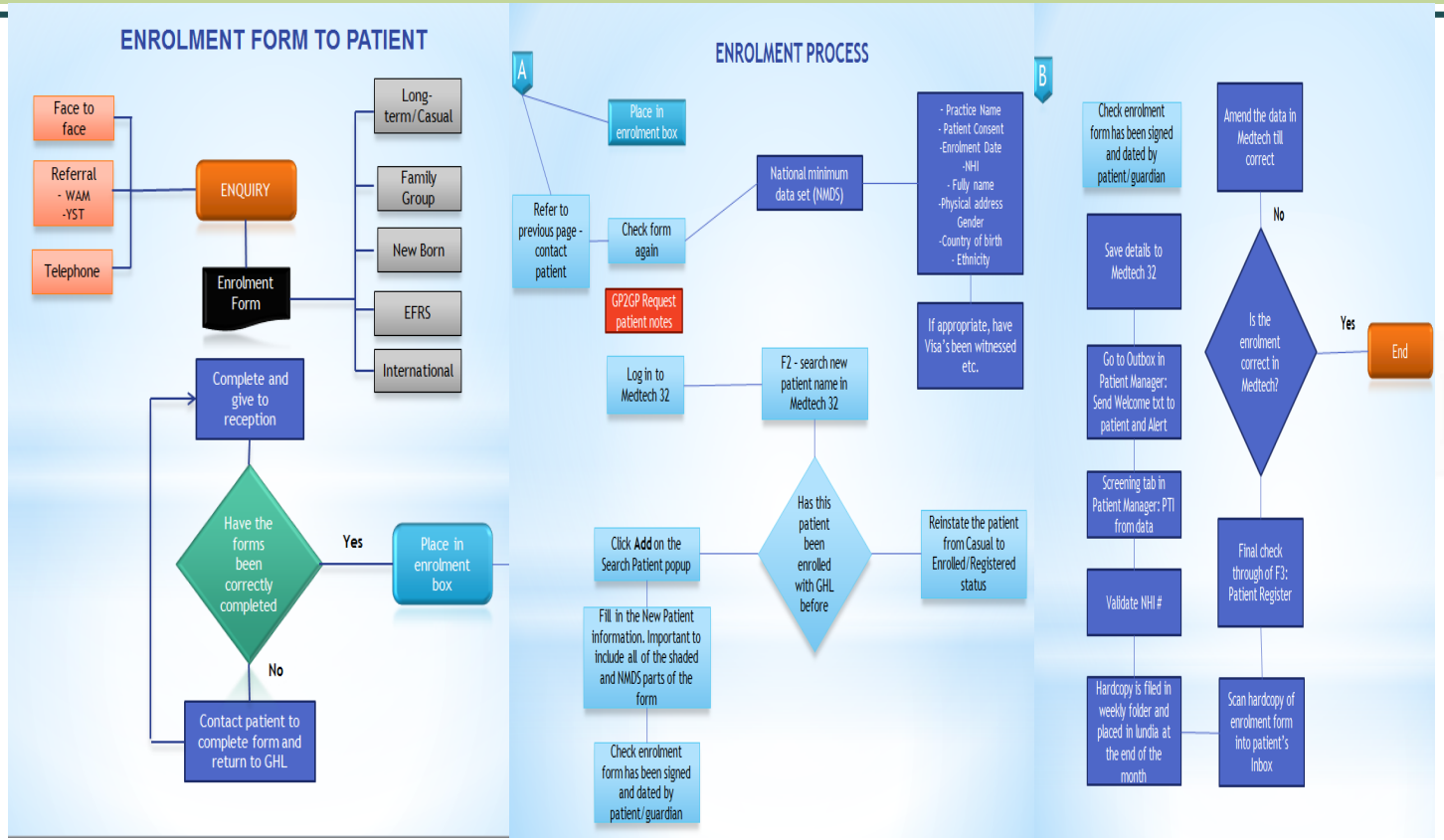
Observations - There was variance in process and time taken, duplication, lack of common vision and communication, there was also a range of errors and some competition between staff members. 'This is how we have always done it'

Model of Improvement
Example: PDSA summary *cont*

Current state - Reduced the change for human error (TIMWOOD), had a range of meetings and training to align vision and approach, developed an evolving flow chart to support consistency. Efficiencies have been identified, pressure has reduced, the team are more aligned and 'proactive with improvements and ideas'

Where to: Continue PDSA cycle

Updated State Map

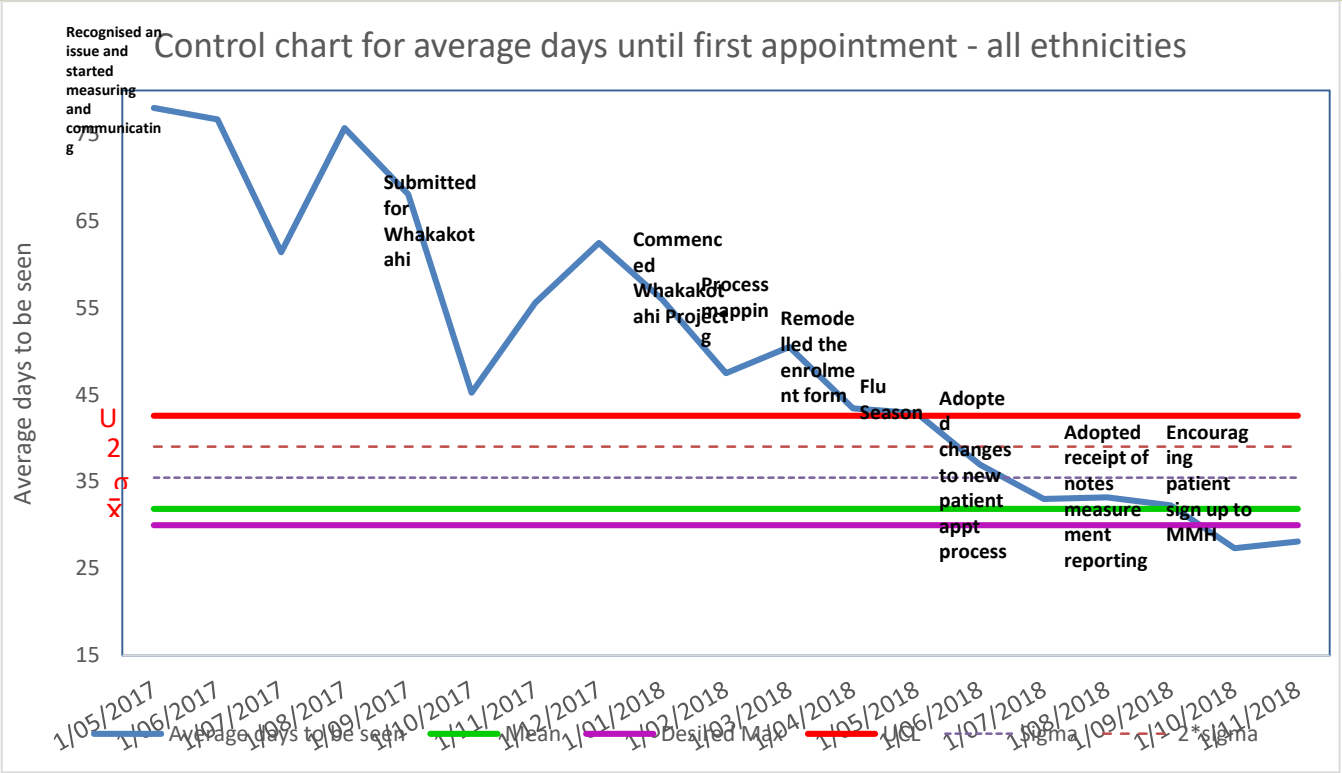


Family of measures

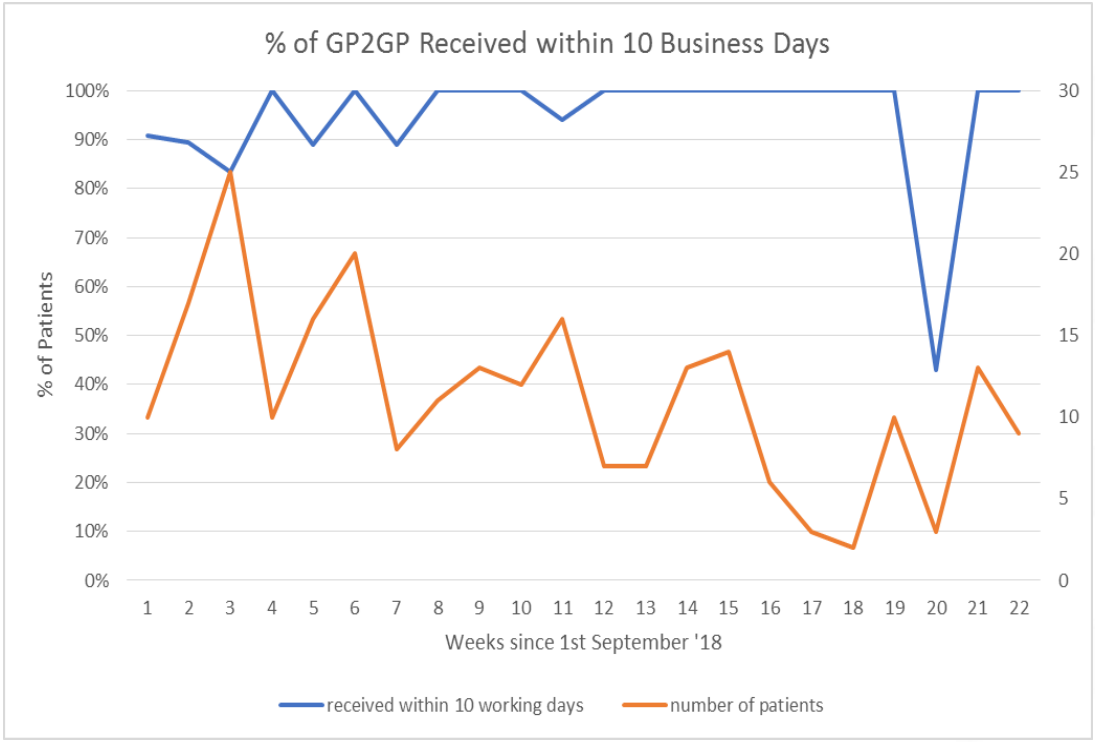
	Description	Measure	Performance at Project Planning Stage	Target performance
Outcome measure	Reduce the time between the patient enrolling in the practice and attending their first appointment to assist with the patient being engaged in the practice and their healthcare journey as soon as possible after enrolment	By March 2019, the average appointment time between new patients enrolling and attending their first patient appointment will decrease to an average of under 30 days	As at July 2018 average time is 30 days. This is decrease to the 75 days average May 2017	Reach 30 average days between the patient enrolling and attending their first patient appointment by March 2019
Process measure	Measure and reduce the time taken between enrolling the patient and receiving their notes	By December 2019, the average time taken between enrolment and patient notes being received will be less than 10 working days	No measurement, no follow up of notes not received	By week 8 100% had been achieved and consistently thereafter
	Patient portal will be adopted by new patients as a support mechanism of self management	By March 2019, 80% of new enrolees will adopt Patient Portal	No Between 4.4 – 4.6% Oct/Nov 2018 and less than 1% prior to rollout of the change	80% of new enrolees by March will also enrol in Patient portal at the same time as enrolling at the practice
Balance measure	Ensure that the change process does not affect staff satisfaction or empowerment	That the indicators of staff feeling in control of the process stay the same or improve over time	In January 2018 indicated that they were a 2 on a scale of 1-5 of feeling in control of the enrolment process	In November 2018 70% of staff stated they were a 4 and 30% a 5 on the scale of control

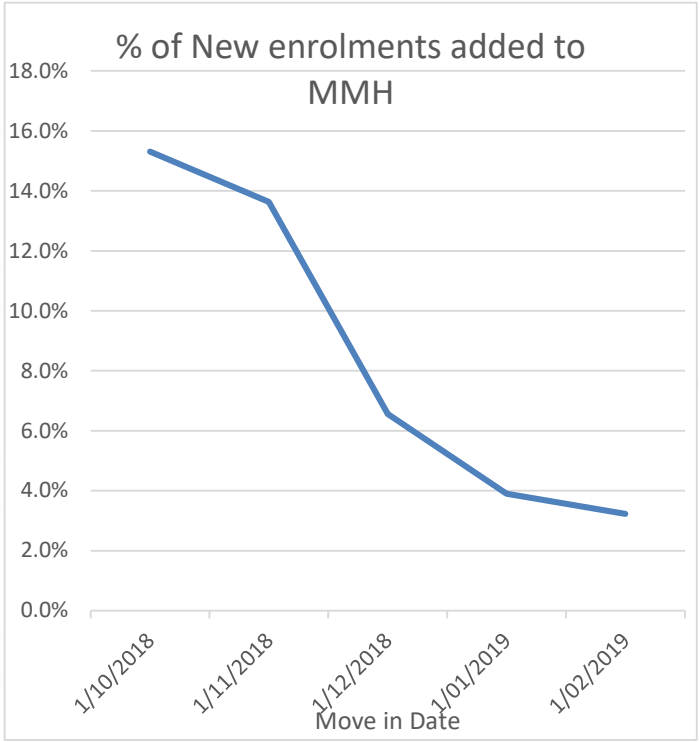
OUTCOME MEASURE

Average number of day between enrolment and first patient appointment over time



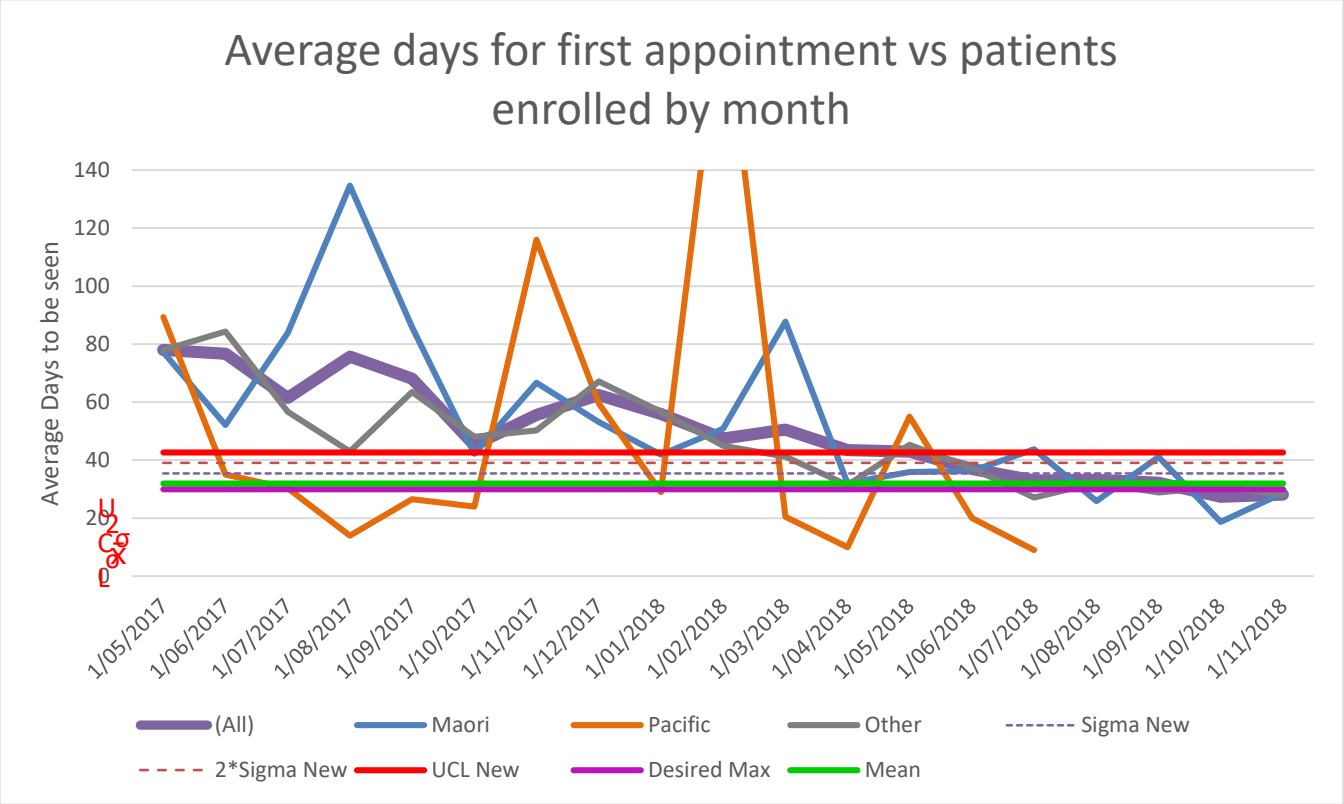
PROCESS MEASURES



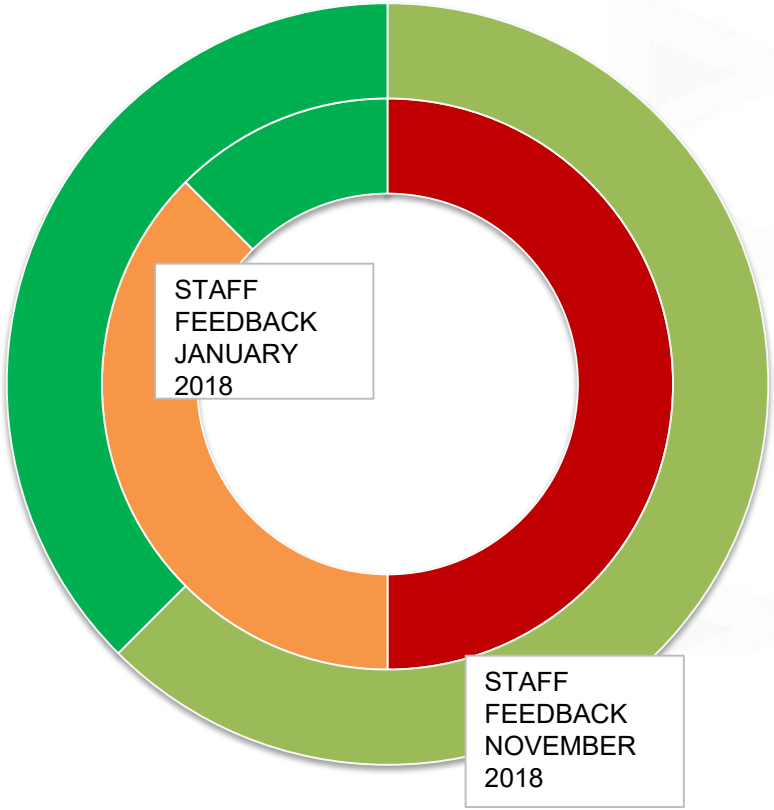


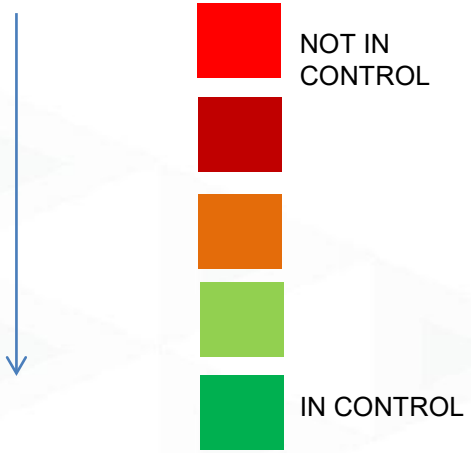
BALANCING MEASURE

Ensuring that the changes don't create inequities



BALANCING MEASURE
Staff satisfaction





Staff satisfaction survey 'How in control do you feel of the enrolment process'?

Lessons learned

- Sustainable change will come from using quality improvement methods
- Good measurements provide evidence of achievement and encouragement
- Digging in to the data and using measures tells the true story and removes the emotion
- Quality improvement is ongoing and you often branches out to other improvement opportunities as you progress
- Quality improvement done right brings a team together and creates benefits for patients

Highlights

- Increased patient engagement and staff satisfaction
- Knowledge and skills to achieve sustainable improvement
- Working as a team
- Level of calm and satisfaction that has emerged post quality improvement changes
- Data as evidence to validate or determine focus areas
- Side streams of work done due to knowledge gained e.g cancer register
- Using the information and skills gained
- Knowing it will only get better from here

Lowlights

- Finding time and competing priorities
- The urge to reach a solution/conclude without going through a quality process
- Easy to move off track

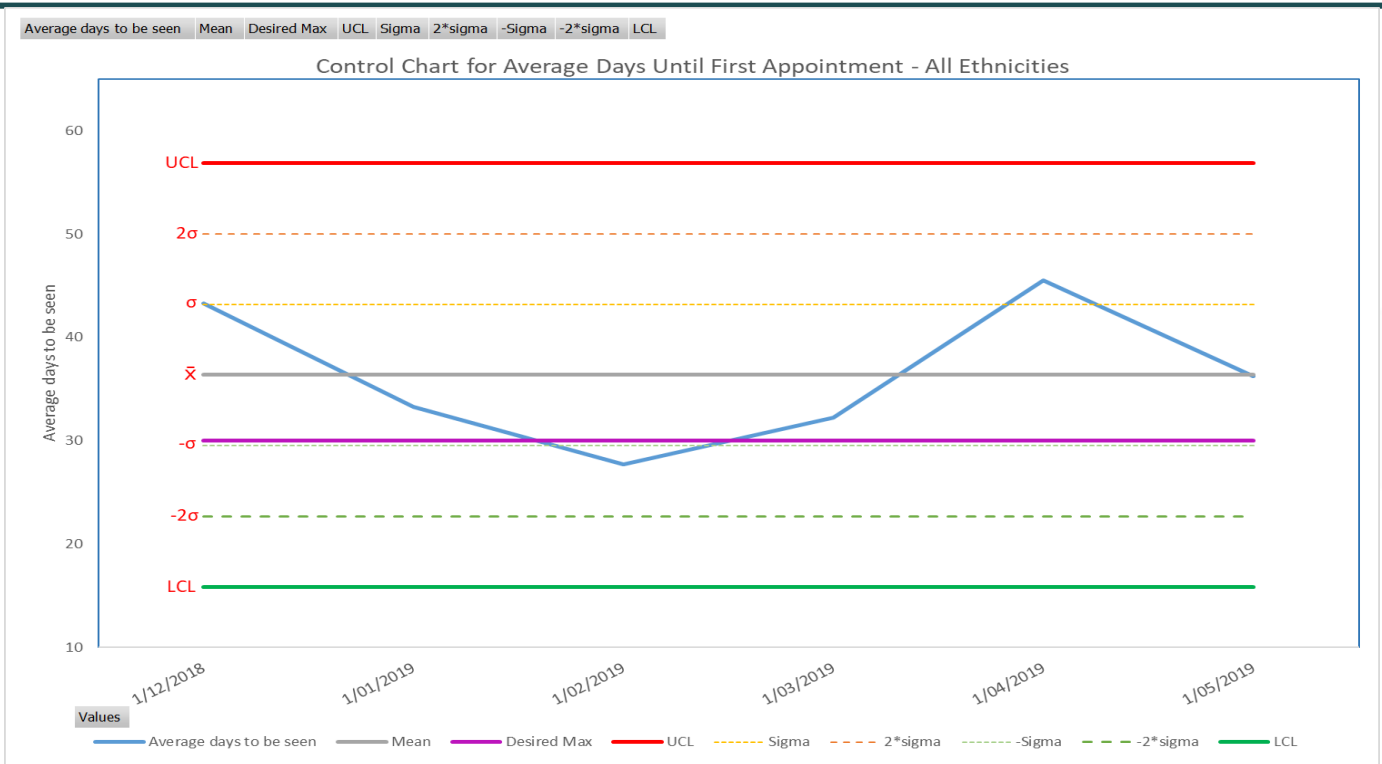
Where are we now?

2019

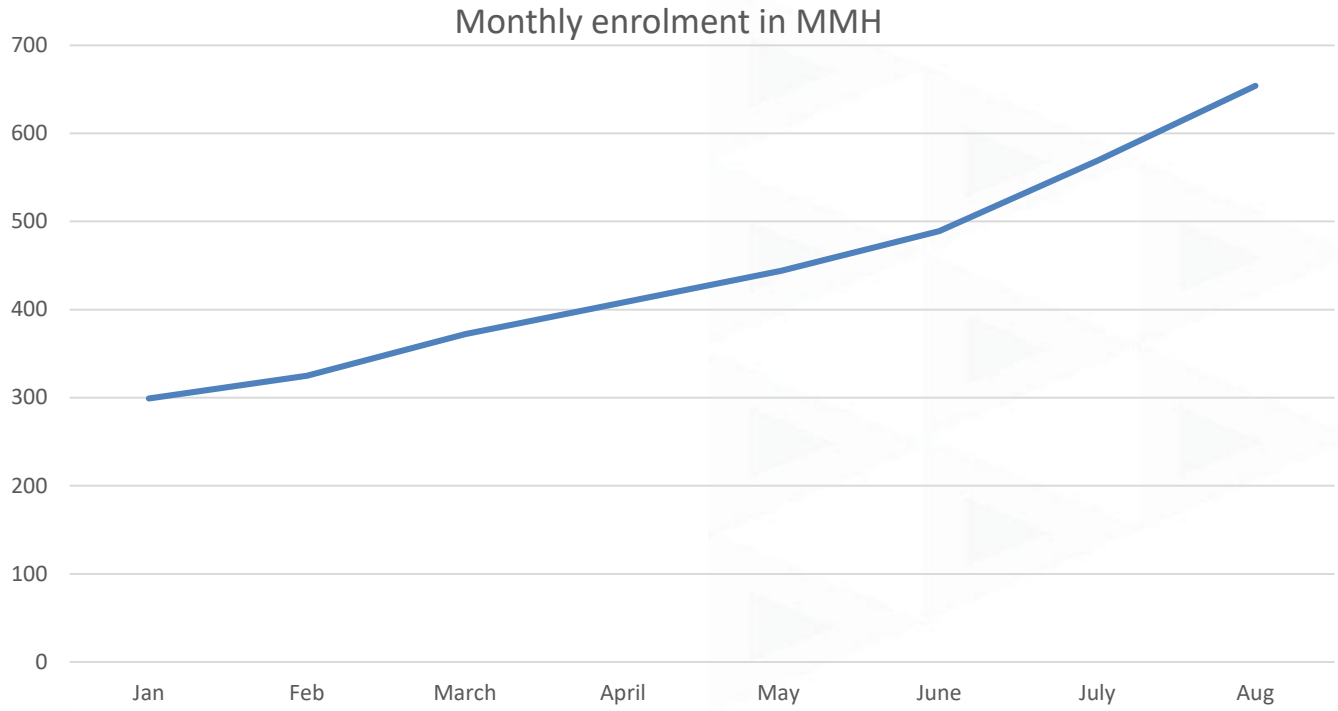
January to September 2019

- 910 new patients enrolled
- 640 new patients recorded as Māori, or Pacific Island ethnicity or residing in deprivation 5

Where are we now?



Process measure – monthly enrolment in MMH



Added value

Level of calm

- Enrolment is not an issue - (time saving for the admin team and nursing team are not stressed ☺)
- Early patient investment pays dividends (patients are not angry!)

Clinical safety

- Reduced clinical risk (we know the patient, what is important to them, there are correct and up to date)
- Patients are seen in the timeframe that they expect and nurses and doctors are prepared when they arrive

Added value *cont*

Legitimacy

- Funding approved for nurse to focus on new patient enrolment
- SIA recognition of access and equity
- Quality awards

- Marketing
- Local and national recognition for what had been achieved

Quality improvement ‘off-shoots’

Establishing a Cancer Register

- Near miss for cancer surveillance for a new patient created a quality improvement process including register management, clinical review and surveillance plan for all new patients had previously diagnosed with cancer

E Enrolment

- Gonville Health has recently partnered Dr Info to trial Enrolment (ScrEnrol)
- QIP offered legitimacy regarding trial partners
- Simple enrolment process for patients
- Simple and quick administration process
- Immediate enrolment and immediate income due to NES

Transferable skills and a continual journey!!

Any questions?

Whakakotahi 2019

- Tongan Health Society, Auckland – diabetes
- Westbury Pharmacy and Hora Te Pai, Kāpiti – gout
- Te Whānau ā Apanui Commuity Health Centre, Te Kaha – rural medicines management

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Whakakotahi 2019

- Te Taiwhenua o Heretaunga Trust, Hastings – eczema (0–4 years)
- South City Health, Hamilton – eczema
- Local Doctors Otara/Tamaki Health/Counties Manukau Health – diabetes

Whakakotahi 2019

- Taumarunui Community Kokiri Trust, Taumarunui – diabetes
- Victory Square Pharmacy, Nelson – improving physical health in opioid substitution treatment clients
- Mt Eden Pharmacy & Mt Eden Correctional Facility – asthma

Critical success factors

- Partnerships and relationships are key
- Expertise exists within the system to improve the system
- Listen and be prepared to learn, adapt and respond to the local context
- The Whakakotahi bottom-up approach, co-created with the sector as partners, has generated some early wins

The challenge

- Progressing scale and spread while maintaining the key factors that have made Whakakotahi a success
- Particularly for populations who are experiencing inequitable health outcomes
- See: www.hqsc.govt.nz/our-programmes/primary-care/news-and-events/news/3739

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So, how do we go about spread and scale in NZ primary care?

Engage stakeholders including Māori equity expertise

Roadmap objectives

- Understand barriers and enablers
- Perspectives on quality improvement collaborative methodology
- Develop a deeper understanding of the primary care context
- Understand the potential role of a central agency such as the Commission
- Inform our approach for an action plan required to drive scale and spread

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Key underlying themes

'Focus on EQUITY or go home….'

(CEO PHO)

'Start with patients - ask people what they want.'

(Chair of a DHB consumer council)

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'We have chronically underinvested in QI with regards to rigorous attention to data. Managing and utilising data to achieve system-wide improvement in each practice that can then scale up. We need much smarter data sharing.'

(CEO PHO)

Key findings – inner setting

Incremental resources needed to build capability

- Simple building blocks for practices to get started with QI
- ‘How-to’ skills and tools
- Curate and share knowledge
  - Change packages/care bundles including the evidence, operational pathway, checklist and process changes
  - PMS SQL, Excel spreadsheets with inbuilt formulae
  - Samples sizes for QI vs research

Recommendations

Findings from consumer and health service engagement

www.hqsc.govt.nz/our-programmes/primary-care/publications-and-resources/publication/3740/

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Seek tangata whenua definition of quality & quality improvement

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Expand knowledge management role

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Continue to build capability

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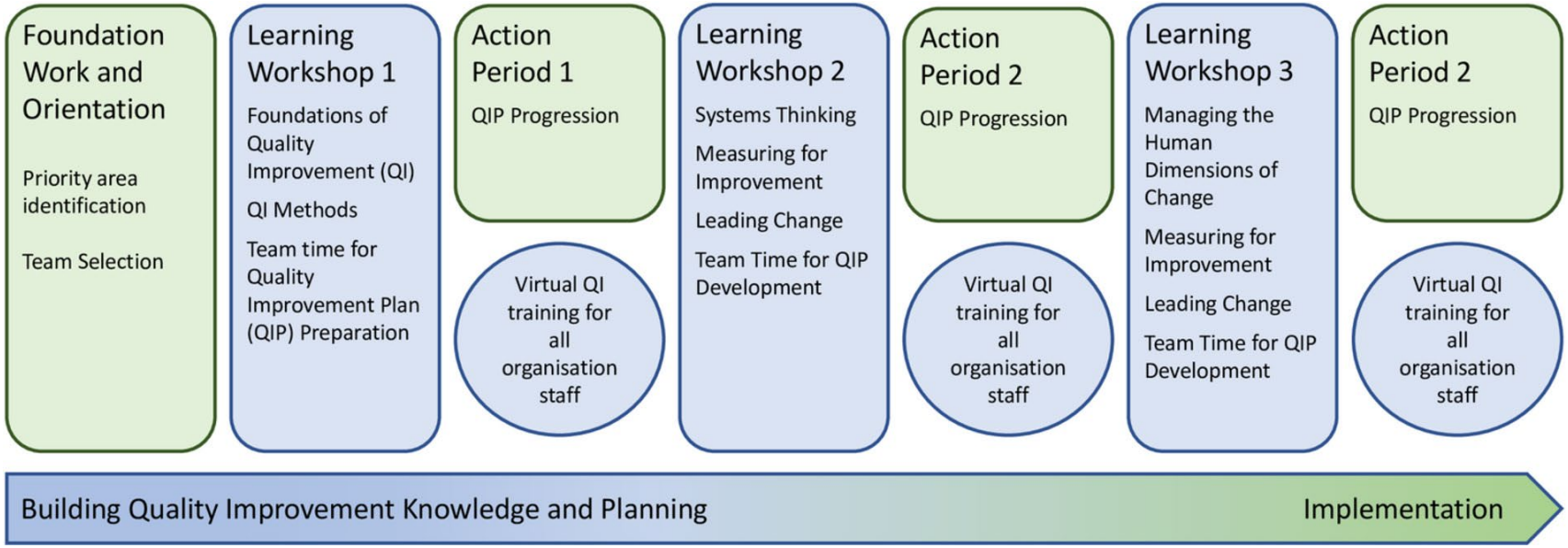
Consider primary care QI collaboratives



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Knight AW, et al. 2019. *BMJ Open Quality* 8: e000684. doi:10.1136/bmjoq-2019-000684

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Use your device to log on to: www.mentimeter.com

Conference Wifi: Username: CEC_Event
Password: Eventaccess

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Mentimeter questions

- What would help you to make better use of your data for quality improvement?
- What data would you need in order to understand equity?
- What support do you need to undertake quality improvement in your practice?
- What support do you need to undertake co-design in your practice?

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