The journey to zero with safety and dignity for all

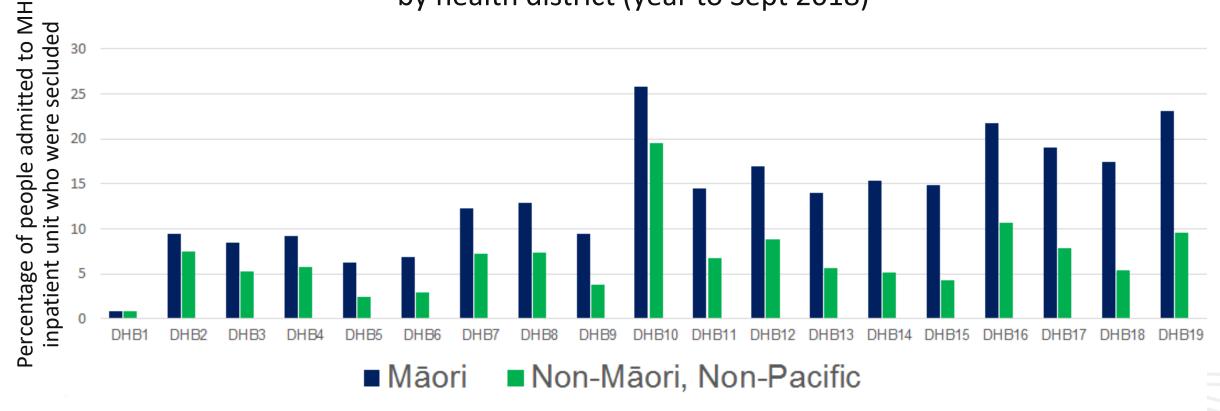
Karl Wairama, project lead Karen O'Keeffe, quality improvement advisor

Initial diagnosis of the issues

- Limited expertise in quality improvement
- A system under stress
- Low degree of belief that 'zero seclusion' is possible
- Significant variation across the country
- Inequity in outcomes
- COMPLEXITY
- A macro system issue
- Significant variation across the country

Seclusion data by health district

Rates of seclusion, Māori vs non-Māori non-Pacific by health district (year to Sept 2018)

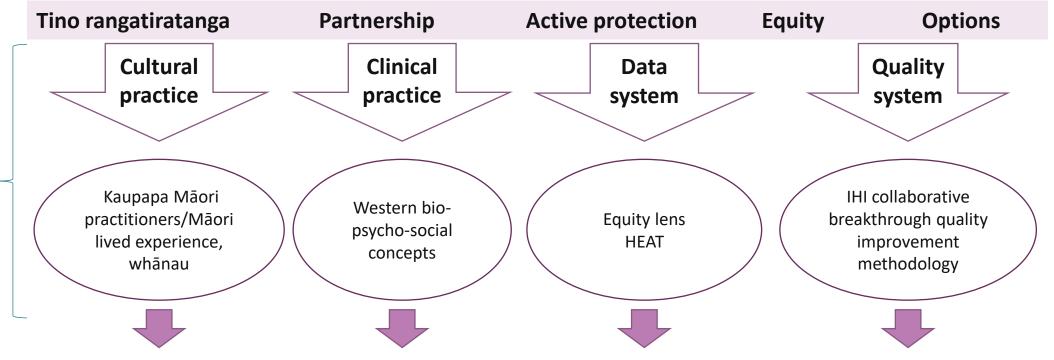


A deliberate use of an integrated improvement process

- An integrated approach: experience-based design, national improvement collaborative methodology
- Learning sessions and coaching throughout the project
- Strong focus on Māori and consumer knowledge
- A suite of measures to assess effectiveness
 - outcome (seclusion), process, balancing measures (restraint, medication, assault)

Te Tiriti o Waitangi as a cornerstone of the improvement effort

Evidence shows that these elements are key to providing successful co-design outcomes for Māori whānau.



Co-design process

Bi-cultural partnership

Effective engagement/mutual trust/genuine respect/ sharing ideas/values/beliefs and wellness models, practitioners, peer support, knowledge and compassion.

Participants in co-design

Lived experience, tāngata whaiora and whānau, peer support, clinicians, cultural practitioners and support workers, allied health, other

Health Quality & Safety Commission. 2022. Te Tiriti o Waitangi Equity Framework from National Mental Health and Addiction Quality improvement programme. HEAT = health equity assessment tool; IHI = Institute for Healthcare Improvement; QI = quality improvement.

Using Te Tiriti o Waitangi as a cornerstone of the improvement effort

Aim/outcome

To eliminate seclusion for tāngata whaiora Māori in the MHA

Outcome measures

- % Māori secluded in inpatient units
- Average duration of seclusion for Māori
- Average number of seclusion events for Māori
- % of tāngata whaiora Māori with identified whānau support (if can be measured locally)

Process measures

- Use of te reo Māori. karakia and powhiri process
- Use of Māori sensory modulation kit
- Whānau participation

Balance measures

- Use of sedatives
- Assaults on consumers/staff

Primary drivers

System components that will contribute to achieving the aims/outcomes

Secondary drivers

Elements of the associated primary driver. Used to create project/changes that will affect the primary driver

- Increase kaupapa Māori workforce
- Increase cultural competency training
- **Employ cultural mentors**
- Recruit more Māori

Accurate equity data for service design

Culturally competent

workforce

Māori leadership and organisational change

Whānau involvement in care

Inclusion of Māori with

lived experience

Use of culturalspecific change ideas/interventions

- Use equity lens and prepare equity plan for MHAs
- Easier access to crisis care and early prevention services closer to home
- Whānau-centred support models
- Mātauranga Māori models
- Initiate Māori leaders programme
- Health literacy provided
- Whānau support provided
- Consumers and whānau participate in service co-design
- Access to rongoā Māori services
- More lived experience workers
- Welcoming environments

Change ideas

Small, specific ideas linked to drivers

- Respect and acknowledge the consumer (tāngata whaiora)
- Initiate unconscious/implicit bias training
- Provide cultural competence training
- Include karakia, kaumātua/kuia support
- Whānau involvement in care
- Cultural assessment and service co-ordination
- Peer support service
- Tāngata whaiora and whānau involvement in service co-design
- Police liaison position to support transfers from police/justice/ corrections
- Cultural kai
- Māori liaison at emergency department
- Restorative wānanga
- Māori sensory modulation kits
- Aunties wisdom therapy
- Enact the tikanga values of mākoha and manaaki
- Welcome ceremony (pōwhiri)
- 24-hour access to Māori services

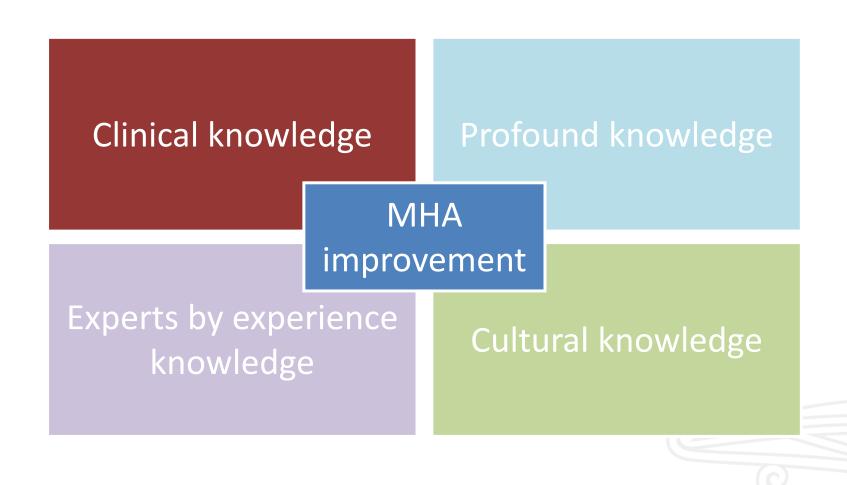
Health Quality and Safety Commission. 2020. Māori cultural driver diagram. The six primary drivers from the International Health Institute's driver diagram template, adapted by Te Hiringa Kounga Māori and the programme team to reflect kaupapa Māori values.

Change package/cultural kete

- Cultural assessment
- Cultural service coordination
- Cultural supervision/mentoring
- Rongoā Māori: romiromi/karakia
- Early intervention (co-share)
- The non-coercive mindset
- Whānau involvement
- Pōwhiri/mihi whakatau
- After-hours Māori service
- Māori modulation therapy

Successful application requires skilled mātauranga Māori practitioners engaging effectively with clinicians

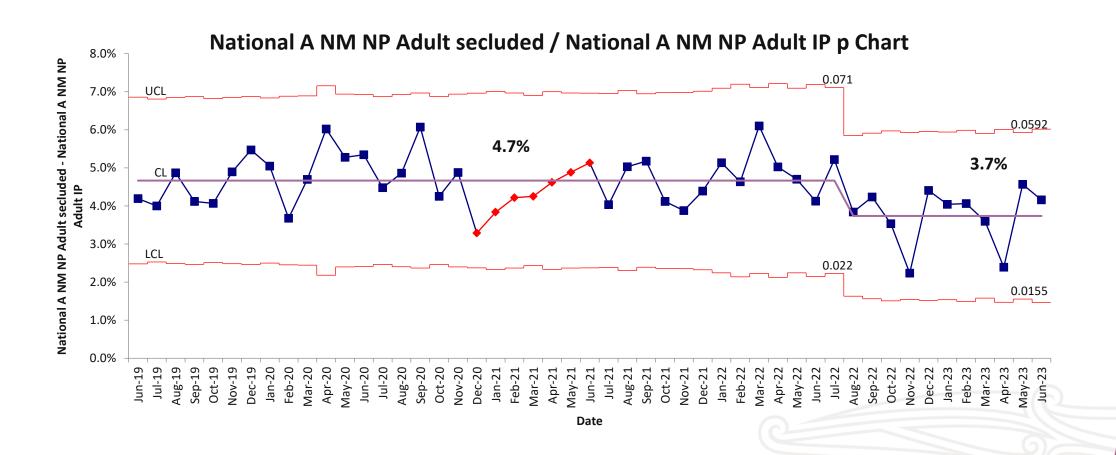
Our framework for this project: Using the abundant expertise



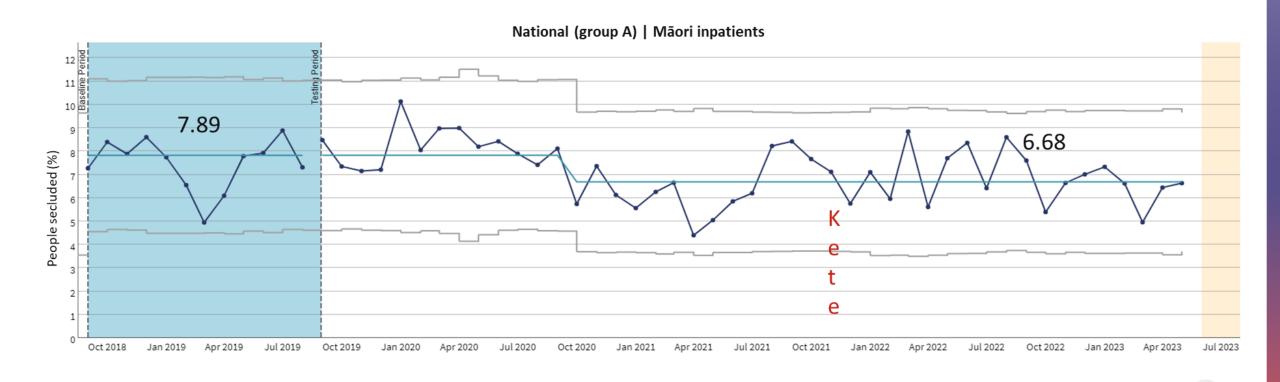
Outcomes related to project aim

- Decreased seclusion rates
- Decreased seclusion duration
- Reduced equity gap
- Six districts at zero events for ≥5 months over the last 18 months (range 5–17 months)

Outcome data seclusion rate. Non Māori Non Pacific Adult Units

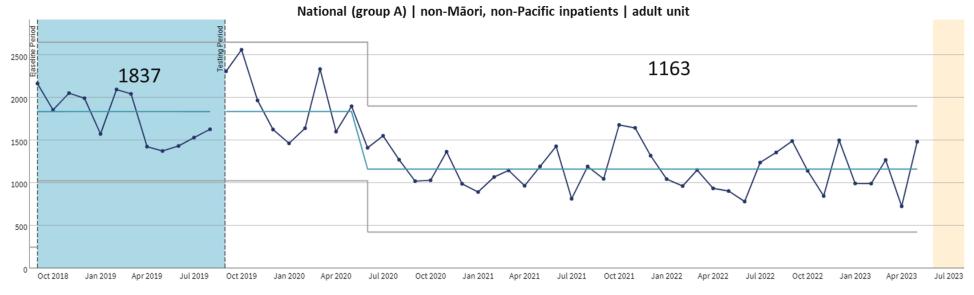


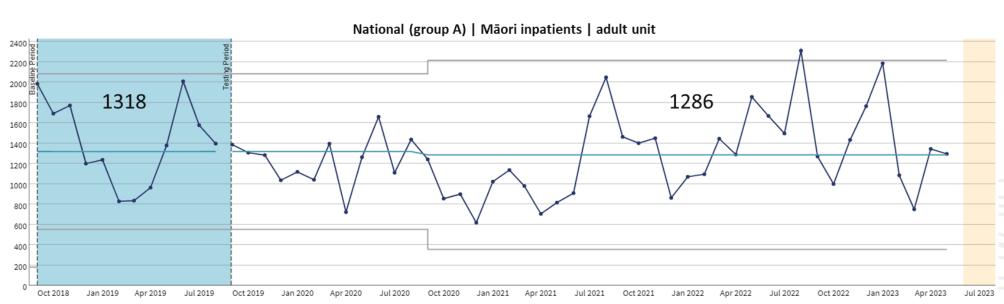
Outcome data seclusion rates



Outcomes seclusion duration

Seclusion duration hours





Learning

- Importance of being deliberate in improving equity and outcomes that matter
- Evolving improvement models: integrating knowledge
- The need to continuously learn and adapt: COVID
- Te Tiriti integrated into the improvement model works for all
- The power of strong relationships able to keep going when things get tough
- Voice of the consumers keeping an eye on what matters and ensuring this is not lost

Next steps

- Work on improving the consumer's role in improvement with resource development
- Spread and sustain



Questions?

Contact us

• Karl Wairama karl.wairama@hqsc.govt.nz

• Karen O'Keeffe <u>karen.okeeffe1@northlanddhb.org.nz</u>



