Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

Te whakanui ake i te hauora ā-tinana | Maximising physical health project context

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14 September 2022

Maximising physical health priority area

- Project scope worked up after meetings with experts from the ‘Equally Well Collaborative’, primary care, Māori, consumer and whānau, and academics
- Equity will be at the centre of this project
- Making a difference requires a whole-of-health-service approach
- Co-design process will start in November 2022

What we know about the problem

- Life expectancy for people in contact with specialist mental health and addiction services is reduced by up to 25 years

- Two-thirds of this premature mortality is related to preventable and treatable conditions: cardiovascular disease, cancer and other physical illnesses

Source: Te Pou

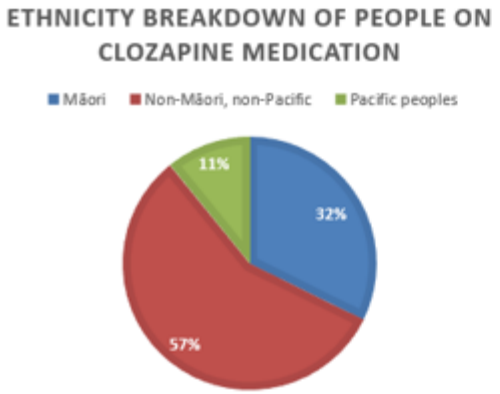
Aim: Improve the reliability of timely cardiovascular monitoring, screening and treatment for people on clozapine and intra-muscular injection anti-psychotic medication

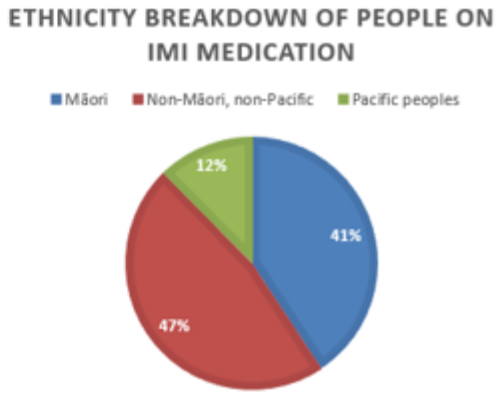
Considerations

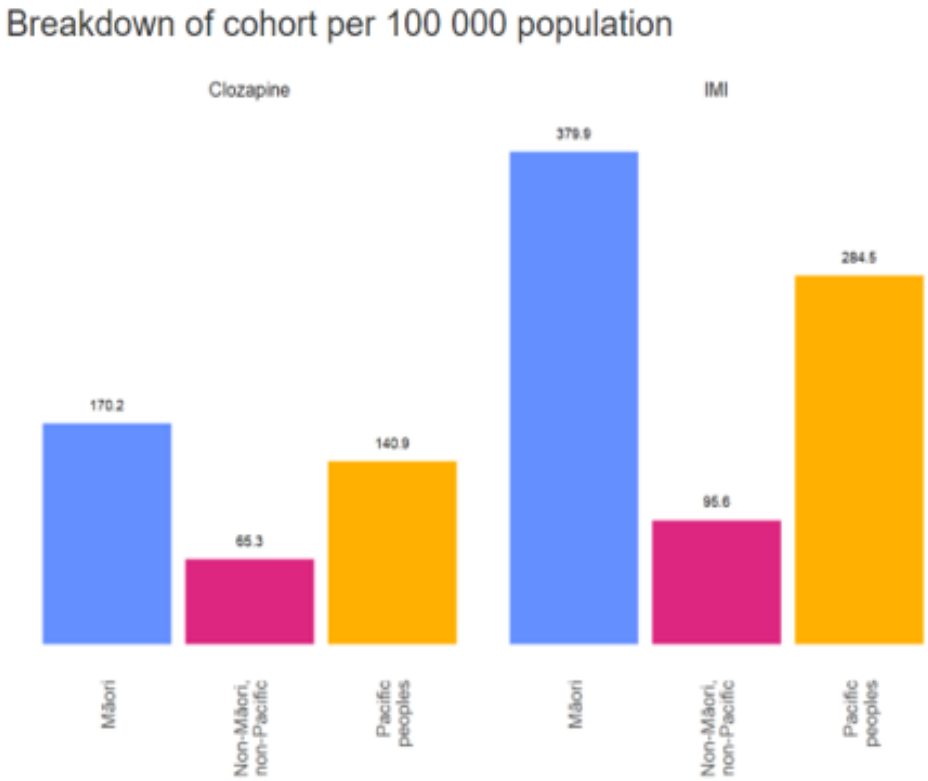
- What does screening include? Focus on cardiometabolic screening, baseline and annual screening
- Is data available to measure change?
- Cohort to include consumers using specialist mental health care services and primary care services
- Needs to be done within the two-year project window and be achievable with our limited team resources

People on IMI or Clozapine medication

- In the period July 2018 and June 2019, 4,239 people were dispensed Clozapine, and 7,487 people were dispensed an intramuscular injection.

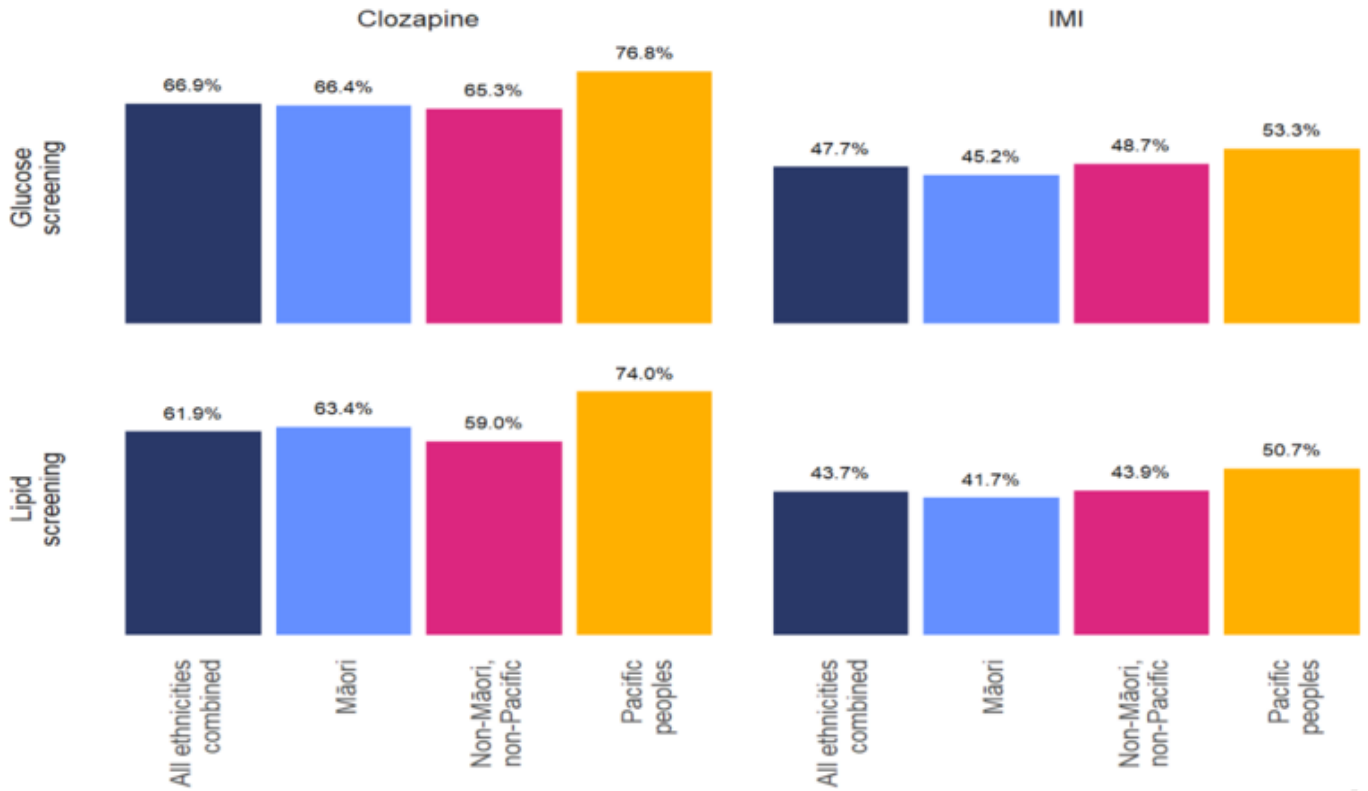






Screening

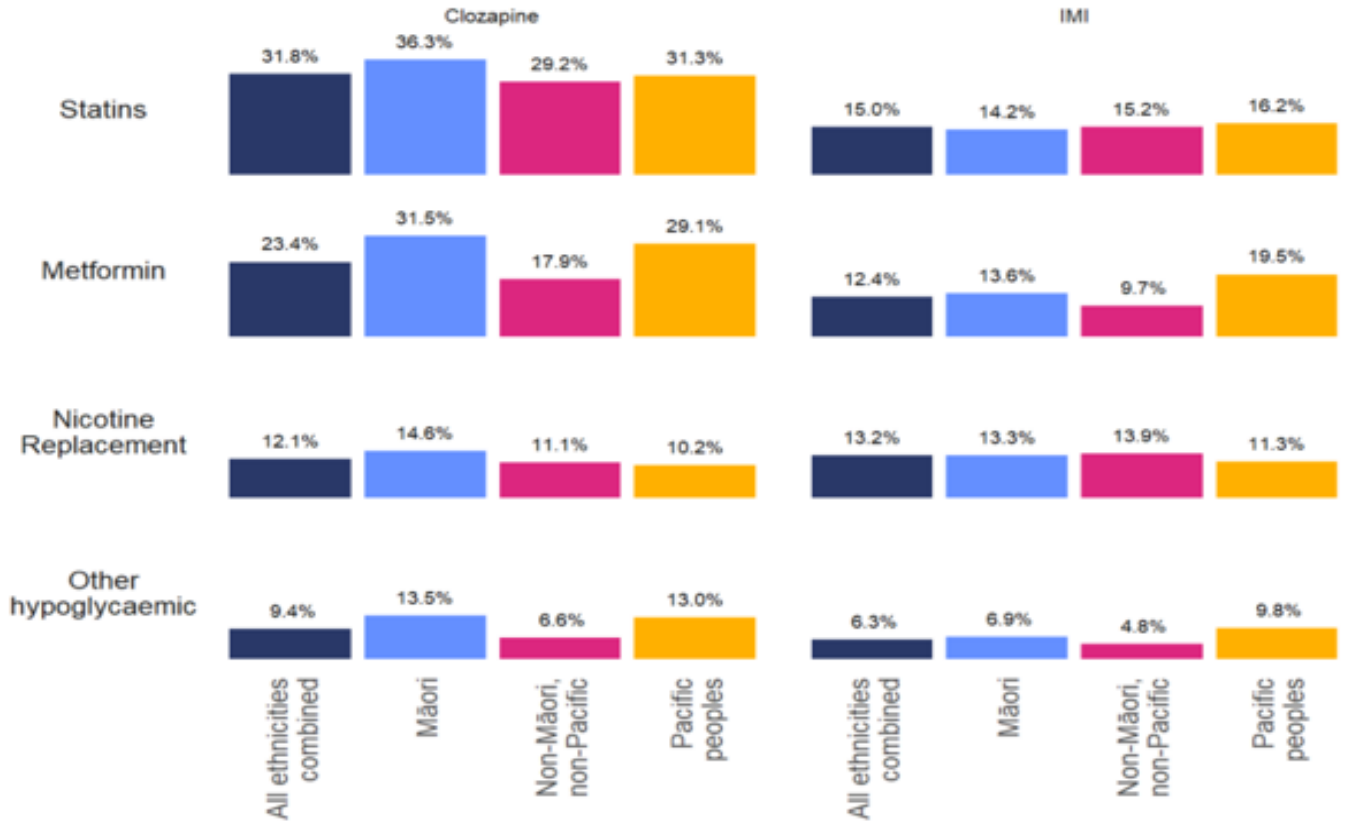
Percentage of cohort that had cardiovascular screening completed, by ethnicity



Data shows % of people who had at least one of lab ordered within the 12-month period between July-2018 and June-2019

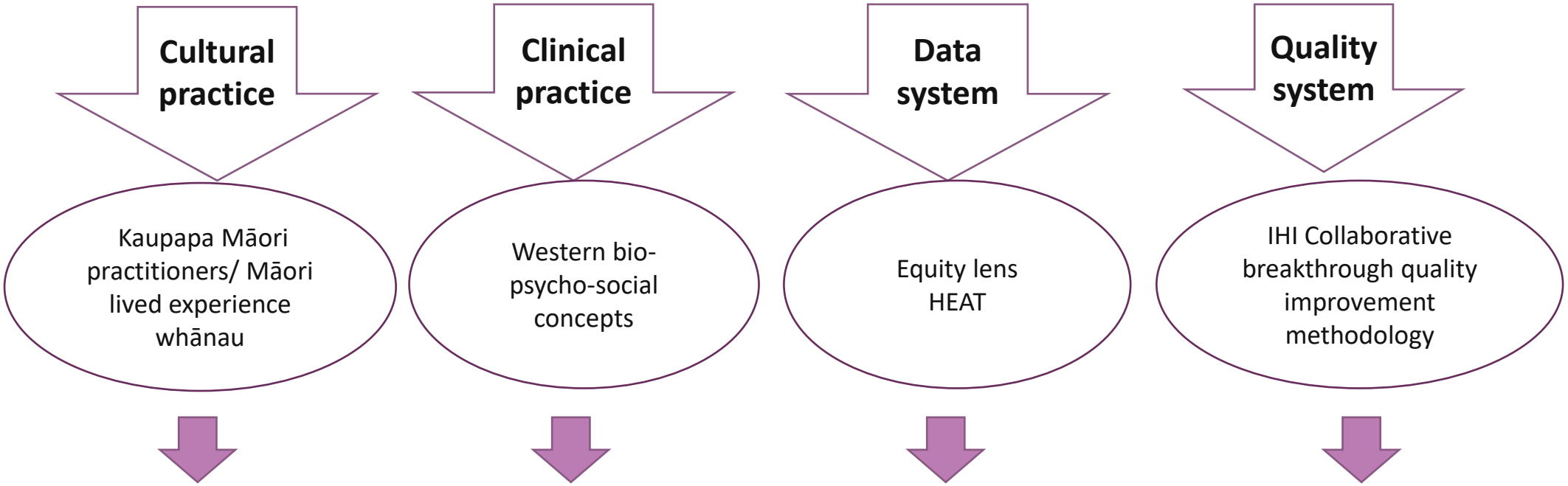
Interventions

Percentage of cohort that were dispensed an intervention medication, by ethnicity



Te Tiriti o Waitangi equity framework

Tino Rangatiratanga **Partnership** **Active protection** **Equity** **Options**



Co-design process

Bi-cultural partnership
Effective engagement/ mutual trust/genuine respect/sharing ideas/values/beliefs and wellness models

Participants in co-design
Lived experience, tāngata whaiora and whānau, peer support
Clinicians, cultural practitioners, allied health, other

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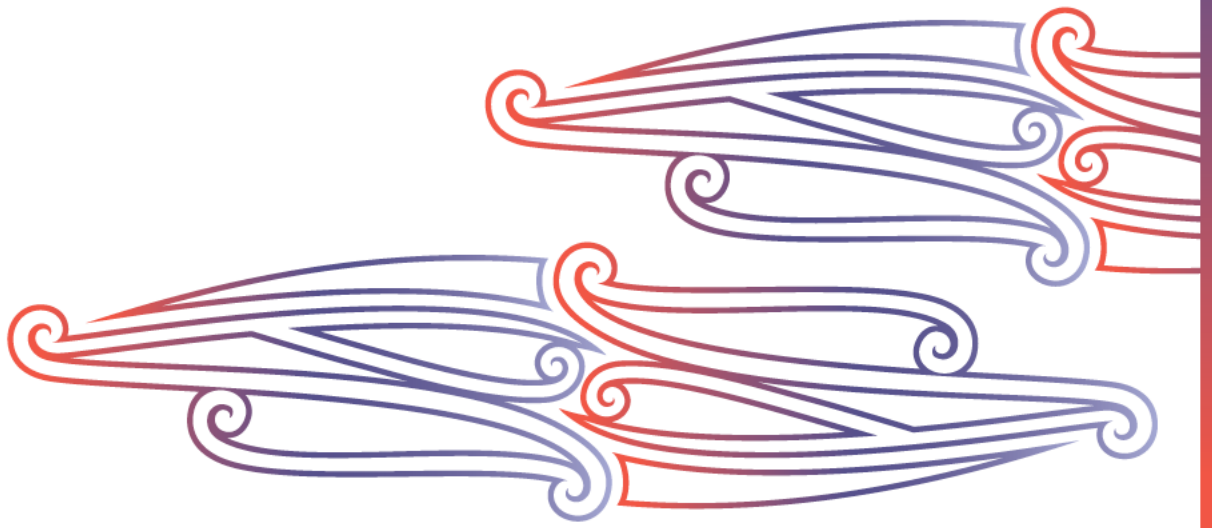
Te whakanui ake i te hauora ā-tinana | Maximising physical health project overview

Karen O'Keeffe: Quality improvement advisor, Mental health and addiction quality improvement programme



14 September 2022

Mental health and addiction quality improvement programme

1.	**Aukatia te noho punanga: noho haumanu, tū rangatira mō te tokomaha** Zero seclusion: safety and dignity for all
2.	**Te tūhono i ngā manaakitanga, te whakapai ake i ngā whakawhitinga ratonga** Connecting Care: Improving service transitions
3.	**Te ako mai i ngā pāmamaetanga me te wheako tāngata whaiora me te whānau** Learning from adverse events and consumer, family and whānau experience
4.	**Te whakanui ake i te hauora ā-tinana** Maximising physical health
5.	**Te whakapai ake i te whakahaere rongoā, i te tūtohu rongoā hoki** Improving medication management and prescribing

Overview of the journey

WWW.QI.ELFT.NHS.UK @ELFT_QI

IDENTIFICATION OF A QUALITY ISSUE

- What matters the most?
- Start conversations with staff and service users
- Review all information to understand opportunities

UNDERSTANDING THE PROBLEM

- What is the current state, Learn from others and the past. Understand the system deeply through a range of tools (e.g cause + effect)
- Assess readiness

DEVELOPING A STRATEGY AND CHANGE IDEAS

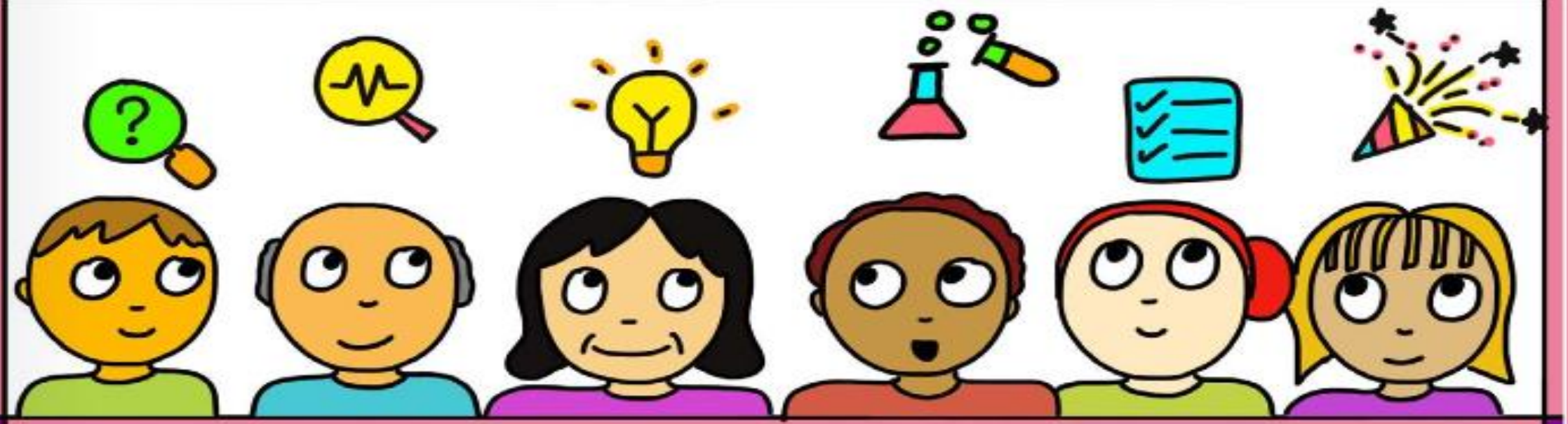
Formalising project info, using different tools to generate improvement ideas. Developing aim and Driver Diagram. Use the model for Improvement

TESTING

Using the model for improvement to test out change ideas through a Plan Do Study Act approach Using data to evidence if an improvement is made.

IMPLEMENTATION

Show improvement data, then implement change idea that has been shown to work and make it part of business as usual. Build quality control Systems to ensure the gains are sustained



Quality improvement projects

- Outcomes focused
- Contain specific achievable goals and stretch goals
- Include a timeline
- Clearly state the target population
- Succinct
- Provide value (humanistic and/or efficiency, effectiveness)

Te Pou – what we know

Drivers of poor physical health include exposure to known risk factors such as:

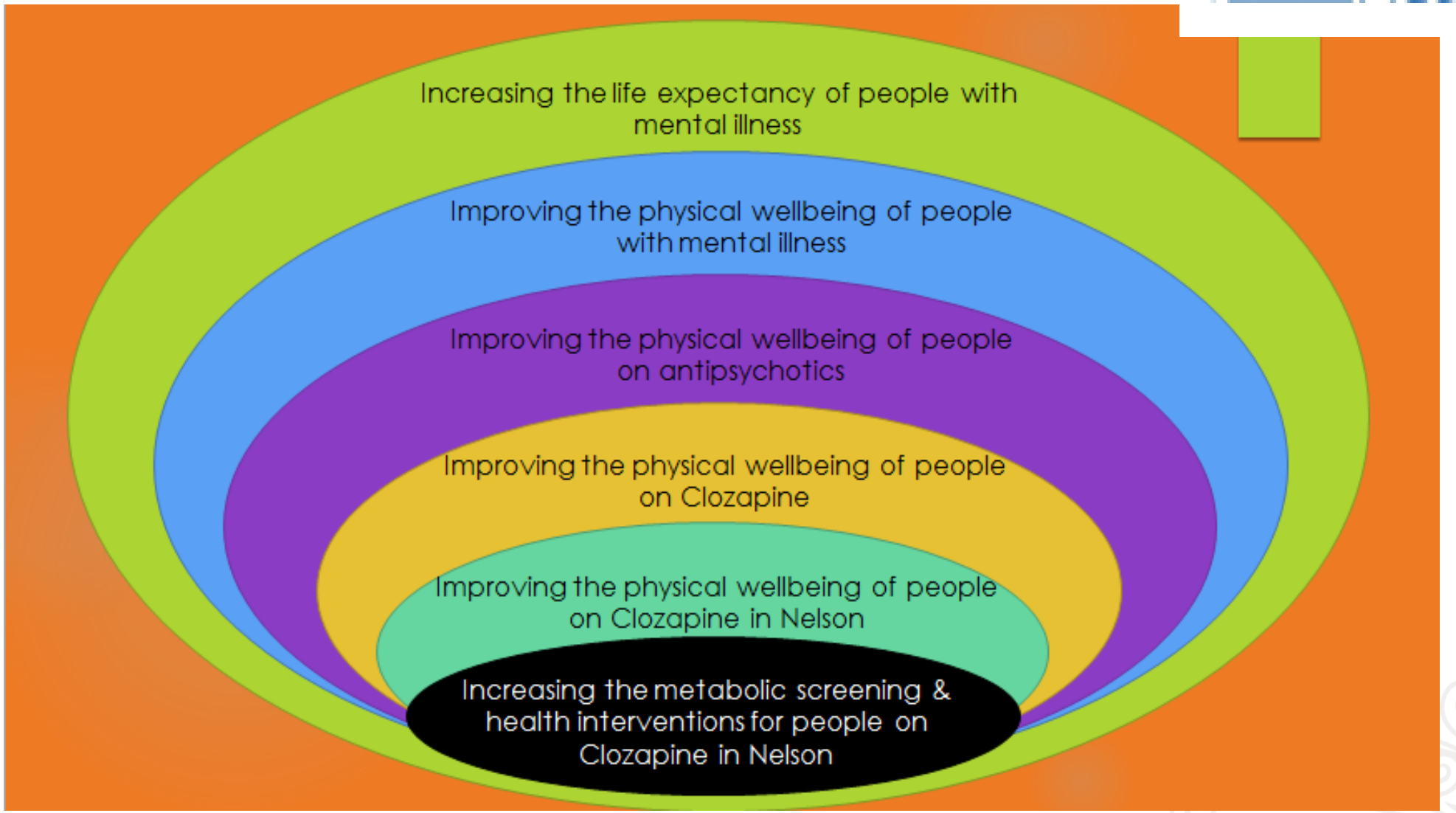
- low socio-economic status resulting in restricted access to employment, social stigma, isolation, poverty and poor housing
- medication side effects and in particular their contribution to cardiovascular disease, obesity, metabolic syndrome and type 2 diabetes
- reduced access to and quality of health care due to financial barriers, stigma and discrimination
- systemic issues in healthcare delivery, such as the separation of physical, mental health and addiction services and a need for more clarity regarding the roles and responsibilities for the physical health of people experiencing mental health and addiction issues

Why ‘Maximising physical health’

- Knowledge action gap in care, inequity, and safety
- Literature:
  - There is evidence that the gap of premature mortality is widening for people with mental health conditions, relative to the general population (Hayes, Marston, Walters, King & Osborn, 2017)
  - People who experience serious mental illness, particularly schizophrenia, have a premature mortality rate two to three times higher than the general population (Cunningham et al., 2014)
  - It has been estimated that cardiovascular disease accounts for 40 to 50 per cent of the excess mortality in schizophrenia (Ringen, Engh, Birkenaes, Dieset & Andreassen, 2014)
- Previous work
  - Equally Well collaborative
- What matters
  - Experts by experience

Equally Well

Scoping project example



Project scoping

Cohort of focus

- To manage the scope of this project from a national perspective, the cohort for this quality improvement mahi are consumers on particular antipsychotic medications (clozapine and long-acting intramuscular injections).
- This cohort was chosen because this group is readily identifiable and antipsychotic medications (clozapine and long-acting intramuscular injections) are known to have negative cardiovascular impacts.

Draft aim

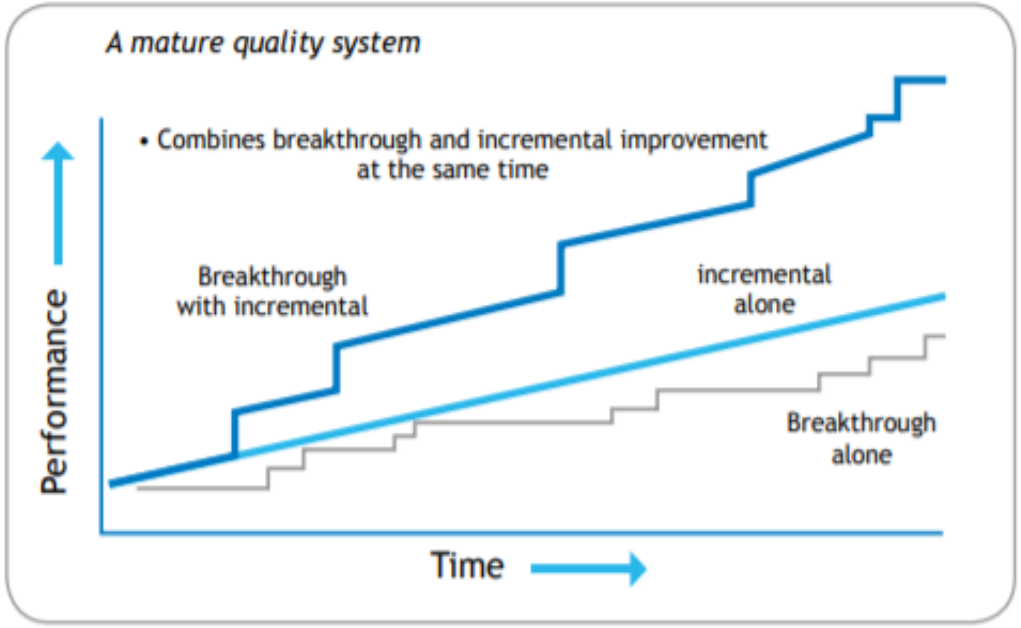
- This is an initial national aim statement that includes aspects that can be measured nationally.
- The aim will be refined through the co-design process and complemented with local measures.

To increase the rate of screening for cardiometabolic risk to 90% for consumers at increased risk due to anti-psychotic medication treatment (clozapine and intramuscular injection) by 1 May 2024.

Delivering improvement through teamwork and leadership

To achieve improvement across a whole organisation there needs to be strong teamwork and leadership. One person working alone or groups of people working in an uncoordinated way will not achieve it.

As Brent James, from Intermountain Healthcare notes, a mature quality system uses both breakthrough and incremental improvement at the same time (James B, 2012):



Planning for a successful project

- Leadership – a priority, removes barriers
- Effective team – skills, time, continuity
- Partnerships – Equally Well collaborative, experts by experience
- Think about how to integrate project work into busy day-to-day work
- Effective feedback loops
    - data – learning our way to better

National data

Start thinking about your feedback loops for the project now

- Data will be required throughout your project
- Small regular data collection– enough to learn
- Use of multiple data sources – focus is on learning
- Co-design – measure what matters
- Always consider how will you know a change is an improvement

"what matters more than raw data is our ability to place these facts in context and deliver them with emotional impact"

Daniel Pink –A whole new mind 2008

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Te whakanui ake i te hauora ā-tinana | Maximising physical health project timeline

Jacqueline Ryan: Project lead, Quality improvement advisor, Mental health and addiction quality improvement programme

14 September 2022

Te whakanui ake i te hauora ā-tinana | Maximising physical health project timeline

Preparation:
- Evidence review
- Communications plan
- Project plan
- Partnerships
- Engagement
- Early signal to MHA sector
- National data capture
- Communication to sector

Local team pre-work:
- Assemble local team(s) including project sponsor, consumer and Māori engagement, primary care, NGOs
- join 'setting the scene' online session on Wednesday 14 Sept 12.00pm-1.30pm

Co-design workshop 1, supra-regional

18 October 2022, Wgtn
20 October 2022, Akld

- Co-design methods and tools
- Consumer experience
- Equity
- Aim statement draft

Engage co-design participants, capture experience and themes, understand emotions, define what good looks like

Explore data options

End Nov 2022 regional coaching

Action period 1

Co-design workshop 2, supra-regional

Early Feb 2023

- Co-design
- Develop change ideas
- Prioritise change ideas ready for testing
- Learn from others

Senior leader engagement

Engage co-design participants, capture experience and themes, understand emotions

Explore data availability and options

Action period 2

Pre-work and engagement

Six-month co-design phase – establish change ideas and consider opportunities for improvement

Six-weekly regional coaching

Learning session 1 Supra-regional

June 2023

- Project charter
- Quality improvement tools
- Developing change ideas
- Data collection

Six-weekly regional coaching

Action period 3

Learning session 2 Supra-regional

November 2023

- Review of driver diagrams
- Plan-do-study-act (PDSA) cycles
- Measurement

Six-weekly regional coaching

Action period 4

Learning session 3 Supra-regional

February 2024

- Updating theory
- Share learning
- Maintain momentum
- Scale-up and spread

Six-weekly regional coaching

Action period 5

Spread
Local leadership

- Sustainability
- Share learning
- Long-term monitoring

Project close
Project evaluation, close and celebration
May 2024

Quality improvement phase – testing, modifying, implementing change ideas, spreading change ideas and sustaining changes

Maximising physical health project teams
Participating agencies/organisations

Co-design

- Purpose of co-design phase
  - need to hear what matters most to consumers and family/whānau and staff
  - are there ideas that would make things better that haven't been considered?
  - what is the Māori lens on this?
  - what do staff think?
  - what does the ideal service look like?
- Co-design workshop one, supra-regional
  - Tuesday 18 October - Wellington
  - Thursday 20 October - Auckland

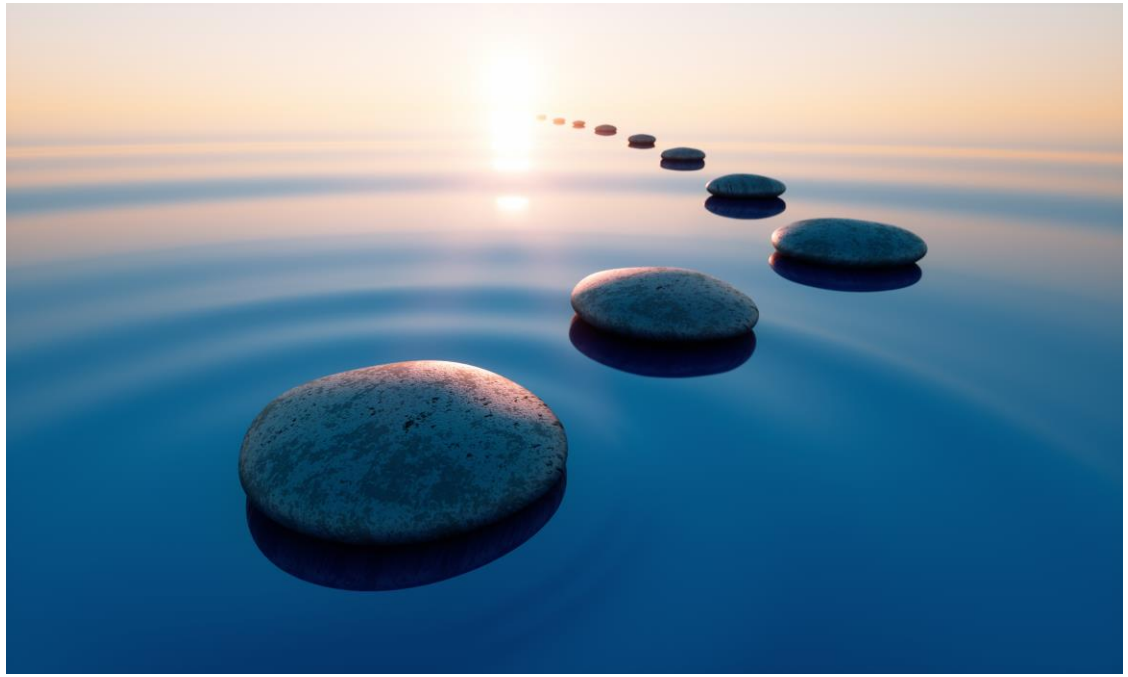
What's next?
(between now and co-design workshop one)

- Project team members to complete Co-design in health: an introduction e-learning module (90 minutes online learning)
- Identify co-design partners
- Confirm project team members
- Consider what data/information you are going to capture
- Investigate the current state for your cohort
- Think about how you are going to identify your cohort
- Have regular project team meetings, ½ hour huddles
- Start co-design process if ready

Resources

- Click here for: Co-design in health: an introduction e-learning module
- Quality in action co design and measurement workbooks
- Local quality improvement team composition guidance
- Project one-page summary
- Storyboard template, ready for co-design workshop one on 2/3 November

Storyboard

- **Project team**
  Who is part of your multidisciplinary team and their role?
- **Measures**
  What will your measures be (quantitative and qualitative)? Include any baseline data for your chosen measures if available.
- **Equity**
  How will you consider equity as part of your project? What does your data tell you about your different populations?

Thank you – any questions?