



Meeting Minutes

Meeting:	Trauma rehabilitation project expert advisory group meeting
Location:	Via Zoom.
Date:	Tuesday 29 September 2020
Time:	9.00 – 11.00am
Attendees:	Kat Quick, Ian Winson, Lee Taniwha, Te Rina Ruru, Christine Howard-Brown, Sean Gray, Roxanne Waru, Sarah Shannon, Tim Dunn, Jonathan Armstrong, Gina Marsden, Annie Jones, Alice Theadom, Sarah Hawkins, Subramanya Adiga, Siobhan Isles, David Drower, Gillian Bohm, Sandy Ngov, Ian Civil
Apologies:	Gabrielle Nicholson, Trish Fredericksen
Chair:	Kat Quick

Discussion	Actions/ Follow up
Welcome and introductions (whakawhanaungatanga)	
Introductions around the group.	
Summary of scoping work to date From April – September 2020 Kat was contracted to lead the scoping work, to build a picture of the current state of rehabilitation provided to people following major trauma injury. This includes understanding ACC processes, engagement with key stakeholders, discussions with consumers to understand issues from their perspective and literature review.	Kat to summarise further the key themes for improvement from the discovery workshop.
Sector engagement: - Ongoing literature research of rehab research/improvement work to date. - The project team have presented at various forums including: o The National Directors of Allied Health AGM o The New Zealand Rehabilitation providers group AGM o DHB Quality and Risk Managers/National Quality Leader's group meeting o National Trauma Networks operations meeting - Ongoing discussions with key stakeholders from across the rehab sector including ACC, District Health Boards (DHB) regional trauma services, consumers, research teams and rehab provider services. - Discussions/learnings from existing national pathways for specialised injuries (including SCI & burns centre at Counties Manukau). - 'Discovery workshop' held online 2 nd September 2020, with over 50 representatives across the sector. Update on data analysis:	

Discussion	Actions/ Follow up
 Data match and analysis underway to link the trauma network registry data with the Accident Compensation Corporation (ACC) data & Australasian Rehabilitation Outcomes Centre (AROC) data. Qualitative data will be derived from the PROMs (patient reported outcomes) project and the Māori experiences of rehab. Māori experiences of rehab after major trauma project: This work will be from August 2020 – March 2021. Will entail interviews with patient/whānau around the country. Sharon Pihema is leading this work. Discussions on scoping work to date: Scope workforce capacity and capability 	
Project plan, ToR and group admin	
 Attention to key responsibilities of this group: to support the three phases of this project; scoping, delivery (of the National Collaborative) and evaluation. Attention to project governance: This EAG will work within existing governance structures across the trauma programme. The Commission has an internal steering group and a contract governance group for the Commission programme, and a network governance group across the whole work programme. Under project purpose, revise 'ensuring consistent levels of rehab services across the country' to 'reduce unwarranted' 	 Kat/team to revise the ToR and project plan, resend to this group. Sandy to send out the acceptance forms. Kat to draft the project evaluation measures to bring back to this group for discussion. Sandy to set up a doodle poll and set up schedule of meetings.
Discussions on project plan: - Dates in the project plan are up to date and were adjusted for COVID-19 impact. - Clarified that patients with spinal cord injuries, burns and/or requiring extensive plastics are out of scope for this project. The reason is there are existing national pathways and specialised services for these patients. The project will focus on multi-trauma patients where there is not the same level of support. The improvement outputs will have a positive secondary impact for these specialised patients. - Key project risks: - Completing this project within the targeted timeframes. - Maintaining priority on this work within the sector; maintain momentum and use of the outputs (enduring improvement). - Influences outside of the group may impact on this group's decisions re performance measures. Ie, measures of our partnering agencies. - Provider driven project is at risk of losing the consumer voice. Need to ensure engagement with whānau includes the children, not just the partners or patient. Parameters need to be in place to ensure	

Discussion	Actions/ Follow up
consumers have full opportunity to input into design and delivery of the local projects; and are informed around consent, their rights and their/our obligations. - Evaluation measures: O Performance measures will need to consider variations/preferences across regions and disciplines. Measures should include patient experience and patient outcome. O Suggested we look at Te Puni Kōkiri's Whānau Ora outcomes measures; which take a holistic approach led by whānau. O Suggested we look at ACC capstone measures. - Communication plan: O How will the findings of this project will be shared	Actions/ Follow up
across the whole health system? Key stakeholders include the Trauma Network contacts, Commission contacts and stakeholders engaged to date. Consumers: Through existing consumers in our programme and the DHB consumer councils. Next step: The project plan will be updated, presented to the Commission's internal steering group for approval. Then brought back to this group.	
Schedule of meetings: - The group will meet a minimum of four times per year, by zoom or in-person. Quorum will be a minimum of 7 members. - A doodle poll will be sent to everyone to set up subsequent meetings in advance. Acceptance forms and admin: - Endorsed terms of reference and standard committee forms	
will be sent to everyone for acceptance; acceptance to the group and declaration of any conflict of interest. Overview of Collaborative approach/implementation	
 Overview of Collaborative approach/implementation Summary on the IHI improvement model: A Breakthrough Series Collaborative is a short-term (6 to 15 months) learning system that brings together several teams to seek improvement in a focused topic area. Each team consist of minimally: clinician, improvement expert, consumer and a project coordinator. The delivery of this project will be through a Collaborative: Confirm topic areas, form local project teams and decide projects by Dec 2020. Learning Session one will start in March 2021, with two other sessions later in the year. Completion of Collaborative by Dec 2021. 	6. Kat to summarise the priorities/ themes and bring back to this group for discussion.
 EAG role in the Collaborative: Select key topic areas/themes for the local projects to focus on; which are achievable in terms of local improvement. Support the national team to facilitate the local collaborative teams through their projects. 	
Next step: Kat will summarise the themes for this group to discuss and finalise the topic areas for the Collaborative projects.	

Discussion	Actions/ Follow up
At the next meeting, provide time for group members to share current projects/work in their area.	
Comms	
In process of drafting a letter to key stakeholders; requesting interest to be involved with the Collaborative.	
Website: - All project outputs will be up on the Commission's website. Approved versions of minutes from these meetings will be published on the Commission's website.	
Close – Next meeting for 18 November 2020.	