

**Major trauma rehabilitation
quality improvement programme:**

**National collaborative 2021
guidelines and application form**

December 2020

# Contents

[Document purpose 2](#_Toc59448330)

[Background 3](#_Toc59448331)

[Alignment with the Commission’s strategic priorities 3](#_Toc59448332)

[Commission support 4](#_Toc59448333)

[Equity 5](#_Toc59448334)

[The collaborative process 5](#_Toc59448335)

[Project teams 5](#_Toc59448336)

[Project criteria 6](#_Toc59448337)

[Learning sessions 6](#_Toc59448338)

[Six 1-hour Zoom webinars 6](#_Toc59448339)

[Evaluation phase 7](#_Toc59448340)

[Application process 7](#_Toc59448341)

[Preparation for learning session 1 (30 March 2021) 7](#_Toc59448342)

[Trauma rehabilitation national collaborative project application form 8](#_Toc59448343)

# Document purpose

This document includes guidance on and an application form for the trauma rehabilitation national collaborative 2021.

The collaborative is part of the major trauma rehabilitation quality improvement programme, which is a partnership between the National Trauma Network (the Network), the Accident Compensation Corporation (ACC) and the Health Quality & Safety Commission (the Commission) and is part of a broader programme of work to establish a contemporary trauma system of care in New Zealand.

For more information on the background on and scope of this project, please read the project plan.[[1]](#footnote-2)

Enquiries to: help@majortrauma.nz

# Background

The goal of the Network, and the Commission’s work to support the Network, is to establish a contemporary trauma system in New Zealand. Putting in place good systems, processes and resources will achieve three key aims:

* fewer avoidable deaths
* less-severe impact of injury
* a more efficient system.

See the Network’s website for more information: [www.majortrauma.nz](http://www.majortrauma.nz).

The major trauma rehabilitation quality improvement programme aims to reduce unwarranted variation in rehabilitation services across the country, to improve equity of access and deliver services that meet the needs of major trauma patients.

Our engagement with the sector to date has highlighted several areas that impact injury recovery, including:

* support for consumers and whānau
* coordination of care
* transitions of care
* unwarranted variation in care
* effectiveness of service delivery.

We have chosen a national collaborative approach for this project.[[2]](#footnote-3) The expertise in your community will help to drive local projects to improve rehabilitation. Quality improvement (QI) methodologies with a co-design focus will underpin the work with the aim of sharing key learnings and solutions nationally.

# Alignment with the Commission’s strategic priorities

Local projects for the collaborative must support the Commission’s strategic priority areas, outlined in the table below.

|  |  |
| --- | --- |
| **Strategic priorities** | **Project activities** |
| Improving experience for consumers and whānau | * The local collaborative projects will all be aimed at improving consumer experience and outcomes following major trauma injury with a co-design focus.
* The projects’ patient-reported outcome measures work and Māori experiences of trauma rehabilitation will further support an understanding of existing consumer/whānau experience and highlight opportunities for improvement.
* Consumer and whānau representation on project teams and in the expert advisory group (EAG) will ensure representation of the consumer voice from the outset.
 |
| Embedding and enhancing Te Tiriti o Waitangi, supporting mana motuhake | * Te Tiriti o Waitangi is central to the project and our expectation is that Māori will lead or at a minimum be represented in local project teams.
* Priority will be given to achieve equitable Māori participation and/or leadership in setting priorities, resourcing, implementing and evaluating the project.
* Māori values and influences will be encompassed with acknowledgement of the importance of wairua, rongoā, healing and wellness.
* Māori will be supported to exercise their citizenship as Māori across the project.
* We expect the Māori experiences of trauma rehabilitation project will further increase our understanding of the needs of Māori and demonstrate improvement opportunities for the collaborative projects.
 |
| Achieving health equity | * Data matching is underway to ascertain health inequity in access to rehabilitation services.
* Outputs of the projects will offer shared learning for where inequity exists. As a result of the collaborative, capability of trauma staff to complete QI work should increase and therefore will likely give teams the skills to address key issues within their sector, including inequity.
* It is likely that through this work a system of quality measures maybe developed, which, in the future, can be used identify inequity.
 |
| Strengthening systems for quality services | * The development of nationally consistent screening processes for the management of concussion, post-traumatic stress disorder and persistent pain should reduce unwarranted variation and result in service efficiencies for this group of people.
* The project team will share the local QI projects and outcomes across the sector; this will facilitate shared learning and application of improvements nationally.
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# Commission support

The Commission will provide:

* funding of travel costs to support team members’ attendance at learning events (2‒3 members per team per event), with the expectation that teams fund an equal number of attendees
* onsite support and mentoring (one visit per project team)
* ongoing QI coaching
* IHI QI toolkit (what to do and how to do it).

The Commission programme team includes:

* Kat Quick, clinical lead, 0.4 FTE
* Paul McBride, analyst/data scientist, 0.2 FTE
* Sandy Ngov, project coordinator, 0.2 FTE.

Gillian Bohm, chief advisor quality and safety, will also support the team as required.

The Network’s programme manager, Siobhan Isles, and Network clinical lead, Ian Civil, are also part of the project team.

# Equity

The Commission programme team, with support and advice from the EAG, will incorporate Te Tiriti o Waitangi throughout the collaborative so services meet the needs of Māori. This includes the following:

* Te Tiriti is central and Māori are equal or lead parties across the project.
* Mechanisms are in place to achieve equitable Māori participation and/or leadership in setting priorities, resourcing, implementing and evaluating the project(s).
* Evidence will be given of Māori values influencing and holding authority across the project(s), including acknowledgement of the importance of wairua, rongoā, healing and wellness.
* Evidence will be given of Māori exercising their citizenship as Māori across the project(s).

The project team and EAG will provide advice and support to ensure the engagement and co-design elements are integrated across all projects; local collaborative projects will be required to use a co-design approach and include consumers and Māori in their project teams and/or project governance). Local teams are encouraged to seek support from their local Māori general manager (if DHB based), consumer councils and local Māori health providers (where relevant) to ensure Māori representation in their project and proactively prioritise te ao Māori (Māori worldview).

# The collaborative process

As part of the collaborative the national programme team will support local project teams to fully understand and solve major trauma rehabilitation problems in their region using QI methodologies.

## Project teams

Each project team should have **at a minimum**:

* a rehabilitation clinician (allied health, nursing or medical)
* an improvement advisor/facilitator
* 1‒2 consumers
* Māori representation/leadership
* a project coordinator.

Around 4‒6 representatives from each local project team will join the learning sessions. The teams doing the actual work back at base might be bigger.

Each local project team will face unique problems specific to their population and context that they will want to tackle through their improvement projects. Each project rationale and approach will be informed by and refined through working with the project teams.

The time commitment involved will vary depending on the role of each member and the stage of the project, but on average will involve around half a day a week.

## Project criteria

Projects must:

* focus on QI in the New Zealand major trauma rehabilitation sector
* take a planned and structured approach so there is measurable change over time (12 months) and success/failure can be articulated
* have an understanding of the role and importance of kaupapa Māori in rehabilitation
* prioritise improvements that support best outcomes for Māori and their whānau
* take a co-design approach to incorporate the consumer view
* consider the availability and accessibility of data.

In scope:

* Rehabilitation of major trauma patients who meet the threshold for the New Zealand Trauma Registry. (Patients with less severe injuries may also benefit from the outcome of this project.)
* Transitions of care from acute services through to rehabilitation.
* The pathway for patients who are discharged into the community (major focus) and into residential rehabilitation facilities (minor focus).
* Consideration of the processes to assess and refer patients to rehabilitation services together with identifying the nature and location of those services.

Out of scope:

* A formal review of the quality of rehabilitation services or providers.
* Assessment of the cost of care funded by ACC or other sources, although the financial and social burden on injured patients and their whānau may be incorporated.
* Patients with spinal cord injuries, burns and/or requiring extensive plastics because this work is being led by others.

## Learning sessions

There will be three learning sessions that bring everybody together to increase participants’ QI knowledge and skills. Attendees will learn QI theory and be supported to put the theory into practice.

The success of the collaborative will depend on the project teams learning from each other and tackling problems together. The projects and results will be written up, so that while each project will focus on solving one problem, the team will also learn about how other teams solved problems that they might want to turn to next.

## Six 1-hour Zoom webinars

In addition to the in-person learning sessions, the collaborative teams will come together via Zoom six times a year to troubleshoot and share learnings about their projects.

The national programme team will also visit each project team once throughout the course of their project to provide on-site mentoring.

## Evaluation phase

In preparation for the learning sessions the project teams will develop ‘storyboards’ that succinctly present their projects to the wider participants; these will form the basis of the project ‘write-ups’, which are important outputs of the collaborative. They also form an important part of the evaluation phase by helping to assess whether or not the QI approach taken was successful.

The written summaries of the projects will be produced and published in a way that allows others to apply the approach and learnings to solve similar problems within their own regions.

# Application process

Please send applications to help@majortrauma.nz by mid-February 2021. Applications must use the [form at the end of this document](#_Trauma_rehabilitation_national). and will be acknowledged by email.

|  |  |
| --- | --- |
| December 2020–31 January 2021 | **Pre-learning session Zooms**Overview of the collaborative, vision, purpose, deliverables and expectationsCommission sends out project registration form and guidelines |
| December 2020–mid-February 2021 | **Project application forms due**Project sponsor support confirmedParticipating members and organisations confirmed |
| 30 March 2021 | **Learning session 1**Wellington |

If you have any questions, please contact Sandy Ngov, project coordinator, on 021 587 104 or help@majortrauma.nz.

# Preparation for learning session 1 (30 March 2021)

Each project team will need to prepare a 10-minute presentation that includes:

* project team members and roles
* problem statement
* some baseline data
* key barriers and risks.

# Trauma rehabilitation national collaborative project application form

Please complete all text boxes (column 2) of this form for your application. The text boxes will expand as you type.

**If you have any questions about the amount or type of detail to include in your application, or need help to complete this form, please contact Sandy Ngov, project coordinator, on 021 587 104 or** **help@majortrauma.nz****.**

|  |
| --- |
| **Section 1: Project information** |
| Project location (region, town or city where the project will be based) |  |
| If this application is related to any other proposals, please note this here |  |
| Brief title of the project |  |
| What is the problem this project is trying to address?Why this project is important?  | [Describe the problem and how you know it is a problem] |
| What are you proposing to do? | [Describe your ideas for change] |
| **Section 2: Your details** |
| Lead organisation |  |
| Primary contact person: |  |
| * Name
 |  |
| * Job title
 |  |
| * Mobile number
 |  |
| * Email address
 |  |
| * Postal address
 |  |
| List the organisations and expertise involved in this project, providing names and job titles where possible  |  |
| If you are aware of any potential or perceived conflicts of interest, please declare these here |  |

|  |
| --- |
| **Section 3: Alignment with Commission’s strategic priorities***Describe how your project is relevant to these priorities* |
| Improving experience for consumers and whānau |  |
| Embedding and enhancing Te Tiriti o Waitangi, supporting mana motuhake |  |
| Achieving health equity |  |
| Strengthening systems for quality services |  |
| **Section 4: Organisational support** *Complete this section with your project sponsor*  |
| Project sponsor name  | [The project sponsor is the senior leader accountable to the organisation for the project outlined in this application] |
| Project sponsor job title |  |
| Project sponsor email |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(project sponsor name),* as the project sponsor, have

committed to supporting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(project applicant)* while taking part in this

project by:

* ensuring this project is aligned with strategic organisational goals
* signing off on the project charter
* attending regular project progress meetings (monthly recommended)
* providing appropriate resources for the project
* maintaining the priority of the project in the face of competing demands
* removing barriers to testing and implementing changes
* communicating the project story and progress to others in the organisation.

**Project sponsor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. [www.hqsc.govt.nz/our-programmes/national-trauma-network/publications-and-resources/publication/4193](http://www.hqsc.govt.nz/our-programmes/national-trauma-network/publications-and-resources/publication/4193). [↑](#footnote-ref-2)
2. Institute for Healthcare Improvement. 2003. *The Breakthrough Series: IHI’s Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper.* Boston: Institute for Healthcare Improvement. URL: [www.IHI.org](http://www.IHI.org). [↑](#footnote-ref-3)