

# A HIGH VALUE CULTURE CHANGE SURVEY - FOR USE IN A CHOOSING WISELY SERVICE

# High Value Care Culture Survey (HVCCS)™

This survey is to enable managers and other involved in Choosing Wisely services to capture specific areas for targeted value-improvement interventions and provide a pathway for health system managers to address the underlying culture within hospital divisions, practices, and training programmes.

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# High Value Care Culture Survey (HVCCS)™



# How to Complete the Survey

The High-Value Care Culture Survey (HVCCS) was designed in the USA for use by healthcare leaders and training programs.

The results of the HVCCS capture specific areas for targeted value-improvement interventions and provide a pathway for health system managers to address the underlying culture within hospital divisions, practices, and training programs.

Choosing Wisely in NZ has been given permission to adapt the survey language to meet NZ needs.



### **Definitions**

For the purpose of this survey, please use the following definitions adapted from the Institute of Medicine and Choosing Wisely NZ:

- **High value care** is care that tries to maximise quality while minimising costs.
- Quality is defined as the degree to which health services increase the likelihood of desired health outcomes that are safe, effective, patient-centred, timely, and equitable and are consistent with current professional knowledge.
- **Harm** is defined as the negative financial, physical, and emotional effects to patients and the health system.
- **Team** represents the health professionals that you work with most closely on a regular basis.



## The Triple Aim for quality NZ health services

### Is defined as:

- Improved quality, safety and experience of care for people and their whānau;
- Improved health and equity for all populations;
- Best value for public health system resources.

Ref HQSC (Health Quality and Safety Commission) definition (www.hqsc.govt.nz/about-us/)

Choosing Wisely New Zealand thanks Reshma Gupta, MD, MSHPM for enabling us to adapt this tool for NZ.

If you have any questions regarding the survey please contact < Insert name > via Email: < Email address > or phone < phone number >. Complete the survey online here:







### Please tell us a little bit about yourself

(Tick the depart	ment ar	nd role that is most applicable to you)						
Hospital								
Allied Health		Nursing/ Midwifery	Department					
Psychology		Charge nurse/midwife Manager		Internal Medicine				
Occupational Therapy		Registered Nurse/ Midwife		Cancer care				
Physiotherapy		Enrolled Nurse		Community				
Dietitian		Associate Charge Nurse/Midwife Manager		Emergency				
Social work		Clinical Nurse/Midwife specialist	П	ICU/HDU				
Radiology		Nurse/Midwife Educator	П	Obs & Gyne				
Pharmacy		Community Mental Health Nurse		OP & Rehab				
Pathology		Health Care Assistant		Outpatients				
ruthology		Other		Paediatric				
Allied Health r	ole	Medical	Psychiatry/ Mental Health					
Eg. Pharmacist,		SMO/Consultant/Specialist		Surgery				
Manager of radiology etc.		Senior Registrar		Palliative care				
		Registrar/ Non-Training registrar/ MOSS		Anaesthesiology				
		Senior house officer/ House officer						



How much do you disagree or agree with the following statements? (Please check one box for each item).

Lea	dership and Health System Messaging	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. •	Our team's leadership provides a work climate that promotes the delivery of the Triple Aim.  The Triple Aim is: Improved quality, safety and experience of care for people and their whānau Improved health and equity for all populations best value for public health system resources					
2.	Delivering the Triple Aim is a top priority for the leaders of my team					
3.	The leadership in our team value efforts to deliver the Triple Aim.					
4.	Leadership beyond our team provides support for system changes to improve delivery of the Triple Aim					
5.	My team encourages pointing out unnecessary practices					
6.	Leadership in our team seriously consider our suggestions to implement the Triple Aim.					
7.	My team openly discuss ways to deliver the Triple Aim.					
8.	The majority of my team consistently role model the Triple Aim.					
9.	My team weigh best value for public resources in their clinical decision-making					
10.	My team encourages the consideration of best value for public resources in clinical decision-making					
11.	My team encourages frontline health professionals to pursue quality improvement projects					

Please Turn Over



Leadership and Health System Messaging			Disagree	Neutral	Agree	Strongly Agree
12.	My team take pride in being able to deliver best value for public resources for patients					
13.	My team is actively implementing projects that address best value for public resources					
14.	My team are willing to work with managers, administrators, staff, and other colleagues to identify opportunities and make changes that minimise inappropriate care					
15.	Previous efforts to promote the Triple Aim in my team have been met with success					
16.	Core educational opportunities (Grand Rounds, continuing medical education) regularly address issues related to appropriate use, overuse, or best value for public resources					
17.	My team have access to information about the quality of care the group provides					
Dat	a Transparency and Access	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	When my team have questions about best use of public resources they know where to go to find answers					
2.	My team have access to information about the harms of tests and procedures they order or provide					
Cor	nfort with Harms Conversations	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	My team are uncomfortable discussing the harms of tests or treatments with patients					
2.	Patients that I see are uncomfortable discussing the harms of tests or treatments					



Со	mfort with Harms Conversations	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3.	My team feel that it is not the role of health professionals to discuss the harms of teasts or treatments with patients					
Bla	me-free Environment	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	My team fear disciplinary ramifications affects how often they order unneeded tests or procedures					
2.	Individual health professionals get blamed for medical or surgical complications					
	Who were you referring to when a question referred to your 'tearrefer to other nurses and/or doctors?	m'? eg.	If you a	re a nu	rse di	d
<b>Q2.</b> Who were you referring to when asked about your teams' leadership? Eg. Nursing unit manager, service manager, Chief medical officer etc						

Please return all completed surveys to < Insert location>



### Contacts and resources

### **Choosing Wisely contacts**

- Dr Derek Sherwood: Clinical Chair | Council of Medical Colleges Email: enquiries@cmc.org.nz
- Sue Ineson: Choosing Wisely Facilitator | Council of Medical Colleges Email: <a href="mailto:sue.ineson@cmc.org.nz">sue.ineson@cmc.org.nz</a> | Ph: + 64 6 3642225 | m: 021 608 039
- Lizzie Price: Media Advisor | Email: <a href="mailto:lizzie.price@cmc.org.nz">lizzie.price@cmc.org.nz</a>

### New Zealand Choosing Wisely resources

- Starter kit for your Choosing Wisely campaign: an introduction to the Choosing Wisely concepts.
- **Developing Choosing Wisely Recommendations**: to assist Colleges, societies and other organisations to develop a list of recommendations for the Choosing Wisely campaign.
- Implementing Choosing Wisely principles in a service: this guide is aimed at service delivery organisations, wanting to implement a Choosing Wisely programme, including Departments in DHBs and services in primary care.
- **Measuring the impact of Choosing Wisely:** provides basic information and tools to help you develop and measure your Choosing Wisely interventions.
- **How to write up your Choosing Wisely project**: how to record your successful implementation of a Choosing Wisely recommendation.
- A Starter Kit for implementing Choosing Wisely in hospitals which has been prepared to assist smaller hospitals with the implementation of Choosing Wisely.
- Promoting shared decision making: for information and resources on shared decision making.
- Communicating risk, a guide for health professionals: for information on risk and how to explain risk to consumers.
- **Behaviour change toolkit**: options for the range of tools available to implement Choosing Wisely initiatives to change health professional behaviour.
- The High-Value Care Culture Survey (HVCCS) captures specific areas for targeted valueimprovement interventions and provides a pathway for health system managers to address the underlying culture within hospital divisions, practices, and training programmes.
- A synopsis of Choosing Wisely literature: this is a list of Choosing Wisely references arranged by year and alphabetically by author.
- A combined list of all choosing wisely recommendations: this is a list of all New Zealand Choosing Wisely recommendations on tests, treatments, and procedures health professionals should question, in one list for easy reference.

### For more information:

- New Zealand https://choosingwisely.org.nz/
- Australia <a href="https://www.choosingwisely.org.au/">https://www.choosingwisely.org.au/</a>



- Canada <a href="https://choosingwiselycanada.org/">https://choosingwiselycanada.org/</a>
- USA https://www.choosingwisely.org/
- UK -https://www.choosingwisely.co.uk/about-choosing-wisely-uk/

### Acknowledgements

Our thanks to the Choosing Wisely campaigns in USA, Canada and Australia for ideas and information which helped us develop our general Choosing Wisely resources.

And to Dr Belinda Loring Sue Ineson for the development of the New Zealand Choosing Wisely resources.

### Speakers' Group

Choosing Wisely has a list leading professional who can talk to groups about the campaign – contact the Choosing Wisely team if you need a speaker for your meeting or if you are willing to join our speakers' group.



# Thanks to our partner









### Sincere thanks to all our supporters









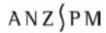


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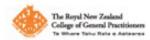


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