



Te Hononga Whētuki ā-Motu  
**National Trauma Network**



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND  
*Kupu Taurangi Hauora o Aotearoa*

## **Trauma programme project plan: Major trauma rehabilitation**

December 2020

# Contents

Introduction .....	3
Background.....	3
Project rationale.....	4
Scope .....	4
Project aim.....	5
Approach .....	5
Concurrent work .....	8
Project team.....	8
Key activities, deliverables and timelines .....	9
Governance .....	9
Reporting .....	10
Measurement.....	10
Alignment with the Commission’s strategic priorities .....	10
Key stakeholders .....	12
Communications plan .....	13
Appendix 1: Expert advisory group .....	15

This ‘final’ version was approved by the expert advisory group on 18 November 2020 and published by the Health Quality & Safety Commission in December 2020; however, it is a working document and therefore subject to change – updated versions will be published as needed.

Overall project timeline: March 2020 to May 2022

Project team: Kat Quick, Paul McBride, Sandy Ngov, Siobhan Isles and Ian Civil

Sponsor: Health Quality & Safety Commission (under contract for the Accident Compensation Corporation)

Available online at [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

Enquiries to: [help@majortrauma.nz](mailto:help@majortrauma.nz)

# Introduction

**Note:**

This project plan has been drafted to outline the initial thinking regarding the trauma rehabilitation work led by the Health Quality & Safety Commission (the Commission), as contracted by the Accident Compensation Corporation (ACC).

The Commission still needs to analyse data-matching between ACC data and information collected in the New Zealand Trauma Registry; once this has been done the content of this plan may change.

This project is a partnership between the National Trauma Network (the Network), ACC and the Commission. It is part of a broader programme of work to establish a contemporary trauma system of care in New Zealand.

The purpose of this project plan is to explain key aspects of the trauma rehabilitation project, such as the aim, rationale, objectives, scope and approach. It outlines the associated resources and timeframe estimates and the key deliverables.

The trauma rehabilitation project team would like to acknowledge the high burden of trauma for Māori, particularly young Māori males, and their whānau. We will work in partnership with Māori by, for example:

- ensuring Māori are well represented on all governance groups and working groups
- being guided by tikanga Māori protocols
- adopting culturally safe and relevant and appropriate mechanisms for consultation, recruitment, quality improvement (QI) approaches and delivery of services.

The team is committed to embedding Te Tiriti o Waitangi into the project and incorporating te ao Māori (Māori world view) throughout.

## 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).

Every year approximately 2,400 patients experience major trauma in New Zealand; this is an incidence rate of ~45/100,000, with some variation between regions. Males, particularly young Māori males, have the highest burden of trauma. Half of the total caseload is caused by road traffic crashes, followed by falls, assaults and other causes. Serious traumatic brain injury accounts for around 35 percent of all major trauma. Trauma is a leading cause of mortality in 15–45-year age groups.

We collect data on all major trauma patients admitted to hospital and enter this into the New Zealand Trauma Registry. The threshold for the registry includes those who have a significant injury to one body part, or moderate to serious injuries to two or more body parts.<sup>1</sup>

In March 2019, ACC contracted the Commission on behalf of the Network to deliver three key workstreams: QI, research and business intelligence. This rehabilitation project sits within the QI workstream and is one of three priorities, along with critical haemorrhage and serious traumatic brain injury.

## Project rationale

During the scoping phase for the major trauma rehabilitation project, we identified improvement opportunities to support people through their recovery. The scoping phase included input from ACC, district health boards (DHBs), regional trauma services, consumers and whānau, research teams and rehabilitation service providers.

A 'discovery workshop' held on 2 September 2020 with 40 representatives from key stakeholders across the sector revealed:

- there is unwarranted variation of service across the country
- trauma patients have inequitable access to services
- due to the inconsistent use of performance measures, it is difficult to know if services are meeting the needs of this complex cohort of trauma patients.

Also, it is likely that current rehabilitation services could do more to be culturally appropriate and support Māori in recovering to their fullest potential and in a way that respects te ao Māori.

We will use co-design<sup>2</sup> to identify and understand other local problems and work with local project teams to resolve them.

## Scope

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.

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<sup>1</sup> This has also been used as the definition of 'major trauma' for the purposes of this project.

<sup>2</sup> [www.hqsc.govt.nz/our-programmes/partners-in-care/work-programmes/co-design](http://www.hqsc.govt.nz/our-programmes/partners-in-care/work-programmes/co-design)

## Project aim

This project aims to:

- understand existing trauma rehabilitation provision, access and outcomes
- identify potential new initiatives that will remove barriers to achieving the best outcomes for major trauma patients
- work with local QI project teams to implement these initiatives (via a national collaborative,<sup>3</sup> using a consumer co-design approach and supporting kaupapa Māori rehabilitation processes where possible)
- increase the QI skills and knowledge of rehabilitation providers.

We emphasise that this project is not about developing new services; rather it is about improving existing services to make it easier for patients and their whānau to get the right rehabilitation services at the right time and recover as fully as possible.

## Approach

Key features of the delivery phases of this project are engagement and co-design with patients, their whānau and the wider community to understand their experiences and find out what is important to them.

The project team, with support and advice from the expert advisory group (EAG), will incorporate Te Tiriti o Waitangi throughout the project 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 engagement and co-design elements will be integrated across this project; 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.

We will also engage with:

- other stakeholders including DHBs, rehabilitation providers, community health providers such as general practitioners
- ACC, the Ministry of Health and others to align our work and leverage previous work.

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<sup>3</sup> A collaborative involves bringing regional project teams together for three in-person learning sessions over the course of a year. The focus of the sessions is learning from each other and recognised experts in the topic area and learning QI methodologies (tools and techniques). The teams take the learning 'home' and work on their projects between each learning session – known as the 'action period'. Support during action periods is provided by the national project team and peers through Zoom meetings, online forums and on-site mentoring visits. The end products/outputs are written summaries of the projects that others can learn from and replicate to resolve similar issues (see [The Breakthrough Series – IHI's Collaborative Model for Achieving Breakthrough Improvement](#)).



The first learning session will be in approximately early March 2021. Two more sessions are planned for 2021.

The local projects will be carried out over the 2020/21 financial year and the end-products will be published.

Two requirements of the collaborative approach are that the change over time must be measurable, so success or otherwise can be understood, and the approach replicable. In other words, projects must take a planned and structured approach so success and failure can be clearly articulated. Another requirement will be that project teams take a co-design approach to incorporate consumer views.

The collaborative project teams will be formed by DHB regions, so ideally there will be 20 projects. Teams will comprise consumer and Māori representatives, trauma leads, rehabilitation providers (DHB and community) and others as appropriate. Around 6–8 representatives from each local project team will join the learning sessions. The teams doing the actual work back at base might be bigger.

Each region/team will have unique issues specific to their population and context they will want to focus on for their improvement projects. Work to date indicates some common problems in trauma rehabilitation are:

- inadequate support for consumers and whānau
- poor coordination of care
- poor transitions of care
- unwarranted variation
- inappropriate service delivery.

Each project rationale and approach will be informed by and refined through working with the project teams.

The success of the collaborative will depend on 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 they might want to turn to next.

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 Commission project team will also visit each local 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.

## Concurrent work

The Commission is undertaking three concurrent pieces of work, which will impact this project:

1. Review of trauma care for Māori, which looks at what other agencies are doing (and specifically ACC's Māori team), engaging with young Māori who have been injured, and their whānau, to hear what they say; this work includes a review of the Commission's trauma programme with a kaupapa Māori lens.
2. Long-term outcomes survey of trauma patients, using two instruments (EQ5D and WHODAS).<sup>4</sup>
3. A Māori experiences of trauma rehabilitation project, which will involve interviewing 20 Māori major trauma patients and their whānau.

The rehabilitation project will also need to take into account related work being undertaken by other agencies. This includes but is not limited to:

- ACC escalated pathways pilots
- ACC new generation case management
- ACC new approaches to rehabilitation for Māori
- ACC outcomes framework development for Māori
- Northern Region Rehab Providers Group – working together to identify and address issues in rehabilitation, including trauma rehabilitation

## Project team

The Commission project 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 at the Commission, 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.

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<sup>4</sup> World Health Organization 12-item Disability Assessment Schedule (WHODAS II) and the 5-level EQ-5D (EQ-5D-5L). These tools assess functional recovery, disability and health status.

## Key activities, deliverables and timelines

#	Activity	Deliverable	Start	End
1.	Project set-up	<ul style="list-style-type: none"> <li>Scoping phase project plan agreed</li> <li>Costings agreed</li> <li>Scoping phase comms plan agreed</li> </ul>	Jan 2020	Jun 2020
2.	Project set-up continued	<ul style="list-style-type: none"> <li>Implementation phase project plan agreed</li> <li>Costings agreed</li> <li>Implementation phase comms plan agreed</li> </ul>	Oct 2020	Dec 2020
3.	Engagement with key stakeholders	<ul style="list-style-type: none"> <li>Presentation at key meetings, eg, trauma network meetings</li> <li>Include information on website and in newsletters</li> </ul>	Mar 2020	Dec 2021
4.	Communication with key stakeholders	<ul style="list-style-type: none"> <li>Letters to trauma rehabilitation providers:               <ol style="list-style-type: none"> <li>1) Early, intro information (June 2020)</li> <li>2) Requesting local project lead(s) and sponsor (Oct 2020)</li> </ol> </li> <li>Follow-up, more detailed info, for collaborative project teams and topics (Dec 2020)</li> <li>Follow-up pre-learning session one (Jan–Feb 2021)</li> </ul>	Jun 2020	Dec 2021
5.	Measurement	Agreed data and baseline with ongoing monitoring plan	Apr 2020	Dec 2021
6.	Learning sessions	<ol style="list-style-type: none"> <li>1. Approx. 15 March 2021</li> <li>2. TBC – July–Sept 2021</li> <li>3. TBC – Oct–Dec 2021</li> </ol>	Mar 2021	Dec 2021
7.	Action period engagement with project teams	<ul style="list-style-type: none"> <li>Zoom meetings x 6</li> <li>On-site mentoring – one visit per DHB project</li> </ul>	Mar 2021	Dec 2021
8.	Evaluation/project closure phase	<ul style="list-style-type: none"> <li>Project outputs complete</li> <li>Project write-ups published</li> </ul>	Jan 2022	May 2022

## Governance

This project fits within both the Commission's trauma programme and the Network's work programme, and the governance arrangements reflect this.

The project will be led and informed by the project-specific clinical lead and EAG.

Decisions about the project approach and management of risks and issues are made by the Commission's internal trauma programme steering group (SG), which meets monthly and includes the project sponsor and representatives from the Commission and the Network.

The SG determines if and when decisions, risks and issues need to be escalated to the ACC–Commission contract governance group (with input on whether this is appropriate sought from ACC on a case-by-case basis).

The Network representatives advise the SG if and when aspects of the project need to be escalated to the Network governance group and the Network operations group, either for information or decision.

## Reporting

The project team reports to the SG on progress, risks and issues at each meeting.

The need for other project-specific reports is determined on an ad-hoc basis.

The Commission reports on the wider trauma programme to the ACC–Commission contract governance group and the Network governance group on a regular basis. Updates on this project will be included in these reports.

## Measurement

The project team is currently analysing data to understand how best to measure the impact of the project from a national perspective. The local QI projects undertaken for the national collaborative will need to define their baseline and measure their change/impact over time.

## Alignment with the Commission's strategic priorities

The Commission's four strategic priorities for 2020–24 are set out in its Statement of Intent.<sup>5</sup> They are:

1. improving experience for consumers and whānau
2. embedding and enhancing Te Tiriti o Waitangi, supporting mana motuhake
3. achieving health equity
4. strengthening systems for quality services.

Mapping the project's planned activities back to each of these strategic priorities will help us demonstrate how the project gives effect to the priorities.

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<sup>5</sup> [www.hqsc.govt.nz/publications-and-resources/publication/4048](http://www.hqsc.govt.nz/publications-and-resources/publication/4048)

Strategic priorities	Project activities
Improving experience for consumers and whānau	<ul style="list-style-type: none"> <li>• The local collaborative projects will all be aimed at improving consumer experience and outcomes following major trauma injury with a co-design focus.</li> <li>• 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.</li> <li>• Consumer and whānau representation on project teams and in the EAG will ensure representation of the consumer voice from the outset.</li> </ul>
Embedding and enhancing Te Tiriti o Waitangi, supporting mana motuhake	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Priority will be given to achieve equitable Māori participation and/or leadership in setting priorities, resourcing, implementing and evaluating the project.</li> <li>• Māori values and influences will be encompassed with acknowledgement of the importance of wairua, rongoā, healing and wellness.</li> <li>• Māori will be supported to exercise their citizenship as Māori across the project.</li> <li>• 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.</li> </ul>
Achieving health equity	<ul style="list-style-type: none"> <li>• Data matching is underway to ascertain health inequity in access to rehabilitation services.</li> <li>• 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.</li> <li>• It is likely that through this work a system of quality measures maybe developed, which, in the future, can be used identify inequity.</li> </ul>
Strengthening systems for quality services	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The project team will share the local QI projects and outcomes across the sector; this will facilitate shared learning and application of improvements nationally.</li> </ul>

## Key stakeholders

Name	Influence	Involvement	Expectation
National Trauma Network	High	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	Support and endorse the work of the local project teams
ACC	High	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	<p>ACC is involved in funding:</p> <ul style="list-style-type: none"> <li>rehabilitation trauma services both through its Public Health Acute Services (PHAS) funding to DHBs and directly to rehabilitation providers</li> <li>the Commission's trauma programme.</li> </ul> <p>Therefore, we will seek ACC's support for and endorsement of the collaborative and its outputs</p>
Ministry of Health	High	EAG representative	Support and endorse the work of the local project teams
<p>DHBs:</p> <ul style="list-style-type: none"> <li>Consumer councils</li> <li>Directors of allied health</li> <li>Trauma clinical and nursing leads</li> <li>Directors of nursing</li> <li>Chief medical officers</li> <li>Quality and risk managers</li> </ul>	High	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	Support and endorse the work of the local project teams
Regional trauma networks	High	EAG representative	Support and endorse the work of the local project teams
Consumers and whānau	High	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	Inform the work at both national and local levels
Royal Australasian College of Physicians – faculty of rehabilitation medicine	High	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	Support and endorse the work of the collaborative
New Zealand Rehabilitation Providers Group	High	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	Support and endorse the work of the local project teams

Name	Influence	Involvement	Expectation
New Zealand Rehabilitation Association	Medium	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	Support and endorse the work of the local project teams
AUT – health and rehabilitation health institute	Medium	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	Support and endorse the work of the local project teams
Ngā Pou Mana	High	<ul style="list-style-type: none"> <li>EAG representative</li> <li>Project team representative</li> </ul>	Support and endorse the work of the local project teams
University of Otago: <ul style="list-style-type: none"> <li>Rehabilitation teaching and research unit</li> <li>Centre of health, activity and rehabilitation research</li> <li>Ngāi Tahu Māori health research unity</li> <li>Injury prevention research unit</li> </ul>	Low	The university will be kept informed of the project, via communications as per the plan below, and their work will in turn inform both the national and local projects	Inform the work at both national and local levels

## Communications plan

Tool	Audience	Purpose	Responsibility	Frequency
Commission and Network websites	Public, consumers and sector	<ul style="list-style-type: none"> <li>Pages should include background and current information</li> <li>Updates should include information focusing on ‘in the moment’ developments or best practice examples</li> </ul>	Project coordinator	Six-weekly
Commission e-digest (email) and Network eNewsletter (email)	Public, consumers and sector	Inclusion in the e-digest is automatic if new Commission web content is published	Project coordinator	Six-weekly

<b>Tool</b>	<b>Audience</b>	<b>Purpose</b>	<b>Responsibility</b>	<b>Frequency</b>
Letters	Targeted to audience such as ACC, chief executives, directors of allied health, quality and risk managers, etc	<ul style="list-style-type: none"> <li>• Topic-specific and driven by new developments across the project, eg, requests for participation</li> <li>• To be used sparingly</li> </ul>	Team draft with appropriate sign-off	As required
Emails	Targeted to audience	Topic-specific and driven by new developments from the projects, eg, requests for advice, requests for speaking slots, sending papers for meetings	Team draft with appropriate sign-off (if required)	As required
Commission blog	Public, consumers and sector	Website tool to promote thought-pieces	Team and EAG members	As required
Webinars (Zoom) and teleconferences	Targeted to audiences	<ul style="list-style-type: none"> <li>• Engage stakeholders to encourage sharing, learning and discussion</li> <li>• Can also be used to support development and implementation activities</li> </ul>	Team	As required
Site visits, in-person meetings	Targeted to audiences – often local project teams	In-person and virtual engagement will be required for local project team and to support the implementation of new initiatives	Team	As required
National and regional meetings	Targeted to audiences	In-person networking days where representatives are brought together for a specified purpose	Team	As required
Publications	Targeted to audiences	Writing articles for submission to peer-review journals, association/other organisations' newsletters and other media, such as magazines and television	Team, Commission and Network communication team.	As required and workstream dependent

## Appendix 1: Expert advisory group

The EAG was formed following a June 2020 call for expressions of interest. Membership was oversubscribed so we followed a robust selection process to ensure we had appropriate expertise and representation on the group. It will meet up to four times a year.

Its terms of reference define its purpose as being: ‘... a “safe” group that the project team can consult and debate with, in confidence. It will also be an “expert” group and members have been appointed because their knowledge and skills are recognised in the sector. Members are from varying parts of the major trauma rehabilitation sector/ patient pathway and in addition to representing these services, they will be expected to utilise their expertise to promote optimising consumer outcome and experience.’

The Commission and the Network would like to thank the EAG members for their efforts and enthusiasm in guiding the work to improve trauma rehabilitation. The members include the following:

Name	Role	Organisation
Alice Theadom	Professor of psychology and researcher and director of the TBI Network	AUT
Annie Jones	Clinical partner	ACC
Christine Howard-Brown	Chief executive	Acquired brain injury rehabilitation and chair of New Zealand Rehabilitation Providers Group
Gina Marsden	Trauma nurse	Waikato DHB
Ian and Katherine Winson	Consumer and whānau representatives	N/A
Jonathan Armstrong	Clinical director allied health and professional leader of occupational therapy	Counties Manukau DHB
Kat Quick	Clinical lead (chair and physiotherapist)	Health Quality & Safety Commission
Lee Taniwha	Māori consumer representative	N/A
Martin Chadwick	Chief allied health professions officer	Ministry of Health
Paul McBride	Data scientist	Health Quality & Safety Commission
Roxanne Waru	Occupational therapist	Ngā Pou Mana tangata whenua and Geneva Gains
Sandy Ngov	Project coordinator	Health Quality & Safety Commission
Dr Sarah Hawkins	Rehabilitation physician	Canterbury DHB and Southern Rehab
Sarah Shannon	Physiotherapy clinical lead	Bay of Plenty DHB
Sean Gray	CEO	NZ Artificial Limb Service
Siobhan Isles	Programme manager	National Trauma Network

Dr Subramanya Adiga	Rehabilitation consultant and member of Northern Region trauma network	Counties Manukau DHB
Te Rina Ruru	Māori whānau consumer representative	Co-founder of Camp Unity Charitable Trust
Tim Dunn	Associate director of allied health	MidCentral DHB
Trish Fredericksen	Client service manager	ACC, Dunedin