HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

Updating your theory for improvement

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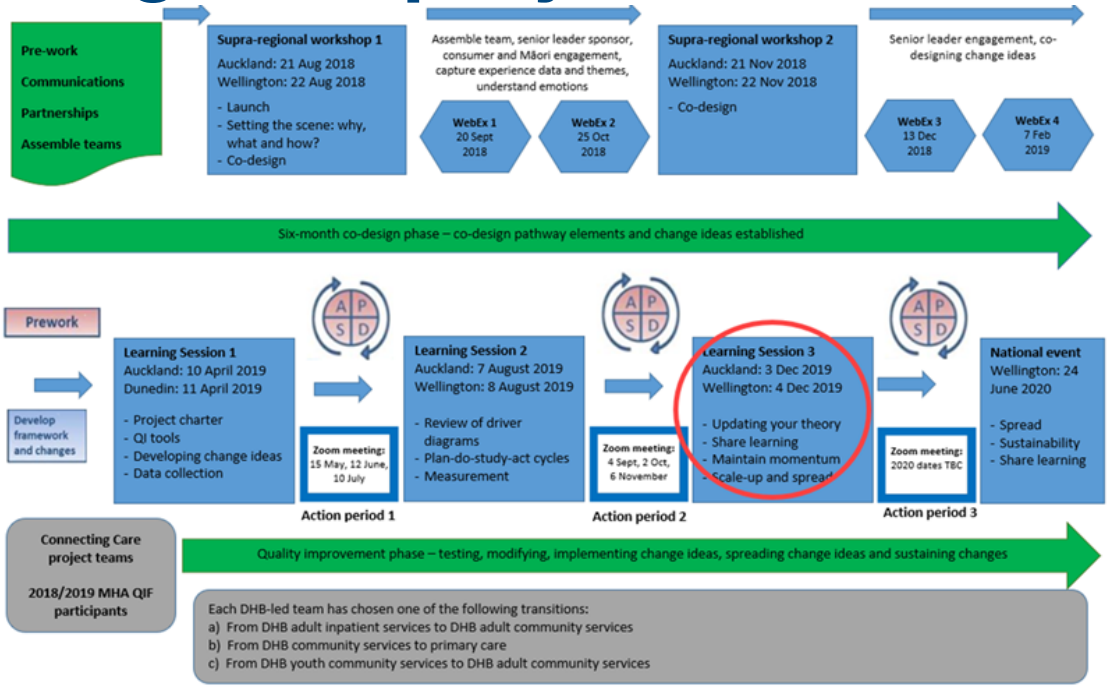
Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

Connecting care project timeline



Revisiting your theory

- Consider your aim statement, does this need revising?
- Do you need to update your theory for improvement (driver diagram), including equity, to achieve your aim?
- Prioritise where to focus to see the largest improvement and create action plan for next six months
- Do your process measures need to be updated?
- How will this link to your agreed outcome?

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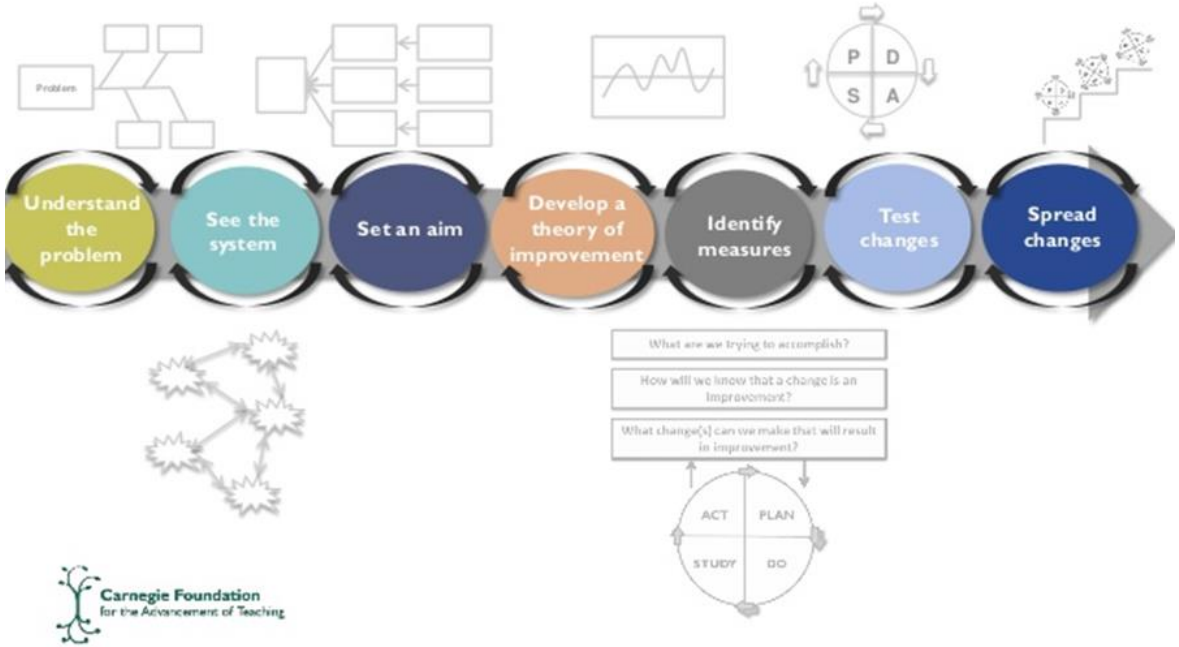
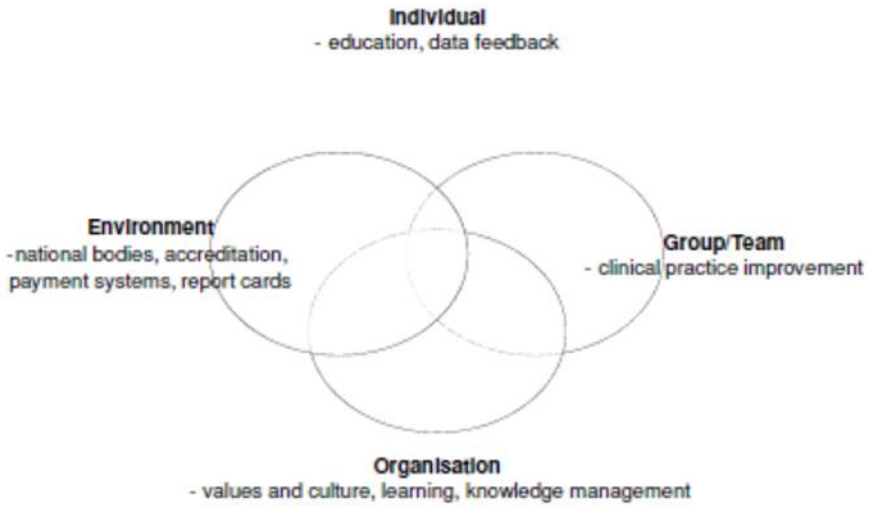
Improvement journey



Context

Four Levels of Change



Alignment Model

Vision	Strategy			Outcome
Vision	Culture	Structure	Resources =	Results
?	Culture	Structure	Resources =	Confusion
Vision	?	Structure	Resources =	Resistance
Vision	Culture	?	Resources =	Anxiety
Vision	Culture	Structure	? =	Frustration

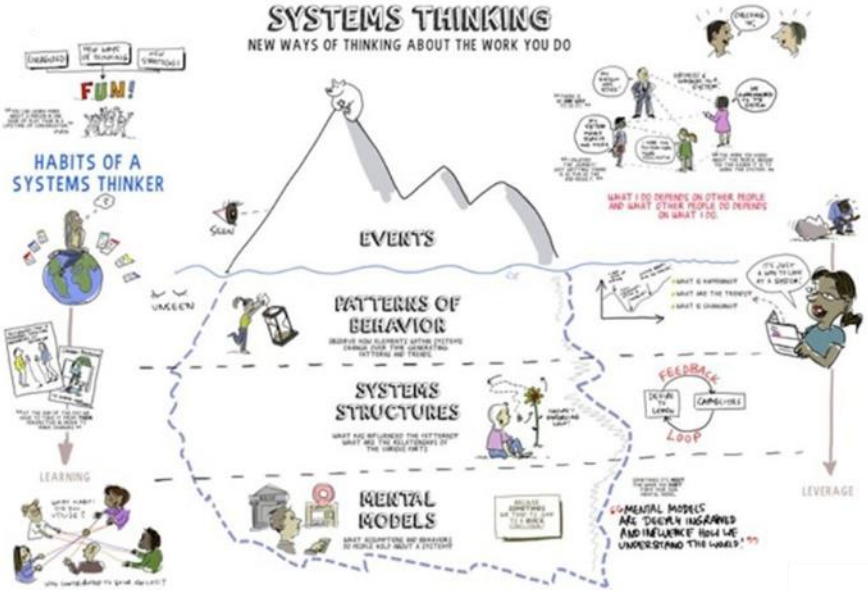
Source: Adapted from Knoster, T, Villa R, & Thousand, J (2000). A framework for thinking about systems change. In R villa & J Thousand (Eds), Restructuring for caring and effective education: Piecing the puzzle together (pp. 93-128). Baltimore: Paul H Brookes Publishing Co

Core concepts of improvement

Theory of knowledge

Need to be able to articulate what you believe about why things are the way they are:

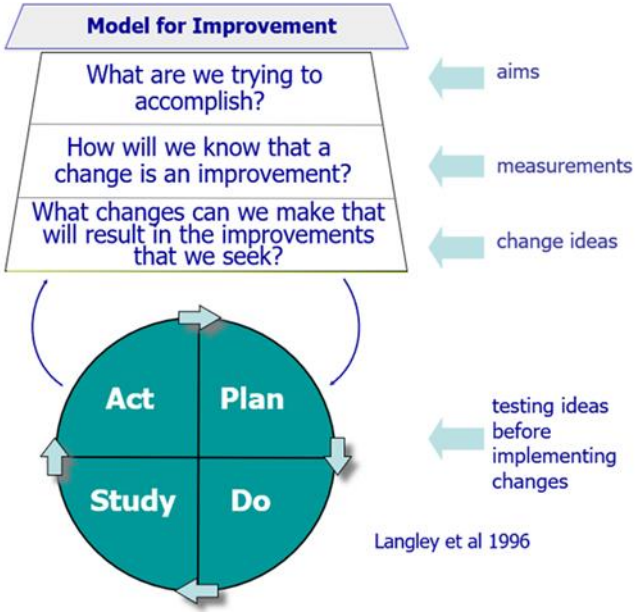
- what do you know about your system?
- how do you know?



Core concepts of improvement

Testing your theory

Need a method to learn whether your change ideas deliver in practice



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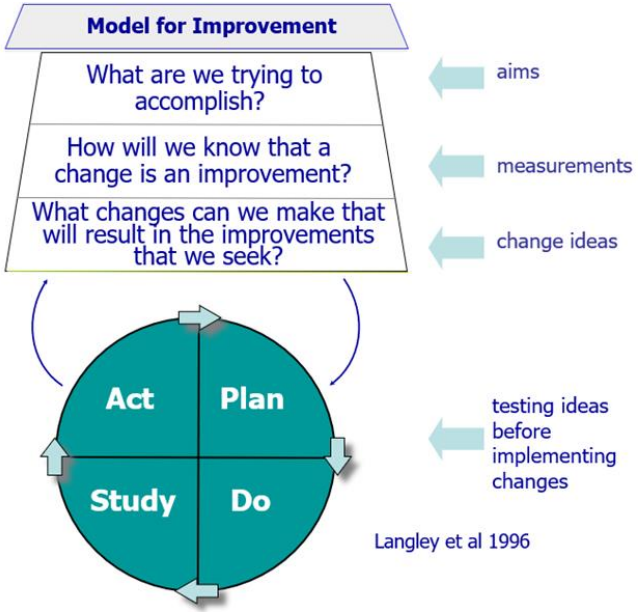
Who are our people? What unites us (our shared purpose)?



Engaging the team

Shared purpose goes way deeper than vision and mission; it goes right into your gut and taps some part of your primal self. If you can bring people with similar primal-purposes together and get them all marching in the same direction, amazing things can be achieved.

‘I have some key performance indicators for the next 12 months’

or

‘I have a dream’

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all right?

healthy Christchurch

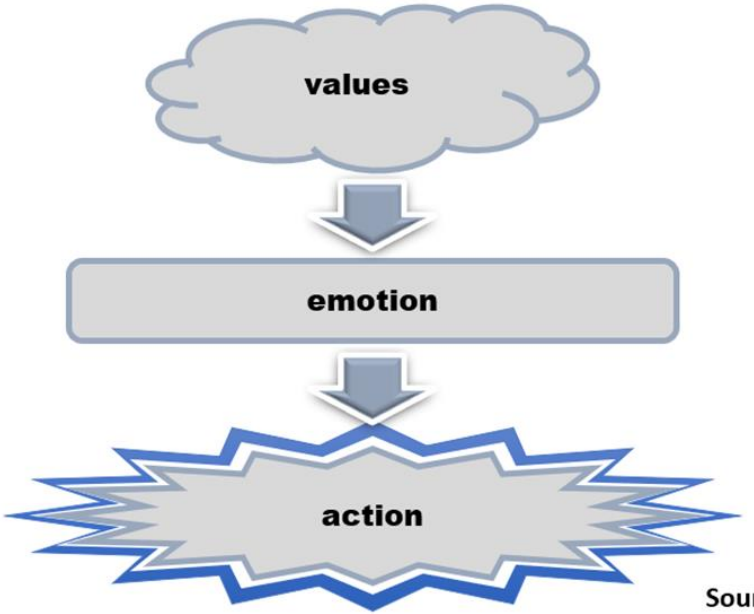
HOSPITAL

Campaign to 'end PJ paralysis' saved 710,000 hospital days

21 AUGUST, 2018 | BY JO STEPHENSON

A national campaign to end "pyjama paralysis" has helped reduce falls and pressure ulcers and cut the length of time people spent in hospital, according to an evaluation.

If we want people to take action we have to connect with their emotions through values



Source: Marshall Ganz

Create a statement of purpose

- Consider how the sense of ‘us’ (shared values and ambitions) can be translated into a statement of shared purpose that you can all unite around
- Create a purpose, not an aim
- Does it pass the ‘purpose’ test?

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The purpose test: does your proposed purpose fit with this?

‘Purpose is the deepest dimension within us – our central core or essence – where we have a profound sense of who we are, where we came from and where we’re going. Purpose is the quality we choose to shape our lives around. Purpose is a source of energy and direction.’ Leider

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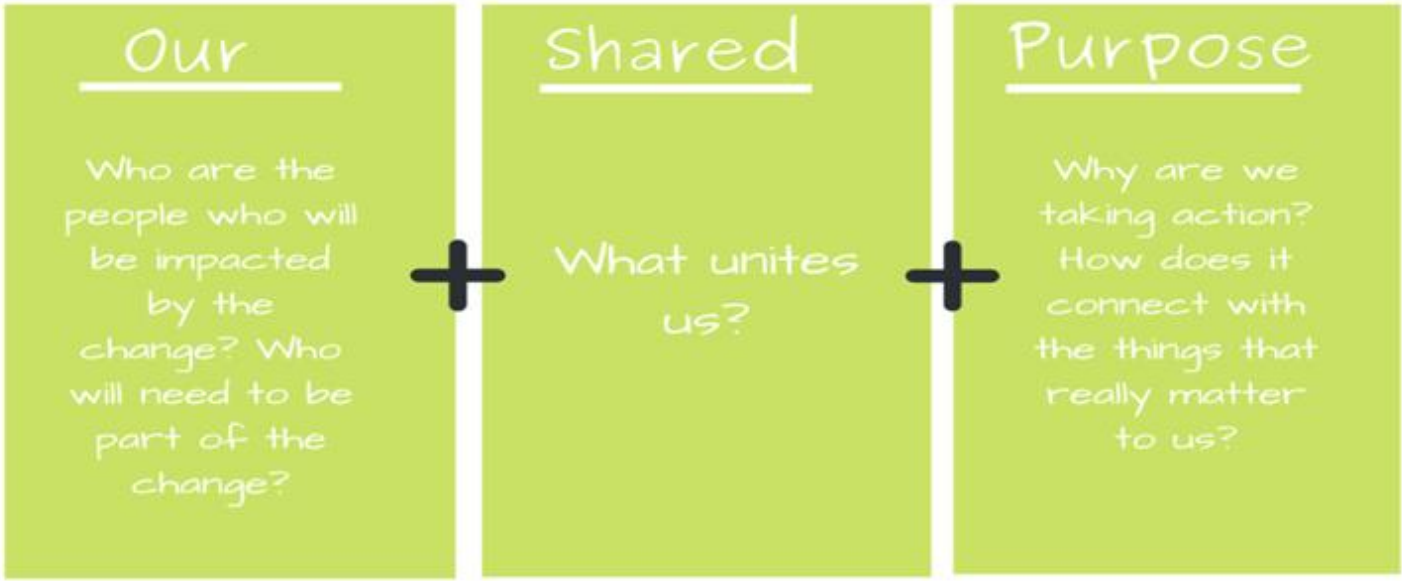
Break out – our shared purpose



Aim statement

- Improvement requires setting aims
- An organisation will not improve without a clear and firm intention to do so
- The aim should be time-specific and measurable (SMART = specific, measurable, applicable, realistic, and timely)
- It should also define the specific population that will be affected
- How much by when?

Aim statement

- Example 1: Through an improved discharge process and communication at least 80% of people discharged from xx MHS to Primary Care will be seen by their GP for review within 28 days, by 1 December 2019

- Example 2: We aim to improve service transitions for youth service users (18-25 year-olds) in mental health services

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Connecting Care driver diagram

The Problem:

Improve transition of care from acute care to community supported care for tangata whaiora to maintain mana and flourish in the community

Outcome measure:
- *How much:*
- *By when:*

Outcome measure:
- *How much:*
- *By when:*

Team members:
- Project Sponsor/s -
- Team Leader -
- Consumer -
- QI Advisor -

Primary drivers

Consumer/ whānau-centred care

Process measure:
- *How much:*
- *By when:*

Equity

Process measure:
- *How much:*
- *By when:*

Balancing measure:
- *How much:*
- *By when:*

Seamless care

Process measure:
- *How much:*
- *By when:*

Joy in work

Process measure:
- *How much:*
- *By when:*

Secondary drivers

- Consumers, family and whānau partners in care
- Health literacy
- Bias awareness
- Visibility of data
- Cultural support and engagement
- Workforce development
- Communication
- Collaboration and partnership
- What matters
- Distributed leadership

Change ideas

- Whānau partners in care
- Whānau support
- Deep listening
- Peer navigators
- Unconscious bias competency
- Workforce development
- Transition plans
- Service redesigns
- Use of data
- Links to community
- Use of technology
- Timely access to care
- Effective plans
- PDSA of the week

Priority change ideas

Impact: High Low
Implementation: Easy Hard

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Equity perspective

- Health equity is deliberate efforts to ensure all people have full and equal access to opportunities that enable them to lead healthy lives
- To achieve health equity, we must treat everyone equally and eliminate avoidable health inequities and health disparities

Connecting care outcome measures

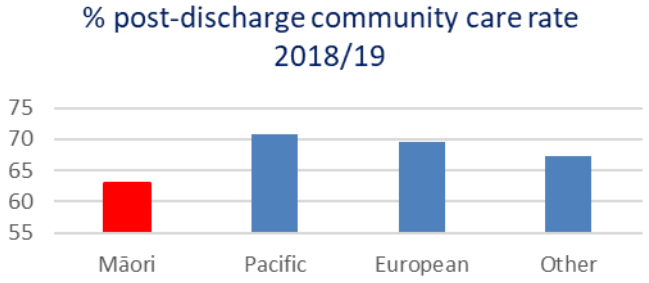
- Māori more likely to be referred from Police back into services after discharge
- Māori are more likely to have referral ended from lack of consumer engagement / failing in relationship
- However, Māori less likely to have an ED presentation MHA related in 28 days after index discharge

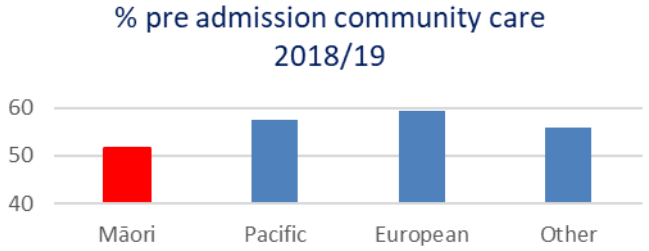
	Inpatient to DHB community transition	
Within 28 days after index discharge:	**Māori**	**Non-Māori**
(A) Referred from Police	4.3%	3.6%
(B) Lack of consumer engagement / failing in relationship	6.4%	4.3%
(C) Emergeny department presentation MHA related	9.1%	11.0%
Overall – any of the three criteria	16.9%	16.2%

Already published process measures

[KPI Programme data]

- Māori are less likely to receive a follow-up contact in the community within 7 days after discharge
- Māori are less likely to receive pre-admission community care in the 7 days prior to inpatient admission





Staff views of transitions

- ‘Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care’
- Nationally, 26% of staff responded positively to this question (lowest question overall)
- Higher for Māori staff in a kaupapa Māori service (38%)
- Lower for non-Māori staff (24%)
- *Health Quality & Safety Commission, Ngā Poutama staff survey, August 2018*

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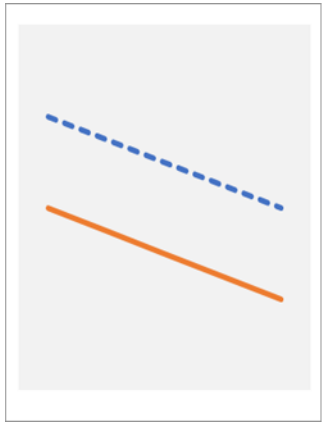
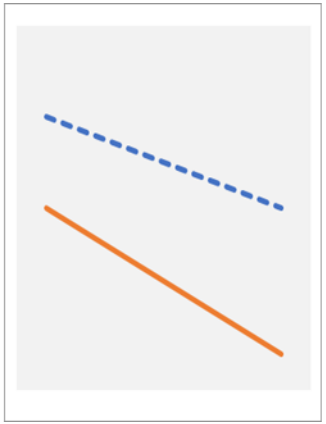
We need to improve service transitions for all and reduce inequities

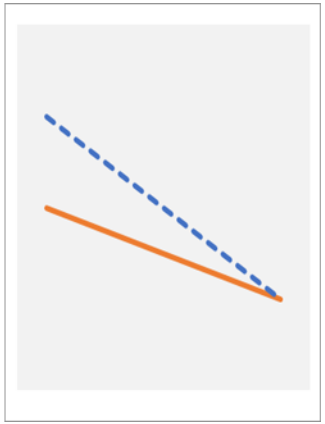
Inequity maintained



Inequity increased



Inequity reduced



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Large post-it paper:

1. Project lead
2. Project sponsor
3. Revised aim
4. Two key change ideas
5. Metrics
6. Support request