

Waikato DHB Quality Plan 2008 - 2009

Introduction

Quality in the health sector has been broadly defined as “the degree to which the services for individuals or populations increase the likelihood of desired health outcomes and/or increase the participation and independence of people with a disability, and are consistent with current professional knowledge”¹.

Waikato DHB’s definition of quality is:

The provision of safe healthcare services which:

- are responsive to the patient's individual needs
- meet professional standards of clinical excellence
- meet national standards of healthcare service delivery
- are continuously monitored and improved.

There are a variety of different ways in which a quality plan produced by a district health board can indicate what it intends to do to increase “the degree” to which services facilitate the desired increases. These include:

- Describing the structures and methodologies that are to be implemented specifically to improve the six dimensions of quality – safety, effectiveness, patient-centredness, timeliness (including access), efficiency and equity;
- Setting out the system-wide changes/enhancements that will have improved quality as their consequence;
- Describing national or sector initiatives in which the organisation is participating which will contribute to better quality care;
- Using key performance indicators and relevant benchmarks as the basis for:
 - identifying points of poor quality and then implementing targeted programmes to bring the indicators into line with benchmarks;
 - identifying points of good quality and celebrating success;
- Exhaustively recording the wide range of individual quality initiatives that particular departments are undertaking as part of their day to day activity;
- Setting out the approach to legislative and/or external compliance requirements which function as minimum standards for the pursuit of quality by the organisation.

This plan briefly describes the organisation’s approach to quality for 2008-09 in respect of each of these categories. The plan applies to both the funding and provision of services by the DHB.

¹ Improving Quality (IQ): A Systems Approach for the New Zealand Health and Disability Sector, Ministry of Health 2003.

The Waikato DHB's underlying philosophy is that good quality healthcare should not be treated as a purely incidental consequence of business as usual, but as a formal objective that needs to be encouraged, nurtured and maintained through a variety of structures, methodologies and practices. However - and it is acknowledged that this risks sounding contradictory - this should be achieved in a way that does not add burdensome layers of process and structure to an organisation. The trick is to both emphasise and integrate.

A fundamental aspect of the DHB's approach to quality is to improve the DHB's awareness of the current costs of poor quality. This has a significant impact on financial management in that new initiatives with cost implications will also be assessed in terms of the savings that will be made by removing current costs incurred from poor quality.

Waikato DHB also recognises the importance of leadership for quality. The Chief Executive, the Chief Operating Officer and line managers hold the primary responsibility for leading and implementing quality. In addition, as recommended by the Governance Review in 2007, three governance roles have been appointed to provide leadership for quality – the Chief Medical Advisor, Director of Nursing and the Director of Board Governance. These roles are responsible for working together and with line management to ensure that clinical leadership is central to the DHB's quality programme.

The Waikato DHB Quality and Risk Framework on page 3 identifies the key components of the DHB's quality system, all of which must function effectively if good quality healthcare is to be assured.

Quality Structures and Methodologies

During 2007 Waikato DHB commissioned a review of governance.

Governance in this sense did not mean a static view of what boards do as opposed to what management does, but was defined in health terms. The report therefore embraced notions of clinical governance, an emphasis on quality and a concern with ensuring that decision-makers have the appropriate information to support their decisions.

That review is attached as Appendix I.

The centre-piece of the Waikato DHB's quality activity for 2008-09 will be the further implementation of the recommendations of this review.

The complete set of recommendations was originally envisaged to be implemented by 31 December 2008. This now appears unrealistic and a date of 30 June 2009 is more likely.

Quality and Risk Management Framework

Providing safe and effective Healthcare Services which meet Standards and are Monitored



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Accordingly, the recommendations of the governance review, “in general” represent a significant component of the organisation’s quality work for the coming year. “In general”, because as is inevitable some changes have already been made to the recommendations of the report.

One change that has been made since the adoption of the plan is to group provider arm service development/innovation activities under the Group Manager: Operational Performance and Support, and to place staffing resources for quality improvement in the provider arm rather than within the Quality and Risk Unit. The Quality and Risk Unit will, as a result, concentrate its attention on provision of DHB-wide quality and risk systems and methodologies e.g. management of clinical audit, infection control, complaints, incidents, serious events, policies, certification, patient satisfaction, quality improvement methods, risk management tools, staff education etc. and monitoring the DHB’s achievement of its quality and risk plans, quality indicators and compliance with standards.

Effectively this change means that the Group Manager: Operational Performance and Support becomes responsible for ensuring that a robust system of clinical review and improvement is implemented in all Health Waikato clinical services and teams as recommended by the governance review.

Waikato DHB services which are not in the provider arm will manage their quality and risk using the methodologies and organisation-wide systems provided by the Quality and Risk Unit. Each Group Manager is responsible for ensuring that robust quality and risk management is implemented within their service and indicators will be developed to monitor this.

DHB-funded services are required through their agreements with the DHB to have effective structures and methodologies for quality and risk management in place. Members of the DHB Planning and Funding team hold portfolios of providers and respond to any quality and risk issues raised by HealthShare auditors, complaints or by the providers themselves.

System-wide Change/Enhancement

In regard to system-wide change, during 2008/09 the organisation will continue with enhancing its structures and systems; a task begun in 2006/07. The changes occurring are nothing novel. At their most basic they are intended to reinforce the patient’s rightful place at the centre of activity, to clarify structures and roles which have become blurred over time, and to ensure that data is available to enable staff to be held accountable.

The impact on quality from this work should be readily apparent. By way of ad hoc example:

- Safety can not be promoted if harm is not able to be attributed to the appropriate sphere of activity;
- Efficiency can not be improved if the resources used cannot be mapped to those making use of them; and

- Culture is unlikely to change if no individual is ever held accountable.

System-wide change also includes the requirement for clinical review and improvement to be implemented in all services. By this is meant:

- Developing the knowledge and skills for understanding the systems of care within which clinicians treat their patients;
- The use of strategies that give information about the quality of care provided; and
- Acting upon this information to improve both the individual and the systemic aspects of care delivery.

A simple example of how this works would be for training in “human factors” to be provided to clinicians, clinicians to participate in mortality and morbidity reviews and clinical audit activities, and clinicians then to use the information thus gained to improve care.

For a full explanation of the system-wide change occurring in the organisation reference should be made to the operating plan for 2008-09 which is attached as Appendix II.

National Or Sector Activities

The Minister of Health requires district health boards collectively to implement five quality improvement initiatives proposed by the Quality Improvement Committee. These are:

- Optimising the patient journey;
- Management of healthcare incidents;
- Infection prevention and control;
- National mortality review systems; and
- Safe medicines management.

Implementation of these projects is to be through a lead district health board model although the precise roles of the Ministry of Health and DHBNZ in relation to the lead district health board remained a little unclear at the time of writing.

At the same time as these projects are being rolled out nationally, the Ministry of Health has asked district health boards individually to state what they intend to do locally to advance them. This information is required to be included in each District Annual Plan.

Work is currently underway on a collective basis to develop clear statements of what each district health board will be expected to do locally in respect of these projects.

This summary of expected local activity will, when completed, be attached to this plan as Appendix III.

The Waikato DHB is strongly committed to this national work and intends to meet the agreed targets for 2008/09.

It needs to be noted that for one of these projects, management of healthcare incidents, Waikato DHB has volunteered to be the lead district health board for the national work in conjunction with Communio.

Communio is the organisation that undertook the governance review. The reason for volunteering is that the national work mirrors the work being undertaken locally by Waikato DHB with Communio. It therefore seemed sensible to use that relationship for the sector generally, especially given that Communio is a niche provider with specialist expertise in incident management principles and systems.

Waikato DHB's involvement is predicated upon a "lean" approach that avoids a tender process, the appointment of a project manager, and an unwieldy bureaucracy around the project. In short, it is based on Waikato DHB's good relationship with, and confidence in, Communio.

Targeted Programmes for Quality Improvement

At the level of day-to-day clinical care, there exist a significant number of well known and well accepted indicators of quality. The system-wide improvements, quality structures and methodologies, and sector initiatives outlined in this plan are not prerequisites to using performance against such indicators as a driver of improvement.

Each service is expected to have a clinical audit programme in place, and to implement the recommendations arising from Health Waikato-wide improvement projects which address issues of concern to all services e.g. Falls Project, medication safety initiatives, Care Planning Project.

Attached as Appendix IV is the work plan for the Quality and Risk Unit for 2008-09. This sets out some particular areas of focus for the year in respect of such generic quality projects and also includes ongoing development and strengthening of the DHB's quality and risk systems as illustrated in Appendix V.

This work proceeds from the expectation that all departments will have their own quality plan and that the new quality roles proposed for Health Waikato will provide assistance for them to develop and implement these plans.

Local Organisational Initiatives

As to the last of the five categories of activity set out, it seems to a truism that in healthcare someone, somewhere, is "doing quality". Waikato DHB is no exception.

Within particular services, specialties and departments, clinical staff and managers are involved in many quality improvement activities e.g. developing

and implementing new protocols to improve clinical practice, taking actions to prevent recurrence of incidents, staff accidents or complaints. Each area is responsible for ensuring these activities occur. The new quality roles proposed for Health Waikato will provide significant support for these activities which are currently undertaken by staff in addition to their clinical responsibilities.

This plan does not describe or assess this wide range of activity, but acknowledges the vital importance of the contribution made at the local level. Each department's own quality plan provides the necessary formality and alignment with the DHB's quality framework.

External/Legislative Requirements

Every district health board is subject to a variety of legislative and/or external compliance requirements that act as minimum standards for the pursuit of quality at the initiative of the organisation itself.

The most obvious of these is certification.

The approach of the Waikato DHB to these requirements is to:

- Summarise recommendations (or at least the key ones) arising from external audits within its Legislative/External Compliance Schedule;
- Obtain the endorsement of the Executive Group for the actions proposed for each requirement, noting that on occasion no action will be taken because the risk has been assessed as being low or the action would not be cost-effective;
- Monitor progress against the actions proposed in respect of each recommendation both at the Executive Group and through the relevant Board committee(s).

Some recommendations to the organisation are not strictly based on compliance in the sense of there being an external agency standing behind them. In other words they are discretionary. A case in point might be a recommendation arising from credentialing. Waikato DHB will list within its schedule recommendations in respect of which compliance is discretionary where it considers the formality associated with the relevant process justifies it.

The matters presently covered by the Legislative/External Compliance Schedule comprise:

- Certification
- IANZ requirements
- Recommendations arising from protected quality assurance activities
- New Zealand Blood Service audit requirements
- Health and Disability Commissioner recommendations both general and specific
- Recommendations from the District Inspector for Mental Health
- Credentialing under an approved process

- ACC requirements
- Accreditation by the New Zealand Medical Council for intern runs
- College requirements

Attached as Appendix VI is the latest copy of the Schedule.

Requirements of the Operational Policy Framework

The operational policy framework issued by the Ministry of Health has a number of specific requirements for each district health board's quality plan. These are stated below with brief commentary about how this document relates to them.

Requirement for Quality Philosophy

The Waikato DHB's quality philosophy is stated at the introduction to this plan.

Requirement for Quality Objectives

The Waikato DHB's quality objectives consist in the broad activities noted in the appendices as well as the large number of specific objectives/recommendations which are included within each activity.

Requirement for Quality Improvement and Risk Management Systems

The Waikato DHB's quality improvement systems are described, along with proposed improvements, in the appendices to this report. The DHB's risk management systems are set out in the DHB's Risk Policy which is scheduled for review in the short-term.

Requirement for Designated Organisational and Staff Responsibilities

The Waikato DHB's designated organisational and staff responsibilities are described, along with proposed improvements, in the appendices to this report.

Requirement for Consumer Input Into Services and Quality Plan

There has not been consumer input into this plan. The Waikato DHB accepts that consumer input is one of the key dimensions of quality and once the quality structures and processes set out in the appendices are operating properly all services will be required to demonstrate such input has occurred.

Requirement for Processes to Improve Ethnicity Data Collection

This is not specifically addressed by this plan. However, ethnicity data collection is a recognised organisational objective and is being advanced under the auspices of Te Puna Oranga through the Maori Health Plan.

Processes for the Development and implementation of Culturally Effective Services

Waikato DHB accepts that, under the concepts of access and participation, culturally effective services is a key dimension of a quality healthcare system. Once the quality structures and processes set out in the appendices are

operating properly all services will be required to demonstrate this has been achieved.

Reporting and Monitoring

Much of the work Waikato DHB will be doing in respect of quality for 2008/09 is systems and project based. This has considerable impact upon the way this work is reported and monitored.

Ideally, reporting should be largely by way of measuring and presenting performance against agreed quality indicators and objectives. Improving the reporting of quality is an important component of the governance review and will be achieved over time.

In the meantime reporting and monitoring of this plan will take the following form:

- Reporting on implementation of the governance review to the Executive Group and then to the Board every three months;
- Reporting on implementation of the Health Waikato operating plan to the Executive Group and then to the Health Waikato Advisory Committee on an agreed basis (suggested likely to be every three months);
- Reporting on local work in respect of the five national quality objectives to the Executive Group and then to the Board as part of the reporting on the District Annual Plan every three months;
- Reporting on the indicators of quality identified for action by the Quality and Risk Unit to the Clinical Board every three months; and
- Reporting on progress against legislative and external compliance requirements to the Executive Group and then to the Health Waikato Advisory Committee every two months.

Conclusion

The Waikato DHB's plan to improve quality for 2008/09 comprises:

- 1) Implementing the recommendations of the governance review (including subsequent amendments) (Appendix I).
- 2) Completing the system-wide improvements set out in the Health Waikato operating plan that will have improved quality as their consequence and/or are directed towards clinical review and improvement (Appendix II).
- 3) Completing the local work agreed for all district health boards in respect of the five national quality initiatives (Appendix III) while leading out with Communito that project related to management of healthcare incidents unless it appears that the project will not meet the Waikato DHB's conditions for leadership.
- 4) Targeting improvement in the indicators of quality noted in the Quality and Risk Work Plan (Appendix IV).

- 5) Assessing and implementing in a managed way, legislative and external compliance requirements as listed in the relevant schedule (Appendix V).
- 6) Recognising and encouraging in a general way the many informal and/or unheralded means used by particular departments to improve quality.

**This Plan was adopted by the Waikato DHB on _____
2008.**

Appendix I: Governance Review

Appendix II: Health Waikato Operating Plan

Appendix III: Waikato DHB Plan to implement work arising from national QIC projects

Appendix IV: Work plan for Quality and Risk Unit

Appendix V: Legislative Compliance Schedule