

Quality Plan

2023 – 2026



Te Awakairangi Health NETWORK



The Quality Plan has been endorsed by Te Awakairangi Health Network's Clinical Governance Committee and approved by the Board of Trustees

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1 Introduction

Purpose

The Quality Plan provides an overarching framework for the organisation and its network to help 'make sense' of the wide range of activities required and details how these will be effectively and efficiently managed. It will identify strategies to improve quality within the network and bring together key underlying principles of quality and a structure for delivery to guide our actions.

Background

From its inception Te Awakairangi Health Network has been committed to quality, excellence, and continuous improvement in the delivery and support of health care services in the community.

The Quality Plan reflects Te Awakairangi Health Network's commitment to meeting its responsibility under Te Tiriti o Waitangi and achieving equitable health outcomes for Māori in the Hutt Valley. This involves ensuring services are provided, developed, and implemented in accordance with the Articles of Te Tiriti and the health sector principles – Tino Rangatiratanga, Equity, Active Protection, Partnership and Options.

The Quality Plan is developed through an inclusive and collaborative approach, with the most impacted groups sharing their lived experience to inform and direct the key focus areas. These include recipients of services (consumers/patients and their whānau) as well as deliverers of services (health staff and health professionals).



Quality is a priority in our Business Plan

GOAL: Improving the quality system (quality assurance, quality improvement, professional development)

About the Quality Plan

- The Quality Plan is a 3-year strategic level plan that encompasses activity across the organisation.
- It is a 'living' document that will be revised to align with national work as it evolves.
- Included is a one-year action plan detailing activity that maintains and improves Quality. This document will be refreshed and updated annually.
- The Quality Plan has four identified focus areas for 2023—2026 informed through the voices of consumers, health professionals and staff.
- The delivery of the Quality Plan heavily relies on workforce availability.

2 Quality

What is Quality

Quality is a standard, it is health services for individuals and populations that are fit for purpose, that achieve desired health outcomes and are consistent with current professional knowledge.

Quality can be separated into three quality domains, these are quality assurance, quality control, and quality improvement.

In a healthcare setting, quality has six key elements that interlink with the quality domains, they are safe, effective, people-centred, efficient, timely, and equitable.

These six key elements are widely recognised and offer a useful framework not only to assess quality, but also to design the right solutions.

“The best triage is listening to the individual with a clear mind, as some/many ailments are healed by just listening, as burdens not shared do manifest in some form or another” – Patient Advisory Group for the Quality Plan



Quality Principles



Consumers and whānau

Using lived experience to inform improvements in health services.



Continuous Quality Improvement

Improvement of operations, outcomes, systems processes, or work environment.



Engaged Workforce

Working in partnership across the network, sharing ideas for improvement.



Evidence Based

Data drives improvement and innovation, minimising harm, waste, and variation.



Holistic Thinking

Taking a whole-person approach to health and wellbeing for our consumers and our staff.



Leadership

Effective leaders set the tone of an organisation, motivating and supporting others to succeed.



Process Approach

Management of processes and their interactions to promote added value



Clinical Effectiveness

Effective, evidence-informed treatments that meet the needs and values of individuals

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Key Elements of Quality in Healthcare**Safe**

Systems are in place and used to ensure risks are avoided and inadvertent harm is minimised throughout the Network.

**Effective**

Using systematically acquired evidence to determine whether interventions, services and programmes produces better outcomes than alternatives.

**People-centred**

Providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring patient values guide all clinical decisions.

**Efficient**

Resources are used to achieve the best outcomes for the money spent. Avoiding waste, including waste of equipment, supplies, ideas, and energy.

**Timely**

Receiving care within an appropriate and acceptable timeframe after the need is identified.

**Equitable**

Providing care that does not vary in quality because of personal characteristics such as gender, age, ethnicity, geographic location and socioeconomic status

Quality Domains**Quality Assurance (QA)**

- Focuses on the prevention of issues
- Proactive process
- Manages quality

The primary purpose of quality assurance activities is to assess compliance with accepted standards for an aspect of healthcare.

Examples of quality assurance activities can include accreditation, audits, reviews, data

Quality Control (QC)

- Focuses on the identification of issues
- Reactive process
- Verifies the quality

The process by which quality problems are identified and resolved.

Examples include incident management, adverse event management and complaint processes.

Quality Improvement (QI)

- Focus on how healthcare can be brought up to standard or improved.
- Improvement through change.
- Involves cycles of measurement, analysis and change

A systematic & continuous use of methods and tools to improve the quality and safety of healthcare delivery and outcomes for patients.

3 Quality Expectations

Consultation with our community and health professionals in the Network

The Quality Plan is developed through an inclusive and collaborative approach, with the most impacted groups sharing their lived experience to inform and direct the areas where focus will be applied over the duration of the Quality Plan. These groups include recipients of services (consumers/patients and their whānau) as well as deliverers of services (health staff and health professionals).

Consultation with key stakeholders has involved surveys, focus groups and interviews (kanohi ki te kanohi and virtual).

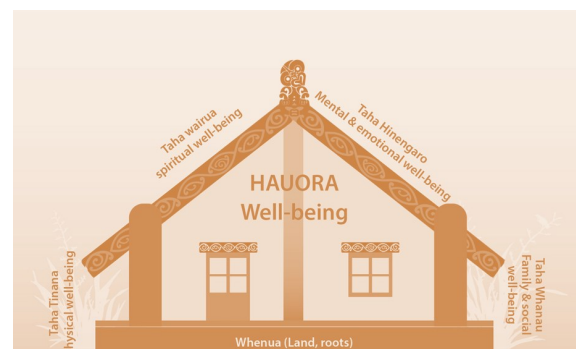
Our Patients and Community

Our patients and our community have shared what they consider to be quality healthcare services and what they need from health providers.

1. Clear communication and explanations about conditions and treatment in words I can understand.
2. Increased knowledge of what services are available in the community to further support me.
3. Review the effectiveness of services to ensure they continue to meet the needs of people.
4. Mobilise (and partner with) the community to alleviate system pressures with working support groups.
5. A workforce that reflects the population being provided with care.



“[Quality Healthcare] for me, is to follow the model of Te Whare Tapa Whā by Durie. We know several issues can spark a sense of unwellness and increase into one huge matter which becomes the presenting ailment. Assess the lifestyle of the whānau per Te Whare Tapa Whā, in all 4 corners of their lives to piece together the strengths, weakness of the whānau” – Patient Advisory Group for the Quality Plan



Te Whare Tapa Whā is a holistic model for health developed by Sir Mason Durie in 1984 that reminds us to equally care for all four aspects of our lives to support our wellbeing. Physical, spiritual, mental & emotional, family & social wellbeing are interconnected and interdependent.

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Our Health Providers in Practice

Our Health Providers have shared what they consider to be quality healthcare services and what is needed to improve their ability to provide quality health services.

1. Solutions, support and training on using digital technologies most effectively.
2. Protected time to review and streamline our processes, reducing waste.
3. Access to effective education to support the delivery of high quality, evidence informed services to our patients.
4. Supporting the growth and retention of the General Practice workforce and their wellbeing.
5. Better access to secondary care

“A good partnership with patients is one of the delights of General Practice” —
Healthcare Provider, anonymous entry of the Quality Plan Healthcare Provider Survey



Photo taken from the practical session on Skin Lesions for Clinical Providers

Engagement Activity



Interviews



Meetings



Focus Groups



Surveys



Email



Te Awakairangi Health Network staff

Our staff have shared key activities within the organisation that maintain quality and have highlighted opportunities to improve quality within Te Awakairangi Health Network.

1. Establish a robust internal auditing programme.
2. Team collaboration and a willingness to continually improve with more time for staff to engage in quality activities.
3. A well socialised Quality Plan with quality indicators for the teams to report on and regular quality meetings.
4. Effective processes around the work we do.
5. Strengthening our client engagement process.

4 Activity Sets & Focus Areas

High-level activity that enhances the quality of our services and working environment

Te Awakairangi Health Network apply a wide range of activities across the organisation to ensure the services we provide and the environment in which we provide them in are safe, effective, people-centred, efficient, timely and equitable. These activities fit within the three domains of quality; quality assurance,

quality control and quality improvement. Below represents high-level activity across the organisation that enhances the quality of our services and working environment. High-level activity is detailed further in our 1-year Quality Action Plan outlining quality specific actions and strategies to improve our quality system.

Quality Domains			
Quality Assurance + Quality Control + Quality Improvement			
Key Elements of Quality in Healthcare		Accreditation & Credentialing systems are in place	Complaints Process robust registry and review processes
		Education and Professional Development effective provision across the Network	Quality Risk Management effective identification, reporting and analysis
		Audit Cycles inception to analysis with shared learning	Governance effective & appropriate structure in place to guide quality focussed activity
		Primary Care Workforce focus on growth, support and retention	Access to Care measured and proactively managed
		Consumer Engagement relationships and avenues to gather and review feedback	Policy and Procedure maintained and reviewed
		Incidents and Adverse Events streamlined reporting & learnings applied	Privacy and Cyber security Ongoing improvement in technologies and processes
			Data Management focus on data quality (accuracy, completeness, consistency)
			Health and Safety monitoring and maintenance programme
			ICT/Digital maintenance of current IT Systems & strategic investment in new technologies
			Equity activity to ensure improved health and welfare outcomes
			Emergency Management internal and external processes and engagement
			Environmental Sustainability incorporate considerations across the Network

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Focus Areas for 2023–2026

Te Awakairangi Health Network commit to making a concerted effort to improve in four key focus areas over the duration of this 3-year plan. These focus areas are influenced and guided by the

input gathered from consumers, health providers and the organisation during the development of the Quality Plan and contribute to our overall goal of improving our quality system.

GOAL: Improving the quality system (quality assurance, quality improvement, professional development)

Focus Areas	Strategy
1. Embed the Quality Plan and improve capability	I. Agree on an approach to socialise the Quality Plan across the organisation. II. Equip key members across the organisation with the knowledge and training required to lead or participate in Quality Improvement activities. III. Ensure active engagement of our Kaiwhakahaere to enable us to deliver on our ongoing commitment to improve the health outcomes for Māori through our quality initiatives and activities.
2. Establishing and embedding pathways for consumer feedback	I. Socialise across the Network Te Tāhu Hauora (HQSC) Code of Expectation for Consumer Engagement II. Develop a network of consumers and whānau and actively involve them in shared decision-making and in design for improved healthcare delivery. III. Standardise service user feedback and develop a process to include this in service development.
3. Strengthening our Quality Assurance and Control systems	I. Bring together a coordinated organisation-wide audit programme and annual audit schedule to identify opportunities for improvement and to support clinical quality assurance. II. Review and update our Reportable Events policy and processes to align with the National Adverse Events Policy released June 2023 by Health Quality & Safety Commission (HQSC).
4. Growth, support and retention of our Primary Care workforce	I. Facilitate and support initiatives to increase the Primary Care workforce in the Hutt Valley II. Maintain strong working relationships with Primary Care Management as well as Clinical Staff. Develop formal centralised systems to collate where pressure points are and create a system to be able to review and adapt where and how support can be delivered. III. Facilitate and support initiatives that improve workflow and efficiencies enhancing workplace satisfaction.

5 Improving Quality

Quality Improvement approach

Te Awakairangi Health Network uses the Model for Improvement as the framework to drive equitable and successful quality improvement activity in the organisation.

The Model for Improvement is a simple yet powerful tool for accelerating improvement which can involve the whole team and assists in identifying gaps in the provision of care.

The model has two parts:

1. Three fundamental questions
2. The Plan-Do-Study-Act (PDSA) cycle

Part 1: Three fundamental questions

This is the planning section of the model that requires you to answer the following questions:

The Aim: **What are we trying to accomplish?**

Develop an aim statement. Your aim statement should be specific and clear and describe what you are trying to achieve.

The Measures: **How will we know change is an improvement?**

Decide on what measures you will track and how you will gather this information. Develop baselines to measure your results against to determine if your change is an improvement.

The Change: **What change can we make that will result in improvement?**

Determine what changes can be made that will result in an improvement and will help to achieve the aim statement.

Defining your aim statement

- **What—** what it is about
- **For who—** target audience
- **By when—** timeline
- **How much—** baseline and target

Once the above is answered then write out your aim statement in full. An aim statement should clearly define what you are trying to accomplish. Being clear on your aim helps the team to stay on track.

Types of measures

- **Outcome measures—**used to evaluate if your aim is met
- **Process measures—**used to track outcomes that occur as part of the CQI process.
- **Balancing measures—**is the change causing new problems in other parts of the system.

Brainstorming change ideas

You may want to use some quality improvement tools to help you brainstorm why a problem is occurring and some ideas for change.

- Driver Diagrams
- Cause and effect (fishbone)
- Value stream mapping

[Quality Improvement Essentials Toolkit | IHI - Institute for Healthcare Improvement](#)

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Part 2: The four stages of the PDSA cycle

A PDSA cycle focusses on setting aims and building a team to achieve change.

PDSA breaks down your change into manageable pieces, which are tested to ensure that the change results in measurable improvements.

It is a simple approach that anyone can apply. Changes can be focussed at an operational level around a teams needs or can be used to support the implementation of large scale strategic plans.



Plan

Develop your plan to test your change idea, identify key tasks to carryout your plan (what, who, how, when). What questions do we want answered and what are your predictions.



Do

Carry out the plan, document any problems encountered and observations. Gather and record data.



Study

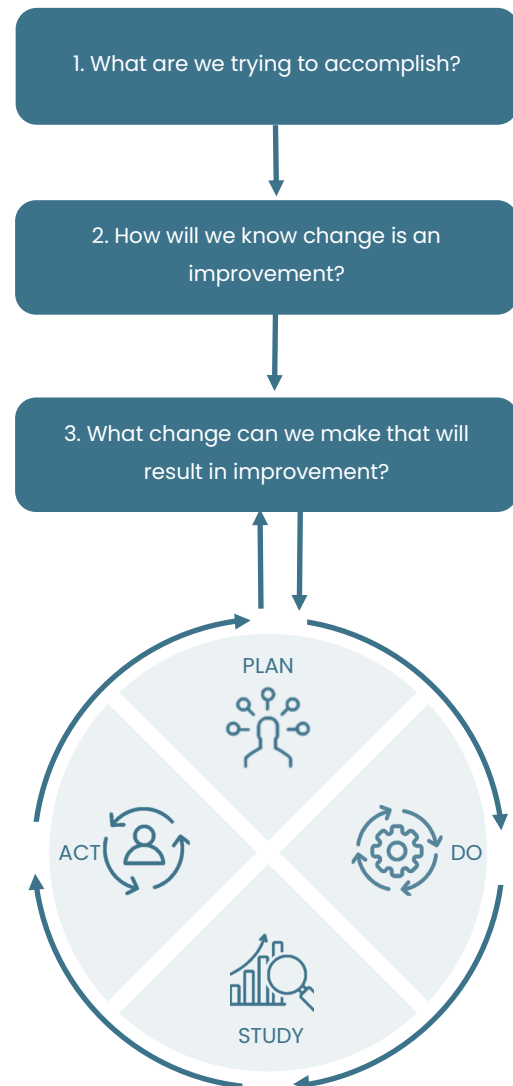
Summarise and reflect on what you have learned. Analyse the results, compare them to your predictions, and examine your learnings.



Act

Determine what modification you should make based on what you have learned. Should you adopt, adapt or abandon your change idea.

Diagram 1: The Model for Improvement



When to use PDSA

- When starting a new QI project
- When implanting change
- When improving or developing a new process or service
- As a model for continuous improvement
- When planning data collection in order to verify and prioritise problems or root causes

6 Quality Governance

Governance

Te Awakairangi Health Network has a Clinical Governance Committee (CGC) that oversees the quality and patient safety of the organisation and contracted practices and providers.

The Clinical Governance Committee undertake the following key functions:

1. Oversee the development of the Quality Plan for Te Awakairangi Health Network, recommend the Quality Plan for approval by the Board of Te Awakairangi Health Network, and monitor the implementation of the Quality Plan.
2. Provide expert clinical and consumer advice in the development and review of service proposals, clinical pathways, and protocols (local, sub regional and regional) to enhance clinical effectiveness.
3. Oversee systems for improving patient safety and identifying and mitigating clinical risks, and make recommendations to the Board about:
 - accreditation, clinical audit, and credentialing
 - significant events (including notification to relevant parties and supportive action
 - complaints (in conjunction with existing professional and regulatory systems)
 - pathways, guidelines, standing orders and other tools.
 - patient safety systems.
4. Guide workplace and professional development in conjunction with local providers to improve clinical effectiveness and quality (including CME, CNE, clinical pharmacy facilitation, Quality Improvement sessions and other education opportunities).
5. Support the involvement of patients and carers in improving services including co-design processes.
6. Monitor the patient experience of services provided by Te Awakairangi Health Network and the practices [note that CGC should receive an annual report on the results of the Patient Experience Survey in the Hutt Valley]
7. Develop and maintain a Quality Improvement (QI) capability plan for Te Awakairangi Health Network and the practices.
8. Monitor utilisation and delivery of referred services (including laboratories, radiology, and pharmacy etc) to support best practice.
9. Develop, update, and monitor a set of Quality Indicators (with an equity lens) for Te Awakairangi Health Network.
10. Oversee the collection, storage, analysis, and dissemination of patient data by Te Awakairangi Health Network [note this covers the establishment and work of the Data Governance Group].
11. Maintain linkages to other quality and safety groups e.g., DHB, Health Quality and Safety Commission, other PHOs and primary care networks.

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Legal and Contractual requirements

The Quality Plan adheres to Te Awakairangi Health Network's Legislative Compliance Policy and contractual obligations within

1. the PHO Services Agreement which includes sub-contracting with Te Awakairangi Health Network General Practices, and services such as Outreach Nursing, Community Health Workers, and Health Promotion
2. the various Primary Care Local Services Agreements: some we deliver ourselves and some are sub-contracted.

Reporting requirements

A six monthly report on the progress and achievements of the strategies and high-level actions described in this plan will be submitted to the Clinical Governance Committee.

A six monthly report of audit activities will be submitted to the Finance, Risk and Audit Committee and the Clinical Governance Committee, following the end of the financial year

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References

- Te Pae Tata Interim NZ Health Plan 2022
- Whakamaua Māori Health Action Plan 2020–2025
- HQSC From Knowledge to Action
- HQSC Clinical Governance
- HQSC From PES to PDSA
- RNZCGP Cornerstone and Foundation Standards
- IHI Quality Improvement Essential Toolkit
- Te Awakairangi Health Network Quality Plan 2017–2020
- Te Awakairangi Health Network Quality Plan 2020–2023
- Te Awakairangi Health Network 2022/23 Business Plan
- PHO Services Agreement
- National Ethical Standards—Health and Disability and Quality Improvement
- He Ako Hiringa—Continuous Quality Improvement (CQI) for General Practice
- THINK Hauora—The Quality Agenda 2018
- Understanding the Six Domains of Care Quality—Dr Aminu



Te Awakairangi Health
NET ORK

QUALITY PLAN

2023 - 2026

PURPOSE -

The Quality Plan provides an overarching framework for the organisation and its network to help 'make sense' of the wide range of activities required and details how these will be effectively and efficiently managed. It will identify strategies to improve quality within the network and bring together key underlying principles of quality and a structure for delivery to guide our actions.



QUALITY
Assurance
Control
Improvement

Quality Healthcare Services that are -



SAFE



EFFECTIVE



PEOPLE-CENTRED



EFFICIENT



TIMELY



EQUITABLE

Embed the Quality Plan and improve capability

Establishing and embedding pathways for consumer feedback

Goal: Improving our Quality System

Strengthening our Quality Assurance and Control systems

Growth, support and retention of our Primary Care workforce

ACTIVITY SETS -

High-level activity that enhances the Quality of our services and working environment

Accreditation and Credentialling

Complaints Process

Data Management

Education & Professional Development

Quality Risk Management

Health and Safety

Audit Cycles

Governance

ICT/Digital

Primary Care Workforce

Access to Care

Equity

Consumer Engagement

Policy and Procedure

Emergency Management

Incidents and Adverse Events

Privacy and Cyber Security

Environmental Sustainability



Consumers and Whānau



Engaged Workforce



Holistic Thinking



Process Approach



Continuous Quality Improvement



Evidence Based



Leadership



Clinical Effectiveness