IQ Action Plan: Supporting the Improving Quality Approach

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Action Plan

Purpose

A quality improvement vision, aims and goals are identified in the *Improving Quality (IQ): A systems approach for the New Zealand health and disability sector* (the *IQ* document). Many organisations within the health and disability sector and the people delivering health and disability support services, are already undertaking a considerable range of activities that are supportive of the IQ vision, aims and goals. Considerable work to improve quality is already being done. Examples include:

- accreditation of many health and disability support service providers by a range of accreditation agencies
- implementation of practice standards for primary health care by a number of general practices
- the winning initiatives celebrated at the New Zealand Health Innovation Awards.

This first action plan is not a substitute for the work already being done. Nor is it a plan for instructing those delivering health and disability support services on how to do so. The plan captures the activities that organisations, particularly the Ministry of Health and District Health Boards (DHBs), will undertake to progress the vision, aims and goals of the improving quality approach. It is intended that these actions should support an environment, within the health and disability sector, that enables organisations and individuals to *continue* the good work already being done, and to *strengthen* the quality improvement culture within the sector.

Cultural changes take time. The first steps in such changes typically involve communicating a new way of doing things. The *IQ* document and this first action plan are therefore only the first steps in changing the balance between quality assurance and improvement within the health and disability sector. As the action plan is updated over time, greater attention will be given to implementation activities.

Identifying actions

This is an initial set of actions to progress the vision, aims and goals of the improving quality approach. The actions will change as improvements are made and priorities evolve.

To be included within this action plan, actions should:

- result in a potential benefit from a national focus, particularly for the people receiving services from the health and disability system
- be within the control of the health and disability sector
- target the most significant gaps in quality improvement ethics and practices
- be achievable given financial, legislative and technological constraints

- if additional resources are required, identify the mechanism or process to be followed for seeking the additional resources, and be subject to these mechanisms
- not undermine nor replace consistent local quality improvement activity and initiatives by organisations, teams or individuals
- not stifle individual or group quality improvement initiatives.

The initial set of actions has been identified with the input of a working group, the advice of the National Health Committee, and input from selected organisations. To ensure consistency with other key government documents, some of the actions have been sourced from other documents including Whakatātaka: Māori Health Action Plan 2002–2005, and The Pacific Health and Disability Action Plan. Some of the actions also directly support the approach in The Primary Health Care Strategy and The Health of Older People Strategy. For each action a lead agency has been identified, but this does not mean that other relevant stakeholders – including consumers, communities and specialist organisations and agencies – will not be involved in the implementation of the actions relevant to them. It is acknowledged that some of the actions are complex and will require ongoing refinement and communication among a range of stakeholders.

Updating actions

The action plan will be updated at least once every three years by the Ministry of Health. The health and disability sector will be involved in updating the action plan. When the aims, goals and/or nationally consistent standards and quality assurance programmes in the *IQ* document need updating, this will be reflected in the action plan. Where possible, tracking progress in implementing the actions will be undertaken using existing reporting and monitoring mechanisms within the health and disability sector.

The actions

The actions relating to each goal in the *IQ* document are outlined below.

1. Treaty of Waitangi

There are more effective service outcomes for Māori by acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi and applying the principles of partnership, participation and protection.

Action	Description	Lead	Timeframe
1.1	The Ministry of Health and DHBs will work with iwi and Māori to establish mechanisms to enable iwi and Māori to participate in monitoring Ministry of Health, DHB and sector performance in implementing *He Korowai Oranga* and Māori health objectives.	Ministry of Health and DHBs	By December 2003
1.2	DHBs will conduct an ongoing cycle of reviews of pathways of care in their regions to ensure they improve access to effective services for Māori and improve outcomes for Māori, including reductions in avoidable mortality and morbidity, and in hospital admissions.	DHBs, local Treaty partners and iwi, Ministry of Health	First reviews completed by December 2004
1.3	DHBs will share and expand on existing best practice guidelines for clinicians to ensure the clinical and cultural competence of their services for Māori.	DHBs and Ministry of Health	Ongoing
1.4*	DHBs, providers and the Ministry of Health will collaborate to improve the collection and accuracy of ethnicity data, in order to improve planning and service delivery for Māori.	Ministry of Health and DHBs	By December 2003
1.5	Ongoing implementation of Pharmac's Māori Health Strategy, including improvements in informing Māori about subsidised medicines.	Pharmac	Ongoing

* Note: Action 1.4 also involves activities relating to information infrastructure.

2. Leadership

There is a shared vision towards safe and quality care that is engendered through committed leadership at all levels, which supports constant maintenance and improvement in service quality, and takes into account Māori aspirations and priorities.

Action	Description	Lead	Timeframe
2.1	New Zealand hosts the Third Asia-Pacific Forum on Quality Improvement in Health Care.	Ministry of Health with support of the sector	By September 2003
2.2	A planning meeting to establish a network of leaders in the health and disability sector with an interest in quality improvement is held at the Third Asia-Pacific Forum on Quality Improvement in Health Care, facilitated by the Ministry of Health. The network will include Māori health and disability leaders.	Ministry of Health with support of the sector	By September 2003
2.3	The first Health Innovation Awards for health and rehabilitation services are awarded.	Ministry of Health	First awards completed. The awards are intended to be awarded periodically.

3. People involvement

People are encouraged and supported to participate in the planning, delivery and assessment of health and disability services and programmes, including the active participation of Māori.

Action	Description	Lead	Timeframe
3.1	DHBs will outline in their district annual plans how they intend to involve consumers and communities in quality improvement processes.	DHBs	Agreement by 30 June 2004
3.2	DHBs will have consumer appointments to their credentials committees as outlined in *Towards Clinical Excellence: The framework for the credentialling of senior medical officers.*	DHBs	By 30 June 2004
3.3	Regional mental health consumer networks are in place to provide training and support for consumer development, and to enable a regional and national perspective to mental health service delivery.	Regional mental health consumer networks	Ongoing
3.4	Pharmac will review the terms of reference for the Consumer Advisory Committee by 30 June 2004.	Pharmac	By 30 June 2004

4. Quality improvement culture

There is widespread awareness, understanding and commitment to a quality improvement culture at all levels of the health and disability sector.

Action	Description	Lead	Timeframe
4.1	Requirements for the quality of health and disability services are specified in the relevant planning and accountability documents for DHBs.	Ministry of Health	By 30 June 2004
4.2	The *Improving Quality (IQ)* approach is promoted throughout the sector by the Ministry of Health using a variety of mechanisms.	Ministry of Health	By 30 June 2004
4.3	A project to identify the extent of education and training about safety and quality improvement in the health sector in the core curricula of health practitioners is scoped.	Ministry of Health	By 30 June 2004
4.4	A quality framework for the Cancer Screening Programmes (BreastScreen Aotearoa and National Cervical Screening Programme) is produced that focuses on safety and continuous quality improvement.	Ministry of Health	By 30 August 2003

5. Redesign of systems

There is evolutionary redesign of systems of care to support delivery of quality services.

Action	Description	Lead	Timeframe
5.1	National projects are scoped to respond to the findings in the Adverse Events in New Zealand Public Hospitals survey specifically targeting a national reduction of health care-acquired infection and medication errors in health services.	Ministry of Health	By 30 June 2004
5.2	DHBs have until 2010 to implement *The Health of Older People Strategy,* which requires the development of an integrated continuum of care approach to service planning, funding and service provision for older people. DHBs will include milestones for implementation of *The Health of Older People Strategy* in their 2004/05 district annual plans.	DHBs supported by the Ministry of Health	By 30 June 2004
5.3	Primary health care nursing initiatives are implemented as part of the *Primary Health Care Strategy* including: • innovative models of primary health care nursing practice • primary health care nursing scholarships • a primary health care nursing framework.	Ministry of Health, Primary Health Organisations and nurses	Ongoing
5.4	An initiative entitled Knowing the People Planning is trialled in 5 DHBs with the aim of implementing a planning and accountability system for long-term clients of mental health services.	Ministry of Health and the University of Auckland	Trials and evaluation to be undertaken by 31 December 2004
5.5	Undertake a review of the Service Coverage Schedule, including consideration and possible amendments that support a quality improvement culture and practices.	Ministry of Health	By 30 June 2004
5.6	Provide recommendations to Government on a policy and service framework to ensure the safety and quality of support services delivered in the community or residential care settings to older people and people with disabilities.	Ministry of Health	By 30 June 2004

Action	Description	Lead	Timeframe
5.7	Ensure each of the 28 disability support service Needs Assessment and Service Co-ordination (NASC) agencies comply with the Ministry of Health's NASC guidelines, so that there is national consistency in their processes and in the outcomes for clients, by supporting implementation of the action plan developed for each NASC as a result of the developmental review undertaken during 2002/03.	Ministry of Health	By 30 June 2004
5.8	The Ministry of Health and DHBs will ensure that implementation of the Primary Health Care Strategy improves Māori access to primary care services and the effectiveness of those services.	Ministry of Health	ongoing

6. Managing unexpected outcomes

Unexpected adverse outcomes are managed in an open and supportive manner that builds trust and confidence in the system and is fair to all participants.

Action	Description	Lead	Timeframe
6.1	Learning from sentinel events is enhanced by the development of national data definitions for reportable (including adverse) events and the implementation of reporting of sentinel events.	Ministry of Health	By 30 June 2005
6.2	A review of the medical misadventure provisions of the Injury, Prevention, Rehabilitation, and Compensation Act 2001 is undertaken.	ACC, Department of Labour, (Ministry of Health participating)	Options documented by 30 June 2003, implementation process to be determined subsequently
6.3	Once the Health Practitioners Competence Assurance Bill is enacted, any consequential amendments to the Health and Disability Commissioner Act 1994 which improve co-ordination, timely and transparent processes for handling complaints about health practitioners, will be implemented.	Health and Disability Commissioner	Twelve months after the Bill receives royal ascent

7. Communication, co-ordination and integration

There is effective and open communication, co-ordination and integration of service activities that recognise the value of teamwork.

Action	Description	Lead	Timeframe
7.1	DHBs have multidisciplinary involvement in quality improvement in their provider organisations.	DHBs	By 30 June 2004
7.2	The Ministry of Health website is used as a forum that enables access to information, resources and discussion on quality improvement activities and links to other relevant sites.	Ministry of Health	By 31 December 2003

8. Supporting the workforce to undertake quality improvement activities

There is a supportive and motivating environment that provides the workforce with appropriate tools, including cultural competency tools, for continuous learning and ongoing improvement in planning, delivery and assessment of health and disability services.

Action	Description	Lead	Timeframe
8.1	Multidisciplinary teams will be encouraged to focus on improving clinical outcomes and engage in the systematic review of the quality of their practice through regular clinical audit and peer review through the publication of exemplars of audit and peer review in the sector.	Providers and individual practitioners; Ministry of Health	By 30 June 2004
8.2	The Ministry of Health supports the development and implementation of best practice clinical guidelines in the key health priority areas (eg, diabetes, stroke, cardiac care, and child health conditions), and where possible specialist organisations are used.	Ministry of Health, in conjunction with the relevant specialist organisations	By 30 June 2004
8.3	Ensure, for the Pacific peoples workforce, certificated[1] training for community health workers, community health promoters and educators undertaken by credible academic institutions and organisations.	Ministry of Health	By 30 June 2004
8.4	Commence development of cultural competency standards and training programmes for mainstream health providers delivering services to Pacific populations.	Ministry of Health, DHBs	By 30 June 2004

[1] The term 'certificated' does not mean certification under the Health and Disability Services (Safety) Act 2001.

Action	Description	Lead	Timeframe
8.5	Authorities prepare for the new legislative arrangements for the regulation for all health professionals following the introduction to Parliament of the Health Practitioners Competence Assurance Bill. Depending on the final Act, this may involve the development of scopes of practice and systems for assessing practitioners' ongoing competence, and the Ministry of Health establishing processes to facilitate the extensions of protected quality assurance activities provided for by the Bill.	Registration authorities (gazetting scopes of practice and qualifications and processes for reviewing competence), Ministry of Health	In support of the legislative timeframes
8.6	A national study to establish the direct and indirect costs of nursing turnover in New Zealand has been commissioned and the findings are to be reported by 30 June 2005.	Ministry of Health, Health Research Council, The University of Auckland	By 30 June 2005
8.7	Expansion and extension of the Māori mental health workforce will be supported through the establishment of Te Rau Matatini. There will be key sector representation in its establishment.	Ministry of Health and the mental health sector	By 31 December 2003
8.8	An Allied Health first-year mental health practice programme is in place to assist entry into the workforce by social work and occupational therapist graduates and those moving from other allied health groups.	Ministry of Health, including the Clinical Training Agency, DHBs	By 30 June 2004
8.9	Explore options for implementing Magnet Hospital principles in DHBs as a way to improve outcomes for patients and health professionals.	Ministry of Health, DHBs, nursing organisations	By 30 June 2004

9. Knowledge and information infrastructure

Useful knowledge and information, including Māori satisfaction information and clinical evidence, is readily available and shared to support a quality-conscious culture.

Action	Description	Lead	Timeframe
9.1	The National Health Epidemiology and Quality Assurance Advisory Committee (Epiqual) is established, and then the Mortality Review Committee covering maternal, perinatal and peri-operative deaths, is established.	Ministry of Health	By 31 August 2003 By 30 June 2004
9.2	Using the National Minimum Dataset information, comparative outcome data at the service level is available for specified conditions including stroke, fractured neck of femur and coronary artery bypass graft.	Ministry of Health	By 30 June 2004
9.3	A review of the National Minimum Dataset collections is undertaken to improve the coverage of data from outpatient departments, emergency departments and primary health care providers.	Ministry of Health	By 30 June 2004
9.4	Work is undertaken to improve the data quality and access to the National Health Index.	Ministry of Health	By 30 June 2004
9.5	There is ongoing research into and implementation of mental health outcome measures including development of Hua Oranga (Māori mental health outcome measure) and a consumer outcome measure; as well as implementation of the Health of the Nation Outcome Scale (HoNOS) within DHB provider arms.	Ministry of Health, Health Research Council, Massey University, Wellington School of Medicine consortium	Research is ongoing
9.6	Work continues to develop the capability for non-governmental organisations to report mental health service utilisation data to MHINC (Mental Health Information Data Collection).	Ministry of Health	Ongoing

Action	Description	Lead	Timeframe
9.7	A nursing workforce information systems framework for identifying the nature of data to be collected on the nursing workforce is developed.	Ministry of Health, DHBNZ	Ongoing
9.8	Potential sustainable mechanisms for resourcing a national surveillance system for infections acquired in health and disability system institutions are identified.	Ministry of Health	By 30 June 2004
9.9	The Health Research Council and Ministry of Health will support Māori-led research that contributes to the achievement of whānau ora, more effective service delivery for Māori and improved health and disability outcomes for Māori.	Health Research Council, Ministry of Health	Ongoing

10. People protections

Regulatory protections that assure safe care are in place to support people and service providers.

Action	Description	Lead	Timeframe
10.1	There is ongoing adherence to the rights of consumers and the duties of providers as required under the Health and Disability Commissioner (Code of the Health and Disability Services Consumers' Rights) Regulations 1996.	Health and disability providers and individuals involved in the delivery of health and disability services	Ongoing
10.2	Relevant providers are compliant with all standards under the Health and Disability Services (Safety) Act 2001, including requirements to establish both risk management and quality improvement strategies.	Public and private hospitals, rest-home services and residential services for people with disabilities	By 1 October 2004
10.3	Standards for dementia care are developed.	Ministry of Health	By 30 June 2004
10.4	Advice is developed and provided to Government on whether the scope of the Health and Disability Services (Safety) Act 2001 should be extended to include home and community support services.	Ministry of Health	By 30 June 2005
10.5	A review of the selected standards developed for use under the Health and Disability Services (Safety) Act 2001 is completed. The selected standards are: • Health and Disability Sector Standards • Infection Control • National Mental Health Standard • Restraint Minimisation and Safe Practice.	Ministry of Health	By 30 June 2005
10.6	Updated guidance on mental health and the law will be available for users of mental health services and their families and whānau.	Ministry of Health	By 31 August 2003

Action	Description	Lead	Timeframe
10.7	Advice is provided to the Minister of Health on the Screening Programmes Amendment Bill and assistance is provided to the Minister with any subsequent implementation of the legislation.	Ministry of Health	Subject to the Parliamentary process
10.8	Advice is provided to the Minister of Health on the Health Practitioners Competence Assurance Bill.	Ministry of Health	Subject to the Parliamentary process

11. Updating actions

The goals in the *Improving Quality (IQ)* document and associated actions are reviewed and updated on an ongoing basis.

Action	Description	Lead	Timeframe
11.1	The Ministry of Health will undertake an annual stocktake of progress against the actions.	Ministry of Health	Annually
11.2	The Ministry of Health will ensure that the actions are updated at least once every 3 years and will get input from the health and disability sector, including a Māori perspective, as part of the process.	Ministry of Health	By 30 June 2005