



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

Leaders in Healthcare 2016

Liverpool



Gillian Bohm
Principal Advisor



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

The Health Quality and Safety Commission

Crown Agency Board appointed by Government

50 FTE

National quality improvement programmes

**National mortality review committees & adverse events
learning programme**

Consumer participation

Supporting clinical leadership & building capability

Health quality evaluation



The Health Quality and Safety Commission

Supporting the health and disability sector to deliver safe and quality health care to all New Zealanders



“Doing the right thing, and doing it right, first time”

Health care is complex

Improving quality and safety in the 21st century is challenging. The one constant, however, is that health is all about people.

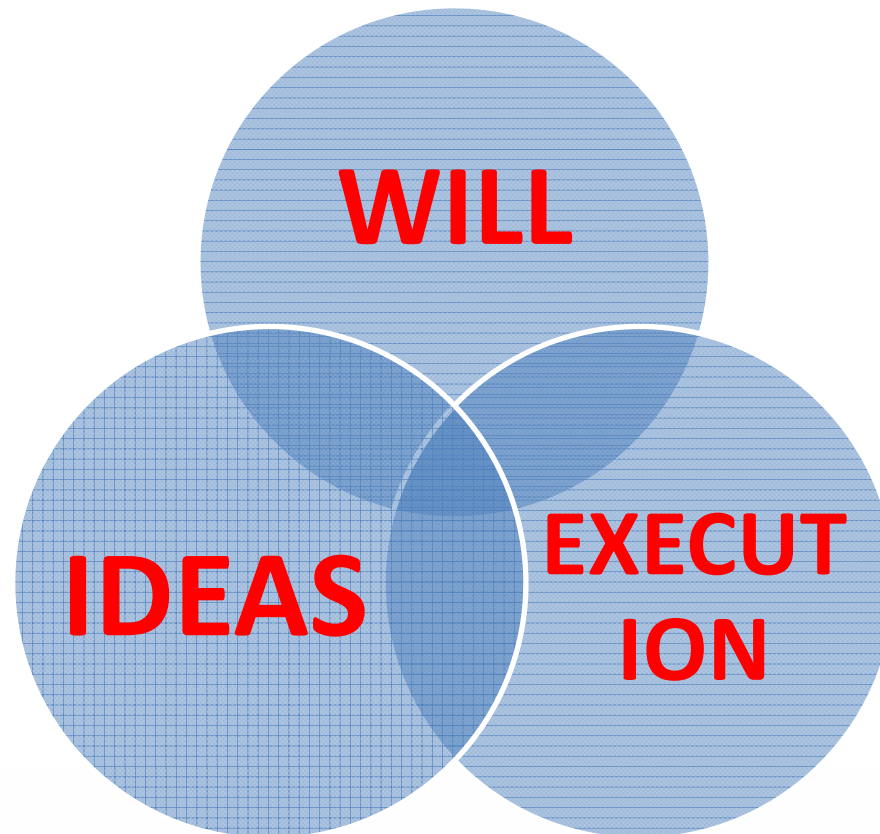
... the core space of every health system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them.

Frenk J, Chen L, Bhutta Z, et al. 2010. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *The Lancet* 376: 1923–58.



The Primary Drivers of Capacity Building

Having the *Will* (desire) to change the current state to one that is better



Developing *Ideas* that will contribute to making processes and outcome better

Having the capacity to apply QI theories, tools and techniques that enable the *Execution* of the ideas



A knowledgeable and skilled workforce occurs when:

- **a culture where quality and patient safety are top priorities**
- **consumer/patient partnerships occur at all levels to inform quality and safety improvement initiatives**
- **there is effective governance and leadership to improve quality and safety**
- **an appropriate infrastructure is in place to support, enhance and sustain capability in quality and safety.**

Approaches to building capability for improvement

**‘How many people,
at what level,
and in what sort of roles
do we need to effectively address
the quality and safety
improvement challenge?’**



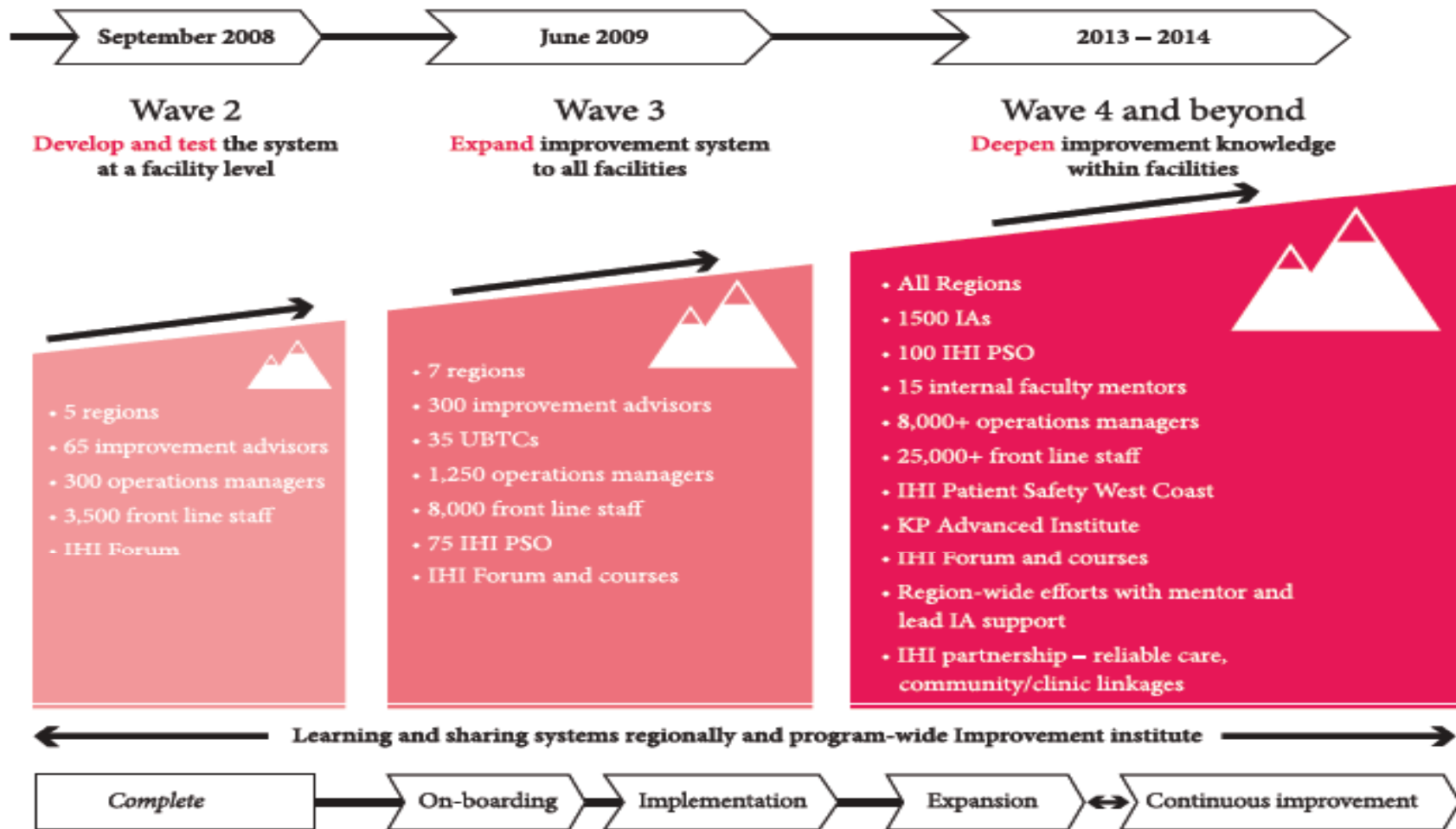
Building Capability

- **Internationally capability building a key strategy for improving the quality and safety of health care services.**
- **Scotland, Ireland, England and Wales have all developed and implemented programmes to strengthen the capability to improve health quality and patient safety within their services.**
- **Leading quality organisations like Kaiser Permanente have mature programmes**

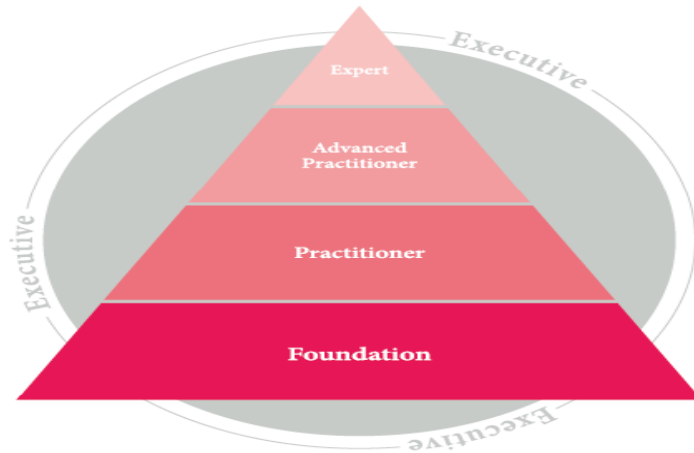


Kaiser Permanente

Waves of the Improvement Institute

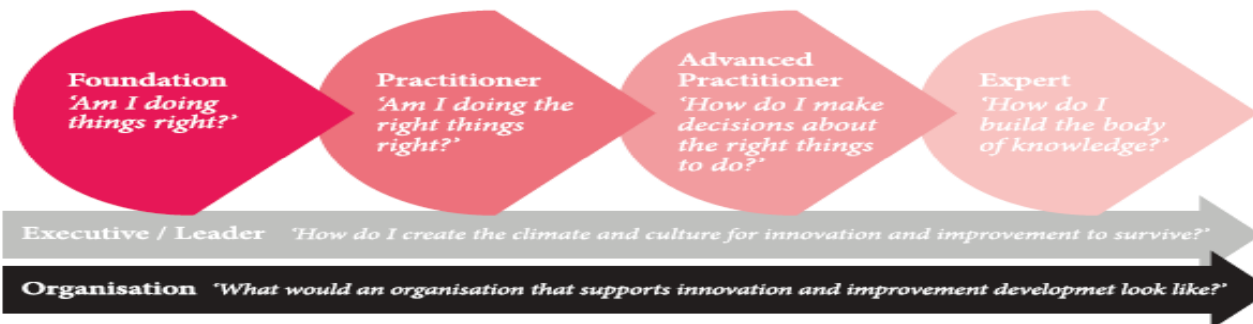


NHS Institute for Innovation and Improvement

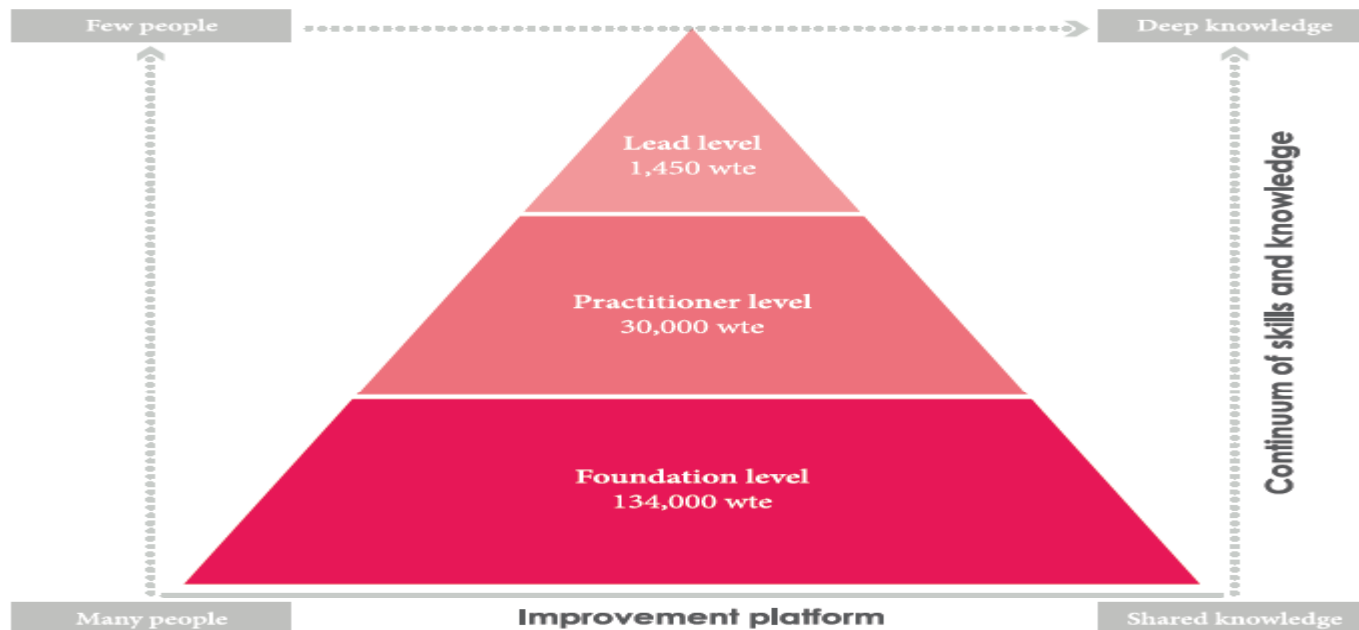


- **Foundation:** relates to all staff in order to develop an understanding and basic awareness of their personal responsibilities for continuous improvement of local services.
- **Practitioner:** relates to people in leadership and clinical roles who want and need to innovate and improve local services.

- **Advanced Practitioner:** relates to staff with improvement experience who will lead, coach and support others in service improvement initiatives within and across departmental and professional boundaries.
- **Expert:** relates to a limited group of staff whose reputation and credibility is recognised by their peers. They want to deepen their knowledge in one or more improvement topics through the practical application of theory in specific contexts.
- **Executive/ Leader:** relates to senior clinical and managerial leaders who want to build improvement expertise into their daily work and create the environment for improvement to thrive and be sustained.



NHS Scotland



Lead level: The Lead group represent an expert resource to promote quality improvement in health care settings, able to contribute to knowledge in the field and to lead, along with others, a culture of change and innovation throughout the health care organisation in which they work. Quality improvement leads should

Practitioner level: This level is applicable to a wide range of staff with different roles whose work should be informed by a clear understanding of the principles and practice of continuous improvement in health care. The Practitioner level reflects a leadership role in quality improvement. Practitioners are seen as role

Foundation Level: All staff working in health care settings should be encouraged to take a reflective approach in their role. This will be achieved by raising awareness of the principles that underpin quality and ensuring that everybody involved (and this should include the patient and carer) has an appropriate level of understanding of the significance of quality improvement and its part in service delivery. The Foundation

Virginia Mason

- 5,500 staff trained in fundamentals of the Virginia Mason Production System (VMPS)
- Educate, train and certify 100 leaders a year
- Select ‘cream of the crop’ future leaders to undertake 18 month course to earn a Kaizen Fellowship, do in-depth learning at VM and study at leading Lean organisations in Japan
- Maintain 150 certified leaders in VMPS
- 40 people whose sole job to support line management in implementing Kaizen and VMPS
- Note “ World –class Lean companies have between 1-5% of workforce in such activities, so we should have between 50 and 250”

Developing workforce capability and leadership for quality improvement:

- *offers an important platform for better sector quality and safety outcomes and a more systematic and*
- *predictable quality and safety response across the system.*



Building sector capability:

- **one of our strategic priorities to assist the sector to effect change.**
- **sustainably building the quality improvement capability of the future workforce**
- **supporting consumer/patient participation**
- **developing specialist roles in quality improvement science**
- **ensuring decision-making is based on data and evidence**
- **supporting governance boards to provide leadership that encourages a quality improvement and patient safety focus throughout the sector**



Some steps in our journey

- **Initial paper to Commission Board 2012**
- **External contractor report 2013**



Building Quality and Safety Capability in the New Zealand Health & Disability Services

M Rimmer

High People Capability

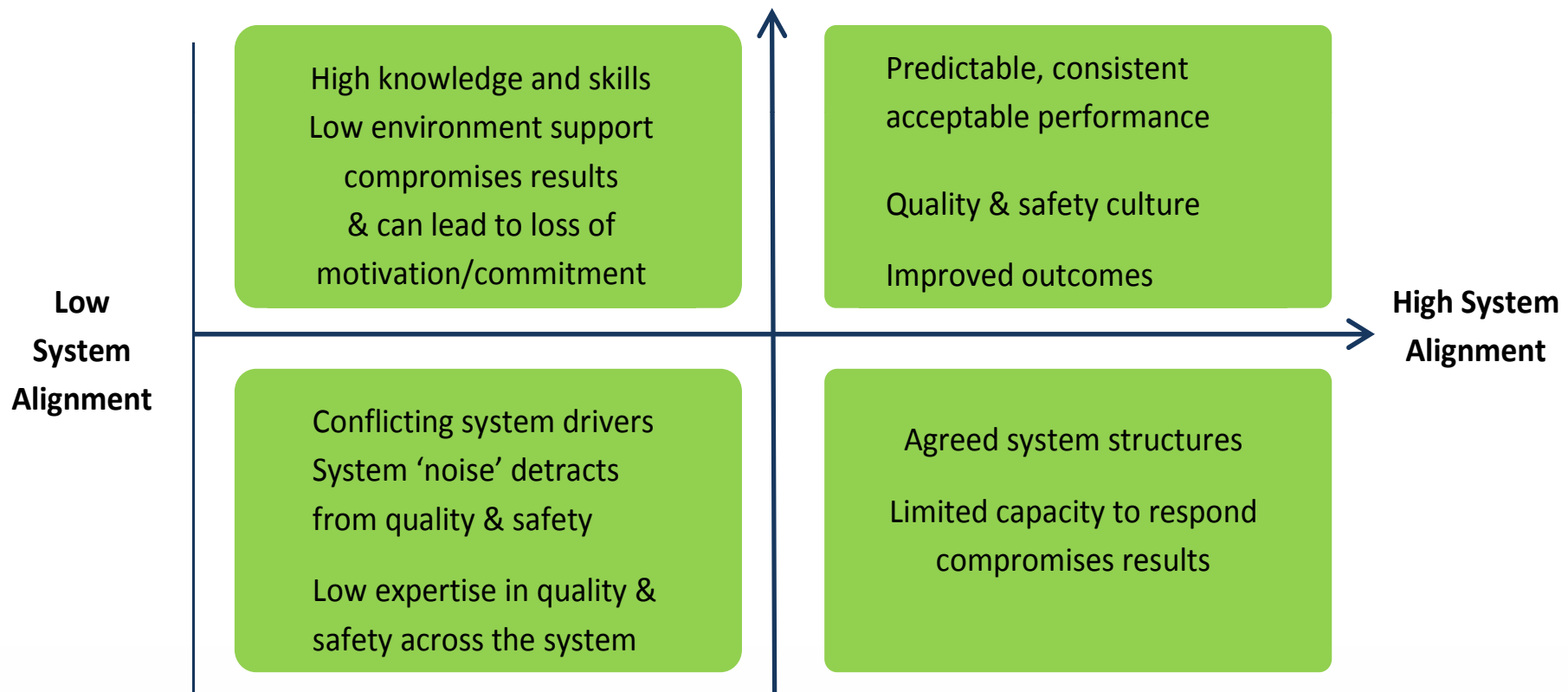
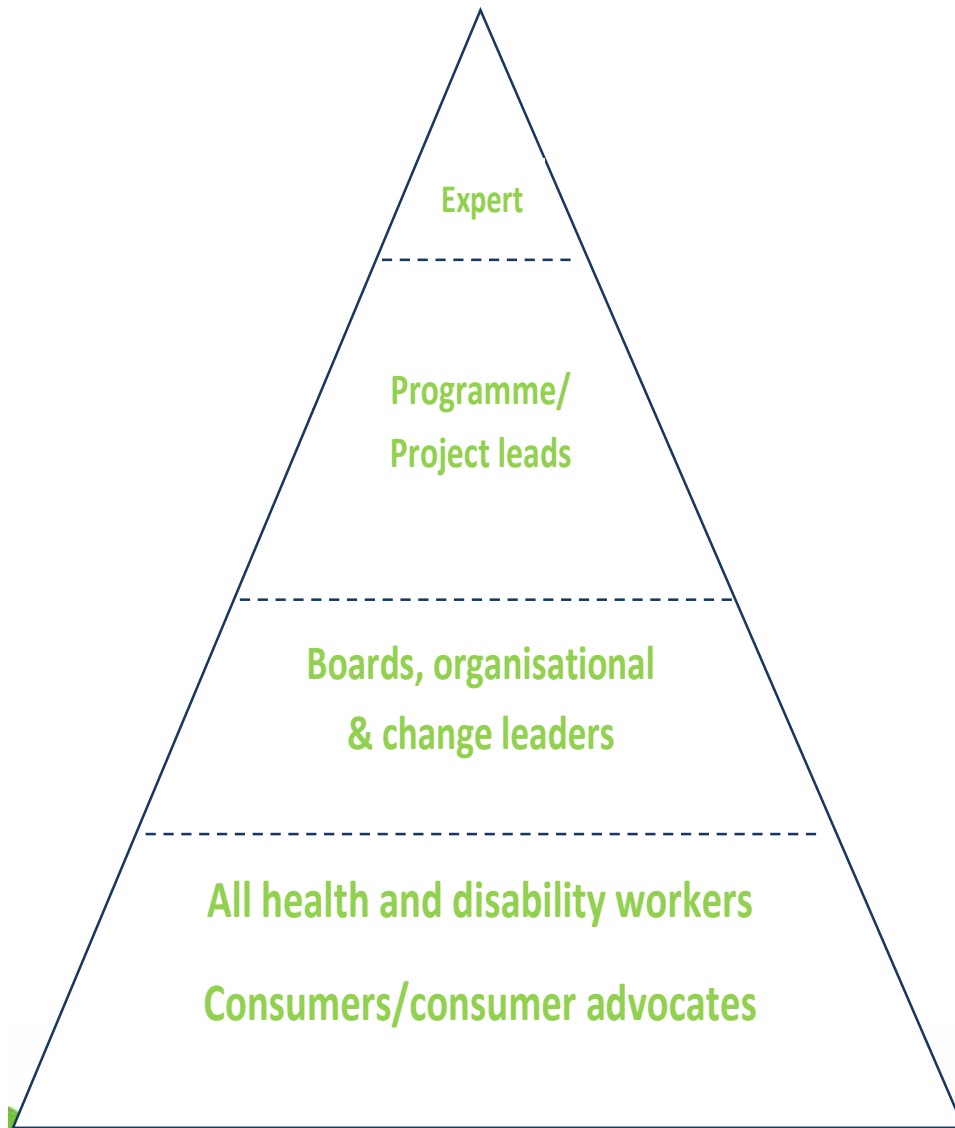


Figure 1: The capability dilemma



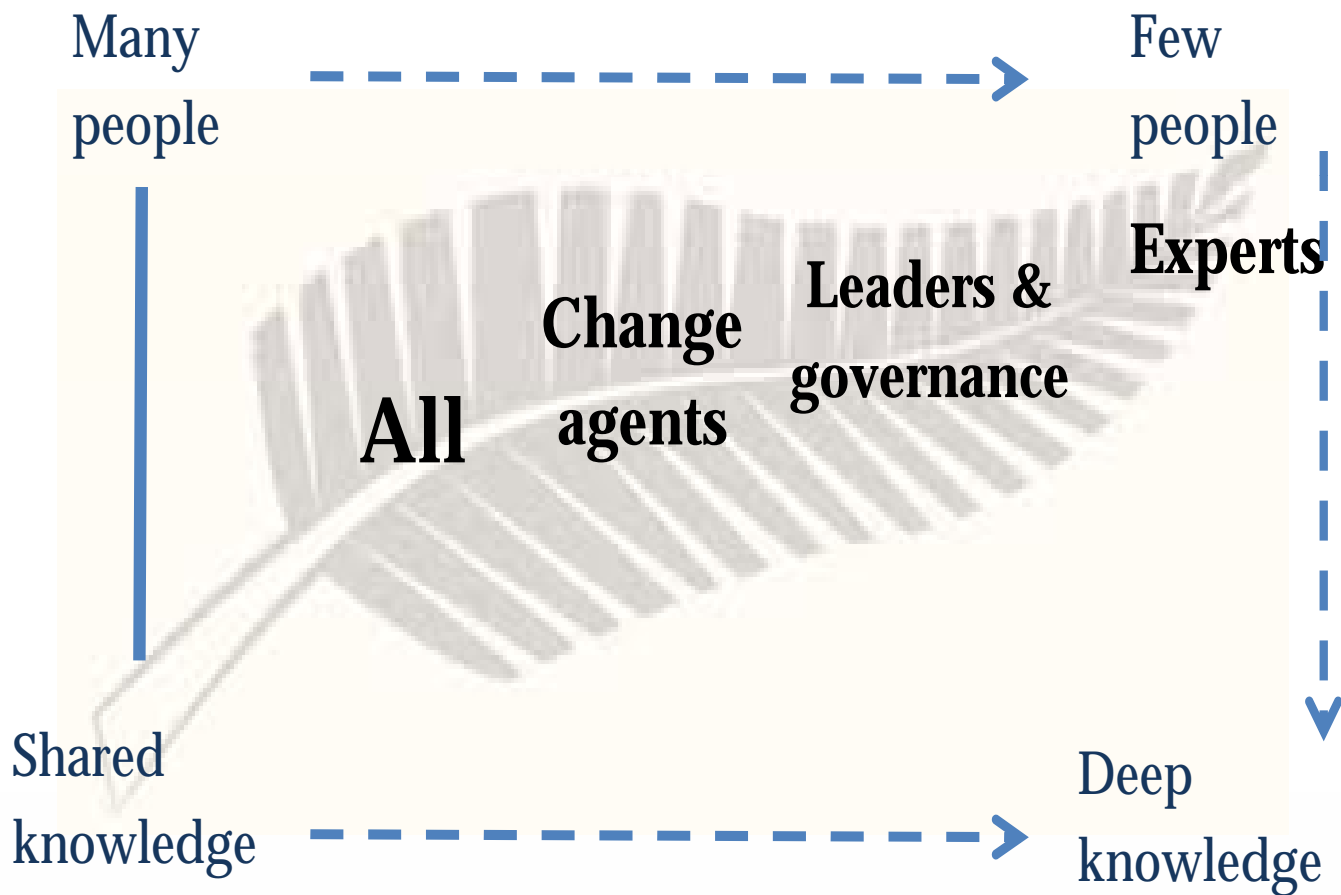
What	Role	How
Deep knowledge: improvement science, tools, techniques etc.	Sector resource for programmes/projects Mentors Teachers	National /international programmes
Knowledge & skills in improvement science, quality tools & methods Specific skills e.g. root cause analysis	Quality & safety improvement Sharing knowledge across health teams	Sponsored programmes – national/international Conferences /seminars Exposure in practice -learning by doing Just-in-time learning Organisational training & development
Organisational change frameworks, accountabilities, levers & strategies	Governance & leading quality and safety outcomes Creating a quality & safety environment	Generic leadership programmes Seminars /conferences
Basic principles, knowledge of quality processes & behaviours	Patient centred quality & safe services	Undergrad programmes Organisational induction /orientation Organisational training and development

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- **Board Committee 2013 -2014**

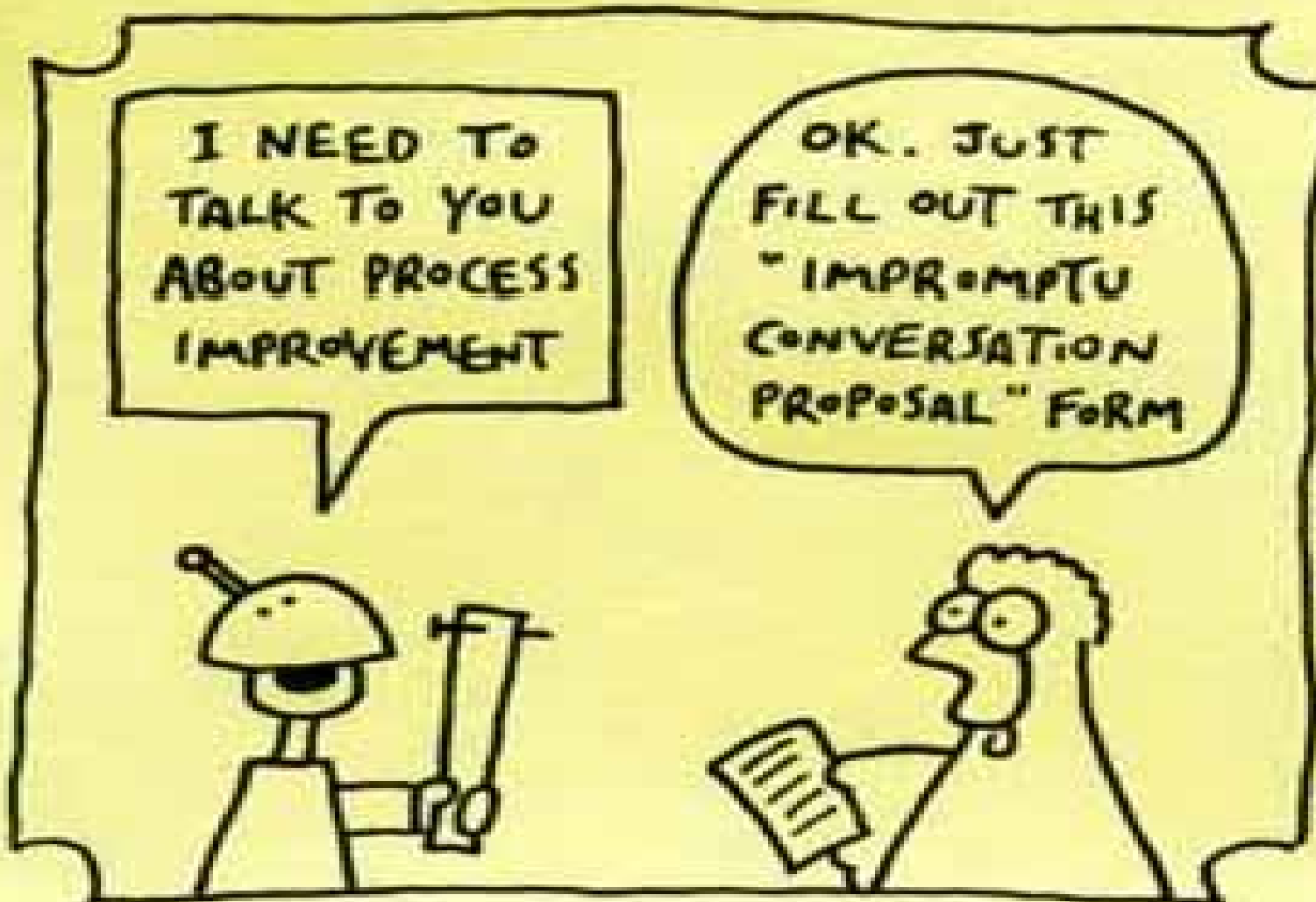


Board Committee



Savage Chickens

by Doug Savage



©2007 BY DOUG SAVAGE

Some steps in our journey

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- **Capability building through implementation of out programmes and patient safety campaign**
- **Capability Building Workshop September 2014**



Capability Building National Workshop

- **What is capability for quality improvement?**
- **What is embedded/assumed into all existing health practitioner pre-registration education and training programmes?**
- **What are key competencies for a continuous quality improvement environment across health?**



Results from national workshop

- a “framework” to guide employers, educationalists, the workforce planners, policy makers etc
- continue to focus on key priority issues and act as a “catalyst” or supporter of knowledge exchange/debate
- continue funding and sponsorship of education
- develop and deliver programmes to small DHBs or provider organisations
- development and implementation of strong ‘networks’
- development of a NZ College and fellowship programme

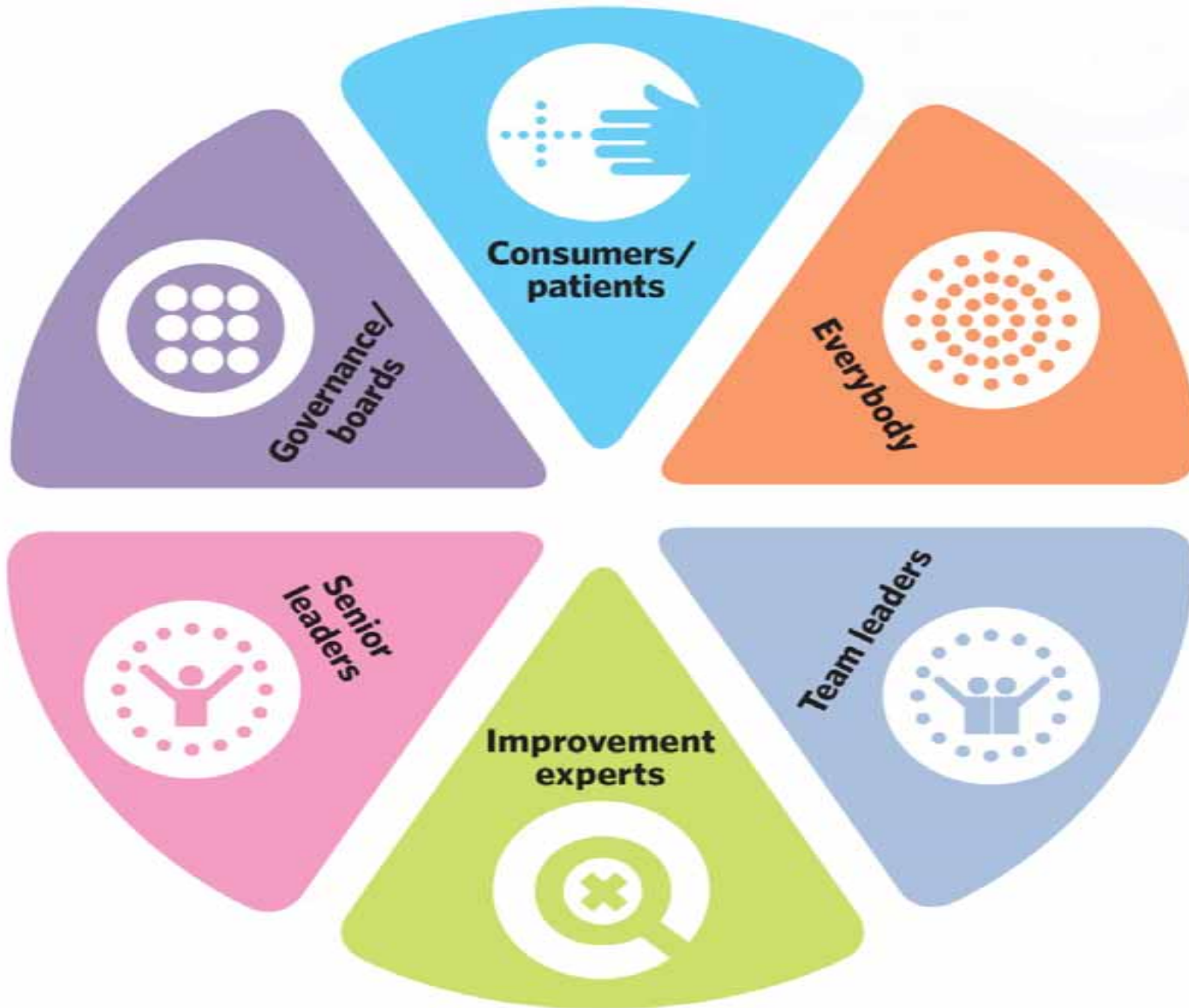


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- **First draft early 2015**
- **Several drafts later release October 2016**



From knowledge to action



Some steps in our journey

- **Initial paper to Commission Board 2012**
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NZ quality and safety capability framework

- **provides the basis for a common understanding of the knowledge, skills and underpinning values**
- **articulates core enablers and opportunities for consumers to develop them**
- **articulates expectations from frontline clinical and non-clinical staff to senior executive teams and board members**
- **informs the development of education programmes so there is a coherent approach to building capability in New Zealand.**



Six health care groups

- consumers/patients and their families
- everybody in the health and disability workforce
- operational, clinical and team leaders
- quality and safety experts
- senior and organisational leaders
- governance/boards

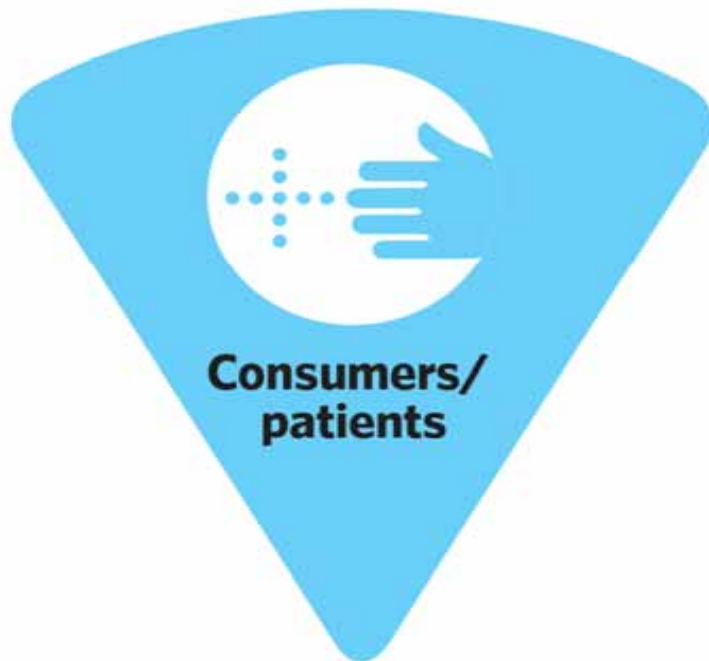
These apply equally across the primary, secondary and aged care sectors.

7 Domains



- 1. Partnerships with consumers/ patient families/ whānau**
- 2. Quality and safety culture**
- 3. Leadership for improvement and change**
- 4. Systems thinking**
- 5. Teamwork and communication**
- 6. Improvement and innovation**
- 7. Quality improvement and patient safety knowledge and skills**

Enabling consumers/patients and their families/whānau



For consumers/patients and their families/whānau to engage as active members of the health team, they need knowledge to be able to participate.





KNOWLEDGE OF

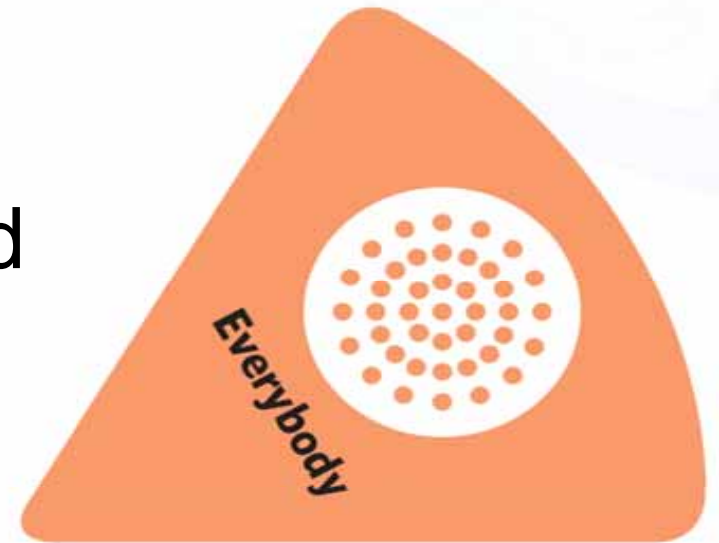
the importance of consumers/patients and their families/whānau forming partnerships with health care providers

ACTION

understand their right to be involved and participate in their care and treatment by expressing their preferences and asking questions to ensure their needs are met

Capabilities of everybody in the health and disability workforce

At this 'foundation' level, everyone needs to understand the importance of improving quality and safety in health care by reducing harm, waste and variation.



Quality & Safety Culture

KNOWLEDGE

the importance of identifying, recognising and reporting patient safety incidents and/or adverse events and near misses.

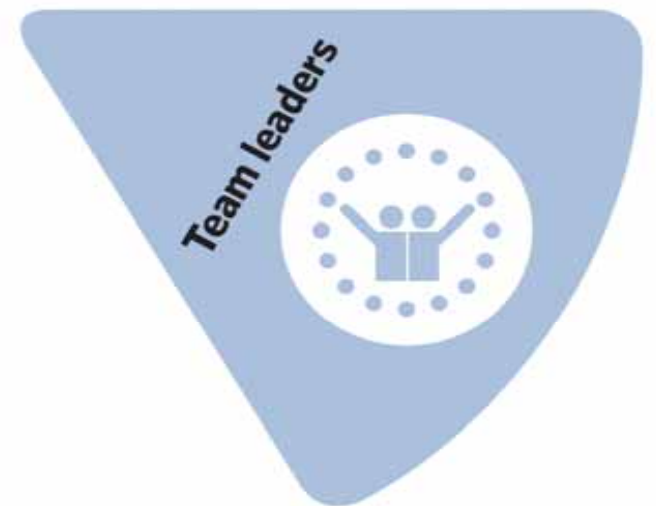
ACTION

recognise and report unsafe acts.



Operational, clinical and team leaders

Operational and clinical leaders are required to facilitate and lead change within teams and services. This identifies them as champions for quality and safety with a responsibility to foster innovative practices and creativity within team and service areas.





Leadership for improvement and change

KNOWLEDGE OF

current theory, practice and tools for change management

ACTION

assess the readiness and create the imperative for change

Quality and safety experts

Experts are those who have advanced expertise in the application of quality and safety methodologies and tools. They operate within organisations in a high-level advisory capacity, working both in dedicated quality improvement roles and in other capacities.



SECTION 4



Capabilities
of quality
and safety
experts



Partnerships with
consumers/patients &
their families/whānau



Quality &
safety culture



Leadership for
improvement
& change



Systems
thinking



Teamwork &
communication



Improvement
& innovation



Quality improvement
& patient safety
knowledge & skills

Improvement and innovation

KNOWLEDGE OF

the requirement for a broad range of metrics and measurement strategies to understand system performance and reliability

ACTION

set up and use a broad range of metrics to measure and monitor system performance and reliability

Senior and organisational leaders

A commitment to improving quality and safety is led by senior and organisational leaders. Leaders uphold and embody organisational values that enable staff to provide safe, consumer/patient-centred care.





Leadership for improvement and change

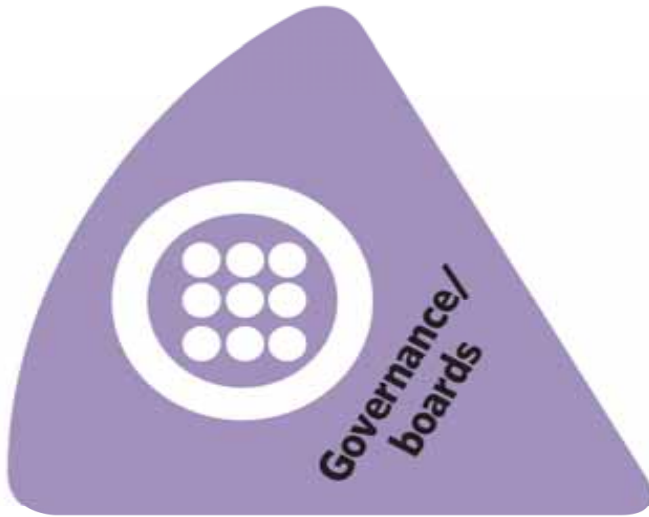
KNOWLEDGE OF

how to implement and sustain improvement consistent with the strategic plan

ACTION

communicate the organisational vision for change and create the imperative for change

Capabilities of governance/boards



Governance bodies lead the commitment to improving quality and safety by setting the strategic quality direction and goals. Responsibility for the governance of consumer centred, compassionate, quality clinical care sits with governors/board members.





Systems thinking

KNOWLEDGE OF

the health care system as complex and adaptive.

ACTION

ensure quality and safety is coordinated across organisational boundaries

“If you want to change the culture of an organisation, you don’t have to get everybody, but you do have to educate the square root of N”

W. Edwards Deming

Down load a copy:

<http://www.hqsc.govt.nz/our-programmes/other-topics/publications-and-resources/publication/2669/>

From knowledge to action

A framework for building quality and safety capability in the New Zealand health system



EDITION 1
OCTOBER 2016

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