



National Quality Improvement Programme

Report to Ministry of Health

Annual Report

October 2008

Purpose

The Crown Funding Agreements for the four DHB led programmes requires that an Annual report be submitted to the Ministry each October. This report presents the individual annual reports for 2008 from the four DHB led Programmes that come under the National Quality Improvement Programme. This report also gives an overall summary of activity for the programme so far in 2008.

Background

In 2007 the Quality Improvement Ministerial Committee put five business cases to the Minister of Health for his consideration. The Minister approved the initiatives and funding of over \$25m was found to develop and implement these five initiatives. Four of these initiatives have been devolved to the DHBs to develop and implement and one to the Ministry.

The Minister asked that a DHB CEO champion each of the four DHB led programmes. These became the four lead DHBs, each managing a particular programme.

The Minister also made it clear in his 2007 Letter of Expectation that all 21 DHBs were responsible for the delivery of the programmes. To ensure collective delivery occurs a National Steering Group has been established.

Four DHB CEOs and Margie Apa, DDG Sector Improvement and Innovation, Ministry of Health, make up the group.

The National Steering Group members are:

- Chai Chuah, HVDHB (Chair)
- Geraint Martin, CMDHB
- Garry Smith , ADHB
- John Peters, Lead CEO for Value for Money
- Margie Apa, DDG, Sector Improvement and Innovation, Ministry of Health

Five Programmes

The five NQIP programmes and their lead CEOs are:

- **Optimising the Patient Journey**, Geraint Martin
- **Infection Prevention and Control**, Garry Smith
- **National Healthcare Incident Management**, Craig Climo
- **Safe Medication Management**, Chai Chuah
- **National Mortality Review Committees Review**, Ministry of Health

Visit www.qic.health.govt.nz for their project scopes.

This annual report applies to the four DHB led projects as set out in their Crown Funding Agreement Variations May 2008.

Summary of Activity

National Programme Level

The DHB CEO Group considered two papers in November 2007 and February 2008 that established the governance structures and parameters across the four DHB led programmes. The February paper also established the National Steering Group to be accountable to the DHB CEOs Group for the delivery of the programme. The Ministry decided to use the same governance and reporting structures for their programme and is also represented on the National Steering Group.

This Group has led the development of reporting processes, communications framework (particularly how the programme interacts with DHBs and websites) and how the five programmes under the National Quality Improvement Programme work together to ensure duplication is minimised and synergies maximised.

Some programmes such as the National Healthcare Incident Management were well established and able to move through the set up phase quickly. Others took a little longer to get through the establishment phase; but all have been up and running since July.

The following paragraphs highlights the main outputs the programmes have achieved to date.

Optimising the Patient Journey

The team had its first Collaborative Learning Event in Auckland 27-28th August. This was well attended by DHBs.

The Programme Team is currently working with the following DHBs to set up their pilot sites:

- Northern
- Waitemata
- Auckland
- Waikato
- Hawke's Bay
- MidCentral
- Hutt Valley
- Nelson Marlborough
- Canterbury
- Otago

For more information visit:

www.patientjourney.org.nz.

Infection Prevention and Control

The team has finalised the revised Hand Hygiene Guidelines and supporting materials for DHBs to use. The campaign will be rolled out in two stages beginning with a group of DHBs in October. The team is in the final stages of identifying the first group of test sites. The second rollout phase will start in February 2009.

A website is under construction and should be available by early October.

National Healthcare Incident Management

The team has finalised the draft NZ Healthcare Incident Management policy. This will be delivered to the Ministry for finalising early October.

DHB training on incident management training and education begins in October. All 21 DHBs will have a 2 ½ day education and training programme. This will provide an overview on incident management, human factors, open disclosure, root cause analysis and different methods of investigating for various levels of severity.

For more information visit: <http://nzsip.comuniogroup.com>.

Safe Medication Management

The eight sub projects have been logically clustered - each with a working group made up of pharmacists, , consumers, IT personnel, managers and clinicians. These representatives have been nominated from across the 4 regional DHBs.

The four clusters are:

- Standardised medication chart AND Introduction of e-medication record, e-prescribing or clinician point of entry system
- Standardised hospital medicine information systems AND Link all information systems connected with medicine management
- Package pharmaceuticals at unit dose with barcodes on wrappers or labels AND Introduce bedside verification Medicine reconciliation
- Education and training, and auditing and monitoring, will be an integral part of each cluster.

For more information visit: www.safemedication.org.nz.

Programme Reports

Set out below are the individual reports from the four DHB led programmes:

- 1 Optimising the Patient Journey
- 2 Infection Prevention and Control
- 3 National Healthcare Incident Management
- 4 Safe Medication Management

1. Optimising the Patient Journey Programme

Summary

The Launch event for this Collaborative was on 1st July 2008. On the 7th July the National Programme Leader was appointed and subsequently the Data Analyst and the Administrative Support positions have also been appointed to. The Steering Group has agreed their Terms of Reference and appointed two Consumer Representatives to the group. The first Collaborative Learning Event (CLE) was held on the 27th and 28th August 2008, with excellent engagement from 20 of the 21 District Health Boards.

Other key achievements have included the commencement of the roll out of the KM&T Whai Manaaki Programme in 6 of the DHBs and engagement of 20 DHBs Optimising the Patient Journey projects. Visits have been conducted to 9 of the pilot sites and planned visits to the rest of the DHBs to be completed by the end of November. Guidelines have been developed for both the Whai Manaaki Programme and the National Collaborative, outlining the methodology and expectations of the programme. The first Newsletter has been completed and the Website is up and running.

Milestones	Progress against deliverables and timeframes / Project completion reports
Commence Phase 1 in June 2008 followed by 2 day learning Collaboratives every 3 months	The Launch was held in July 2008 and CLE s commenced in August 2008, and planned for every 3 months.
Launch Phase 2 in February 2009	Planning meetings will be held in November to agree the roll out methodology and to ensure that the launch of Phase 2 will commence in February 2009

Expenditure against Budgets (Commencing July 08)				
Item	Expenditure to Date	Budget for 2008	Variance	Notes/Comments
Salaries	\$39,166.64	\$48,333.33	\$9,166.69	
Travel	\$13,524.35	\$8,333.33	-\$5,191.02	Travel expenses to launch the Programme were under estimated, but are likely to reduce, as Regional meetings take the place of one on one site visits.
CLE	\$22,000.00	\$20,000.00	-\$2,000.00	There were 106 attendees at the event as opposed to an initial planned 50 attendees
Total	\$135,165.98	\$185,842.30	\$50,676.32	Spending to date has been within budget
Overall Total	07/08 \$153,000.00 08/09 \$135,165.98 Total \$288,165.98	07/08 \$640,00.00 08/09 \$830,000.00 Total \$1 470000.00	\$487 000.00 -\$409,000.00 \$78 000	The balance brought forward from the 07/08 budget has largely been absorbed by adding two pilot sites to the Programme- at a total cost each of \$75,000. The variance of \$409 000 is accounting for an anticipated total cost of \$1,239000.00 to include additional sites and additional participation at the CLE s

2. Infection Prevention and Control Programme

Summary
The Programme is on track. The hand hygiene project has been the primary focus of work to date, but initial planning and information-gathering for the catheter-related bloodstream infection project is also well underway. The hand hygiene project guideline publication, supporting resources and website are all developed; and the stage 1 rollout of the national hand hygiene campaign will commence in mid-October 2008. All 21 DHBs have responded to a request for a contact person for the project.

Milestones	Progress against deliverables and timeframes / Project completion reports
Submit the Project Scope and the Implementation Plans to the National Steering Group for its sign off.	Completed. Subsequent update of project scope and implementation document has also been submitted and signed off in accordance with the procedure approved by the National Steering Group.
<i>Hand Hygiene Work Stream</i>	
By 31 May 2008: establish a work stream steering group; appoint a work stream manager; appoint a work stream team;	Completed
By 31 July 2008: <ul style="list-style-type: none"> ▪ review the World Health Organisation Guidelines on Hand Hygiene and, in consultation with key stakeholders in the health sector, revise so that they are 	Completed - in accordance with the revised approach in the approved update of the project scope and implementation document. In summary, accepting the results of several

<p>specific to New Zealand (“New Zealand Guidelines on Hand Hygiene”);</p> <ul style="list-style-type: none"> ▪ submit the New Zealand Guidelines on Hand Hygiene to the National Steering Group for approval; ▪ develop a design to pilot the New Zealand Guidelines on Hand Hygiene that aligns with World Health Organisation Guidelines on Hand Hygiene; ▪ submit the design to pilot the New Zealand Guidelines on Hand Hygiene to the National Steering Group for approval. 	<p>years of piloting of the WHO ‘5 moments’ approach in Victoria, Australia, adapting the Australian guidelines for use in New Zealand and initiating a two-stage rollout of a national hand hygiene campaign (see also comments on the following milestone).</p>
<p>By 28 February 2009:</p> <ul style="list-style-type: none"> ▪ define all participants in the World Health Organisation High 5s Action on Safety Programme and their roles; ▪ pilot the New Zealand Guidelines on Hand Hygiene, in accordance with the design approved by the National Steering Group; ▪ evaluate the pilot and revise the New Zealand Guidelines on Hand Hygiene if necessary; ▪ submit any revised New Zealand Guidelines on Hand Hygiene to the National Steering Group for approval; ▪ Develop a National Hand Hygiene Campaign incorporating the revised New Zealand Guidelines on Hand Hygiene. 	<p>In progress. Stage 1 rollout of the national hand hygiene campaign will commence in mid-October 2008 with an introductory seminar for the stage 1 DHBs (Auckland, Tairāwhiti and Waikato) and other DHBs that wish to attend. The guideline publication, supporting resources and website are all developed. All 21 DHBs have responded to a request to nominate a contact person for the project. Stage 2 rollout will formally commence in mid-February 2009, however, some DHBs are clearly eager to make an earlier start (eg, by attending the October 2008 seminar).</p>
<p>By 30 June 2009:</p> <p>Implement a national campaign to promote the New Zealand Guidelines on Hand Hygiene in all DHBs, noting that all implementation costs are to be the responsibility of each individual DHB.</p>	<p>In progress (see comments above).</p>
<p><i>Catheter-related Bloodstream Infection Work Stream</i></p>	

<p>By 31 May 2008:</p> <ul style="list-style-type: none"> ▪ establish a work stream steering group; ▪ appoint a work stream manager; ▪ appoint a work stream team; 	<p>Completed</p>
<p>By 31 December 2008:</p> <ul style="list-style-type: none"> ▪ develop draft BSI Guidelines; ▪ consult with all DHBs and other key stakeholders in the health sector on the BSI Guidelines; ▪ redraft the BSI Guidelines to reflect issues arising as a result of consultation where necessary; ▪ disseminate the revised BSI Guidelines to all DHBs and key stakeholders for feedback; ▪ finalise the revised BSI Guidelines for piloting; ▪ develop a design to pilot the BSI Guidelines; ▪ submit the design to pilot the BSI Guidelines to the National Steering Group for approval. 	<p>In progress. Background information gathering has been completed (eg, collating international literature, identifying key DHB contacts and identifying current DHB protocols and policies).</p>
<p>By 30 June 2009:</p> <ul style="list-style-type: none"> ▪ pilot the BSI Guidelines; ▪ evaluate the pilot and revise the BSI Guidelines if necessary; ▪ consult with DHBs & other key stakeholders in the health sector on the revised 	<p>Future activity.</p>

BSI Guidelines.	
<p>By 31 December 2009:</p> <p>finalise the revised BSI Guidelines and submit the final BSI Guidelines for approval by the National Steering Group;</p> <p>publish the final BSI Guidelines;</p> <p>disseminate the final BSI Guidelines to all DHBs.</p>	Future activity.
<i>Surgical and Procedural Site Infection Surveillance Work Stream</i>	
<p>By 31 December 2008:</p> <p>establish a work stream steering group;</p> <p>appoint a work stream manager;</p> <p>appoint a work stream team;</p>	In progress.
<p>By 30 June 2009:</p> <p>identify groups & individuals to provide advice to a review of current systems for surveillance of procedural and surgical site infections (“Review”);</p> <p>consult with all DHBs and other key stakeholders in the health sector on the Review and Recommendations;</p> <p>document existing definitions & processes in the Review;</p> <p>document gaps in the existing definitions and processes in the Review.</p>	Future activity
<p>By 31 December 2009:</p> <p>develop and document Recommendations for implementing a national surveillance system of procedural and surgical site infections (“Recommendations”) which includes a cost benefit analysis;</p>	Future activity

Consult with key stakeholders over the Recommendations; Identify & recommend information technology systems required to implement a national surveillance system in accordance with the Recommendations.	
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Expenditure against Budgets				
Item	Expenditure (up to August 2008)	Budget (up to August 2008)	Variance	Notes/Comments
<i>Hand Hygiene Work Stream</i>				
Project management	\$36,000	\$40,000	-\$4,000	Variance due to slight delay in finalising appointment of project manager. Lost time has been made up subsequently.
Infection control specialist	\$6,668	\$6,668	\$0	
Communications (advice)	\$8,832	\$10,500	\$1,168	Variance within the expected range of the original estimate.
Overheads and materials (incl website, data work and training events)	\$0	\$23,125	-\$23,125	Variance due to delay in invoicing from suppliers and/or events now occurring slightly later than planned
Hand Hygiene Totals	\$52,000	\$80,293	-\$28,293	See comments above
<i>Catheter-related Bloodstream Infection Work Stream</i>	Nil	Nil	Nil	Expenditure is not programmed to commence until after August 2008
<i>Surgical and Procedural Site Infection Surveillance Work Stream</i>	Nil	Nil	Nil	Expenditure is not programmed to commence until after August 2008

3. National Healthcare Incident Management Programme

Summary

Workstream 1-National Policy Development

The draft policy was disseminated for consultation for a period of two and a half months. 83 responses were provided. The feedback was analysed and the report on consultation feedback was developed and uploaded to the project website on 3rd September. The link has been widely disseminated. 31 key points arising from the consultation were discussed by the Project Steering Group for the purpose of reconciling areas of tension highlighted in the feedback and to confirm the changes to be made in the revised policy. An HDC-facilitated consumer forum on 9 September involved 7 participants, all of whom had been affected by healthcare incidents in the past, to provide consumer input into the policy and related workstreams.

The policy has been provided to the National Steering Committee, with the recommendation *inter alia* that implementation commences with the policy as a working draft for a period no less than 9 months.

Workstream 2- Education and Training

The curriculum for training has been agreed, content developed and participant manuals and other resource materials are being printing. Pre visits to District Health Boards have been arranged. Training dates for all DHBs have been set. NQIP RCA flipcharts have been developed to suit the programme and are with the printers. An information paper was prepared and submitted to the the Council of Medical Colleges for their consideration of the allocation of CPD points for attendance at the training and participation in the RCA investigation process. Dr Anne Kolbe, from the project team attended the CMC meeting to discuss this with them.

Workstream 3- Information System Specifications

Information gathering has commenced on this workstream and several people have registered their interest in participating in the consultation. The CIOs forum have provided advice on the project method to the Project Director.

Workstream 4- Project Management

National teleconferences with the Project Coordinators continue monthly.

Workstream 5- Communications

The communication s plan is implemented continuously through national forums eg CMOs, CIOs, DoNs and Q&R Managers. Bimonthly newsletter,

website and DHB visits and presentations.

CFA Milestones	Progress against deliverables and timeframes / Project completion reports
Branding and brochure (WS5)	Completed 01.06.08
IS system identification plan (WS3)	Completed 31.07.08
Draft curriculum completed (WS2)	Completed 31.07.08
Final draft of policy (WS 1)	Working draft completed and provided to the Ministry 26.09.08
Produce training materials (WS 2)	Training materials finalise and sent to print 26.09.08
Pre-training visits in remaining 4 DHBs being trained this year (WS2)	Pre-training visits arranged and faculty members informed.
Flash file recordings from project launch (WS5)	Liaise with Vidcom to record selected statements from the launch into flash file media. (30.09.08)
Attendance at key stakeholder group meetings (WS5)	To push and pull information about the programme to key stakeholders by attending, where possible, one of their national meetings, including the QIC. (17.10.08)

Expenditure against Budgets				
Item	Expenditure to Date	Budget	Variance	Notes/Comments
Workstream 1 Policy including Project management, disbursements and	\$328,000	\$402,000	\$74,000	

communications				
Workstream 2 Education and Training including Project management, disbursements and communications	\$334,670	\$644,500	nil	
Workstream 3 Information System including Project management, disbursements and communications	Nil	\$108,000		

4. Safe Medication Management

Summary

The Safe Medication Management (SMM) Programme is tracking well against the timeframes and deliverables and the SMM team has the required expertise on the team to move the programme forward. All deliverables have been met for the first and second quarters of 2008 (April to September).

Key highlights are:

The establishment phase has been completed that includes a scope, framework and architectural plan.

A high level roadmap has been designed to meet the timeframes of the CFA.

The SMM Programme was launched on 1 July 2008.

Working groups have been established for the four clusters of sub projects with representation from the 4 Regional DHB groups. Clinicians, pharmacists, quality, operational and quality persons are involved. There is representation from all 21 DHBs on these working groups.

A communications strategy and plan has been developed and implemented.

A SMM Programme website is up and running.

Pilot Site criteria have been finalised.

A newsletter is sent out two monthly to all key stakeholders.

Clinical process for prescribing, dispensing, administering and reviewing is being undertaken by Project Managers at different sized DHBs.

Work on the Foundation Blocks includes:

SMM Steering Group appointed to provide support and leadership to the SMM team and will monitor the delivery of the CFA.

A Clinical Leadership Group is being facilitated by SQUM

Legislation - The DHB General Counsel Group has been approached and will work with the team to gain a medico legal perspective on some of the legislation issues that may arise as the programme develops e.g. e-prescribing

There is consumer representation and cultural representation on the SMM Steering Group.

Work is currently underway to address the need for a “common language” for the health and disability sector e.g. Universal Medicines List, abbreviations, messaging

A sector stakeholder work-stream is responsible for engaging with key stakeholders at Board and senior management level to ensure buy-in and commitment to the SMM Programme

A process is being developed for how the SMM Programme will be evaluated.

The importance of the programme being clinician lead is critical to the success of the programme so training and support of staff is a sub project that will be an integral part of each cluster of sub projects.

Milestones (as per CFA)	Progress against deliverables and timeframes
Establish the programme framework for the overall programme. Include: <ul style="list-style-type: none"> ▪ Steering Group ▪ Programme Lead ▪ Project team 	Completed
Develop high-level programme scope to be agreed by the joint DHBs/MoH steering groups. Include: <ul style="list-style-type: none"> ▪ Identify work streams ▪ Budget allocations ▪ Timelines 	Completed
Develop a project scope and	Completed

<p>implementation plan for the Standardised Medication Chart.</p> <p>Include:</p> <ul style="list-style-type: none"> ▪ Budget allocations ▪ Milestones ▪ Timeframes 	
<p>Establish the project framework for the Standardised Medication Chart. Include:</p> <ul style="list-style-type: none"> ▪ Working group ▪ Project management ▪ Project team 	Completed
<p>Develop a detailed project scope and implementation plan for:</p> <ul style="list-style-type: none"> ▪ E medication record, e-prescribing ▪ Medicine reconciliation ▪ Standardised hospital medicine information systems ▪ Link information systems connected with medicine management ▪ Unit dose packaging ▪ Bedside verification 	Completed

<p>All to include:</p> <ul style="list-style-type: none"> ▪ Budget allocations ▪ Milestones and timeframes 	
<p>For the Standardised Medication Chart:</p> <ul style="list-style-type: none"> ▪ Appoint project manager ▪ Establish Steering Group ▪ Review work undertaken by SQUM and identify gaps ▪ Develop processes and timeframes to achieve DHB buy-in (clinical and management) 	<p>Completed</p>
<p>Timeframe December 2008</p>	
<p>For the Standardise Medication Chart complete the following:</p> <ul style="list-style-type: none"> ▪ Review outcomes of trial sites ▪ Draft final chart with revisions if required ▪ Consultation on final draft chart ▪ Establish an ongoing national evaluation and review process for the standardised chart 	<p>Decision of the SMM Steering Group to have a standards based chart.</p> <p>Working Group established to develop documentation, guidelines and processes for discussion and consultation. Group members gone back to their DHB with information for consultation with their peers.</p> <p>First meeting held 3 Sept 08.</p> <p>Consultation has occurred with SQUM and is ongoing.</p> <p>Consideration being given to the Clinical Leadership Group being the national governing body responsible for reviewing standards and processes.</p>
<p>Unit dose packaging</p>	<p>Investigation/research underway around pathway/barriers to introduce unit dose packaging.</p>

Investigate pathway/barriers to introduce unit dose packaging	
Initiate Medicine Reconciliation Accurate collection of information on medication history of the consumer must be able to be accessed by those involved in the consumer's care	All DHB key contacts have been confirmed and contacted. Project Manager landscaping what each DHB has done around Medicine Reconciliation. Literature review happening

Expenditure against Budgets				
Item	Expenditure to Date (31/8/08)	Budget for 2008 (31/8/08)	Variance	Notes/Comments
Programme steering & staffing	68,000	82,000	14,000	Small variance due to timings of getting fully staffed
Programme communication & publications	0	16,000	16,000	Timing issue
Sector workshop, forums, launch	25,000	46,000	21,000	Timing Issue. Main expense to date has been the launch of the overall programme in July.
Programme framework & roadmap	0	8,000	8,000	Timing issue
Direct Project expenditure	0	348,000	348,000	Timing issue

Total Expenditure	93,000	500,000	407,000	YTD expenditure is on track with budget. Apart from staffing costs, major expenditure incurred is related to the development of the Safe Medication Management Programme website. We will reforecast our budget numbers shortly to better reflect anticipated expenditure.
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