



Kupu Taurangi Hauora o Aotearoa – Health Quality & Safety Commission: Briefing to the incoming Minister

The Health Quality & Safety Commission (the Commission) is your only focused national quality and safety agency working with clinicians, providers and consumers to provide safe, equitable, high-quality health and disability services.

This briefing covers our value to the country and to you, our Minister, the quality and safety challenges faced by our health and disability system today and the solutions we are working on. We also discuss our work and how we can support your leadership to strengthen the quality and safety of our system.

The Commission gathers, analyses and reports on data and information from across the health and disability system, detailing the equity, quality and safety of services. We partner with change makers to improve health services. From aged residential care, to GP practices and primary care, to operating theatres and hospitals, to DHBs; we guide practice and change in ways that are measurable and reportable.

The Commission is the central trusted hub for sharing and understanding data and experiences, and improving care together.

An example of the Commission's work in action: COVID-19

Earlier this year, the Commission responded rapidly and innovatively to the challenges of COVID-19, refocusing our work to help the health and disability sector.

We refreshed and expanded resources on infection prevention and control, and developed shared decision-making resources to support conversations between clinicians and consumers and whānau. We provided a central web-based resource hub for clinicians delivering care for patients with COVID-19, with access to online resources and webinars on keeping well and safe. We worked alongside aged residential care to support infection prevention and control.

We conducted a national patient experience survey of access to and experience of care during the initial COVID-19 period. This survey was large enough to enable local level responses and had a specifically tailored pro-equity design. We continue to collect and share innovations in Māori and Pacific communities and health services.

We have built a forecasting tool for analysing the impacts of COVID-19 on different population and patient groups across DHBs. This tool will help DHBs with planning, so they are better equipped to meet the needs of their communities during the COVID-19 recovery.

This work shows New Zealanders you are actively encouraging innovation and planning for a safe and equitable post-COVID health and disability system.

Our value to New Zealand

For the New Zealand health and disability system, our work means greater health equity, fewer people harmed, more lives saved, and financial savings that can be reapplied to care for New Zealanders. Across the sector, the Commission's work provides the following.

Improved capability	Improved consumer engagement and participation	System improvements	Reduced harms
Reduced infection rates	Reduced mortality	Savings in avoided costs to the health system	Value in additional years of life gained

Commission-led or supported projects have resulted in the near-elimination of widespread and often fatal central line-associated bloodstream infections occurring in intensive care units nationwide.ⁱ Between 2012 and 2016, 260 infections were prevented, resulting in direct savings of \$5.2m to the health system and \$106m of value in additional years of healthy life to patients.ⁱⁱ

We achieved a world-first national reduction in hospital falls leading to a broken hip – a common and difficult to address problem in secondary care – reported on in the BMJ.ⁱⁱⁱ Our safe surgery programme has prevented more than 350 cases of deep vein thrombosis leading to pulmonary embolism – providing savings of \$7.4m in hospital care, and \$38.3m in additional years of healthy life for New Zealanders. Our work in surgical site infections after orthopaedic and cardiac surgeries have seen them reduce by a quarter, eliminating inequity, and saving \$5.5m and \$12.4m of healthy life.

Twice yearly we publish the results of our improvement work – *Open4Results*. The latest *Open4Results* describes savings for the health system of \$95.3m and gains of \$90.3m of value in healthy years of life for New Zealanders.^{iv} See <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/open4results/>

Our value to you

We are your go-to advisor for health quality intelligence, insight and concerns. We want to provide you with trusted advice, guidance and support as we work toward a better, safer, more equitable system.

In the ten years since its inception, the Commission has built extensive networks. Our in-house intelligence and expertise is supplemented by our close connections with the New Zealand health sector. This includes leading academics, clinicians and thinkers across specialties and disciplines nationally and internationally. You can draw rapidly on our impartial, unbiased knowledge.

Our history of success in working closely with the sector to facilitate measurable improvement is well-recognised. As shown by the 2020 Health and Disability System Review, the sector values and trusts the Commission's work.^v

The Commission has knowledge, experience and expertise about the health and disability sector. On pages 9 and 10 we talk more about how we can support your leadership.

Our expertise includes:

- extensive health and disability system knowledge
- consumer engagement and co-design
- understanding of internationally recognised quality improvement methods
- advanced measurement and analytics, including variation analysis
- building capability for quality improvement and patient safety
- assisting building clinical governance systems.

We can advise you on all of these.

What we do

Our mission is to 'Involve. Inform. Influence. Improve.'

INVOLVE

Involving people in our work is essential. We work with those who can influence change including government, clinicians, providers, consumers and whānau, and tangata whenua in Te Tiriti partnerships and the wider community.

INFORM

We work to inform those who can influence the quality of services, and gather information from them. We share knowledge and to make data and information transparent.

INFLUENCE

We influence others' knowledge, understanding, awareness and capability, sharing our intelligence and modeling to show what people can do.

IMPROVE

We build improvement capability and coordinate quality improvement programmes in the sector. We work alongside people and services focused on improvement, and we lead improvement in specific areas.

We bring together the users and providers of health and disability services to strengthen the health and disability system. We engage and empower people to understand data, quality improvement and safety concepts. We help teams and services problem solve and learn together, test interventions, put them to work and robustly measure the impact of that work. No other agency in New Zealand has the role of constantly improving the knowledge and skill of our health and disability workers; improving the experience of care for New Zealanders; and improving outcomes and systems.

Over the next three years we will continue our quality, safety and equity of care work for all New Zealanders. We will do this through partnerships with Māori and Pacific providers, consumers and whānau, which prioritise their needs and solutions.

Māori and Pacific health equity

In 2019 we published a report on health equity for Māori, developed in partnership with Māori: *A Window on the Quality of Aotearoa New Zealand's Health Care 2019, He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019 – he tirohangā ki te ōritenga hauora o te Māori* (Window 2019).^{vi} In 2021 we will publish a 'window' on Pacific health, developed in partnership with Pacific providers, stakeholders, elders, experts and communities.

Mental health consumer experience

Our mental health and addiction quality improvement programme has provided the first national data on the experience of consumers. We will continue collecting and publishing this data, working alongside the sector to improve services.

Improving services for people with disabilities

We will also strengthen the partnerships we already have with people living with disabilities. Working together, we will consider the challenges and priorities for improving the quality, safety and equity of services for people with disabilities.

Mortality review

Under our legislation, we manage and support analysis of mortality data across child and youth, family violence, suicide, perioperative, and maternity contexts. This includes in-depth analysis of implications for inequity and recommendations for change. We undertake this work in partnership with the institutions and people affected. We share data, analysis, and recommendations for improvement through regular reports and conferences, and work alongside the sector to put those recommendations into action. See <https://www.hqsc.govt.nz/our-programmes/mrc/> for further information.

Our tools for measuring quality

Since the start the Commission has made measuring quality central to its mission. It produces a range of tools which are among the most commonly visited on its website. These include:

The Atlas of Healthcare Variation

The Atlas looks at differences in pattern of disease, treatment and outcome around the country. Some of these differences are appropriate but some are unwarranted and need to be addressed. Over 20 different disease and patient groups are covered, and in a majority we can track improvements and reductions in unwarranted variation over time.

Quality and safety markers

QSMs measure good practice and related outcomes for specific safety issues – from individualised care plans reducing hip fractures on the hospital ward, to the right antiseptic practices to reduce wound infections in the operating room. These interventions save lives, prevent suffering and stop DHBs wasting money. QSMs quantify how much of this has happened.

Patient experience surveys

The Commission runs two patient experience surveys, for hospital patients and for primary care, every quarter. By running these regularly, we can measure what is changing over time. We have been able to track a common pattern of improved experience in hospitals over the last five years.

Quality dashboard

One of the challenges of publishing large amounts of data – over 250 measures on our website – is the risk of missing what is really important. The dashboard addresses this by grouping related measures together in an easy-to-use interactive report. This shows patterns in related measures, change over time, and comparison between DHBs.

Quality alerts

This tool is in development. Specifically for DHBs, it combines key messages from our other measurement tools with new 'alert' measures (including complication and mortality rates) that may highlight emerging issues locally.

Learning from adverse events

In partnership with DHBs and hospitals, we will continue to be the trusted, independent and central point for collection, analysis and understanding of adverse events that occur in care, helping services to improve and families and whānau to heal. We will continue our work to support the sector to learn from harm, and to establish safer systems that will prevent further harm. We will continue our hospital focused quality improvement programmes addressing specific challenges and delivering measurable improvement.

The Commission partners with health services and leaders, so they better understand and can improve the health care they deliver.

Our ongoing areas of focus

- Partners in Care – improving consumer and whānau engagement throughout the sector
- Māori health outcomes – improving Māori health and strengthening Te Tiriti o Waitangi responses
- Health quality intelligence – cutting-edge, internationally recognised intelligence and analysis
- Safer systems – improving quality and safety capability, system learning and safety cultures
- Communications and engagement – informing and influencing
- Mortality review – Child and youth, family violence, suicide, perioperative, and maternity mortality review and analysis

Our current programme areas

- Building leadership and capability
- Learning from harm to strengthen systems
- Advance care planning
- Mental health and addiction
- Aged residential care
- Primary care
- Infection prevention and control
- Safe surgery
- Trauma
- Patient deterioration

Quality and safety challenges now

New Zealand's health and disability system achieves remarkable things every day. We know our system performs well compared with other OECD nations.^{vi} We deliver care that is largely safe and effective at a cost in line with comparable countries. There are multiple strengths evident across the Commission's more than 250 measures and markers of quality and safety and we take pride in sharing these data, the results of a high-functioning sector's work. However, our system also faces challenges and can improve.

Our equity, quality and safety challenges must be understood early and faced squarely.

System level governance and collective leadership for quality and safety is lacking

Our system is lacking collective leadership for quality and safety at a system level, which leads to a lack of communication and collective, coordinated efforts nationally across the functions and organisations involved in supporting health quality and safety. Collective leadership requires relationships of trust that enable data and information sharing, collective analysis, coordination of quality networks, and appropriate coordinated responses to quality issues.

As a national, quality and safety agency that works through relationships of trust, the Commission is focused on supporting quality and safety governance at all levels of the health and disability system.

Variable understanding and practice of clinical governance for quality

Some organisations and services need support to provide the necessary quality governance to put the consumer and whānau at the centre and to consistently improve their experience and quality of care.

The Commission provides guidance, education and training on clinical governance to support quality.

Please see: <https://www.hqsc.govt.nz/publications-and-resources/publication/2851/>

Mono-cultural systems and structures

Our health and disability system is built on worldviews and assumptions that are, for the most part, based on one dominant or privileged culture. Therefore these systems and processes work better for people who identify with that culture and can disadvantage those from cultures with different values, beliefs and worldviews.

We highlight monocultural systems and their impact on population groups. As an example, please see our Window 2019 publication: https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Window_2019_web_final.pdf

Inequity in access, treatment and outcomes

We know our system is inequitable. Māori and Pacific people face greater barriers to accessing care, have poorer experiences of care, often receive lower quality care, and have poorer outcomes (though many are improving). Other groups, such as people with disabilities, people living with economic deprivation, and young people also sometimes face difficulties having their needs met.

We highlight inequity in access, treatment and outcomes. As an example, see our Atlas of Healthcare Variation focusing on mental health in primary care: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/mental-health/>

Geographical variation impacting access, treatment and outcomes

New Zealand has a diverse landscape, with some isolated areas with a dispersed population. Some New Zealanders experience differences in access to health and disability services because of where they live. These differences can impact on health outcomes for people, creating inequity.

Our Atlas of Healthcare Variation highlights variation that is due to geography, alongside other causes. You can see the topics and overview at: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/>

Slow changing safety culture for consumers, whānau and staff

There are challenges in moving organisational culture from older thinking about quality and safety to newer concepts including resilient health care and restorative practices. Newer approaches drive a culture of safety that learns from and shares what works well, as well as learning from what went wrong.

The Commission has partnered with Māori to show how Māori worldviews and resilient healthcare have synergy and provide useful models for ongoing health system improvement. See <https://thespinoff.co.nz/partner/health-quality-and-safety-commission/05-11-2020/recipe-for-resilience-te-ao-maori-and-the-covid-19-response/>

Management and leadership not consistently quality focused

There is a need for consistent, capable, quality focused leadership and management within our health and disability system. Sector leadership requires ongoing investment and capability building in quality improvement and patient safety.

The Commission works to build quality and safety capability in the New Zealand health and disability system. See: <https://www.hqsc.govt.nz/our-programmes/building-leadership-and-capability/publications-and-resources/publication/2669/#:~:text=Building%20Leadership%20%26%20Capability%20knowledge%20to%20action%3A%20A%20framework%20for%20building%20quality%20and,sector%2C%20including%20consumers%2Fpatients>

Prioritisation of financial over quality goals

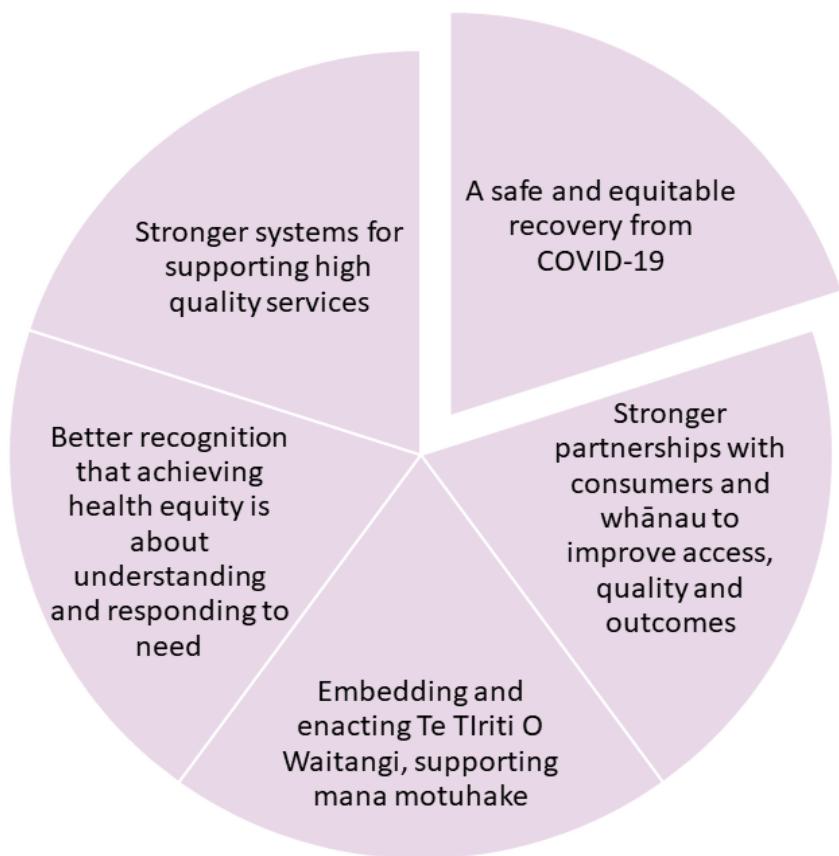
Governance and management in some organisations and services focuses mainly on finances, rather than the quality of care delivered. There is a need to keep an equal focus on both.

The Commission supports District Health Boards and sector leadership and governance to govern for quality. We provide guidance, education and training. See: <https://www.hqsc.govt.nz/our-programmes/building-leadership-and-capability/publications-and-resources/publication/2488/#:~:text=Governing%20for%20quality%3A%20A%20quality%20and%20safety%20guide%20for%20district%20health%20boards,-5%20Apr%202016&text=While%20the%20guide%20has%20been,for%20quality%20and%20safety%20improvement>

Quality and safety improvement priorities now

The Commission has identified the key quality priorities for the New Zealand health and disability system. Four of these priorities are embedded in our Statement of Intent 2020-24.^{viii} The fifth area is emergent and remains our key immediate challenge – the need for a safe and equitable recovery from COVID-19. All of these areas are relevant for both the health and the disability sectors, and all work toward resolving the challenges we face.

The Commission is working to directly address each of these areas of challenge.



1. Stronger partnerships with consumers and whānau to improve access, quality and outcomes

Evidence shows that engaging consumers and whānau results in better health and care outcomes, and better experience of care.^{ix} Working with the sector on consumer engagement, we have seen that parts of the sector do not fully understand or accept the ‘why, what and how’ of consumer and whānau engagement. Some services are actively seeking to improve consumer and whānau engagement while others are struggling. With this mind we have developed a new, world-first quality and safety marker for consumer engagement so services can measure their progress and share learnings. The results will be available in June 2021. We are building capability in engaging consumers, providing contacts, guidance, and support. We are actively strengthening our partnerships with consumers living with disabilities, so we can work with them to improve their services.

We are committed to supporting partnerships between providers and consumers to improve the quality and safety of services.

2. Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake

Our publication, Window 2019 showed that, across the life course, our current health system does not benefit Māori as much as it benefits non-Māori.^x To rebalance the health system to benefit Māori more, our health and disability system and services need relationships based on Te Tiriti o Waitangi, that support mātauranga and te ao Māori solutions that uphold mana motuhake. Our system must support tangata whenua led processes, actions and decision making. The health and disability system can better use te ao Māori values and concepts and integrate them across design and practice in all service settings, to improve access, quality and the health outcomes of all New Zealanders.

The Commission is building our Te Tiriti partnerships and modelling this to the sector. The Commission has expertise in te ao and mātauranga Māori and we are developing Māori improvement models to support the sector to deliver better care to more people in the ways they want and need.

3. Better recognition that achieving health equity is about understanding and responding to need

High-quality health and disability services consistently use a health equity lens and culturally safe approaches to enable people with greater need to access appropriate services and treatment. In matching response to need, high-quality care supports greater equity of health outcomes across all population groups.^{xi}

The Commission treats health equity as a core component of quality. We report on equity across our indicators and measure and monitor the results of our improvement work on equity. We develop data tools, analysis and improvement programmes with and alongside Māori and other groups who experience health inequity. We are working to increase our impact on the quality of services for people with disabilities, who also experience health inequity. We have become a trusted partner in health equity issues and how we address these issues as a nation.

4. Strengthening systems for high-quality services

Thinking and culture in modern, successful health and disability systems has moved from accountability-based, performance management-driven approaches, toward cultures of constant improvement, shared system learning, problem solving and mutual trust between agents. This creates a resilient system able to absorb change and adapt to new contexts.

Clinical and quality governance that supports resilience places the consumer/patient at the centre, surrounded by families/whānau, carers, health professionals, managers, governing boards, and professional and regulatory bodies, as well as central agencies such as the Health Quality & Safety Commission, the Accident Compensation Corporation and the Ministry of Health. How we work together effectively is key.

At all levels, quality care requires strong partnerships of trust, open communication, a willingness to share and learn, and capability and support to use information faster and more proactively. The Commission provides the central hub for people to work together for the common good. We are independent of the Ministry of Health and funding issues. This enables the sharing of data, insight and intelligence to respond to the complex challenges the health and disability system faces. We unify, inform, share, and guide.

5. A safe and equitable recovery from COVID-19

Analysis of the broader effects of our COVID-19 response on health quality will be needed to support the health system to manage emerging quality, equity and safety risks proactively. For example:

- Changes to develop a stronger and more flexible digital environment throughout the health sector have given us different ways of engaging. We will need to examine the quality and safety issues that may arise from these different approaches
- The impacts of economic recession will be significant, and the analysis of data and information about quality, safety and equity, and the work of our mortality review committees will provide key monitoring of the impacts on the health of different groups
- We will also need to understand the impacts of delays in diagnosis and treatment of other conditions resulting from our COVID-19 response.

We will be delivering analysis highlighting the broader effects of COVID-19 on the health system, with a particular focus on the effects on equity of access, treatment quality and outcome. This information will be used to support the health system to ‘recover’ after COVID-19.

Our support for your leadership

As our Minister, we are here to support your system leadership. Quality, safety, equity and good experiences of care are central to system leadership. No other agency unites these factors as their core business. Using our health quality intelligence and insights from partnerships across the sector, we can support you to shape resilient, proactive, anticipatory and flexible services, that will be well placed to respond to future challenges.

- We will provide you with leading intelligence and data analysis, to assist your understanding of how well the health and disability sector is doing. We can support your knowledge of strengths and challenges, even as they emerge. We can provide you with evidence of where and how our system is improving, and where and how it needs to improve to be the 21st century health system we strive for.
- We will support you to build partnerships of trust across the health and disability sector, and to lead change. We are engaged with the issues that matter to consumers and whānau, and provide a high-level systems perspective from the leaders and thinkers respected by our workforce. We are well connected and trusted. You can draw on our system safety and improvement expertise, our trusted relationships with the sector, and our independence and mana, to support your messages and engagements. From boards, to workforce and consumers, we sit both inside the health sector and alongside it.

We hold multiple events every year sharing knowledge and generating bonds, and we would be honoured to host you at these events. In coming months, the following events may be of interest to you:

- 17 November 2020, 12 – 1 pm **Aotearoa Patient Safety Day Webinar**. See <https://www.hqsc.govt.nz/our-programmes/patient-safety-day/news-and-events/event/4133/>
- 2 and 3 December 2020 - **Shared decision-making and advance care planning virtual hui**: Putting what matters to consumers at the centre of health care : *Te pou i ngā hiranga kaihoko hei poutokomanawa o ngā mahi tiaki hauora*. See <https://hqsc.eventsair.com/acp2020/>
- 4 March 2021 - **Open Forum: Resilient health care – embracing the future** - 9 am to 4.30 pm, Rydges, 74 Featherston St, Wellington. See <https://www.hqsc.govt.nz/news-and-events/event/3907/>

Opportunities to strengthen quality and safety

Our improvement expertise is highly valued and in demand by DHBs, agencies and other providers. However, it is increasingly challenging to meet demands and to take advantage of opportunities for improving our health and disability services, within our available resources.

Our board is currently considering how we can strengthen quality improvement in the health and disability sector, drawing on learnings from organisations with health quality improvement functions internationally. There are clear opportunities, but they require additional resource. These are:

- Enhancing and strengthening our education and training functions, so that quality improvement thinking, and capability is strengthened and broadened within the sector
- Establishing a stronger quality assurance function, which draws on and operates alongside our quality improvement functions. The Commission is in a good position to work with and support organisations and providers to audit their clinical care and improvement work.

The Commission has received annual Crown baseline funding of around \$13.0 million since 2012/13. This has reduced from around 0.08 percent of Vote Health to 0.065 percent in 2020/21. Where possible, we have also received revenue for specific improvement programme work from ACC, the Ministry of Health

and DHBs. This is budgeted at \$4.4 million for 2020/21. We work closely with the Ministry of Health, DHBs, ACC, the Health and Disability Commissioner, and many other organisations, sharing with them the costs and credit for many of the achievements outlined in this briefing.

Key people

Chair:

Dr Dale Bramley
MBChB, MPH, MBA, FAFPHM, FNZCPHM
Chair since 2019, Member since 2014
Chief Executive Officer of Waitemata District Health Board (DHB)

Chief Executive:

Dr Janice Wilson
MBChB FRANZCP DHA Cert Health Econ
Chief Executive since February 2011
Former Deputy Director-General (Population Health), Ministry of Health

References and notes

ⁱ Merry AF, Hamblin R. Partnership and rigor in improving patient care. *N Z Med J*. 2015;128(1421):7-10. Published 2015 Sep 4.

ⁱⁱ <https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Open4Results-Oct-2016.pdf>

ⁱⁱⁱ Wise J. Individual care plans reduce falls and broken hips in New Zealand hospitals. *BMJ* 2016;355:i6490

^{iv} SEE: https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Open4ResultsJune19_final_July2019.pdf

^v Health and Disability System Review. 2020. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR. <https://systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf>

^{vi} A Window on the quality of New Zealand's health care 2019: A view on Māori health equity – He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019 – he tirohanga ki te ūritenga hauora o te Māori. Health Quality & Safety Commission: see https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Window_2019_web_final.pdf

^{vii} A Window on the quality of New Zealand's health care 2018, HQSC

https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/Windows_Document/Window-Jun-2018.pdf

^{viii} Health Quality and Safety Commission Statement od Intent 2020-24:

https://www.hqsc.govt.nz/assets/General-PR-files-images/Accountability_documents/StatementOfintent2020-24.pdf

^{ix} Doyle C, Lennox L, Bell D. 2013. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 3: e001570. DOI:10.1136/bmjopen-2012-001570. URL <https://bmjopen.bmjjournals.org/content/3/1/e001570>

^x A window on the quality of New Zealand's health care 2019: A view on Māori health equity, HQSC: see https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Window_2019_web_final.pdf

^{xi} Poynter M, Hamblin R, Shuker C, et al. 2017. Quality improvement: no quality without equity? Wellington: Health Quality & Safety Commission. URL http://www.hqsc.govt.nz/assets/Other-Topics/Equity/Quality_improvement - no_quality_without_equity.pdf