

Integrated Clinical Quality Group Work Plan July 2015 - June 2018

Purpose Collaboration between Waikato District Health Board (DHB) and the Age-related Residential Care sector (ARRC). Its purpose is to work in partnership to develop and support initiatives and relationships that have a positive impact on consumer outcomes in line with government priorities for the health of older people.

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Summary

The Integrated Clinical Quality Group (ICQG) is a partnership between the Waikato District Health Board (DHB) and representatives of the ARRC sector. Its purpose is to work in partnership to develop and support initiatives and relationships that have a positive impact on consumer outcomes in line with government priorities for the health of older

This work plan aligns with the Minister of Health's (MoH) strategic priorities for the health of older people.

Each action is allocated to the most appropriate member of the group to support and organise the work needed to secure the agreed outcome. Complex actions may be broken into smaller pieces of work that are specific; measureable; achievable; realistic; and time-specific. The progress for each action will be reported to the group by the designated lead. There are four work stream priorities as follows:

- **cross provider partnership** (supporting and improving the relationship between providers);
- **wellbeing and experience** (of our clients, patients and families);
- **workforce development** (making the care of the older person a speciality of choice);
- **knowing how we are doing** (using data to identify areas that can be improved or are improving).

Recommendation:

- 1) That the Integrated Clinical Quality Group accept the Work Plan as detailed in this document.
 - 2) Responsibilities for actions are allocated to the most appropriate people or person in a way that supports the partnership concept.
 - 3) The members of the ICQG support the work by taking responsibility and promoting their allocated piece of work. Supporting staff to be involved and reporting back to the group (noting this will be within existing working constraints).
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Revision history

Date	Author	Summary of Changes	Version
13/10/14	J Daltrey / Kate Yeo	Initial working	1
09/01/15	Kate Yeo	Revised following feedback	2
04/08/15	Kate Yeo /Julie Daltrey / Fiona Murdoch	Revised following feedback	3
21/08/15	Kate Yeo	Revised following feedback	4

Distribution and Approval

Name/ Signature	Title	Issue Date	Version
Shaun Brown	ARRC representative		
Mary Seymour East	ARRC Representative		
Louis Fick	ARRC representative		
Chris Greer	Older Person Specialist Service representative, Waikato DHB		
Sue Hayward	Director of Nursing and Midwifery, Waikato DHB		
Fiona Murdoch	Older Persons Health Portfolio Manager. Waikato DHB		
Kate Yeo	Clinical Nurse Director. Waikato DHB		
Cheryl Atherford	Clinical Nurse Director, Waikao DHB		

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Background

Waikato District Health Board contracts ARRC services for older adults on behalf of the Ministry of Health. Providers of ARRC services include corporate organisations, community trusts, owner operated businesses welfare and religious groups. Formal legislative and contractual mechanisms are in place to ensure all health services meet required standards.

The aim of this group is to develop relationships across providers that support an improvement in health consumer outcomes, in line with Ministry priorities, across the Waikato district. It is complimentary to the work of ARRC and Waikato DHB services and staff who work to maintain and improve care quality and safety. Key linkages include:

- Director of Nursing and Midwifery;
- ARRC sector;
- Planning and Funding Health of Older People portfolio;
- Professional Development Unit; and
- Older Persons Specialist Services.

The Integrated Clinical Quality Group Work Plan actions are constructive, realistic and responsive to an identified need and agreed by the Group. The priorities align to those identified by the Ministry of Health, namely:

Reinforcing DHB accountability for the quality of services they provide and purchase.

Implementing dementia care pathways and improving health sector and public awareness of dementia.

Improving access to health of older people specialists.

Introducing comprehensive clinical assessment in aged residential care.

Improving the monitoring of the funding and performance of the aged residential care sector.

(Ministry of Health, 2014)

These priorities are encompassed within the group's four work stream priorities.

- cross provider partnership;
- wellbeing and experience;
- workforce development; and
- and knowing how we are doing

Assumptions

- ARRC and Waikato DHB staff are committed to jointly resourcing the set priorities (staff time, dollars).
- Work jointly developed is jointly owned and able to be shared across the sector.
- Members will use their influence to support the work of this group.
- Working parties developed to achieve the work plan will have the express support of the ICQG.

Work plan priorities

ICQG members will take the lead role for specific actions.

Lead will report regularly to ICQG.

Lead will break down action in to time specific, measureable achievable items.

Main actions may be carried over once lead has identified a pathway and time line for success.

1. Cross Provider Partnership			
Outcome	Measure	Interventions (to be confirmed by lead)	Responsibility
Gerontology workshops and professional development for ARRC, developed and provided on partnership with sector	<p>Able to demonstrate partnership to ICQG</p> <p>Content responsive to requirements as identified by ICQG</p> <p>Provision supported with resource from both areas.</p>	<p>ICQG identify joint areas of professional development needed</p> <p>Development report to ICQG to demonstrate response to identified need</p> <p>Report to ICQG to demonstrate use of joint resources.</p>	CND
A seminar content and attendance that reflects Health of Older People services.	ARRC involved in AgeWISE seminar	<p>Identify working group to organise seminar liaising with all stakeholders.</p> <p>Have input into seminar subject</p> <p>Commit to support working group with human resource for conference</p> <p>Publicise and promote the seminar with in the sector</p> <p>Seminar report to ICQG and AgeWISE.</p>	CNS Gerontology

2. Wellbeing and Experience

2.1 prompt recognition of acute change

Outcome	Measure	Interventions (to be confirmed by lead)	Responsibility
Rapid identification of deterioration in a resident and initiation of appropriate care	InterRAI data (for further development)	Identify tools available and/or currently in use Develop an ongoing approach to support uptake of tools and processes providers can make use of Identify workforce development needs with providers to support successful use of tools and resources	Mary Seymour East

2.2 Improved support for residents with behavioural changes

Outcome	Measure	Interventions (to be confirmed by lead).	Responsibility
Understanding of the gaps in skills, knowledge and care to support residents with changing behaviour and the implications of the change	A summary report with recommendations, endorsed by the committee that is presented to the DHB and the ARRC sector	Develop a cross-sector working group to identify what is being done well. (may include Adriana Turica of Rossendale, Lola or Fran Marsh of MHSOP and Ruth Thomas) Investigate best practice ideas in research Develop recommendations that are shared across the sector.	Louis Fick

2.3 Reduced harm from falls

Outcome	Measure	Interventions (to be confirmed by lead).	Responsibility
Continue to improve the outcomes of the older person improving awareness of risks associated with falls	A reduction in falls with injury by 5% measured through InterRAI CAPS for falls ACC claims for injury from falls. ED presentation from ARRC facilities with fracture, laceration, pain, brushing and strain. Improved plans of care to support patient safety (can be audited locally)	Identify tools in use or available to support the assessment and care around falls Identify ways of increasing the use of tools and strategies to reduce falls with the older person. Support the introduction of falls analysis tools to identify and remove identified and possible risk. Use professional development events to support the nurses' understanding of the impact of falls and possible ways of reducing them	Julie Daltrey

3. Workforce Development

Outcome	Measure	Interventions (to be confirmed by lead).	Responsibility
Three ARRC facilities able to meet programme requirements to safely support regular Nurse Entry to Practice placements	<p>Three facilities regularly taking NETP candidates</p> <p>Positive experience reported by both facilities and the candidates in programme evaluation.</p>	<p>Clarify local understanding of the ARRC NETP.</p> <p>Develop communication and education packages and make this information available for sector.</p> <p>Identify key groups who will support developing new and sustainable NETP positions.</p> <p>Work with Wintec, our local education provider and other care providers, to identify new/improved ways of supporting students to experience the care of the elderly.</p> <p>Support development of Dedicated Education Units in appropriate facilities that will support the infrastructure for safe NETP support.</p>	Kate Yeo

4. Knowing How We Are Doing

Outcome	Measure	Interventions (to be confirmed by lead).	Responsibility
<p>Themes and trends that affect quality of care provision and experience are identified and appropriately reported</p> <p>Have a reporting system that is visible to the DHB and sector</p>	<p>Certification outcomes</p> <p>Complaints</p> <p>Incidents</p>	<p>Quality and Risk report of incoming complaints from ARRC</p> <p>Quality and Risk report of complaints regarding ARRC</p> <p>Report form planning and funding reporting the trends in certification findings</p> <p>Identify themes and possible quality and safety impact for resident</p> <p>Develop recommendation report for circulation and agreement.</p>	Fiona Murdoch

2 Funding and service level agreement

This group has sustainable funding of \$5,000 per annum to manage running costs and development of tools, guidelines, education, reports, and investigations required by the group.

The service level agreement for funding requires twice yearly reporting to AgeWISE Advisory group

Interested parties	Information required	Information provider	Frequency	Method
AgeWISE Advisory Group	Bi-annual report on work plan priorities and areas that impact on quality of care for older adult	Integrated Clinical Quality Steering Group	Twice a year	Written report

2.1 Scope of ICQG

Within scope	Outside of scope
Clinical issues/processes that impact or may impact on the majority of the ARRC providers	Clinical issues or processes that are not agreed or substantiated as a priority by ARRC and Waikato DHB group members (using research base for best practice, local and national statistics, complaints/incidents trends)
Clinical issues/processes that are agreed and substantiated as a priority by ARRC and Waikato DHB group members (using research base for best practice, local and national statistics, complaints/incidents trends)	Clinical issues/processes that cannot be influenced by both ARRC and/or Waikato DHB membership
Clinical issues / processes that can be influenced by both ARRC and/or Waikato DHB membership	Clinical issues / processes that are facility specific.

2.2 Constraints, barriers, risks, strategies

Constraints/potential barriers	Strategies to minimise
Time constraints committee members	Four meetings per annum pre-booked. Ensure length of meeting is sufficient to address the agenda items, or pre-meeting review and recommendations for meeting
No new funding/dollars	Group has small amount sustainable funding. Creative shared solutions using minimum investment models
Corporate/business sensitivities	Membership to remain in scope (above) and identify to team if there is a conflict of interest
Members being unable/unwilling to support work plan	Expectations set in terms of reference

Appendix A: References

To be amended if the changes are agree.

References

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This document is available on the *Open for better care website* at <http://www.hqsc.govt.nz>