



*1 Vision*

*5 Goals*

*25 Priorities*

*Infinite Initiatives*

# **QUALITY STRATEGIC PLAN**

## **2007-2010**



**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

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## Internet

<http://www.cdhb.govt.nz/quality/patient-safety/strategicplan.html>


*Challenges everyone involved in providing Canterbury DHB health and disability services to continuously improve the quality and safety of the services we provide.*

**To promote, enhance and facilitate the  
health and wellbeing of the people of  
the Canterbury District**

Ki te whakapakari, whakamaanawa me te  
whakahaere i te hauora Mo te  
orakapai o ka takata o te rohe o Waitaha

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## Message from both the Canterbury District Health Board's Chief Executive, and the Chair of the Quality and Patient Safety Council

The Quality 'agenda' is fast maturing and growing in momentum within the New Zealand health and disability sector, as it is internationally. The time has never been better to focus on quality improvement.

Everyone involved in the provision of health and disability services has a role to play in our approach to continuous quality improvement. We need to harness the entire capability that is within our sector.

The Canterbury DHB's Board accepts that improving quality and patient/consumer safety is paramount and recognises that excellent initiatives have been introduced and progressed to date.



The Board supports all efforts to drive quality initiatives, from the processes of incremental quality improvement, through to the radical re-design of services.

This Quality Strategic Plan is our ‘quality blueprint’. Endorse and use this strategy, as it provides the building blocks for ‘quality’ services within our health and disability sector.

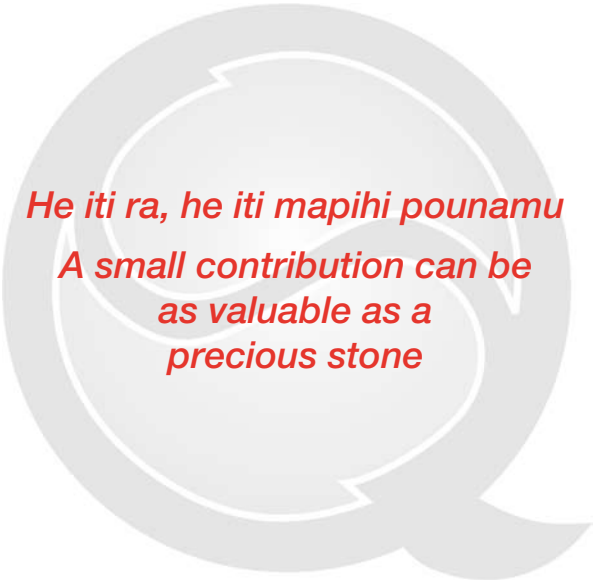
We have every confidence in Canterbury’s willingness and ability to accept the challenge that this plan presents.

**Gordon Davies**

Chief Executive, Canterbury DHB

**Pamela Williams**

Chair, Canterbury DHB Quality & Patient Safety Council



*He iti ra, he iti mapihi pounamu  
A small contribution can be  
as valuable as a  
precious stone*

## INTRODUCTION

This Quality Strategic Plan challenges everyone involved in providing Canterbury DHB health and disability services to continuously improve the quality and safety of the services we provide.

Quality, in relation to the health and disability sector, relates to how well we increase the likelihood of achieving desired outcomes for our population, using the best professional knowledge. Quality is also about ‘working smarter’, not harder, in response to pressures such as increased demand for services.

Safety relates to preventing harm, and whilst we strive at all times to provide safe services it is important to acknowledge that errors do occur, and people are harmed, as a result of receiving the services we provide. We must aim for a health and disability sector that does not cause harm. When error or harm does occur there are usually many contributing factors involved. The solution lies in accepting that people are and always will be fallible, and designing ‘safety’ into our systems by changing the factors that contribute to error. It is therefore important to use the extensive knowledge that already exists regarding preventable error and harm and to apply solutions which are capable of reliably making our sector safer.

‘Every system is perfectly designed to achieve exactly the results it gets. If we want a better result, we will have to change the system’. Donald M Berwick, Institute for Healthcare Improvement, USA.

## INTRODUCTION

The goals and priorities contained in this plan were arrived at following an extensive review of the literature relating to quality and safety in the health and disability sector, both nationally and internationally.

The plan is also set in the context of the non-negotiable obligations our sector must meet under The code of Health and Disability Services Consumers' Rights, The Health and Disability Services (Safety) Act 2001, The Treaty of Waitangi, and additional requirements specified within the Ministry of Health's key strategies.

The following diagram brings the plan together with the key elements of Canterbury DHB's Core Directions and the dimensions of quality, all underpinned by the core imperatives of Clinical Governance, Leadership and Organisational Culture.

This plan consists of One vision and Five Goals achieved through 25 Priorities. To help meet the challenge of continuously improving the quality and safety of the services we provide everyone is invited to share ideas and initiatives which they consider are capable of positively impacting on these 25 Priorities.

Please visit the Canterbury DHB internet site at

[www.cdhb.govt.nz](http://www.cdhb.govt.nz) and click on the 



## Canterbury DHB Core Directions

Improving the health of our community

Finding better ways of working

Working together

Developing our healthcare workforce

Being a leader in health

## Dimensions of Quality

People - Centred

Access and Equity

Safety

Effectiveness

Efficiency

Timeliness

## The Canterbury DHB Quality Strategic Plan

Challenges everyone involved in providing Canterbury DHB health and disability services to continuously improve each dimension of quality

**1 Vision**

**5 Goals**

**25 Priorities**

**Infinite Initiatives**

Clinical Governance

Leadership

Organisational Culture

## Quality Strategic Plan Core Imperatives

## QUALITY GOALS AND PRIORITIES

### Goal 1

Continuously Improve the Safety of our Services for our Patients/Consumers

### Whāinga 1

Ki te whakapai rōnaki ake te whakarurutanga a ō tātou rātonga mō ō tātou tūrora

### Priority 1

#### **A Culture of 'No Blame' Reporting**

It is essential to have error reported if health and disability services are to learn how to prevent error from reoccurring. When error occurs, it is usually the result of many contributing factors and how the system has been designed. To prevent error from reoccurring it is necessary to look towards improving the design of the system. Within a 'no blame' culture people are more likely to report error because they consider it safe for all concerned if they do and they are confident of a constructive response.

### Priority 2

#### **Analysis, Action and Shared Lessons in Response to Error**

To determine the action needed in response to error requires effective analysis of the event. The action that is taken in response to the error is what will lead to improvements capable of preventing the error from reoccurring. Sharing of the lessons learnt will help prevent the same error occurring elsewhere.

## QUALITY GOALS AND PRIORITIES

### Priority 3

#### **Improved Medication Safety**

Medication incidents are one of the most common causes of unintended harm to patients/consumers worldwide. Safer prescribing, dispensing and administering of medicines is critical to improving patient/consumer safety.

### Priority 4

#### **Prevention and Control of Infection**

Infection resulting from the provision of health and disability services is a major patient/consumer safety problem worldwide. Infection compromises and complicates patient/consumer care/support and wellbeing.

### Priority 5

#### **Prevention of Patient/Consumer 'Handover' Errors**

Some health and disability sector errors are a result of inadequate communication and handover processes both within and between services.

## QUALITY GOALS AND PRIORITIES

### Goal 2

Continuously Improve our Systems and Processes

### Whāinga 2

Ki te whakapai rōnaki ake ō tātou pūnaha me ngā hātepe

### Priority 1

#### **Patient/Consumer Flow and Integration**

The importance of designing patient/consumer centred systems capable of improving patient/consumer flow and integration is well recognised within the health and disability sector. Good patient/consumer flow and integration ensures that the right patient/consumer receives the right care/support, by the right people, at the right time and in the right place.

### Priority 2

#### **Fostering Innovation and Improvement**

The environment in which the health and disability sector operates is not static. There are constant changes in, for example, population demographics, technological advancements, models of care/support, and the expectations of communities and funders. To effectively respond to these changes, our sector needs to foster innovation and improvement. Essential to innovation and improving services is the ability to seek out, test, develop and disseminate new methods, skills, tools and concepts.

## QUALITY GOALS AND PRIORITIES

### Priority 3

#### **Good use of Resources**

A fundamental aspect of quality improvement is striving to become more efficient by reducing the amount of ‘waste’ in and around processes. When we reduce waste such as time, money, resources or goodwill, we increase the ‘value for money’ and productivity of our services. Through efficiency gains we are able to work ‘smarter’ not harder so that we can use our time, money and resources wisely.

### Priority 4

#### **Good Use of Information, Communication and Education Technology**

Huge potential exists for technology to help improve the quality and safety of health and disability services. Technology is capable of improving the reliability, accessibility, accuracy and timeliness of information, communication and education.

### Priority 5

#### **Performance Measurement and Evaluation**

It is important to measure and evaluate how well health and disability services are operating. The information gained is used to drive quality improvement and safety initiatives within services as well as provide for external reporting for public and funder accountability.

## QUALITY GOALS AND PRIORITIES

### GOAL 3

#### Goal 3

Continuously Improve our Practices

#### Whāinga 3

Ki te whakapai rōnaki ake ō tātou nei mahi

#### Priority 1

##### **Patient/Consumer and Family-Centred Approaches**

Patients/consumers and their families/whanau often experience feelings of anxiety, vulnerability, helplessness, uncertainty and a loss of autonomy when they are using health and disability services. It is important for our sector to acknowledge and respond to the perspectives, preferences and values of the patient/consumer and their family/whanau and to encourage and facilitate participation in care/support and decision making.

Services that are delivered in a patient/consumer and family-centred manner not only positively impact on the patient/consumer experience but are also known to improve outcomes.

#### Priority 2

##### **Evidence-Based Best Practice**

Health and disability services need to base their practices and decisions on sector experience and the best current evidence available in order to be confident of using the best and most effective care/support options known.

## QUALITY GOALS AND PRIORITIES

### Priority 3

#### **Successful Workforce Recruitment and Retention**

Within Canterbury there are shortages in some professional groups which impact on our region's capacity to deliver health and disability services. Additionally, New Zealand's aging population will increase the future demand for many services. The recruitment and retention of professionals is therefore a key issue for our sector.

### Priority 4

#### **Ongoing Professional Development and Learning**

Professional development and learning is crucial to achieving desired outcomes, continuously improving the quality and safety of our health and disability services and realising the potential of our workforce.

### Priority 5

#### **Credentialing**

Credentialing is a process of assigning specific responsibilities to a health professional on the basis of their training, qualifications and experience.

Confidence in the competency of health and disability professionals in all settings is an important aspect of quality within our sector.

## QUALITY GOALS AND PRIORITIES

### Goal 4

Continuously Improve our Relationships and Partnerships

### Whānga 4

Ki te whakapai rōnaki ake ngā hononga me ngā mahi whakahoā

#### Priority 1

##### **A Culture of Open Disclosure**

Openly disclosing and discussing events that have resulted in patient/consumer harm is an important aspect of the relationship between our sector and the patients/consumers and communities we serve.

The principles of open disclosure include acknowledgement, apology and the provision of information in a timely, open and honest way.

#### Priority 2

##### **Strong Community Participation and Partnership**

Community participation and partnership in the health and disability sector is seen as critical to understanding the needs of the community, designing and planning good services, evaluating how well services are performing and achieving good outcomes for patients/consumers.

## QUALITY GOALS AND PRIORITIES

### Priority 3

#### **Patient/Consumer Satisfaction**

Feedback received from patients/consumers and their families/whanau is a good indicator of their level of satisfaction with a service. Health and disability services need to seek and respond to this feedback in order to continuously improve the patient/consumer experience.

### Priority 4

#### **Workforce Satisfaction**

A satisfied workforce is central to meeting the needs of our patients/consumers and to providing an effective and high quality service.

### Priority 5

#### **Collaboration and Information Sharing with other Organisations**

Health and disability services need to collaborate with other organisations such as government departments, assessment agencies, advocacy services, community services, learning institutions and iwi in order to have a positive impact upon the wider determinants of health and wellbeing.

## QUALITY GOALS AND PRIORITIES

### GOAL 5

#### Goal 5

Continuously Improve the Health of our Patients/Consumers and Communities

#### Whāinga 5

Ki te whakapai rōnaki ake te hauoratanga a ō tātou tūrora me ngā iwi whānui o Waitaha

#### Priority 1

##### **A Reduction in Preventable Disease, Infection, Addiction and Impairment**

Many of the diseases, infections, addictions and impairments that affect people and burden society are potentially preventable. The health and disability sector needs to address the many factors that are capable of reducing this burden on the individual and on society.

#### Priority 2

##### **Responsible Patients/Consumers and Communities**

Promoting 'responsibility' to patients/consumers and communities in relation to their health and wellness is a pro-active strategy.

The health and disability sector needs to promote 'self responsibility' to patients/consumers and communities to encourage people to adopt healthy lifestyles, take an active role in achieving desired outcomes and make informed choices capable of preserving good health and wellness.

## QUALITY GOALS AND PRIORITIES

### Priority 3

#### **Equitable and Accessible Services**

All patients/consumers have the right to health and disability services that are equally available and accessible.

The quality of care should not differ due to, for example, a person's age, ethnic group, income or place of residence.

### Priority 4

#### **Reduced Barriers for Patients/Consumers who are disabled**

Barriers to receiving appropriate and effective health and disability care/support may exist for individuals that have certain physical, sensory, neurological, psychiatric, or intellectual impairments. The New Zealand Disability Strategy challenges the health and disability sector to identify barriers to these individuals receiving appropriate care/support and to develop responsive strategies.

### Priority 5

#### **Chronic Disease Well Managed**

Responding to chronic diseases and conditions is an emerging challenge worldwide.

Effective chronic disease management improves the health and well-being of the patient/consumer, and reduces both the burden of disease placed on society and the demand placed on health and disability services.



# Quality Strategic Plan

*'1 Vision, 5 Goals, 25 Priorities, Infinite possibilities'*

<b>GOAL 1</b> Continuously Improve the Safety of our Services	<b>GOAL 2</b> Continuously Improve our Systems and Processes
A culture of 'no blame' reporting	Patient/consumer flow and integration
Analysis, action and shared lessons in response to error	Fostering innovation and improvement
Improved medication safety	Good use of resources
Prevention and control of infection	Good use of technology
Prevention of patient/consumer 'handover' errors	Performance measurement and evaluation

<b>GOAL 3</b> Continuously Improve our Practices	<b>GOAL 4</b> Continuously Improve our Relationships and Partnerships	<b>GOAL 5</b> Continuously Improve the Health of our Communities
Patient/consumer and family-centered approaches	Open disclosure	Reduction preventable disease, infection, addiction, impairment
Evidence-based best practice	Community participation and partnership	Responsible patients/consumers and communities
Successful recruitment and retention	Patient/consumer satisfaction	Equitable and accessible services
Professional development	Workforce satisfaction	Reduced barriers for patients/consumers who are disabledw
Credentialing processes	Collaboration with other organisations	Chronic disease well managed



## QUALITY RESOURCES

Quality Improvement Committee

[www.qic.health.govt.nz](http://www.qic.health.govt.nz)

The World Health Organisation

[www.who.int](http://www.who.int)

The National Health Service Modernisation Agency (UK)

[www.wise.nhs.uk](http://www.wise.nhs.uk)

Institute for Healthcare Improvement (USA)

[www.ihl.org](http://www.ihl.org)



Accept the challenge...why wouldn't we?

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