Performance Excellence and Quality Improvement Strategy

“Some is not a number. Soon is not a time”
Don Berwick, CEO of the Institute for Healthcare Improvement
Slogan for the “100,000 Lives” Campaign

Our Fourfold Aim
- Improve the health of our population
- Improve the care experience by our patients
- Improve the efficiency of our DHB
- Improve learning opportunities for current and future staff
Scope
The Southern DHB Performance Excellence and Quality Improvement framework is made up of a number of elements

- **A Performance Excellence and Quality Improvement Strategic Plan**
  The Strategic plan outlines the core elements and principles behind the framework, linking the work to international and national evidence (this document)

- **A Performance Excellence and Quality Improvement Action Plan**
  The Action plan translates the Strategic Plan into specific targets and programmes, with suitable timeframes

- **A Performance Excellence and Quality Improvement Structure**
  The Structural plan links the strategy and action plan into the organisational structure, and sets out the relationship between quality improvement resource and line management functions.
## Contents

**Executive Summary**
- Page 1

Core Principles
- Page 2

Background
- Page 3

Objectives
- Page 4

The Fourfold Aim
- Page 5

Framework to Direct our Quality Improvement Activities
  - *The Six Dimensions of Quality*
- Page 8

Framework to Direct our Performance as an Organisation
  - *Criteria for Excellence*
- Page 10

Methodologies to Deliver the Strategy
  - A quality improvement methodology
  - A programme and project management methodology
  - An integrated measurement methodology for performance excellence
- Page 12
  - *The Quality Account: a robust reporting framework*
- Page 14

Pulling it all together
- Page 16

**Appendices**

1. Putting the Strategy into Practice; two examples
- Page 22

2. References
- Page 24
Executive Summary

This document is a declaration to the organisation and our community that we will be a high performing, high quality organisation, with a goal of achieving world class service across all measures*.

The objective of this framework is to provide a coherent approach to both performance excellence and quality improvement that is integrated into the daily business of the Southern District Health Board. Accordingly, this strategy describes direction, addresses issues of quality, provides a performance framework, and an improvement methodology to achieve that integration.

This document is one of three making up a performance excellence and quality improvement framework for the Southern DHB. The other two documents are a proposed structure to support the implementation of strategy (A Performance Excellence and Quality improvement Structure) and an action plan (A Performance Excellence and Quality improvement Action Plan).

We recognise that while the staff of the DHB strive to provide the best possible care, the care we provide is not always as safe, as clinically effective, or as cost effective as it could be. Furthermore we recognise that these problems are not unique to the Southern DHB, and that internationally, health organisations have taken up this challenge and significantly improved their performance. We too will take up this challenge!

This strategy proposes the adoption of the Fourfold Aim, a set of four balanced goals chosen as the focus of all our work. These four aims are population health, patient experience of care, cost per capita and teaching and learning. The first three of these aims make up the Institute for Healthcare Improvement’s Triple Aim, but we believe the fourth aim is essential as it demonstrates the central role that teaching and learning plays in our DHB.

Whilst the Fourfold Aim is the goal for the DHB to work towards, the strategy also identifies other elements to the framework to guide performance excellence and quality improvement activities. The Six Dimensions of Quality, taken from Crossing the Quality Chasm, guide the organisation’s quality improvement activities and are the core aspects of the system that need improvement. Another element of the framework is the Baldrige criteria which is a Performance Excellence System, which gives the organisation criteria to focus performance excellence and improvement activities.

This strategy also provides other proven Methodologies for quality improvement, such as the Toyota Way, project and programme management, performance measurement and the production of a quality account.

Ultimately the strategy aims to show how each of these four elements work together to support an integrated performance excellence and quality improvement framework that will allow the Southern DHB to deliver our outcomes and achieve our mission and vision in our unique “Southern Way”.

* The strategy defines world class as being in the top 10% of our peer group for all key measures, and promotes the organisation to consistently work to achieve this goal.

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Core Principles

• The Southern District Health Board will be a high performing, high quality DHB, with a goal of achieving world class service in all measures.

• World Class service is defined here as performing in the 90th percentile or top 10% of our peer group for any specific measure.

• The Southern DHB will adopt a fourfold aim:
  - We will enhance the health of the whole population.
  - We will improve the experience of care for individuals in the population.
  - We will decrease the cost per capita of providing care to our population.
  - We will promote high quality teaching and learning, research and scholarship.

• We define healthcare quality as care which embodies the following properties.
  - Care that is safe.
  - Care that is patient centred.
  - Care that is clinically effective.
  - Timeliness across all aspects of care.
  - Care that is equitable for all our population.
  - Care that is efficient in its use of resources.

• We will affect performance and quality by focussing, as an organisation, on the following criteria of organisational excellence:
  - Leadership
  - Strategic Planning
  - Customer focus
  - Measurement, analysis and knowledge management
  - Workforce focus
  - Operations focus
  - Results and outcomes

• Our staff will embrace practices that embody inquiry, learning and continuous improvement in all aspects of their daily work.

• We achieve quality improvement by implementing a consistent and proven approach to change, and by supporting and providing skills to frontline and leadership staff to apply that methodology.

• We recognise that quality is a system property that must be enhanced by improving the way in which we work, not by exhortation or blame of individuals.

• Quality is achieved by frontline staff, with the support of senior leaders and the technical assistance of those trained in quality improvement.

• The Southern DHB Performance Excellence and Quality Improvement Framework will align with national, regional, and other local plans and initiatives.

  The essence of quality healthcare is to provide the right care, using the right resources, in the right place at the right time
Background

It is recognised that the staff of the Southern DHB strive to provide the best possible care that they can. However, despite the best individual efforts, systemic deficiencies mean that the care we provide is not always as safe, as clinically effective, or as cost effective as it could be.

Studies of medical harm in the United States, Canada, the United Kingdom, Australia, and New Zealand all show unacceptable levels of harm. Work referenced in the Horn Report, *Meeting the Challenge* shows that the cost of harm to the New Zealand health system is in excess of $650m per annum. Additionally, international studies indicate that many patients do not receive the recommended levels of care, and that levels of inefficiency in the provision of care consume a considerable proportion of the health budget. Work by a number of organisations internationally has shown that a structured approach to quality improvement will address all of these issues.

This strategic plan recognises that we could do better with the provision of healthcare in our district, and sets out a strategy to not only improve but for the Southern DHB to excel. It identifies four core components to an effective strategy:

• A set of four goals, based on the Institute for Healthcare Improvement (IHI) triple aim but including an additional goal which recognises the critical importance on constant teaching and learning in any healthcare organisation, as well as our regional and national role as a provider of high quality healthcare education, research and scholarship.


• A set of performance excellence criteria, based on the Baldrige Performance Excellence structure.

• A proven approach to quality improvement, project and programme management, performance management and measurement, and reporting to our community.

These four components taken together give us a goal, a set of criteria against which to measure quality, an operational structure to link these into the management and performance of the organisation, and a way to achieve that performance. In addition, an aspiration to provide world class services sets a worthy target to strive for. Measuring ourselves against the top 10% in our peer group undoubtedly sets a high bar, but why aim for average when we can aim for excellence?

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Amongst those organisations that have successfully based their improvement programmes on the Toyota Way are ThedaCare, Virginia Mason, Boulton NHS Trust, University Hospitals Bristol Foundation NHS Trust, Pittsburgh Regional Health Initiative, Counties Manukau DHB and Flinders Medical Centre.
Objectives

The Southern DHB Performance Excellence and Quality Improvement Framework will bring together the core principles, actions, and a structure to deliver those actions across the next five years. The philosophy will be to build the principles of performance excellence and quality improvement into all aspects of the DHB. It will stand as a reference document underpinning the planning and provision of healthcare across the district, with the ultimate aim of providing focus, coordination and integration of our work to improve all the DHB’s outcomes.
The Fourfold Aim: An extension of the Triple Aim

The triple aim was first promoted in a paper by Berwick, Nolan and Whittington in 2008\(^1\). It was a recognition that in healthcare there has been a constant rotation around three goals that have often been seen as conflicting.

A focus on any one of those goals has traditionally occurred at the expense of achieving the others. Organisations will focus on cost savings, and patient care goes down. They focus on patient care, and costs go up. A focus on hospital care reduces emphasis on population health, and so forth. The shifting sands of organisational direction were recognised by Berwick et al as harmful to organisational excellence, and it was proposed that to achieve excellence, healthcare organisations needed to focus simultaneously on three core business “bottom lines”; population health, the individual patient experience of care, and cost per case. Only by aiming for all three of these would an organisation provide consistent world class performance.

We believe high quality teaching and learning are intrinsic in providing an excellent experience for the patient, and therefore it should stand as an aim in its own right. Teaching and learning are integral to every activity that we undertake, and we recognise that without it, excellence is fleeting. We recognise our obligations not only to our own region to ensure a continuity of excellent people and processes, but also to our role in the national provision of high quality healthcare training research and scholarship. We have a proud tradition of partnership between our organisation and the University of Otago, Otago Polytechnic, Southern Institute of Technology and other tertiary education providers.

The Fourfold Aim is explained further as follows:

**Population Health**
Improving the health of a defined population (the residents of the Southern District) and reducing inequalities of care between subsets of that population. This incorporates health promotion and disease prevention strategies alongside quality clinical care.

**Experience of Care**
Care as experienced by individuals within our population. This dimension includes the quality and safety of care provided to individual patients, as well as the coordination of care across boundaries and customer focus.
Cost per Capita
Striving to provide cost effective care requires that we increase the quality of care so to reduce the cost per case of care. Increasing the quality of care reduces waste†, improves cost per capita, and allows us to provide more and better care for the same amount of money.

Teaching and Learning
We are committed to providing excellent learning opportunities for the current and future healthcare workforce, be they doctors, nurses, midwives, allied health, management or support staff.

The Fourfold Aim
We bring these four elements together as a unified goal, so that the organisation can work together to achieve all four elements together with none taking priority over the others.

In practice, this means that whenever we look at one element, we need to identify whether actions will detrimentally affect any or all of the other three elements; For example, when considering training, the provision of service lists and teaching lists in theatre may provide a better more focussed teaching environment, and greater throughput, than simply assuming that all cases should be teaching cases.

† Waste is defined as inefficiencies of patient and staff time, i.e. long waiting times, and ineffective use of resources.
The fourfold aim is central to the strategic direction of the organisation. Firstly, it brings together the existing strategic direction of the organisation, and it creates and defines high level measures that will become part of a performance excellence structure. This integration is seen in the diagram below, which shows the high level of integration of our current strategic direction with the Fourfold Aim, and provides examples of a few high level measures that may flow from it (including national health targets):

**SDHB Strategic Directions**
- Greater emphasis on prevention and early intervention
- Targeted interventions for at risk and high needs groups
- Innovative and contemporary models of care
- More services are closer to the patient / consumer & community based
- Whole of sector and systems approach
- Increased sector and organisational capability, productivity and capacity

**The Fourfold Aim**
- Population Health
- Experience of Care
- Cost per Capita
- Teaching and Learning

**Example High Level Measures**
- Increased vaccination rates
  - 95% of all 8 month olds immunised
- Reduced smoking rates
  - 95% of patients seen will receive advice
- More diabetes and heart checks
  - 90% of eligible patients checked every 5 years
- Better access to elective services
  - 10,113 elective procedures delivered
- Shorter stays in ED
  - 95% of patients discharged in 6 hours
- Shorter waits for cancer treatment
  - 100% of patients will receive treatment within 4 weeks
- Reduced adverse events
  - 20% reduction in adverse events
- Reduced process waste
  - 20% reduction in process waste
- Financial viability
  - The DHB will achieve break-even financial performance
- Reduced cost per case
  - 5% reduction in the case weight cost
- Supporting research
  - 100 research projects underway
- Desired Nurse training environment
  - 90% of new graduates will give us a positive rating
Framework to Direct our Quality Improvement Activities

The Six Dimensions of Quality: Crossing the Quality Chasm.

The essence of quality healthcare is to provide the right care, using the right resources, in the right place at the right time. This has been recognised in the South Island Regional plan as “Right for the patient, Right for service”.

In 2001 the Institute of Medicine published a report, Crossing the Quality Chasm: A new health system for the 21st Century.13 This report was a follow-up to To Err is Human: Building a Safer Health System14 published in 2000, that identified systematically for the first time the extent of harm that existed within the American health system. Crossing the Quality Chasm went further than the previous work in that it identified six elements of the healthcare system that needed to improve in order to achieve those goals of “right care, resources, place and time”. These six dimensions of quality have been adopted across the world as the basis for a quality improvement focus for healthcare.

Safety
Patients should not be harmed by the care that is intended to help them, nor should harm come to those who work in health care.

Effectiveness
Effectiveness refers to care that is based on the use of systematically acquired evidence to determine whether an intervention, such as a preventative service, diagnostic test, or therapy, produces better outcomes than alternatives – including the alternative of doing nothing. Evidence-based care requires that those who give care consistently avoid both underuse of effective care and overuse of ineffective care.

Patient Centredness
This aim focuses on the patient’s experience of illness and healthcare, and on the systems that work or fail to work to meet individual patient needs. It incorporates qualities of compassion, empathy, and responsiveness to the needs, values and expressed preferences of the individual patient.

Timeliness
Timeliness is an important characteristic of any service. However, long waits are the norm in most doctors’ offices, in emergency departments, on the telephone, awaiting test results, or awaiting elective services. In addition to emotional distress, these delays may cause actual harm through delayed diagnosis and treatment. Waits also plague those who give care, with staff “on hold” while

† The dimensions and their descriptors are mostly taken directly from Crossing the Quality Chasm, pages 44 to 53.
information is retrieved, or a patient arrives. Any high quality process must flow seamlessly, and reducing wasted time for the patient and for staff has to be a high priority.

**Efficiency**
In an efficient health system, resources are used to get the best outcomes for the money spent. The opposite of efficiency is waste, the use of resources in a way that does not increase the effectiveness of care and benefits to the patient. There are two ways to improve efficiency; reduce waste (ie improve quality), and reduce administrative costs.

**Equity**
The aim of the health service is to improve services for all members of our population. In New Zealand, it is recognised that certain population subgroups have poor outcomes compared to others, and an approach incorporating equity may well require targeted inputs to specific sectors of the population in order to achieve equity of outcomes.

**The Fourfold Aim and the Dimensions of Quality in a Nutshell**

The Fourfold Aim is Southern DHB’s balanced set of goals to work towards. It also provides focus for strategic planning and leadership.

The six dimensions of quality are points around which quality improvement activities coalesce. These are the focus of frontline quality improvement activities and goal setting for operational management and clinical leadership.

The aim is where we are going; the dimensions are the things we have to work on along the way. These two aspects of the strategy will be central to the Service Level improvement actions within the *Performance Excellence and Quality Improvement Action Plan*. 
Criteria for Excellence

Whilst the Fourfold Aim gives the organisation and its senior leadership a goal to focus the organisation, and the dimensions of quality give a definition of quality around which the operational teams can focus improvement activities, the Baldrige Criteria provides a framework to focus performance excellence and improvement activities.

Many frameworks for performance excellence exist, but the most widely used and successful is Baldrige which was developed by the US Department of Commerce. The framework is supported and promoted in both the public and private sector by the New Zealand Government, and is used by a number of public and private sector organisations, both large and small.

The Baldrige criteria for performance excellence provide seven organisational categories within which the performance of the organisation can be measured and evaluated. They are the aspects of a high performing quality organisation just as the dimensions of quality are the aspects of a quality provision of care. Thus the criteria provide a focus for quality improvement for the senior management and leadership team.

Organisational Profile: Environments, Relationships and Strategic Situation

The organisational profile describes the key working relationships, strategic situation and challenges, and describes the context within which the DHB operates. It describes the external factors affecting the DHB, and driving its strategic direction. There are then seven interrelated criteria that describe how the organisation addresses that strategic direction:

1. **Leadership**
   The leadership criterion defines the principles under which the senior leaders in the DHB lead, and how they fulfil their societal and governance responsibilities.

2. **Strategic Planning**
   Strategic Planning encapsulates how does the DHB develops and implements its strategic goals.

3. **Customer Focus**
   The customer focus criterion explores and focuses on how the DHB obtains information about the voice of the customer, and how it builds relationships with its customers.

4. **Measurement, Analysis and Knowledge Management**
   This criterion examines and focuses on how the DHB measures, analyses and then improves performance, and how it manages its informational resources, technology and knowledge.
5 **Workforce Focus**
The workforce criterion assesses how the DHB builds an effective and supportive work place environment, and engages effectively with all its staff.

6 **Operations Focus**
The operations focus criterion explores how the DHB’s systems and processes are designed, managed and continually improved.

7 **Results**
The results criterion examines all performance and improvement in the key areas such as process effectiveness outcomes, patient and stakeholder performance results, workforce performance, and senior leadership and financial results.

Together, the criteria provide a performance framework within which the organisation can assess its progress and measure its performance. The criteria and the relationships between them are illustrated in the diagram below, from the criteria documentation:

The Leadership (1), Strategic Planning (2) and Customer Focus (3) criteria are the leadership triad which is clustered together to illustrate the importance of leadership in directing strategy and developing a customer focus. The Workforce (5), Operations (6) and Results (7) criteria form the results triad which illustrates that the workforce along with key operations will lead to performance results. The Measurement, Analysis and Knowledge Management criterion (4) provides the foundation to the excellence framework.
To integrate a performance excellence and quality improvement strategy into the fabric of the Southern DHB, we need a set of consistent and robust methodologies that will allow all staff, from frontline staff to senior leaders, to continuously improve care and achieve performance excellence. Four methodologies are central to the delivery of this strategy.

- A quality improvement methodology.
- A programme and project management methodology.
- A measurement methodology to deliver performance excellence.
- The use of Quality Accounts as a way of reporting progress to the community.

Each of these methodologies delivers an approach to different types of problems, and a robust methodology for change in the organisation will address all of these issues.

These methodologies are set out across pages 14-19. They share a set of core principles which determine how the organisation operates. These are set out in the box on page 13.
Core organisational principles behind the methodologies

**Patient Focused excellence**
placing the patient at the centre of everything we do.

**Visionary Leadership**
guiding the direction of the organisation.

**Managing for innovation**
and encouraging it at the front line.

**Agility**
to respond quickly in a rapidly changing environment.

**Organisational and personal learning**
so that we can continually develop and improve.

**Systems perspective**
focusing improvement on the system, not the individual.

**Valuing workforce members and partners**
to support getting the best value out of our staff.

**Challenge**
every aspect of our work.

**Management at the workface**
rather than management in meetings and offices.

**Teamwork**
to bring out the best in individuals.

**Respect**
for our patients, their families, our workforce, our partners, and society.

**Continuous improvement**
striving to improve as an integral part of our daily work.

**Focus on results and creating value**
measuring and managing to deliver results.

**Societal responsibility**
at a local, regional, national and international level.

**Management by fact**
not anecdote.

**Focus on the future**
sustainability and planning for the long term.
A quality improvement methodology

The purpose of a quality improvement methodology is to provide solutions to problems, and in particular to provide solutions to quality problems where in many cases, neither the root cause of the problem, nor even the precise nature of the problem itself is well understood. In most cases, a quality improvement programme does not have an end (because we are always striving to improve from where we are) nor a known implementation path (because when we start, we usually do not know the precise problem or root cause). Accordingly, quality improvement methodology is fundamentally different to traditional project management.

Quality improvement is not the same as the delivery of quality. Delivery of a quality service (doing things right) may involve doing a number of things well, providing good outcomes and making the patient happy. Quality improvement means looking at the things we do in a critical light, asking whether we can improve the way we do things, and constantly working to make the processes better (doing the right things).

Many quality improvement methodologies are available, and there is some considerable overlap between different methodologies. This strategy proposes adoption of a methodology based on the “Toyota Way” and used by many leading health care organisation internationally. The methodology is supported in Australasia and internationally through the Lean Enterprises Institute, a membership organisation of healthcare and industry organisations.

The methodology is supported in Australasia and internationally through the Lean Enterprises Institute, a membership organisation of healthcare and industry organisations.

The Toyota Way is more than a suite of tools; it is rather a philosophical approach to running an organisation using a quality improvement approach. It has two core principles; Continuous Improvement, and Respect for People. This alone distinguishes the approach from most tool-based approaches. Underpinning these principles are the five foundations of the approach; teamwork, respect, Genchi genbutsu (going to the source for information), Kaizen (continuous improvement) and challenge.

The approach can be summarised to three key values

- Everyone (frontline staff and management) has to work together as a team
- Problem solving takes place where the work takes place
- Do not accept the status quo, and use problem solving to continuously improve performance

*Quality improvement methodology is about analysing a problem and designing a solution, then delivering it.*

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§ Many organisations internationally have adopted a “Toyota-based” approach, including Intermountain Health Care, the Combined Bristol NHS Trusts, Boulton NHS Trust, Kaiser Permanente, Virginia Mason Medical Centre, ThedaCare, the Pittsburgh Regional Health initiative, Flinders Medical Centre and of course Counties Manukau.

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A programme and project management methodology

In some cases, a change programme is not a continuous quality improvement programme. Where a solution has been agreed, or a piece of work is needed to put in place a predetermined process, a programme management approach is more appropriate.

Programme management differs from quality improvement in that the project has a sharply defined time frame (with a clear end point) and a clearly defined solution. It also often sits outside the normal work of the organisation. Quality improvement is a continuous process integrated into the day to day work of frontline staff, who are striving to always improve on the status quo. An example of this is the goal of “zero harm”. Most accept that we will never achieve a health system where there is no harm; but we never stop improving so long as harm exists.

Project Management and PRINCE2

PRINCE (Projects IN Controlled Environments) was first established in 1989 as a methodology for managing information systems implementations, and has subsequently expanded its role (as PRINCE2) to become a popular and de facto standard for project management promoted by the Office for Government Commerce in the UK. It is now widely used across the world. The key features are:

- A focus on business justification
- A defined organisational structure for the project management team
- A product based planning approach
- An emphasis on dividing the project into manageable and controllable stages, and
- The flexibility to be applied at a level appropriate to the project.

PRINCE2 is a process-driven approach that breaks the project down into 45 separate sub-processes, and organises these into eight processes:

- Start Up
- Planning
- Initiating a Project
- Directing a Project
- Controlling a Stage
- Managing Project Delivery
- Managing Stage Boundaries
- Closing a Project

A Programme is usually made up of a number of smaller projects grouped around a common theme. Each would be managed using the project management methodology at the appropriate scale, and an overall plan would be in place for the programme as a whole. A Portfolio of work comprises a number of projects being undertaken by a specific team, or a unit within the organisation. These two aspects cut across the organisation in different ways, such that a specific department may be undertaking a portfolio of work that includes elements from a number of programmes; likewise a programme may consist of a number of projects occurring in different parts of the organisation.

Project Management methodology is about delivering a product or process within time, budget and a quality standard.
An integrated measurement methodology for performance excellence

A robust performance excellence methodology will bring together a set of reporting measures into an organisation-wide balanced scorecard that can be cascaded to every level of the organisation. Central to the methodology will be

- **Measures that relate to the fourfold aim.**
  At any level of the organisation, the work done must relate to the aims of the organisation. Work that does not contribute in some way to the Fourfold Aim should be evaluated to determine why we are doing it.

- **Measures that are meaningful to that level of the organisation, and part of an integrated framework**
  Often performance frameworks contain measures at many levels of the organisation that have been created in an ad hoc fashion. Some performance measures may not cascade up to the top of the organisation, and often these are not related to the organisation’s aims. Some measures at a high level do not have corresponding measures down through the structure, and these measures will usually fail to be delivered, as those further up in the organisation are not the individuals actually delivering the work being measured. Other measures are simply not appropriate at certain levels of the organisation; the measures need to change as they move up through the structure.

An example will clarify this. One typical safety measure is the harm through patient falls. This can be reported at Board level, but alone it gives no specific knowledge as to how the situation can be improved. In a well designed performance structure, there will be specific measures at the ward level designed to improve, for example

- How many patients fell this month?
- How many patients were harmed through falls?
- What proportion of the patients on the ward were assessed for falls risk within 4 hours of admission?
- What proportion of those assessed as at risk had appropriate interventions in place?

These measures are counted and reported at a ward level. Further up the structure, the measures will change to

- How many patients were harmed by falls?
- How many wards achieved 90% of patients assessed within 4 hours?
- How many wards achieved 100% of interventions in place?

By the time the measure reaches Board level, the outcome measure (how many patients were harmed by falls?) and the performance measure (3 of 11 wards were meeting the targets for assessment and intervention) give a way to focus performance management and improvement.

*An integrated measurement methodology for performance excellence is about measuring and reporting outcomes in an integrated way from the top to the bottom of the organisation*
The Fourfold Aim

**Experience of Care**

**Cost per Capita**

**High Level Measure**

*Reduced adverse events*
20% reduction in adverse events

**Mid Level Measures**

*Reduction in harm from falls*
20% reduction in patients harmed by falls

- Reduced Hospital Acquired Infections
  20% reduction in HAIs
- Reduced pressure injuries
  20% reduction in pressure injuries

**Ward Level Measures**

- Reduced harm from falls
  Number of falls causing harm
- Reduced falls
  Number of falls
- Improved Assessment
  % Patient assessed within 4 hrs of admission
- Improved interventions
  % assessed high risk patients with interventions
The Quality Account:
A robust reporting framework

The set of measures described in the previous pages is designed to give an integrated reporting structure vertically through the organisation. This is essential if we are to deliver improvement outcomes within the DHB. As well as these more “organisationally focused” measures, there should be a mechanism to report to the community on a regular basis.

In June 2012 the Health Quality and Safety Commission New Zealand published a recommendation that all DHBs adopt a version of the English NHS Quality Accounts programme. This initiative requires every NHS Trust to produce an annual quality account, reporting on past performance and future plans in much the same way as the Annual account does for a financial statement and planning document. The Commission has asked each DHB to produce such an account of its quality activities.

The Quality Account gives the DHB a framework to

- “Demonstrate their commitment to continuous, evidence-based quality improvement across all services
- Set out to the public where improvements are needed and planned
- Receive challenge and support from the public and wider sector on what they are trying to achieve
- Be held to account by the public and local stakeholders for delivering quality improvements.” * 16

Southern DHB will use the Quality Account process to achieve these purposes.

What is the Quality Account?

- The Quality Account is an annual document. It is recommended that the Account be published to cover the financial year, however the first account may be a pilot account that cover only part of the year.
- The Quality Account is a public document. It is a report to our patients and the community that we serve that illustrates both our performance on key quality measures, and our commitment to improvement.
- The Quality Account has four guiding principles: accountability and transparency; meaningful and relevant; whole of system outcomes; continuous quality improvement. These principles are congruent with the performance excellence and quality improvement strategy.
- The Quality Account has three main parts: a statement of intent from the CEO and Board which sets out the organisation’s commitment to continuous quality improvement; a set of performance measures chosen by the organisation to indicate the current state of our organisation; and a set of priorities for improvement for the next year with an indication of how those priorities will be undertaken.

The Quality Account is the public face of this Performance Excellence and Quality Improvement Strategy; this strategy is the organisation’s way of developing and presenting its quality account.

* Quality Accounts page 5

October 2012
The structure and content of the Quality Account

The Statement of Intent
This first section will contain a general foreward and introduction setting out the purpose and structure of the account. It will also include a statement from the CEO and Board supporting both the document and the DHB’s commitment to quality improvement. It concludes with a statement of engagement, showing who has been involved in preparing the account, and a statement of intent regarding feedback, outlining the process for giving feedback to the DHB, and how we will respond to feedback.

Performance Review
The performance review section is a retrospective look at the performance of the organisation over the past 12 months. It will be structured to match the fourfold aim, including the six dimensions of quality that form the DHB’s core approach to quality improvement at the front line. The measures reported will be grouped around the Aim and the six dimensions as expressed in the following examples of possible questions and indicators:

Population Health
Public Health Measures
- Alcohol Harms
- Immunisation rates

Is the care provided in an equitable way?
- Outcome comparison based on ethnicity
- Outcome comparison based on geographical spread

Experience of Care
How safe am I in the DHB?
- Hospital Standardised Mortality
- Adverse event rate
- Number of “never” events
- Combined safety score

How effective is patient care?
- Readmission rates
- Outlier rates for key procedures (combined score)
- Clinical performance measures

Is my care patient centred?
- Surveyed results
- Participation in patient centred initiatives such as letters to patients

Will I receive care in a timely fashion?
- Waiting list performance for elective and outpatients
- ED performance

Cost per Capita
Is the organisation providing care in an efficient way?
- Cost per caseweight

Teaching and Learning
- Number of staff participating in formal learning
- Number of staff in post-registration training

Future Focus
The future focus section sets out priorities for improvement:
- How we will make care safer in the next 12 months.
- How we will make care more effective in the next 12 months.
- How we will become more patient centred in the next 12 months.
- How we will reduce waiting in the next 12 months.
- How we will improve efficiency in the next 12 months.
- How we will decrease inequity in the next 12 months.
The Fourfold Aim, the Dimensions of Quality, Process Excellence criteria and the methodologies: central to driving the strategy

The four key aspects of the strategy are now set out. These provide the direction of travel for the organisation, and a compass to determine whether or not our work is focused in the right direction. The other three aspects give us the ability to achieve the Fourfold Aim, and provide a solid base upon which the aim rests.

The dimensions of quality give us specific issues that need to be addressed and improved in all aspects of our day to day work to provide quality care.

The process excellence criteria – Baldrige – and their outcomes provide the senior team with the tools to translate improvement and performance down through the structure of the organisation.

The methodologies and the principles behind them provide the tools to involve staff in quality improvement as a normal part of their day job.

Our patients’ and communities’ health is at the centre of everything we do, it is “our core business”. Nearest the delivery of care, our dimensions of quality give us the areas we need to improve upon. Supporting and continually interacting with this centre is the management and leadership framework.

Together they provide a “best for patient/communities/best for service” approach.

Together they will ensure we deliver our fourfold aim.

This document is the first of three elements to a Performance Excellence and Quality Improvement Framework.

The second is a Performance Excellence and Quality Improvement Structural plan. It describes the organisational structure that will support the operational services to deliver their action plans. It sets out the time frames and planning processes to ensure that the action plans fit with the wider organisational planning cycle. Finally, it describes the methodologies for quality improvement, programme and project management, reporting for process excellence and developing Quality Accounts in detail.

The third document is a Performance Excellence and Quality Improvement Action Plan, setting out the work needed to achieve the Strategy. It documents specific action plans at whole DHB, leadership, and service levels.

Together, the three documents provide an integrated framework that provides a theoretical and evidence based approach to improvement and excellence, a way to achieve it and a way to measure the results. It will provide the path for Southern District Health Board to deliver world class excellence, consistently delivering results in the top 10% of our peers.

Two examples are provided in Appendix 1 that may be useful to further understand the strategy and methodologies which have been described throughout this document.

October 2012
The starting point is our all-encompassing principles... which surround systematic processes... and improve quality... yielding performance results... to deliver the fourfold aim.

October 2012
Putting the strategy into practice: two examples

To illustrate the interrelated nature of these four elements of the framework, we can use the two examples. The first, a clinical issue, illustrates how the elements of the strategy relate to our clinical work. The second, a process issue, address issues of operational efficiency.

<table>
<thead>
<tr>
<th>Does this work address aspects of the fourfold aim, or more basically, should we do it?</th>
<th>Undertaking elective surgery</th>
<th>Introducing patient focussed booking in outpatients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undertaking elective surgery has a direct positive effect on patient experience, and should not have a negative effect on the other aims</td>
<td>Improving outpatient processes will directly improve patient experience and reduce costs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>What aspects of performance excellence are relevant to this work?</th>
<th>Undertaking elective surgery</th>
<th>Introducing patient focussed booking in outpatients</th>
</tr>
</thead>
</table>
| **Leadership**
Has the senior leadership team identified with elective surgery targets? Are they fostering a culture that seeks to continuously improve performance on these targets | **Leadership**
Has the senior leadership team identified outpatient processes as a process requiring attention? Are they fostering a culture that seeks to continuously improve performance? |
| **Strategic Planning**
Do we have a strategic plan to determine and deliver appropriate levels of elective surgery? | **Strategic Planning**
Do we have a strategic plan to determine and deliver appropriate levels of outpatient appointments? |
| **Customer Focus**
Do we have processes to get feedback on our services? Have we included patients in the design of the services? | **Customer Focus**
Do we have processes to get feedback on our services? Have we included patients in the design of the services? |
| **Measurement, Analysis and Knowledge Management**
Do we have systems in place to measure output? Clinical outcomes? Process measures around efficiency? Customer satisfaction? | **Measurement, Analysis and Knowledge Management**
Do we have systems in place to measure output? Clinical outcomes? Process measures around efficiency? Customer satisfaction? |
| **Workforce Focus**
Are our staff trained and motivated, not only to undertake the work, but also to improve the way they work? | **Workforce Focus**
Are our staff trained and motivated, not only to undertake the work, but also to improve the way they work? |
| **Operations Focus**
Are our length of stay, our theatre times, our utilisation as lean and seamless as they could be? Does the patient have a seamless, timely flow through the process? | **Operations Focus**
Are our booking times, our outpatient clinic hours, our utilisation as lean and seamless as they could be? Does the patient have a seamless, timely flow through the process? |
| **Results**
Are our results (clinical, volume, cost) reported transparently to all staff? Are we performing in the top 10% in these areas? | **Results**
Are our results (clinical, volume, cost) reported transparently to all staff? Are we performing in the top 10% in these areas? |
What dimensions of quality should we focus on improving?

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<tr>
<th>Question One: Do we do this work? (the Fourfold Aim)</th>
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<tbody>
<tr>
<td>Are we providing effective care according to evidence based best practice? Are we providing standardised care? What are our clinical outcomes?</td>
</tr>
<tr>
<td>Are we providing care in a patient centred way that recognises the needs and dignity of the patient? Have we involved the patient in the design of the service?</td>
</tr>
<tr>
<td>Do we show timeliness? What are our waiting list times? How long do patients spend in hospital? How long do they wait at their outpatient appointments? Do staff waste time waiting in clinics or theatre?</td>
</tr>
<tr>
<td>Are we efficient? Is our cost per case in the lowest 10% of our peer group? Is our length of stay in the lowest 10%? Do we ensure that there is no over-provision of tests?</td>
</tr>
<tr>
<td>Is care equitable? Are waiting times equal across our district? Across population subgroups? Across age groups?</td>
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<tr>
<th>Question Two: How does this work fit into our structure, and our performance framework (the seven criteria for performance excellence)</th>
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<td>Are we providing effective care according to evidence based best practice? Does our process compare favourably to other sites? Are we seeing people too frequently?</td>
</tr>
<tr>
<td>Are we making appointments in a patient centred way that allows patient choice and reduces unnecessary appointments? Have we involved the patient in the design of the service?</td>
</tr>
<tr>
<td>Do we show timeliness? What are our waiting list times? How long do patients wait at their outpatient appointments? Do staff waste time waiting in clinics?</td>
</tr>
<tr>
<td>Are we efficient? Do we waste appointment times? Do we do a lot of re-work in rebooking appointments?</td>
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<th>Question Three: What aspects of this work need improving? (the six dimensions of quality)</th>
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<td>Are there aspects of our booking processes that affect patient safety? (for example, lost appointments, delays)</td>
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<th>Question Four: How can we make things better, and how will we know they are better? (The robust methodology)</th>
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<td>Are we using robust methodologies? As this is a quality improvement process are we using the Toyota Way methodology? Are we using A3 problem solving? Do we have processes in place to manage and report the process improvements? Have we included the plans and current outcomes in our Quality Account?</td>
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What do the four questions mean?

In the two examples above, we ask four questions based on the four elements of the plan. These questions can be boiled down to a very simple structure:

- Question One: Do we do this work? (the Fourfold Aim)
- Question Two: How does this work fit into our structure, and our performance framework (the seven criteria for performance excellence)
- Question Three: What aspects of this work need improving? (the six dimensions of quality).
- Question Four: How can we make things better, and how will we know they are better? (The robust methodology).
References


