

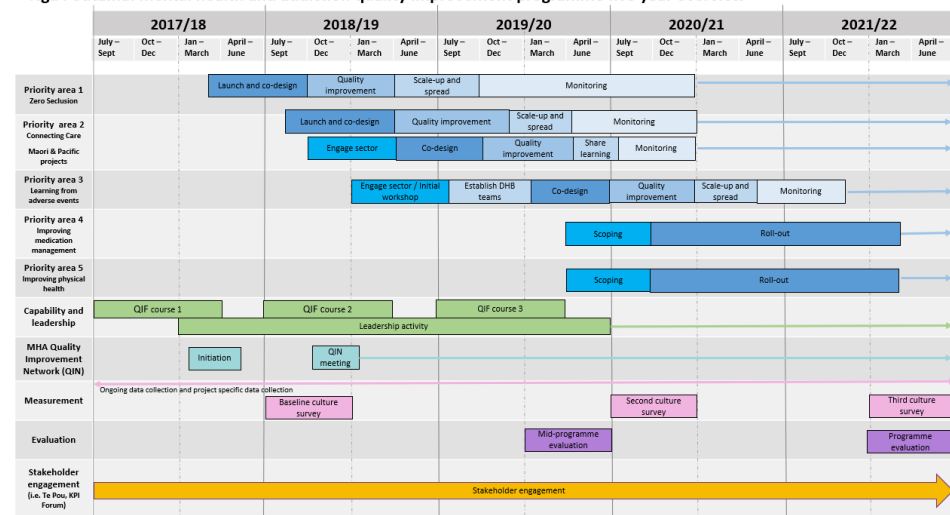
MHA QIP priority areas:

1. Aukatia te noho punanga: E whai ana ki te whakakore i te noho punanga i mua o te 2020 / Zero Seclusion: towards eliminating seclusion by 2020 (minimising restrictive care)
2. Te tūhono i ngā manaakitanga, te whakapai ake i ngā whakawhitinga ratonga / Connecting Care: improving service transitions
3. Te ako mai i ngā pāmamaetanga taumaha me te wheako kiritaki / Learning from adverse events and consumer, family and whānau experience
4. Te whakanui ake i te hauora ā-tinana / Maximising physical health
5. Te whakapai ake i te whakahaere rongoā, i te tūtohu rongoā hoki / Improving medication management and prescribing



Draft five year programme overview:

Ngā Poutama: mental health and addiction quality improvement programme five year overview



Strategic priorities:

The Health Quality & Safety Commission's (the Commission) Statement of Intent (2017–21) outlines five strategic priorities. A new strategic priority is 'advancing Māori health' demonstrating the Commission's commitment to, and prioritisation of, Te Tiriti o Waitangi and health equity for Māori. The Commission's and the MHA QIP's strategic priorities are:

- advancing Māori health
- improving consumer/whānau experience
- achieving health equity
- reducing harm and mortality
- reducing variation

Sept – Nov 2019 achievements:

- Mental health and addiction (MHA) quality improvement facilitator (QIF) course workshops 24 and 25 September
- Learning from adverse events and consumer, family and whānau experience project supra-regional first co-design workshops held on 12 and 13 September
- Fortnightly coaching sessions for Zero Seclusion project teams
- Monthly coaching sessions for Connecting Care project teams
- Ngā Poutama consumer, family and whānau experience survey went live on 1 September
- Pono (consumer, family and whānau video narratives) project underway

Some next steps for 2019:

- Zero Seclusion project four regional away-days between 20 and 28 November
- Connecting Care project supra-regional Learning Session Three on 3 and 4 December
- Learning from adverse events and consumer, family and whānau experience project second supra-regional co-design workshops on 11 and 12 December

Highlights:

Quality improvement scale, spread, and maintaining momentum: The MHA QIP team continues to work with and support Zero Seclusion district health board (DHB)-led project teams via regular on-line coaching sessions and face-to-face visits which will continue to at least June 2020.

Regional away-days: With DHB-led teams now 18 months on in their Zero Seclusion projects working towards the elimination of seclusion by the end of 2020, it is a good time to take stock on progress made, reset the national approach and measures, and further energise all of our efforts. To support the project teams to do this, the MHA QIP organised four regional away-days between 20 and 28 November in Auckland, Hamilton, Wellington and Christchurch. The events were scheduled regionally to make it more feasible for more team members to attend. Prior to the away-days, teams were encouraged to visit the interactive dashboard to view their outcome measures to see how they are doing and whether they are able to identify where, when and who is experiencing a seclusion event. Some teams have shown improvements in seclusion in several areas. Key drivers for this improvement shared with all of the project teams are workforce development, person and whānau/family-centred care, equity, and a safe care environment.

Unconscious bias: Unconscious bias may influence the decision making and actions of those health professionals working in mental health inpatient units, with negative consequences such as increasing inequities. A more targeted approach is proposed for DHBs with higher Māori populations and higher Māori seclusion rates.

Cultural sensory kits: Based on the kaupapa Māori sensory kit, developed by Joanne Henare, a member of the MHA QIP Māori Advisory Group, a draft sensory modulation kit for Pacific peoples has been developed. Graceland Ioane, a Bachelor of Health Science student at Auckland University of Technology (AUT), helped develop the kit during her four-month student placement with the MHA QIP. 'Many of the ideas came from the kaupapa Māori kit with advice from two Pacific clinicians,' Graceland says. The kit is designed to help Pacific consumers use their senses to reduce distress and includes items like colouring-in exercises, poems, painting activities and books.

Having a spiritual dimension was important and Bible verses, Tongan and Samoan proverbs and a seven-step mindfulness exercise were included. Pacific staff from Auckland and Waitematā DHBs have reviewed the draft kit and plan to test it in their acute MHA units.



From left: Graceland Ioane, AUT student on placement, and Ioana Mulipola, Pacific clinician, Auckland DHB.



Highlights

Learning Session Three: In preparation for Learning Session Three on 4 December, Connecting Care teams were sent a project assessment scale (ratings from 0 = intent to participate to 6 = outstanding sustainable improvement) to ascertain where the teams were at and where they thought they would be by 4 December, the official final learning session for Connecting Care. The feedback indicated that the majority of project teams would not have finished their project (i.e. completed plan-do-study-act cycles, implemented changes, have evidence of improved outcomes) by the December learning session and are more at the stages of changes starting to be tested, no improvement yet (3.5 on scale) and signals of improvement (4.0 on scale).

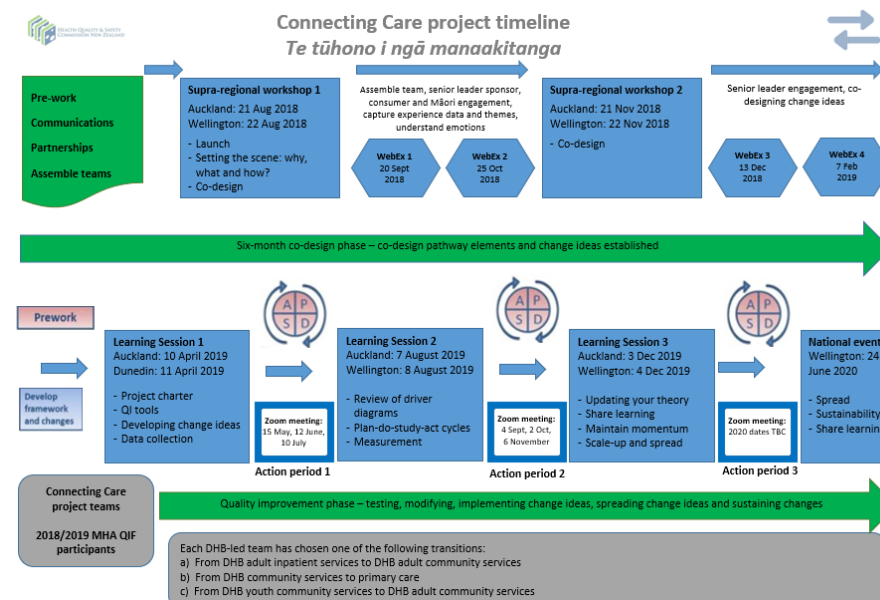
In light of this feedback from the project teams, the timeline for Connecting Care has been adapted and Learning Session Three will instead be held supra-regionally in Auckland on Tuesday 3 December and Wellington on Wednesday 4 December. This change is to allow teams more time to work on testing their change ideas, scale-up and spread, leading up to a national event on 24 June 2020 in Wellington. This will be a combined event with the teams working on the Zero Seclusion priority area.

The format of the MHA QIP team support for project teams between Learning Session Three and the June 2020 event will be confirmed at a later stage and could be made up of email support, Zoom coaching sessions, face-to-face meetings, depending on what best meets the needs of project teams.

Outcome measure: Connecting Care outcome measure data is being added to the interactive dashboard for project teams to view at Learning Session Three.

Pacific Connecting Care: We have commenced working with Waitemata DHB's Isa Lei, Pacific service to improve service transitions from a Pacific perspective. Stakeholder groups met to convey their views on where they think service transitions could be improved.

Kaupapa Māori Connecting Care: We are exploring opportunities to improve service transitions for Māori using a range of approaches, guided by the programme's Māori Advisory Group. DHBs with an established relationship with a kaupapa Māori provider have been asked about their approach to share with other project teams.





Highlights

Project launch and co-design workshops: This third priority area of the MHA QIP launched with supra-regional co-design workshops held on 12 September in Auckland and 13 September in Wellington. Around 100 people attended the workshops over the two days including representatives from all 20 DHBs, as well as non-governmental organisations (NGOs), partner organisations and Commission staff.

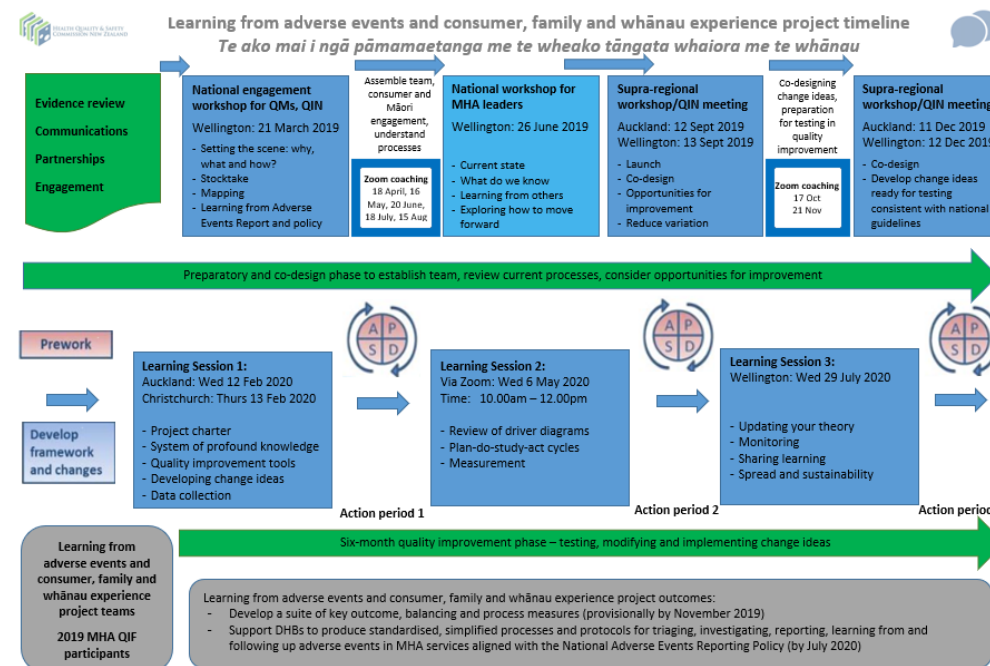
The workshops were an opportunity for participating project teams to: establish who will be part of their project team, including consumer, family, whānau and Māori representatives; recognise the value of gathering and using consumer, family and whānau experiences to co-design health care services; learn about a range of co-design tools and methods and how to apply them; and, plan for next steps. The participating project teams will next meet to share their progress on what they have learnt during their engage, capture and understand co-design phases at the second supra-regional co-design workshop on 11 December in Auckland and 12 December in Wellington.

Workshop participants engaged in a co-design practical exercise. From L to R: Fran Voykovich, Hineroa Hakiha, Sue Cotton and Dr David Hughes, Counties Manukau Health, and Gemma Whittam, Waitematā DHB



Project teams have been sent the link to the presentation and videos from the co-design workshops now on the MHA QIP page of the Commission's website to refer to as required, and for those team members who were not able to attend the September workshops to view: [Presentations and videos from the co-design workshop on learning from adverse events.](#)

Monthly coaching sessions via Zoom videoconferencing will support the teams. A recent Zoom session included a presentation on engaging Māori whānau in the co-design process by Joanne Henare, MHA QIP Māori Advisory Group member.



Highlights

Ngā Poutama: Consumer, family and whānau experience survey: This survey went live on 1 September and consumers, family and whānau had until 21 November 2019 to take part. This is a new national experience survey for consumers discharged or transitioned between MHA services, and includes families and whānau.

The MHA QIP team and the contracted provider completed a rigorous cognitive testing process to finalise the survey questions. This process included 80 interviews with a diverse range of consumers, family and whānau.

The MHA QIP team worked closely with DHBs on survey methodology, including a working group with representatives from eight DHBs which included consumer, family and whānau representation. An important part of the methodology was an accompanying drive to collect consumer email addresses, as this is the best method to invite consumers to participate.

However, early indications are that email collection by services overall is very low. The low email survey invitations distributed, combined with less consumer uptake of the survey, is likely to result in survey numbers and response rates being lower than expected. The MHA QIP team is working with the contracted provider to maximise response rates, in line with the methodology and privacy considerations. Survey results will be published in early 2020 nationally and by DHB where sample size permit.

[Information about the survey can be found here.](#)

Pono (consumer, family and whānau video narratives): To capture the true-to-life experiences of using MHA services, a set of between three and five videos, each year, across the next three financial years (19/20, 20/21 and 21/22) will be produced. Recent lived experiences of seclusion will be the first video theme with particular focus on Māori and Pacific (as they are more likely to experience seclusion).

Maximising physical health: This project will be scoped for implementation in 2020/21. The following topics prioritised by the MHA QIP Leadership Group as a focus for this project are: screening and risk assessment, monitoring and treatment for metabolic, cardio vascular disease and cancer; smoking cessation for consumers and mental health staff health literacy.



Improving medication management and prescribing:

This project will be scoped for implementation in 2020/21. The following topics prioritised by the MHA QIP Leadership Group for this project are: reducing harm from high-risk medicines – in particular antipsychotic medication; medication reconciliation –around polypharmacy; standardised, resources and information sources that are culturally specific (including Māori specific) for consumers and family and whānau.



Highlights

Interactive dashboard of seclusion outcome data: An online data dashboard is being developed in order to:

- encourage project team engagement with data and measurement, and prompt further exploration and discussion
- support knowledge-sharing within and between organisations and improvement teams
- encourage continued, cross-organisational support for the improvement work being done by project teams

Version 1.0 of the dashboard displays seclusion outcome measures. Data from the other MHA QIP priority areas will be added in future versions. Frontline and technical MHA sector staff took part in one-on-one user testing to inform the design of the dashboard. Version 1.0 was released to DHBs for feedback in early September 2019.

Over the coming months, dashboard access will be shared in stages with the broader MHA sector. The MHA QIP team welcomes feedback on the design, structure and usability of the dashboard, as well as views from users on the most important features to add in future versions.



Dashboard (in development, v 1.0) - National Mental Health and Addiction Quality Improvement Programme (MHA-QIP)

Zero seclusion outcome measures (DRAFT)

Filters:

DHB

National*

Ethnicity

All ethnicities

Unit type

All

Hover over data points for more information
Measure and filter definitions

Communication highlights

Website stories: The MHA QIP has increased the number of stories about the programme on the MHA QIP page of the Commission's website. Links to the stories are below. The stories are also included in the Commission's monthly e-digest which is distributed to around 5000 stakeholders so this is a very effective way of raising the profile of the MHA QIP.

[Making mental health a priority during Mental Health Awareness Week](#)

[Profile: Leigh Murray, family advisor at Auckland DHB](#)

[Project to improve safety in response to mental health and addiction adverse events](#)

[Mental Health and Addiction Quality Improvement Programme congratulates Heather Casey](#)

Patient Safety Week 3-9 November: The theme for this year's Patient Safety Week was implicit bias in healthcare. The Commission developed three learning modules on implicit bias. The video learning modules can be accessed here:

[Learning and education modules on understanding bias in health care.](#)

Making mental health a priority during Mental Health Awareness Week

11 Oct 2019 | Mental Health & Addiction Quality Improvement

The Health Quality & Safety Commission's mental health and addiction (MHA) quality improvement programme team organised several activities to acknowledge and celebrate Mental Health Awareness Week 2019 (23-29 September).



In Auckland, the team collaborated with Ministry of Health colleagues on a range of activities. They were a great opportunity to explore the experiences, actions, relationships and surroundings that uplift mental wellbeing and enhance the enjoyment of work.

This year's theme was based on Sir Mason Durie's Te Whare Tapa Whā. Questions related to the four domains of Te Whare Tapa Whā were posted in the staff room each day for everyone to contribute their ideas using colourful sticky notes.

A sensory activity to align with one of the five ways to wellbeing, 'take notice' was facilitated. The five ways to wellbeing are five strategies that have been proven to increase personal wellbeing. The idea was to take notice and be curious of the world around you and what you are feeling.

Profile: Leigh Murray, family advisor at Auckland DHB

8 Oct 2019 | Mental Health & Addiction Quality Improvement

Leigh Murray works for Auckland District Health Board (DHB) mental health services as a family advisor. Leigh recently presented at the Commission's mental health and addiction (MHA) quality improvement programme's Te Whare Tapa Whā (Connecting Care) learning session in Auckland on 7 August 2019 on the consumer, family and whānau experience of transitions. She is based at Greenlane Clinical Centre.

I see my role as providing systemic advocacy. My aim is to advocate for whānau and support Auckland DHB staff to work effectively with families.

Auckland DHB has a family whānau perspectives group which provides a structured process for six whānau members to contribute to service improvement on a regular basis.

I provide training and education for staff on working with whānau and also coordinate a family connectors.



Leigh Murray, family advisor at Auckland District Health Board

Mental Health and Addiction Quality Improvement Programme congratulates Heather Casey

20 Sep 2019 | Mental Health & Addiction Quality Improvement

Heather Casey, Southern District Health Board (DHB) director of nursing mental health, addictions and intellectual disability has been recognised at the 2019 Mental Health Service Awards of Australia and New Zealand for service to mental health.

Heather won the award in the exceptional contribution category in recognition of her outstanding contribution to mental health service delivery.

It is wonderful to see Heather recognised in this way and it is well deserved, said Dr One Benemann, clinical lead of the Health Quality & Safety Commission's mental health and addiction quality improvement programme.

The award was announced on 29 August at the annual Mental Health Services Conference held in Brisbane, Queensland, and presented by the Hon Greg Hunt MP, Federal Minister for Health.



Heather Casey and Hon. Greg Hunt MP