



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



Welcome to the consumer forum!
Nau mai haere mai!

Tai Aroha

Ko te aroha anō he wai,
He pupū ake ana,
He awa ki māpuna mai ana
I roto i te whatū-manawa

Ko tōna mātāpuna he hōhonu
Ā ina ia ka rere anō

He tai timu, he tai pari
he tai ope, he tai ora
He tai nui, he tai nui.



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Consumers and the Commission

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Why are we here?

- What we have learnt so far? What is working well? How can we improve for the future?
- How can you contribute to the Commission's future work, particularly with a focus on equity and Māori advancement?
- How can you learn from one another and support consumer input?

The evidence remains (and is growing)

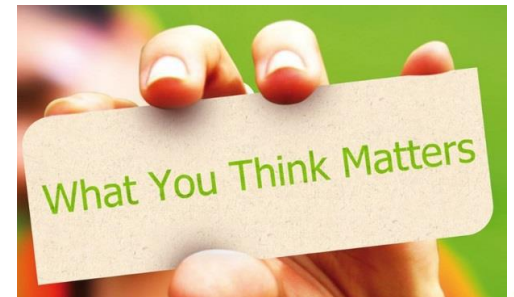
- *Experience and evidence* has shown that actively involving health consumers at all levels of the health and disability system:
 1. assists with identifying care that is most likely to be acceptable to consumers
 2. identifies areas where waste can be reduced or services can be reconfigured to ensure that more people use them
 3. ensures that consumer rights are upheld and that the chance of harm is reduced.
- *Patient experience, clinical effectiveness and patient safety* are all linked.

Why 'consumer'?

The Commission defines a 'consumer' as:

A person who has accessed or is currently using a health or disability service or is likely to do so in the future.

- Experience-based consumers
- Representative/advisor consumers
- Carers
- Family, whānau and a'iga
- Consumer group or organisation



Growth

1. Significant increase in consumer representation since Commission's establishment.
2. Roles dedicated to consumer engagement.
3. A cornerstone of how the Commission operates - both strategically and in our values.

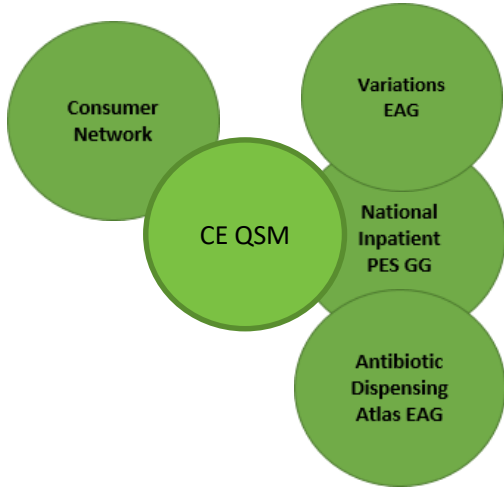


Commission board

Te Rōpu Māori

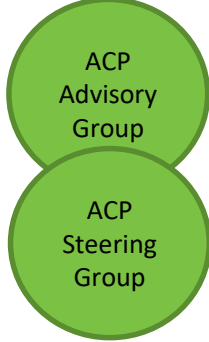
Consumer advisory group to the board

PARTNERS IN CARE

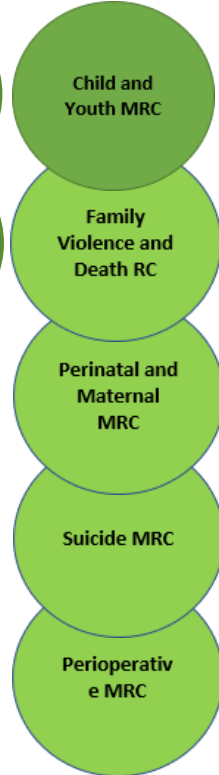


HEALTH QUALITY INTELLIGENCE

COMMUNICATIONS



MORTALITY REVIEW COMMITTEES



LEARNING AND IMPROVEMENT GROUP

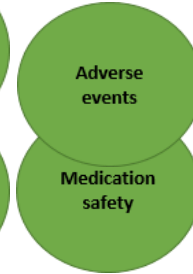
MENTAL HEALTH & ADDICTION

Mental health & addiction



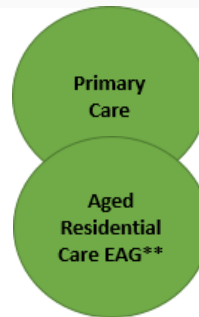
PATIENT SAFETY

Adverse events
Medication safety
Pressure injuries*
Reducing harm from falls*



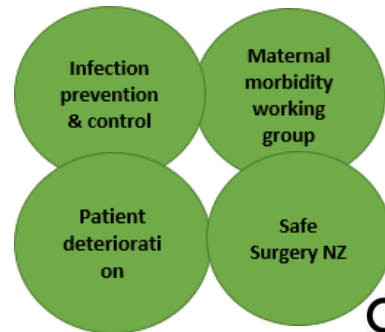
COMMUNITY IMPROVEMENT

Aged residential care
Primary care



HOSPITAL IMPROVEMENT

Infection prevention & control
Maternal morbidity working group
Patient deterioration
Safe Surgery NZ



Partners in Care

Commission's Consumer Network



Partners in Care: current state

- Consumer advisory group to the board and refreshed consumer network.
- Partners in care champions.
- Increase in consumer representation at DHB-level (18/20), and among colleges and societies.
- 14/20 DHBs responding to the patient experience (with some improvements).
- TTT of consumers and providers (60+) to deliver consumer engagement modules.
- Co-design established as a credible method in most DHB settings.
- Consumer engagement QSM concept developed (are you SURE?).
- Refreshed guide to be launched at RNZCGP conference.

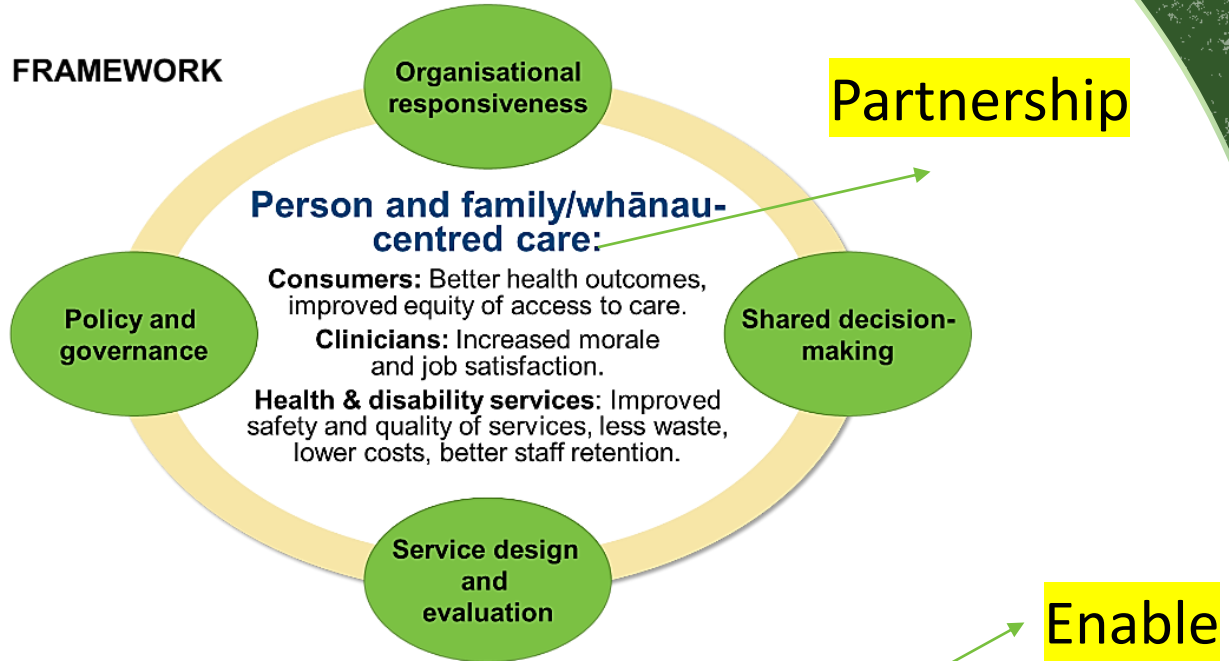
Partners in care: future state

- Support Māori health advancement - working with the consumer network and community.
- Consumer representation at primary care level (starting all over again) and aim for 100% DHB consumer council (or similar).
- Primary care response to patient experience (how ready is the sector?).
- Fully rolled out consumer engagement QSM.
- Follow up on interventions to improve adult inpatient experience (what is sustainable?).
- Resources refreshed and reframed (e.g. Let's PLAN with equity focus).
- Co-design with a disease focus.
- Modest contribution to working with disability sector.
- Plan follow up Open forum (advancing Let's Talk March 2018).

PRINCIPLES



FRAMEWORK



SPECTRUM OF ENGAGEMENT



SUPPORTING Framework/context

Code of Health and Disability Services Consumers' Rights

Treaty of Waitangi

New Zealand Public Health and Disability Act (2000)

PROCESS



SURE

← Structure →

← Process →

← Outcome →

Supporting – what is in place to **enable** consumer engagement?

Consumer involvement in governance and planning

- Consumer council in place
 - Quality measures for CC
 - Xx
 - Xx
 - Xx
- Innovations from consumer councils upload

Co-design skills and expertise

- Example 1
- Example 2
- Xx
- Xx
- Xx

Co-design innovations upload

Others

Understanding – how able are organisations to understand what their consumers are telling them?

- What data are available about consumer experience?
- Who has access to it?
- What capacity to analyse and develop responses does the organisation have?
- *What is the response rate on the patient experience surveys (HQSC data)*
- *How representative are the responses (differential responses by age, ethnicity and gender) (HQSC data)*
- What other data are available and used

Responding – what has been done to respond to what consumers have said?

- Upload of interventions planned or underway

Evaluating – what has been the **impact** of these interventions?

- *Patient experience survey relevant measures (HQSC data)*
- Other locally provided data

We always adopt a co-design approach

- Identify a challenge or opportunity to **engage** people; consumers, family, whānau and staff, **capture** their experiences and ideas, **organise the learning, stay together in partnership**, plan and implement improvements then finally; review what difference they have made.
- ‘You and me, let’s do it together’.

