Aged residential care quality improvement programme | Hōtaka whakapiki kounga tiaki pēperekōu ki te kāinga

Charter | Tūtohinga

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Document purpose | Take o te pukapuka

The purpose of this charter is to confirm the principles, mandate and high-level approach for the Health Quality & Safety Commission (the Commission) led quality improvement programme in aged residential care (ARC).

This is a public-facing document, which will be supported by a suite of internal programme planning documents.

Programme summary | Whakarāpopoto hōtaka

The Commission, in partnership with the ARC sector, is taking a system-wide approach to developing a quality improvement programme for ARC and building on the good work already in progress across the sector.

The programme aims to support the sector to:

- build and/or strengthen its foundations
- act as a catalyst to grow sustainable quality improvement work
- build a strong continuous learning and improvement culture.

The ultimate goal is to improve residents' experience of care and quality of life outcomes, within the context of a supported living environment.

The Commission will work closely with groups such as the New Zealand Aged Care Association (NZACA) and Care Association of New Zealand (CANZ) as advocacy bodies for providers across the ARC sector, together with other key agencies. The ethos is one of developing alliances, partnerships and opportunities where we can work in innovative ways with both public and private service providers and stakeholders.

Through our engagement to date across the ARC sector, and from feedback received, we have identified six foundational themes that will guide the programme. We regard these as forming a 'quality improvement platform' as drivers for change and improvement:

- promote resident, family and whānau-centred care
- improve the quality and safety culture
- increase the quality improvement capability of the workforce
- use data to measure quality improvement and identify areas of focus
- share learnings and best practice (evidence-informed)
- support leadership at all levels.

Context and background | Te horopaki me te takenga mai

Every year, approximately 33,000 New Zealanders access a dynamic and complex range of ARC services, including dementia and psychogeriatric care. The focus of this care is to promote optimum quality of life, resilience and adaptation to disability and co-morbidity as a resident ages.

While the total number of older people entering ARC continues to increase, the proportion has decreased over the last five years. This is mainly due to 'ageing in place' initiatives that

have increased community care for frail older people, as well as options for alternative housing such as retirement villages.[1]

This means the ARC population is entering care at an older age and with steadily increasing levels of dependency and health care complexity.[2] The majority of care in ARC settings is now provided to people with significant disability due to cognitive impairment and chronic disease.[3] This means families and whānau have a significant role to play as active participants in the care team.

The diversity of the aged care population is also increasing. Nationally, 4 percent of long-term care assessments were undertaken on Māori residents, with 2 percent Pacific peoples and two percent Asian. However, there is considerable variation at a district health board (DHB) level, with a larger and growing ethnic population in the following DHBs:[4]

- Māori – Hauora Tairāwhiti (24 percent), Lakes (14 percent), Northland DHB (11 percent)
- Pacific peoples – Counties Manukau Health (12 percent), Auckland DHB (6 percent)
- Asian – Auckland DHB (10 percent), Counties Manukau Health (6 percent).

The care burden and population/cultural diversity has increased, but the model of care in many ARC facilities has remained relatively unchanged. ARC is a large and complex sector, so it is important to gain a comprehensive understanding of current practice, and identify where the Commission could add greatest value.

We do not currently have a high profile in ARC despite being responsible for health care improvement across the whole sector. Our previous small-scale work in ARC (such as falls prevention) has been isolated and has not benefited from a coordinated approach that could be spread at scale and sustained. We have limited knowledge of the ARC sector, and this has limited our ability to define where we are best placed to add value to ARC quality improvement initiatives.

Our work to date has involved engaging with the sector and identifying a wide range of challenges and suggestions for improvement. Underpinning these quality challenges are a number of common themes that reflect the drivers that will guide the programme:

- scope to increase the voice of residents, families and whānau
- the need to build leadership for quality improvement and resident safety, to support the development of a strong quality and safety culture across ARC
- opportunities to strengthen clinical leadership and quality improvement capability, and embrace the broad principles of patient safety
- the need for improved access to and use of data for quality improvement, with a focus on assistance and guidance to operationalise interRAI assessment data
- opportunities to increase shared learning and improve access to evidence-based and best practice tools and resources.

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[1] Greenbrook SR. 2005. *Village people: The changing role of retirement villages in New Zealand's ageing society.; 2005.* [master's thesis]. Auckland: University of Auckland.

[2] Boyd M, Broad JB, Kerse N, et al. 2011. Twenty-year trends in dependency in residential aged care in Auckland, New Zealand: A descriptive study. *J Am Med Dir Assoc* 12(7): 535–40.

[3] Boyd M, Bowman C, Broad JB, et al. 2012. International comparison of long-term care resident dependency across four countries (1998-2009): A descriptive study. *Australas J Ageing* 31(4): 233–40.

[4] interRAI, [personal correspondence] October 2017.

Problem statement | Whakapuakitanga raru

The Commission's efforts are informed by a range of data sources – qualitative and quantitative. There is an abundance of data available in the ARC sector, including information from the National Minimum Dataset, audit and S.31 notifications initiated by HealthCERT (Ministry of Health), adverse events findings, complaints, interRAI clinical assessment data/the newly developed interRAI quality indicators, and Health and Disability Commissioner reviews. The challenge is how to turn this into meaningful information to inform our collective quality improvement efforts.

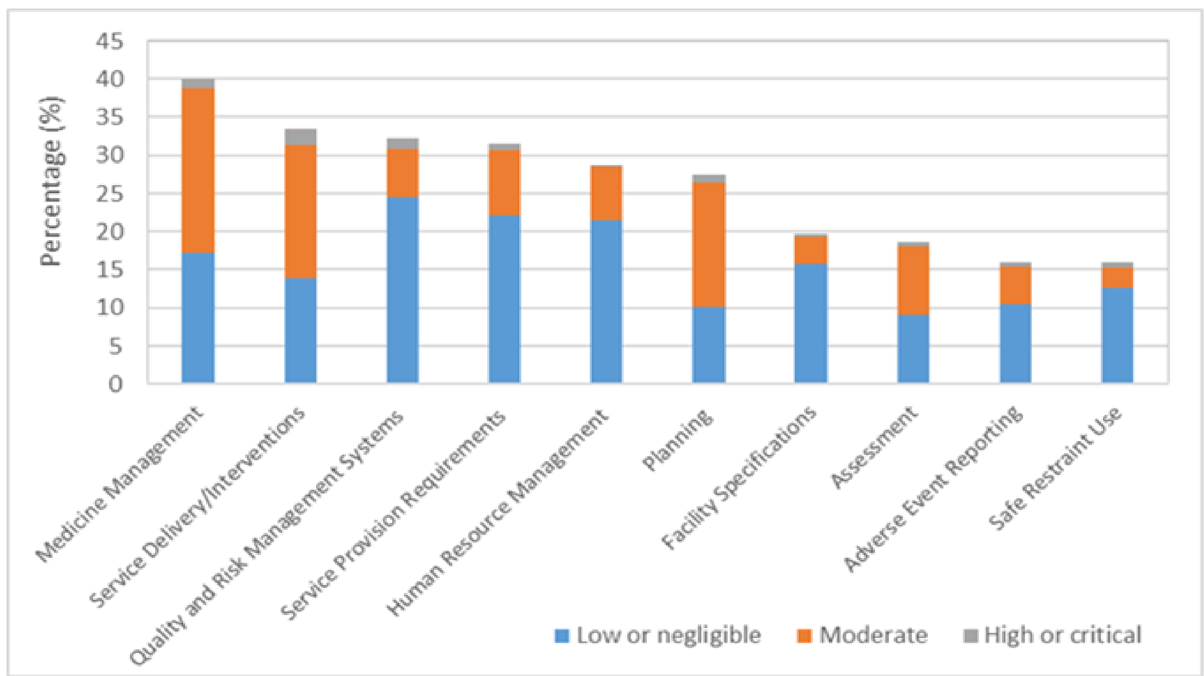
The Commission's Atlas of Healthcare Variation[5] highlights some areas relevant to ARC, including:

- high rates of polypharmacy among those aged 85 and over
- concerns over the use of high-risk combinations of medicines, eg, high use of antipsychotics and benzodiazepines/zopiclone in Māori and older adults
- high rates of opioid dispensing in adults aged 80 and over
- high rates of falls and hip fracture in adults aged 85 and over.

Assessment outcome data from interRAI shows the level of health needs experienced by long-term care facility residents.[6] Levels of dependence are high: over two in five assessments identified a need for extensive to total assistance with daily living; one in five assessments identified severe or very severe cognitive impairment.

Although only one aspect of the data available to us, a high-level summary of HealthCERT audit data for 2016 and 2017 highlights some potential areas of focus.

Ten standards with the highest partial attainment rates for aged care providers in 2016 (PRMS reporting)



[5] www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation
[6] interRAI. 2016. *National interRAI Data Analysis - Annual Report 2015/16*. Wellington: interRAI.

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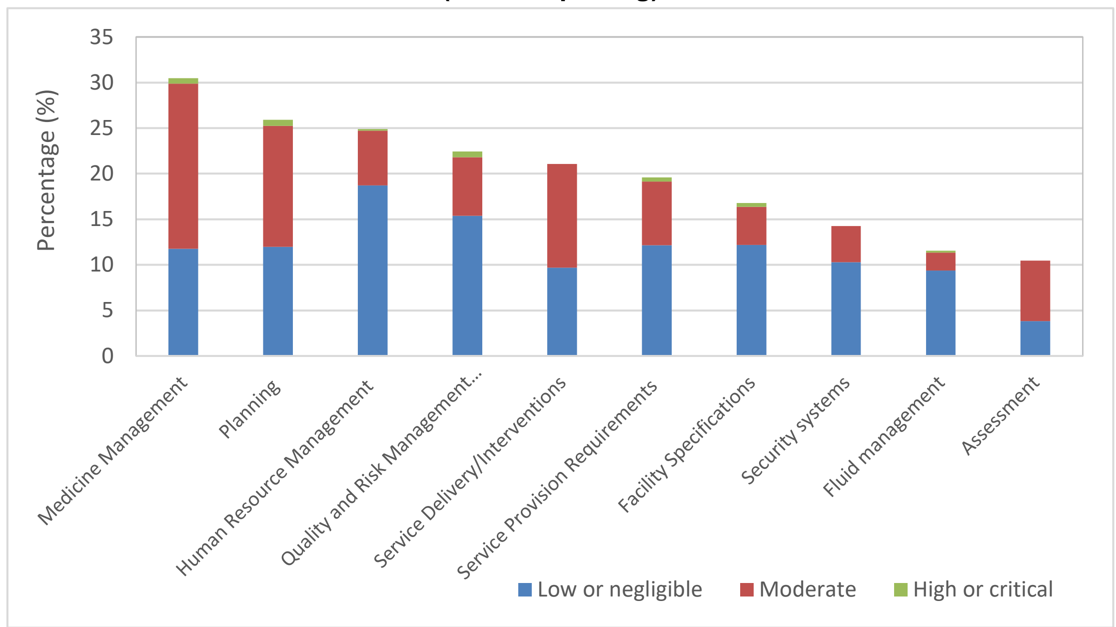

This information needs to be considered along with other data, eg, analysis from the findings from interRAI assessment data. There needs to be an understanding of what potential challenges sit beneath each category. The available data highlights quality and safety concerns relating to medicines management, care planning, use of interRAI assessment data and adverse events reporting, which need to be better understood.

In addition, specific areas of harm may be identified through interRAI assessment quality indicators and could include the use of restraints, pain management, management of respiratory and urinary tract infections, falls, pressure injuries and responding to clinical deterioration.

There are opportunities to raise awareness of the purpose of adverse event reviews (ie, to support increased resident, family and whānau understanding of what happened, as well as for local and national learning and sharing) and improve sector understanding of what should be reported to the Commission and HealthCERT.

There is variability in the level of integrated service delivery for the ARC sector. For example, there are often integration gaps between general practice, pharmacist services, nursing and allied health. This creates challenges when the multidisciplinary ‘care team’ for residents often comprises health professionals not within the facility itself.

The diversity of the ARC workforce is changing, with 31 percent of employees born overseas (predominantly the Philippines and India). We are aware that increasing numbers of new employees are on temporary work visas.

As well as challenges related to staff turnover and levels of experience and capability, we are aware of variation between disciplines in access to the information, tools and equipment to do their jobs safely. Inadequate care planning and documentation is a common issue underlying many complaints to the Health and Disability Commissioner.

There are limitations in both capacity (funding and time) and capability (knowledge and skills) to undertake quality improvement activities. The Commission will investigate opportunities to strengthen quality improvement capability across the ARC workforce.

Strong leadership support for quality improvement is needed at all levels of the sector. ARC currently has a strong focus on quality assurance across DHBs and facilities, however, this can be to the detriment of quality improvement. The sector needs support to develop a stronger quality and safety culture, with better alignment between quality assurance and quality improvement.

Importantly, if we are to to respond to the needs of a changing population, we need to know what is most important to the sector in improving the level of care and outcomes for residents, and strengthening quality improvement and data capability in the workforce.

Strategic alignment | Tīaroaro rautaki

In its 2017/18 Statement of Performance Expectations, the Commission stated it would scope a potential quality improvement programme for ARC, working with the sector to establish priorities and determine how to add value to our existing work programmes.

The Commission's four strategic priorities, outlined in its 2017–21 Statement of Intent, are a focus for all of the Commission's improvement activities. The ARC programme workstream activities align with these priorities:

Strategic priorities	Programme activities
Improving consumer/ whānau experience	• Tell a strong story through the voices of the residents and families/whānau • Secure resident and Māori representation on the ARC leadership group or through other forums • Development of 'quality of life' measures
Improving health equity	• Ensure equity is prioritised as a key domain in each workstream • Highlight examples of culturally responsive care across the ARC sector • Advocate for a greater focus on equity in ARC from multiple dimensions, eg, staff and residents • Apply the principles of the Commission's Te Whai Oranga (Māori advancement strategy)
Reducing harm and mortality	• Build a body of evidence, tools and resources • Build quality improvement capability to innovate and drive improvement • Use of data and information pragmatically to influence quality improvement activity • Strengthen ARC sector alignment in other Commission priority areas of focus, eg, medication safety, infection prevention and control, reducing harm from falls, patient deterioration and pressure injuries

	• Build a strong body of evidence to curate tools and resources • Drive improvement informed by data, particularly the interRAI assessment quality indicators and the 'quality of life' measures (in development) • Identify and explore unwarranted variation and seek to understand the reasons for it • Provide intelligent commentary on data relevant to the ARC sector to identify areas for quality improvement focus

Our approach will support the delivery of the Ministry of Health's Healthy Ageing Strategy.[7] The programme workstreams also align with the Commission's framework for building quality and safety in the New Zealand health system, *From knowledge to action.*[8]

Domain	ARC quality improvement programme workstream
Partnerships with residents and their families and whānau	• Promote resident-/family-/whānau-centred care
Quality and safety culture	• Improve quality and safety culture • Increase quality improvement capability in the workforce • Share learnings • Support clinical leadership • Measure for quality improvement
Leaders for improvement and change	• Support clinical leadership
Systems thinking	• Measures for quality improvement • Support how interRAI assessment information is used more widely • Use available data more effectively, eg, better data analysis between Technical Advisory Service (TAS)/Ministry of Health and the sector, recognising the difficulty to find capacity to do this in ARC at a facility level
Teamwork and communication	• Improve quality and safety culture • Promote resident-/family-/whānau-centred care
Improvement and innovation	• Improve quality and safety culture • Increase the quality improvement capability in the workforce • Measure for quality improvement

[7] www.health.govt.nz/publication/healthy-ageing-strategy

[8] www.hqsc.govt.nz/our-programmes/building-leadership-and-capability/publications-and-resources/publication/2669

Quality improvement and resident safety knowledge and skills	• Increase the quality improvement capability in the workforce • Share learnings • Support clinical leadership • Measure for quality improvement

Aim | Te aronga

The programme will support the sector to develop the foundations required to build a strong continuous learning and improvement culture, and improve residents' experience of care and quality of life.

As this programme is initially based on creating a platform on which to build, we have not yet identified a specific (SMART) aim.

As the foundations for quality improvement are strengthened, we expect to identify specific areas for improvement that will be informed by interRAI assessment quality indicators with outcomes able to be identified at local, regional and national levels. This will be done over a phased period of time and reviewed on a regular basis.

We are endeavouring to develop 'quality of life' measures using proxy indicators extracted from interRAI assessment, during the 2018/19 year. If successfully validated and tested, this suite of indicators will provide a national outcome measure to inform how well the sector is meeting the needs of its residents.

Goals | Ngā whāinga

The goals of the programme are to:

- promote the voice of the resident, families and whānau to increase the focus on resident-centred care
- support better use of data and measurement for quality improvement, particularly in care planning
- establish a quality improvement network of leaders and expertise to enhance and support a quality improvement culture
- develop evidence-based tools and resources to support shared learning
- develop capability in teamwork and communication across multidisciplinary care teams.

The theory of change diagram is shown in Appendix 2. This will be reviewed on a regular cycle.

Benefits and impacts | Ngā hua me ngā pānga

The overall expected benefits for the ARC sector and the Commission are:

- improved resident outcomes related to specific improvement activities
- stronger connection between the ARC sector and the Commission
- improved quality of assessment and care planning
- increased quality improvement leadership capability and knowledge
- reduced unwarranted variation in patterns of care/service increased capacity and capability in improvement science and collaborative improvement methodology

- quality of life measures that will provide an outcome measure against which to demonstrate long-term impact of sustained quality improvement activity
- advanced understanding of ARC as a result of developing successful sector partnerships and alliances.

A summary of expected impacts and benefits from the ARC quality improvement programme across the sector and for stakeholder groups are shown below.

	Leadership and culture	Quality improvement and patient safety capability	Measurement for quality improvement	Resident-, family- and whānau-centred care	Shared learning
Short term	Increased leadership for quality improvement and patient safety Increased staff engagement for quality improvement Improved clinical reasoning/critical thinking	Increased quality improvement capability in ARC Improved use of data for quality improvement Increased number of quality improvement projects	Increased availability of national, regional and facility level data Improved understanding of variation and inequity	Increased number of co-design projects Improved understanding and application of culturally appropriate care Increased resident, family and whānau involvement in care Improved resident handover/transitions of care	Increased networking and shared learning Improved access to evidence-based resources Improved multidisciplinary engagement Positive profiling of work being undertaken across the sector
Medium term	Culture of continuous improvement is embedded and sustained Staff have confidence and support to lead quality improvement projects	Quality improvement capability is embedded across ARC Increased quality improvement activity in ARC	Routine use of data for quality improvement Quality improvement embedded in facility training and education programmes, and in formal training delivered by third-party organisations	Improved resident health outcomes and quality of life Improved understanding of complex care needs Co-design principles and consumer engagement embedded as part of 'business as usual'	Sustainable formal and informal networks Increased adoption and spread of evidence-based good practice Increasingly positive profile of quality improvement activity across the sector
Long term	Improved resident, family and whānau experience of care/quality of life Improved health equity Reduced harm Reduced unwarranted variation in patterns of care/service				

Scope | Te whānui

The ARC quality improvement programme will focus on creating the environment and support structures for the sector to connect, learn and innovate, encouraging a bottom-up approach to quality improvement.

The following are in scope:

- aged residential care settings (rest home, dementia, hospital, psychogeriatric care)
- palliative care (within the ARC context)
- stakeholder engagement
- quality improvement networks
- capability building through shared learning, resources and tools
- leadership development
- promoting resident-, family- and whānau-centred care through co-design
- partnering with interRAI to improve the use of data for quality improvement and to better understand and address inequity
- strengthening clinical leadership, and leadership for quality improvement and embrace the principles of patient safety
- encouraging innovation and sharing of good practice
- curating evidence from other systems (eg, electronic medicines management systems) to inform best practice tools and guidance
- alignment with other strategic priorities across the sector, eg, Healthy Ageing Strategy.

The following are out of scope:

- new IT systems and platforms
- pay equity
- staffing levels/ratios
- changes to interRAI policies and processes
- residents' care in retirement villages or independent living environments.

Approach | Te ara

The Commission's scoping exercise, together with international experience and available resources, suggests the need to take a system-level approach to improve the quality and safety culture in ARC. The foundation elements will guide our approach, out of which topics may be identified and addressed at a local level.

This is a long-term programme, but the initial three-year phased approach is summarised below.

Phase one (January–June 2018)

Following board approval in November 2017, the first phase of the programme development focused on:

- enquiry and engagement with the sector to establish trusted relationships
- an initial round of regional workshops
- appointment of a leadership group to guide our work
- secondment of a national clinical lead
- identification of networks to validate common areas of interest in setting the foundations for a quality improvement platform.

Phase two (July 2018–June 2019)

The first year of active implementation of the programme started formally on 1 July 2018. This phase focuses on:

- building knowledge, particularly in the use of interRAI assessment quality indicators
- supporting the sector in the application of quality improvement tools and resources
- establishing local, regional and national quality improvement networks for the sharing of best practice and learning from each other
- supporting the sector to identify a suite of indicators that support the development of a quality of life measurement framework
- publishing an evidence-informed set of frailty care guides
- exploring the willingness of the sector to embrace a national staff culture survey
- profiling a suite of resident 'lived experience' stories
- identifing priority topics of focus.

Phase three (July 2019–June 2020) and beyond

We will build on the achievements of previous years. We hope to:

- present baseline quality of life measures and monitor improvements at regular intervals
- draw on resident, family and whānau experiences to identify opportunities for co-design and quality improvement activity
- use information from the testing and operationalising of the interRAI assessment quality indicators to inform quality improvement activity and support the sector to undertake sustainable quality improvement work long term
- accelerate uptake and application of quality improvement tools and resources to spread, scale and sustain improvement efforts
- facilitate opportunities for learning and sharing across the sector
- deliver capability building opportunities.

We will engage with leaders and existing networks in the ARC sector to build awareness of quality improvement and develop a central point of connection for the sector to access and share learning in quality improvement.

We will continue to engage with residents and their families and whānau to gain insights into what is important to them and share these with the sector. We will engage with Māori providers, and Māori residents and whānau to improve our understanding of cultural considerations in ARC. We will identify opportunities to address and advocate for equity in access, care and outcomes.

Our approach will support the delivery of the Healthy Ageing Strategy and align with the recommendations of the 2017 Labour Party, Green Party and Grey Power inquiry into aged care.

In the medium term, we hope to formally support the sector with training programmes to build quality improvement science capability. Subject to successful partnerships being developed[9] to support formal training in quality improvement science, we may work with selected providers on small-scale quality improvement projects, with the aim of scaling and spreading successful initiatives over time.

Key milestones | Ngā tohu whai tikanga

Milestone	Period ending
Staged release of draft frailty care guides for sector feedback	October 2018
Commence the 'lived experience' stories workstream in ARC identifying 'what is important' to residents, reflecting the cultural diversity across the sector	October 2018–March 2019
Identify best practice examples across the sector for sharing and learning through a 'Your stories' web repository	Ongoing
Publish the frailty care guides. Identify how they can be further enhanced with resource and training to support their uptake	March 2019
Explore, test and validate a suite of quality of life measures to be used in ARC	June 2019
Co-design a suite of evidence-informed tools and resources to support quality improvement and improved care planning, informed by the findings of the interRAI assessment quality indicators and the resident, family and whānau voice	December 2019
Establish and support a well-functioning ARC quality improvement network – for connection, sharing and learning	December 2019
Agree a design and delivery model for quality improvement activity in ARC, informed by 'proof of concept' testing work carried out with a small number of facilities	Ongoing

[9] These partnerships will need to reflect co-funding.

Measurement | Te ine

We will develop a measurement framework, that will likely be drawn from a range of data sets (qualitative and quantative), including interRAI assessments. When mapped against the themes emerging from the ARC sector engagement, the potential data sources are outlined below (but are not exhaustive).

Theme	Potential data sources
Quality improvement leadership and culture	• Staff culture survey (existing or new) – including questions on confidence and ability to undertake quality improvement work • Stakeholder interviews • Resident/family/whānau – experience of care survey (or other approach)
Quality improvement and patient safety capability	• Staff survey • Stakeholder interviews – ARC quality improvement network • Numbers attending education/training sessions • Monitored learning outcomes from workshops/events • Hosted expert speaker forums • Resource access/download, etc
Measurement for quality improvement	• Availability and access to data (including equity analyses) • Examples of local improvement as shown by the interRAI assessment quality indicators and quality of life indicators
Resident-, family- and whānau-centred care	• Changes to the interRAI assessment quality of life indicators regionally and nationally • Resident stories/feedback on involvement in care • Quality assurance data – an improvement in attainment ratings
Shared learning	• Training events hosted • Stories published on the Commission website • Adverse event reporting and learning/Open Books[10] specific to ARC • Network and workshop attendance, use of online resources

[10] www.hqsc.govt.nz/our-programmes/adverse-events/projects/open-book

Level	Data source
National	• interRAI assessment quality indicators • Quality of life measures (indicators to be agreed and validated as a suite to support measures) • Certification timeframes by provider • Audit findings • Complaints • Adverse events reported • Professional development programmes • Quality improvement embedded into training and development programmes at a national level
Local	• Process, outcome and balance measures assigned by topic informed by the interRAI assessment quality indicators • Staff participating in quality improvement activities • Staff trained in quality improvement science • Quality improvement projects undertaken/completed/spread • Staff confidence levels in undertaking quality improvement • Quality improvement embedded into all training and development programmes at a facility level

Engagement, governance and programme structure | Te hanganga tūhono, mana whakahaere me te hōtaka

Engagement

Strong engagement with key stakeholders underpins this programme. Appendix 3 provides an analysis (not exhaustive) of the different stakeholder groups and our proposed communication and engagement approaches.

To improve our understanding of cultural considerations and opportunities for improvement, we will engage with Te Rōpu Māori, Māori providers and Māori residents and whānau.

We will advocate for greater focus on equity by:

- supporting delivery of care that is culturally safe and appropriate for the increasingly diverse population and in particular for Māori as tangata whenua
- addressing unwarranted variations in service and care delivered
- building capability in the sector to support ARC residents receiving a high standard of care regardless of where they live, their ability to fund care, or their ethnicity and culture.

Our engagement approaches will reflect that the majority of care in ARC is now provided for people with significant disability due to cognitive impairment and chronic disease, and that families and whānau play a significant role in providing input into their loved ones' care.

We propose to host a number of stakeholder and provider forums, and look at how we engage resident, family/whānau and staff forums to inform our work.

Governance

A national leadership group[11] will support the programme team, inform the strategic direction of the programme and provide valuable connections throughout the sector.

The group will comprise leaders and influencers from across the sector, Māori and resident representatives. Membership will be periodically reviewed and may change throughout the course of the programme.

We will ensure the programme is informed by strong consumer, family, whānau and staff voices.

Programme structure

A small internal programme team will be supported by a national clinical lead and the ARC leadership group. Their roles and responsibilities are outlined in the table below.

Role	Responsibilities
ARC leadership group	• Provide independent sector-wide advice to the Commission and the programme • Proactively support effective relationships between the ARC sector and the Commission • Make recommendations on strategies to improve the quality and safety of ARC services, which are informed by evidence and national/local knowledge • Foster a network and culture of quality improvement in ARC • Share information that supports a national approach to quality and safety improvements
Clinical lead/chair Dr Michal Boyd	• Provide clinical leadership and expert advice for the programme • Act as spokesperson for the leadership group and the programme • Publicise and promote ARC initiatives and the programme in general • Help the programme team develop a charter, topic content and measurement strategy • Support participating providers in any quality improvement work, eg, subject matter questions, providing examples of success, etc • Attend other expert advisory and other appropriate meetings, eg, with participating providers, the Ministry of Health, interRAI, etc • Feed back to the leadership group on progamme progress

[11] Terms of reference for the leadership group are in the process of being approved. When finalised they will be published on the Commission's website and regularly updated.

Senior portfolio manager/sponsor Carmela Petagna	• Sponsor the programme • Lead programme development and business/partnership development opportunities • Develop and maintain close relationships with the leadership group and clinical lead • Provide oversight, guidance and advice to the programme team • Approve the budget and oversee expenditure • Ensure the programme deliverables and approach align with the Commission's strategic priorities • Ensure the programme aligns with other Government priorities for action, with a focus on the needs of older people • Strengthen alignment between the intelligence hub and improvement hub within the Commission • Foster an integrated approach to improving the quality and safety of health and disability services with other Commission programmes • Regularly review risks, issues and mitigation strategies • Ensure there is appropriate resident and Māori engagement and representation across the programme
Project manager Deborah Witheford	• Ensure delivery of the programme according to the plan (ie, on time and within budget) • Regularly update management and the Commission board on programme progress • Develop and maintain the programme charter, programme plan, milestone action plan and other key documents, such as communications plan, stakeholder engagement plan, risk and issues logs, etc • Risk escalation and mitigation • Provide secretariat support for the leadership group • Convene regular team meetings to ensure programme work is tracking as per expectations • Identify opportunities for stakeholder engagement, ie, key forums to address/expert visits/partnerships • Identify channels for dissemination of information, ie, case studies of best practice/resident stories/resources and tools for sharing across the sector

Quality improvement advisor Prem Kumar	• Provide quality improvement expertise and support for the project manager and other team members • Develop strong relationships with quality leads across the sector • Gain an understanding of challenges and opportunities through experiential learning 'on site' • Develop the measurement system for quality improvement with the assistance of the project manager and the Commission intelligence hub • Develop a training and capability building plan to support quality improvement in ARC • Teach and coach teams (internal and external) on quality improvement • Develop and maintain a quality improvement network in ARC • Assess progress against the programme plan and identify necessary changes in key technical content, measurement, and use of improvement methods • Support collaborative learning
Project coordinator Corry Joseph	• Coordinate programme activities aligned with the programme plan • Support document tracking to support the programme • Oversee website and social media updates • Identify opportunities to optimise sharing of learnings • Set up meetings, webinars, network events as required • Provide administration support to the team

Key assumptions, constraints and risks | Ngā whakapono, ngā pēhinga me ngā tūraru matua

Key assumptions

- Quality improvement capability across the sector is variable.
- There is a readiness in the sector to:
  - engage in this work
  - work in partnership with us
  - support a quality improvement network
  - support training and education events, ie, train-the-trainer type approach.
- There are some shining examples of 'best practice' that can be shared with others.
- Quality assurance versus quality improvement (and the complement across the two) is well understood in the sector.
- We will identify willing larger ARC providers to explore opportunities for collaboration and joint investment.
- We will genuinely 'add value' to the sector and become a trusted partner in quality improvement as a facilitator of connection opportunities.
- A suite of quality of life indicators will be drawn from interRAI assessment and validated to inform a survey to identify resident quality of life outcomes.

Key constraints

- The scope of funding available does not meet sector expectations.
- The sector has limited capability and/or capacity to undertake quality improvement initaitives.
- There is a lack of well-defined quality improvement networks across the ARC sector at a local, regional and national level.
- The ARC funding review may have a major impact on the sector's capacity to engage in the improvement programme during 2018/19.
- There are competing priorities within the sector.

Key risks

- The sector does not have capacity to engage in quality improvement initiatives.
- There are competing priorities within the sector.
- The interRAI assessment quality indicators do not provide the level of granularity required to identify improvement achievements.
- Given the 'foundation' approach, it will be hard to measure the impact of our initial phases of activities.

Sustainability | Te ukauka

The Commission has a long-term commitment to the ARC sector. We will consider sustainability of quality improvement approaches as part of the programme's establishment. Interventions developed for evolving workstreams will be implemented in a way that allows ARC facilities to sustain them in their 'business as usual' practices.

A key platform for sustainability will be to build quality improvement capability across the ARC workforce and embed this in standard training and education modules across the sector for all providers.

For other, similar sector-oriented programmes, the Commission has been able to fund annually a finite number of appropriate sector staff to attend quality improvement facilitator or quality improvement advisor professional development programmes. We hope to do the same for the ARC sector, but it is too early to commit to this until we secure co-funding or sector partners to build a sustainable network of quality improvement expertise.

The programme will act as a focus for interaction and collaboration across the range of facilities and extend, as appropriate, to other multidisciplinary groups that provide resident care, and often sit outside ARC facilities.

We will act as a facilitator and coordinator with a small central resource. We will explore how we can align network events with the 15 NZACA district branches, providing a hub for regionalised training opportunities. This approach could be effective at sharing good practice across ARC and integration across primary care.

The programme will establish strategic partnerships with key providers, national and regional stakeholders to embed sustainability. Regional quality and safety groups, advocacy bodies (such as NZACA and CANZ), together with the DHB and Ministry of Health health of older people networks, play a crucial role in helping to sustain clinical networks and capability.

Model

We envisage that the programme will adapt evidence-based sustainability models, such as those used by the NHS England, when implementing the workstreams within the ARC sector. We will consider the following factors when undertaking any improvement activities.

Process

- Benefits beyond helping residents, families and whānau
- Credibility of the benefits
- Adaptability of improved process
- Effectiveness of the system to monitor progress

Staff

- Staff involvement and training to sustain the process
- Staff behaviours toward sustaining the change
- Senior leadership engagement and support
- Clinical leadership engagement and support

Organisation

- Fit with the organisation's strategic aims and culture
- Infrastructure

Evaluation | Te aromatawai

At this stage no independent evaluation has been planned. The first year of programme implementation will focus on:

- exploring the development of quality of life measures
- assisting in the interpretation/translation of interRAI assessment quality indicators to identify baselines and priorities for quality improvement work
- developing resources and tools to support the sector.

Until we have clear outcome measures, we will carry out evaluation on a project-by-project basis and use the Commission's overarching framework for evaluations. The measures collected as part of the programme and specific initiatives will align with the programme logic model developed at the outset of programme development.

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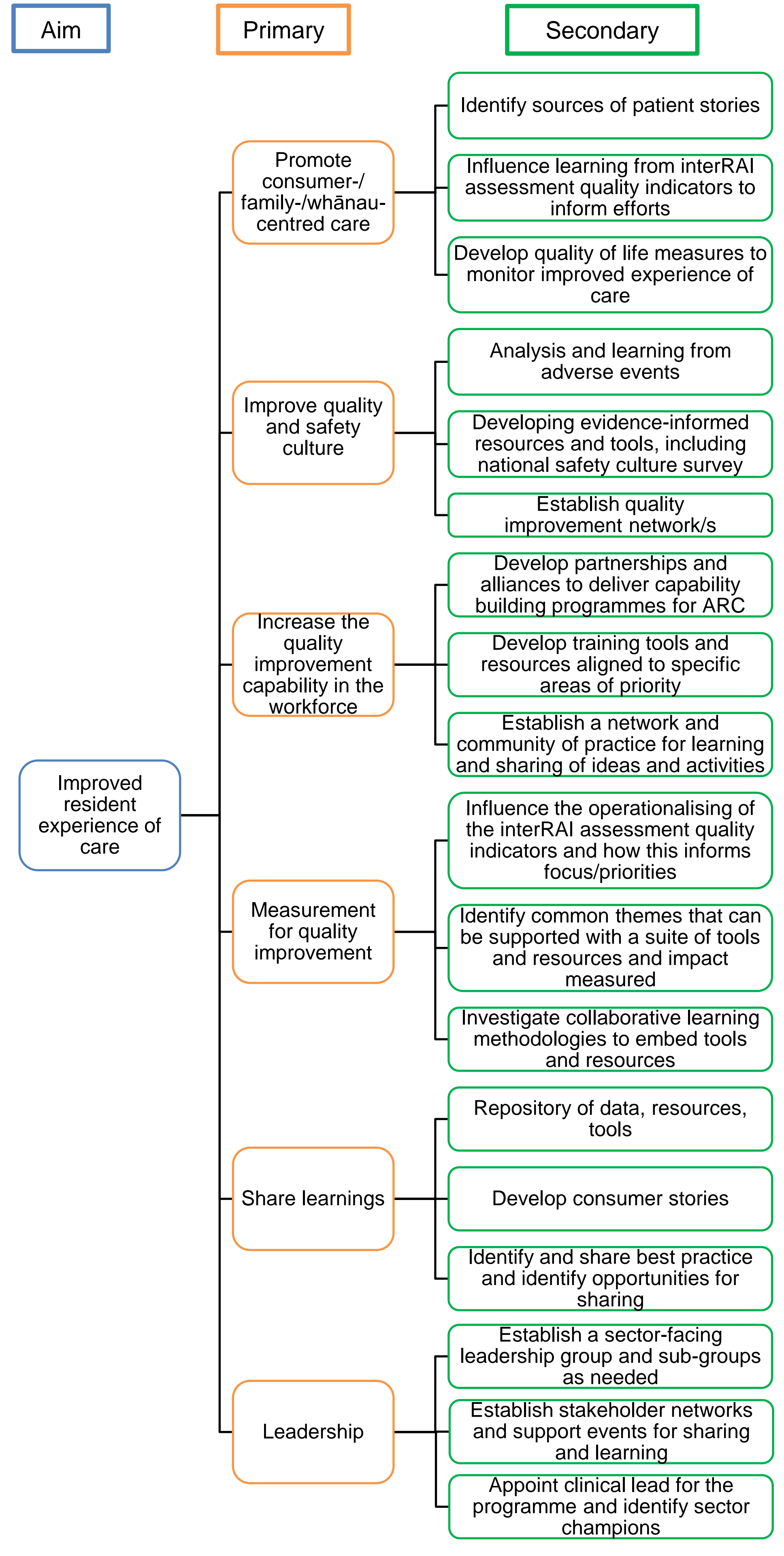
Appendix 1: Foundational themes | Āpitihanga 1: Ngā kaupapa pūtake

Appendix 2: Theory of change model | Āpitihanga 2: Te tauira ariā panoni



Appendix 3: Stakeholder analysis and communication/ engagement approach | Āpitihanga 3: Te ara tātari me te whakapā/tūhono ki te hunga whaipānga

Broad sector engagement will help to build a community of interest and validate programme priorities.

The findings from a series of stakeholder workshops will inform the direction of the programme.

An initial review of key stakeholders and our approach to engagement is summarised below. This will be an iterative and developing process.

Central agencies	**Approach to engagement**
Ministry of Health • HealthCERT • Health of older people – policy and implementation • Office of the Chief Nurse • Chief advisor – health of older people • Chief pharmacy advisor	• Alignment with national priorities • Influence • Support for work programme • Data to inform quality improvement activity • Complement quality assurance with quality improvement
interRAI services	• interRAI assessment as an integral part of the programme – measurement and quality improvement • Alignment with national networks and programme oversight
TAS – national contracting/programme oversight for the ARC sector	
Clinical groups	
Australian & New Zealand Society for Geriatric Medicine	• Clinical oversight • Evidence/literature • Multidisciplinary care • Integrated service delivery • Topic-specific priorities, eg, medicines management/transitions of care
New Zealand Nurses Organisation – nursing leadership	
General practice	
Allied Health	
Community/clinical pharmacy networks	

Provider associations/alliances	
NZACA – including branch networks/leads	• Networks of influence • Advocacy for service providers • Training and education opportunities • Dissemination of information • Annual conference/support • Data and information
CANZ	
Service providers	**Approach to engagement**
Independent large chains	• Support and alignment of priorities • Partnership and alliances • Innovative developments • Training and education • Best practice/resident-centred care • Engage in learning and sharing events
Small independents	
Charitable organisations/not for profit	
Resident groups	
Age Concern	• Strengthening the voice of residents • Dissemination channels • Identifying co-design opportunities
Grey Power	
Alzheimers New Zealand	
Resident networks	
Programme groups/networks	
Commission-appointed leadership group	• Evidence-informed programme of work • Alliances and partnerships • Building effective networks • Assisting with the development of resources and tools to support ARC workforce informed by interRAI assessment quality indicator findings • Advocates to support the programme of work
ARC quality improvement network	
Programme clinical lead	
DHB networks	
Health of older people – networks	• Knowledge • Influence • Dissemination of information • Profile best practice • Support the programme of work • Partnerships
Relationship managers – ARC	
Dementia network	

IT	
Vendors/providers of IT solutions, ie, medicines management	• Enhancing digital platforms – data into meaningful information to inform quality improvement • Accelerate integrated service delivery • Optimise information transfer at care transitions • Innovation
Training and education	**Approach to engagement**
Careerforce/New Zealand Qualifications Authority	• Embed quality improvement training into education programmes • Alignment with existing training programmes • Innovative approaches to training and education • Partnerships

Appendix 4: Expected stakeholder benefits | Āpitihanga 4: Ngā hua hunga whaipānga kei te tataritia

Residents, families and whānau	Workers in ARC	ARC providers	Key central agencies	Health Quality & Safety Commission
• Improved communication between health professionals and residents, families and whanau • Improved engagement in care planning and advice for residents, families and whānau • A stronger resident voice recognised in ARC • Improved teamwork and communication especially in the handling of incidents/adverse events • Improved resident experience of care and quality of life	• Upskilled in quality improvement methodologies • An increased understanding of patient safety principles • Tools and resources to support best practice are are evidence-informed • An available repository for shared learnings, ie, tools, resources and information about quality improvement • Access to quality improvement advice and training • An identifiable quality improvement network and community of interest	• A repository for tools, resources and information about quality improvement • A forum/network that supports quality improvement • Access to local and international speakers/experts in ARC-related issues • Access to quality improvement advice and training • Pragmatic approach to measurement in ARC • Assistance with turning interRAI assessment data into practice, particularly to inform care planning Availability of quality of life measures as an outcome maker	• An integrated approach to supporting delivery of care in ARC • An aligned vision of supporting government and sector prioritites across associated parts of the health sector • Availability of nationally consistent and evidence-based tools and resources to build quality improvement capability across the sector • A strengthened quality improvement network able to engage at a local, regional or national level • A stronger platform for quality improvement on which to build • An improved alignment between quality and assurance and quality improvement activity	• Improvement in knowledge of the sector and its priorities • Stronger relationships established across the sector • Achieving a more integrated approach for its quality improvement work across the primary/community/ARC sectors of interest • Better reporting and learning from the handling of adverse events • Improved understanding of how quality improvement and quality assurance align and complement each other • Improved experience of care for residents, families and whānau • Establishment of quality of life measures

Appendix 5: Glossary of terms | Āpitihanga 5: Te kuputaka

Aged residential care (ARC)	Providers and care covered in the Ministry of Health's age related residential care services agreement which covers rest home, dementia and geriatric hospital-level care delivered in a residential care setting
Consumer/resident, family, whānau	The individual living in an ARC facility and the family and whānau that support them
interRAI	The term interRAI refers to both the international organisation responsible for developing comprehensive clinical assessment systems, and the suite of clinical assessment tools available
interRAI services	interRAI services is the national provider of services to support interRAI assessment and is a business group within the central region's Technical Advisory Service (TAS) – a health shared services agency
interRAI assessment quality indicators	A suite of approximately (currently) 32 indicators framed within prevalence and incidence paradigm and across a number of domains. These have been developed by the interRAI services team and are being shared with the sector to inform and monitor service performance
Logic model	A programme planning tool that defines inputs, outputs and outcomes of a programme in order to explain the thinking behind the programme design and how the activitites of the programme will lead to short-, medium- and long-term outcomes
Quality of life measures	A validated suite of indicators that, together, provide an outcome measure for monitoring the residents' experience of care in ARC