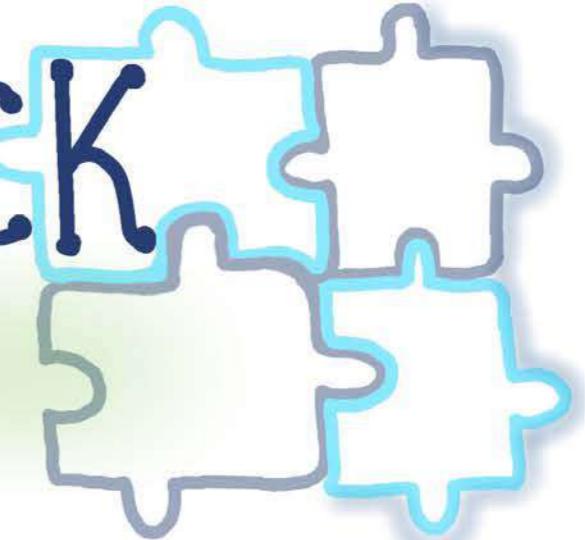


# Learning Session Two

17 October 2017

# BRENDAN DUCK

## Integration Perspectives . . .



For us, its all about

# WHAKAKOTAH!

To be as one . . .



NURSE



DOCTOR



PSYCHIATRIST



PHYSIOTHERAPIST



CARDIOLOGIST

Different Professionals come together



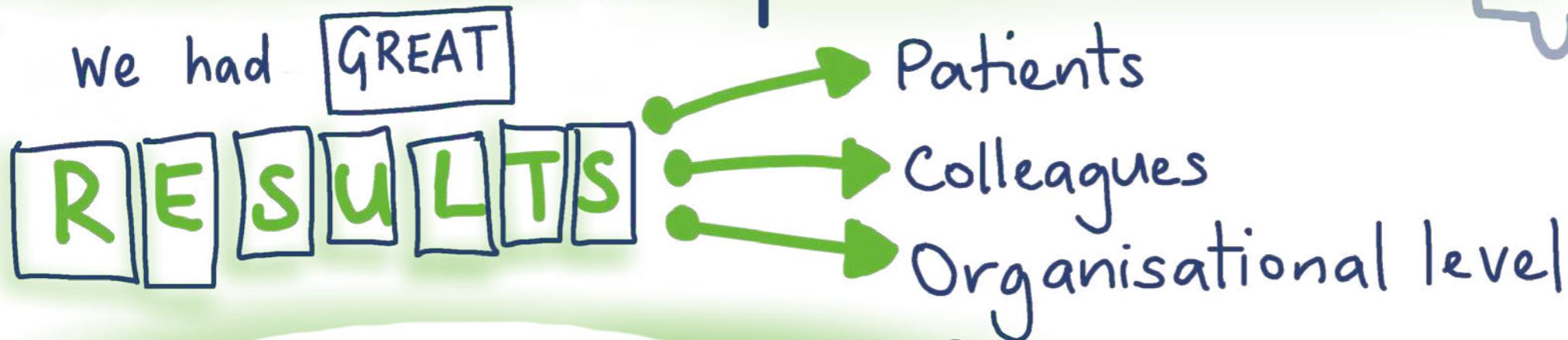
COMMUNITY WORKER

to work for Patients



# BRENDAN DUCK

## Integration Perspectives . . .



I don't use a definition for myself - but I like the Service user definition



# BRENDAN DUCK

## Integration Perspectives . . .

Integration to us means . . .  
= grounded in our  
Kaupapa, and  
Community  
owned

We work together  
internally + externally  
More than the concept  
of Co-Design -  
our patients + clinicians  
+ Community are  
Part of us  
+ our Kaupapa .



then the conversation stops.

To us, it's about:  
We have a cardiologist  
on board + we focus  
hard on our  
**PRIMARY +  
SECONDARY**  
integration

Barriers include  
funding + unwillingness  
of local pharmacy to  
take the idea on. Working in a  
project based way helps. But

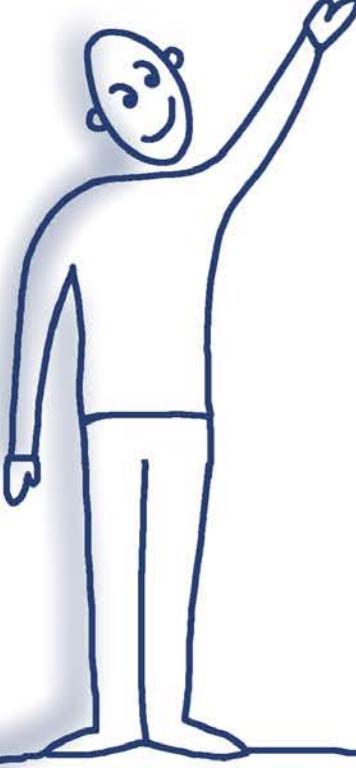
# BRENDAN DUCK

## Integration Perspectives . . .

Clinical Pharmacist from Hawkes Bay  
with a **PASSION**

for  integrated care

My JOURNEY



Year 1

Medicine  
Reviews  
Waihi  
Rest home

Year 2

At  
CARE  
FIRST

Reviewed 300 patients  
over 2 years. Great  
P.R. about the role  
of Pharmacist

Integrated  
team

Years  
3 - 11

Barriers  
3 G.P.'s  
clinics - but  
all had  
very different  
ways of working  
by themselves

# BRENDAN DUCK

## Integration Perspectives . . .



2011

Go FORTH  
+

INTEGRATE

Now

- 85% high needs cohort
- 2 year pilot - blood pressure  
- diabetes
- Aged residential care (part time)  
Polypharmacy

- Diabetes
- Gout, etc.

# BRENDAN DUCK

## Integration Perspectives . . .

Hawkes Bay has 159,000 patients

Higher Māori population  
+ Higher older population  
More inequities

## Relationships

"ENGAGE"  
Age Well

We aimed to work  
with the willing on  
our integration projects

Polypharmacy  
Inequities and  
very high costs

# BRENDAN DUCK

## Integration Perspectives . . .



### ENGAGE-AGE WELL



- 6 areas - meetings + access to beds. If our support workers can, they'll go into the patients' home.
- We work in a **TRANS** way, across a range of medical needs
- Asthma diagnoses, incorrect - was **C. O. P. D.**
- **Co-Design** to the rescue!

# BRENDAN DUCK

## Integration Perspectives . . .



### ENABLERS

- Access to shared care platform with Ko Awatea
- Write and share the **PLAN**
- The Patient takes ownership of the **PLAN**
- Great **GOUT** champions
- Software is integrated into MedTech + pulls it all together easily = good reporting data

### CHALLENGES

- Silos
- Egos
- Everyone is not on the same page
- Poor engagement with your community
- Funding

# BRENDAN DUCK

## Integration Perspectives . . .



### ENABLERS

- Going the extra mile . . . literally . . .  
going to the patient at their home

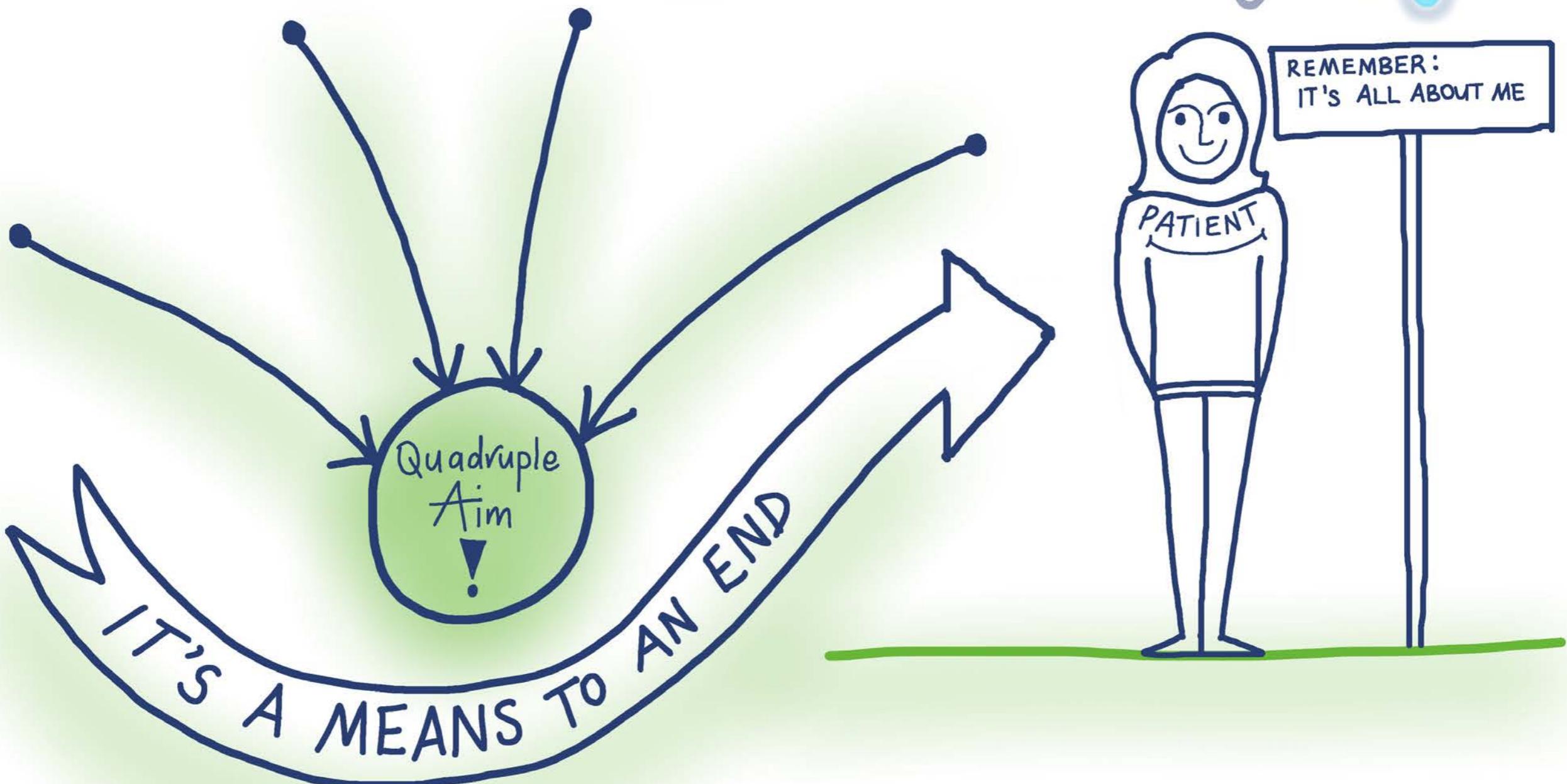


### CHALLENGES

- The patients' own challenges, eg. money, time, getting to their appointments etc.
- Shared care plan, + access to it
- Shared knowledge + understanding between ourselves + our patients + being motivated to do it
- Moving to "what matters to you?"
- Time

# BRENDAN DUCK

## Integration Perspectives . . .



# JANE CULLEN

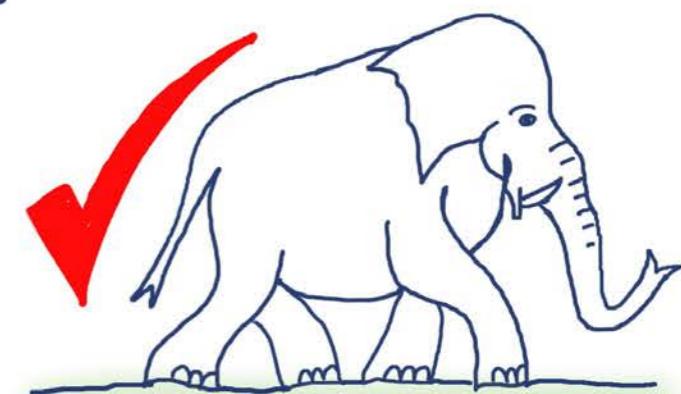
The Human Side of Change

G  
H  
A  
N  
G  
E



## Feedback . . .

- Communication between integrated team members
- Talk about the positives too (Helps your elephant)
- Making assumptions about what a patient knows - we will now ask them - maybe use a checklist - see [www.hqsc.govt.nz](http://www.hqsc.govt.nz) health literacy resources

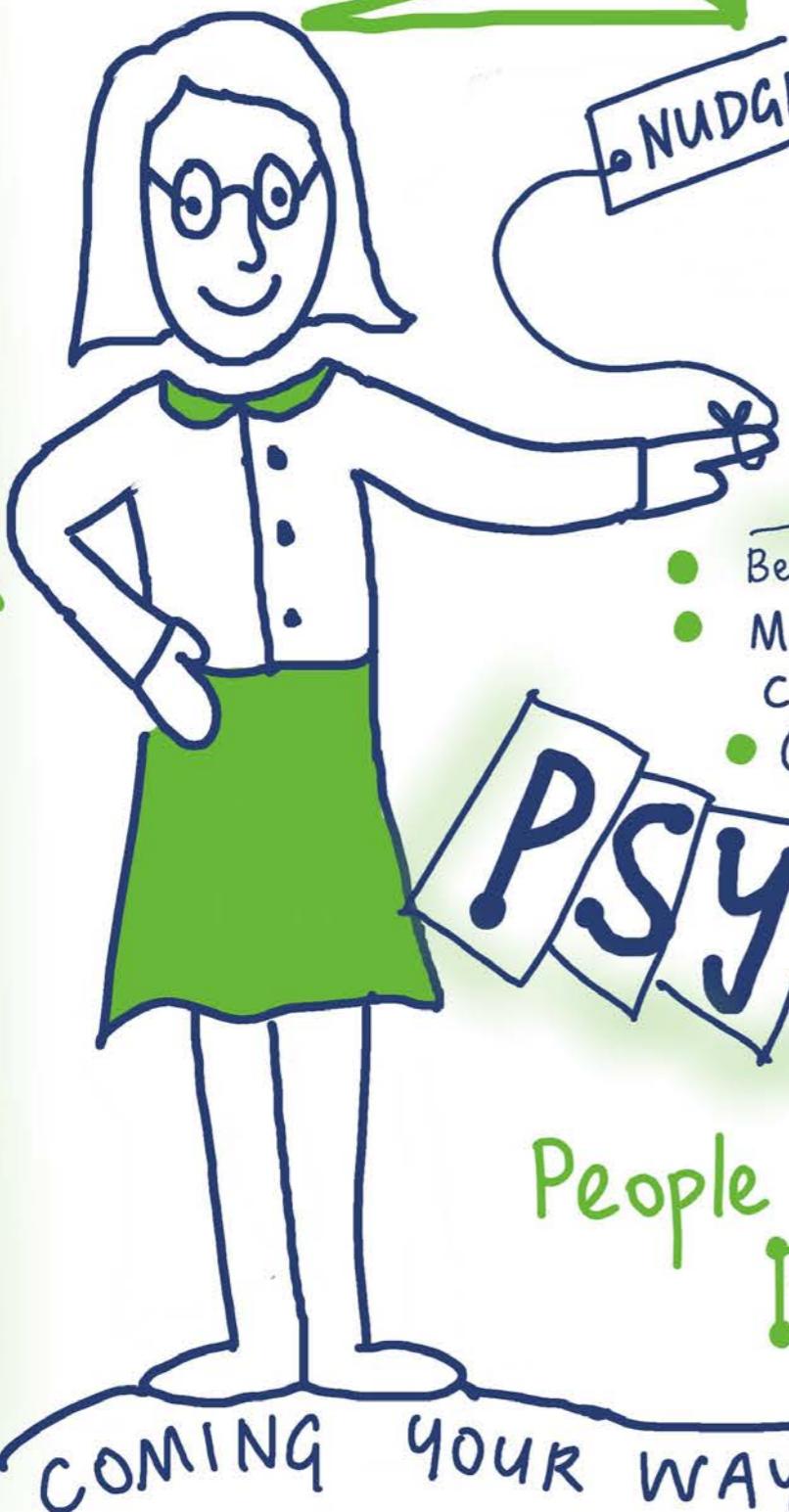


- Not sharing the workload - communication is the key to addressing this

G  
H  
A  
N  
G  
E

# JANE CULLEN

The Human Side of Change

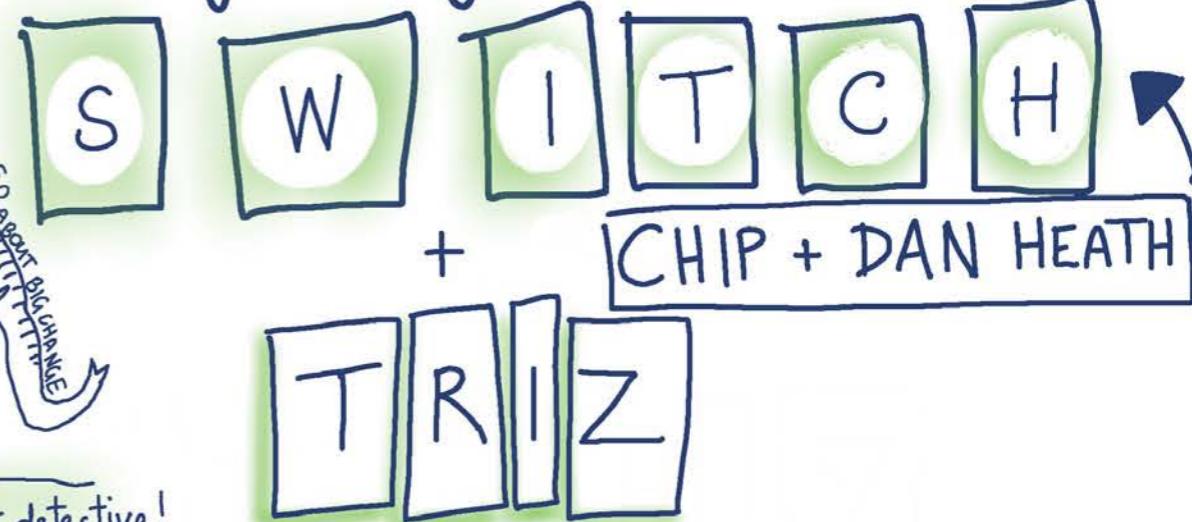


- Be a positive deviant detective!
- Make small, incremental changes - it's easier for people then
- Grow your team together - work with the willing + success will

PSYCHOLOGY

People don't resist change they resist  
BEING CHANGED!

COMING YOUR WAY SOON!



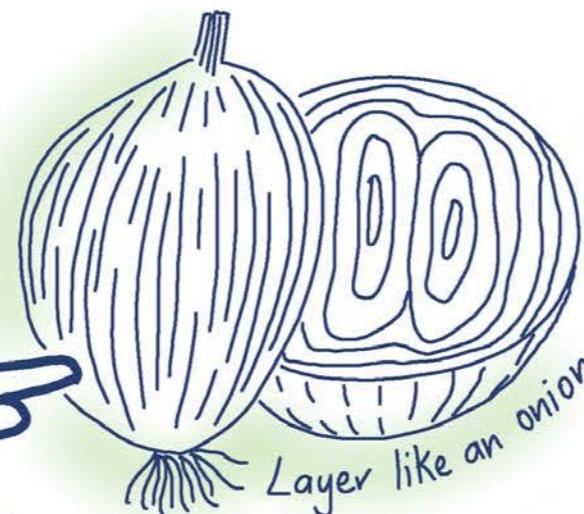
MODELS

matters +  
this has more  
impact than  
technical  
issues

G  
H  
A  
N  
G  
E

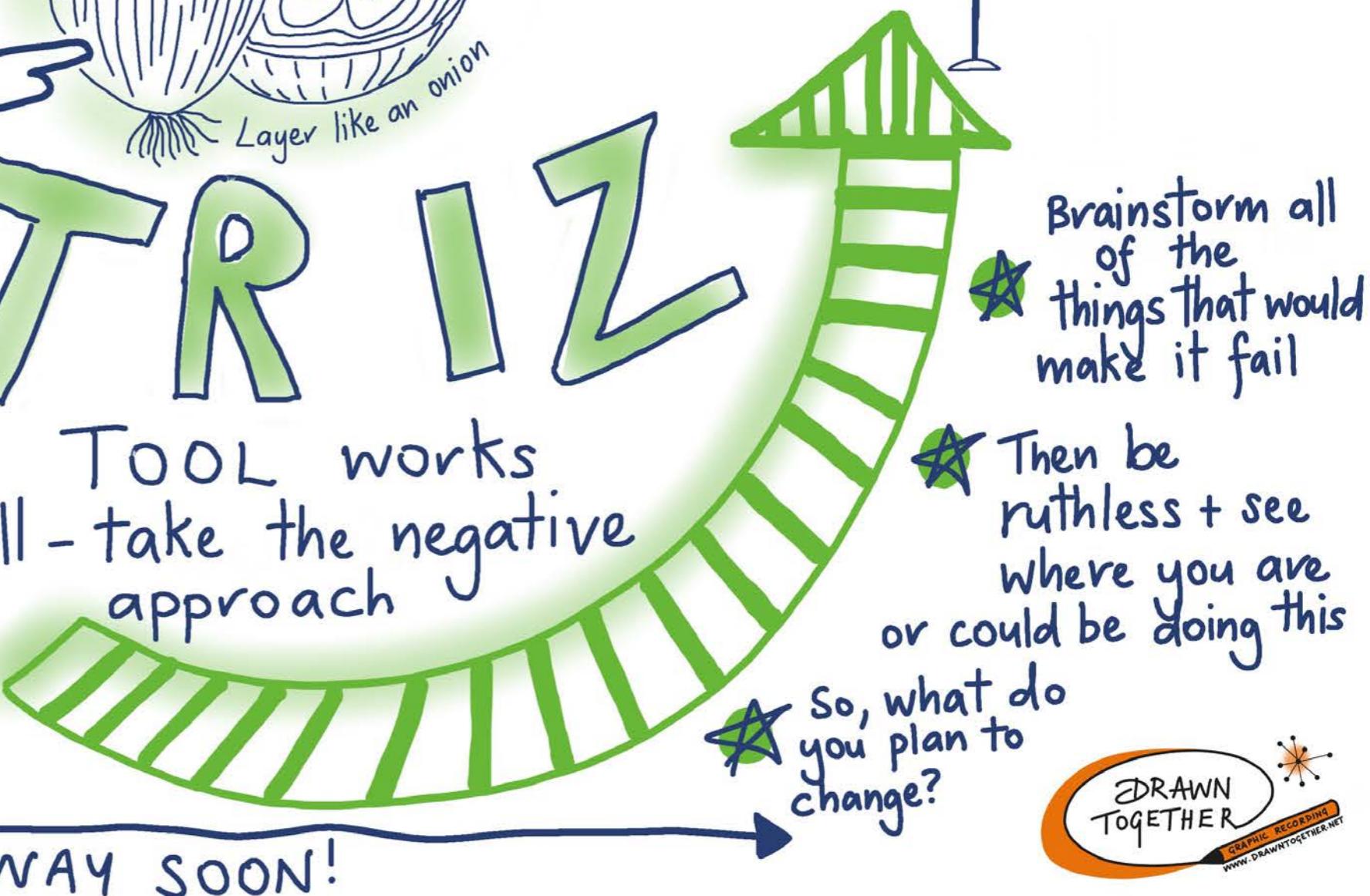
# JANE CULLEN

## THE HUMAN SIDE of CHANGE



# TRIZ

TOOL works  
well - take the negative  
approach



So, what do  
you plan to  
change?

★ Brainstorm all  
of the  
things that would  
make it fail

★ Then be  
ruthless + see  
where you are  
or could be doing this

# SHARING + DISCUSSION

PAPAKURA MARAE HEALTH CLINIC +  
NATIONAL HAUORA COALITION

We are seeing payback  
for all the effort (+ \$), already

Achieving the  
Gold Standard in  
27% of our  
patients (after  
only 6 months)

Its all about  
**TRUST**

whanau will be the  
leaders of change

WORKS KUMARA VINE  
EVERY TIME!

# SHARING + DISCUSSION

PAPAKURA MARAE HEALTH CLINIC +  
NATIONAL HAUORA COALITION



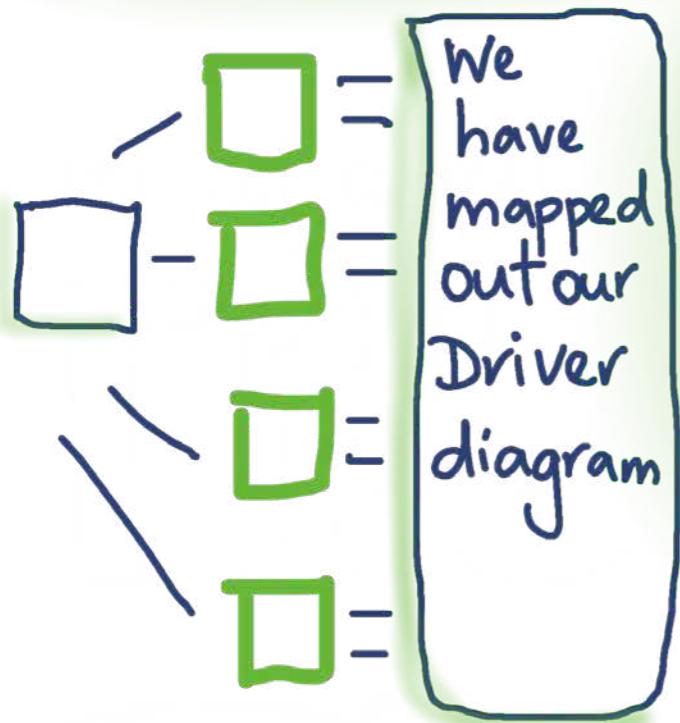
- Gout project is one of our most challenging projects - 40% Māori have gout + 98% of our patients are Māori

- Sometimes it's hard to track down our patients
- social determinants including poverty needed to be taken into account to set our measures etc.

# SHARING + DISCUSSION

## PAPAKURA MARAE MARAE HEALTH CLINIC + NATIONAL HAUORA COALITION

- Our Marae, run by a Board + they have lived experience, or whānau with Gout



- We open extended hours to accommodate those we could otherwise miss. We go out to where our patients are - eg. Sports Clubs, etc.

- The Board is a strong driver for the engagement we are getting

- We have worked on health literacy + our whānau developed their own Gout booklet + resource which is embedded in cultural literacy

# SHARING + DISCUSSION

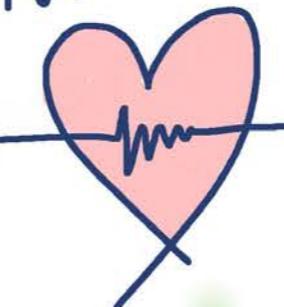
## PAPAKURA MARAE HEALTH CLINIC + NATIONAL HAUORA COALITION



- Our classification of who has Gout has changed + is now 97% accurate

# SHARING + DISCUSSION

NELSON MARLBOROUGH



## MEASURES

- Audit criteria met
- Cardiac Rehab attendance rate

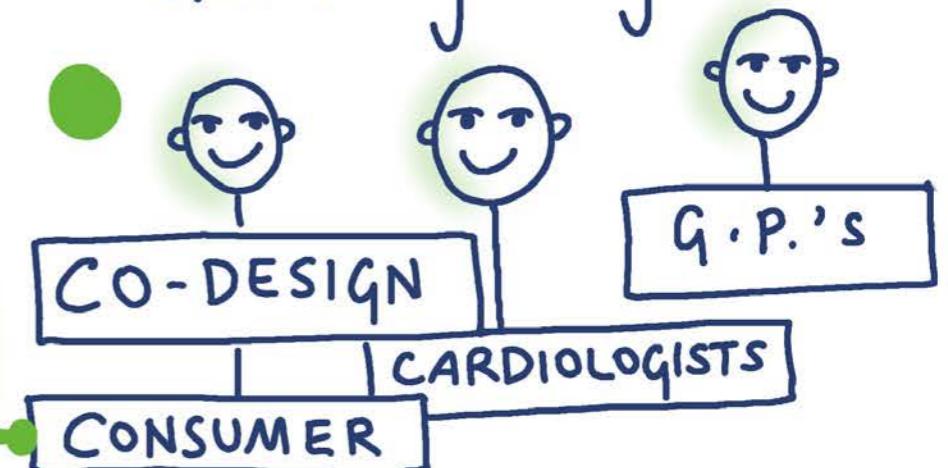
Now we have great lived experiences that clearly illustrate the flaws in the system. People love being heard

## PLAN

- Essential!

## SUCCESSES

- Waitemata's SafeRx
- Patient + GP friendly discharge info



We made a plan to invite ex patients to tell us their stories about their journey

# SHARING + DISCUSSION

NELSON-MARLBOROUGH

Engage  
Others  
early



MOPs  
application  
for Audit

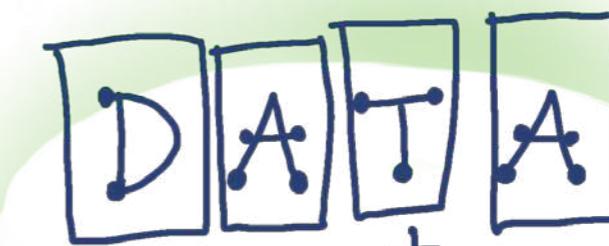
Understand  
Change

"HINDSIGHT IS A WONDERFUL THING"

# SHARING + DISCUSSION HUTT UNION + COMMUNITY HEALTH SERVICE

• check out our storyboard!

Partnership Project focus on diabetes in the Hutt Valley

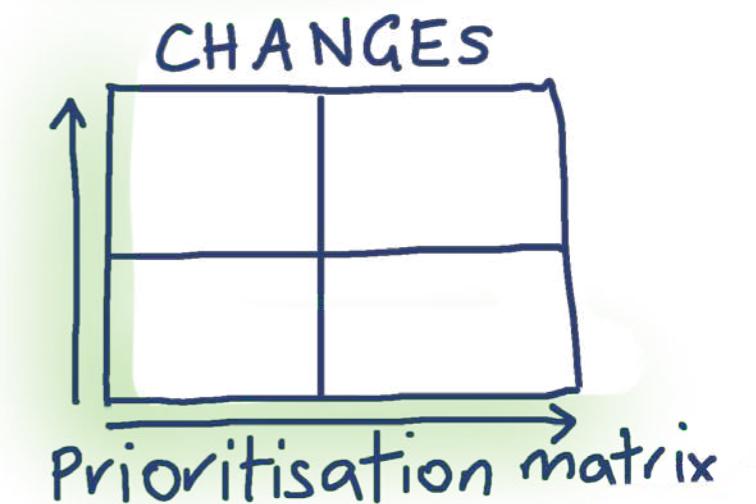


UK Diabetes study motivates us

<https://www.diapedia.org/1104085197/rev/20>



Jane + John showed us how to us Fishbone Tool



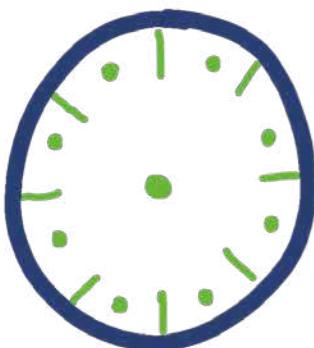
Plan  
Act  
Study  
Do

# SHARING + DISCUSSION

HUTT UNION + COMMUNITY HEALTH SERVICE

We are making  
a difference doing this

The DATA  
Says



## DASHBOARD of MEASURES

It's  
valuable to  
have a co-driver  
to take the  
lead



# SHARING + DISCUSSION

HUtt UNION + COMMUNITY HEALTH SERVICE

A highlight  
has been  
our patient  
advisory  
group



kete's  
of info.

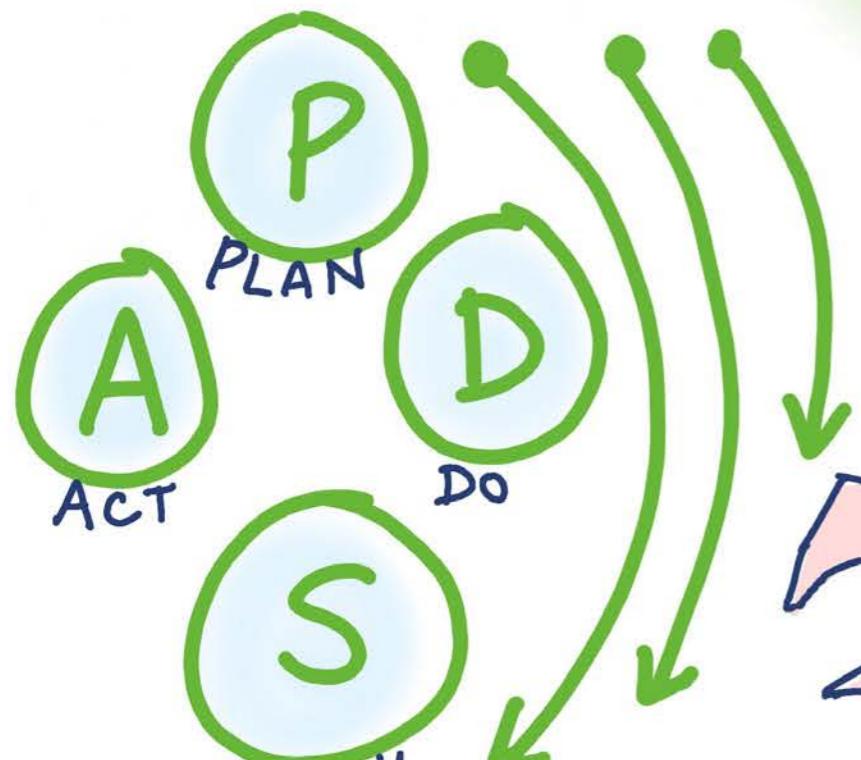


# TE KETE HAUORA

# Whakakotahi

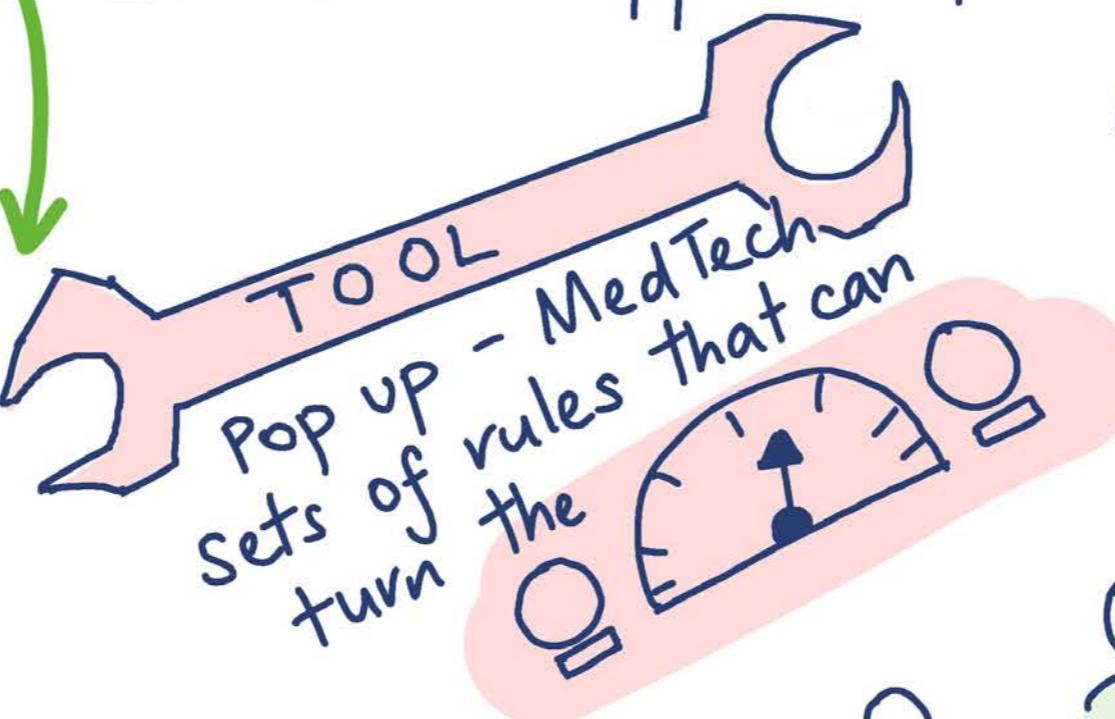
Primary care quality improvement challenge 2017  
Find out more at [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

# PD~~S~~A



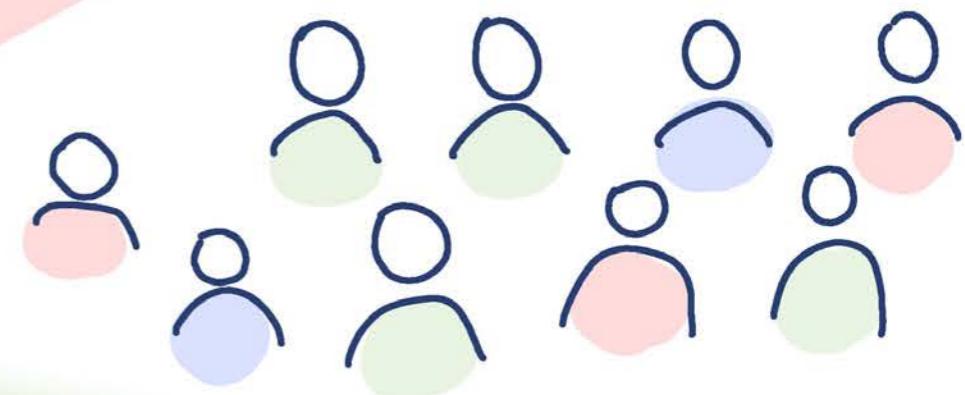
3 cycles now

Decision Support - from Fishbone



monthly checks  
+ Data collection

Showed us  
patterns between



Now we are  
seeing the  
tool  
being used  
universally

We are pleased  
with the results.

# Whakakotahi

Primary care quality improvement challenge 2017  
Find out more at [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

Counselling  
post cardiac  
care

# PDSA

NELSON MARLBOROUGH  
REGION

- Well received by Pharmacists
- We made some tweaks on the form as a result - it's 
- We can now track all our cardiac patients

- Patients love the

Yellow  
Card

- Obstacles include funding

# Whakakotahi

Primary care quality improvement challenge 2017  
Find out more at [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

NELSON MARLBOROUGH REGION

## PDSA

- About Patient counselling + their cardiac treatment
  - Problem** Atlas of Variation → average of 38% do not take appropriate medication after a major cardiovascular event in Nelson Marlborough
  - 100% medication adherence at 3 + 12 months post stent in 3 GP practices
- **Aim** Develop a pack to be given on discharge
- system for identification of medical condition
  - standardised terms (literacy issues)
- Adopted Waitemata SafeRx Booklet on medications
- Yellow card

# Whakakotahi

Primary care quality improvement challenge 2017  
Find out more at [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

# PDCA

The question we asked:  
Will a co-designed exercise  
class be well attended?

Measures:  
levels  
attendance  
Was it fun + enjoyable  
global strength  
pedometers

1 2 3 4 5 6 7 8 9 10

TOI ORA  
Healthy Lifestyles

Lots  
of  
Planning

We are making  
an  
**EXPERIENCE**  
Launches on Oct. 21st!

We have  
even set  
up a Facebook  
Page



HUTT UNION  
+  
COMMUNITY  
HEALTH SERVICE

