



Taumarunui Community Kokiri Trust He Mate Huka Oranga

Primary Care Improvement Facilitators Programme 2019



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa



Improvement Facilitator

- Ko Tainui te waka
- Ko Matekana te maunga
- Ko Waitomo te awa
- Ko Pohatuiiri te marae
- Ko Ngati Maniapoto te Iwi
- Ko Uekaha te hapu
- Ko Rereahu toku ukaipo
- Ko Aroha Te Tai-Dempsey taku ingoa
- He Neehi me he Whanau Ora Kaiarahi ahau
no Taumarunui Community Kokiri Trust



Background/Context

- Taumarunui Community Kokiri Trust (TCKT) is a Kaupapa Maori Organisation established 1989
- In 2013 Taumarunui Community Kokiri underpinned all service delivery through a Whanau Ora Integrated Model of Care
- Service Delivery is across the Waikato DHB in the Ruapehu & Waitomo LGA's
- 6779 enrolled clients in our 3 GP clinics
- 506 of these clients aged 45+ years are registered with Diabetes
- 52% are Maori.
- 73 % live in Quintile 4 & 5 areas.
- With a high number of High Needs population, both clinics are VLCA.
- In 2019 all 3 clinics will be under the National Hauora Coalition PHO



Taumarunui Community Kokiri Trust - CORE VALUES

- **Ma Te Reo Maori – Ka Pumau ai to tatau Maoritanga** (language preserves our Maoridom).
- **Manaakitanga** – Caring, sharing and taking responsibility for your impact on others.
- **Wairuatanga** – A Life force within us that determines our own behaviour.
- **Whakapapa** - Acknowledgement and respect of a larger sense of belonging, includes maunga, awa, waka, iwi, hapu, marae, whare, tipuna and ingoa.
- **Whanaungatanga** - Building relationships and recognising the role of whanau relationships in the well-being of the individual.
- **Rangatiratanga** – Acknowledgement of oneself and others by acting with responsibility and integrity.
- **Kotahitanga** – A sense of unity and recognition that everyone has a role that contributes to the whole.
- **Kaitiakiatanga** – Responsibility as worthy guardians of Maori health and well-being
- **Te Tiriti O Waitangi** - Reflecting the role of *Partnership, Participation and Protection*



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Kapua Ihuatangi | Manaora o Aotearoa



HEALTH SYSTEM INNOVATION AND IMPROVEMENT

Demographics

- Enrolled population – GP Clinics (6779)
 - 1142 (Te Kuiti)
 - 2211 (TFC)
 - 3400 (TMC)
 - 26 (DSM – Whanau Ora – Diabetes - Taumarunui)
- Demographics – (6779)
 - European 2624,
 - Maori 3916
 - Pacific I. 117
 - Asian 98
 - Other 24



Improvement Team

- **Our project team is (will be) made up of:**
 1. Aroha Te Tai-Dempsey; Participant + Nurse (Taumarunui)
 2. Mahina Joseph-Small; Participant + Nurse (Te Kuiti)
 3. Lynda Bowles; Participant Advocate & GP Manager
 4. Piki Taiaroa; Project Sponsor and Operations Manager

- **Stakeholders:**
 - Taumarunui Medical Centre – GP Nurses
 - The Family Clinic – GP & Nurses
 - Maniapoto Whanau Ora Centre – GP & Nurses
 - Taumarunui Hospital ED
 - Taumarunui Hospital SPOE



Aim Statement

**To decrease HBA1c to < 45mmol/L for
2 or more Maori & Pacific Island people out of the 26
mixed enrolled population in the Chronic Disease
Management Programme (DSM) who currently range
between 46-110mmol/L by March 2020**



Driver Diagram

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

To decrease HbA1c <45mmol for two or more Maori and Pacific Island people out of the 26 mixed enrolled population in the DSM Nursing Service by March 2020.
1 linked measure

Whanau Ora Pathway

Engaged whanau and community

Diabetes integrated pathway

Ma Te Reo Maori - Ka Pumau ai to tatau Maoritanga - Be expressive of self in your own culture and language

Manaakitanga - Be supported and guided through this journey without prejudice

Wairuatanga - consideration of beliefs and values important to self determination will be acknowledged and respected

Whakapapa - The importance of who you are and the uniqueness of YOU in this journey to wellness

Whakawhanaungatanga - Engage with others to share stories and learn selfcare to wellness

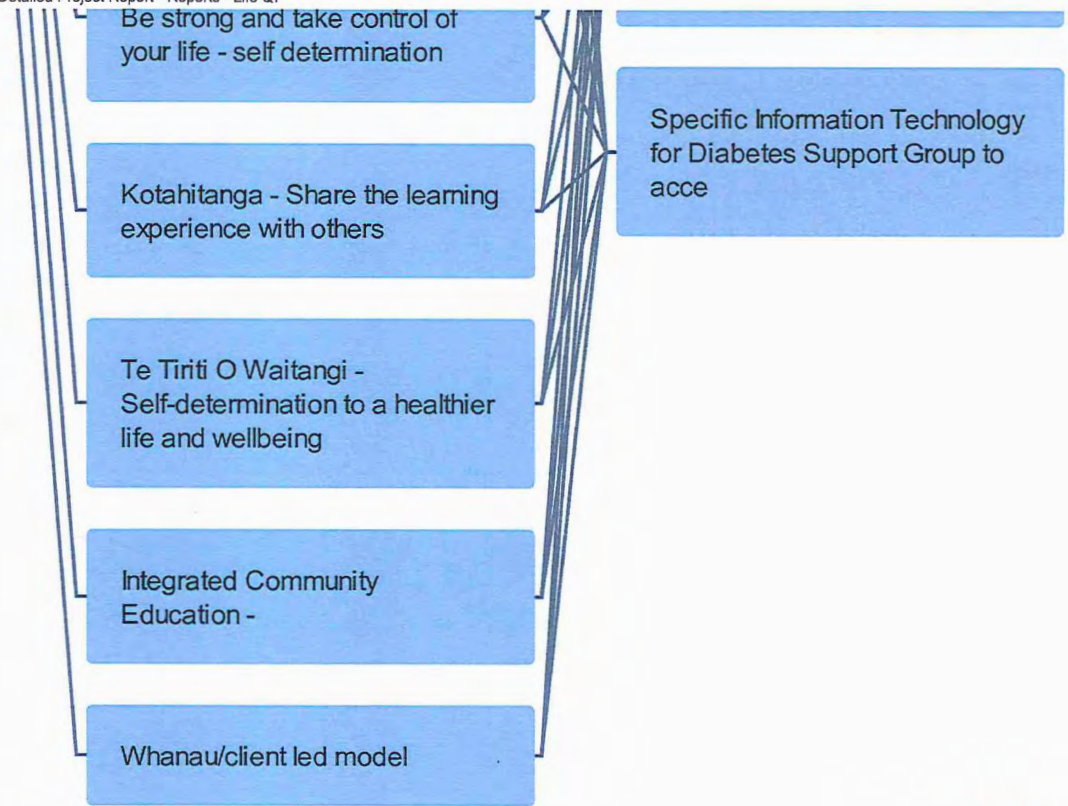
Rangatiratanga -

- Diabetes Support Group

Coaching, education using the Whanau Ora Principles

Develop a Whanau Ora Diabetes Community Engagement Strategy

Develop Support Groups and Community Champions
1 linked PDSA ramp



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Change Ideas & PDSA Cycles

Change Idea: - Diabetes Support Group

There are no records in this list

Change Idea: Develop Support Groups and Community Champions

PDSA Cycle: Diabetes Support Group

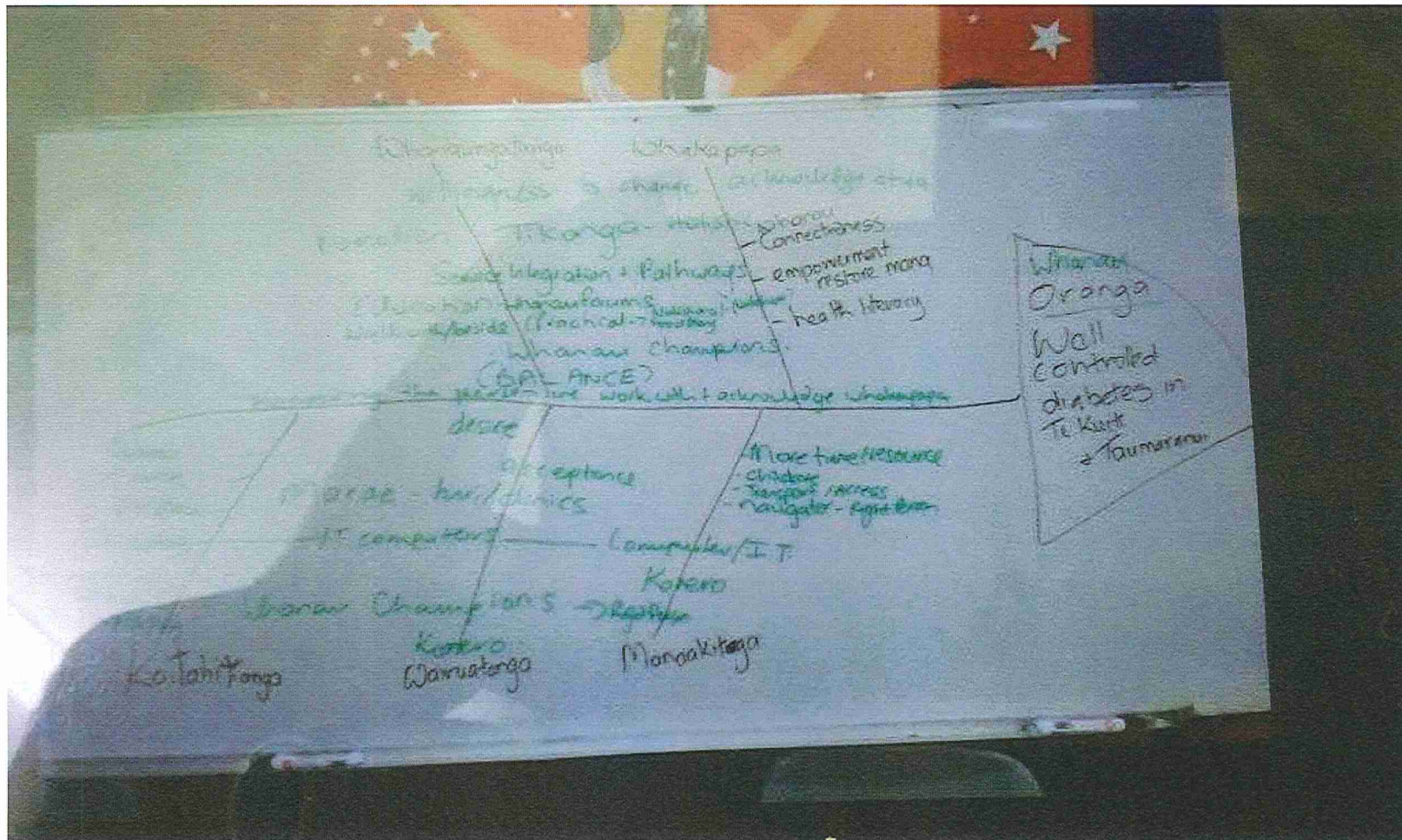
Objective: To encourage, support and develop whanau champions

When: 2019-05-23

Stakeholders Analysis Date Completed/Updated

Stakeholder	No commitment	Let it happen	Help it happen	Make it happen
GP			X	
Action/s planned to move stakeholder				
<i>Develop & implement integrated pathway DSM clinics</i>				X
Action/s planned to move stakeholder				
Practice Nurses		X		
Action/s planned to move stakeholder				
<i>Develop & implement integrated pathway DSM clinics</i>				X
Action/s planned to move stakeholder				
Taumarunui Hospital	X			
Action/s planned to move stakeholder				
<i>Develop & implement integrated pathway DSM clinics</i>				X
Action/s planned to move stakeholder				
Action/s planned to move stakeholder				
Mark the current state for your Stakeholders the desired state and how you plan to keep or move them to the desired state X = Current State X = Desired State				

Fishbone – used to create the solution





Whanau Ora Health Promotion Program Plan

Event Name: Diabetes Support Group		Location: Taumarunui
Event/Start Date: 23/05/19 Thursday Weekly	Time (start/finish) 10.00am – 11.00am	Champion: Aroha
Performance Accountability		
1. Who are the customers? # Enrolled Diabetics		
2. How can we measure if our customers are better off? # Diabetics who attend and participate		

How can we measure delivering services well? # Weekly Attendance and Evaluations completed
How are we doing on the most important of these measures? # Enrollments from MWOC services
Who are the partners that have a role to play in doing better? TCKT Services
What works to do better including no cost and low cost ideas? Provide free transport, TCKT internals working collaboratively

What do we propose to do: Deliver weekly Diabetes Education program to reduce HBA1C results in the Diabetes population

Strategies How to achieve objectives	Actions Tasks to do	Resources required Who will do it? What is needed? Cost?	Time frame When will be done?	Evaluation How is it going? What will be measured? Participant feedback?
Promotion & Prep	Flyers	Piki		
	Social media - FB	Piki		# ENROLLMENT
	Registration, Attendance & Evaluations	Aroha	Weekly	
Resources Equipment & Stores Orders	Food	Aroha	Weekly	# ATTENDANCE
	Stationery	Aroha	June	&
	Projector	Aroha	Weekly	# EVALUATIONS
	Transport	Pop	Weekly	*PHOTO'S

Plan prepared by: Aroha, Piki, Pop

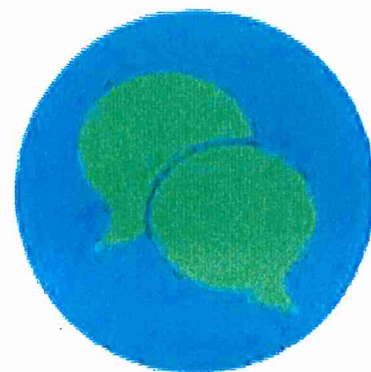
Plan approved by:

DIABETES SUPPORT GROUP



SUPPORT

Do you or someone you know have Diabetes? Join our free weekly diabetes support group that is open to all! Led by Diabetes Educator & Registered Nurse Aroha Te Tai-Dempsey



SHARE

Every Thursday

10-11 a.m.

Taumarunui Community Kokiri Trust Main office
121 Hakiaha Street, Taumarunui



LEARN

Each group focuses on a different diabetes topic with the opportunity to learn, share, get questions answered, and have your say!

QUESTIONS?

Aroha Te Tai-Dempsey, RN, D&M

07 895 5919 or email: Operations@kokiritrust.org.nz



**KOKIRI TRUST DIABETES EDUCATION & SUPPORT
GROUP EVALUATION FORM**



Please complete and return to Aroha

In order to fulfill your expectations, Taumarunui Community Kokiri Trust would like to get your input about this and future events. Please help us by completing the following information.

1. Do you know your HbA1c?

2. What ONE THING did you learn TODAY that you can share with someone else?

3. What can you recommend to improve the information sharing?

4. Would you recommend this support group to someone else?

Diabetes Support Group PDSA-1

Idea: Develop Support Groups and Community Champions

PDSA Cycle: Diabetes Support Group

- Objective: To encourage, support and develop whanau champions
- Plan: Posters to advertise support group
- Do: Surprisingly seven people attended. They didnt understand what diabetes was. They were afraid to be leaders of the Diabetes Support Group
- Study: Prediction was 0 and 7 attended
- Act: Continue to run clinics



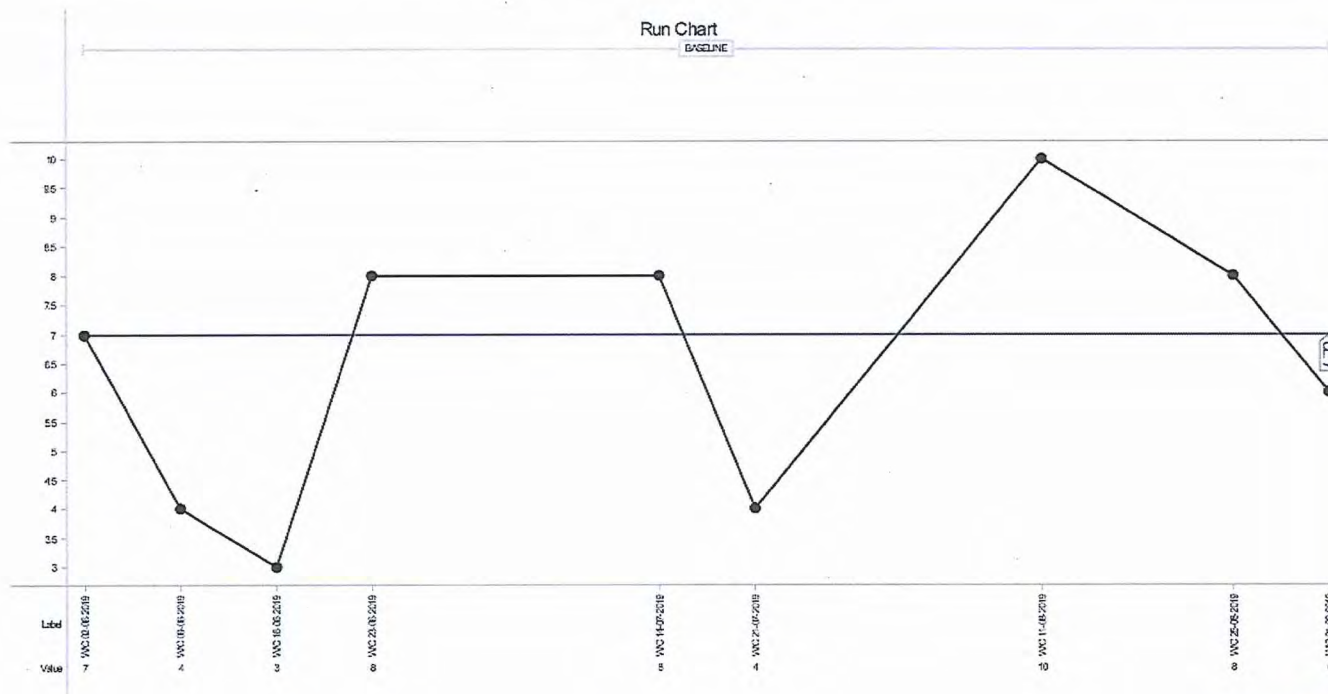
Diabetes Support Group PDSA-2

- Plan: Posters to advertise Diabetes Support Group Whanau Ora Navigator encouraged attendance and GPs referred patients
- Do: Conflicting information from doctors and nurses advice, advertising and internet about diabetes was confusing to them 3 didnt turn up from the last session
- Study: Only 4 present
- Act: Find out why the 3 didnt turn up - Missing participants had been frightened away due to my leadership expectation Continue with session but change evaluation forms



Diabetes Support Group Attendance

Chart title: Diabetes Support Group Attendance



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Key Success/barriers

- **Resources:**
- **Data availability:**
- **Time allocated for the project** – 1-2 days per week
- Language
- Non engagement of target group specially Maori and Pacific Island people
- No referrals from clinics
- **Successes:**
- Those engaging with Diabetes Support Group keen to learn
- Management very supportive of programme



Lessons Learned

- Need for face to face hui with stakeholders to increase promoting benefits of integrated model of care utilising baseline data
- Project Team being on the same page
- Anticipated time allocation not enough to dedicate to the project
- Limited IT knowledge

