

Dismantling service-level barriers to equity

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Background

Māori are **20%** more likely to get cancer than non Māori New Zealanders and **80%** more likely to die from it

The Question

How does our service contribute to these inequities?

The Action

Identify any ethnicity associated differences in patient's progress through the myeloma diagnosis and treatment pathway.

The Purpose

Dismantle service-level inequities and barriers to equity.

Health equity is a national priority.

Initiatives that aim to remedy disadvantage and reduce inequities are simply the right thing to do.



PLAN

- Māori Haematology Nurse to lead the project
- Generate ideas through collaboration
- Access evidence based research to inform process
- Utilise Plan-Do-Study-Act cycle

DO

- Pilot directed at CDHB myeloma patient pathway 2009-2019
- Process map developed to identify myeloma diagnosis and treatment events
- Database accessed to obtain patient health information and service activity
- Identify accurate and high quality service data points along the patient pathway
- Pose service questions along the data points to examine service delivery

STUDY

- Early results reveal gaps in data collection and input
- Further databases were sought and found
- Recent results reveal equitable access to stem cell transplant (SCT) for Māori
- Quality data is needed to enable meaningful change

ACT

- Seek access to further databases e.g. Pharmac
- Review initial reluctance to access digital patients notes to complete data sets
- Create action plan for change makers

Service Question:

Is there equitable access to stem cell transplant (SCT) for Māori in comparison to non-Māori New Zealanders?

Data points:

All CDHB myeloma patients 2009-2019 / ethnicity data / SCT recipients 2009-2019 / population % comparisons made

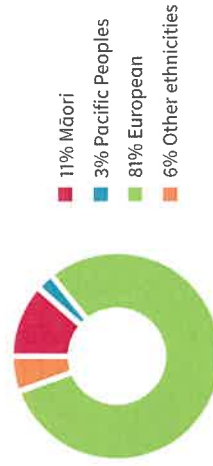
Equity Answer:

Yes, there is equitable access to SCT for Māori in comparison to non-Māori New Zealanders at CDHB.

CDHB myeloma population 2009-2019



Percentage of CDHB myeloma patients who had access to SCT 2009-2019



Service Question:

Is there ethnicity associated difference in survival rate five years following diagnosis?

Data points:

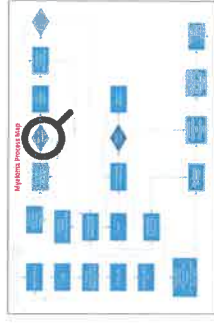
All CDHB myeloma patients 2009-2019 / ethnicity data added / date of diagnosis / five years from diagnosis added / alive data

Equity Answer:

Unable to answer this question as 48% of CDHB myeloma patients do not have a diagnosis date stored in an easily accessible database.

What We Have Learnt

- Accurate and high-quality data is not optional. It is crucial to quality improvement.
- Tenacity is a key ingredient. Keep looking for relevant and usable data sources. Don't give up.
- A comprehensive process map of service delivery is essential to this study.
- Time taken to engage, consult and work collaboratively is invaluable.



What's Next

- Continue seeking sources of accessible data and posing service questions.
- Inform and prioritise work streams to improve service data collection.
- When inequities are found, initiate a coordinated effort to address and dismantle.
- Collaborate and seek inspiration from others who have conducted similar studies.

What Can You Do?

The process of this quality initiative has potential to be duplicated for other disease conditions within haematology and across all health services within a DHB.

It is envisaged that this quality initiative will have a broad appeal as it is inclusive to all possible dimensions of equity (age, disability, gender, etc.), and aligns to Te Tiriti o Waitangi obligations.

References

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