National Council of
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Wahine O Aotearoa

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29 October 2001 S01.66

Submission to the National Health Committee on the Safe Systems
Supporting Safe Care:
A Discussion Document on Quality Improvement in Health Care

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 43 nationally organised societies. It has 35 branches spread throughout the country to which women from some 150 societies are affiliated.

GENERAL COMMENTS

Comments were received from members of the Health Nucleus Group, Health Standing Committee and branch members.

In general the members found the document to be timely and well informed. NCWNZ supports the need for quality systems in health care and is pleased to see that the National Health Committee (NHC) has built on the many regulatory and non-regulatory quality initiatives in NZ.

Respondents all agreed that a systems approach is the best way to deliver quality improvement and all agreed with the three identified priorities for action.

- The need for a co-ordinated approach for quality improvement
- Strong leadership
- Greater consumer participation in quality improvement

Many of our members commented that they felt the NHC had achieved a general and inclusive definition for quality and that this would not have been easy to do. (Page 12 3.2)

SPECIFIC COMMENTS answering questions from the document.

Page 13 What is Quality?

Do you agree with the NHC's proposed dimensions of quality?
Members felt that this was well defined and agreed with the dimensions as stated.

What other dimensions of quality would you suggest?
It was felt that the stated dimensions of quality were good. Three members would like geographic location added to this list or included under the access criteria.

Do you agree that efficiency as defined should be a dimensional quality?
Agree in principle but several members felt the trade-offs mentioned in page 13 could be the cause of this definition coming unstuck. Questions about who would do the trading, what criteria would be used, and what opportunity for negotiation would be available were asked. The other concern from many was the way the consumer would be presented with the benefits and risks associated

with trade-off or would this become a “professionals only” tool. NCWNZ members felt that it is an essential component of any efficiency assessment.

3.3 Safety and Quality

Page 14 What is your view on the relative view of safety?
NCWNZ members unanimously agree that safety is a fundamental requirement for all health professionals and consumers.

Do you agree with the committee’s view that safety should be the primary focus of the health sector’s efforts to improve the quality of health care?
This was agreed by our members and it was felt that as far back as Florence Nightingale who said “the first duty of the hospital is that it should do its patients no harm” still stands. The NHC has stated safety well.

3.4 Incorporation a range of perspectives

Page 16 What would be the potential roles and functions of a national consumer organisation or network?
NCWNZ supports consumer representation at all levels of DHBs and primary care systems. These groups should be visible and accessible and able to draw on good advice without the fear of bureaucratic control and manipulation. They should provide advocacy and be able to share information.

Do you think there is a need for a national consumer organisation or network in NZ?
Respondents agree that there should be such a group which is close to the consumer groups it represents and they should be able to co-opt for specific tasks.

If so, should the consumer organisation be a new or existing organisation or network?
Members felt that it was important to use existing bodies which would bring much needed experience and history to the process. New members should also be part of this process to build knowledge and have a fresh view. Existing consumer representatives are hard to identify for most and the questions of visibility and availability plus the need to show that actions and their results are available and known is essential.

3.4.2 Page 18 Maori / 3.4.3 Page 18 Pacific / 3.4.4 Page 19 People with Disabilities

NCWNZ members agree with these three sections.

4. A systems approach to quality improvement

Page 22 What is your view on the four-level approach to quality improvement as described?
This approach should encourage higher standards of health care.

Where do you think the emphasis should be regarding “top-down” and “bottom-up” approaches?
It was felt by our members that a combined approach is necessary and individuals must accept responsibility at all levels. There must be good regulatory systems and accountability systems must be used to improve quality of care.

4.2 Some current quality improvement initiatives

The cost of credentialing to individual health professionals was discussed within the credentialing network and we believe that the cost involved should not be a bar to on-going learning and skill enhancement. Professional associations must be involved.

4.3 Quality and health service funding

Page 27 What is your view on the relationships between quality and funding, including prioritisation?
Members all agreed that we have to have priorities for cost effectiveness in health. Examples of technologies were given and it was agreed by our members that experts are required in selection of all new technologies but that the consumer view as potential users may not be a bad thing in the assessment of such technologies.

5 International Experience with systems approaches to Health Care Quality.

Page 31 What are the most important features of international models that NZ should consider adopting?
The majority of respondents felt that the USA model (PPS 29 30.) was easy to identify with although this did not include indigenous controls. It was also felt that the indigenous controls must be included for health practitioners to promote continuous improvement of clinical practice.

6 How to improve health care quality in NZ

Page 33 Do you think this proposed model for national quality improvement is useful?
How would you change it?
What suggestions do you have for how the Treaty principles (partnership, participation, protection) could be incorporated across levels and dimensions of the model?
It was felt that the model (Figure1 pg 33) as presented shows the essential elements and it was also felt that this model would work.

6.1.3 Information Management

Page 35 What are the current gaps in the collection, use and management?
What strategies would you use to address these gaps?
It was felt by our members that knowing what to do with the data, when collected, was often the problem. The importance of relating the problem and solution was also noted. Other comments about professionals using the Privacy Act as a means of not using the information for the best interests of the patient were discussed. Informed consent must be explicit and consumers must be aware of the purpose of such data collection.

6.2 & 6.2.1 Strong Leadership for quality improvement & strengthening national leadership for Quality improvement.

Page 36 Do you agree with the functions of national leadership as suggested by the NHC?
It was felt that clinical governance had been addressed and that strong leadership is the best way to achieve quality. Another point was that of the professional ownership of standards and the consumer to outcomes is also seen as important.

Do you think there is a need for an organisation to strengthen national leadership in quality improvement?
If so what type of organisation should take on a leadership role at national level?

Our members agree that there is a need to strengthen national leadership and that existing organisations eg the NZ guidelines group who has a consumer input would be good. This type of group must have professional and consumer input and be adequately funded to do the job properly.

6.2.3 Clinical Governance.

Page 35 Do you think clinical governance as described by the NHC is a useful concept for NZ? What role do you see 'clinical leadership' in quality improvement?
Members felt that governance is well covered and it would be preferable to have local terms of reference and membership.

We would see the roles of these groups would be to implement the five key dimensions as stated.

- Safety
- Effectiveness
- Efficiency
- Consumer Responsiveness
- Access

Page 36 Do you agree with the suggested leadership development approach that involves all key players: health professionals, managers, and board members?
This was supported by all our members.

NCWNZ Health Standing committee would like to thank the National Health Committee for the opportunity to comment on this important document and we look forward to seeing the final version for implementation.

Barbara Glenie
National President

Elizabeth Bang
Convener, Health Standing Committee