



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



Quality improvement and equity: are they incompatible approaches?

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Declaration of interests



- **My role** Public health physician
- **Employer** Health Quality & Safety Commission
a New Zealand Crown-owned entity
- **Other interests**

Key messages

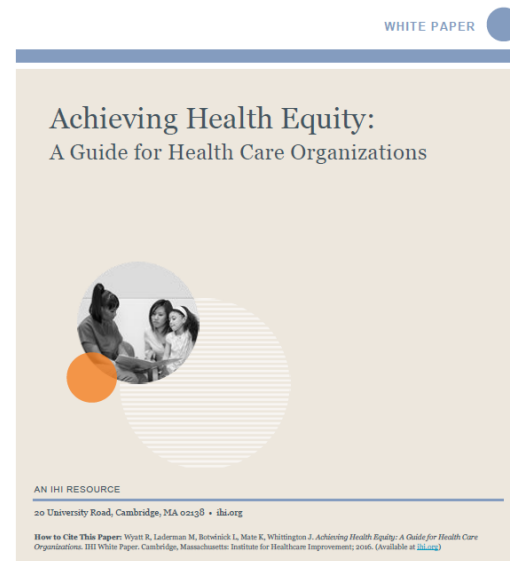
- Quality improvement and equity can co-exist
 - The way to increase equity is to do things differently for different populations
- Using ‘access’ framing will assist equity
 - Supply side of access
 - Demand side of access

Who we are...and where we were



*...the lack of
widespread progress
leads some to call equity
the “forgotten aim.”*

Derek Feeley



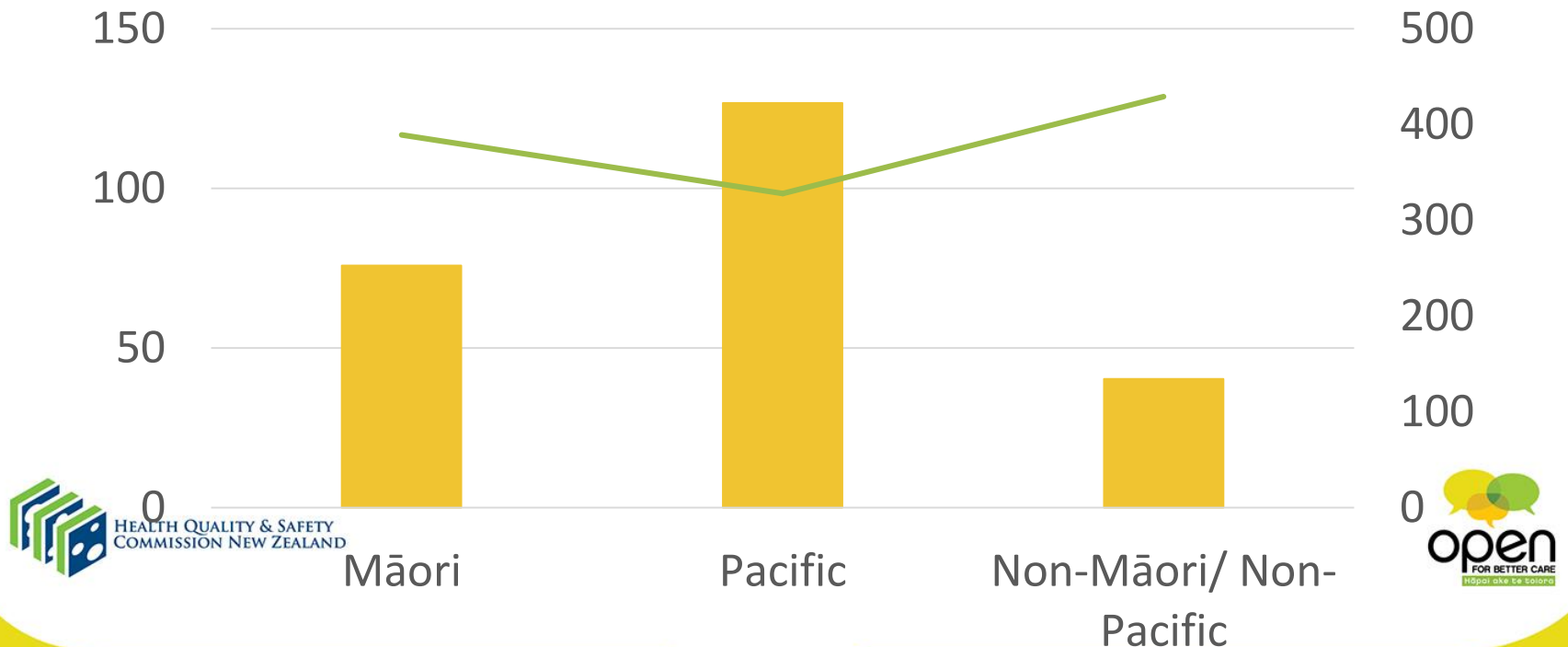
Where we were

| QI programmes | Inequities |
|----------------------------------|-----------------------------------|
| Falls | Gout |
| Medication safety | Asthma |
| Safe surgery | Glue ear: grommets ratio |
| Infection prevention and control | Hospital admissions for diabetics |

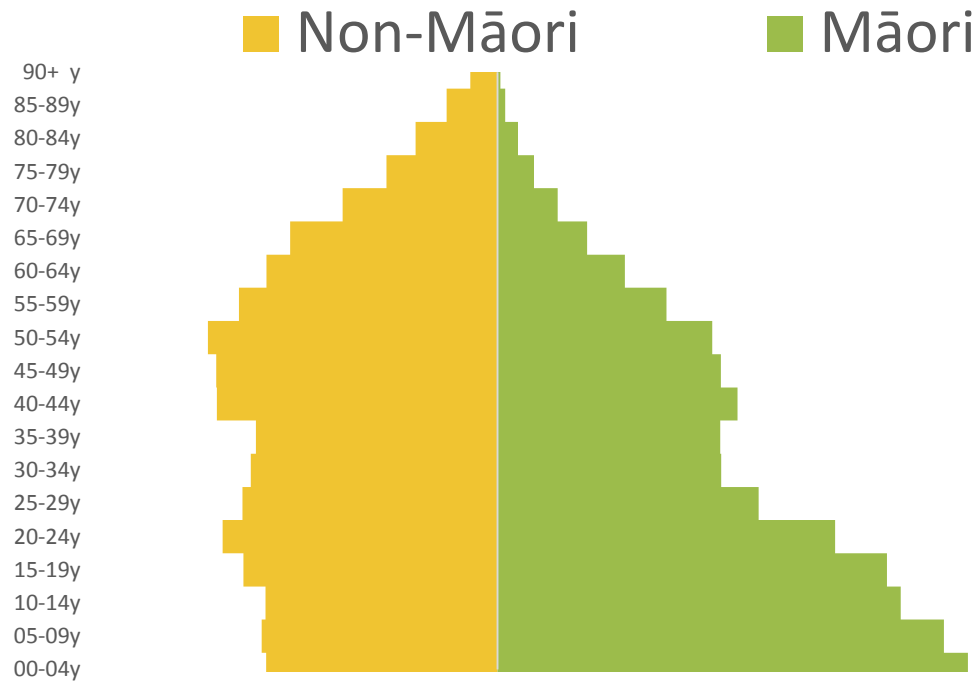
Gout prevalence and allopurinol use

Prevalence
(per 1000 popn)

Regular allopurinol use
(per 1000 popn with gout)



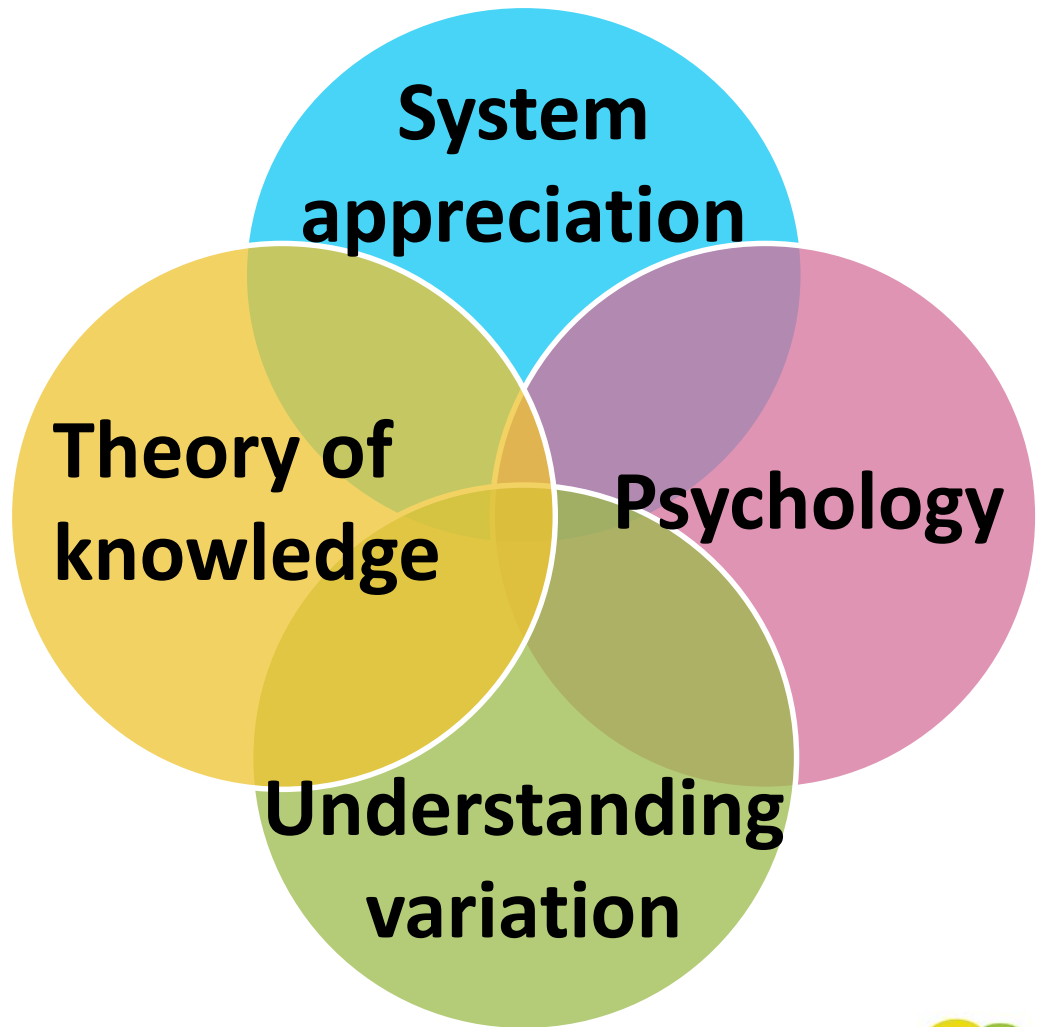
NZ age distribution



What we found:



Deming's System of Profound Knowledge



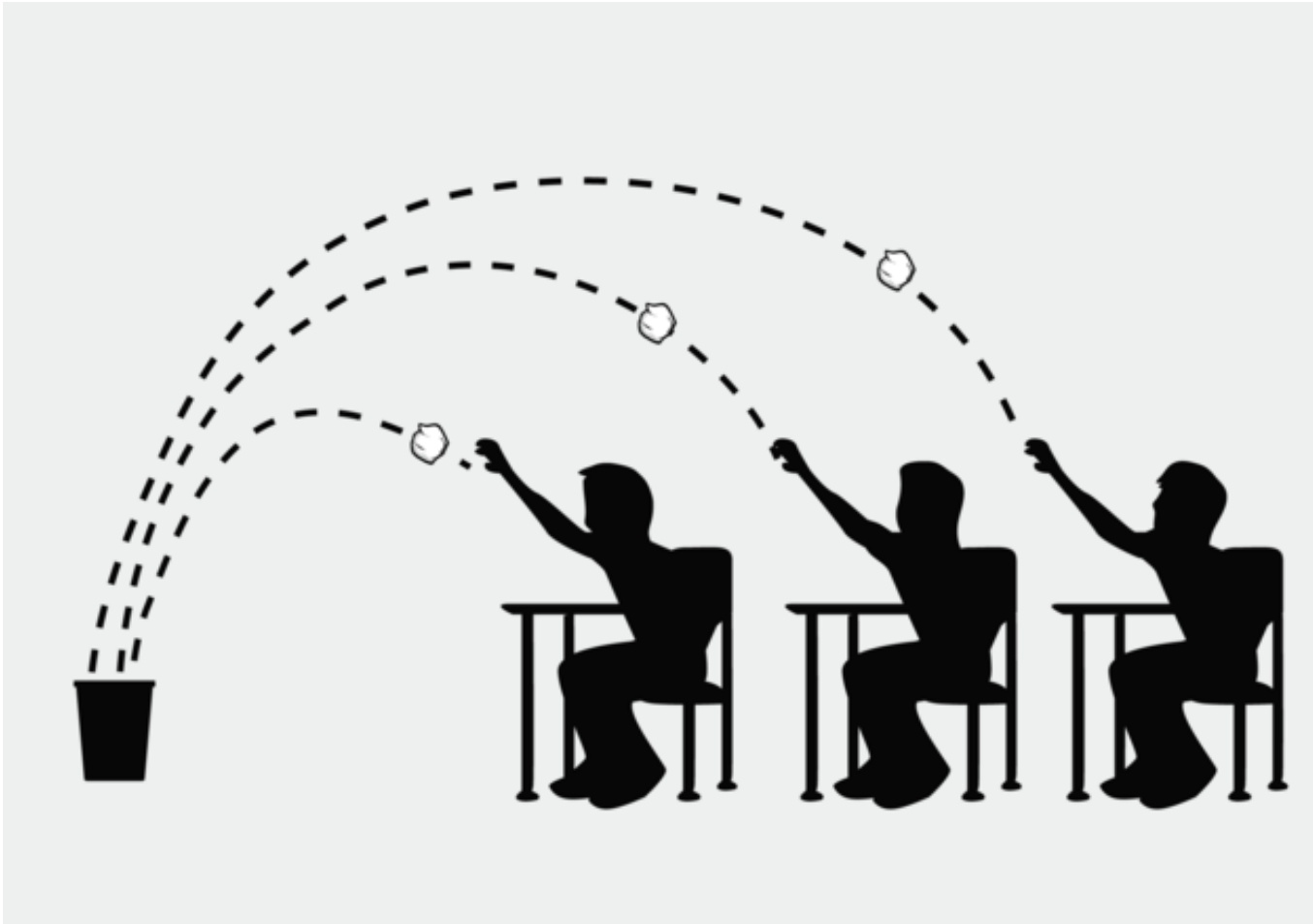
CAN WE DO BETTER?

Equality



Equity



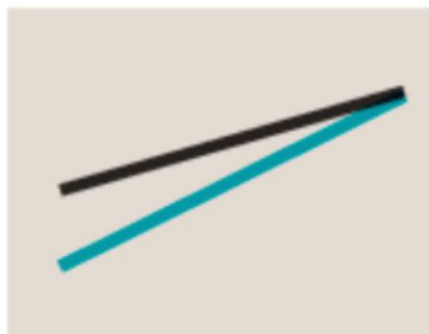


Neutral



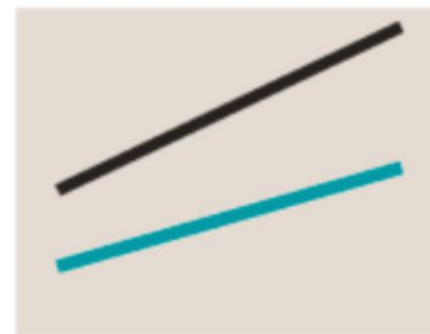
More of the same

Narrowing



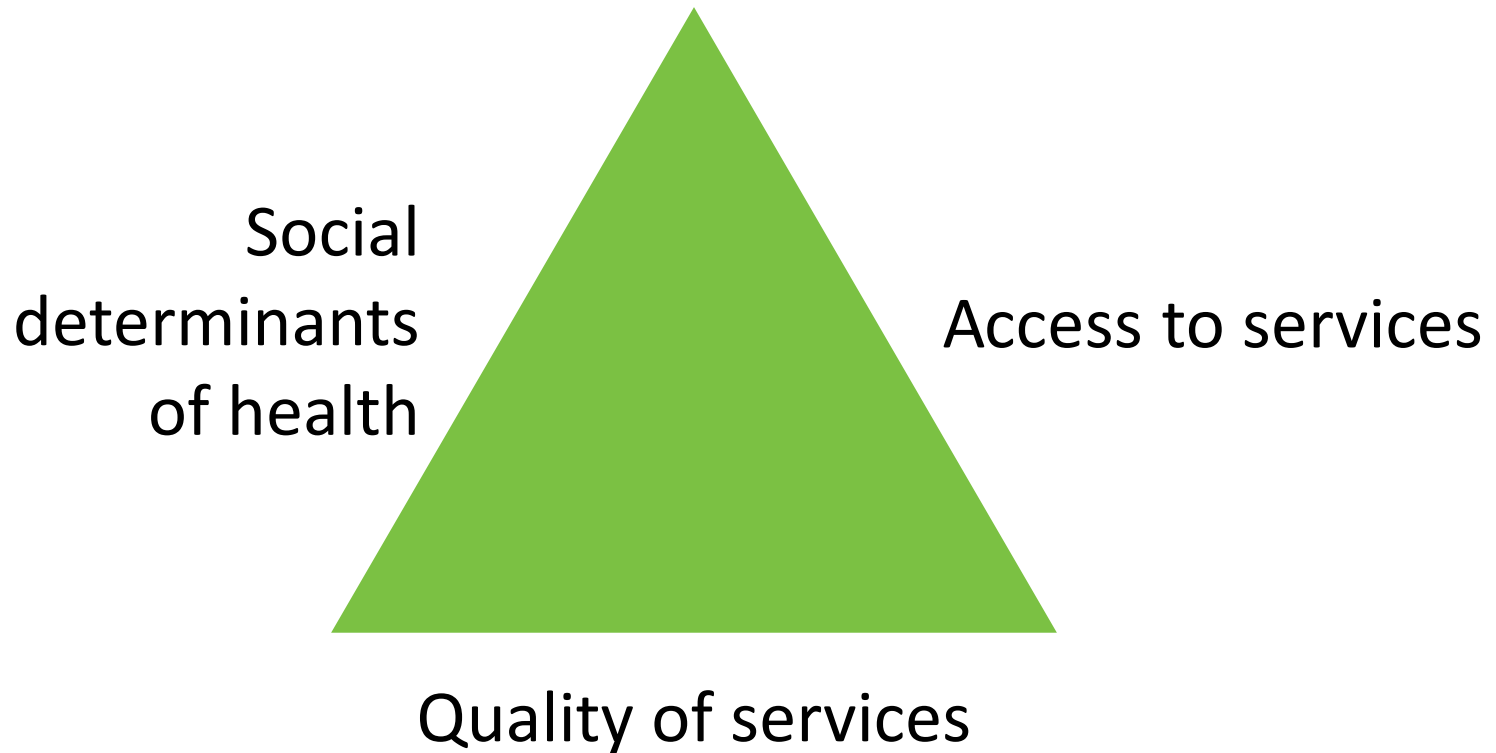
Shows improvement

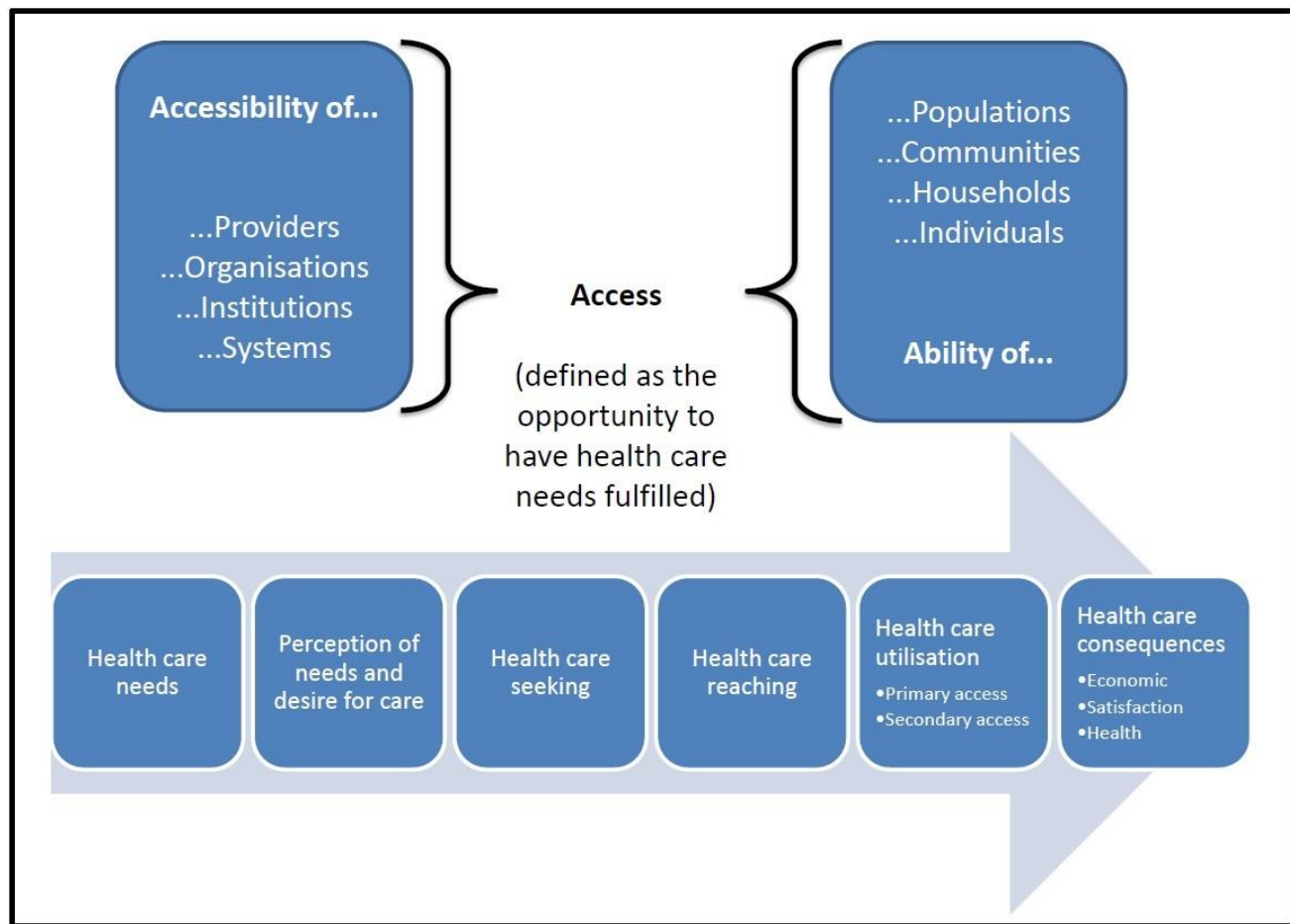
Widening



Gap worsens

Equity: a population health (tri)angle





Where we are going

Consumer
engagement

Cultural
competence

Health
technology

Leadership

Supply side factors

Demand side factors

Wider social
circumstances

Health
literacy



Consumer engagement

The CQI process, while demonstrating improvements in clinical and organisational aspects of the service, did not always reflect or address the primary concerns of Indigenous clients and underlined the importance of including clients in the CQI process.



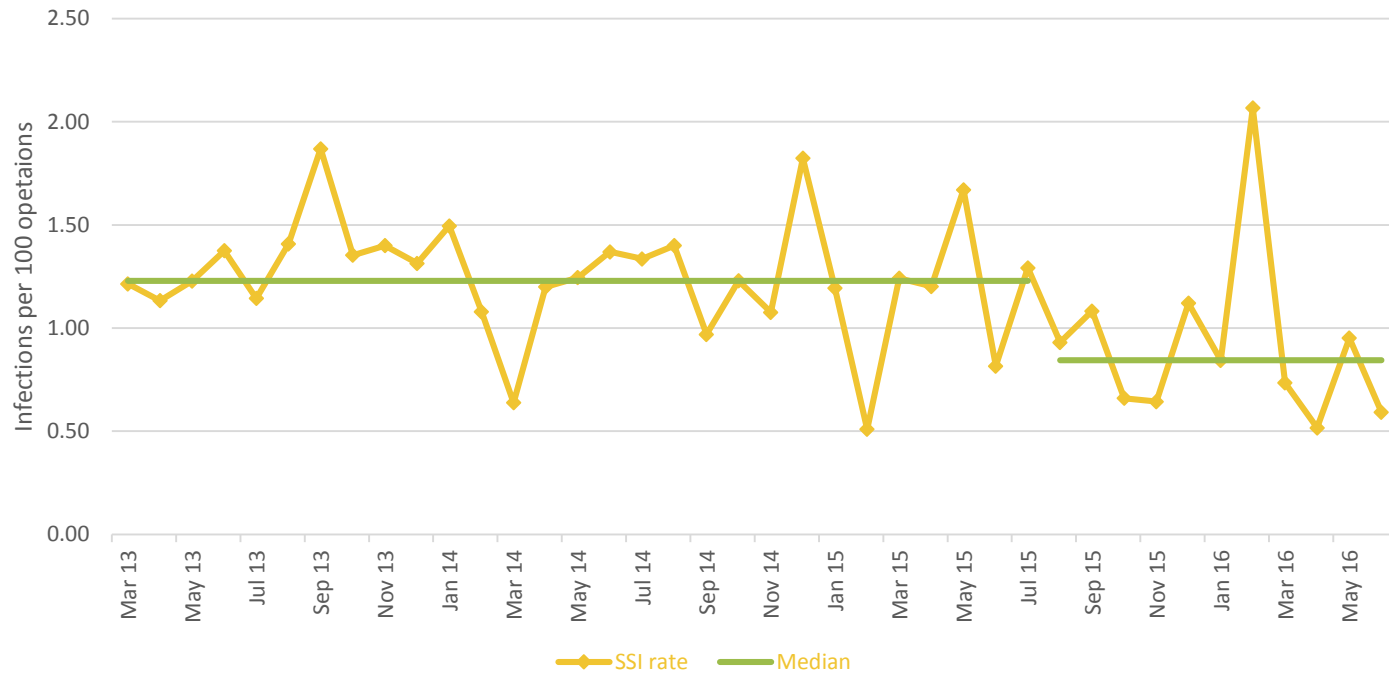
Consumer engagement



Cultural competence



Data and technology



Surname: NHI:
 First Names:
 Date of Birth: SBK:
 PLACE PATIENT ID HERE

ADULT VITAL SIGNS CHART

| Vital Signs | | Date Time (24 hour) | EWS | Date Time (24 hour) |
|--------------------------------|---------------------------|---------------------|-----|---------------------|
| Respiratory Rate (breaths/min) | | > 35 | RRT | > 35 |
| | | 25-35 | 3 | 25-35 |
| | | 21-24 | 2 | 21-24 |
| | | 12-20 | 0 | 12-20 |
| | write value in box | 9-11 | 1 | 9-11 |
| Oxygen | Room air ✓ | | 0 | ✓ Room air |
| | Supplement (L/min) | | 2 | Supplement (L/min) |
| | | ≥ 96 | 0 | ≥ 96 |
| | | 94-95 | 1 | 94-95 |
| Oxygen Saturation (%) | write value in box | 92-93 | 2 | 92-93 |
| | | ≤ 91 | 3 | ≤ 91 |
| | | ≥ 39s | 2 | ≥ 39s |
| | | 38s | 1 | 38s |
| Temperature (°C) | | 37s | 0 | 37s |
| | mark with X | 36s | | 36s |
| | write value if off scale | 35s | 1 | 35s |
| | | ≤ 34s | 2 | ≤ 34s |
| | | Write ≥ 220 | 3 | Write ≥ 220 |
| | | 210s | | 210s |
| Blood Pressure (mmHg) | score systolic value only | 200s | | 200s |
| | | 190s | | 190s |
| | | 180s | 0 | 180s |
| | | 170s | | 170s |
| | | 160s | | 160s |
| | | 150s | | 150s |
| | | 140s | | 140s |
| | | 130s | | 130s |
| | | 120s | | 120s |
| | | 110s | | 110s |
| | | 100s | 1 | 100s |
| | | 90s | 2 | 90s |
| | | 80s | 3 | 80s |
| | | 70s | | 70s |
| Heart Rate (bpm) | | 60s | RRT | 60s |
| | | 50s | | 50s |
| | | Write ≥ 140 | RRT | Write ≥ 140 |
| | | 130s | 3 | 130s |
| | | 120s | | 120s |
| | | 110s | 2 | 110s |
| | | 100s | | 100s |
| | | 90s | 1 | 90s |
| | | 80s | | 80s |
| | | 70s | 0 | 70s |
| Level of Consciousness | ✓ | Alert | 0 | Alert |
| | | Voice / Pain | | Voice / Pain |
| | | Unresponsive | 3 | Unresponsive |
| | | | RRT | |
| | | | 2 | |
| | | | 1 | |
| EARLY WARNING SCORE TOTAL | | | | EWS TOTAL |

| | | | | | | | |
|--------------|--------------------|----------------|--|--|--|--|--|
| Pain | write score (0-10) | Movement | | | | | |
| | | Rest | | | | | |
| Urine Output | Catheter | > 100mls / 4h | | | | | |
| | | < 100mls / 4h | | | | | |
| | ✓ No catheter | PU last 8h | | | | | |
| | | Not PU last 8h | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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| | | | | | | | |

DRAFT CHART FOR INFORMATION ONLY - NOT FOR CLINICAL USE

Surname: NHI:
 First Names:
 Date of Birth: Sex:
 PLACE PATIENT ID HERE

CALL 777 FOR ANY PATIENT YOU, THEY OR THEIR FAMILY ARE WORRIED ABOUT REGARDLESS OF VITAL SIGNS OR EARLY WARNING SCORE (EWS)

| Mandatory escalation pathway | |
|--|--|
| Total EWS Warning Score | Action |
| EWS 1-5 or any vital sign in yellow zone | <ul style="list-style-type: none"> Manage pain, fever or distress Increase frequency of vital sign measurement |
| EWS 6-7 or any vital sign in orange zone | House officer review within 60 minutes <ul style="list-style-type: none"> Inform nurse in charge Refer to Paediatric Risk (Paed Risk) Increase frequency of vital signs |
| Acute illness or unstable chronic disease | Registrar review within 20 minutes consider ICU intervention, escalation & review timeframe |
| EWS 8-9 or any vital sign in red zone | Likely to deteriorate rapidly |
| EWS 10+ or any vital sign in blue zone | <ul style="list-style-type: none"> Diagnose Refer to 'Rapid Response Team' at your location Support Airway, Breathing & Circulation |

Modification to Early Warning Score triggers

Chronic disease can inappropriately trigger escalation. EWS modifications can be authorised by a consultant or registrar and should be reviewed daily by the primary team. Ignore any modification that is not signed and dated.

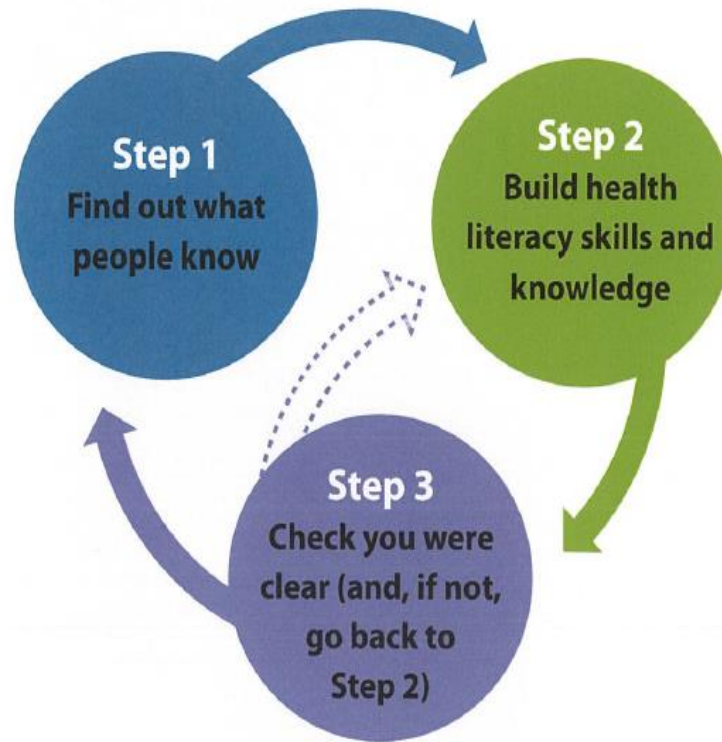
| Vital sign | Accepted values & modified EWS | Date & time | Doctor's name, designation & contact details |
|-------------|--------------------------------|-------------|--|
| | | / / | |
| Reason: | | / / | |
| | | / / | |
| Reason: | | / / | |
| | | / / | |
| Reason: | | / / | |
| NOT FOR CPR | NOT FOR RRT | / / | |

All limitations of medical treatment must be documented in the clinical record

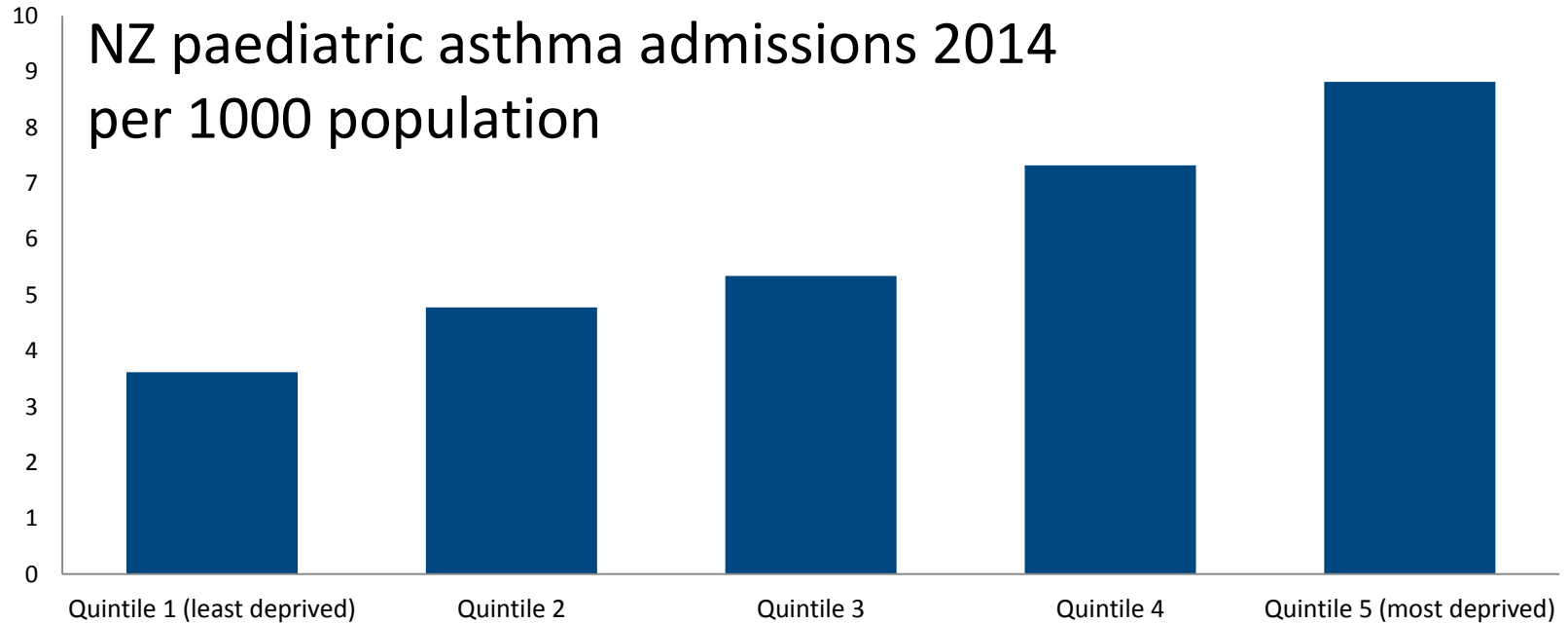
A full set of vital signs with corresponding EWS must be taken and calculated each time at the frequency stated in the 'insert policy name here' policy. If there is no timely response to your request for review, escalate to the next coloured zone.

| Early Warning Score colour key | | | |
|--------------------------------|---|---|--------------------------|
| 0 | 1 | 2 | 3 |
| | | | RRT: RAPID RESPONSE TEAM |

Health literacy



Social determinants of health



Critical success factors

Speaking QI

Equity
expertise

Telling stories

People
People
People

Key messages

- Quality improvement and equity can co-exist
 - The way to increase equity is to do things differently for different populations
- Using ‘access’ framing will assist equity
 - Supply side of access
 - Demand side of access

THANK YOU

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