

Priorities:

1. Zero Seclusion: towards eliminating seclusion by 2020 (minimising restrictive care)
2. Connecting Care: improving service transitions
3. Learning from serious adverse events and consumer experience
4. Maximising physical health
5. Improving medication management and prescribing

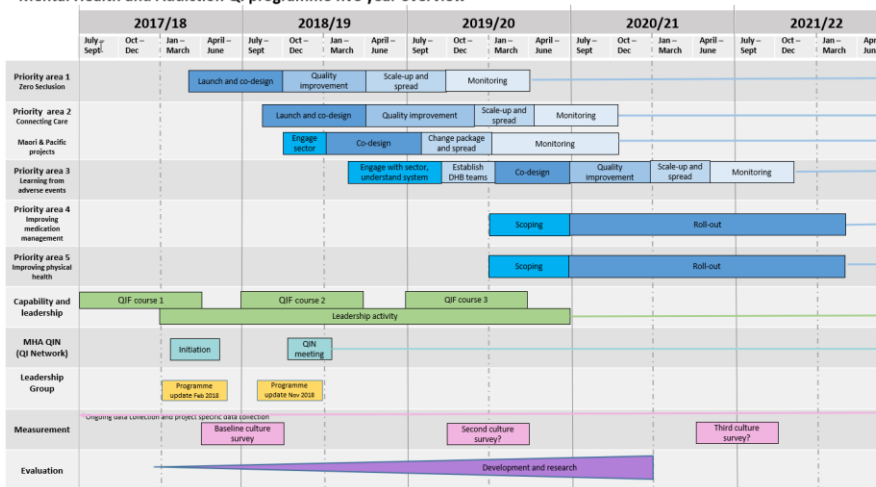
2018/19 achievements to date...

- Ngā poutama oranga hinengaro: Quality in context mental health and addiction staff culture survey conducted in August
- Partnership working and sharing of learning nationally and internationally (Scottish Patient Safety Programme, Safer Care Victoria, Australia)
- Consumer resource developed for Zero Seclusion explaining what the project is about



Draft five year programme overview: a schematic of the key programme plan activity. Our ambitious, person centred and consumer focused programme has an equally ambitious timeline and priorities that we will continually evaluate as the work progresses.

Mental Health and Addiction QI programme five year overview



Data highlights – Zero Seclusion

To let us know how we are progressing our improvement work the following measures have been developed. To find out more contact us. Outcome measures are:

- a. % of people admitted to mental health units who were secluded
- b. average seclusion hours per person admitted to mental health units
- c. average seclusion events per person admitted to mental health units

Mental Health Awareness

Week was held on 8-14 October with the theme of *Let nature in, strengthen your wellbeing – Mā te taiao, kia whakapakari tōu oranga!* The week saw the team connecting with nature and also attending a range of events such as an evening at AUT in partnership with Waitemata DHB, Pou and The Mental Health Foundation.



Let's focus on Māori wellbeing and solutions for Mental Health Awareness Week

8 Oct 2018 | Mental Health & Addiction Quality Improvement

Kaumātua and Māori cultural advisor Wi Keelan says Mental Health Awareness Week, which starts today, provides an opportunity to focus on the positive aspects of Māori wellbeing.

"Increasingly, we are seeing Māori values and aspirations emerging as a positive solution for Māori mental health."

2018/19 next steps...

- Ngā poutama oranga hinengaro: Quality in context national survey report due by the end of the year
- Measurement masterclass via Zoom on 7 November for Zero Seclusion project teams
- Preparing Mental health and addiction quality improvement programme (MHA QIP) Māori equity plan
- MHA QIP team flyer underway
- Plan-do-study-act pocket card resource for project teams

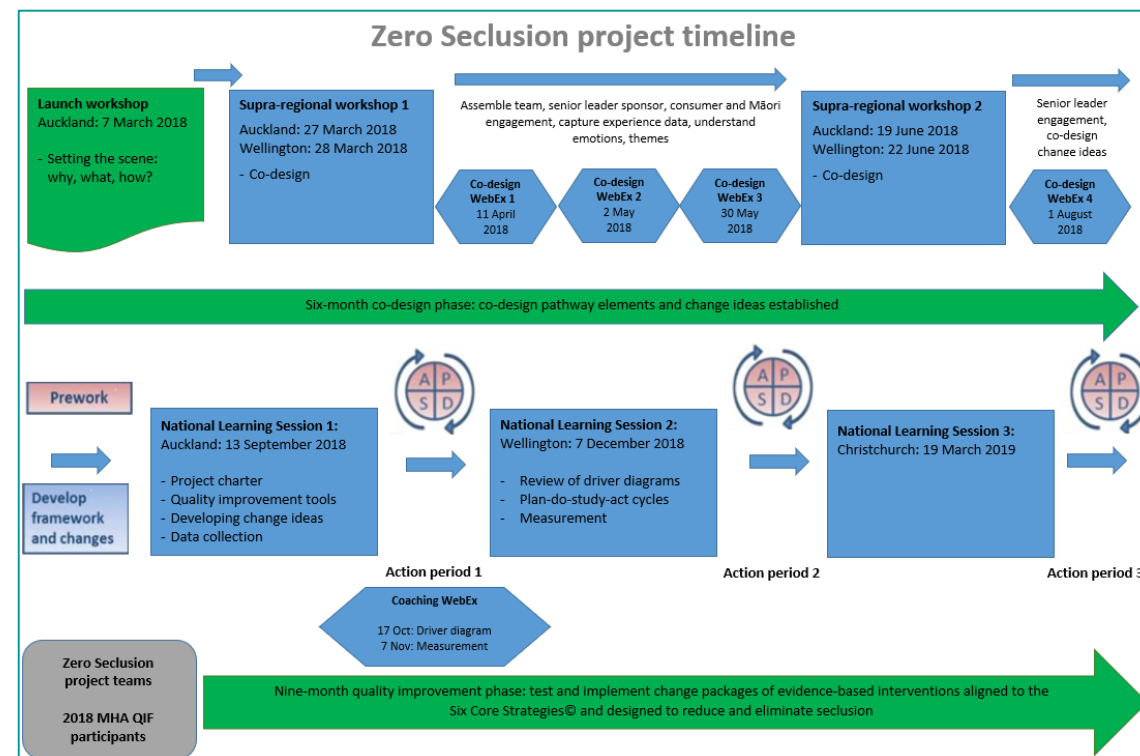


Highlights:

Co-design: The rescheduled co-design WebEx was held on 1 August. The WebEx was a follow-on from the second set of supra-regional co-design workshops held on 19 and 22 June where DHB project teams shared change ideas generated through their local co-design processes, how their projects are progressing and their data collection (including unintended consequences).

Quality improvement phase: The first learning session took place on 13 September in Auckland with Dr David Hall as guest speaker. Dr Hall is national clinical lead for the Scottish patient safety programme in mental health, and independent mental health advisor. Project teams presented storyboards on their progress to-date, including co-design change ideas. This learning session covered quality improvement tools and methodologies, systems thinking, project charter, measurement, data collection and reporting, and next steps in the action period to follow. The next learning sessions will take place on 7 December in Wellington and 19 March 2019 in Christchurch.

MHA QIP team coaching and visits: The MHA team continues to work with and support Zero Seclusion DHB-led project teams using technology and face-to-face visits. A structured series of visits to DHBs has commenced with MidCentral, Nelson, Lakes, Bay of Plenty, Tairāwhiti and Hawkes Bay visited recently. A driver diagram masterclass was held on 17 October and a measurement masterclass on 7 November, both via Zoom, to provide support and coaching for the project teams and this year's MHA Quality Improvement Facilitator Programme participants working on Zero Seclusion.



MHA QIP Improvement Advisor, Karen O'Keeffe, and National Advisor Consumer Engagement, Shaun McNeil, viewing project team storyboards at Zero Seclusion Learning Session One

Highlights:

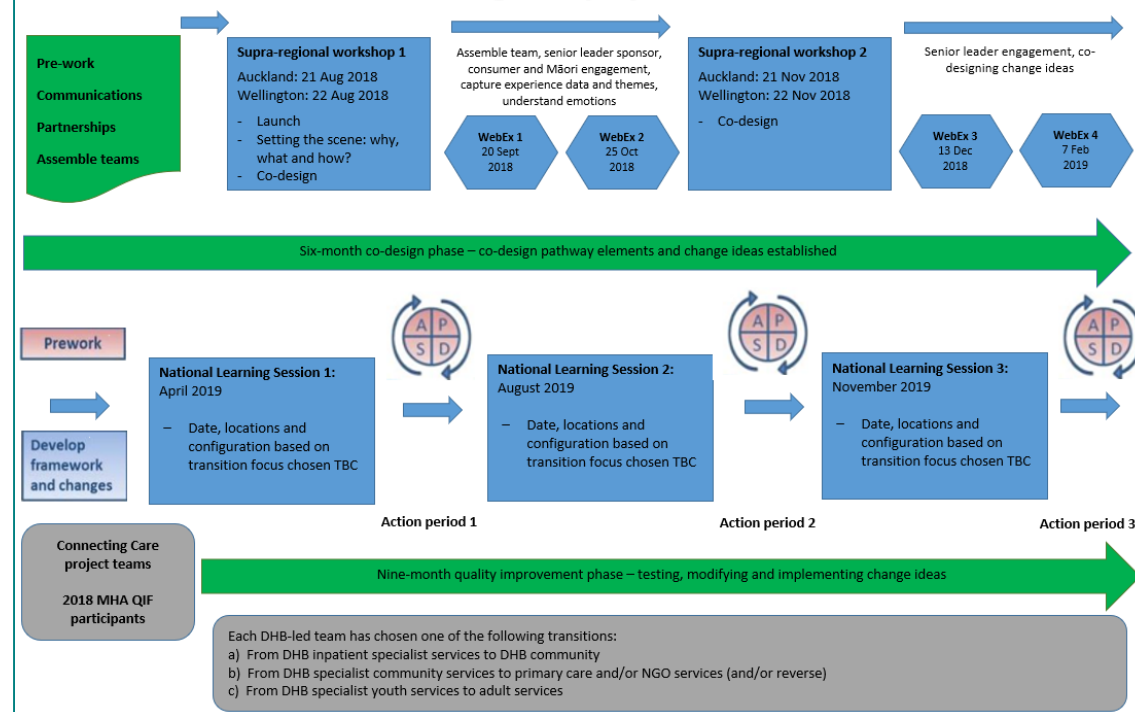
Connecting Care project manager: We would like to welcome Jacqueline Ryan to the national team. Jacqueline joined us in August from Counties Manukau Health where she was Patient Safety Manager.

Launch: The Connecting Care project launched with the first of two supra-regional co-design workshops, as part of the six-month co-design phase, held on 21 August (Auckland) and 22 August (Wellington) attended by project teams from 16 of the 19 DHBs. Lynne Maher, Innovation and Improvement Clinical Director at Ko Awatea, facilitated the August workshops and will continue to coordinate the four WebEx sessions from September through to February 2019. The MHA QIP team will facilitate the second co-design workshop on 21 November (Auckland) and 22 November (Wellington). At the workshop(s) the Connecting Care project teams will present their progress to-date using a storyboard template that includes information gathered through the co-design engage, capture and understand phases.

MHA QIP team coaching and visits: The MHA QIP national team continues to work with and support the Connecting Care DHB-led project teams via technology as well as face-to-face visits to Nelson, Lakes, Bay of Plenty, Tairāwhiti and Hawkes Bay recently.

Dr David Hall and his colleague Johnathan MacLennan who have led mental health quality improvement programmes in Scotland continue to provide mentoring, support, coaching and advice to the national MHA QIP team.

Connecting Care project timeline



There will be a separate culturally specific sub-project under the Connecting Care theme and a Pacific provider and a kaupapa Māori provider will be selected to improve a service transition using social innovation methodology. This will be managed through an expression of interest process - with the Māori Advisory Group and Le Va assisting in the selection process and implementation of the projects in a culturally appropriate way.



Highlights:

Learning from serious adverse events and consumer experience: This priority area will be progressed as an improvement project in 2019/20. Because DHB MHA Quality Managers have responsibility for the review, reporting and follow-up of adverse events in their DHBs, it is likely that the initiative will be supported by these quality managers who will draw together a team in their DHBs. The NZ National Adverse Events Reporting Policy 2017 will form the framework within which the initiative will be undertaken.

An evidence review will be published shortly focusing predominantly on mental health services. The Commission's Adverse Events Report will be published in November and this year a section on mental health and addiction will be included.

Maximising physical health: Many DHB, NGO and primary care providers are involved in local Equally Well projects. These projects recognise the poor physical health experienced by many mental health and addiction consumers and the negative impact on morbidity and mortality. Te Pou has conducted an evidence review of the Equally Well initiatives which will inform the Commission's quality improvement initiative which is due to commence in 2020.

<https://www.tepou.co.nz/resources/the-physical-health-of-people-with-mental-health-conditions-and-or-addiction-evidence-update-december-2017/854>.



Improving medication management and prescribing:

While treatment with medication is one of the most commonly used and effective therapeutic interventions for people with serious mental illness, there are serious issues around medication errors, adverse drug events, non-adherence to medication and serious morbidity and premature mortality.

An evidence review to confirm what is known nationally and internationally on improving medication management and prescribing in mental health and addiction services is almost complete.

This priority area will be progressed as an improvement project in 2020.



Māori Advisory Group (MAG): The MAG, established in February 2018 and chaired by Wi Keelan, MHA QIP Kaumatua/Māori Cultural Advisor, continues to provide the programme with quality advice from a Māori perspective and support the development and implementation of the national quality improvement programme. A national MAG hui held in June had an emphasis on building and supporting Māori capability and responsiveness in the sector. MAG members are working with local DHB project teams. The MAG will meet again in December.

Consumer Advisory Group (CAG): The CAG is chaired by Shaun McNeil and continues to help ensure the consumer voice is heard as we implement the quality improvement programme. Most recently CAG members provided input into the proposed insert/leaflet for the Zero Seclusion project.

Stakeholder Group (SG): The SG, chaired by Dr Janice Wilson, meets quarterly (remotely). The role of the SG is to provide stakeholder perspectives on relevant matters, support effective relationships between the sector and the Commission, as well as support the MHA QIP's alignment to wider sector policies and strategies. Inspector Paula Holt from the NZ Police will join the Stakeholder Group at their next meeting in December.

Leadership Group (LG): The LG, chaired by Dr Rees Tapsell continues to meet quarterly with members providing expert advice and acting as champions for the programme. The next LG meeting will take place on 28 November in Auckland.

MHA Quality Improvement Facilitator (QIF) course 2018: The 2018 QIF course commenced in June with 21 participants undertaking an improvement project on Zero Seclusion or Connecting Care. The second two-day workshop was held on 24 and 25 September (Auckland) with a focus on measurement, change management and plan-do-study-act cycle review. Representatives from the MHA QIP national team attended the workshop to connect with the MHA QIF participants and offer any support required. The third workshop will be held on 21 January 2019 (Auckland).

The MHA QIF 2017 graduates are now engaged in number of activities associated with the programme such as membership of the MHA QI network, supporting 2018 QIF participants and supporting local DHB quality improvement projects.

Mental health and addiction Quality Improvement Network (QIN): The QIN comprises mental health and addiction staff who hold quality positions and meets nationally three times a year in addition to regional meetings. The QIN's role is to enhance communication between its members and to provide opportunities for sharing knowledge, experience, resources, professional development and networking.

The next full day national meeting of the MHA QIN will be in March 2019 in Wellington.



Highlights:

MHA service providers, consumers and family/whānau are listed on the Commission's communications data base and continue to receive email updates on the MHA QIP.

MHA QIP Commission website pages had 5772 visits from 1 May to 30 September 2018 and three MHA blogs were in most popular top 10 blogs.

An article on Ngā poutama oranga hinengaro: Quality in context national survey was published on the Commission website on 1 August: [New national mental health staff survey live – don't miss out!](#)

An article on seclusion was published in the September 2018 New Zealand Nurses Organisation (NZNO) journal, Kai Tiaki.

Connecting Care case-studies and articles published on the Commission website: [New initiative to improve care transitions for mental health consumers](#) and [Co-design will improve transitions.](#)

Media release developed for Mental Health Awareness Week: [Let's focus on Māori wellbeing and solutions for Mental Health Awareness Week.](#)

An article about Auckland University of Technology (AUT) students' placement with the MHA QIP published on the Commission's website and provided to AUT comms: [Mental health and addiction programme hosts AUT students.](#)

practice

Nurses key to solving challenge of seclusion

We need to hear the voice of nurses. They are the experts, and that's where the knowledge resides," says Heather Casey, one of two nursing advisors on the Health Quality & Safety Commission's mental health and addiction (MHA) programme.

Since earlier this year, Casey and Stu Bigwood have been working with district health board (DHB)-led teams of MHA nurses, as part of the national project Zero seclusion: towards the elimination of seclusion by 2020.

The new collaborative is being led by the commission, the workforce development group to lead in the Whānau Ora, the national key performance indicator group and service providers, who are working with patients and their families/whānau towards eliminating the use of seclusion in in-patient services.

One of Casey and Bigwood's core roles is to ensure nurses' voices are at the heart of the project. "We know nurses are making the daily decisions around what strategies to use with patients," says Casey. "Their involvement at every stage of the process is vital to the success of this project. We just won't get there otherwise."

Since the project began in March 2018, there has been a flurry of activity. Four regional co-design workshops have been held, enabling DHB-led teams to look at how they can capture meaningful data from staff, patients and their whānau to help them track what the impact of any future actions might be.

Tools to avoid seclusion While it is tempting to jump to solutions, Bigwood says the methodology discourages this. "We are hearing about what works and what tools help avoid using seclusion, which is highly valuable. This has raised things like the fact that de-escalation, as part of the practice effective communication (PEC)



The Health Quality & Safety Commission believes nurses' voices must be at the heart of the national zero seclusion project.

Health Quality & Safety Commission advisors Heather Casey and Stu Bigwood.

programme, has been helpful." According to nurses, the introduction of PEC has helped the focus shift from seclusion and restraint to de-escalation. "Once you get to restraint, seclusion often follows. So, if people can de-escalate before restraint, then you often don't need restraint or seclusion," says Casey.

Another approach that has proved successful in reducing the use of seclusion is safe words. "We know not everyone's using the safe word approach, but we know it has been proven to reduce the level of violence in in-patient wards," says Casey.

One DHB team, in particular, has shared how, by reframing its view of patients, using the Māori concept of manaakitanga, staff have seen a reduction in violence and the need for restraint. "Kaitiaki Mānau DHB staff shared how they welcome their patients into the ward using an approach based on kindness and hospitality – manaakitanga," says Casey.

"Often people have had a traumatic period before admission, including long waits for assessment and a bed. Instead of getting straight into assessment, why not welcome them with a cup of tea and

something to eat, and a discussion – all part of an assessment but using a different approach? A kind, caring approach that focuses on building the relationship first."

Intoxicated patients Managing people who are intoxicated when admitted has been identified as a major challenge in reducing the use of seclusion, Bigwood says. "This isn't just a local issue. Every project team has said that dealing with people who are intoxicated, especially on methamphetamine, is a huge issue for them."

Nurses are very skilled at de-escalating people with psychiatric disturbance, Casey says. However, when dealing with people who are substance-affected, those de-escalation tools don't necessarily work. "There is a difference between psychiatric disturbance and behavioural disturbance. So, it's about thinking, this is a different presentation we are seeing now. How are we going to manage this safely?"

In response, the commission has taken the lead on bringing together stakeholders from across the wider sector, including police, to look at what can be done

practice

Using alternative strategies

HELPING NURSES recognise they are already using strategies every day that are safe and effective alternatives to seclusion is a key to the success of the quality improvement initiative, says Nicola Burtenshaw, a registered nurse at Southland Hospital's mental health inpatient unit.

Burtenshaw is helping lead Southland DHB's zero seclusion project team and has committed four hours a week to drive the project to be unit.

"I've always been against using seclusion," she says. "Some years ago, I studied sensory modulation as an alternative to restrictive practice. After undertaking training, I pushed to get a sensory room set up, which we now have. I've seen how, depending on the issue at hand, sensory modulation can be a really effective tool in avoiding seclusion, for example with someone who is highly anxious or psychotic."

Burtenshaw is focusing on getting staff to understand the zero seclusion initiative and learn from each other's experiences.

"The first measurable strategies Burtenshaw and her project team have implemented is a de-brief form, created with input from unit nurses, to help them audit and learn from each seclusion incident." "It challenges us to ask, if there was anything else we could have done."

In the future, they are looking at formalising processes for capturing patient and family member input, and providing more education on sensory modulation and mindfulness techniques, especially for new staff during orientation. "I encourage other nurses to get involved in their local zero seclusion project," says Burtenshaw. "It's still early days, but I believe we can do this. Now I can see how zero seclusion can work, how it can fit together with all the different interventions. We want to get staff enthusiastic about this. While I'm not quite sure yet exactly how we are going to get there, I know there's now a vehicle that can take us there."

* To find out more about the programme, contact your local DHB project team leader. If you don't know who this is, contact the director of nursing or general manager.

about this issue nationally. "Should we be managing these presentations and do we need a new set of skills and tools to help us manage them? A lot of things are transferable, but it's a whole new way of working with staff and patients, and we need a whole new look and approach," Bigwood said.

Managing smoking withdrawal DHB teams have also identified the irritability people experience when suffering from nicotine withdrawal as a major issue affecting the reduction of restrictive care.

"Almost every group has identified irritability withdrawal as a real issue. Most international research says that smoking cessation programmes do not rate levels of violence and aggression on the ward, but from what we're hearing anecdotally, that isn't the experience," he said.

"Some smokers are just not going to stop, so it's about withdrawal management, and that's what causes the agitation. People become irritable and this can escalate to the point where they end up being secluded," Casey said. "Every group has raised this as an issue. We need to keep pushing for solutions and use the expertise in New Zealand and internationally to assist."

While DHB-led teams across the country start to look at strategies that will help them reduce seclusion, the overarching message from the commission is clear: "We want to keep everyone safe. That means working to eliminate harm for consumers, but it's also about protecting nurses and other mental health staff from injury and trauma," Casey said.

To help achieve this, Bigwood and Casey are encouraging nurses to get involved in what's happening locally. "We want people to find out what's happening at their DHB, to engage with the project at their local level," said Bigwood. "None of this is rocket science and we feel our role is as a conduit, to try and get nurses' voices heard. By working through this together, we believe we can get there."

This article was supplied by the Health, Quality & Safety Commission.

Co-design will help improve transitions

15 Oct 2018 | [Mental Health & Addiction Quality Improvement](#)

The Connecting Care Project will see health service providers, consumers, and their families and whānau working together to better understand and improve the experience of transitions between or within providers. Improving the quality of service transitions was identified by the mental health and addiction sector in 2017 as one of the five priority areas requiring a quality improvement focus.

Mental health and addiction programme hosts AUT students

3 Oct 2018 | [Mental Health & Addiction Quality Improvement](#)

Auckland University of Technology students Nicole Olivieri and Alisi Fangupo have been learning about the challenges of the mental health and addiction sector during their placement with the mental health and addiction quality improvement programme.

'I'm interested in health management and the ways we can improve health outcomes,' says Nicole. 'So this placement has been perfect. I had a meeting with my paper leader and explained my areas of interest, he then placed us at the Commission.'

'My favourite thing about Mondays at the Commission is our two o'clock meetings which offer presentations on health issues and information about New Zealand,' says Alisi.

'What I have enjoyed most about my placement is the extensive knowledge I have gained throughout the little time I have been here. I have learnt and have gained an insight into the processes of the programme.'



AUT students, Nicole Olivieri and Alisi Fangupo.