

**QUALITY & RISK**

**ACTION PLAN**

**2005/2006**

July 7, 2005

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## OVERVIEW

There are a number of ongoing quality and risk management programs at CMDHB that assist in optimising the quality and safety of care provided these include; Credentiaing and Professional Development, Evidence Based Practice, Incident and Complaint reporting and management, Sentinel Event Management, Mortality & Morbidity Review, Clinical and Quality Audit, Clinical Indicators, Accreditation, Risk Management and Community Participation.

The Quality Plan Structure detailed below is based upon the framework of the MoH IQ Action Plan: Supporting the Improving Quality Approach. The section headings and the section descriptors are as per the IQ Action Plan.

## TREATY OF WAITANGI

There are more effective service outcomes for Maori by acknowledging the special relationship between Maori and the Crown under the Treaty of Waitangi and applying principles of partnership, participation and protection.

Cultural Competency/Tikanga Project					
Outcome	Steps	Sponsor	By whom	By When	Priority
A common Tikanga Best practice policy is developed for the DHB provider arm and contracted NGO providers	<ul style="list-style-type: none"> <li>TBP policy developed with the participation of a range of key stakeholder</li> </ul>	Bernard Te Paa	Tony Spelman	Dec 05	<b>H</b>
Development of a Maori quality framework to compliment the organisation quality framework	<ul style="list-style-type: none"> <li>Maori quality framework project is completed</li> </ul>	Bernard Te Paa	Tony Spelman	Mar 06	<b>M</b>
Cultural responsiveness training is offered to DHB provider arm and NGO providers	<ul style="list-style-type: none"> <li>Training packages are developed and piloted</li> <li>Training package timetable is established</li> </ul>	Bernard Te Paa	Tony Spelman	Mar 06	<b>M</b>
		Bernard Te Paa	Tbc	June 06	<b>M</b>

## LEADERSHIP

There is a shared vision towards safety and quality care that is engendered through committee leadership at all levels, which supports constant maintenance and improvement in service quality, and takes into account Maori aspirations and priorities.

Primary Health Care Organisations (PHOs) - Corporate & clinical governance training					
Outcome	Steps	Sponsor	By whom	By When	Priority
PHO Corporate Governance Training day run for all PHOs.	<ul style="list-style-type: none"> <li>PHO Corporate Governance training program needs identified, program developed and implemented.</li> </ul>	Chris M	Danny Wu	Oct 05	<b>M</b>
PHO Clinical Governance Training program completed once for all PHOs	<ul style="list-style-type: none"> <li>PHO Clinical Governance training program needs identified, program developed</li> </ul>	Allan M	Allan M	Oct 05	<b>H</b>

**Quality Module Developed – Covering Quality Systems, Principals and Tools.**

Outcome	Steps	Sponsor	By whom	By When	Priority
<p>Quality Training Module Developed.</p> <p>Training Module will be run 3 times in 05/06 year</p>	<ul style="list-style-type: none"> <li>Investigate and select appropriate training package/course.</li> <li>Pilot Training Package (Jun to Aug 05).</li> <li>Implement final module and schedule 3 training programs.</li> <li>1 Training Program to be open to Primary Care providers.</li> </ul>	Emma B	Emma B & Quality Coordinators	End Aug 05 (pilot)	<b>H</b>

**Risk Management Module Developed for Leadership Development Program**

Outcome	Steps	Sponsor	By whom	By When	Priority
<p>Half day Training Module Developed targeted at Service Manager &amp; Clinical Leader level.</p> <p>Training Module will be run 2 times in 05/06 year</p>	<ul style="list-style-type: none"> <li>Investigate NZ Training Courses</li> <li>Pilot Training Package</li> <li>Develop training programme and education schedule</li> <li>Roll out training programme (including primary care)</li> </ul>	Emma B	Emma B & Janine P	Dec 05 (pilot)	<b>H</b>

**PEOPLE INVOLVEMENT**

People are encouraged and supported to participate in the planning, delivery and assessment of health and disability services and programs, including the active participation of Maori.

**PHO Patient Engagement – Investigate how patients are involved in the development of future service delivery**

Outcome	Steps	Sponsor	By whom	By When	Priority
<p>Stock take current activity</p> <p>Sector appreciation of the issues</p> <p>Surveys implemented in most PHOs</p>	<ul style="list-style-type: none"> <li>Review Patient satisfaction and complaints processes with each PHO</li> <li>Discussion at GPHO re expectations and agreed process</li> <li>Work with Tony Kake to develop and offer menu of options for patient participation</li> <li>Confirm timeline for compliance with contract re patient satisfaction survey at PHO level with each PHO</li> </ul>	Allan M	Primary Clinical Advisor	<p>Nov 05</p> <p>Dec 05</p> <p>Feb 06</p> <p>Mar 06</p>	<b>H</b>

<b>Patient Information Pamphlets – Stock take, Review and Update</b>					
<b>Outcome</b>	<b>Steps</b>	<b>Sponsor</b>	<b>By whom</b>	<b>By When</b>	<b>Priority</b>
Patient information pamphlet stock take completed	<ul style="list-style-type: none"> <li>• Complete stock take to identify what patient pamphlets are utilised in which areas</li> <li>• Develop standard template format for CMDHB. Template to include CMDHB identifiers, review dates, pamphlet numbers and ownership</li> <li>• Develop policy and procedure for Development of CMDHB Generated Patient Information Pamphlets, for approval by EMT</li> <li>• Develop and implement patient pamphlet development and authorisation procedure defining who/which group is accountable for approving the content of both CMDHB generated pamphlets and external generated.</li> <li>• Develop a central register and make available on SouthNET.</li> </ul>	Emma B	Val M & Joye R	Oct 05	<b>H</b>
Patient Information Pamphlet template developed				June 05	
Policy/Procedure re development and management of patient information pamphlets developed and published on SouthNET				Sept 05	
Patient information pamphlet (CMDHB generated) register published on SouthNET				Mar 06	

## **QUALITY IMPROVEMENT CULTURE**

There is widespread awareness, understanding and commitment to a quality improvement culture at all levels of the health and disability sector.

<b>Quality Improvement Culture embedded across Primary Sector including awareness of CMDHB's main Quality Objectives and PHO's agreed Objectives</b>					
<b>Outcome</b>	<b>Steps</b>	<b>Sponsor</b>	<b>By whom</b>	<b>By When</b>	<b>Priority</b>
Clinical Governance Forum operational across primary sector	<ul style="list-style-type: none"> <li>• Terms of Reference finalised</li> <li>• Annual "Forum" objectives finalised</li> <li>• Regular meetings and tracking of PHOs contribution to meeting quality objectives</li> </ul>	Allan M	Allan M	Aug 05	<b>H</b>
				Oct 05	
				Ongoing	

**Quality Improvement Culture embedded across Provider Arm including of the Quality & Risk Framework, DAP and Quality & Risk Action Plan**

Outcome	Steps	Sponsor	By whom	By When	Priority
Quality Framework and Quality Action Plan distributed within CMDHB	<ul style="list-style-type: none"> <li>• Revise and simplify Quality Framework</li> <li>• Create and make available Quality Framework poster</li> <li>• Quality Framework and Quality Action Plan available from Q&amp;R in A5 printed format.</li> <li>• CMDHB Quality Action Plan and revised framework to be presented to each division</li> </ul>	Peter G	Emma B & Quality Coordinators	July 05  Sep 05	M

**Quality Orientation Program developed to ensure that all new staff are aware of the CMDHB Quality Framework and are familiar with the main Quality Objectives undertaken in the Organisation**

Outcome	Steps	Sponsor	By whom	By When	Priority
Orientation presentation and supplementary information reviewed	<ul style="list-style-type: none"> <li>• Orientation presentation and orientation booklet information reviewed and updated</li> </ul>	CMO	Emma B, Premila S	Sep 05	H

**Six Monthly Quality Co-ordinators Training Program**

Outcome	Steps	Sponsor	By whom	By When	Priority
2 training programs to be developed (Quality Module & Root Cause Analysis Module)	<ul style="list-style-type: none"> <li>• Appropriate training programmes selected</li> <li>• Training programmes completed</li> </ul>	Emma B	Emma B & Quality Co-ordinators	Jul 06	H

## REDESIGN OF SYSTEMS

There is evolutionary redesign of systems of care to support delivery of quality services

Falls Prevention (SACS & Intermediary Care)					
Outcome	Steps	Sponsor	By whom	By When	Priority
Reduced number of patient falls and associated injuries	<p><b>Intermediary Services</b></p> <ul style="list-style-type: none"> <li>Audit falls protocol</li> <li>Present results and action plan</li> <li>Recommendations addressed</li> </ul> <p><b>Surgical &amp; Ambulatory Services</b></p> <ul style="list-style-type: none"> <li>To be included in Clinical Nurse Director's LAMP project in 2005-06.</li> </ul> <p>Actual course of action yet to be decided</p>	Dale O	Kathy G & Joye R	Jul 06	<b>H</b>

Patient Flow Project					
Outcome	Steps	Sponsor	By whom	By When	Priority
<p>An improved patient journey, reducing delays and improving standard of care in a shorter timeframe. Focuses on highlighting and reducing duplication, delays and potential for errors through improved care within individual groups as well as during handover of care. Programme will focus on surgical &amp; medical patients within the following areas:</p> <ul style="list-style-type: none"> <li>Acute Admissions</li> <li>Bed Management</li> <li>Elective Pre-Admission</li> <li>Diagnostics</li> <li>Discharge Planning</li> </ul>	<ul style="list-style-type: none"> <li>Establish Steering Group &amp; Programme Manager position / secondment</li> <li>Appoint Work stream leaders &amp; participants</li> <li>Complete current State mapping for all workstream</li> <li>Process Change Recommendations to Steering Group for each workstream</li> <li>Future State Process Mapping Complete for each workstream</li> <li>Implementation of Future State processes / recommended changes</li> </ul>	Chris F	Chris F / Brad H / K Pugh	<p>Apr 05</p> <p>May 05</p> <p>Apr 06</p> <p>TBC</p> <p>Apr 07</p> <p>TBC</p>	<b>H</b>

<b>Physiologically Unstable Patients (PUP)</b>					
<b>Outcome</b>	<b>Steps</b>	<b>Sponsor</b>	<b>By whom</b>	<b>By When</b>	<b>Priority</b>
Monitoring instructions on all admissions and all medical & surgical patients during hospital stay	<ul style="list-style-type: none"> <li>• Design monitoring instruction template</li> <li>• Pilot monitoring instructions</li> <li>• Education of RMOs &amp; nurses regarding purpose &amp; use of monitoring instructions.</li> <li>• Qualitative evaluation of usefulness of instructions</li> </ul>	Dale O	Justine P David G, Mary S, PUP Project Team	Dec 05	<b>H</b>
Clinical acuity score assigned to all patients on admission and updated during hospital stay	<ul style="list-style-type: none"> <li>• Clinical Acuity Score designed &amp; discussed with staff &amp; accepted.</li> <li>• Acuity scores available on Wims</li> <li>• Evaluation of acuity scores</li> <li>• Evaluation of staff satisfaction with acuity scores</li> </ul>			Dec 05	<b>H</b>
Develop a High Dependency/ICU outreach service	<ul style="list-style-type: none"> <li>• Investigate staffing implications</li> <li>• Education regarding the role of the HDS</li> <li>• Ongoing assessment of HDS call-outs &amp; outcomes</li> </ul>			Aug 06	<b>H</b>
Introduce a programme of multidisciplinary teaching using simulation models	<ul style="list-style-type: none"> <li>• Design simulations with regional collaboration to improve management of physiologically unstable patients</li> <li>• Develop programme schedule &amp; commence training.</li> <li>• Evaluate effectiveness</li> </ul>			May 06	<b>H</b>
Introduce a “core skills” teaching module on the care of the unstable patient. (It is envisaged that this Education regarding the MET team would be included in this module	<ul style="list-style-type: none"> <li>• Design the core skills and teaching module.</li> <li>• Elicit feedback from clinical and teaching staff.</li> <li>• Train teachers – it is envisaged that the teachers will come from existing educators (CNEs, SMOs).</li> <li>• Core skills module utilised at RMO &amp; nurse orientations and update days.</li> </ul>			Nov 05	<b>H</b>

<b>Chronic Care Management (CCM)</b>					
<b>Outcome</b>	<b>Steps</b>	<b>Sponsor</b>	<b>By whom</b>	<b>By When</b>	<b>Priority</b>
Increase the volume of patients enrolled in the CCM programme to a target of 8,500.	<ul style="list-style-type: none"> <li>• Analyse barriers to uptake</li> <li>• PHO training</li> <li>• New TIM tool rolled out</li> <li>• Promotion of further rollout</li> </ul>	Allan M	Kim A	Jun 06	<b>H</b>

**PHO Greenfield Development - Innovative models of Care Development**

Outcome	Steps	Sponsor	By whom	By When	Priority
Establishment of model of care for Flatbush	<ul style="list-style-type: none"> <li>• Future governance structure decided</li> <li>• Project plan developed detailing future initiatives, phasing and timeframes</li> </ul>	Allan M	Allan M	Dec 05	<b>M</b>

**IHI – Save 100,000 Lives Campaign**

Outcome	Steps	Sponsor	By whom	By When	Priority
Data on mortality rates at CMDHB over last 10years, using standardised format	<ul style="list-style-type: none"> <li>• Review practicality of introducing a more practical standardised mortality rate measure</li> </ul>	Peter G	CMO / Sharon P	Sep 05	<b>M</b>
Coordinated action plan Introduction of pilots to Reduce medication error at admission/discharge (See above) Improved CVS risk prescribing Implementation of PUP elements, with documented outcomes	<ul style="list-style-type: none"> <li>• Stock take of “100,000 lives” initiatives within CMDHB</li> <li>• Develop plan to implement selection of initiatives</li> <li>• Implement PDSA CQI programme</li> </ul>		Peter G Dale O Peter G Janine R Peter G CB/CAG /EMT members	Aug 05 Oct 05 Jun 06	<b>H</b>
<b>ADVERSE DRUG EVENTS</b> Medication Reconciliation Pilot ATR completed (Based on the IHI 100,00 Lives saved campaign)	<ul style="list-style-type: none"> <li>• Establish pilot team</li> <li>• Define current process issues and the magnitude of the problem</li> <li>• Establish goals to reduce the risks that will identify the changes in practice that need to occur</li> <li>• Establish base line measures and future KPIs</li> <li>• Define how the pilot learning and successes can be implemented across the Provider Arm. (Rollout would require operational funding)</li> </ul>	Peter G	Lejla B	Feb 06	<b>H</b>
<b>INFECTION CONTROL - SSI</b> Surgical infection site surveillance programme implemented. Programme will determine the surgical infection rate by procedure and develop solutions	<ul style="list-style-type: none"> <li>• Surgical Site Surveillance ongoing programme developed (as per recommendations of pilot)</li> <li>• Quarterly results presented to Infection Control Committee and Surgeons</li> </ul>	CMO	Emma B	Jun 06	<b>H</b>

<b>Food and Nutrition (Provider Arm)</b>					
<b>Outcome</b>	<b>Steps</b>	<b>Sponsor</b>	<b>By whom</b>	<b>By When</b>	<b>Priority</b>
Based on Essence of Care Framework develop and implement best practice and audit programme which includes patients and their families	<ul style="list-style-type: none"> <li>• Agree best practice</li> <li>• Assess clinical areas against best practice</li> <li>• Produce, implement and disseminate action plan to achieve best practice</li> <li>• Monitor progress against action plan</li> </ul>	Dale O	TBC	Jun06	<b>M</b>
Improving the Patient Satisfaction Survey rating from below 60% (Good and very good responses) to 70%	<ul style="list-style-type: none"> <li>• Investigate what is causing the dissatisfaction, document findings and propose recommendations.</li> <li>• Confirm investigation findings and recommendations with consumers</li> <li>• Develop action plan to action recommendations</li> <li>• Review patient satisfaction results</li> </ul>	Dale O	Emma B, Stella W, Quality Coordinators & Dietician Rep	Jun 06	<b>H</b>

## **MANAGING UNEXPECTED OUTCOMES**

Unexpected adverse outcomes are managed in an open and supportive manner that builds trust and confidence in the system and is fair to all participants.

<b>Root Cause Analysis (RCA) training</b>					
<b>Outcome</b>	<b>Steps</b>	<b>Sponsor</b>	<b>By whom</b>	<b>By When</b>	<b>Priority</b>
<p>RCA training course developed in conjunction with GillCMOohm (MoH)</p> <p>Q&amp;R Manager and Quality Coordinators attend Auckland RCA Training course</p> <p>Training package developed with the GillCMOohm MoH</p>	<ul style="list-style-type: none"> <li>• RCA tools and template requirements defined &amp; developed</li> <li>• RCA training package requirements defined &amp; developed</li> <li>• Pilot training package (Nov 05)</li> <li>• Implement final module and schedule 3 training programs</li> <li>• Invite Primary providers to attend training course</li> </ul>	Emma B	Emma B, Debra G, Gillian MoH & Quality Coordinators	Nov 05 (Pilot)	<b>H</b>
Significant Event Reporting established in at least 2 PHOs	<ul style="list-style-type: none"> <li>• &gt; 2 PHOs have a proves in place with regular reporting of significant events to CAG</li> </ul>	Allan M	Allan M	Jun 06	<b>H</b>

Regional Complaints & Incidents System Implemented					
Outcome	Steps	Sponsor	By whom	By When	Priority
Regional CIS implemented at CMDHB (dependent on Capital Funding)	<ul style="list-style-type: none"> <li>Capital request completed and submitted</li> <li>Implementation plan developed and actioned</li> </ul>	Emma B	Emma B & Debra G	Jul 05  Feb 06	<b>M</b>

Pressure Ulcer Prevention					
Outcome	Steps	Sponsor	By whom	By When	Priority
Based on Essence of Care Framework develop and implement Best Practice and audit programme which includes patients and their families	<p><b>Essence of Care Framework</b></p> <ul style="list-style-type: none"> <li>Agree best practice</li> <li>Develop, implement and roll out provider arm wide standards and criteria</li> <li>Audit actual process against the standards</li> <li>Develop an action plan to address audit outcomes.</li> <li>Monitor progress against action plan</li> <li>Develop benchmarking framework between units and services</li> </ul>	Dale O	Dale O	Jun 06	<b>H</b>

## COMMUNICATION, CO-ORDINATION & INTEGRATION

There is effective and open communication, coordination and integration of service activities that recognise the value of teamwork

Service Directory Implementation (Web)					
Outcome	Steps	Sponsor	By whom	By When	Priority
<p>To ensure accessibility to web service information to both consumers and providers.</p> <p>Implementation of an electronic services directory that allows “seamless” access to information among Primary providers and between Primary and Secondary services</p>	<ul style="list-style-type: none"> <li>Create an internet site for Middlemore Hospital (<a href="http://www.middlemore.co.nz">www.middlemore.co.nz</a>) that includes a Services Directory of all CMDHB services.</li> <li>Include updated patient information for each service</li> </ul>	Dale O	Theresa V, Emma B	Jun 06  (Capital funding dependent)	<b>H</b>

**Multi-disciplinary teams will be encouraged to focus on improving clinical outcomes and engage in their systematic review of the quality of their practice through regular Clinical Audit and Peer Review.**

Outcome	Steps	Sponsor	By whom	By When	Priority
Divisional Mortality & Morbidity Meetings include representatives from all relevant clinical professional groups	<ul style="list-style-type: none"> <li>Review current divisional process</li> <li>Encourage all areas to have a multi disciplinary approach to their M&amp;M meetings including primary care involvement</li> </ul>	CMO	CMO	Jun 06	M
Teamwork in Primary Care	<ul style="list-style-type: none"> <li>50% of practices having regular team meetings</li> <li>Project that explores different employment models to remove barriers to teamwork in Primary Care</li> <li>Leadership training &gt;4 new LAMP participants</li> <li>Multidisciplinary meetings across the sector sponsored by DHB</li> </ul>	Allan M	Allan M	Jun 06	M

**Quality Structure Review (Provider arm) to improve coordination between Q&R Team, and those with quality role within the Divisions, with clear accountabilities**

Outcome	Steps	Sponsor	By whom	By When	Priority
Provider Quality Structure roles and responsibilities reviewed, recommendations documented and presented to EMT Quality & Risk Group	<ul style="list-style-type: none"> <li>Document current quality structure, roles and responsibilities and detail recommendations for change.</li> <li>Discuss recommendations at Quality coordinators meeting</li> <li>Discuss recommendations at EMT Quality &amp; Risk Group</li> </ul>	CMO	Emma B	Oct 05	M

## SUPPORTING THE WORKFORCE TO UNDERTAKE QUALITY IMPROVEMENT ACTIVITIES

There is a supportive and motivating environment that provides the workforce with appropriate tools, including cultural competency tools, for continuous learning and ongoing improvement in planning, delivery and assessment of health and disability services.

Support for Primary Care and Provider Arm Workforce					
Outcome	Steps	Sponsor	By whom	By When	Priority
<p>Assist compliance of PHC providers with the quality framework</p> <p>Review reporting of Primary Care Indicators by PHOs disseminate status and learning</p>	<ul style="list-style-type: none"> <li>• PHO Performance Framework implemented in 2 PHOs</li> <li>• Alignment of local KPIs and national PHO performance frameworks</li> <li>• Establishment of Clinical Governance Forum (as above #5)</li> <li>• Reporting framework established and mechanism for shared learning defined and established</li> </ul>	Allan M	Allan M	Jun 06	<b>M</b>

## KNOWLEDGE & INFORMATION INFRASTRUCTURE

Useful knowledge and information, including Maori satisfaction information and clinical evidence, is readily available and shared to support a quality-conscious culture.

SouthNET & CMDHB Website Review					
Outcome	Steps	Sponsor	By whom	By When	Priority
<p>Review organisational web content and structure to facilitate communication, collaboration and the sharing of information (primary and secondary services)</p>	<ul style="list-style-type: none"> <li>• Implementing a new document management system to manage all non-clinical information</li> <li>• In conjunction with WDHB develop position paper defining the issue with the current web fragmentation and potential solutions</li> </ul>	Emma B	<p>Theresa V</p> <p>Emma B &amp; Bryony H</p>	<p>Funding Dependent</p> <p>Jul 05</p>	<b>H</b>

## PEOPLE PROTECTIONS

Regulatory protection's that assure safe care are in place to support people and service providers

Certification & Accreditation Compliance					
Outcome	Steps	Sponsor	By whom	By When	Priority
Surveillance Audit (Certification) and QHNZ Progress Visit (Accreditation) be combined and completed between July 6-8 <sup>th</sup> .	<ul style="list-style-type: none"> <li>• Corrective and Quality Action Plans completed by all Provider Arm Services</li> <li>• Responses collated &amp; sent to QHNZ</li> <li>• Surveillance &amp; progress visit schedule developed and communicated to organisation</li> <li>• Surveillance &amp; progress visit completed</li> <li>• Post surveillance &amp; Progress visit findings distributed within CMDHB</li> </ul>	Emma B	Val M	May 05  May 05  Mid June 05  Jul 05  Oct 05	<b>H</b>

Staff Safety in Primary Sector					
Outcome	Steps	Sponsor	By whom	By When	Priority
Ensure compliance with contractual and OSH requirements	<ul style="list-style-type: none"> <li>• Staff safety – review that PHOs &amp; practices are complying with OSH guidelines</li> </ul>	Allan M	Allan M	Jun 06	<b>M</b>
Encouragement of disclosure and processes to improve error	<ul style="list-style-type: none"> <li>• Explore possibility of extending QAA notice to cover PHOs or facilitate PHOs applying for QAA protection</li> </ul>				<b>M</b>

Point of Care Testing					
Outcome	Steps	Sponsor	By whom	By When	Priority
CMDHB complies with the Clinical Board Policy on Point of Care	<ul style="list-style-type: none"> <li>• Identify personnel within the organisation to lead and be responsible for POC management</li> <li>• Develop POC strategy for CMDHB</li> <li>• Develop business plans to allow implementation of the strategy</li> <li>• Implement strategy</li> <li>• Monitor, review, audit</li> </ul>	Emma B	Pam R	Dec 05  Dependent upon resource	<b>H</b>