

Manaaki Hauora-Supporting Wellness

Learning Session 2

Wednesday 24 June 2015

Kia Kaha Ki Te Hauora
Be Strong in Wellness!



Organisational “Buy in”

Aim:

To support 5000 East Tamaki Healthcare patients with long-term conditions in the Otara locality by 1 December 2016. We aim to engage, activate and connect patients, whaanau and GP clinics within a self-management wheel of support.

*We are continuing the work of our first collaborative –
Kia Kaha: Manage Better, Feel Stronger
(Beyond 20,000 Days)*

Buy In:

Due to the success of our first collaborative (which was for intensive high users), our organization is working with us in adapting what we have learnt to be more relevant to our primary care setting.



Highlights and Lowlights

Highlights:

- We have identified variation in our patient population & have been working to provide service options that meet that variation (e.g. ethnic/language, timing of groups)
- We have identified a lot of good-will amongst clinical staff as well as our peer leaders to work towards wellness of those with long-term conditions

Lowlights (challenges):

- Challenging to coordinate clinicians from the various clinical teams to meet & keep co-designing
- Challenge to create time outside of “business as usual” to focus on improvement
- Challenge in testing our change package due to multiple elements & challenge to prioritise which aspects to focus on first



Collaborative Team Members



Measures Summary

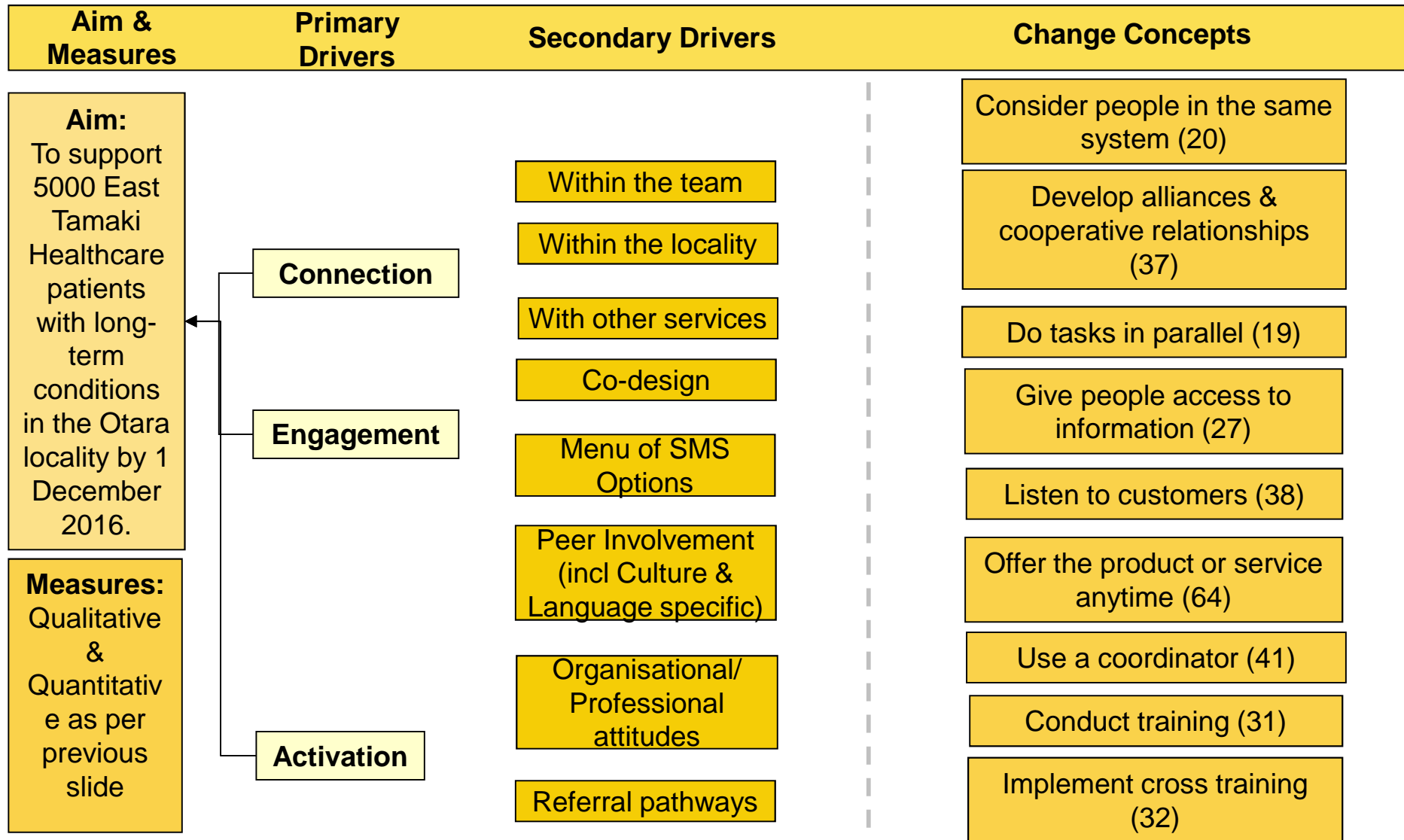
Qualitative measures:

- Sense of integration
- Active and strong working relationships
- Shared processes between the GP practices and SMS team (huddles, conversations, referral pathways, care plans)
- Increased support for the GP team in managing patients who struggle with self-management

Quantitative measures:

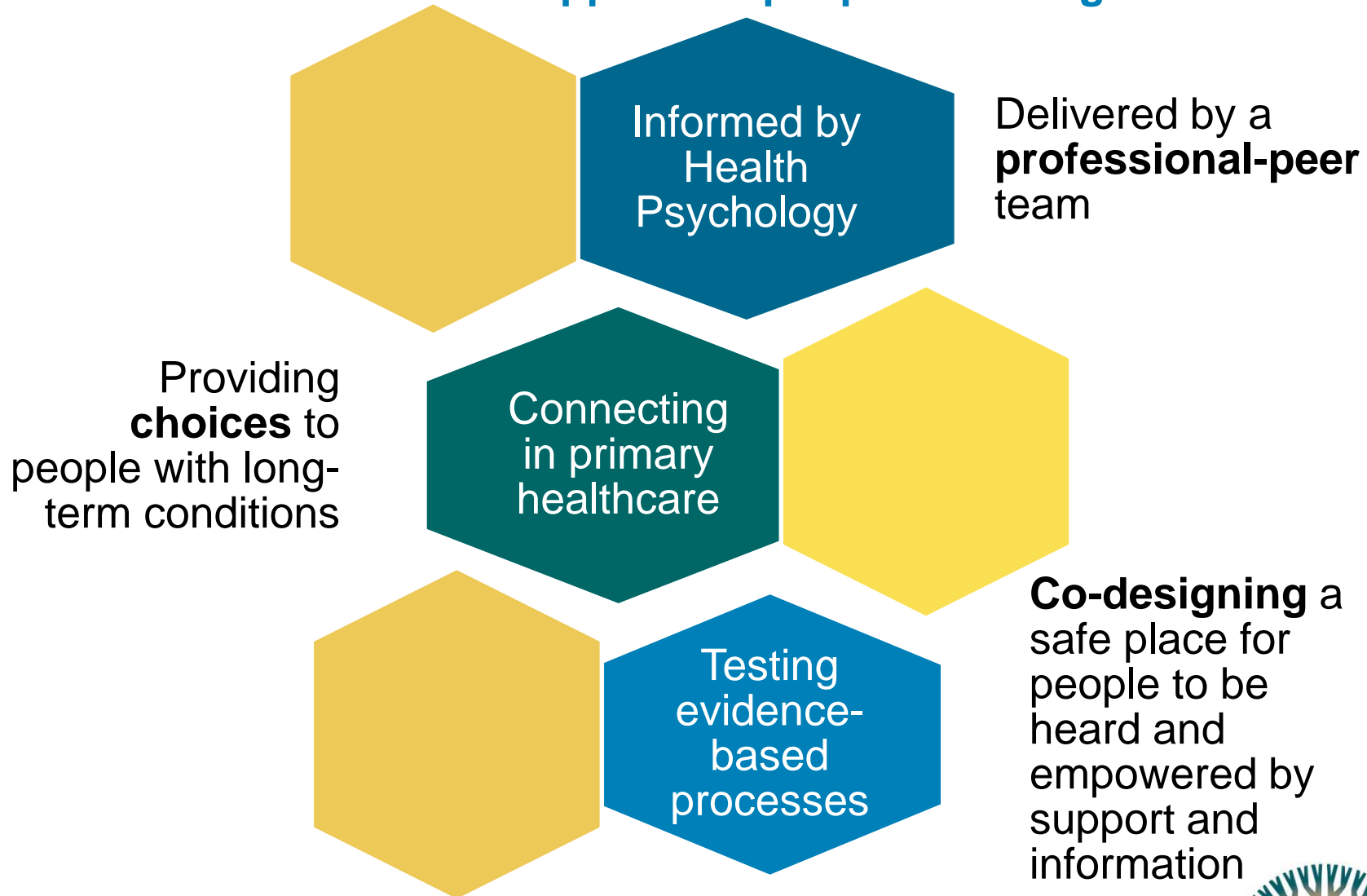
- # of co-design processes/developments
- # of patients who engage in SMS
- # of staff engaging patients in SMS
- # of staff referring patients who are struggling to engage in SMS to Kia Kaha active intervention
- Measures of well-being
- Measure of self-management
- Medical outcomes e.g. HbA1c, Urate, BP, BMI, Lipids (where available)

Driver Diagram: Kia Kaha Ki Te Hauora



What are we trying to accomplish?

Generate a 'wheel of support' for people with long-term conditions...

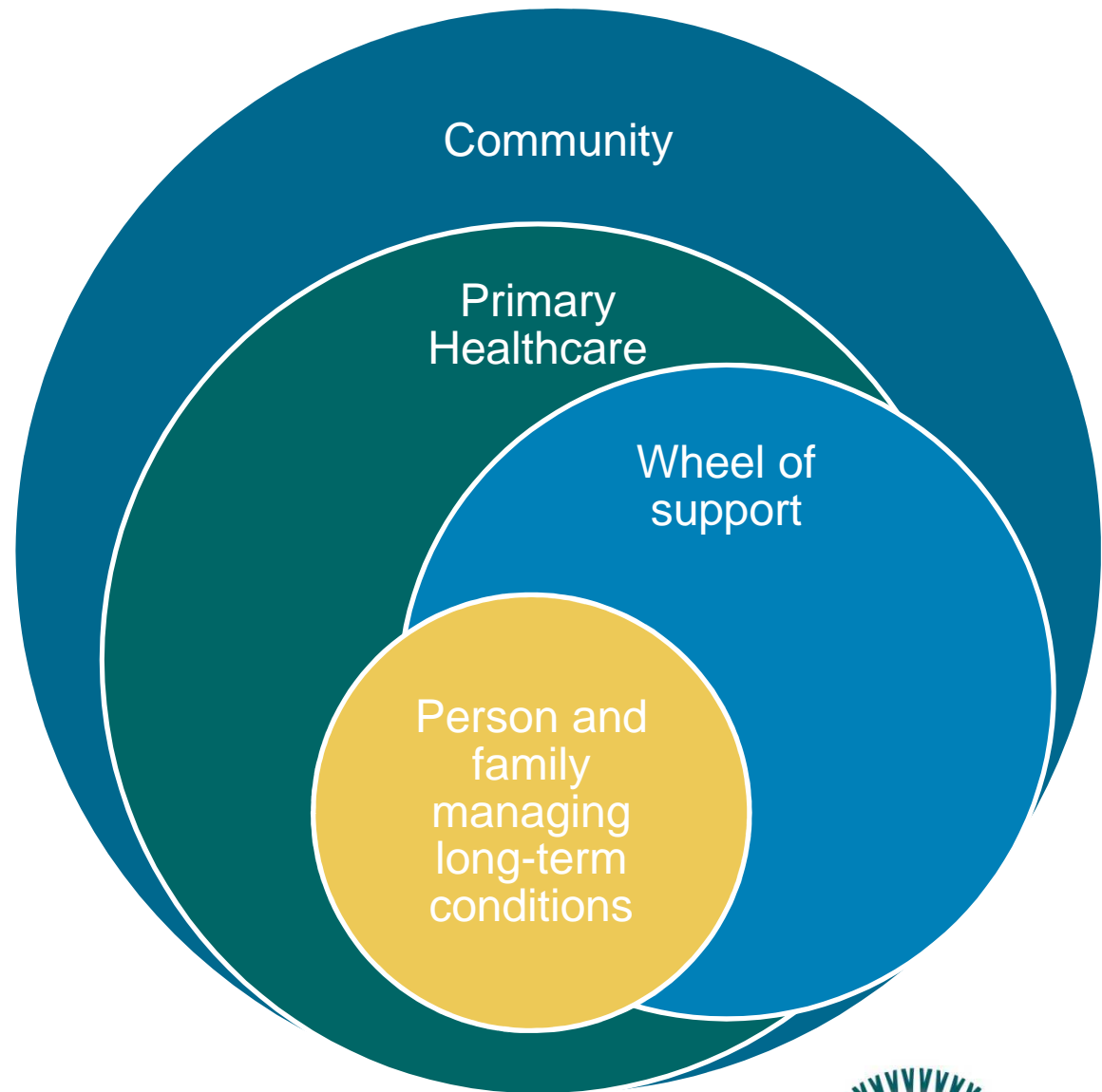


Traditional models have placed self-management support in the community. We've experienced the value of:

- placing self-management support within the general practice team, and,
- Inviting the community into general practice in a state of 'wellness' and 'empowerment' with the self-management peer support workforce

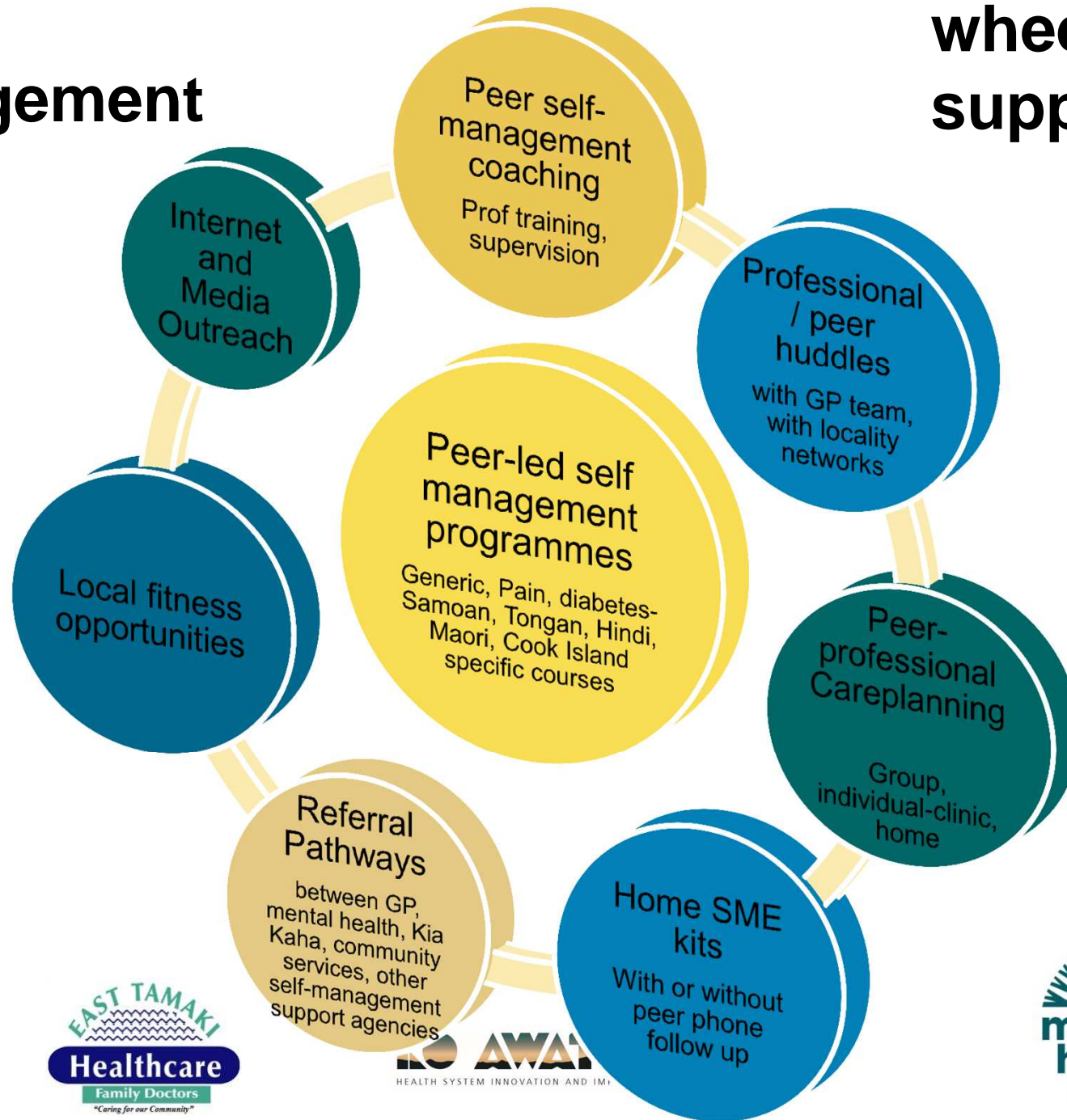
Our proposed model is a 'wheel of support' that radiates into the community, but originates in the safety of the medical home.

- It has several spokes so that a person can choose,
- It is round so that it is inclusive, overlapping and bi-directional,
- It has standardized peer-led self-management as the hub, so that there is continual learning for participants and team members



self- management

wheel of support



Change Ideas - Themes

Change Concepts:

- Do tasks in parallel (19)
- Consider people in the same system (20)
- Give people access to information (27)
- Conduct training (31)
- Implement cross training (32)
- Develop alliances & cooperative relationships (37)
- Listen to customers (38)
- Use a coordinator (41)
- Offer the product or service anytime (64)

Change Ideas:

- Approach patients in GP waiting rooms to give info re: SMS
- Regular GP clinic visits & huddles with staff to co-design SMS process
- Upskilling of ARI staff/coordinators re: engagement & SMS
- Ethnic specific Stanford Courses – Hindi, Tongan, Maori
- Stanford Leader training – focus on training Ethnic leaders
- Ongoing mentoring of Stanford peer leaders to be able to offer other forms of self-management peer support
- “Consumer Café” for SMS graduates
- Group based care planning

Most successful PDSA cycles to date?

- Approaching patients in waiting rooms – for learning what patient preferences for SMS service provision
- Regular GP visits & huddles – for increasing referrals & developing referral pathways
- Stanford leader training of Ethnic specific leaders
- Tongan Stanford Course
- Hindi Stanford Course
- Evening Stanford Course



What Changes have you tested?

	Change Tested	Outcome
1	Will providing a Stanford SME course in Tongan & Hindi lead to increased participation & engagement?	Well-attended groups with 95% completion rates
2	Will patients approached by peers in GP clinic waiting rooms be more likely to attend SME courses?	Mixed results, needs further testing. Successful outcome is learning re: patient preferences e.g. time, language
3	Will visiting of GP clinics to engage staff in co-design lead to increased referral rates?	6 x increase in GP referrals to SME following the visits –however also learned need to maintain visits over time. This process is more successful if done by clinician and peer team
4	Will self-management care planning process developed in a group setting be efficacious & acceptable to patients?	Initial PDSA promising, needs further testing

Achievements to Date

- Organisational buy-in to integrate self-management support into ARI, long-term conditions care & ETHC Wellness Support Team
- Well-attended Tongan, Hindi and Evening Stanford courses
- Growing cohort of peer self-management leaders who are engaged and willing to give time voluntarily



Graduates of our recent Stanford SME Course facilitated by Tongan leaders in the Tongan language