

Manaaki Hauora - Supporting Wellness Campaign

Monthly Report: July 2015

Campaign Sponsor: Geraint Martin, CEO CMDHB

Campaign Leadership: Diana Dowdle, Delivery Manager, Ko Awatea
David Codyre, Campaign Clinical Lead
Jacqueline Schmidt-Busby, Project Manager, Ko Awatea
Alison Howitt, Project Manager, Ko Awatea

TEAMS STATUS

The campaign comprises 18 teams in various stages of progress - refer Appendix A. To date all teams have a definitive aim statements and/or vision statements, and most are working on baseline data, change ideas and concepts, and carrying out testing via PDSA cycles - refer Appendix B.

WILL – ENGAGEMENT ACTIVITIES

Masterclasses: The ‘Creative thinking to develop change’ masterclass was held on Wednesday 1 July 2015 and facilitated by Brandon Bennett. A total of 25 collaborative team members attended representing eight teams where they were introduced to theory surrounding creativity and where ideas arise from. This has always been a well-received masterclass in the past and despite lower numbers than expected, it still remains one that encourages creativity towards provoking change.

Another masterclass on ‘Health literacy’ was held on Thursday 23rd July 2015 and facilitated by Carla White from Workbase Education Trust. Of the 40 people attending, 10 collaborative teams were represented along with a further 11 staff from the outside of the campaign. Aimed to introduce the concept of what health literacy is and how health workers can use basic techniques to respond to low health literacy, most agreed the workshop met their expectations with many taking away information and ideas to discuss with their projects and colleagues.

The purpose of the masterclasses is to build upon collaborative members exiting knowledge and skills, however the numbers of teams represented at each masterclass so far this year have been less than unexpected. It is acknowledged that existing workload priorities and commitments may preclude some members from attending, and that these members may feel disadvantaged (knowledge wise) from being unable to attend. Therefore to ensure that all team members may benefit from the information given at masterclasses, in conjunction with support from the campaign project management, a copy of all presentations is made available for all teams as well as the opportunity for additional assistance on a request basis.

IDEAS/OPPORTUNITIES

Rebecca Lawn was appointed as Collaborative Project Manager and joined the Ko Awatea Development and Delivery team on 13 July. Rebecca has significant experience of the collaborative methodology from her involvement with the SMOOTH Project in the 20,000 Days Campaign.

Diana Dowdle and David Codyre presented the Campaign to the GP CME group on 23 July where it was well received. GPs are encouraged to become involved in the Campaign and build their awareness self-management support available for people within the Counties community.

EXECUTION – MEASURES/MONITOR/MODIFY

Measurement: The measurement group now meet on a fortnightly basis in order to formulate the strategy for measurement– both from a campaign and individual project level.

The majority of projects have been identified as explicitly working with cohorts. The exceptions are SMILE, SeMBA, ChaPE, Helping you helping me, and BRITE.

For the ‘cohort’ groups, the key expectation is that each group will capture the number of patients offered the intervention (1st key measure of ‘reach’ - level 0) and then track progress towards the ultimate goal of level 3 reach. This will be a measure of the quality of the reach, initially at a local (project) level then eventually at campaign level. Refer Appendix C for the operational definition of reach - currently in draft.

Because the campaign is advocating a strong family/whaanau focus, data collection will also include family/whaanau and carer support also involved and affected by self-management support initiatives. These data will also be using the same measures for reach.

Discussions are currently being undertaken to define how reach will be captured for the non-cohort projects, along with discussions of the remaining possibilities previously identified:

- Number of new care plans per month
- Number of contacts with peer supporters

IDENTIFIED RISKS

Ethics: The ‘working group’ still continue progress towards developing and testing a protocol that will identify the need for ethics approval within the quality improvement arena. Discussions with Brooke Hayward (Evaluation and Research) resulted in teams continuing ‘as planned’ with Brooke to advise of any changes involving ethical approval needed.

COMMUNICATION

Learning Session 2 Video: Despite delays with the editing and producing of the video for Learning Session 2, it is envisage the video will be made available early August.

Resources: Files, videos and resources including presentations of the engagement session and learning session 1 can be viewed on:

<http://koawatea.co.nz/project/manaaki-hauora-supporting-wellness-campaign/>

CAMPAIGN MILESTONES

Refer Appendix D

DASHBOARD OF MEASUREMENT

The initial dashboard has now been produced and will be update monthly to show progressive changes - refer Appendix E. Due to few data collected so far, a number of graphs will show no results. The dashboard comprises:

- Number of reaches
- Total number of people enrolled in campaign
- Number of enrolments in Self-Management Education programmes

- Total enrolments in ARI
- New enrolments in ARI per month
- Monthly EC presentations
- Admissions

UPCOMING EVENTS:

Masterclasses:

Date	Topic	Lead	Presenter
Aug 13	Peer Support	Sneha Shetty	David Codyre/Cassandra Laskey
Sep 15	Sustainability for BAU	Cindy Blackwell	Brandon Bennett
Oct 7	SME Sustainability	Bob Diepeveen	David Harrison/Parvin Kapila /Leona Disbury
Nov 3	<i>Topic to be confirmed</i>	Earnest Pidakala	Brandon Bennett

Appendix A: Projects

25	1	Advance Care Plans: Pasifika ACP(P)	By 1 December 2016, increase the number of Advance Care Plans within Pacific communities by at least 100%.
19	2	Smoke free buffet	To increase the smoking cessation success rate for respiratory patients from 11% to 30% by June 2016
2	3	Exercise for life	By December 2015 100 healthy heart and better breathing participants will graduate with a self-management passport to health.
10	4	Healing at home	By 1 December 2016, we aim to ensure that at least x high service-reliant patients with long term conditions in the Manukau locality have a personal self-care plan
17	5	Helping You Helping Me	By the 31st of December 2015 there are 30 new organisations in the Franklin Community that have signed up to Healthpoint to enable the Franklin Community to access the whole health and social care spectrum to effectively participate in the management of their health conditions.
22	6	Huff and puff	We aim to design a reliable screening referral and intervention pathway, for 50 people who smoke aged >35, in the Manukau Locality by December 2015.
14	7	Kia Kaha ki te hauora	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
13	8	Ola lelei - WRAP	By Dec 2016, X number of Service Users will have participated in Living Well: WRAP Programme
1	9	Manukau Locality - Diabetes (ML-D)	To identify all those patients with poorly controlled diabetes (two HbA1c >=110mmol/mol for two successive test within 12 months) and ensure each person has a shared management plan to achieve a clinically significant improvement in diabetes control (an average of ? 25mmol/mol) within 12 months. Work in progress
11	10	Keep on Moving	We aim to reliably apply a care and management process for the screening and management of joint pain for people newly diagnosed with a long term condition, starting with diabetes in x number of General Practices and wards by 1st July 2016. Work in progress
12	11	Owning my gout /&/ Advancing Better Care	To ensure optimal management of gout by engaging 'x' patients to participate in gout self-care management via a new collaborative model of care delivered by 'x' community pharmacies by 1 Dec 2016
27	12	Pacific FME (FanauOla ME)	By 1 December, we aim to improve the health literacy of at least 90% of the people who participate in the Pacific FME programme by the end of each programme attended.
6	13	Folau I Lagi-Ma - Journey to Wellness	To work with 30 clients from Mangere Health Centre by the 18th of December 2015 with long term health conditions to improve their overall EUROHIS Quality of life scale score by 2 points and have achieved at least 50 percent progress towards their self-identified health goals.
21	14	Save your breath	To reduce COPD readmissions in Ward 7 by 40% by Dec 2016
7	15	Self-Management by All (SeMBA)	To develop an on-line Level 1 course for all health care providers as an introduction to the principles of self management and how to apply this in their everyday practice so that all people are approached from a self management perspective and this is embedded in every interaction.
5	16	SMILE	x% of patients attending general practices will be offered self-management support by 1 December 2016. Work in progress
26	17	BRITE (Bldg Responsiveness into Teams Enterprises - Health Navigator)	team' to facilitate the building of the required SMS infrastructure by working closely with Campaign Project Managers and Improvement Advisors in supporting the Collaborative Teams' efforts. In progress.

Appendix C

REACH definition:

The initial contact AND engagement of an individual that enables information sharing, and self-management support to be undertaken by the individual (and/or family and carer support).

Three categories of Reach have been identified:

- Face-to-face
- Web/social media
- Telephone

Spectrum of reach:

Face-to-face:

0. Initial contact with no engagement (despite for example handing out of pamphlets, brochures)
1. Initial contact AND engagement
2. In-depth conversation; follow up engagement; Q&A
3. Proven 'health' outcomes (including increased health status, health literacy, medications, managed conditions, etc)

Web/Social media:

0. Initial viewing of website no engagement (quick in and out).
1. .
2. .
3. .

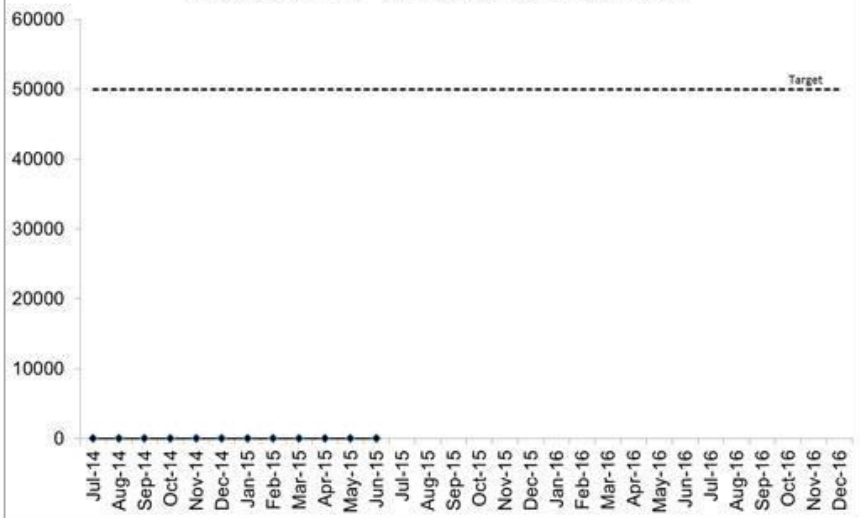
Telephone:

0. .
1. .
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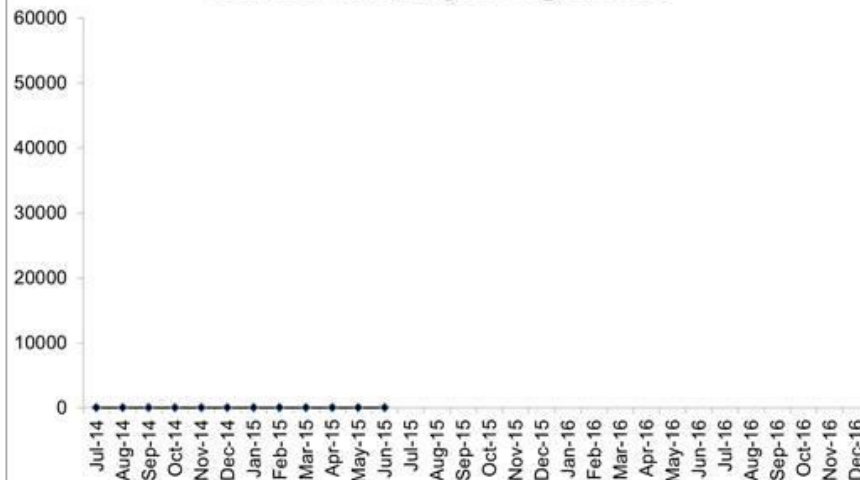
Appendix D: Manaaki Hauora – Supporting Wellness Campaign Milestones

	Campaign Milestones	Completion Date	Status ✓ on track ▲ at risk X behind schedule
Collaborative development, recruitment and engagement	Executive Leadership Team (ELT) approval	17 June 2014	✓
	Expert group engagement	July - September 2014	✓
	Leadership group identified	22 September 2014	✓
	Engagement event	24 September 2014	✓
	Campaign project team established	29 September 2014	✓
	Request for Collaborative team proposals	2 October 2014	✓
	Collaborative teams' proposals due	24 October 2014	✓
	Expert group review proposals	28 October 2014	✓
	Confirmation of collaborative teams	31 October 2014	✓
Phase One The collaborative – iterative cycles of learning , improving and implementing change	Learning Session Zero	21 November 2014 Ko Awatea	✓
	Coaching and support to teams	ongoing	✓
	First Learning Session	1 April 2015 Ko Awatea	✓
	Master classes for topics/ improvement tools	monthly	✓
	Brandon Bennett visit	6-15 May 2015 23 June – 2 July	✓
	Second Learning Session	24 June 2015 Ko Awatea	✓
	Collaborative project reviews	August 2015	
	4 th APAC Forum	23-25 September 2015	
Phase Two Scale up & Spread across Sector	Third Learning Session	10 November 2015 Ko Awatea	
	Coaching and support for holding the gains	January – November 2016	
	How to guides' completed	February 2016	
	Goal Achieved	1 December 2016	

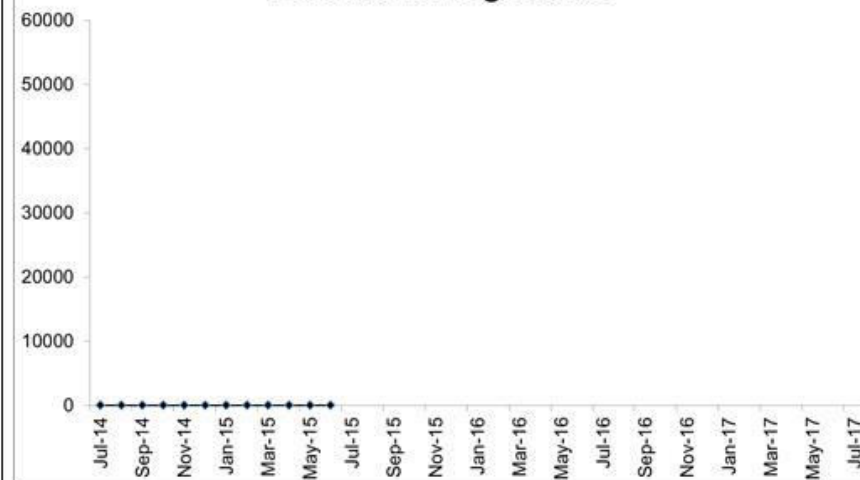
Total Number of Reaches Recorded



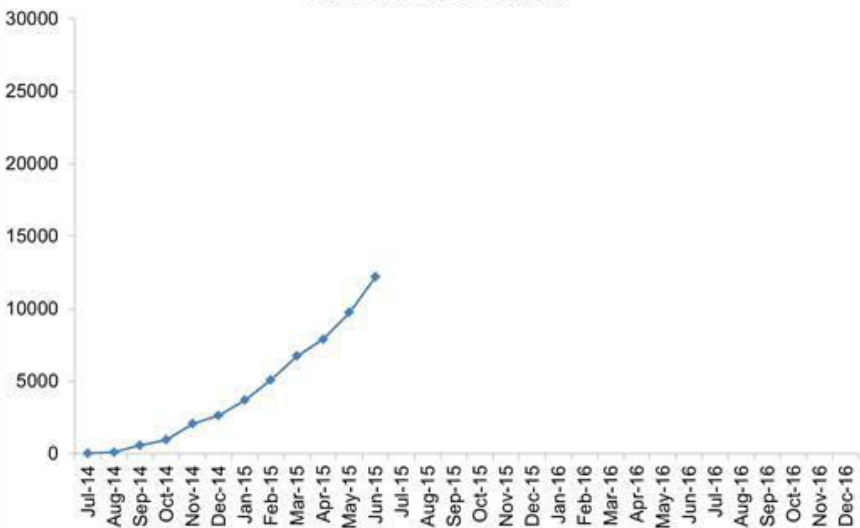
Total Number of People Enrolled in Manaaki Hauora Campaign Programmes



Number of Enrolments in Self Management Education Programmes



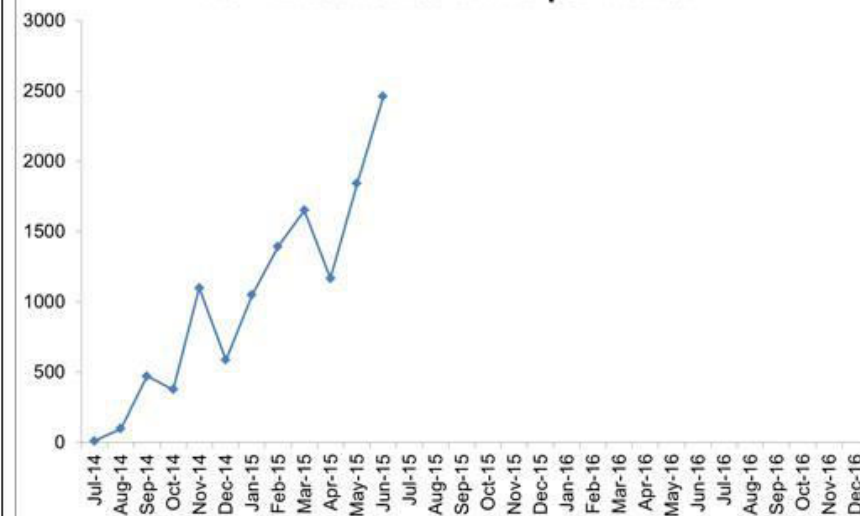
Total Enrolments In ARI



Manaaki Hauora Campaign Dashboard July 2015

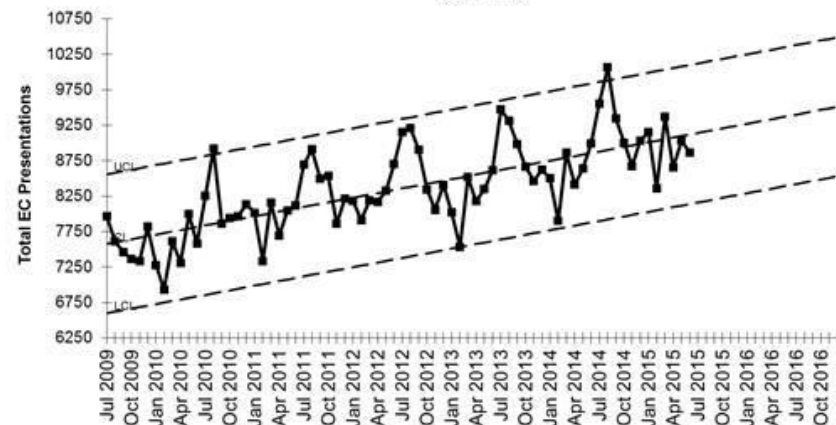


New Enrolments in ARI per Month



Monthly EC Presentations

(growth ImR)



Notes:

Accompanying narratives and notes to be added.

Admissions

(Xbar / XBarS)

