C Workshops
Thursday 20 September
2:00 PM – 3:15 PM

C1: Global Lessons: The 20,000 Bed Days Campaign in New Zealand and the Quality, Innovation, Productivity, and Prevention (QIPP) Programme in England

Location: New Zealand Ballroom

The rise in demand for health care services has outstripped our ability to supply them. The quality of the care we provide is not always of the standard we aspire to. Simply doing the same is no longer tenable, safe, or responsible. Counties Manukau District Health Board and its partners have committed to investing in staff through the development of Ko Awatea, an institute for improvement and innovation in a front-line environment. In this session, faculty will describe a local initiative led by Ko Awatea with the aim to return to our community 20,000 days that are currently avoidable hospital bed days. Through effective partnerships across the system we will keep people well, prevent disease progression, and better manage acute clinical deterioration. Faculty will compare and contrast these experiences with those of the national QIPP programme in England. The QIPP programme was developed by the Department of Health to drive forward quality improvements in NHS care, while also making up to £20 billion of efficiency savings by 2015.

At the end of this session, delegates will be able to:

- Specify the problems facing different health systems
- Highlight what constitutes these systems of care
- Summarize approaches that have, and have not, succeeded in delivering on bold aspirations of initiatives

Geraint Martin, BA, MSc, CEO, Counties Manukau District Health Board, New Zealand; Maxine Power, PhD, MPH, National Improvement Advisor and Safe Care National Work Stream Lead, QIPP, Department of Health, United Kingdom; Jonathon Gray, FRCP, PhD, MPH, Director, Ko Awatea, Counties Manukau District Health Board and Professor of Health Innovation and Improvement, University of Auckland, New Zealand

C2: From the Top: The Role of the Board in Quality and Safety

Location: Epsom 1-3

This workshop will demonstrate the critically important role of an engaged, informed, and active Board of Directors in ensuring safety and quality. The presenters will emphasize real-life examples and practical advice for engaging Boards and leadership teams in the pursuit of better and safer care.

At the end of this session, participants will be able to:

- Outline the importance of the role of the Board in quality and safety
- Identify the key questions Boards should ask with regards to quality and safety
- Implement concrete steps to effectively engage Boards
**C3: Research Evidence and Quality in Primary Care**

*Location: Auckland 1-2*

In this workshop, we will use practical examples from General Practice and Primary Care settings to discuss to what extent research evidence can be translated into quality practice. Delegates will take part in a debate about five key issues. The first issue: When the force is strong: What happens in cases like immunization, where good scientific evidence can be translated into quality practice. The second: Leaping into the void of unmet need. Many of the present debates in screening pit reluctant evidence against obvious clinical need. How does the prudent clinician respond? Next, we'll use the case study of obesity and discuss why the application of available evidence seems so hard to translate into effective action. Next, we'll explore adherence and the clinical reality of primary care demands thoughtful approaches rather than slavish adherence. Finally, we'll discuss the language of evidence, and how even objective evidence is prone to subjective bias.

At the end of this session, delegates will be able to:

- Illustrate how research evidence can be translated into quality practice
- Use insights from a debate to fuel current work practices

**Tony Dowell**, Professor of Primary Health Care and General Practice, Deputy Dean, University of Otago – Wellington, New Zealand; **Dee Mangin**, Director, Primary Care Research, University of Otago, New Zealand

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**C4: Measuring All-Cause Harm: Using the IHI Global Trigger Tool (GTT)**

*Location: Auckland 3-4*

It’s safe to say that reducing harm is a priority at virtually every health care delivery organisation in the world today. Progress is also notable in many places when it comes to significant reductions in infections associated with use of central lines, ventilators, resistant bacteria, or with events such as preventable patient falls. That’s the good news. The mixed news is that when independent researchers dig deep into patient charts and look for signs (or triggers) of adverse events using the IHI GTT, they’re finding higher rates of harm than even the most committed improvers realise. The goal of this session is to learn how to use the IHI GTT to first understand your harm rates and to ultimately improve patient safety.

At the end of this session delegates will be able to:

- Distinguish between harm and error
- Explain the value in measuring all-cause harm
- Discuss how they might incorporate a measure of all-cause harm into current safety practices

**Carol Haraden, PhD**, Vice President, IHI, USA; **Gillian Robb, MPH, NZRP**, Quality Improvement Manager, Ko Awatea, Counties Manukau District Health Board and Professional Teaching Fellow, University of Auckland, New Zealand
C5: Future-Proofing Child Health

Location: Marlborough 1-3

Child health outcomes are poor in many parts of New Zealand, reflecting the relative poverty of many New Zealand children. While some determinants of child health are outside of our control, there are many issues where we can make an impact. The two paediatrician presenters of this workshop have extensive experience, both in improving child health in a large metropolitan city, and in a rural area — South Auckland and Hawke’s Bay. Faculty will share their experience and offer some tips for getting the best out of community child health services.

At the end of this session, delegates will be able to:

- Explain how readily available data can be used to improve service performance and outcomes
- Describe how collaboration with other services can improve the effectiveness of interventions in the community
- Identify two examples of interventions implemented in New Zealand that are changing children’s lives.

Russell Wills, FRACP, Pediatrician, Hawke’s Bay Hospital, New Zealand; Adrian Trenholme, MD, Pediatrician, Middlemore Hospital, New Zealand