

Skin and Soft Tissue Infections in the Pacific Population

Primary Care Improvement Facilitators
Janet Tekori
February 2018



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa



Improvement Facilitator – Janet Tekori

- NZ-born, Samoan
- Bachelor of Commerce, University of Auckland
- Executive Assistant, West Fono Health Trust
- Faith and Family
- Passion for helping my community



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Background/Context – The Fono

- The West Fono Health Trust (“The Fono”) is a charitable trust established in 1987 by the Pacific community in West Auckland.
- 8 locations – Henderson, Blockhouse Bay, CBD, Manurewa, North Shore, Northland, Airport Oaks
- 15,258 enrolled patients



Improvement Team

Our project team is made up of:

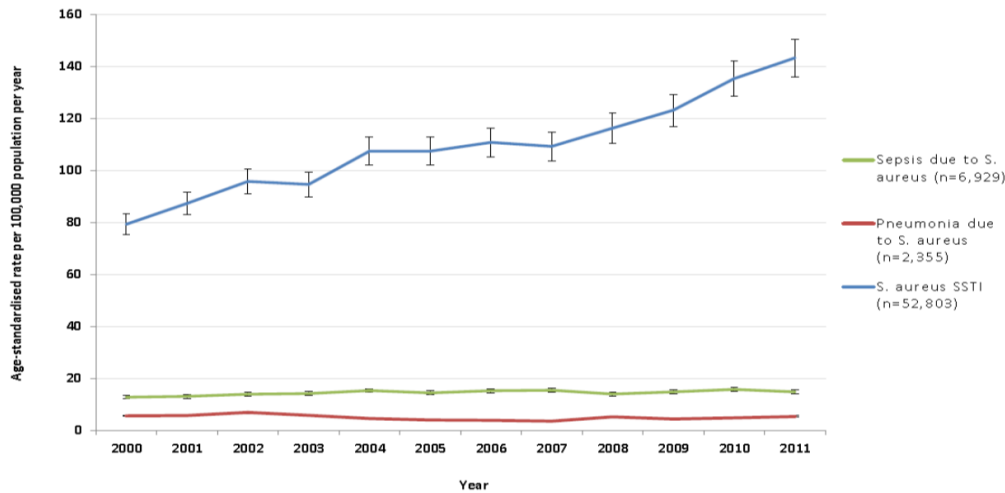
- ❖ Dr John Kennelly, Clinical Director / General Practitioner
- ❖ Temasi Kitara, Enrolled Nurse
- ❖ Laine Lekasa-Steven, Family Support Worker
- ❖ Tauliani Monise, Community Support Worker
- ❖ Elena Tauliani, Health Promoter
- ❖ Mileta Esela, Community Support Worker
- ❖ Janet Tekori, Executive Assistant



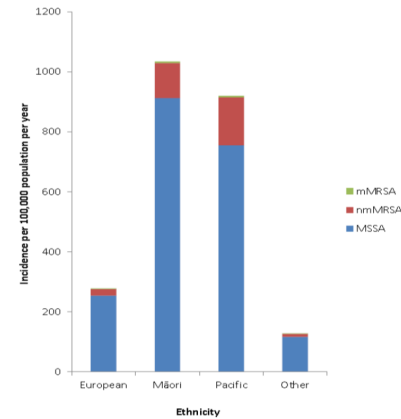
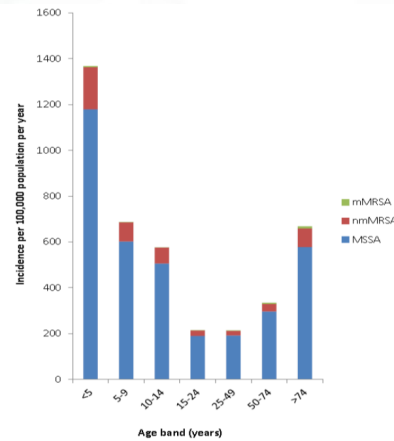
Project – Problem

- High rates of skin infections in Pacific Population

Annual rate of *Staphylococcus aureus* infections in New Zealand, 2000 - 2011



Williamson DA et al. *Emerg Infect Dis*, 2014



Williamson DA et al *BMC Infect Dis*, 2013

Problem Statement

SSTI bacteria are highly infectious and easily spread within close and extended family members and educational/day-care centres. In an Auckland study of hospital admissions of all children <15 yrs, between 2007 and 2010, the incidence of hospitalisation for S.aureus is 522/100,000 population, higher than reports from other developed countries. **However the incidence of SSTI in Maori and Pacific children was 1488 and 1215 per 100,000 population respectively which is the *highest* recorded in any country.**

Reducing the rate of SSTI in the Tuvaluan Community is an opportunity to “make a difference” and improve the quality of care with a section of the Pacific community.

The Fono have implemented audit and innovation within our practices which is outside of regular practice. We have an integration model which includes clinicians working together with social workers to attend to the needs of a patient. Patients are more attracted to a medical practice who has a culture that values patients and puts them first.



Aim Statement

Aim: To reduce the rate of skin and soft tissue infections (*staphylococcus aureus*) in the West Auckland Tuvaluan Population (<25 years enrolled Fono patients) by 25% by November 2018.

Smart

- What EXACTLY do you want to achieve?
- Specific scope
- Short and concise
- Outcome focussed

Measurable

- How will you know you have achieved the outcome?

Achievable

- Is this possible?
- Is it something you have control over?
- Is it outside the possibility of the current system?

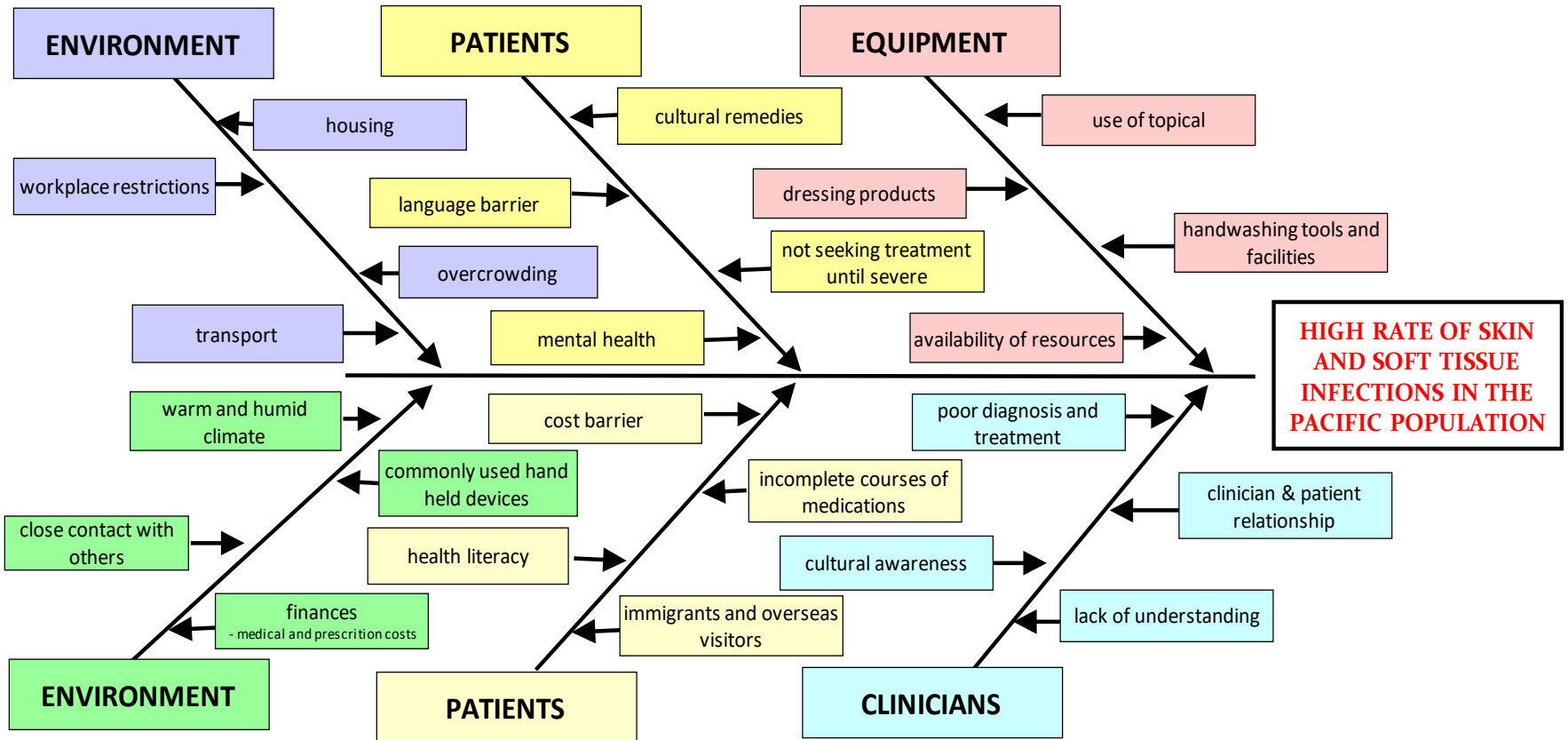
Realistic

- Does this apply to the right area?
- Are we focussing on the right population?
- Does the outcome matter?

Time Bond

- By when would you like to accomplish it?
- Clear timelines

Ishikawa Diagram



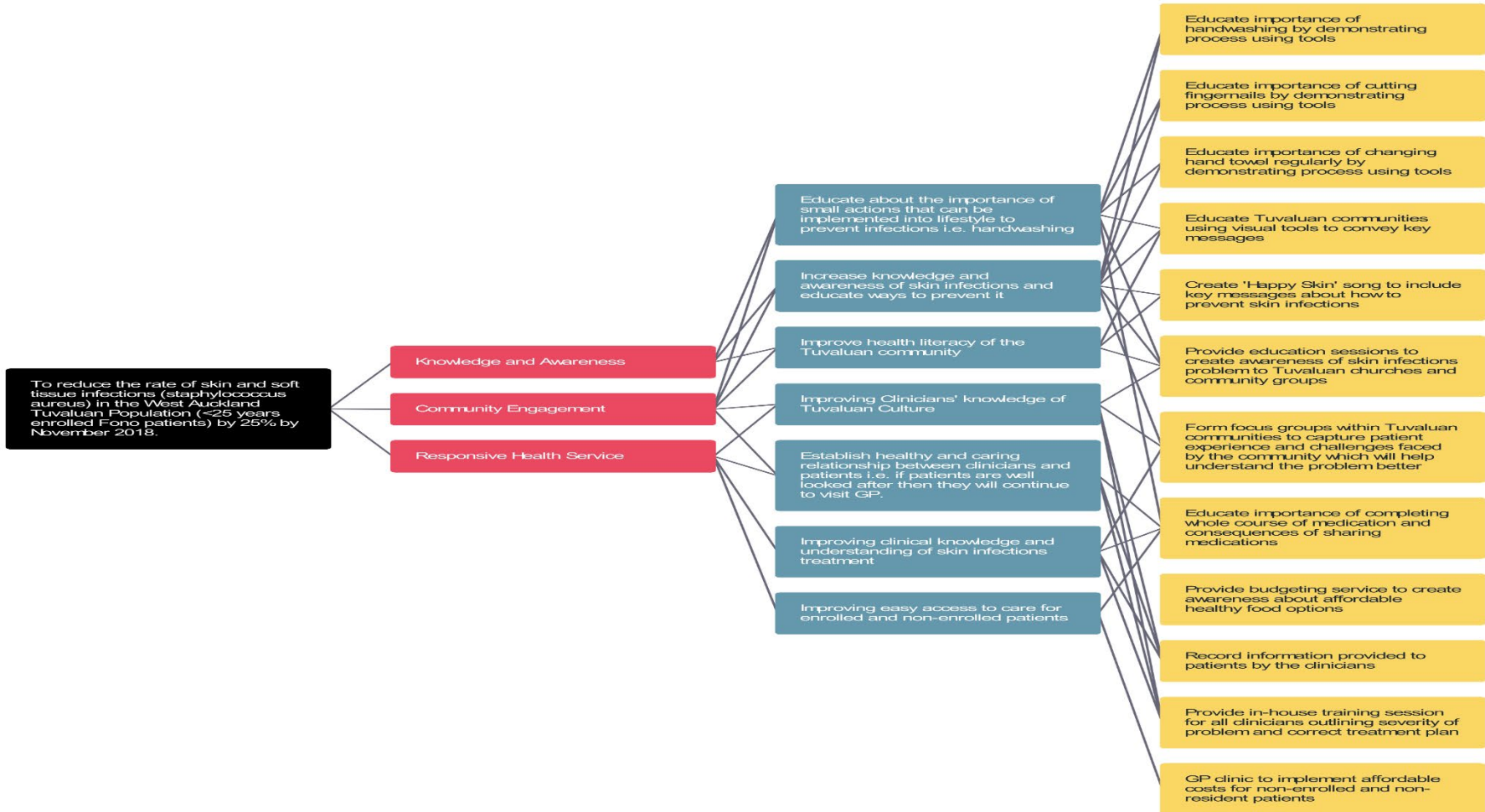
Driver Diagram

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS



Generated by LifeIQ



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HEALTH SYSTEM INNOVATION AND IMPROVEMENT

Diagnose the problem – data

- ❖ The Fono patient records.
- ❖ Enrolled Fono patients who were treated at White Cross or Waitakere Hospital.
- ❖ Coding in GP notes – medication & symptoms of skin infections.

We will use the above tools to filter all necessary data i.e. focussing on our target audience as stated in our aim statement.

medtech 



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Diagnose the problem- tools

Observation

- ❖ Doctors and Nurses continue to witness the severity of skin infections through the patients they see and treat.

“ I do not go a day without seeing a patient with skin infections.”



Capturing the Patient Experience

First seeds of discussion with patients;

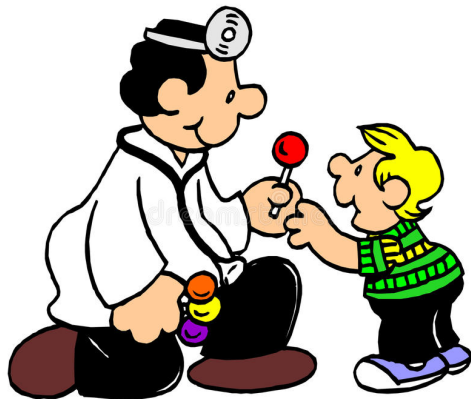
- ❖ Visit the various Tuvaluan church communities.
- ❖ Ideas include;
 - presentation of problem
 - questionnaire
 - focus groups
 - open floor Q&A
 - feedback



Voice of the Customer

What is critical to quality for the patients?

- ❖ Friendly Doctors
- ❖ Support Social Workers
- ❖ Patient-first approach



Core Values



Stakeholders & Communication

Happy Skin Stakeholders Analysis – Feb 2018

Stakeholder	No commitment	Let it happen	Help it happen	Make it happen
Tuvaluan Community			X	X
	Tuvaluan Board Representative as well as Fono staff will assist in connecting with Tuvaluan groups and communities.			
Enrolled Fono patients (<25 years with skin infections)		X	X	
	Patient will assist in sharing their experience.			
Waitemata District Health Board	X			X
	Early GP treatment will decrease the number of patients going to hospital and therefore DHB would be interested if project is successful.			
ProCare	X		X	
	As a PHO, ProCare require high quality of care.			
Ministry of Health & Ministry of Social Development	X			X
	Ensuring we are fulfilling our contractual terms with the Ministries.			
The Fono Senior Management			X	X
	Support of organisation to allow time and resources for project.			
Mark the current state for your Stakeholders the desired state and how you plan to keep or move them to the desired state				

X = Current State

X = Desired State



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Highlights/lowlights



- Prompt team members meeting on a regular basis.
- Tuvaluan Board Representative showing interest and support in project and has directed us to community leaders.



- Engaging with distant patients due to their immigration status.

Key Success/barriers



- Accessible patient records via Medtech and able to filter data according to GP coding of problem.
- Project team meeting weekly to discuss approach to Tuvaluan community. First visit to church community confirmed.
- Supportive Management team and Sponsor.



- Lack of IT/data revenues. Tedious process of filtering patient records to capture target audience.



Lessons Learned

- Project team to meet on a weekly basis rather than fortnightly.
- Complete storyboard as a team in advance.



Dashboard of Measurements

Provide details of your

- Outcome Measure/s
- Process Measures
- Balancing Measures



Generate Change Ideas to Test

- What are the change ideas (big or small) you are currently testing?
- What is the rationale for testing these changes?
e.g. research evidence, best practice, front line experience, innovation.
- How/where do these ideas link to your driver diagram



What are you currently testing?

- Provide details of your one of your current PDSA's, include your measures
- Include your questions, predictions, data and learning



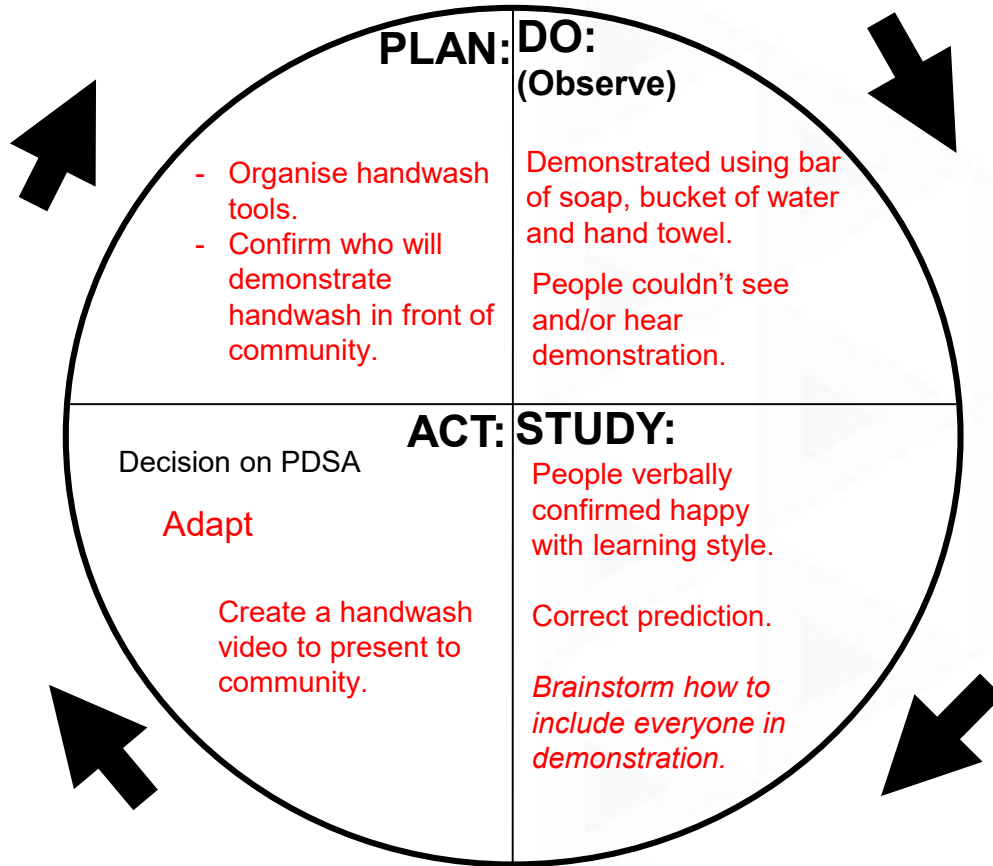
Objective of this PDSA: To learn if demonstration will increase knowledge and awareness of problem.

Change: Physically demonstrating the process of washing hands with tools.

Questions

Will they know how to correctly wash their hands after this demonstration?

Will this demonstration encourage them to wash their hands regularly ?



Predictions

The community will know how to correctly wash their hands.

Measurements: Community feedback about demonstration. Record verbal feedback.

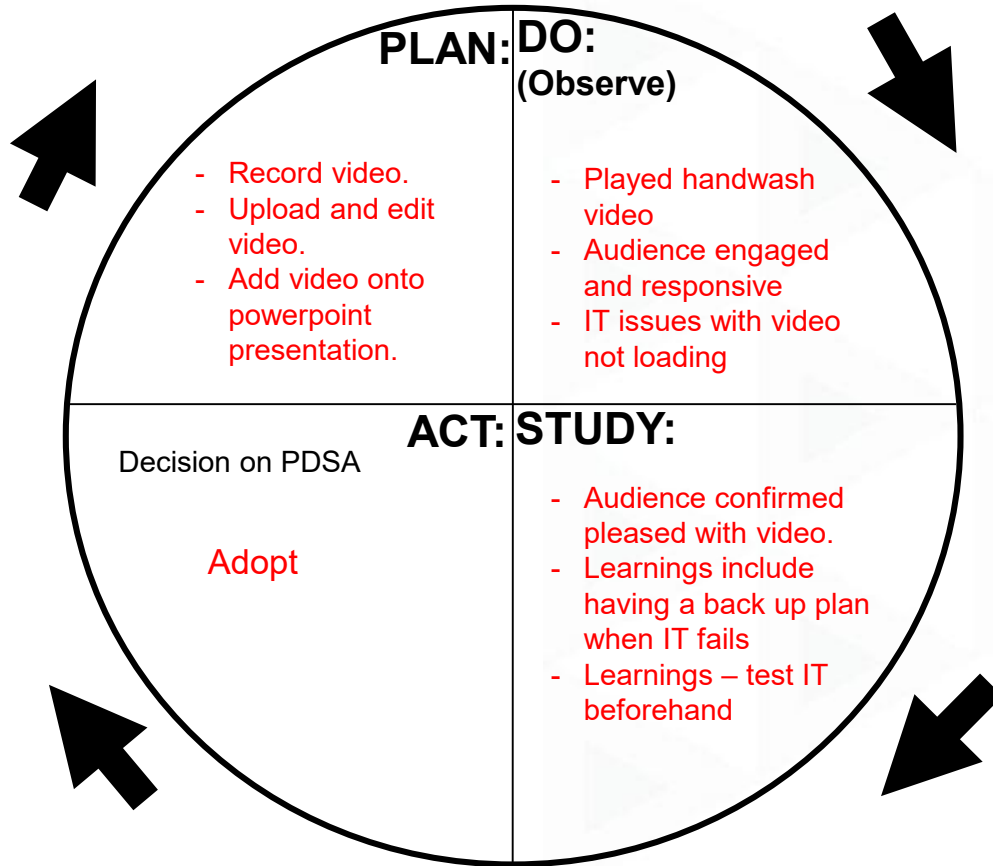
Objective of this PDSA: To learn if demonstration video will increase knowledge and awareness of problem.

Change: Presenting video of the process of washing hands with tools.

Questions

Will they know how to correctly wash their hands after the video?

Will this video encourage them to wash their hands regularly ?

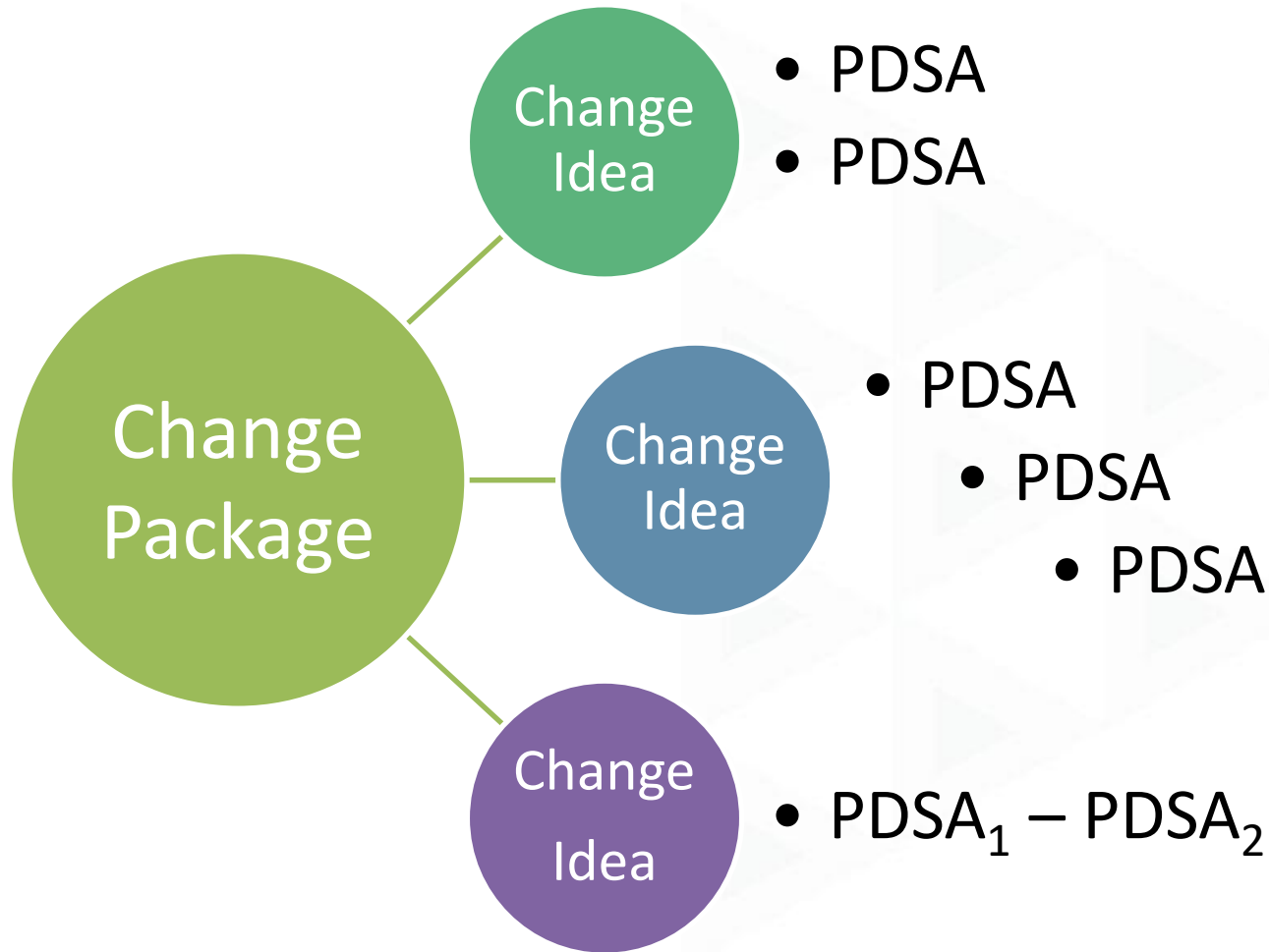


Predictions

The community will know how to correctly wash their hands.

Measurements: Community feedback about video. Record verbal feedback.

Building up a change package: an example



Data Analysis & Reporting

- Start tracking and sharing your family of measures
- Initially you will need to look at process measures as changes here may be seen earlier than your outcome measure
- Remember to share these with your team on a regular basis

