Quality Improvement Framework 2014/15

The Quality Improvement Framework identifies and defines the 4 Pillars of Clinical Governance, the IHI (Institute of Healthcare Improvement, US) Triple Aim framework adopted by the Health Quality and Safety Commission and the Child & Youth Health Compass Questionnaire tool, articulating the application to General Practice within Manaia Health PHO. The framework has 3 levels and the practice self-assesses the level that it is currently operating at and makes goals that will move the team across a continuum of improvement.

Manaia Health PHO 4 Pillars of Clinical Governance:

The four pillars have been expanded into identifying 4 outcomes for each pillar as specific aspects of the pillars that the Clinical Governance Advisory Group have set as outcomes.

Pillar One	Consumer Value & Participation	Health Literacy Consumer Voice Consumer Complaints Cultural Competence
Pillar Two	Clinical Performance & Evaluation	Achievement of Population Priorities Evidence Based Clinical Practices Equity of Patient Outcomes Quality Improvement Initiatives
Pillar Three	Clinical Risk & Protection	Incident Management Risk Management Contingency Planning Harm Reduction
Pillar Four	Professional Development & Management	High Level of Competency Clinical Leadership Clinical Research & Learning Human Resources Management

(Pillars One to Four,based on Western Australian Standards of Clinical Governance, that became widely adopted throughout Australia, the measurables of the pillars were agreed by Manaia Health PHO Clinical Advisory Group.)

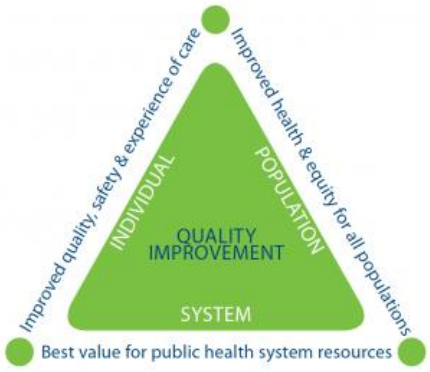
IHI Triple Aim – Health Quality & Safety Commission

Triple Aim is expressed in terms of:

- Improved quality, safety and experience of care.
- Improved health and equity for all populations.
- Best value from public health system resources.

In the diagram below the 4 Pillar Clinical Governance outcomes are expressed showing the relationship to the Triple Aim to illustrate the relationship between these two priority areas. The elements are interdependent and allocation is based on an aspirational dominance of the outcome.

- Achievement of Population Priorities
- Clinical Leadership
- Evidence based Clinical Practices
- Clinical Research & Learning
- Equity of Patient Outcomes
- Health Literacy



- Consumer Voice
- Consumer Complaints
- Cultural competence
- High level of Competency

- Quality Improvement Initiatives
- Incident Management
- Harm Reduction
- Risk Management
- Contingency Planning
- Human Resource Management

Tamariki and Whanau Friendly Primary Health Care

In 2013 the Office for the Children's Commission, Ko Awatea and the Paediatric Society of New Zealand released the Child and Youth Health Compass Questionnaire Tool. The intent of this tool was to support DHBs with innovation, best practice and equity in relation to child and youth health. The Compass tool asks '*what does a really effective child and youth health service look like?*' and was developed for DHBs and PHOs to identify, highlight and share innovation and good practice in several aspects of child and youth health.

A consequence of the Compass Tool within Manaia Health PHO has been the development of Tamariki and Whanau Friendly Primary Health Care. The overall goals of tamariki and whanau friendly primary health care are to:

1 improve the health of tamariki Maori within Tai Tokerau.
2 contribute towards the reduction of health inequities for tamariki Maori within Tai Tokerau.

A core concept of Tamariki and Whanau Friendly Health Care is to achieve good practice and equity in relation to child, youth and whanau centred care.
The definition of child, youth and whanau centred care (from the Compass Tool) is:

> *a best practice health care approach that centers on the rights of children and young people, takes into account the best interests of children and young people, supports the physical, developmental, mental, emotional, social, cultural, and spiritual needs of children, young people and their whānau; involves collaborative partnerships between health care providers and children, young people and their whānau; and results in the best possible health care for children, young people and their whānau experiencing health services within Aotearoa/New Zealand.*

Rationale:

- Current rates of ambulatory sensitive hospitalisations (ASH) within Tai Tokerau are inequitable and unacceptable. One strategy to improve ASH rates is through improving access to primary health care. Financial barriers to accessing PHC are significant but they also include geographic proximity, opening hours, cultural safety and environment.
- We know that when a 'systems' approach is undertaken that we can make a difference to health outcomes. This is evident in the work Northland has done to lift tamariki Maori immunisation rates to equal or greater than that of Non-Maori children. Systems and focus within practices, PHOs and at a DHB level all contributed to this outcome. The focus was on what the health system could change.
- There is a substantive body of evidence that health outcomes are determined early in life (during pregnancy, the immediate post-natal period and up to three years). We need to prioritise the early years to ensure all our tamariki are able to have the 'best start to a healthy life'.
- The importance of primary health care as the' health home'. Consistent care from an identified primary health care physician has consistently shown a positive relationship with health outcomes even after account has been taken of socioeconomic and lifestyle factors.
- We are working on Child Friendly Cities based on the UNCROC – a child rights approach. This work is important as our children's health is largely shaped by where they learn, live and play. However the question is: how tamariki and whanau friendly / child friendly is our health system? How are children's rights, children's voice and participation, incorporated into our health services and health delivery?

Connecting Tamariki and Whanau Friendly and the Quality Improvement Framework

Tamariki and Whanau Friendly Primary Health Care was originally conceived as a framework that practices could use for review. Rather than have two frameworks both with the aim to support quality improvement it has been decided that the Quality Improvement Framework should be used as the overarching document that has a focus on Tamariki and Whanau Friendly practice. In the ideas section of the Quality Improvement Framework there are suggestions for taking a tamariki and whanau friendly focus.

Our vision for quality within our General Practice is the emergence of quality improvement and innovation throughout clinical service delivery. This continuum of quality service is view as dynamic, with the aspiration of continued quality improvement to excellence, therefore the tables within the framework always lead with highest level of achievement.

The entry level is viewed as a General Practice that is inwardly focused, concentrating on the internal systems and processes to guide and ensure a quality of service. The advanced level is where a General Practice becomes more able to view its enrolled population, community and extend itself as an entity into more expansive interactions, with the excellence level being able to support its staff to be leaders, provide direction and advocate for the greater good of Primary Care, without a negative impact on the outcomes for patients enrolled in the General Practice.

The evaluation guide provides a consistent and aspirational guide for General Practices to assess their progress towards the full autonomy of practice.

Evaluation Guide:

Excellence	Advanced	Entry Level
• Integrated range of services (both clinical and support). • Inter-professional team model of care • Workforce engagement with professional bodies. • Highly responsive to patient experience and feedback. • Complaints, compliments, incidents and significant events reported centrally and quality initiatives that result are shared. • Seamless vertical and horizontal integration in place, with dedicated CQI activities. • Active relationships with external health providers that enhance patient outcomes. • Health promotion activities with the community • Embraces innovations both technical and practical that improve patient outcomes	• Some integrated models of care are used, with some short and long consultations available. • Interdisciplinary practice with appropriate utilisation of nursing services. • Attainment of PPP targets. • Extended team, eg clinical pharmacist, social worker, Primary Care Assistant, Nurse Practitioner. • Extended patient access. • Engagement and utilisation of clinical and support E-tools. • Workforce sustainability planning is undertaken, service planning and CQI activities developed including patient feedback. • Serious and sentinel events are managed and reported. • Able to provide and support professional student placement. • Responsive to the community needs	• Cornerstone or Minimum standard set achieved that has been externally validated. • e-Health solutions are available. • Has plans in place to achieve PPP targets, • workforce capability and capacity • Emergency response/contingency plans are active. • Enrolment is compliant with the MoH standards.

Pillar One: **Consumer Participation**	**Excellence**	**Advanced**	**Entry Level**
Health Literacy	There is good practice understanding of the health literacy levels of the staff and their patient population. An implemented a number of responsive approaches to patient need that has resulted in improved patient outcomes.	The practice has developed a Health Literacy plan that contains the 6 characteristics of a Health Literate organisation: Leadership/Management, Consumer involvement, workforce development, access/navigation of health services, communication.	The practice has an understanding of the need for a health system response to improve health literacy and has undertaken staff training in communication and has the ability to assist patients navigate through the health system
Consumer Voice	The practice has developed a range of methods to capture the patient voice and is using external sources of the patient voice to proactively assess their performance to better meet the needs of their population base.	The practice has multiple ways (more than 3) to capture feedback and using all methods to inform the team on a regular basis.	There is evidence that the practice supports patients involvement in making decisions about their healthcare and environment, with feedback that reflects those decisions/ requests.
Consumer Complaints	The practice team reviews a number of complaints to develop CQI projects, contribute to service planning and the team is willing to share their learning experiences with other practices.	There is a multi-disciplinary approach to individual complaints with systematic quality improvements in response.	There is a register of complaints and the practice team responds effectively resolving complaints.
Cultural Competence	There are active strategies to mitigate any barriers for patients, staff and visitors to the practice.	Practice staff understand the impact of their own culture on others. Involves other whanau members as culturally appropriate. Understands the barriers created by the 'Health service' culture.	All staff have confidence to greet patients in a culturally appropriate manner, having been trained. That important practice information is available to patients in a variety of ways and formats.

Pillar Two: **Clinical Performance & Evaluation**	**Excellence**	**Advanced**	**Entry Level**
Achievement of Population Priorities	The practice exceeds all Health targets and has proactively determined further population based priorities and planned for new initiatives, with demonstrated improvements in the health and life expectancy of their patient population.	The practice meets all the Health targets, utilising IT tools to maximise their outcomes. The practice has planned strategies to maintain achievement and is involved in audit of outcomes.	The practice team understand the Health targets and the current position of the practice performance. The practice has initiated a number of strategies to maintain and working towards achieving targets.
Evidence Based Clinical Practices	The available electronic automated guidelines are utilised. A number of clinical pathways are utilised within the practice, that maximises the use of the multi-disciplinary team.	Electronic use of Guidelines within the consult. Any variance to the Guidelines is discussed and agreed with the patient.	Health professionals use Clinical Guidelines and understand the criteria for differing conditions. Health professional minimize the most appropriate tools to assist with the patient consult.
Equity of Patient Outcomes	There are at least no gaps or higher rates between their outcomes for high needs populations for the health targets and practice determined population priorities.	The entire practice team understands the determinants of health and the impact on their patient population.	There are strategies in place to reduce the gap between high needs and total population patient outcomes in relation to health targets.
Quality Improvement Initiatives	Quality improvement activity is mainly proactive and the practice engagement is high. Sharing of initiatives as a practice is supported and encouraged.	Quality innovation utilises the PDSA cycle to achieve continuous quality improvement that can be evidenced as a systematic, sustained quality improvement that benefits the patients.	Quality assurance, both electronic audits and internal audit processes are undertaken to ensure compliance in an organised plan and reviewed annually. These activities are associated with quality improvement activity

Pillar Three: **Clinical Risk & Protection**	**Excellence**	**Advanced**	**Entry Level**
Incident Management	Accidents, incidents and near misses are centrally reported, with serious and sentinel events involving external review. There is opportunity for anonymised reporting for learning purposes, and compliance with National direction on Incident reporting from Primary Health Care.	The whole practice team or multi-disciplinary quality group is involved in the investigation of all incidents. The London protocol, policy and tools are adopted and minimized with the practice. Recommendations following events are used as Quality Improvement activities.	Accidents, incidents and near misses are recorded routinely and reviewed 6 monthly in accordance of the Health & Safety legislation.
Risk Management	The risk management plan is reviewed and responds to external change, and prioritised accordingly.	There is a comprehensive risk management plan that is reviewed at least annually.	The major clinical and business risks are identified, with strategies in place to monitor and minimize them.
Contingency Planning	Participate in the initiatives and planning with PHO and DHB national work.	There are some memoranda of understanding (MOU) with local or community organisations.	There is a practice-based contingency plan.
Harm Reduction	Reviews and proactively instigates new processes and minimizes future risk.	There is a monitoring of adverse events and investigation undertaken	Adverse events are reported and collectively reviewed at least six monthly.

Pillar Four: **Professional Development & Management**	**Excellence**	**Advanced**	**Entry Level**
High Level of Competency	There is a process for the team to measure their competency from their patients and peers. The clinical team members can demonstrate compliance with Advanced competencies', eg Nursing Advanced competencies or GP with Special Interest. There are professional development funds available for all practice staff.	The clinical team are utilising the electronic tools effectively and efficiently. Business audits demonstrate competent business practice is occurring, ensuring the viability of the practice. The Practice Manager and/or Administration staff has undertaken formalised training, and there is membership of PMAANZ. There are professional development plans for all staff, which are reviewed annually	Professional body competencies are met. There are induction processes.
Clinical Leadership	Members of the team are involved in local, regional and/or national governance. The practice team search out challenging opportunities to change, grow, innovate and improve. Take risks and learn from experience.	The practice has a voice that influences clinical direction external to the practice. Eg writing submissions, participates in workshops and planning. The team has clinical leadership that is a role model to others in the team and external to the practice.	The practice has a clinical leadership structure, recognizes individual contributions and celebrates team success.
Clinical Research & Learning	Has members of the practice undertaking clinical research and shares learnings with others in the Health community	Clinical teaching is actively supported in the practice and partnerships with academic institutions are engaged in quality initiatives and innovation.	There are team meetings where the latest research is discussed with changes to policies and clinical practice agreed.
Human Resource Management	There are opportunities clinical and administrative pathways for progression that is locally/nationally recognised within the practice.	There are policies and a code of conduct / house rules that is clear and known by all staff. There are professional development plans for every staff member within the practice	Employment relationship meets legislation and employer obligations.

Appendix One: Framework with suggested ideas.

Pillar One: **Consumer Participation**	**Excellence**	**Advanced**	**Entry Level**
Health Literacy	There is good practice understanding of the health literacy levels of the staff and their patient population. An implemented a number of responsive approaches to patient need that has resulted in improved patient outcomes.	The practice has developed a Health Literacy plan that contains the 6 characteristics of a Health Literate organisation: Leadership/Management, Consumer involvement, workforce development, access/navigation of health services, communication.	The practice has an understanding of the need for a health system response to improve health literacy and has undertaken staff training in communication and has the ability to assist patients navigate through the health system
Some ideas are:	• There is an established forum and methodology towards patient engagement • Information developed and provided for clients and staff is critiqued by same • Options Grids available for a range of conditions and treatments • Orientation to the practice for new patients/whanau by patients/whanau already registered. • Design and evaluate the effectiveness of health literacy interventions.	• Practice staff qualified in providing health literacy training to new and locum staff • There a patient group education session • Service planning involves the direct input from specific patient groups, including young families/whanau • Report, track and record communication failures looking for systematic causes using the London Protocol. • Waiting room has a weekly/monthly focus for information that includes tamariki ora as requested by tamariki	• Create a welcoming environment for tamariki and whanau • Health Information is provided in a range of formats with special consideration for tamariki and whanau • Time with nurse provided for Q&A • System in place that identifies and caters for differing Health literacy levels of ALL clients (pictorial, literary, oral) • Practice specific information caters to registered population – literacy, culture, age, ethnicity that is developmentally appropriate • Patient/whanau input is sought when developing specific areas for improvement or planning. • Q&A opportunities provided and used to inform frequently asked questions – information sheets – Options Grids
Consumer Voice	The practice has developed a range of methods to capture the patient voice and is using external sources of the patient voice to proactively assess their performance to better meet the needs of their population base.	The practice has multiple ways (more than 3) to capture feedback and using all methods to inform the team on a regular basis.	There is evidence that the practice supports patients involvement in making decisions about their healthcare and environment, with feedback that reflects those decisions/ requests.
Some ideas are:	• The practice has implemented a Whanau/Whanau reference group, Whanau Advisory Group or Patient Action Group etc. that actively contributes to quality improvement processes in the practice • The practice staff works in partnership with tamariki, young people and their whanau to identify health and wellbeing goals and develop pathways to achieve these and to take control of their wellbeing and manage their own solutions • Practice environment and waiting spaces are designed to incorporate child, youth and whanau feedback and input i.e. access, wheelchair & pram friendly, breastfeeding spaces, clinic rooms designed with tamariki and young people's input	• There is growing evidence to show that feedback is linked to change within the practice • Evidence that tamariki, young people and whanau are involved in consultation on the development, implementation and evaluation of the services, policies and strategies that have an impact on them • Tamariki, young people and their whanau are actively involved in providing feedback to the practice on their experiences of the service they receive using appropriate methods	• The practice clinical record reflects the thoughts and concerns of tamariki / whanau articulating the impact on healthcare planning • Tamariki, young people and their whanau may be involved in the consultation on the development and evaluation of the practice including policies and strategies that impact them • Tamariki, young people and their whanau have the opportunity to give feedback on the practice environment
Consumer Complaints	The practice team reviews a number of complaints to develop CQI projects, contribute to service planning and the team is willing to share their learning experiences with other practices.	There is a multi-disciplinary approach to individual complaints with systematic quality improvements in response.	There is a register of complaints and the practice team responds effectively resolving complaints.
Some ideas are:	• Proactive review and lateral thinking of all complaints over a period leads to quality of service improvements • Groups of young people are involved in the complaints review process	• Evidence of investigation and general practice discuss about the complaint with ideas from the team that lead to quality of service improvements • Complaint resolution letters include understanding and sufficient information about remedial actions undertaken by the practice	• Tamariki, young people and their whanau are given support to voice any concerns they may have that lead to quality service improvement • Tamariki, young people and their whanau are informed of complaints investigations and the outcomes • Tamariki, young people and their whanau are informed of their right to advocacy • Register of complaints reviewed to consider trends in complaints relating to tamariki and young people • Complaints register content discussed at practice meetings and formative actions taken

Cultural Competence	There are active strategies to mitigate any barriers for patients, staff and visitors to the practice.	Practice staff understand the impact of their own culture on others. Involves other whanau members as culturally appropriate. Understands the barriers created by the 'Health service' culture.	All staff have confidence to greet patients in a culturally appropriate manner, having been trained. That important practice information is available to patients in a variety of ways and formats.
Some ideas are:	• Barriers created by the health Service culture are identified and addressed proactively • Expert cultural advice is sought when planning quality improvement activities • Kaiawhina roles are engaged by the practice to help tamariki, young people and whanau navigate through the health care setting	• The practice incorporates Maori models of health care such Te Whare Tapa Wha to provide whanau ora centered care • Cultural training is targeted to the patient population so there is greater understanding of the diversity of needs.	• Practice has an understanding of its population demographics and the vulnerable / priority groups within it • Maori health plan updated in response to population health outcomes • The Practice staff understand the cultural diversity of the population they serve. • Patient feedback developed to explore the level of cultural competence within the work place: staff and environment • The practice displays in waiting spaces and clinic rooms; The Charter of Tamariki/Tamariki's Rights in Healthcare Services in Aotearoa NZ

Pillar Two: **Clinical Performance & Evaluation**	**Excellence**	**Advanced**	**Entry Level**
Achievement of Population Priorities	The practice exceeds all Health targets and has proactively determined further population based priorities and planned for new initiatives, with demonstrated improvements in the health and life expectancy of their patient population.	The practice meets all the Health targets, utilising IT tools to maximise their outcomes. The practice has planned strategies to maintain achievement and is involved in audit of outcomes.	The practice team understand the Health targets and the current position of the practice performance. The practice has initiated a number of strategies to maintain and working towards achieving targets.
Some ideas are:	• Review of PMS to determine most significant illness of patient panels and monitoring of outcomes of treatment options. • Specific child health targets i.e. immunisations are achieved and maintained, 'bright spots' are shared with other practices	• Pre-call strategy • Point of Care testing • Identification of weekly targets that monitor achievement eg Predict reports • Use of story boards or other visual aids in the practice waiting room and staff room to demonstrate achievement of child health priorities	• Utilize Dr Info to identify gaps • Contact PHO Practice Facilitator for ideas on specific strategies that may suit the practice • The practice has implemented the MoH Early Enrolment Policy (B code, PMS system) • The practice has implemented the NPHOs Practice Precall/Recall/Referral Guidelines for immunisation
Evidence Based Clinical Practices	The available electronic automated guidelines are utilised. A number of clinical pathways are utilised within the practice, that maximises the use of the multi-disciplinary team.	Electronic use of Guidelines within the consult. Any variance to the Guidelines is discussed and agreed with the patient.	Health professionals use Clinical Guidelines and understand the criteria for differing conditions. Health professional minimize the most appropriate tools to assist with the patient consult.
Some ideas are:	• Practice adopts a method of work that maximises clinical scope of practice using a range of tools eg standing orders for nurses for the treatment of UTI's • The practice conducts a range of child and youth health and well being assessments that are outside of usual appointments i.e. B4Sc, HEADSSS assessments • The practice takes a case management approach to caring for tamariki who have high health needs i.e. asthma, eczema, and other conditions. • Liaise with ED and Well child/Tamariki Ora providers on regarding attendance and admissions to hospital.	• The practice has a way of sharing the Patient Dashboard with the patient directly and work together on the treatment plan • Use of treatment options for smoking NRT or Gout are reviewed/audited for compliance with Clinical Best Practice • Clinical guidelines that relate to tamariki i.e. sore throat screening guidelines and skin infections etc. are implemented. • The practice has relationships and policy with local LMC's on shared care.	• The practice has access to the required equipment to deliver care to tamariki and young people • When pregnancies are confirmed at general practice, a comprehensive first trimester antenatal check is completed (reference section 88). • The practice facilitates connection between pregnant women and LMC. • The practice develops a birth book/pregnancy register that captures details of pregnant women including their LMC and EDD. • The practice precalls pregnant women at 36 weeks gestation to reconnect with them. • The practice has in place a comprehensive New Born Enrolment policy.
Equity of Patient Outcomes	There are at least no gaps or higher rates between their outcomes for high needs populations for the health targets and practice determined population priorities.	The entire practice team understands the determinants of health and the impact on their patient population.	There are strategies in place to reduce the gap between high needs and total population patient outcomes in relation to health targets.
Some ideas are:	• Have team meetings that review progress looking specifically at those strategies/outcomes that Maori and high needs populations are not responding developing further enhancements specifically target for that group • The practice has demonstrated they have made a difference to the child health inequity issues that they have identified • The practice shares their knowledge/strategies within the PHO • The practice has engaged other health and social services onsite to deliver services or has developed relationships with outreach or community services that are available to their patient population	• Specific strategies developed to improve outcomes utilising the PDSA cycle for continuous improvement • Practice measures % of 6 week old babies who have received a funded 6 week post natal check • The practice has a plan in place to address one or more child health inequities for their enrolled practice population • The practice has engaged and established relationships with other health and social service agencies to address health equity for their enrolled population • The practice has identified through a process of discussion with whanau, barriers to accessing their services and has a plan in place to address them • The practice has protocols for early identification, support and referrals for women experiencing adversities before or after birth	• Pre-call of screening activities • Review the quality data entry within the PMS utilising query builders • Review of workflows around specific clinical procedures to ensure efficiency • The practice has an understanding of child health inequalities experienced by their population • The practice has a directory of health and social services available and processes in place to refer tamariki and whanau

Quality Improvement Initiatives	Quality improvement activity is mainly proactive and the practice engagement is high. Sharing of initiatives as a practice is supported and encouraged.	Quality innovation utilises the PDSA cycle to achieve continuous quality improvement that can be evidenced as a systematic, sustained quality improvement that benefits the patients.	Quality assurance, both electronic audits and internal audit processes are undertaken to ensure compliance in an organised plan and reviewed annually. These activities are associated with quality improvement activity
Some ideas are:	• Tamariki and young people are involved in the quality innovations with teams for the practice • Outcomes are made available and there is extended sharing of learnings.	• There is documentation that supports quality initiatives eg Quality Planning • Formal methodologies are utilized in the development of initiatives • Practice develops their own audits in response to their own needs. • Tamariki and young people are involved in developing quality plans for the practice	• New initiatives are established to positively influence the findings from Dr Info, Query Builds, Predict etc. • Audits are programmed, eg Repeat Prescriptions, Lab Results etc • Members of the team have received training in the quality improvement methodologies and health informatics.

Pillar Three: **Clinical Risk & Protection**	**Excellence**	**Advanced**	**Entry Level**
Incident Management	Accidents, incidents and near misses are centrally reported, with serious and sentinel events involving external review. There is opportunity for anonymised reporting for learning purposes, and compliance with National direction on Incident reporting from Primary Health Care.	The whole practice team or multi-disciplinary quality group is involved in the investigation of all incidents. The London protocol, policy and tools are adopted and minimized with the practice. Recommendations following events are used as Quality Improvement activities.	Accidents, incidents and near misses are recorded routinely and reviewed 6 monthly in accordance of the Health & Safety legislation.
Some ideas are:	• There is shared learning with other practices of quality initiatives via the PHO reporting • Parents and young people are involved in the collective review of incidents within the practice	• Training is undertaken in the London protocol and investigation using the process is completed. • Whanau and young people are involved in the investigation of specific incidents • Quality improvements are documented using a formal methodology to achieve quality based outcomes	• Register of incidents is reviewed collectively for commonalities • There is reporting against the Primary Care Incident Management categories on a ¼ly basis to the PHO.
Risk Management	The risk management plan is reviewed and responds to external change, and prioritised accordingly.	There is a comprehensive risk management plan that is reviewed at least annually.	The major clinical and business risks are identified, with strategies in place to monitor and minimize them.
Some ideas are:	• There is a process of review that is more frequent when discussion of influence of the changing environment is included, with a prioritization of likely and impact is considered.	• The risks identified are mitigated in a formal plan and are reviewed at least annually • The practice involves whanau and young people in the development of strategy around payment of services	• There is a process that identifies the major risks associated with the delivery of services and the environment which is documented.
Contingency Planning	Participate in the initiatives and planning with PHO and DHB national work.	There are some memoranda of understanding (MOU) with local or community organisations.	There is a practice-based contingency plan.
Some ideas are:	• That a member of the practice has undertaken the formal CIMS training provided in conjunction with the PHO • The practice is aware of the PHO planning and contributes to the updating of their planning	• Formal conversations with other providers is had and a locality/community plan is considered. • That formal MOU's are established when considered appropriate.	• Web-based planning tool in Healthpoint
Harm Reduction	Reviews and proactively instigates new processes and minimizes future risk.	There is a monitoring of adverse events and investigation undertaken	Adverse events are reported and collectively reviewed at least six monthly.
Some ideas are:	• Formal feedback on performance of clinical procedures are undertaken with outcomes that is shared with practitioners, benchmarked and actions undertaken. • There is proactive consideration given to new procedures and as practitioners extend their scope of practice. • Practice implements quality initiatives to address medication errors identified in audit • Practice audits and sets targets for % of routine enquiry for intimate partner violence • The practice has in place a system where they identify and document vulnerable tamariki. Vulnerable tamariki meaning those who are at risk of harm and tamariki with special needs.	• Audit of harm undertaken eg infection rates following minor surgery, scarring following Liquid Nitrogen etc • The practice audits medication errors involving tamariki and young people i.e. vaccination administration errors • The practice audits the use of the Safe Families Policy and Med Tech tool	• There is a clinical review of the adverse events that are collected • The practice has in place a Child Protection Policy including the associated Med Tech tools (Safe Families/Safe Tamariki) • Staff have undertaken training in child protection

Pillar Four: **Professional Development & Management**	**Excellence**	**Advanced**	**Entry Level**
High Level of Competency	There is a process for the team to measure their competency from their patients and peers. The clinical team members can demonstrate compliance with Advanced competencies', eg Nursing Advanced competencies or GP with Special Interest. There are professional development funds available for all practice staff.	The clinical team are utilising the electronic tools effectively and efficiently. Business audits demonstrate competent business practice is occurring, ensuring the viability of the practice. The Practice Manager and/or Administration staff has undertaken formalised training, and there is membership of PMAANZ. There are professional development plans for all staff, which are reviewed annually	Professional body competencies are met. There are induction processes.
Some ideas are:	• There is an outline of career pathway for the skills that are required by the practice. • The practice has a health professional that is undergoing or has achieved a special interest in child health i.e. post graduate diplomas in pediatrics	• Professional development plans are discussed and updated. • Administration staff are involved in formal training opportunities that will provide for progression and the ability to take on greater responsibilities. • Practice staff who express a interest in child and/or youth health are supported to develop their knowledge and skills by attending relevant education opportunities	• There are orientation processes that are updated. • There are deskfiles that outline the specific tasks of different key roles • Professional staff have performance appraisals that include the competencies for their discipline • The practice has a training plan with minimum requirements in place for child youth and whanau centered care which all practice staff must attend *
Clinical Leadership	Members of the team are involved in local, regional and/or national governance. The practice team search out challenging opportunities to change, grow, innovate and improve. Take risks and learn from experience.	The practice has a voice that influences clinical direction external to the practice. Eg writing submissions, participates in workshops and planning. The team has clinical leadership that is a role model to others in the team and external to the practice.	The practice has a clinical leadership structure, recognizes individual contributions and celebrates team success.
Some ideas are:	• Involvement in post-graduate learning that is shared with the greater professional team. • Involvement in clinical pathway development • The nominated practice child health leader leads initiatives with in the practice and the broader PHO community to advance child health outcomes	• Involvement in Clinical Governance • Participation in external community or PHO/DHB groups • Attendance at clinical leadership meetings • The practice has a named clinical leadership role for child health that is involved with the decision making with the Practice Manager. They can discuss child health matters, advocate for tamariki and young people and ensure the practice environment is child youth and whanau friendly	• There is a clinical leadership that is involved in the decision making with the Practice Manager. • The practice has a nominated staff member who has an interest in child and or youth health matters. This person would be responsible for the health needs of pregnant women and newborns. • There are significant relationships between the practice, child health clinic and other child centered services i.e. Te Roopu Kimiora, Whangarei Tamariki's Team • There is acknowledgement of achievements
Clinical Research & Learning	Has members of the practice undertaking clinical research and shares learnings with others in the Health community	Clinical teaching is actively supported in the practice and partnerships with academic institutions are engaged in quality initiatives and innovation.	There are team meetings where the latest research is discussed with changes to policies and clinical practice agreed.
Some ideas are:	• Involvement in clinical research with an educational institute • Research which aims to improve tamariki ora is undertaken • Able to present, in partnership with whanau, at local or national conferences, any quality improvement initiatives or changes to health service that has made a difference to tamariki, young people and their whanau enrolled in the practice	• In the documentation of projects, literature review is evidenced. • Literature review occurs in relation to clinical problems faced by the clinical team and audit occurs to influence decision making • Practice supports individual practitioners to be able to provide teaching opportunities, ensuring that they receive training on effective techniques in clinical training.	• Ethical issues that relate to clinical practice are discussed. • A variety of methods are used to review clinical problems eg CME, Clinical Journals, Peer Groups
Human Resource Management	There are opportunities clinical and administrative pathways for progression that is locally/nationally recognised within the practice.	There are policies and a code of conduct / house rules that is clear and known by all staff. There are professional development plans for every staff member within the practice	Employment relationship meets legislation and employer obligations.
Some ideas are:	• Adoption of the PMAANZ career pathway and training for administration staff. • Provision from within the practice is made for personal professional development of all staff • There is an understanding of the future direction of the practice and the skills required to ensure safe delivery that can be included in the training of the staff. • There is a succession plan for key members of	• Performance coaching and mentoring are available and the staff engaging in delivering this are trained. • There is a documented code of conduct for the practice. • There is a specific role within the practice around tamariki and young people	• Job descriptions and employment contracts are provided for all employees • There is a payroll system that assists the practice met their obligations in relation to holidays and sickness • Performance Appraisals are undertaken

	the team		

* These could include but limited to; immunisation, care and protection including child maltreatment & whanau violence including escalation techniques, pediatric life support, breastfeeding, SUDI, smokefree, healthy homes, sexual health, well child assessments, pediatric pain assessment/pain minimization techniques, Child Rights training, whanau centered care, communication with tamariki and young people, ages and stages (developmental stages)