

Extended Care Teams

A holistic framework to measure service impacts and outcomes

30 August 2023

Justin Butcher, CEO
Jo Scott-Jones, Clinical Director

Ehara taku toa i te toa takitahi. Engari, he toa takitini.

My success is not that of an individual. Instead it is the work of the many.

Our Extended Care Team

- An interprofessional team working as an extension of general practice in the community
- Collaboration provides intensified care to support them to achieve their health and wellbeing aspirations
- Referrals from general practice, social service providers, or self-referral
- Genesis of this extension approach came from our 2006 workforce survey



A multi-disciplinary approach

- Social Workers
- Clinical Pharmacists
- Dietitians
- Exercise Consultants
- Comprehensive Nursing team
including CNS & NP's
- Kaiāwhina & Health Coaches





Comprehensive Primary Care

- Health Improvement Practitioners, Health Coaches
- Full team working towards using same rating and outcomes measures
- Nursing team oversight for Kaiāwhina/ non-regulated workforce
- Nurse Practitioner
- Interdisciplinary meetings and packages of care
- Te Whariki Aroha collaborative

Initiatives

- Collaborative pathways
- Combined groups – moving past pain, pre-diabetes education and support
- Combined clinics – Child Health, Pop. Health and screening support
- Tane Takitu Ake ki Taupo tāne hauora programme, RESET
- Planned care - Fit for Surgery and Spirometry
- Iwi-led marae clinics

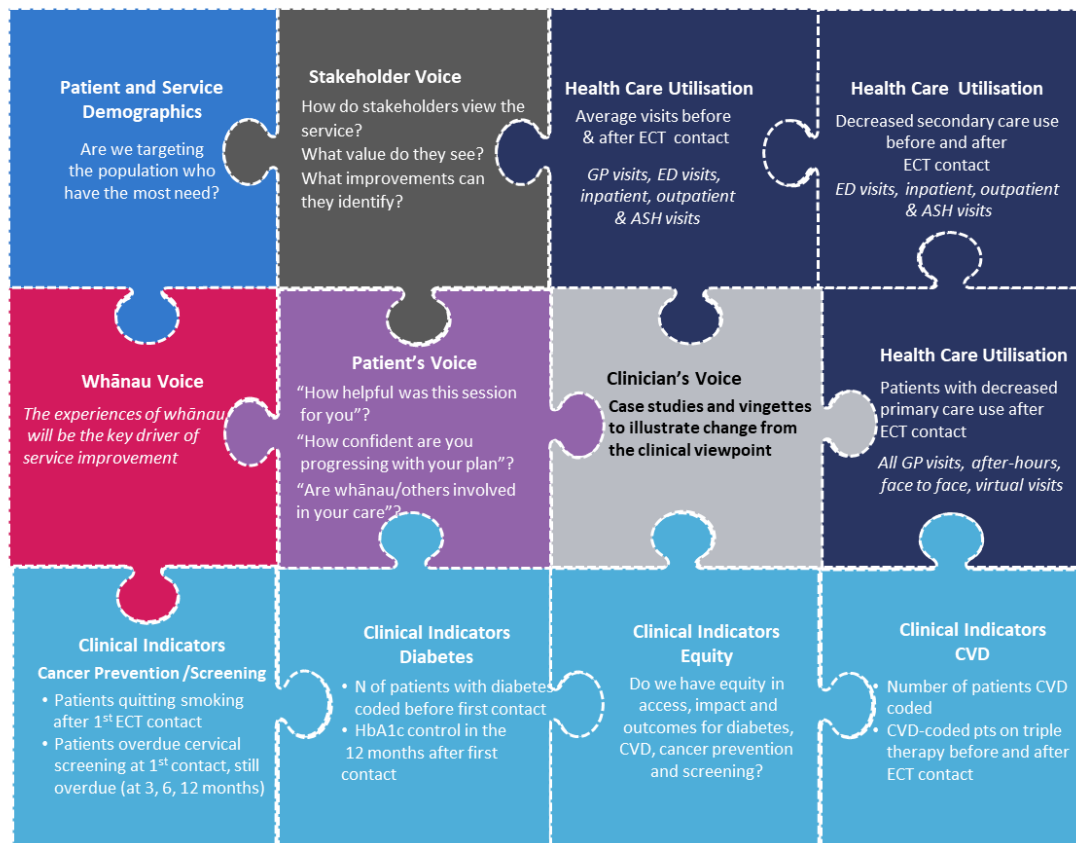




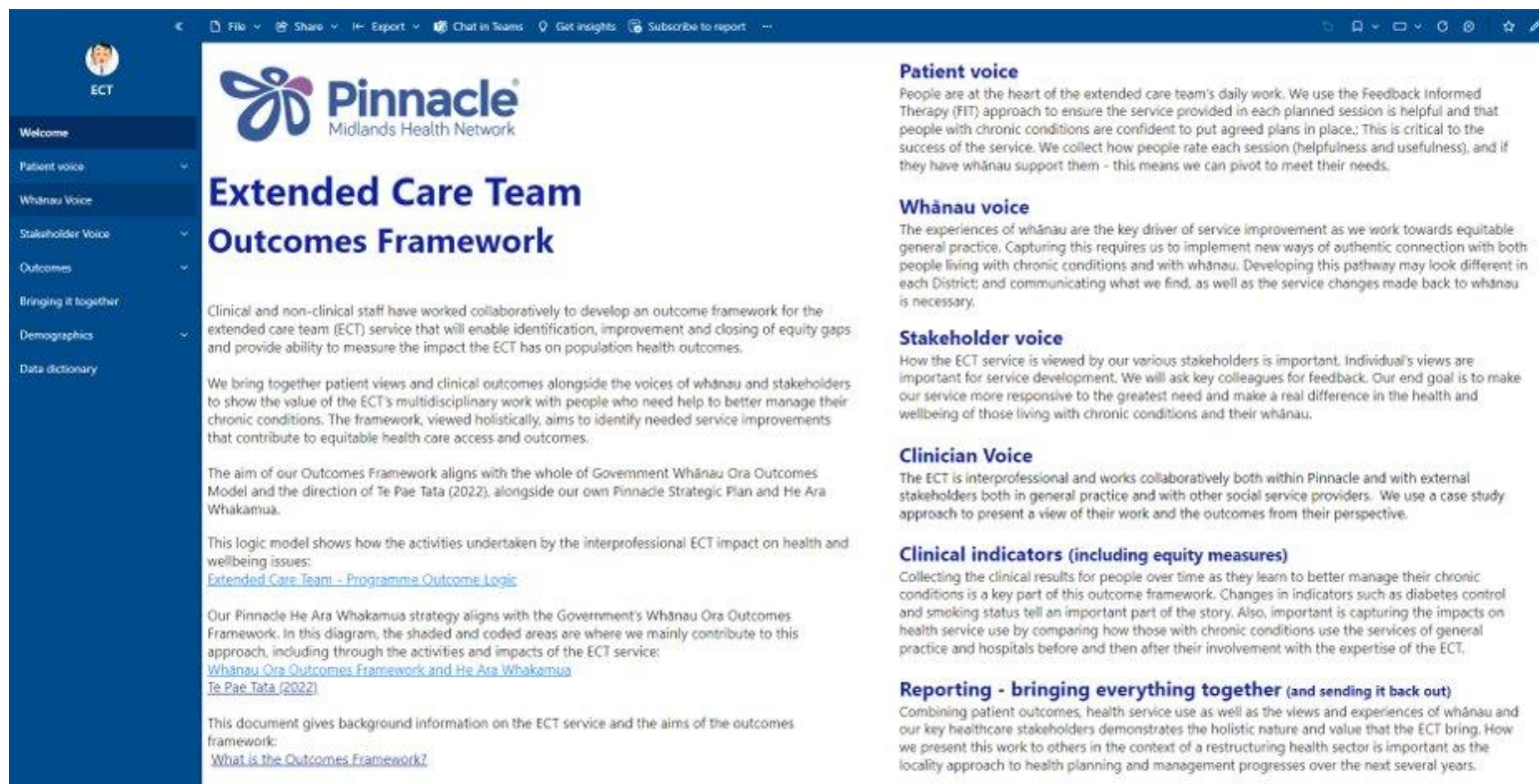
Developing an outcomes framework for this service

- Aim to bring together the patient, whānau and stakeholder voice alongside clinical outcomes
- Increase our focus on measuring service impacts and outcomes
- Insight into access and equity to inform service development
- Insights that highlight the contribution to population health
- Provide a more holistic reporting

Outcomes framework – the jigsaw



Outcomes framework – the dashboard



The screenshot shows a web dashboard for the 'Extended Care Team Outcomes Framework'. The top navigation bar includes links for File, Share, Export, Chat in Teams, Get insights, and Subscribe to report. The left sidebar contains a user profile for 'ECT' and a menu with items: Welcome, Patient voice, Whānau Voice, Stakeholder Voice, Outcomes, Bringing it together, Demographics, and Data dictionary. The main content area features the Pinnacle Midlands Health Network logo and the title 'Extended Care Team Outcomes Framework'. The text describes the collaborative development of the framework by clinical and non-clinical staff to improve equity gaps. It mentions the alignment with the Government's Whānau Ora Outcomes Model and the Pinnacle Strategic Plan. A logic model diagram is referenced, showing the impact of interprofessional ECT activities on health and wellbeing. The dashboard also includes sections for 'Patient voice', 'Whānau voice', 'Stakeholder voice', 'Clinician Voice', and 'Clinical indicators (including equity measures)', each with a brief description of their role in the framework. A final section, 'Reporting - bringing everything together', discusses the holistic nature of the ECT and its impact on health planning.

Extended Care Team Outcomes Framework

Clinical and non-clinical staff have worked collaboratively to develop an outcome framework for the extended care team (ECT) service that will enable identification, improvement and closing of equity gaps and provide ability to measure the impact the ECT has on population health outcomes.

We bring together patient views and clinical outcomes alongside the voices of whānau and stakeholders to show the value of the ECT's multidisciplinary work with people who need help to better manage their chronic conditions. The framework, viewed holistically, aims to identify needed service improvements that contribute to equitable health care access and outcomes.

The aim of our Outcomes Framework aligns with the whole of Government Whānau Ora Outcomes Model and the direction of Te Pae Tata (2022), alongside our own Pinnacle Strategic Plan and He Ara Whakamua.

This logic model shows how the activities undertaken by the interprofessional ECT impact on health and wellbeing issues:
[Extended Care Team - Programme Outcome Logic](#)

Our Pinnacle He Ara Whakamua strategy aligns with the Government's Whānau Ora Outcomes Framework. In this diagram, the shaded and coded areas are where we mainly contribute to this approach, including through the activities and impacts of the ECT service:
[Whānau Ora Outcomes Framework and He Ara Whakamua](#)
[Te Pae Tata \(2022\)](#)

This document gives background information on the ECT service and the aims of the outcomes framework:
[What is the Outcomes Framework?](#)

Patient voice
People are at the heart of the extended care team's daily work. We use the Feedback Informed Therapy (FIT) approach to ensure the service provided in each planned session is helpful and that people with chronic conditions are confident to put agreed plans in place. This is critical to the success of the service. We collect how people rate each session (helpfulness and usefulness), and if they have whānau support them - this means we can pivot to meet their needs.

Whānau voice
The experiences of whānau are the key driver of service improvement as we work towards equitable general practice. Capturing this requires us to implement new ways of authentic connection with both people living with chronic conditions and with whānau. Developing this pathway may look different in each District; and communicating what we find, as well as the service changes made back to whānau is necessary.

Stakeholder voice
How the ECT service is viewed by our various stakeholders is important. Individual's views are important for service development. We will ask key colleagues for feedback. Our end goal is to make our service more responsive to the greatest need and make a real difference in the health and wellbeing of those living with chronic conditions and their whānau.

Clinician Voice
The ECT is interprofessional and works collaboratively both within Pinnacle and with external stakeholders both in general practice and with other social service providers. We use a case study approach to present a view of their work and the outcomes from their perspective.

Clinical indicators (including equity measures)
Collecting the clinical results for people over time as they learn to better manage their chronic conditions is a key part of this outcome framework. Changes in indicators such as diabetes control and smoking status tell an important part of the story. Also, important is capturing the impacts on health service use by comparing how those with chronic conditions use the services of general practice and hospitals before and then after their involvement with the expertise of the ECT.

Reporting - bringing everything together (and sending it back out)
Combining patient outcomes, health service use as well as the views and experiences of whānau and our key healthcare stakeholders demonstrates the holistic nature and value that the ECT bring. How we present this work to others in the context of a restructuring health sector is important as the locality approach to health planning and management progresses over the next several years.

Contract reporting – what is being done

Bringing it together

File Share Export Chat in Teams Get insights Subscribe to report

ECT

Patient overview

Patient feedback

Whānau Voice

Stakeholder Voice

Clinician Voice

Outcomes

Care utilization

Care utilization | Details

Diabetes | Māuiuitanga t...

Diabetes | Māuiuitanga t...

CVD | Māuiuitanga taum...

CVD | Māuiuitanga taum...

Cancer Prevention and S...

Cancer Prevention and S...

Bringing it together

Bringing it together

Quarterly reporting by r...

Go back

Dietitian

2023

Capitation Year

Number of referrals by ethnicity

Ethnicity Group	Q1	Q2	Q3	Q4	Total
Māori	22	28	24	25	99
Other	50	53	52	71	226
Pacific		2	2		4
Total	72	81	78	98	329

Number of clients seen by urban/rural

true_urban_rural	Q1	Q2	Q3	Q4	Total
Rural	25	31	29	37	97
Unknown	14	13	9	9	31
Urban	113	111	108	156	368
Total	152	155	146	202	496

Number of clients seen by ethnicity

Ethnicity Group	Q1	Q2	Q3	Q4	Total
Māori	54	57	55	68	173
Other	96	96	89	132	316
Pacific	2	2	2		7
Total	152	155	146	202	496

Number of clients seen by age band

ageband	Q1	Q2	Q3	Q4	Total
<50	58	57	53	68	172
50-64	51	50	50	65	158
65-74	24	32	29	47	102
75 and over	19	16	14	22	64
Total	152	155	146	202	496

Number of clients seen by gender

gender	Q1	Q2	Q3	Q4	Total
Female	87	89	89	136	304
Male	65	66	57	66	192
Total	152	155	146	202	496

Number of clients seen by deprivation

quintile	Q1	Q2	Q3	Q4	Total
0	4	3	4	2	5
1	33	19	15	13	42
2	9	14	13	29	55
3	23	22	23	32	78
4	23	31	27	28	77
5	26	29	18	41	99
6	34	37	46	57	140
Total	152	155	146	202	496

Number of contacts by ethnicity

Ethnicity Group	Q1	Q2	Q3	Q4	Total
Māori	80	95	70	82	327
Other	135	141	127	159	562
Pacific	3	2	2	3	10
Total	218	238	199	244	899

Number of contacts by age band

ageband	Q1	Q2	Q3	Q4	Total
<50	80	80	74	87	321
50-64	81	87	64	78	310
65-74	32	52	41	53	178
75 and over	25	19	20	26	90
Total	218	238	199	244	899

Number of contacts by gender

gender	Q1	Q2	Q3	Q4	Total
Female	122	138	123	169	552
Male	96	100	76	75	347
Total	218	238	199	244	899

Number of contacts by deprivation

quintile	Q1	Q2	Q3	Q4	Total
0	10	7	7	3	27
1	56	42	23	18	139
2	10	23	18	34	85
3	29	34	35	40	138
4	35	45	38	34	152
5	33	34	23	51	141
6	45	53	55	64	217
Total	218	238	199	244	899

Number of contacts by type

contact	Q1	Q2
Clinical Liaison	1	1
Follow up	112	132
Initial	72	81
Total	218	238

Number of group contacts

is_group	Q1	Q2	Q3	Q4	Total
false	218	211	198	244	871
true	27	1			28

Number of virtual contacts

virtual	Q1	Q2	Q3	Q4	Total
false	180	221	186	227	814
true	38	17	13	17	85

Number of DNAs

DNA	Q1	Q2	Q3	Q4	Total
1	25	13	12	13	63

Number discharged

Discharged	Q1	Q2	Q3	Q4	Total
1	66	64	57	68	255

Number of contacts by urban/rural

true_urban_rural	Q1	Q2	Q3	Q4	Total
Rural	31	38	34	42	145
Unknown	19	18	11	9	57
Urban	168	182	154	193	697

Filters

Search

Filters on this page

capitation_year is 2023

Clinician is (All)

role is Dietitian

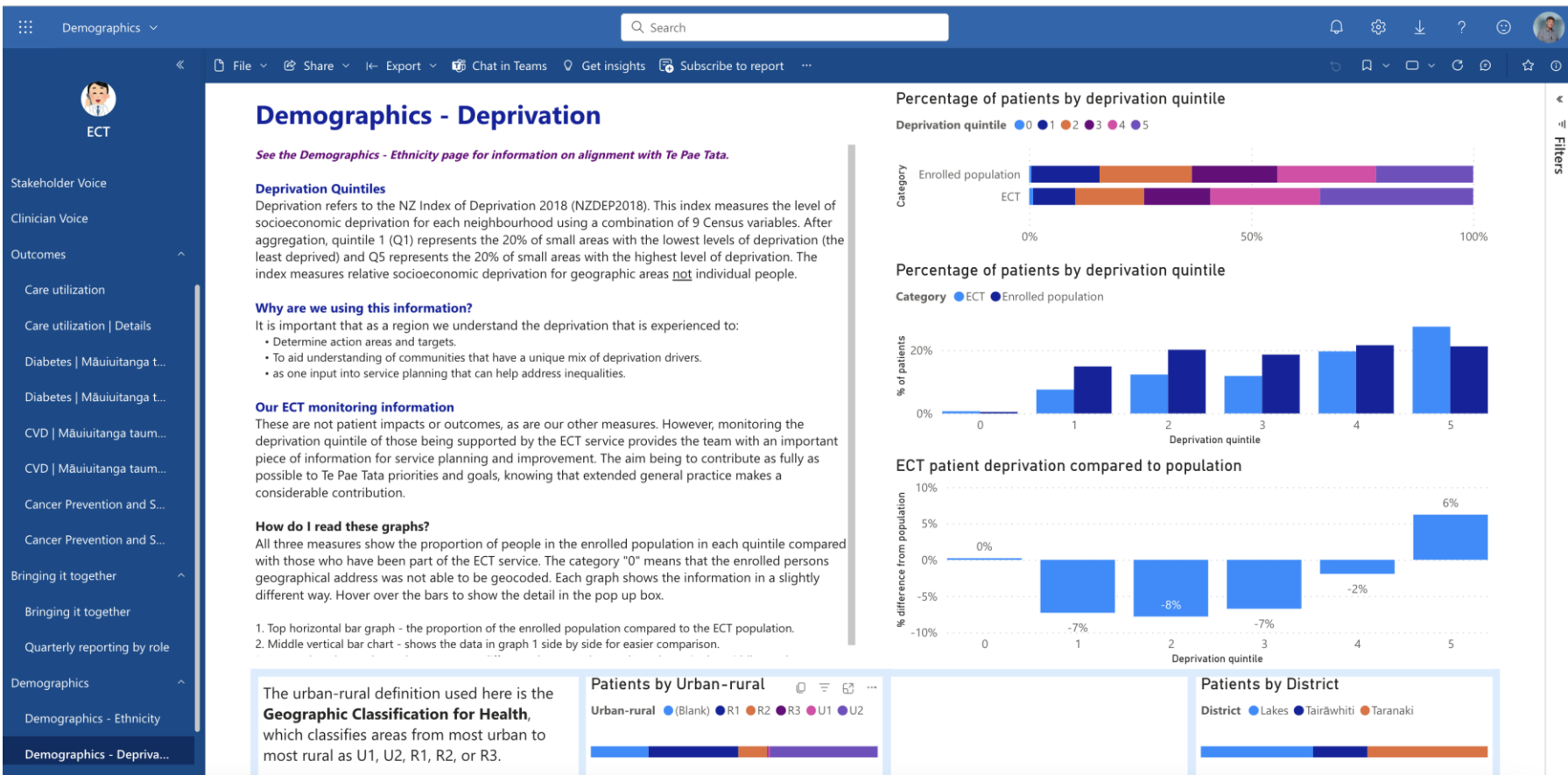
Filters on all pages

Locality is Lakes

Role is (All)

Ethnicity Group is (All)

Contract reporting – who is using the service



Patient Voice

Patient voice ▾

Search



ECT

Welcome

Patient voice ▾

Patient overview

Patient feedback

Whānau Voice ▾

Stakeholder Voice ▾

Clinician Voice ▾

Outcomes ▾

Bringing it together ▾

Demographics ▾

Data dictionary

Patient Voice

As noted on the previous page, The ECT use the Feedback-Informed-Treatment (FIT) approach. This allows clinicians to gather real time input on how the session or consult is going - from the patient point of view. This approach empowers the patient, increases the patient voice and helps strengthen a patient centred culture of feedback.

The top row on the right shows the overall average score (out of 10), across all patients asked, for the questions;

- "How helpful was this visit for you"? and
- "How confident are you in progressing your plan"?

Also, on the top row the percentage of all patients asked is shown for the question "are whānau/others involved to support your care"? The percentage responding "yes" are shown in green. Ideally the ECT would like everyone to respond yes, but a response of 'no' can also be used to continue the conversation around how that patient might best be supported as they move to better manage their own health and wellbeing.

The six bar charts (presenting Māori, Other and Pacific separately) show the distribution of patient responses for those scores out of 10. While there are many scores of 9 and 10 - which is positive - it also shows there is room for patient's confidence to grow and for clinicians to work towards making sessions/visit as helpful as possible.

The filters on the right-hand side of this page can be used to toggle between results for Districts, and the date slider below to identify a specific time period.

Date filter

10/1/2021

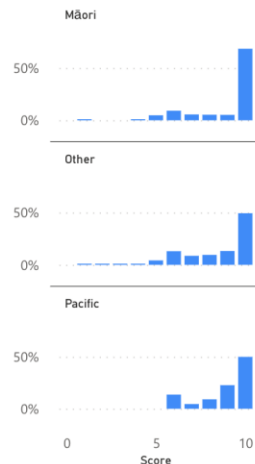
8/23/2023



8.7

average helpful rating

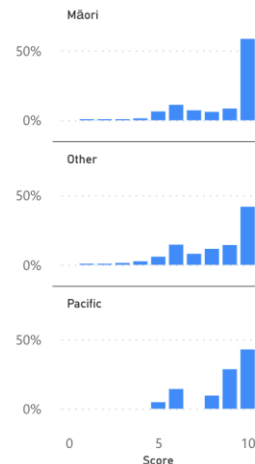
How helpful was this session/visit for you?



8.4

average confidence rating

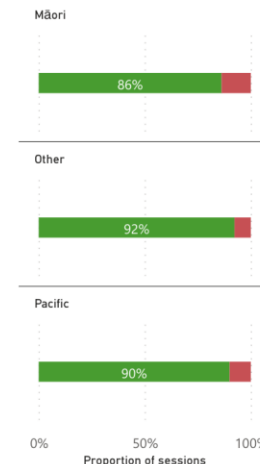
How confident are you in progressing your plan?



90%

responses feeling supported

Are whānau/others involved to support your care?



Filters

Search

Filters on all pages

Locality
is Lakes

Role
is (All)

Ethnicity Group
is (All)



ECT

Welcome

Patient voice

Patient overview

Patient feedback

Whānau Voice

Stakeholder Voice

Clinician Voice

Outcomes

Bringing it together

Demographics

Data dictionary

Whānau Voice - the key for equity & service improvements

Whānau Voice at the System Level

One of the health system principles in the Pae Ora (Healthy Futures) Act 2022 requires Te Whatu Ora and Te Aka Whai Ora to involve communities in planning and improvement. They will engage with consumers, whānau and communities in line with the new Code of Expectations. This code is underpinned by the health sector and Te Tiriti o Waitangi principles.

Patient and whānau experiences of health services impact equity. Strategies to tackle inequity informed by consumer experiences can be drawn from existing research across the sector. As the health sector reforms unfold, all parts of the system will be increasingly supported by a clear set of expectations and guidelines for how local, regional and national organisations should listen to and involve consumers and committees. This will allow people to have more say in what services are available and how those health services are delivered in their community.

[Code of Expectations \(Te Reo\)](#)

[Code of Expectations \(English\)](#)

What Pinnacle will do to elevate the whānau voice

People are at the centre of the ECT service. There are several ways in which the ECT service (and Pinnacle more widely, in support of other organisation's) can elevate the whānau voice.

- As part of the localities approach, provider networks will work to establish and support community-based providers, to work together in comprehensive primary and community care teams – making more services available locally.
- At the service level, the experiences of people and their whānau are the key driver of ECT service developments. Case reviews (summaries written by clinicians) and patient stories (capturing the patient view) can be captured and used to identify improvements in all aspects of the service.
- The conclusions and recommendations that come from past and current research anywhere in New Zealand can be considered, in the context of the local ECT service being delivered. This would include looking at identified barriers in other regions such as organisations structures, staff interactions and practical considerations (including aspects such as modifying referral structures, emotional care and health system navigation).
- Avoiding the use of a deficit model as an explanation of health outcomes.

Whānau Voice: People who have experience of the ECT service

We have gathered some patient stories for publication: [Whānau voice stories](#)

Jarrold's story: Having people in my corner, it's bloody magic

At 152kg Jarrold was struggling with severe sleep apnoea, diabetes, and was out of work due to a back and knee injury. Recently returned from Australia, he has no whānau around.

"I was lonely, I was scared and lost, I didn't know what to do. Then the doctor put me onto the Pinnacle Lakes extended care team. It was life changing, 100 per cent!"

Initially referred to Katie, the team's dietician, Jarrold quickly connected with nurse practitioner, Sue, exercise consultant, Wendy, and health coach, Troy. They became his team, the people in his corner as he navigated a new health journey and celebrated successes, big and small.

"We tried some meds, I started getting active and got my head in the right place, I began to eat different - all the veggies," says Jarrold. "I changed my whole lifestyle."

Over 12 months "Jarrold worked to lose nearly 30kg. His HbA1c levels, which were originally up over 100, reduced to 51. His blood sugars now consistently sit around 7, down from between 12 and 18.

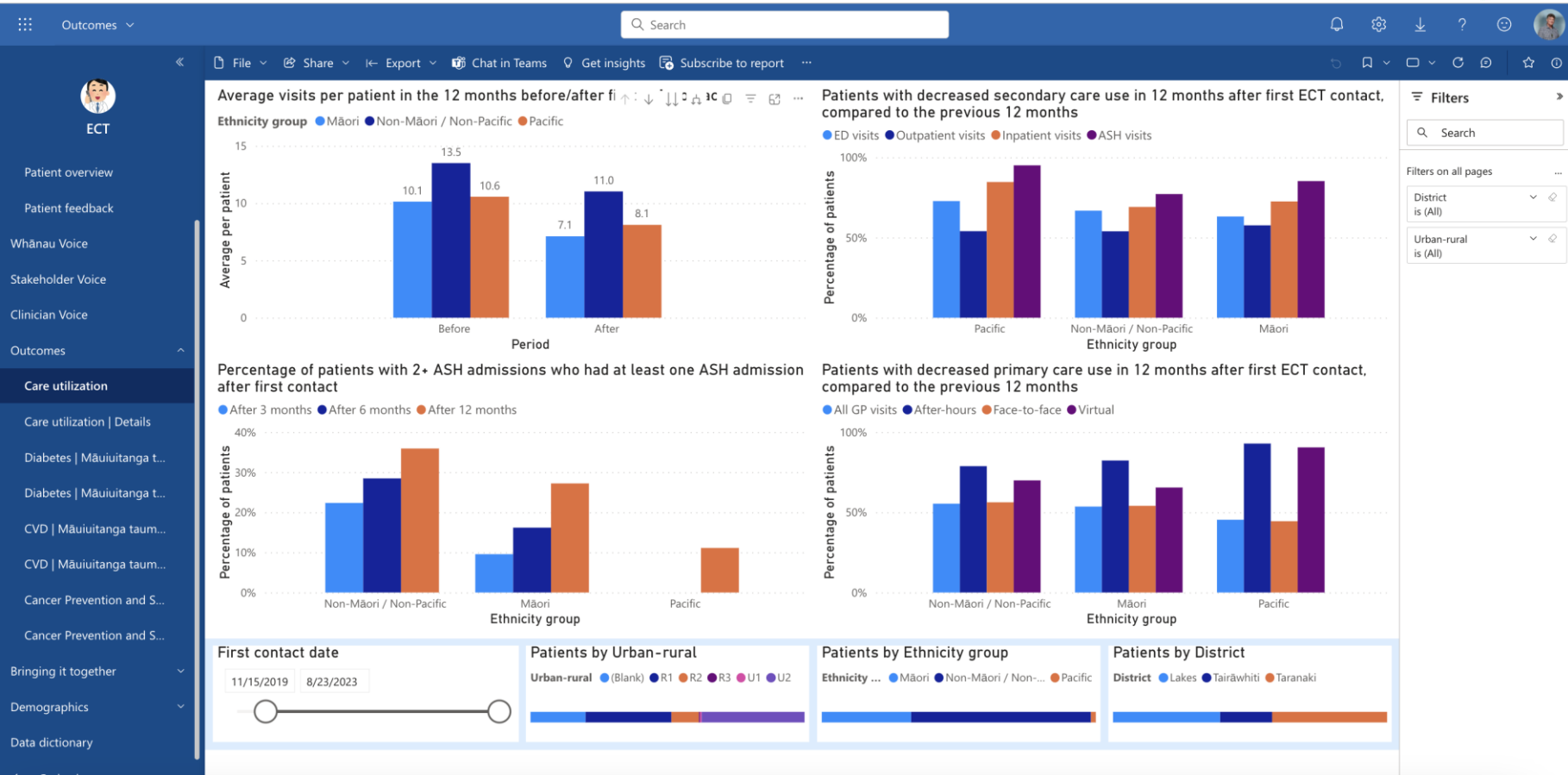
It wasn't easy, it's been bloody hard work, on both sides. I felt accountable to the team, because they knew what to do and they really cared. I didn't want to let them down," says Jarrold. "Without them I'd be close to death about now. It's amazing and I am so grateful."

Jarrold recently returned to work, and has set goals of getting his HbA1c level to between 40-50, and losing another 20kg.

"I feel good, I don't struggle to walk around, or run out of breath walking to the mailbox. I wake up with a smile. Life's good!"

Filters

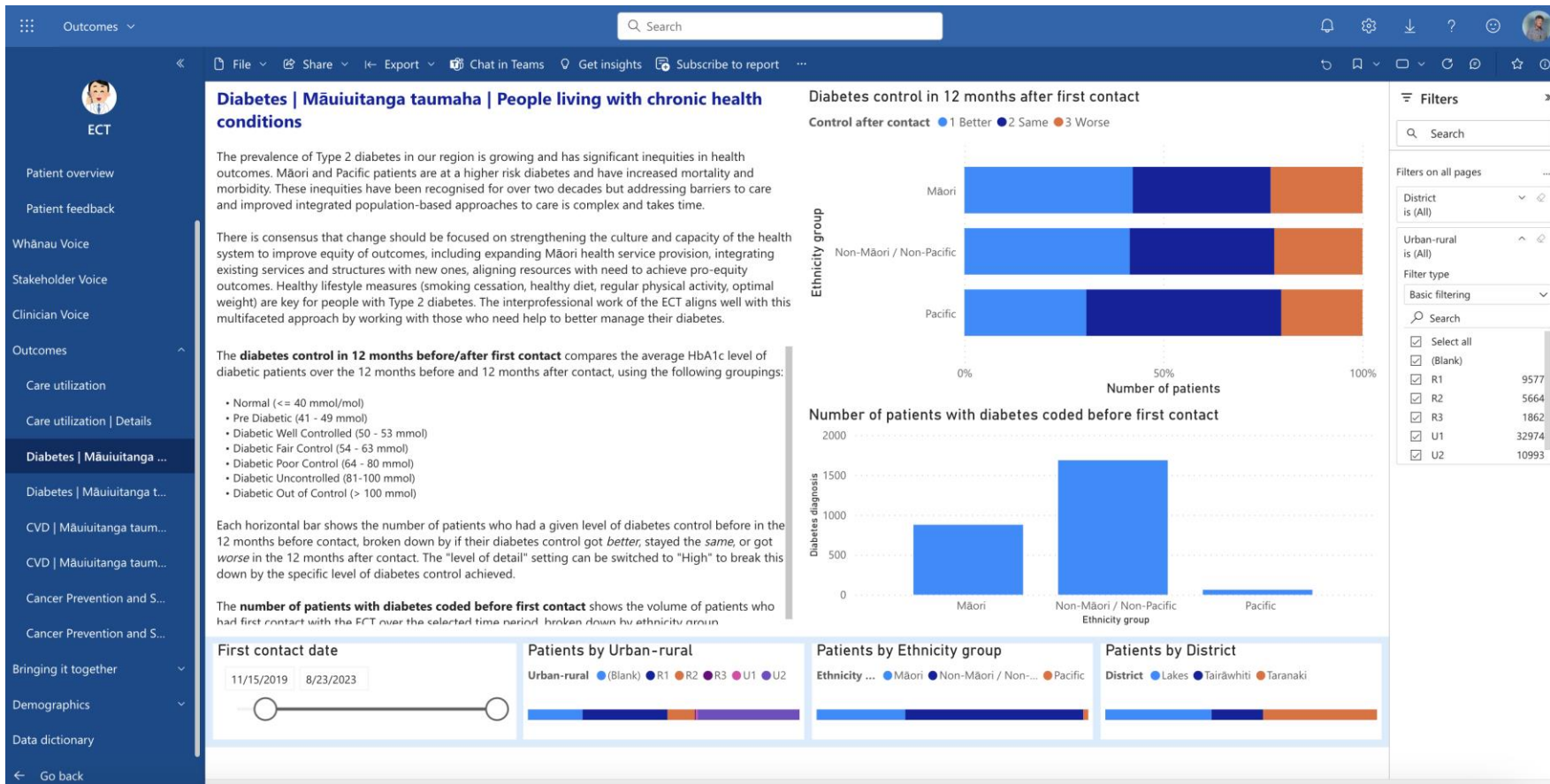
Utilisation report



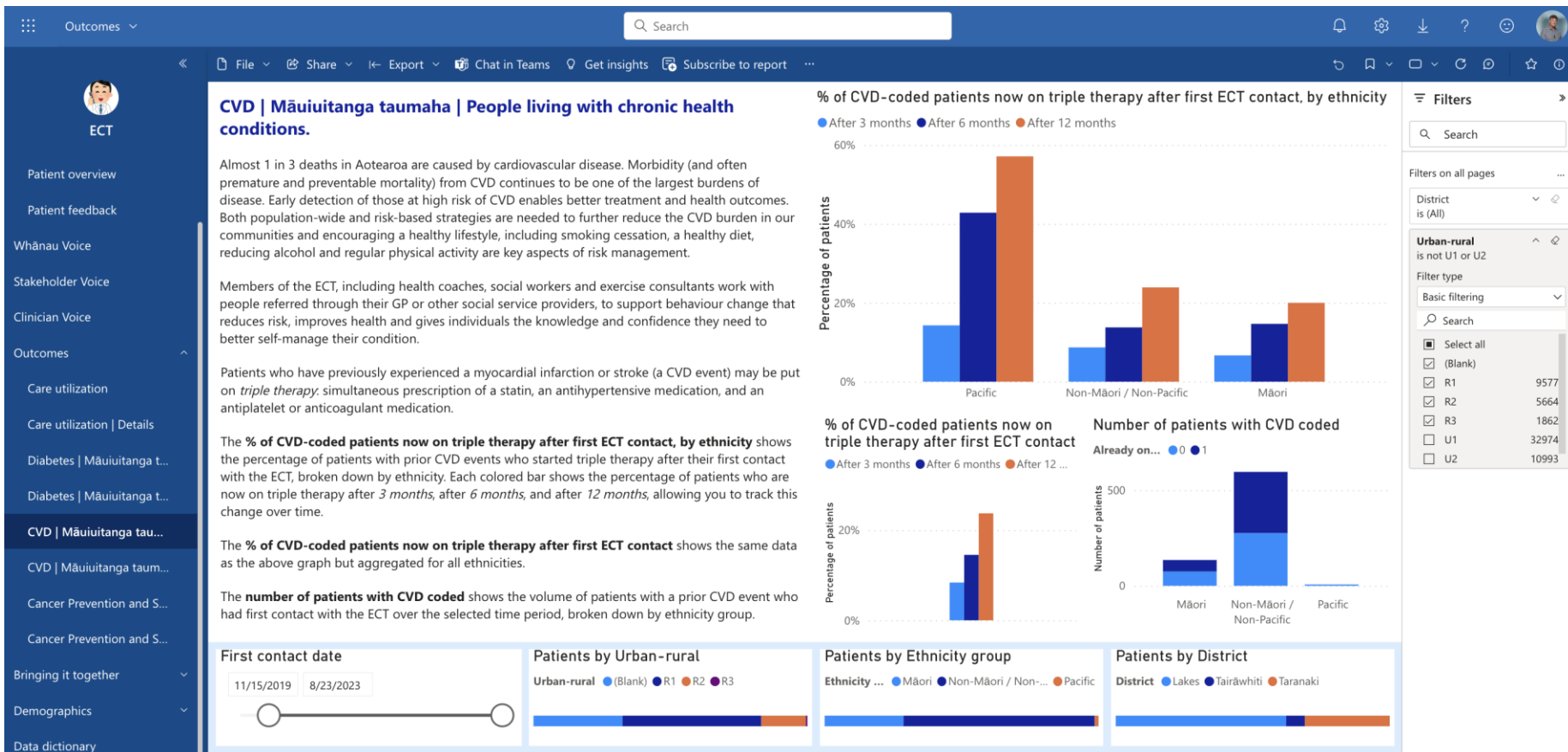
Clinical Outcomes – cancer care



Clinical Outcomes – diabetes



Clinical Outcomes – CVD (rural)



Extended care teams



2,503
dietitian consults



2,574
social worker consults



1,052
exercise coordinator consults



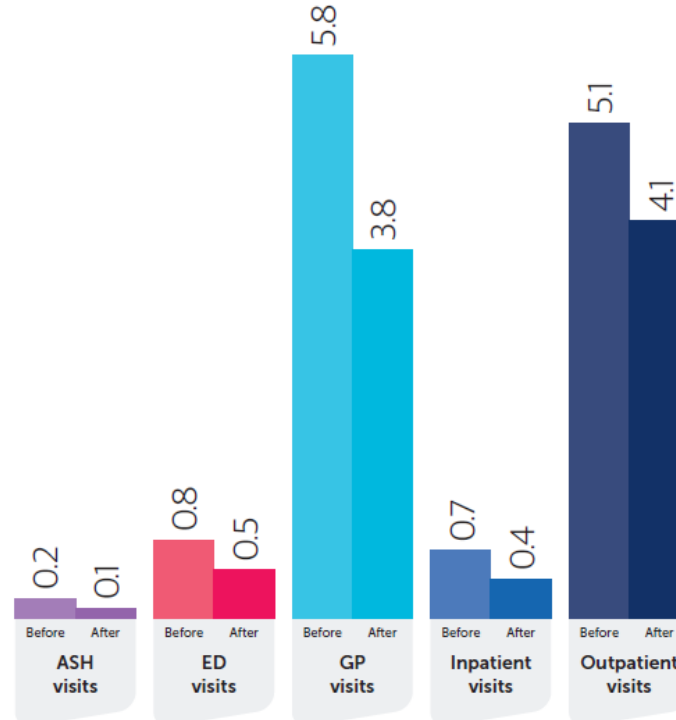
679
hauroa kaimahi
(health coach) consults



1,583
clinical pharmacist consults

Average visits per patient in the 12 months before and after first extended care team contact

After working with the ExCT, a patient's utilisation of care generally decreases across various care providers, with notable reductions in GP and outpatient visits.





Questions ?

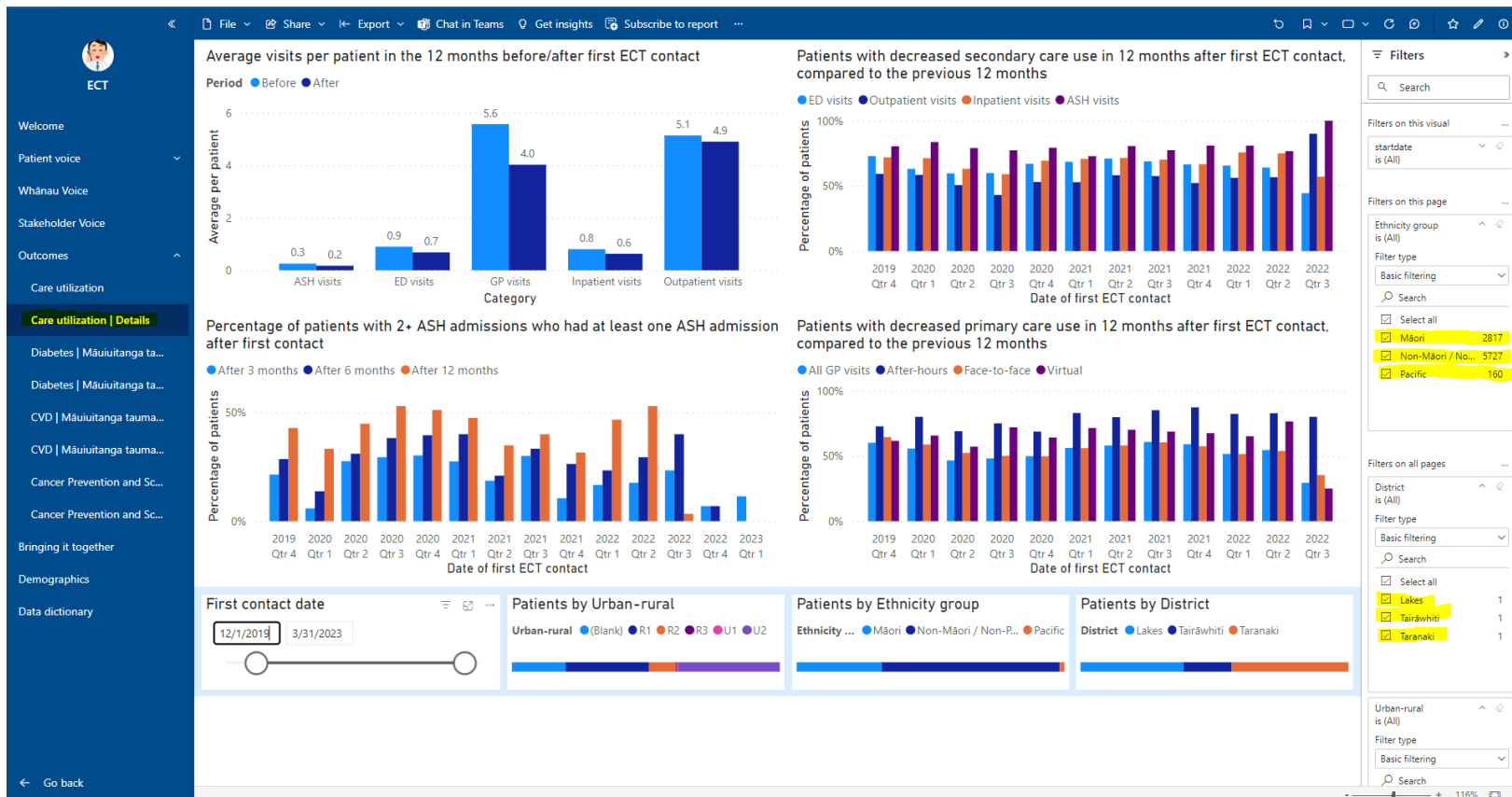
Comments – suggestions for improvement ?

Do you do something similar ?

What are the clinically important questions
you think we should ask ?

Spare slides

Healthcare utilisation dashboard





He Hoa Tiaki – Partners in care

Ngāti Tūwharetoa

Kaupapa o te iwi

- Tū-Whare-Ora
- Tū-Marae-Ora
- Taumaihiōrongo

