

# VIP EVALUATION INFORMATION PACK 2019

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## 1. Overview

### 1.1 Evaluation activities

The VIP evaluation provides the opportunity for DHBs to build competence in family violence service delivery as well as measure progress over time. It is an opportunity to identify programme strengths and opportunities. Processes are guided by a philosophy of supporting programme leaders in building a culture of improvement.

The evaluation project is approved by the Multi-region Ethics Committee (AKY/03/09/218/AM07) with current approval to 4 December 2020.

The 2019 VIP evaluation includes three activities (see table below). This document outlines each activity in more detail.

Evaluation Activity	Audit period	Measuring	Tool	How to submit	Due date*
VIP Delphi self-audit	1 July 2018 – 30 June 2019	System infrastructure	Revised Delphi Self-Audit Tool (Excel workbook to be completed)	Email completed tool to <a href="#">Arlene Advani</a>	04 October 2019
VIP Snapshot clinical audits	1 April 2019 – 30 June 2019	Accountability	Random sample of 25 records in 7 services (VIP Snapshot website)	Completed on-line <a href="#">Snapshot</a>	04 October 2019
PDSAs	On-going	Quality improvement	Two PDSA worksheets – emailed to audit team to review	Email worksheets to <a href="#">Arlene Advani</a>	04 October 2019 (PLAN only) 09 December 2019 (completed PDSA worksheets)

• Please contact [Arlene Advani](#) if an extension is needed.

### 1.2 Evaluation reporting and feedback

Feedback and evaluation reporting to DHBs will occur as follows:

- The Ministry expect that the Delphi and Snapshot audit findings, submitted to AUT, will be referenced in the January 2019 DHB Performance Monitoring Report.
- Individual DHB Snapshot and Delphi self-audit reports provided by auditors will be kept confidential between the DHB and MOH VIP team.
- A summary of the findings will be presented at the National Network of Violence Intervention Programme Coordinators. DHBs that achieve programme evaluation targets will be named in the national report.
- Evaluators are available to attend regional FVIC meetings if required to present and discuss evaluation processes or findings.

### 1.3 Support for your evaluation

Evaluation support is available through various means. Regional family violence intervention coordinators should be your first point of contact. Please also feel free to get help from the evaluation team at [www.aut.ac.nz/vipevaluation](http://www.aut.ac.nz/vipevaluation) or contacting:

- Arlene Advani for queries on submitting the evaluation forms or accessing the Snapshot website. Arlene can be reached on [arlene.advani@aut.ac.nz](mailto:arlene.advani@aut.ac.nz) and (09) 921 9999 ext. 7153
- Brice Shun is our data manager. He will follow up should there be any issues in data entry. He will be working limited hours on the project.
- For concerns regarding the process or conduct of the audit please contact Professor Jane Koziol-McLain (principle investigator) at [jkoziolm@aut.ac.nz](mailto:jkoziolm@aut.ac.nz) or (09) 921 9670 or the Ministry of Health contact person, Helen Fraser (07) 929 3647 or [Helen\\_Fraser@moh.govt.nz](mailto:Helen_Fraser@moh.govt.nz).
- Please send general email queries to [vip-eval.ac.nz](mailto:vip-eval.ac.nz)

Evaluation team members from the Centre for Interdisciplinary Trauma Research, School of Clinical Sciences, Auckland University of Technology:		
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## 2. Your VIP evaluation plan

The VIP evaluation process includes planning the evaluation, conducting it, analysing (or studying) the results and acting on the findings. We encourage you to develop a plan to guide the evaluation processes ideally in collaboration with the DHB VIP portfolio manager, steering group (including Quality & Risk and Māori Health Unit) and Family Violence Intervention Coordinator(s) (FVICs).

We suggest you read through the information on each evaluation activity to help you plan the audit process.

### 2.1 Planning for the audit (PLAN)

In creating a plan, you may find the table below helpful. Once you are clear on the process, engage with the audit team and sign off.

Questions to help you plan your audit	Notes:
Have you read through the information and requirements for Snapshot clinical audit, Delphi self-audit and the PDSA worksheet?	
Do you have a timeline to conduct the audit and analyse the results?	
Who are the audit team members?	
Do you have adequate resources and support (such as Quality and Risk, Clinical Records, Māori Health, IT, administration support)?	
Who will complete each audit activity, and are they clear on the process to follow?	
When will the results be analysed and who will analyse them?	
How will you share audit findings and who will you share them with (including VIP Steering Group, MoH portfolio manager, AUT evaluation team)?	

## 2.2. Conducting the audit (DO)

- The first step in conducting the evaluation is to communicate the plan, responsibilities and timeline to the DHB audit team members. Please note that the Delphi audit tool requires a senior manager responsible for VIP to complete some of the items.
- The second step is to gather the data required – clinical records for the snapshot and various pieces of evidence for the self-audit (see each section for more detail).
- Complete the audit documentation which includes the Snapshot clinical audits and Delphi self-audit tool.
- Ask for help as needed – your IT team may be able to help you with technical difficulties or you can reach out to you DHB audit team, quality improvement manager, VIP manager or the AUT evaluation team.

## 2.3 Analysing your audit data (STUDY)

The benefit of the evaluation process is using the data to identify the strengths and opportunities for enhancement and development with your violence intervention programme. This is not only about compliance but seeing the areas of programme input (the Delphi self-audit) and outcomes (the Snapshot data) that you want to acknowledge as well done, or improve upon. The evaluation data can be used to prioritise actions to be taken in collaboration with the audit team members and VIP advisory group. From this, two PDSA (Plan, Do, Study, Act) activities can be prepared.

## 2.4 Acting on the findings (ACT)

Review the implemented follow-up actions of the audit process and PDSAs. Check for effectiveness of the plan and efficiency in making changes. If necessary amend the PDSAs and the audit process to help you prepare for the next evaluation process.

## 3. The VIP Delphi self-audit

Update your **VIP Delphi self-audit tool (revised, 2018)** for the one-year period 1 July 2018 to 30 June 2019 (make sure to rename the file). In this section we:

- Answer frequently asked questions (FAQs) on the Delphi tool
- Explain how to gather information
- Outline who is responsible for completing the items
- Describe how to complete the tool

### 3.1 FAQs on the Delphi self-audit tool (revised, 2018)

#### 1. What is the Delphi self-audit tool?

- a. The Delphi tool was introduced to measure health infrastructure indicators that support a consistent and quality response to family violence. It provides an external standardised evaluation and enables DHBs to benchmark themselves against each other and best practice over time. It identifies DHBs and areas of DHB VIP infrastructure in need of support.

#### 2. What is the aim of the Delphi tool?

- a. To be aspirational, highlighting areas for development and improvement.
- b. Simple to complete with as few items as necessary.
- c. Reflect the IPV and CAN integrated programme approach to family violence in a single integrated VIP audit tool.
- d. To align with the 2016 MOHVAIG.
- e. To provide a benchmark for DHBs to measure themselves against.

#### 3. What support will DHBs receive from the external auditor?

- a. In 2019, you may access support through AUT's Centre for Interdisciplinary Trauma Research. You can contact [Jane.Koziol-McLain@aut.ac.nz](mailto:Jane.Koziol-McLain@aut.ac.nz) or (09) 921 9670. [Arlene.Advani@aut.ac.nz](mailto:Arlene.Advani@aut.ac.nz) or (09)921 9999 ext 7153 will be able to provide you with help on evaluation documents and accessing the online Snapshot system.
- b. Evaluators are available to attend regional VIP Coordinator meetings.
- c. Funding for external site visits for future audits is being considered.

#### 4. Will I still need an evidence folder?

- a. Part of the audit requires evidence to support the ratings on the evaluation. Therefore, it will be important that you have evidence available to support your rating and the feedback you provide. We recommend that supporting evidence, as detailed in the tool's evidence column, is collated and easily accessible.

#### 5. What happens if I am *almost there* on an item (e.g. meet it 75% but not completely)?

- a. Most of the items are scored "Yes" or "No". On some items, your VIP may almost be a "Yes" score but not quite. In this situation you should select "No" remembering

that the tool is aspirational and the “No” rating serves to highlight areas for future focus, development and enhancements for the programme.

## 6. What will my score look like?

- a. Based on the findings of the first round, the target Delphi score is 80.
- b. The tool has new domains and indicators that were determined by panellists as important for health system response to family violence. It is likely to take time to have these elements of the programme infrastructure implemented.

## 3.2 How to gather evidence for the Delphi self-audit?

### 3.2.1 What evidence is required?

Evidence is required to support scoring throughout the Delphi self-audit tool. As you read through the audit tool items and measurement notes, you will be able to identify what evidence is needed.

The measurement notes appear in the audit tool when you hover your mouse over the item (see example below).

#### *Hover over the red triangles to view measurement note*

	policy) is provided at the orientation for service staff appointed to the DHB.		13
6	The family violence training programme includes dealing with difference, i.e. bicultural (as informed by Māori Health Unit), multicultural, disability, gender identity and sexual orientation.	Evidenced in a review of training materials and discussion with national training provider. Must specify Māori, other cultures, disability and gender identity. This ensures that conversations are happening with the Māori Health Unit and local Iwis . May be evidenced by a meeting with the Māori health directors.	13
7	Staff are evaluated/surveyed on their knowledge and attitude to family violence and its impact on Māori.		13
8	There are support services available for DHB staff who have experienced/are		

There is also a separate sheet at the back of the audit tool workbook called ‘Measurement Notes’ that lists all the items and measurement notes. This can be printed out to help you complete the tool.

Domain	Item	Measurement Note
	1 There is a governance group with clearly defined roles and responsibilities for strategic leadership of the Violence Intervention Programme (VIP).	The governance group (or steering committee/group) must focus on family violence at a programme strategy level, with accountability and vision. This must be evidenced in written documentation (e.g. Terms of Reference, agenda and meeting minutes). An operational group may also exist, but groups that focus solely on operational issues or case reviews do not qualify as a governance group.
	2 The following people with family violence understanding are active participants in the VIP governance group:	Evidence provided by the governance group member list and meeting minutes. To score a 'yes' the member needs to attend ≥50% of meetings in the past year or since joining the group as evidenced in meeting minutes, discussion and action points. One person may be counted in more than one sub-item (e.g. the Director of Nursing may also sit on the DHB Executive Leadership Team).
	3 There is a two-way communication pathway between the governance group and the VIP team (includes VIP sponsor, VIP manager(s) and family violence intervention programme coordinator (FVIPC)).	Communication is two-way, including VIP input into the governance group and feeding back of strategy and decisions to the VIP team. Evidence from the past year that illustrates two-way communication which might include quarterly reports from the FVIC to the governance group, emails from the governance group to the FVIC, meeting minutes, tabling of reports and programme updates and recommendations.
	4 Consistent with interagency Memorandum of Understanding (MOU), there are at least biannual meetings at the senior leadership level	This cannot be met by participation at the VIP governance group meetings but must be specific meetings to discuss family violence and/or the MOU. Senior leadership refers to at least DHB general management level. Meeting notes, emails or calendar appointments could be used as evidence.

### 3.2.2 Where will you find the evidence?

Listed below is a range of documents that might be helpful to you in completing the Delphi self-audit tool. The list is not exhaustive as there may be other documentation that will help.

- All written policies, protocols and procedures relevant to family violence (intimate partner violence & child abuse and neglect) and relevant department-specific policies and procedures regarding family violence e.g. security policy, interpreter policy.



- Documentation of the DHB's family violence governance, advisory or steering group(s) including:
  - Roster of participating individuals, departments, and agencies
  - Terms of reference
  - Schedule of meeting dates
  - Meeting agendas, minutes or notes
  
- Any documents relating to policies, protocols, procedures, or services for Māori and non-Māori /non-Pakeha (e.g., Asian, Pacific Peoples, Lesbian, Gay, Bisexual, and Transgendered) women and children.
  
- Formal training plan, communications with the National VIP training, schedules of planned trainings for employees and attendance lists.
  
- Standardised forms or checklists (electronic or hard copy) used for family violence programmes including:
  - Domestic violence routine enquiry forms
  - Assessment, intervention and referral forms
  - Consent to photograph forms for family violence cases
  - Intervention checklists for staff to use when victims are identified
  - Child abuse and neglect referral forms
  
- Information on quality improvement activities (refer to VIP Quality Improvement Toolkit) such as:
  - Assessments of staff attitude and knowledge of family violence
  - Chart audits to assess for family violence routine enquiry, assessment and intervention
  - VIP PDSA plans
  - Other documented quality improvement activities
  
- Documentation of any collaborations/links with community organisations and government agencies (e.g Memorandum of Understanding the Police and Oranga Tamariki) for the purposes of governance, training, programme development, or service delivery
  
- Information on financial resources that the DHB provides for the family violence programme, including funding specifically for Māori initiatives (Whānau Ora), training, etc.
  
- Information on support services (e.g. Employee Assistance Programme) for employees who are victims or perpetrators of domestic violence
  
- Copies of brochures, pamphlets, or referral cards for victims of family violence and the public in the hospital

**PLEASE REFER TO MEASUREMENT NOTES REGARDING REQUIREMENTS FOR SPECIFIC ITEMS**

### 3.3 Who completes the Delphi self-audit?

Most of the domains and items will be completed by the DHB's FVIC and/or the VIP Manager. However, two domains and some further items are to be completed by the most Senior Manager responsible for the VIP (e.g. the VIP Sponsor). This is because they are more likely to have access to the evidence required, and the items concern senior management support and leadership for the VIP. Therefore, please ensure the relevant domains and items, and any supporting evidence that you do have, is provided to them in order to complete the tool.

- The domains to be completed by the Senior Manager responsible for VIP are:
  - Domain 1 - Organisational Leadership (all items)
  - Domain 3 - Resource Funding (all items)
  - Domain 6 - Quality Improvement (items 1, 8)
  - Domain 8 - Collaboration (items 2, 4.1)

### 3.4 How to complete the Delphi self-audit?

The Delphi self-audit tool is an excel macro enabled worksheet. It is accessible on our family violence project evaluation [family violence project evaluation web-site \(www.aut.ac/vipevaluation\)](http://www.aut.ac/vipevaluation) and on the [HIIRC VIP site](#). The following may help you in managing the file:

- You need access to excel to complete the tool and need to '**enable macros**' to use the tool (there are clear instructions on the 'Instructions & Help' page).
- Log-in to the [HIIRC VIP site](#) to access additional resources and links as you work your way through the audit tool.
- Print off the 'Measurement Notes Summary Page' if you would like a printed copy of all the measurement notes.
- Collate evidence of all achieved indicators.
- Reference evidence location (such as policy title, date and page number) in the evidence columns.
- Please double check that all items have been answered.
- Enter your name, DHB (from drop-down list) and date on the 'Evaluation Results' page.
- Save the completed tool with the **DHB name and date**.
- Please submit your completed VIP Delphi self-audit to Arlene Advani ([Arlene.advani@aut.ac.nz](mailto:Arlene.advani@aut.ac.nz)) by 04 October 2019.

## 4. VIP Snapshot clinical audit 2019

The VIP Snapshot clinical audit's primary purpose is to provide measurement data of DHB VIP Intimate Partner Violence (IPV) and Child Abuse and Neglect (CAN) assessment and intervention delivery in selected services. The audits are nationally standardised to measure service delivery and inform improvements in the delivery of services to vulnerable children and women, whānau and families.

### 4.1 What data is required?

We recommend you advise your Quality Manager, Clinical Records or technology (intelligence) support as soon as possible of the audit requirements for each of the 7 services (specified below). They will need to identify the eligible population, then draw retrospective random samples of 25 patient health records from the 3-month review period (1 April to 30 June 2019).

#### 4.1.1 Included services

Seven DHB services are to be included in the 2019 VIP Snapshot audit (see next section for service details). Six for IPV and one service for CAN.

##### **Intimate Partner Violence (IPV) services:**

1. Postnatal Maternity inpatient
2. Emergency Department
3. Child Health inpatient (aged 0-16 years) - female guardians, parents or caregivers assessed for IPV
4. Sexual Health
5. Community Mental Health
6. Alcohol & Drug

##### **Child Abuse and Neglect service:**

7. Emergency Department: All children aged under two presenting to Emergency Department for any reason

#### 4.1.2 Sites

Audit main DHB sites only. Please do not include satellite sites.

#### 4.1.3 Audit period

The 3-month Snapshot audit period is from **1 April 2019 to 30 June 2019**.

#### 4.1.4 Due date

The audit data should be entered by **04 October 2019**.

## 4.2 How to complete the Snapshot?

### 4.2.1 Accessing the Snapshot URL

- Access to the Snapshot system at <https://vipsnapshot.aut.ac.nz>
  - If you are a new user, please contact Arlene Advani ([arlene.advani@aut.ac.nz](mailto:arlene.advani@aut.ac.nz)) to organise registration and passwords for new users. You will be issued with a temporary password and will be required to create a password for the system
  - If you have forgotten your password, please log-in using your DHB user name. The system will ask if you have forgotten your password and issue you with a temporary one. You will be required to create a password for the system.
- Users will be able to save and edit data and receive their audit results in real time.

### 4.2.2 Selecting a random sample

The first step in selecting a random sample is to identify all eligible persons during the review period (1 April – 30 June 2019) for each of the seven services listed above. You will be asked to enter **this total number** of eligible women / children by service in each audit. In research terms, this is the 'sampling frame'. From those eligible, random samples of 25 patient health records are to be retrospectively selected for each service.

The Quality Manager, Clinical Records or IT Help should be involved in identifying the number of eligible persons and selecting the random sample. Refer to the HIIRC VIP Tool Kit document '[How to select an audit sample](#)'.

### 4.2.3 Definitions

Detailed definitions for the samples are provided in the next section. They are also available in the Snapshot system drop-down menu.

### 4.2.4 Adhoc and official audits

The VIP Snapshot system was developed for the official Snapshot audit data collection (1 April – 30 June). You will also be able to use the system to enter DHB VIP data from adhoc audits at any time during the year. **Please tick the correct category.**

### 4.2.5 Starting a new 2019 audit

1. Click on the **+ New Audit** button.
2. Click whether an Official (required Snapshot) or Adhoc (voluntary) audit.
3. Select your DHB from the drop-down list (DHBs are ordered north to south).
4. Enter the percent of current staff who have completed VIP core training by profession (e.g. doctor, nurse, midwife, social worker). You will have reported this in your most recent report to the Ministry of Health.
5. Enter the total number of eligible women / children who were admitted during the audit period.
  - a) Please see definition of '*eligible women / children*' in the detailed definitions (it is not the sample number of 25 patients).
  - b) It is from the '*eligible women / children*' number that 25 patients should be randomly selected.
6. Click 'save' to advance to patient data entry.

#### 4.2.6 Entering patient data

1. Ethnicities
  - a. Select ethnicity or ethnicities as recorded in the patient file.
2. IPV Screen (Routine Enquiry) / Child Protection Screen (Risk Assessment)
  - a. Select for the patient 'Yes' or 'No'
    - i. If tick 'No', save and move on to next patient file.
    - ii. If tick 'Yes', go to IPV Disclosed / Child Protection Concern
      1. If tick 'No', save and move onto next patient file
      2. If tick 'Yes', go to IPV Referral /CAN Consultation
        - a. Tick 'Yes' or 'No', save and move onto next patient.
3. The number of files entered and saved appears on the right side of the screen. Twenty-five (25) patients' data are to be entered for each service.
4. The 'Official' audit (required Snapshot audit) may need to be manually switched over by clicking the 'In Progress' button to 'DONE' when complete. This is the same process as for the 'Adhoc' (voluntary) audits.
5. Data can be entered in one or more sittings. The system will keep track of how many patients you have entered. Please save your results at the end of each sitting.
6. If you are entering a smaller number of cases for an 'Adhoc' audit you may click the 'In Progress' button to change to 'DONE'.

#### 4.2.7 Your results

The system will provide the DHB results:

- IPV routine enquiry, disclosure and referrals
- CAN assessment, concern and consultation

Document your results for each service in your January 2020 report to the Ministry of Health.

### 4.3 What are the service specifications and definitions?

#### 4.3.1 Generic questions:

- 'VIP Core Training'
  - Enter the percent of current staff who have completed VIP Core Training in designated service
- 'Ethnicity'
  - Select ethnicities as indicated in patient file
- 'Total number eligible'
  - Total number of women (or children) who meet eligibility criteria for the specific service during audit period. See specific service below for criteria.

### 4.3.2 IPV routine enquiry, disclosure and referral

#### IPV Routine enquiry

Was the woman asked routine enquiry questions about IPV occurring in the past 12 months?	
NO:	<ul style="list-style-type: none"> <li>There is no documentation that the woman was asked routine enquiry questions. If there is documentation regarding a reason for not asking routine enquiry questions (such as 'with partner'), this is still a 'NO'.</li> <li><b>Note:</b> In Child Health inpatients, the female parent, guardian or caregiver is assessed for IPV. If no female caregiver, the IPV routine enquiry is a 'NO'.</li> </ul>
YES:	<ul style="list-style-type: none"> <li>There is documentation that the woman was asked routine enquiry questions about IPV occurring within the past 12 months <b>or</b> the woman self-disclosed IPV.</li> <li>This would include asking the woman three or more routine enquiry questions about IPV. <i>The FVAIG (2016) recommend four routine enquiry questions should be asked and the rationale for this is explained (MoH FVAIG P53-54).</i></li> <li>We recognise that some IPV case identification occurs by referral sources (e.g. brought to ED by police with IPV related injuries). In these cases, we assume there is an assessment re the disclosure and therefore routine enquiry should be ticked as a 'YES'.</li> </ul>

#### IPV Disclosure

Did the woman disclose IPV?	
NO:	<ul style="list-style-type: none"> <li>Woman did not disclose IPV. If a woman was asked routine enquiry questions about IPV, but there is no documentation regarding disclosure, this is a 'NO'.</li> </ul>
YES:	<ul style="list-style-type: none"> <li>Woman disclosed abuse occurring within the past 12 months. If woman disclosed abuse before being asked routine enquiry questions about IPV, it would still be a 'YES'.</li> </ul>

#### IPV Referral

Were appropriate referrals made?	
NO:	<ul style="list-style-type: none"> <li>No identification in notes that referrals were discussed, or notes indicate referrals were made, but do not specify to whom, or appear incomplete. If documented that a woman refused a referral, this is also a 'NO'.</li> </ul>
YES: (Active)	<ul style="list-style-type: none"> <li>Direct referral to timely access for support by a family violence trained specialist who can provide the victim with danger assessment, safety planning and access to community services. (The trained specialist may include for example, police, social worker, or family violence advocate.)</li> </ul>
YES: (Passive)	<ul style="list-style-type: none"> <li>Evidence in notes of appropriate referrals to specialised family violence support. This would include, for example, providing the woman with a brochure with contact information.</li> </ul>

### 4.3.3 IPV service specific information

Postnatal Maternity	
<b>Eligibility criteria</b>	<ul style="list-style-type: none"> <li>Women who have given live birth and who have been admitted to postnatal maternity ward during audit period.</li> </ul>

Emergency Department	
<b>Eligibility criteria</b>	<ul style="list-style-type: none"> <li>The number of visits by women aged 16 years and over who presented to ED during the audit period.</li> </ul>
<b>Age</b>	<ul style="list-style-type: none"> <li>Age of woman</li> </ul>
<b>Triage</b>	<ul style="list-style-type: none"> <li>Select triage status 1, 2, 3, 4, or 5</li> </ul>
<b>Admitted to ICU, coronary care or high dependency unit</b>	<ul style="list-style-type: none"> <li>Select 'Yes' or 'No'</li> </ul>
Sexual Health	
<b>Eligibility criteria</b>	<ul style="list-style-type: none"> <li>Women aged 16 years and over who present to Sexual Health Services during the audit period.</li> </ul>

Child Health Inpatient	
<b>Eligibility criteria</b>	<ul style="list-style-type: none"> <li>Child health admissions aged 16 years and under, admitted to a general paediatric inpatient ward (not a specialty setting) during the audit period</li> </ul>
<b>No female caregiver</b>	<ul style="list-style-type: none"> <li>Documentation states there is no female caregiver. If there is no female caregiver, the response to IPV routine enquiry question is 'NO'.</li> </ul>
<b>Age of child</b>	<ul style="list-style-type: none"> <li>Enter child's age at last birthday. Please enter '0' for children under 1 year</li> </ul>
<b>Ethnicity/Ethnicities</b>	<ul style="list-style-type: none"> <li>Select as indicated in the child's file</li> </ul>
<b>IPV routine enquiry</b>	<ul style="list-style-type: none"> <li>Was the female caregiver (parent, guardian or caregiver) asked routine enquiry questions about IPV occurring in the past 12 months?</li> </ul>

<b>Community Alcohol &amp; Drugs</b>	
<b>Eligibility criteria</b>	<ul style="list-style-type: none"> <li>All new referrals of women aged 16 years and over to community alcohol &amp; drug services, who completed at least one face-to-face contact, during the audit period. (For women with more than one referral during the 3-month audit period, only enter 1<sup>st</sup> visit.)</li> </ul>
<b>Record review</b>	<ul style="list-style-type: none"> <li>For randomly selected clients, record review to be conducted for the <i>index visit and up to two subsequent visits</i> if occurring within two months of the initial index visit. (For example, if client seen in April, review may extend through June; if client seen in June, review may extend through August).</li> </ul>

<b>Adult General Community Mental Health</b>	
<b>Service definition</b>	<ul style="list-style-type: none"> <li>General adult community mental health services. This includes Kaupapa Māori, community, adult, non-residential mental health services.</li> <li>Excluded are mental health residential services and mental health specialist services such as Community Adolescent Mental Health, Maternal Mental Health, Crisis Team and CAT (Crisis Assessment and Treatment).</li> </ul>
<b>Eligibility criteria</b>	<ul style="list-style-type: none"> <li>All new women clients (seen for the first time by the service) and previous woman clients (who have been discharged from and re-referred to the service (as if they were a new client)), aged 16 years and over who presented to the adult general Community Mental Health Service and Kaupapa Māori Community Mental Health Services during the audit period.</li> </ul>
<b>Sampling</b>	<ul style="list-style-type: none"> <li>If fewer than 25 new clients during the 3- month audit period, include them all in the audit.</li> </ul>
<b>Record review</b>	<ul style="list-style-type: none"> <li>For randomly selected clients, record review to be conducted for the index visit and up to two subsequent visits if occurring within two months of the initial index visit. (For example, if client seen in April, review may extend through June; if client seen in June, review may extend through August).</li> </ul>



#### 4.3.4 CAN definitions

##### Eligibility criteria

Children aged under 2 years presenting to the **Emergency Department** for any reason during the audit period.

##### CAN Assessment

<b>Was a child protection assessment done?</b>	
NO:	<ul style="list-style-type: none"> <li>No evidence of a child protection checklist, screen or flowchart (i.e. no child injury checklist, child injury flowchart or equivalent in the notes, or documentation is present but is blank, or is partially completed).</li> </ul>
YES:	<ul style="list-style-type: none"> <li>Evidence of a thorough child protection assessment (i.e. child protection checklist, child injury flowchart, or equivalent fully completed including legible signature).</li> </ul>

##### CAN Concern

<b>Was a child protection concern identified?</b>	
NO:	<ul style="list-style-type: none"> <li>No child protection concerns or risk factors of child abuse and neglect were documented; or documentation was not complete.</li> </ul>
YES:	<ul style="list-style-type: none"> <li>A child protection concern (i.e. one or more risk factors) is identified in the notes. If documentation of a Report of Concern, suspected child maltreatment or child protection concern is included in the notes, this would be a 'YES'.</li> </ul>

##### CAN Consultation

<b>Were identified child protection concerns discussed?</b>	
NO:	<ul style="list-style-type: none"> <li>No indication of discussion in the notes about child protection risk factors and assessment, or the plan appears inappropriate, unclear or misleading, or notes indicate clear plan but do not indicate who the case was discussed with.</li> <li>If no CAN concern, this is a 'NO'.</li> </ul>
YES:	<ul style="list-style-type: none"> <li>Evidence that child protection consultation occurred is in the notes with name and designation of person consulted. Child protection consultation may be with a Senior Consultant ED, Paediatrician, specialist social worker, Oranga Tamariki, or another member of the multidisciplinary child protection team. Discussion of the child protection risk factors, assessment of the level of risk and plan is recorded.</li> </ul>

## 5. PDSA

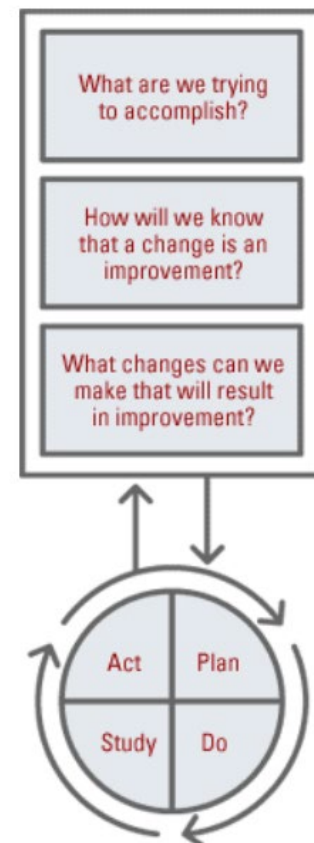
### Plan-Do-Study-Act

#### 5.1 Overview

The VIP health systems approach includes supporting a culture of learning to increase the consistency and quality of our responsiveness to those impacted by family violence. The Model for Improvement provides a framework to guide us toward achieving service delivery improvements. The PDSA component provides the mechanism by which we are able to test small changes and build on these.

Current VIP service accountability measures include identification of persons experiencing IPV (routine enquiry) and CAN concerns (child protection checklist) followed by consultation and appropriate referral. DHBs are expected to use the MFI and PDSA cycles to make improvements in these core service delivery targets.

The PDSA method is a way to test whether or not a change has the positive outcome that is expected or not. By going through four steps it guides the thinking process into separate steps including evaluating the outcome and deciding whether to adopt, adapt or abandon the PDSA. We build our knowledge through multiple cycles in multiple conditions and move from a hunch that something will work to actually implementing the change, through multiple cycles. This cyclical process is one most of us use when implementing change in our lives, although we may not make it explicit. By writing down the steps (i.e. the PDSA cycle), it helps us to focus on the improvement process and learn more from it.



Keep the following in mind when using a PDSA cycle to implement change:

- Single focus:
  - Each PDSA often contains only a single step in an overall process, e.g. working on improved documentation of referrals as active or passive.
- Short duration:
  - Each PDSA cycle should be as brief as possible to gain knowledge on what is or is not working.
- Small sample size:
  - A PDSA will likely involve only a small segment of the service or practice such as one or two nurses. Once feedback is obtained, the process can be refined and implemented more widely.

#### 5.2 PDSA due date

The 2019 PDSA due dates are:

- **04 October:** Submit two PDSA worksheets with only the PLAN required at this time.

- **09 December:** Submit the two PDSA worksheets with the PDSA cycle results (the PLAN and the DO, STUDY, ACT).

Please submit your worksheets by email to the evaluation team by sending to [arlene.advani@aut.ac.nz](mailto:arlene.advani@aut.ac.nz).

## 5.3 Support and information

### 5.3.1. Online training

If you are unfamiliar with the Model for Improvement and PDSAs we strongly recommend the “**Improving Together**” online training course developed by Ko Awatea for the NZ Ministry of Social Development, Ministry of Education, Ministry of Health, Health Quality & Safety Commission NZ (2015).

This free training programme consists of four e-learning modules to provide you with an introduction to quality improvement and assistance in developing your PDSAs which takes approximately 2 hours to complete. At the end of the training you will receive a “Certificate of Completion”

The training can be accessed at: <http://improvementmethodology.govt.nz/home>

Click on ‘Getting Started’ to create an account and commence the training course.

### 5.3.2 PDSA on-line resources

- The [IHI \(Institute for Healthcare Improvement\) website](#) has a wealth of information to assist you complete a PDSA cycle.
- Further information and a Plan-Do-Study-Act workshop pack is available on the [AUT Family Evaluation Project website](#) also accessible through [HIIRC VIP](#).

## 5.4 Completing your PDSA worksheets

The worksheets will have been sent to you with the 2019 evaluation information and there is also a copy at the back of this document.

### 5.4.1 Aim, objective and cycle number

- The aim should state what you are trying to accomplish (what problem are you solving)
- The objective is what you are trying to accomplish in the current cycle.
- The **cycle** number for this PDSA. As you work through a strategy of implementation you will often go back and adjust or tweak something and test to see if it is better or not. Each time you do this, it is new cycle.

### 5.4.2 PLAN (required by 04 October)

- The change we plan to test:
  - Write a concise statement of what you plan to do in this cycle of testing. It should be small and focused.
- The Question we want to answer for this cycle:
  - Phrase a question that links with your plan.

- Prediction:
  - Write the outcome that you predict will occur. You may have quantitative data like a certain number of nurses documented the referral in detail, or qualitative data such as nurses noticed they were more confident in asking about routine enquiry. For quantitative data, include the baseline measure and how much improvement you predict will occur.
- Data
- Detail what data is needed to test your predictions. Be specific. 'Tasks to complete'
  - Write the steps that you are going to take in this cycle. Include the following
    - Who – the population you are working with (e.g. patients or health professionals).
    - When – dates and times for when you will do the study and it only needs to be long enough to get some results. You may set a time limit of a week but notice after a day that it is not working. This cycle can be terminated and another one started.
    - Where – where will this be done (e.g. a specific ward).
    - How – how will you do it (e.g. ask the ward nurses at the end of the day three specific questions).

#### 5.4.3 DO

After you have your plan, you will carry out your test. During the testing you will be keen to watch what happens once you do this.

- 'What problems or unexpected events did you observe?'
  - Write down your observations you have during the implementation – ask yourself
    - “Did everything go as planned?”
    - “Did I have to modify the plan?”
- 'Feedback and observations from participants'
  - This may include how the patients react, how the health professionals react or how it fits in with your overall programme.

#### 5.4.4 STUDY

After implementation you will study the results.

- 'What does the data show'
  - Write down what you saw in the data
- 'Was your prediction confirmed?'
  - Record if it met your goal, and how well it did or did not work
- 'Compare your data to predictions and summarise the learning'
  - What did you learn from this cycle about your programme.

#### 5.4.5 ACT

- 'What did you conclude?'

- Indicate whether you will adopt, adapt or abandon your change. If the test worked are you ready to roll it out for wider implementation?
- If it did not work, what can you do differently in your next cycle to address that?

#### Model for Improvement (MFI) and PDSA Cycle **TIPS**

##### **MFI and PDSA Cycle Refresher Notes**

(S. Proudfoot, May2019)

1. Clearly communicate the 'problem' you are trying to solve and create a sense of urgency.
  - a. local FV data re the scope of the problem is useful
  - b. understand FV as a determinant of health
  - c. aim is for quality health responsiveness to persons and family and whānau impacted by family violence; ensure that there is 'no wrong door' for people seeking help
2. Senior leadership must appreciate the problem and value the change (consider meeting with senior leaders, managers)
3. Create a sense of ownership by practitioners within services. Work on change WITH practitioners.
4. Important in PDSAs to be clear about what your prediction is (improve from X to Y) and test your prediction to see to see if what you thought would happen did. If not you may need to abandon or adapt. If it worked, try with a larger group.
5. Change happens one person at a time. Start small, with one person. How did it go? What were the barriers? What made it easy? Then test with 5, slowly increase.
6. We are wanting a massive change. Need to engage with an increasing number of people over time to grow commitment to change and decrease resistance to change (at least 10% of staff should be engaged with PDSAs leading up to implementing.
7. Need to continue to test as you move from one setting to the next.
8. For sustainability, needs to be owned by front line staff with local accountability and oversight.

5.5 PDSA cycle worksheet

<b>DHB:</b>	
<b>AIM</b>	
<b>Objective for this cycle:</b>	
<b>Cycle #:</b>	
<b>Planned start and end dates</b>	
<b>Actual end date:</b>	

PLAN				
<b>Briefly describe the change we plan to test:</b>				
<b>Questions: What question (s) do we want to answer on this PDSA Cycle?</b>				
<b>Prediction: What do we think will happen?</b>				
<b>Data: What data will we need to test our predictions (s)? How will we collect it?</b>				
<b>Tasks to be completed for the test</b>	<b>Who</b>	<b>When</b>	<b>Where</b>	<b>How</b>

<b>DO</b> Carry out the change or test. Collect data and begin analysis	
<b>What problems or unexpected events did we encounter?</b>	
<b>Feedback and observations from participants?</b>	

<b>STUDY</b> Complete analysis of data	
<b>What does the data show?</b>	
<b>Was your predication confirmed? If not, what did you learn?</b>	
<b>Compare the data to your predictions and summarise the learning.</b>	

<b>ACT</b> Following the test, we will (highlight one): <b>Adopt</b> or <b>Adapt</b> or <b>Abandon</b> the change	
<b>What is you plan for the next cycle?</b>	

## 6. References to assist you

- Fanslow J L, Kelly P, Ministry of Health. 2016. Family Violence Assessment and Intervention Guideline: Child abuse and intimate partner violence (2<sup>nd</sup> edn). Wellington: Ministry of Health.
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- O'Campo, P., Kirst, M., Tsamis, C., Chambers, C., Ahmad, F. (2011) Implementing successful intimate partner violence screening programs in health care settings: Evidence generated from a realist-informed systematic review. *Social Science & Medicine*, 72, 855-866. Doi: 10.1016/j.socscimed.2010.12.019
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- Solberg, L. I., Mosser, G., & McDonald, S. (1997). The three faces of performance measurement: Improvement, accountability and research. *The Joint Commission on Quality Improvement*, 23, 135-147.
- Wilson, D., Smith, R., Tolmie, J., de Haan, I. (2015). *Becoming Better Helpers. Rethinking language to move beyond simplistic responses to women experiencing intimate partner violence.*