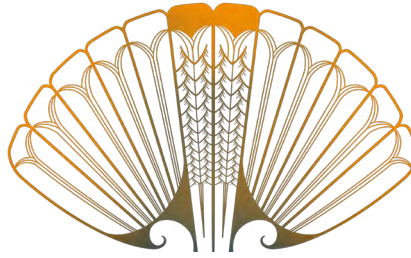




Rehabilitation  
collaborative  
review: 1 year on

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He arotakenga  
haumanu  
ngātahi: 1 tau nei



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## Background | He kupu whakamārama

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Between March 2021 and June 2022, a trauma rehabilitation national collaborative (the collaborative) of 11 clinical teams from across all four trauma regions took place. The collaborative formed part of a broader programme of work by the National Trauma Network (the Network), the Accident Compensation Corporation (ACC) and Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) to establish a contemporary trauma system of care in Aotearoa New Zealand.

The collaborative used the Institute for Healthcare Improvement's breakthrough series collaborative model<sup>1</sup> to support quality improvement projects that aimed to improve outcomes for people after major trauma and to increase the quality improvement knowledge and skills of rehabilitation clinicians.

Nine projects were completed, focusing on traumatic brain injury, care coordination and patient experience. The final evaluation report<sup>2</sup> established that the teams implemented service improvements that

demonstrated enhanced outcomes, including:

- improved access to ACC case management
- timely access to community follow-up
- incorporation of kaupapa Māori concepts into traditional models of rehabilitation
- enhanced patient experiences.

Post-evaluation results also showed that participants' capability in using quality improvement methods for future service improvement work increased.

After 1 year, project team leads were interviewed to establish whether:

- the gains from the collaboratives had been continued
- successful projects had spread beyond the initial improvement areas
- quality improvement skills and knowledge had been sustained
- new service improvement work had evolved for participants.

1 Institute for Healthcare Improvement. 2003. *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston, MA: Institute for Healthcare Improvement. URL: [www.ihf.org/resources/white-papers/breakthrough-series-ihis-collaborative-model-achieving-breakthrough](http://www.ihf.org/resources/white-papers/breakthrough-series-ihis-collaborative-model-achieving-breakthrough).

2 Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Evaluation report: Major trauma rehabilitation collaborative | He Pūrongo arotake: Whakaoranga tahi i te pāmamae nui*. Wellington: Te Tāhū Hauora. URL: [www.hqsc.govt.nz/resources/resource-library/evaluation-report-major-trauma-rehabilitation-collaborative](http://www.hqsc.govt.nz/resources/resource-library/evaluation-report-major-trauma-rehabilitation-collaborative).

## Method | He tukanga

Between May and November 2023, the clinical lead and quality improvement advisor from the Te Tāhū Hauora team interviewed a representative from each of the nine project teams. Seven representatives took part in one of two focus groups, and two attended one-on-one interviews. Interviewers used semi-structured recorded interviews with open-ended questions to gather rich descriptions of participants' experiences. The interviewers transcribed and independently coded the responses, then compared codes to extract common themes to ensure inter-rater reliability of results. The transcripts of the one-on-one interviews were also included in the thematic analysis.

## Findings | Ngā kitenga

### **The gains achieved in the collaborative were sustained**

Eight of the nine interview participants reported that the gains they had made during the collaborative were sustained 1 year on. These include:

- implementation of a discharge summary checklist
- a change to direct referral processes from hospitals into concussion services with adapted referral form
- development and use of an online training module to improve the accuracy of post-traumatic amnesia assessment
- introduction of a major trauma pathway supporting early identification of major trauma patients and rapid referrals to the multidisciplinary team
- use of an integrated allied health assessment for neurosurgical traumatic brain injury patients
- incorporation of an allied health handover form

- introduction of a weekly multidisciplinary team education session
- incorporation of the Te Whare Tapa Whā model into rehabilitation goal setting.

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'Group equity session happens once a week with a focus on how to support people, in particular advocacy for Māori.'

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'We have come up with a discharge trauma checklist from the wards, and we want this to be a multidisciplinary team approach.'

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'The allied health handover form is now completed daily, it was a simple but incredibly effective fix that made a big difference; the new form was co-designed across users and is completed 100% of the time.'

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The participants identified similar reasons for why change ideas had been effectively implemented. These included: team support, early staff engagement, co-design of solutions with consumers and frontline staff, strong relationships, positive feedback to staff around progress, effective communication, maintaining momentum, ongoing measurement to monitor improvement and the change ideas being easier than the previous processes.

‘When you tell someone they’re doing a quality job, they continue doing a quality job.’

‘The success of this was largely as the engagement in the change idea came from people that knew what would work. The responsibility for this was shared across the allied health team.’

The challenges and barriers to successful implementation were also similar across the teams. These included: perceived lack of value in the change processes, conflicting priorities, duplication of existing processes, time constraints, being short-staffed, high staff turnover, reduced accountability and difficulty in ongoing measurement and monitoring.

‘It’s sort of maintaining that momentum within those who are supposed to be interested in the outcome.’

‘Every time you train someone up and they leave the service and then the next person starts, and it starts again.’

One participant felt that, although components of their project (targeting early cover processes for major trauma patients) were being used well, this was not yet consistent across the hospital. Another participant recognised that having allied health inputting into the electronic discharge summary had also been unsuccessful because it was a duplication of existing processes, the discharge information was not being read and the process relied on external supports.

‘There’s a few logistical reasons, but then also I’m not sure if they actually see the value in making time to do it at the moment ... it feels like a bit of duplication.’

### **Teams spread the improvements beyond the initial project areas**

Six teams successfully spread their improvements wider than the initial scope of their projects, including locally, regionally and two projects that were scaled nationally. A third project was responsible for the development of a national working group between Te Whatu Ora trauma services, ACC and Te Tāhū Hauora to improve how major trauma patients transition from hospital to home through the early allocation of a recovery team member.<sup>3</sup>

‘Each service now has an equity champion, and a service equity tool has been developed to support planning and implementation ... So far, 32 services have completed the 1-day training, which has included over 130 people from across the Southern region.’

3 Te Tāhū Hauora Health Quality & Safety Commission. 2023. Collaborative project case studies. URL: [www.hqsc.govt.nz/our-work/national-trauma-network/projects/major-trauma-rehabilitation-work-programme/national-collaborative/collaborative-project-case-studies](http://www.hqsc.govt.nz/our-work/national-trauma-network/projects/major-trauma-rehabilitation-work-programme/national-collaborative/collaborative-project-case-studies)

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'I presented about 2 weeks ago [at a] conference, giving acknowledgments to everyone and it went down really well ... and felt that we were very fortunate to be able to implement a project like this within New Zealand and make a difference.'  
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### **Participants' rating of their quality improvement skills and knowledge**

All participants rated their quality improvement skills and knowledge as moderate to high at 1 year after the completion of the collaborative.

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'Nine out of 10 ... I'm quite confident these days, little bit like a broken record now though cause I'm like 'have you considered your PDSA [plan, do, study, act] cycle? What was the outcome from there?' I think I annoy people!'  
.....

'I think it's absolutely amazing and it's quite infectious. Once you get more people on board, particularly in allied health, the awareness of probably all my team members has risen tremendously.'  
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'It's the model for improvement. If you follow that, then it seems to be working.'  
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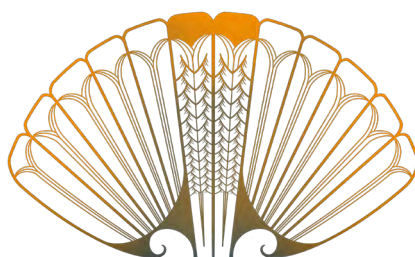
### **New service improvement work for participants**

Eight of the nine participants interviewed reported that, since the collaborative, they have been involved in new service improvement projects, including:

- identification of brain injury in major trauma patients
- improving the accuracy of post-traumatic amnesia assessment
- implementation of an amputee pathway
- goal-setting project
- development of shared staff competencies
- rollout of educational resources.

.....  
'I'm constantly involved ... I've got a few other projects on the go and (I) support my seniors who want to do their career and salary progression process objectives (CASP) ... we're constantly looking and doing new and different things off the back of what I've learnt from this.'  
.....

An unexpected consequence of the rehabilitation collaborative was that three project teams were encouraged to complete business cases to support additional resource for trauma rehabilitation. At the time of writing this report, one of those business cases was successful, and a new advanced clinician physiotherapy position has been filled.



## Conclusion | Kupu whakatepe

The rehabilitation collaborative was successful in achieving its aims. The implementation of effective service improvement initiatives was sustained for most teams after the projects finished. This successful project sustainability at 1 year is in contrast to other studies that have found sustainability rates for health care quality improvement projects to be as low as 30 percent.<sup>4</sup>

Quality improvement knowledge and expertise remained high and has resulted in clinicians applying their newly developed skills to other service improvement work.

## Acknowledgements | He whakamihi

Thanks to all the participants and consumers involved in the rehabilitation collaborative. Many people dedicated their time to implement lasting service changes that improve experiences and outcomes for the most seriously injured New Zealanders. Without their relentless commitment, this project would not have been a success.

4 Beer M, Nohria N. 2000. Cracking the code of change. *Harvard Business Review* 78(3): 133-41, 216.

Published in May 2024 by  
Te Tāhū Hauora Health Quality & Safety Commission and the National Trauma Network.  
Available online at [www.hqsc.govt.nz](http://www.hqsc.govt.nz).

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