

**National Health Epidemiology and
Quality Assurance Advisory Committee
(EpiQual)**

**First Report to the
Minister of Health**

1 March 2004 to 30 April 2005

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Chair's Introduction

It is with pleasure that we present the first Annual Report of the National Health Epidemiology and Quality Assurance Advisory Committee (EpiQual).

The Committee, established under the New Zealand Public Health and Disability Act 2000 met for the first time in March 2004. The Committee's brief is potentially very broad and the first year has been spent exploring the diversity of quality and epidemiological activity in the wider health sector and researching opportunities on how EpiQual can make a difference.

A recurring theme from those the Committee has engaged with has been the lack of strategic co-ordination of quality improvement and epidemiological activity in the New Zealand health sector.

To that end, EpiQual's vision for future development focuses on providing a strategic co-ordination point for quality improvement and epidemiological activity. EpiQual has resolved to take a 'learning engine' approach to its work to enable the whole sector to benefit from the wealth of skill, knowledge and information in the sector. The committee will focus across the wider sector not solely the publicly funded health system.

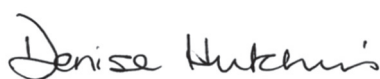
EpiQual, as its name suggests, has two key aspects it must consider, epidemiology and quality improvement. The Committee's role is to connect the epidemiological information around the causative determinants of health with the complexity of health care delivery.

This is no small task and the Committee has established a set of core principles, to guide its advice to the Minister of Health. These are:

- transparency
- leadership
- quality improvement
- evidence based
- outcome focused
- advice.

The scope for EpiQual activity within the sector is considerable and resources are limited. The Committee has identified that in the second year it will focus on specific areas of activity as outlined in the Report. A key activity will be updating the Improving Quality (IQ) Action Plan, which has the potential to provide a shared mechanism for quality improvement in New Zealand.

EpiQual thanks the Minister of Health for establishing the Committee and Ministry of Health staff for their assistance during the first year. We also appreciate the contributions of statutory agencies and committees. The Committee looks forward to the next 12 months when the planning and development undertaken in the first year can be implemented.



Denise Hutchins

Chair

National Health Epidemiology and Quality Assurance Advisory Committee (EpiQual)

Contents

Chair's Introduction	iii
Definitions.....	1
Purpose of the Committee.....	3
EpiQual's Role	4
Activities in 2004.....	7
Recommendations.....	10
Work Programme for 2005/2006	11
EpiQual Committee Members.....	13
EpiQual Secretariat.....	16
Terms of Reference.....	17
References.....	20

Definitions

The National Health Epidemiology and Quality Assurance Advisory Committee (EpiQual) highlights the two key elements of the committee's work: epidemiology and quality.

What is epidemiology?

Epidemiology is the study of the distribution and determinants of a disease, or other health-related events, in populations.

The distribution of a disease can be assessed in terms of the following questions.

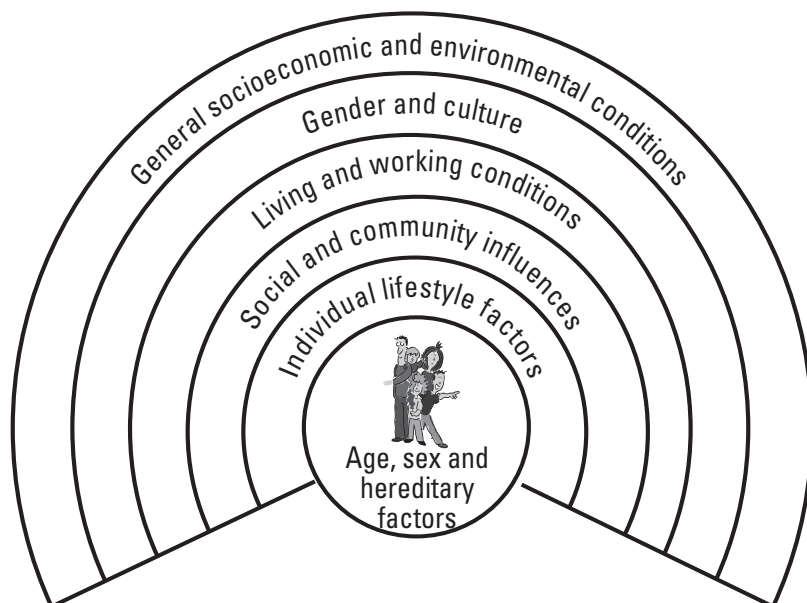
- Who has the disease?
 - that is, sex, age, ethnicity, etc.
- Where are people with the disease located?
 - includes comparisons within the country and between countries.
- When does the disease occur?
 - includes considering the time trend over years and trends of occurrence within a year.

The determinants of a disease requires consideration of:

- What is the cause?¹
 - This includes consideration of individual factors (such as age, sex and genetics) and behaviours (such as smoking and exercise).
- Why did these factors occur?
 - This includes consideration of the physical, social and cultural environment in which people live (the latter often considered under the umbrella of social epidemiology).

¹ 'A factor is a cause of an event if its operation increases the frequency of the event.' (Elwood 1988).

Figure 1: Determinants of health



Source: adapted from Dahlgren and Whitehead (1991)

What is quality?

Quality is defined as ‘the degree to which the services for individuals or populations increase the likelihood of desired health outcomes, and/or increase the participation and independence of people with a disability, and are consistent with current professional knowledge’ (Minister of Health 2003).

What is quality assurance?

Quality assurance is ‘the detection of problems through external or internal inspection, and their correction through systematic activity’ (National Health Committee 2001).

What is quality improvement?

Quality improvement is ‘the continuous pursuit of excellence, vested in teamwork, with an emphasis on improving work processes and systems and investing in people to achieve quality.’²

² Adapted from the definition in *Improving Quality (IQ): A systems approach for the New Zealand health and disability sector*. Minister of Health 2003

Purpose of the Committee

The National Health Epidemiology and Quality Assurance Advisory Committee (EpiQual) was established in March 2004 under section 17 of the New Zealand Public Health and Disability Act 2000 (the Act). Committee members are appointed by and EpiQual is accountable to the Minister of Health.

The role of EpiQual is 'to provide advice to the Minister on any health epidemiology and quality assurance matters. It must specifically deal with perinatal, infant and child and adolescent morbidity and mortality issues and must, in providing its advice:

- ensure, to the maximum extent practicable, that there is national co-ordination in the reporting of relevant health epidemiology and quality assurance matters
- ensure that there is a capacity to improve health outcomes through quality assurance programmes directed to clinical providers'.

The advice given by EpiQual to the Minister is to be formulated after wide consultation with the health sector.

Key tasks

EpiQual's key tasks, as outlined in its terms of reference, are:

1. to provide independent advice to the Minister on quality improvement in the health sector through monitoring of national quality initiatives and to advise the Minister on how clinical outcomes may be improved through such initiatives
2. to advise on data which needs to be collected, using and streamlining existing data collection systems where possible, to enable national conclusions to be drawn
3. give advice on priorities for epidemiological studies that will assist in improving clinical [and population health] outcomes (EpiQual Terms of Reference).

EpiQual's Role

EpiQual, as a new committee, needs to be able to define its role and the value that it can potentially add to health and disability services in New Zealand. The following sections summarise the different facets of EpiQual.

Epidemiological surveillance

'Epidemiological surveillance is the systematic collection, analysis and dissemination of health data for the planning, implementation and evaluation of public health programmes' (Thacker et al 1988). To be valuable, epidemiological surveillance needs to lead to better prevention or control, or a better understanding, of adverse health events. Ongoing surveillance should be able to monitor the impact of any measures that have been implemented.

Epidemiological surveillance needs to be planned and established in an organised way, with regard for all aspects of the process.

There must be agreed definitions for the data being collected, which may comprise not only events, such as diseases, but also behavioural and environmental factors. If 'surrogate outcomes' are monitored, there must be certainty that these relate to the true outcome of interest. The quality of any data being collected needs to be considered.

The way that data is collected must be acceptable and consistent with relevant legislation, which will generally mean ensuring total confidentiality. The process must not be a burden on the provider of the information.

Analysis of collected data often requires the derivation of rates, taking into account both the number of events and of people at risk. Particular care is needed when comparing rates where the populations differ in their make up, for example, by age or another characteristic that is linked to the disease risk. Also data, such as ethnicity, must be collected in the same way for people experiencing the event as from those in the population. The numbers of events should potentially be able to detect possible problems.

The interpretation of the analysed data requires consideration of whether any differences noted are the result of chance or biases in the way the data was collected or reflect true differences.

To be valuable, the knowledge gained from epidemiological surveillance must be available to those who are responsible for developing policy. In addition, it may be helpful for the findings to be disseminated more widely, although the utmost care must be taken to respect people's privacy throughout the process. Providing information back to those who supplied the data may encourage the ongoing provision of quality information by demonstrating how the information is used and utilised for quality improvement.

EpiQual and Improving Quality (IQ)

The case for quality improvement is fundamentally accepted by governments, policy makers, providers and professionals around the world. Programmes aimed at monitoring and improving the quality and safety of services are in place in many western countries.

In 2003, the Minister of Health released a key document on quality improvement in New Zealand. This document, *Improving Quality (IQ): A systems approach for the New Zealand*

health and disability sector details a commitment to continuous quality improvement, which influences each person who works within the system, the people affected by the system and the system itself.

EpiQual endorses the IQ vision of ‘... people in the New Zealand health and disability system receiving people-centred, safe and high-quality services that continually improve and that are culturally competent’ (p 1) and believes it can play a key part in realising the vision.

Many organisations within the New Zealand health and disability sector, and the people delivering health and disability services, are already undertaking a considerable range of quality-related activities. Currently there is little opportunity for the sector to share knowledge gained from quality assurance activities and to emphasise examples of excellence.

Health care is becoming more and more complex, with decision-making and actions occurring across a range of people (ie, population groups), individuals, teams, organisations and sub-systems, as is shown in the diagram below. Therefore, simple (or single) improvement measures are less likely to be effective. One specific approach is unlikely to solve all the components of a complex problem.

Figure 2: Quality dimensions for the New Zealand health and disability sector



Source: Improving Quality (IQ): A systems approach for the New Zealand health and disability sector

New thinking that sees health care settings as complex adaptive systems also highlights the importance of multiple approaches to health care and learning what works best.

EpiQual will seek to recognise and share the determinants of successful improvement – both the (small) changes related to patients, professionals, processes, teams of care providers and networks and the (large) changes related to the systems and structures of health care that can lead to improvements.

EpiQual has the potential to play a major role as the ‘learning engine’ for health sector quality improvement. In order to achieve this, EpiQual will seek to develop a ‘critical connectedness’ within the health sector. Margaret Wheatley, a consultant in organisational behaviour and change, explains her concept of critical connections as:

‘...every small system participates in an unbroken wholeness. Activities in one part of the whole creates effects that appear in distant places. Because of these unseen connections, there is potential value in working anywhere in the system ... I have learned that in this exquisitely connected world, it’s never a question of “critical mass”. It’s always about *critical connections*.’ (Wheatley 1999)

To achieve this critical connectedness, EpiQual will aim to create a collaboration that uses the expertise of the different disciplines of epidemiology and quality assurance and improvement. EpiQual will act strategically and focus on results.

EpiQual's strategic leadership will help co-ordinate and integrate quality improvement activities across the health sector as well as supporting an environment where change can occur.

Complexity in health care

Fundamental to a systems approach to quality improvement are assumptions about the nature of the New Zealand health and disability system and how it works. It is assumed that the system is complex and adaptive and that health care delivery, even for fairly simple problems, is dynamic and very complex. The complexity of interactions between service users, clinicians and the many-stepped multiple processes of care (each allowing opportunities for adverse events or errors) present significant challenges to the delivery of high quality services.

This increasing complexity requires the overall system to continually adapt to changes within it and to respond to changes from outside.

Increasing complexity requires new strategies to achieve meaningful improvements in quality and safety for service users, health care workers, teams and organisations. An understanding of system dynamics allows us to design interventions that align with the natural properties of the system and that become sustainable and self-reinforcing. The values, beliefs, motives and behaviours of all the stakeholders in health care are intrinsically part of the complex system. A purely technical approach to problem solving is unlikely to make progress without also valuing and responding to people-centred measures of quality.

The body of research and literature on complexity theory and the related topic of learning organisations is a basis for a systems approach to patient safety. Application of complexity theory gives insight into how to create the conditions so that continuous quality improvement becomes a natural and emergent property of the whole system.

One of the strengths of epidemiology is that it can assist the understanding of a complex system by identifying factors (for example, social, environmental, clinical) and defining the factors (for example, as proximal or distal, causative or contributory) that affect quality and therefore outcomes.

It is now possible to mine the large data repositories that contain data from patients, providers and facilities to identify important trends, evaluate outcomes, assess costs and detect associations that may lead to improved quality health care interventions.

However, understanding the clinical epidemiological approach is not sufficient for understanding health care systems in their entirety.

EpiQual's role is to connect the epidemiological information on the causative determinants of health with the quality and complexity of health care delivery systems. This will enable EpiQual to advise the Minister of Health on how to determine the most appropriate strategies and information to challenge the health sector to continuously improve and to ensure quality care for New Zealanders.

Activities in 2004

Establishment

The New Zealand Public Health and Disability Act 2000 required the Minister of Health to establish the National Health Epidemiology and Quality Assurance Committee (EpiQual). Nominations were sought from a wide range of organisations. The Minister of Health submitted her choice of committee members to Cabinet in July 2003. Following confirmation of membership, the first meeting of EpiQual was subsequently held in March 2004.

Meetings

The inaugural meeting of EpiQual took place on 18 March 2004, with five further meetings occurring throughout 2004.

EpiQual invited the National Health Committee (NHC) and a number of organisations to attend its meetings with the aim of building EpiQual's awareness of available resources and fostering partnerships with key organisations. Presentations made by the invitees also informed EpiQual of the existence and progress on other work programmes, with a view to avoiding duplication of work.

Representatives were invited from:

1. National Health Committee (NHC)

The NHC is a statutory committee with a decade of experience. *Improving Quality (IQ): A systems approach for the New Zealand health and disability sector* was published in response to advice the NHC gave the Minister of Health in *Safe Systems Supporting Safe Care* (2001).

During the meeting with EpiQual, NHC representatives shared their experiences of working as a committee and informed EpiQual of their work programme. Having knowledge of NHC's work programme was considered particularly important, as it will prevent duplication of work and, where possible, encourage collaboration and co-ordination.

2. Ministry of Health – Public Health Intelligence (PHI)

The purpose of this discussion was to provide EpiQual with an overview of the PHI unit and how PHI's work could assist EpiQual. This was an important opportunity for EpiQual and PHI to discuss how to improve the usefulness of data collection for the health sector and how to use PHI as the pivot point to assist other sector agents in improving data analysis.

3. Ministry of Health – Leading for Outcomes (LFO) project

A representative from the Ministry of Health introduced EpiQual to the LFO project. LFO is a significant piece of work being undertaken by the Ministry of Health that is future looking and aims at improving outcomes and health status for New Zealanders. The LFO models will assist EpiQual to fulfil its mandate.

4. Ministry of Health – Sentinel events project

Internationally, significant attention is being paid to developing national systems for reporting serious (sentinel) events in order to encourage learning from such events and reduce harm to service users.

The Ministry of Health is working to establish a national sentinel event reporting system for New Zealand. EpiQual has the potential to become the ‘learning engine’ for the health sector on quality improvement and could potentially utilise the aggregate information from a sentinel events system to inform its work on quality improvement initiatives. EpiQual therefore needs to be conversant with the progress on this project.

5. Health and Disability Commission (HDC)

EpiQual met with the Health and Disability Commissioner to foster a communication channel between EpiQual and the HDC. The meeting provided an opportunity for EpiQual to introduce itself to the Commissioner and to advise him about its role and function. The Commissioner advised EpiQual about his role and function in the HDC and his thoughts on the future direction of EpiQual.

EpiQual and the Commissioner both recognised the importance of their respective roles in delivering messages to the sector in a national and consistent manner.

6. Accident Compensation Corporation (ACC)

ACC provided a summary of the work to date on the Medical Misadventure Review Bill. The proposed changes to the Bill will allow ACC to work more proactively to prevent medical misadventure. Discussion focused on how these changes could provide useful data that could inform EpiQual.

7. New Zealand Guidelines Group (NZGG)

The NZGG commissioned a research study on consumer representation in the health sector. Sandra Coney (study author) outlined the results of the study and the NZGG wanted to engage EpiQual in the future dissemination of the report once released.

EpiQual believes that the study could form the basis for further exploring the role of consumer representation in the health care setting.

EpiQual’s guiding principles

EpiQual considered it important to establish from the outset a set of core principles of the committee. The principles, as listed below, encompass the ethos of EpiQual and guide the committee’s decision-making.

Transparency: EpiQual will demonstrate transparent decision-making processes by ensuring information available to the public when and wherever possible.

Leadership: EpiQual will provide leadership within the New Zealand health sector on all matters related to quality.

Quality improvement: EpiQual will focus on improving quality within the New Zealand health sector.

Evidence based: EpiQual will make decisions based on evidence whenever possible.

Outcome focused: EpiQual will focus on improving health outcomes from an individual and population perspective, considering the broader determinants of health care.

Advice: EpiQual will provide advice to the Minister that encompasses the above principles.

Review of current reporting on quality and epidemiology

EpiQual researched the current reports on quality and epidemiology published by organisations throughout New Zealand. This review established what resources for measuring quality were currently available and where there were evident gaps. The review will now act as a reference document for EpiQual and will evolve over time.

EpiQual website

EpiQual developed a website (www.newhealth.govt.nz/epiqual) to enable the public to access information on the committee. The website was developed to encourage communication with the public and ensure information on EpiQual's activities is made widely available, therefore implementing the principle of transparency.

EpiQual brochure

The committee developed an information brochure as another medium to inform the health sector about EpiQual. The brochure introduces EpiQual and explains the committee's role, key tasks and the principles that guide it. The brochure will be used as a resource when engaging the health sector.

Representation

EpiQual has had representation at important quality forums, to raise the awareness of the committee's purpose and goals. In June 2004, the Chair attended the Health Innovation Awards on behalf of EpiQual and presented at the Ministry of Health's inaugural IQ Network Forum meeting. The presentation provided an ideal opportunity to communicate to, and establish links with, key representatives in the health sector.

In February 2005, the Chair attended a workshop with the Review Committee of the Australian Council for Safety and Quality. The purpose of the workshop was to engage stakeholders in considering the possible models and priorities for Australia's national governance arrangements for safety and quality in health care. This provided a forum for the Chair to exchange ideas and experiences of safety and quality in health care with her Australian counterparts.

Review of the Child and Youth Mortality Review Committee's (CYMRC) first annual report

The CYMRC published its first report to the Minister of Health in March 2004.

EpiQual reviewed this and reported the result of its review to the Minister of Health in June 2004. EpiQual was supportive of the recommendations made by CYMRC.

Recommendations

EpiQual asks the Minister of Health to:

1. Note that the first year has been a developmental phase for EpiQual, focusing on fostering partnerships with key organisations and establishing the current context for quality and epidemiology in New Zealand.
2. Note that EpiQual considers the balance of the committee would be improved by gaining representation from people with:
 - a. knowledge and experience of mental health
 - b. knowledge of consumer participation and experience in consumer representation.
3. Note that EpiQual is aware of the enthusiasm in the health sector for the establishment of a perioperative mortality review committee. EpiQual considers that further policy work should be completed to fully scope the need, feasibility and value of establishing a perioperative mortality review committee before advising the Minister of Health. This advice will take into account the current legislative framework and other mechanisms for capturing perioperative mortality information.
4. Note that EpiQual wish to further explore the people-centred dimensions of quality, and their potential expression in health care services.

Work Programme for 2005/2006

EpiQual's annual work programme encompasses a number of projects and programmes with short-term and long-term outputs. Over time it is anticipated that knowledge of how health systems are working, based on epidemiological data and evidence, will be translated into quality health outcomes for New Zealanders.

Five key project areas have been identified for EpiQual in the work programme for the 2005/06 year. These projects aim to engage stakeholders and provide leadership in developing a common vision, language and purpose.

Developing charting the quality of New Zealand's health care services

Quality requires a robust, evidence base in order to monitor improvements. This project focuses on developing a framework for monitoring the quality of services and health outcomes for the health and disability support services.

Sector engagement

For EpiQual to be effective in becoming the 'learning engine' for the health sector, it must maintain successful communication pathways with all parts of the sector. Information must be able to flow consistently to and from EpiQual through the sector's formal and informal networks.

Reporting protected quality assurance activities

The Health Practitioners Competence Assurance Act 2003 (HPCA) came into force in September 2004. The purpose of the HPCA is to protect the health and safety of members of the public by providing mechanisms for ensuring the life-long competence of health practitioners.

The HPCA allows for certain quality assurance activities of health practitioners to be protected. The Minister of Health can declare that a quality assurance activity is protected if they are satisfied the activity is in the public interest. The nominated person responsible for the quality assurance activity must report to the Minister of Health annually.

EpiQual is helping to develop a template that health practitioners can use to report on the progress of protected quality assurance activities. A standard template will increase consistency and quality of reporting, allow comparison of activities throughout New Zealand and be a source of information to survey what is required for quality improvement.

The reports on protected quality assurance activities will form a valuable database of quality activities throughout New Zealand. From this information, EpiQual will be able to identify successful quality improvement activities and provide informed advice to the Minister of Health on effective initiatives in improving quality.

Updating the IQ action plan

The Ministry of Health document *Improving Quality (IQ): A systems approach for the New Zealand health and disability sector* identified seven goals to support the vision of the document. An action plan was prepared to support the progress towards these goals. Since the action plan's release in 2003, many of the actions have been progressed or completed.

EpiQual is taking a leading role in identifying the priority areas for quality improvement and facilitating the renewal of the IQ action plan to reflect these goals. This project will be strongly linked with engaging the health sector to form a shared vision and purpose and provides the mechanism for a shared language.

Review of reports from mortality review committees

EpiQual is required, as part of its terms of reference, to consider reports from any mortality review committee set up under section 18 of the New Zealand Public Health and Disability Act 2000.

EpiQual looks forward to receiving the second report from the CYMRC and the first report from the newly formed Perinatal and Maternal Mortality Review Committee. These reports are reviewed to identify potential areas of quality improvement.

EpiQual Committee Members

Denise Hutchins (Chair)

Denise is currently employed by the Nelson Marlborough District Health Board as General Manager Human Resource and Organisational Development.

She has an extensive background in the New Zealand health sector in both clinical and management positions in hospital and community settings. Denise has served on a number of national health-related committees and has been a surveyor for Quality Health New Zealand for 11 years.

Barbara Greer

Barbara Greer is of Ngati Mamoe, Ngai Tahu and Ngati Porou descent and has four children and 13 mokopuna. Barbara is a life member of the Māori Women's Welfare League (MWWL), a past area representative for Te Waipounamu and was a member of the Health Advisory Group at national level for the MWWL.

For over 40 years, Barbara has had extensive involvement in the health profession on the West Coast; being a registered psychiatric nurse, a registered enrolled nurse, a clinical supervisor and a lead auditor under the IRCA Certification Scheme. Currently Barbara is a member of the Community Public Health Advisory Group, a member of Poutama Ora, a Māori health advisory committee to the West Coast DHB, and a member of the NHI Consumer Advisory Group.

Since 1995, Barbara has been working full time in Māori health, as Tumuaki (CEO) of Rata Te Awhina Trust. Barbara's paramount interest lies in improving the health status and outcomes, for Māori in particular and the wider community in general.

Barry Taylor

Professor Barry Taylor is best known for his research into sudden infant death syndrome (SIDS), also known as cot death. He was among three principal investigators of the New Zealand National Cot Death Study, one of the first major scientific investigations in the world to influence the care of all babies at risk from SIDS.

Professor Taylor is currently Chair of the Child and Youth Mortality Review Committee, a ministerial committee reviewing and reporting directly to the Minister of Health on all deaths in New Zealand between the age of 4 weeks and 24 years.

As well as paediatrics and child health, Professor Taylor's research interests include endocrinology, preventive medicine and the autonomic nervous system during sleep.

His clinical work includes newborn intensive care, the investigation of babies who have had near-miss SIDS experiences and sleep disorders in children as well as involvement in children's endocrine and diabetes services.

Cindy Farquhar

Cindy Farquhar is Postgraduate Professor of Obstetrics and Gynaecology in the Department of Obstetrics and Gynaecology at the University of Auckland. She has also been the Deputy Clinical Director of Gynaecology at National Women's at Auckland City Hospital since 2001. Cindy has been the co-ordinating editor of the Cochrane Menstrual Disorders and Subfertility Group since 1996.

Her research interests include clinical trials within subfertility and menstrual disorders, systematic reviews and clinical practice guidelines. In 2000, Cindy was a Harkness Fellow for the Commonwealth Fund and spent one year at the Agency for Healthcare Research and Quality in Washington, DC.

Cindy's clinical interests are polycystic ovarian syndrome, pelvic pain, endometriosis and the management of abnormal uterine bleeding. Cindy has led guideline development groups on heavy menstrual bleeding, uterine fibroids and the management of women with breech presentation and vaginal birth after caesarean section. She has also assisted with training in guideline development workshops in New Zealand. She is Deputy Chair of the Board of the New Zealand Guidelines Group.

Jim Vause

A general practitioner since 1979 and currently resident in Blenheim, Jim Vause is President of the Royal New Zealand College of General Practitioners (RNZCGP), having been involved in both the provision of continuing medical education and quality initiatives for the college since 1995. Jim has worked extensively in both the development and appraisal of evidence-based guidelines and the development and trialling of the college's 'Cornerstone Practice' accreditation tool and process. He also represented the RNZCGP in the development of *Improving Quality (IQ): A systems approach for the New Zealand health and disability sector* (Minister of Health 2003). Jim currently represents the RNZCGP in various PHO development activities, including the development of PHO indicators.

Jonathan Jarman

Jonathan Jarman is a public health physician who has worked as Medical Officer of Health in Northland since 1995. His background, prior to specialising in public health, includes working as a house surgeon at Kew Hospital in Invercargill and working for 3 years as an isolated rural general practitioner at Twizel.

Nigel Dickson

Nigel Dickson was born in London and graduated from medical school there in 1975. He first came to New Zealand in 1979 and qualified as a specialist paediatrician in 1983. Nigel undertook postgraduate training in epidemiology in London in 1986. On returning to New Zealand, he initially continued to work in hospital and community paediatrics and then entered the public health medicine training scheme.

Since 1990, Nigel has been working with the AIDS Epidemiology Group in the Department of Preventive and Social Medicine at the University of Otago Medical School in Dunedin. In 1994, he was made a Fellow of the Australasian Faculty of Public Health Medicine.

Currently, Nigel is Senior Lecturer in Epidemiology at University of Otago Medical School, Director of the AIDS Epidemiology Group and Co-director of the New Zealand Paediatrics Surveillance Unit. He is also principal investigator in sexual and reproductive health in the Dunedin Multidisciplinary Health and Development Study.

Robin Youngson

Robin Youngson is an anaesthetic specialist at Waitemata DHB and the Clinical Leader at Waitakere Hospital. He has presented and taught widely on issues of clinical service redesign, patient-centred reform, clinical leadership, patient safety and open disclosure. He is the founder of the Clinical Leaders' Association of New Zealand (CLANZ).

Sharon Kletchko (Deputy Chair)

Sharon Kletchko is a specialist physician who trained in Canada and has been working in the public health system in New Zealand since 1983. She has held a myriad of roles as a specialist hospital clinician, a bureaucrat and as a manager over the past few years. Sharon has been a member and chair of a number of professional and statutory bodies and advisory boards.

Sharon has a long-standing interest in the quality of professionally delivered health care services and considers that her current position as Director Planning and Service Development (for the Bay of Plenty DHB's Planning and Funding Group) is a culmination of over 30 years of intensive clinical, cross-sectoral, conceptual and innovative knowledge and learning. The role is one of knowledge broker and is integral in achieving a comprehensive and systematic health system that supports and achieves health, participation and well-being for the Bay of Plenty DHB population. The role enables quality, epidemiology, systems-thinking and best practice to be considered in an emergent way.

EpiQual Secretariat

EpiQual Secretariat members

Dr Andrew Holmes – Manager, Clinical Systems Strategy

Dr Gillian Bohm – Principal Advisor, Quality Improvement and Audit

Tracey Grose – Team Leader, Statutory Committees (until March 2005)

Angie Perry – Analyst, Statutory Committees

Secretariat contact details

EpiQual Secretariat

Clinical Services Directorate

Ministry of Health

PO Box 5013

Wellington

Telephone (04) 496 2288

Facsimile (04) 496 2493

Email epiqual@moh.govt.nz

Website www.newhealth.govt.nz/epiqual

Terms of Reference

Accountability

The National Health Epidemiology and Quality Assurance Advisory Committee is established under Section 17 of the New Zealand Public Health and Disability Act 2000 (the Act). It is appointed by, and accountable to, the Minister of Health.

Purpose of the Committee

The role of the National Health Epidemiology and Quality Assurance Advisory Committee is to provide advice to the Minister on any health epidemiology and quality assurance matters. It must specifically deal with perinatal, infant and child and adolescent morbidity and mortality issues and must, in providing its advice:

- ensure, to the maximum extent practicable, that there is national co-ordination in the reporting of relevant health epidemiology and quality assurance matters
- ensure that there is a capacity to improve health outcomes through quality assurance programmes directed to clinical providers.

The advice given to the Minister is to be formulated after consultation by the Committee with DHB's and other persons involved in the provision of services, and any other persons that the Committee considers appropriate.

Key tasks

1. To provide independent advice to the Minister on quality improvement in the health sector through monitoring of national quality initiatives and to advise the Minister on how clinical outcomes may be improved through such initiatives.
2. To advise on data which needs to be collected, using and streamlining existing data collection systems where possible, to enable national conclusions to be drawn.
3. Give advice on priorities for epidemiological studies that will assist in improving clinical outcomes.

In developing its advice, the Committee must consider reports from the Child and Youth Mortality Review Committee, and any other mortality review committee set up under Section 18 of the Act, it may also consider relevant reports, including on the following issues:

- New Zealand Health Sector Quality Improvement Strategy
- health professionals competence
- audit information related to implementation of the Health and Disability Services (Safety) Act 2001
- relevant opinions of the Health and Disability Commissioner, under Section 45 of the Health and Disability Commissioner Act 1994.

It will also:

- identify data quality and analysis issues
- consider such matters as the Minister specifies by notice to the Committee, such as reporting on perinatal mortality review
- advise the Minister on clinical epidemiological matters that will improve clinical practice quality and support other quality assurance initiatives.

Membership

The National Health Epidemiology and Quality Assurance Advisory Committee will have a maximum of 10 members appointed by the Minister of Health. The Minister will appoint a Chairperson for the Committee, and the Committee will nominate a Deputy Chair from among their membership.

Members will have the ability to work strategically and co-operatively, and will have credibility in relevant communities.

Collectively the Committee will reflect the following:

- knowledge of quality improvement and risk management, in particular of quality assurance in the health sector
- knowledge of data and information gathering systems and analysis
- knowledge of perinatal, infant and child and adolescent mortality
- knowledge of clinical epidemiology
- knowledge of District Health Board service provision and management
- clinical experience
- knowledge of Māori health
- knowledge of Pacific health.

The Committee will reflect, through its membership, work programme and the manner in which it carries out its tasks, consistency with the principles of the Treaty of Waitangi.

The Committee may appoint sub-committees or establish working parties relevant to its agreed workplan. It may also co-opt expertise as necessary to assist both the main Committee and any sub-committees it may establish.

Term of membership

Members of the Committee will be appointed for a term of up to three years, and will be eligible to serve a second consecutive term to allow for continuity and the full use of increased experience and knowledge. Members will have staggered retiring dates to ensure a degree of continuity.

Reporting requirements

The National Health Epidemiology and Quality Assurance Advisory Committee is required to:

- report as necessary, but at least once a year, to the Minister on its advice on the matters referred to in Section 17, subsections 1 – 6 of the Act
- keep a record of all Committee meetings, which outlines the matters discussed and includes a clear note of all decisions taken or recommendations made.

Frequency of meetings

The timing and frequency of meetings will be determined by the tasks the Committee is required to fulfil and as part of its work programme to be agreed with the Minister. All meetings of the Committee will be convened by the Chair (or Deputy Chair) as appropriate.

Attendance fees

Members of the National Health Epidemiology and Quality Assurance Advisory Committee are entitled to be paid fees for attendance at meetings. The level of fees is set in accordance with the State Services Commission's framework for fees for statutory bodies. The Chairperson will receive \$450 per day working for the Committee (plus half a day's preparation fee). The attendance fee for members is set at \$320 per day working for the Committee (plus half a day's preparation fee). These and actual and reasonable travel and accommodation expenses will be met from the Committee's budget.

Servicing of the Committee

A secretariat providing professional and advisory support to the National Health Epidemiology and Quality Assurance Advisory Committee will be based in the Ministry of Health.

Duties and responsibilities of a member

- Committee members have a commitment to work for the greater good of the Committee. They are accountable to the Minister of Health.
- Committee members attend meetings and undertake Committee activities as independent persons responsible to the Committee as a whole.
- There is an expectation that Committee members will make every effort to attend all Committee meetings and devote sufficient time to become familiar with the affairs of the Committee and the wider environment within which it operates.
- Committee members have a duty to declare any conflict of interest (as defined in the Ministry of Health conflict of interest protocol for statutory bodies) which may prevent them from impartially and fairly carrying out their Committee duties.

Performance measures

The Committee will be effectively meeting its key tasks when it provides relevant and timely advice to the Minister of Health based on research, analysis and consultation with appropriate bodies. It must achieve its agreed work programme; and it must stay within its allocated budget.

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