

QLIK CASE STUDY

Te Whatu Ora, Capital, Coast, Hutt Valley and Wairarapa



Te Whatu Ora, Capital, Coast, Hutt Valley and Wairarapa Mental Health, Addiction and Intellectual Disability Service (MHAIDS) provides services across Wellington, Porirua, Kāpiti, the Hutt Valley and the Wairarapa, as well as some central region and national services.

MHAIDS uses Qlik Sense for data analytics, with around 120 users spanning team leaders, clinical leads, operations managers, administrators and clinicians.

MHAIDS has 11 unique applications and one dashboard, and also uses district-wide Human Resources and non-Mental Health apps extensively.

Te Whatu Ora Capital, Coast and Hutt Valley has grown a large pool of internal developers, who are all trained by Qlik elite partner Acumen BI.

Telling better stories

MHAIDS provides mental health, addiction and intellectual disability services across Capital, Coast, Hutt Valley and Wairarapa districts.

There is a large range of information coming into the combined service – including addiction, forensic, and intellectual disability data – which is being recorded in multiple systems across multiple locations.

Data flows from source systems into a data warehouse, where Qlik development takes place. Qlik provides the visualisation and analytics tool over the top, enabling MHAIDS to have one application that sources information from many disparate systems, creating a single source of data.

The MHAIDS dashboard went live in early 2022. Using Qlik Mash up, it pulls together a range of measures spanning quality, reportable event and client data (30 by default) that are of interest to the service.

Hope McCrohon, MHAIDS senior analyst, says “Qlik allows us to tell better stories”.

“Our dashboard gives us the ability to look at multiple measures on one screen, which is especially important in mental health as you need to see at least three measures to get a good idea of what you are looking at,” she says.

“We also have HR and finance measures from across MHAIDS

to back up our client data and it is all in one place, which is really nice place to be.”

Steve McGinnity, analyst in the MHAIDS Business Systems Team, says the dashboard also allows users to filter information by things like ethnicity or team.

“This means we can see what impact any given project is having on a service by just looking at the data,” McGinnity explains.

“We are seeing a significant uptake of the dashboard being used in clinical governance meetings, as it allows them to see trends over time.”

McCrohon says the ability of users to see what happens to the information they input and have access to it themselves has had a huge impact on data quality.

“These tools have really helped to improve people’s understanding of what we do with the data and how the information that they contribute influences a whole range of measures,” she says.

Increasing efficiency

MHAIDS has been progressively replacing old style reports with direct reporting from Qlik, using NPrinting

NPrinting allows organisations to combine multiple Qlik applications to create automated reports, that are available in multiple formats, including Microsoft Word, PowerPoint or Excel.



“This was a **data quality improvement** process, but it is also fundamentally helping to manage our understanding of our staff mix within our teams, ensuring that is accurate and therefore vacancies are accurately reflected. This has a significant impact on recruiting and speeding up that process.”

Stuart McCaw,
programme manager
Qlik Sense

McGinnity says the tool takes graphs, visualisations and figures from a range of applications – including MHAIDS, HR and other operational apps – to create a report and has accelerated the service’s uptake of Qlik.

“Previously, there was a lot of variance in how people used the analytics tool, but since replacing our operational monthly reporting with the templates from NPrinting, each team leader, operations manager, clinical nurse specialist, and director, gets them in a similar template,” he explains.

The manual monthly reporting process had been very time consuming for analysts and clinical staff, but is now fully automated: team leaders simply add commentary to the figures and charts, then send it on to their manager.

The reports also allow for measures that are slightly different for each sector, such as clinical measures, while also standardising key measures such as HR.

“This creates consistency across the service, and we have tied the local measures into our national measures, which aligns people to the KPIs that apply to mental health throughout the country,” McGinnity says.

Engaging with the data

McCrohon says the reports have led to greater uptake of Qlik amongst users as they have more ability to engage with the data.

“I had been concerned that these comprehensive reports might lead to less use of Qlik applications, but the reports are having the opposite effect and that is increasing people’s data literacy,” she says.

Team leaders have always been interested in how they can use data to make improvements and address certain issues, but information siloes made it difficult to work with.

“Having everything in one place means the users can go and interact with the data themselves and because the interface is very user friendly, people are able to find information easily, which gains and maintains their interest,” she says.

The analytics solution also enables questions to be raised and answered in real time.

McCrohon points to a local project on improving the district’s access and intake processes. At a progress meeting, analysts were able to answer questions on workflow and call numbers immediately.

“Historically, this would have involved someone writing down a request, sending it to my team, formulating the data, and sending it back. It could have been the next meeting or the following meeting that they would have got the answers to the questions,” she says.

“That ability to answer questions in real time is one of the key benefits at the service level as it frees up our capacity for other work.”



“With automation and self-service analytics there are a lot of queries that do not come to us anymore and the amount of manual work to produce reports is significantly reduced. It provides greater efficiency and allows me to focus on providing greater value back to our customers.”

Steve McGinnity,
MHAIDS analyst

Quality improvement

McCrohon says the move away from manual reporting has allowed the data analytics team to shift towards quality improvement.

“This could mean focusing on improved data quality, or digging into the data and understanding the story,” she says.

“We also work to upskill staff and promote the use of Qlik, including administrative staff who have played a huge role in improving data quality and getting our team leaders and clinical staff up skilled as well.”

After working in the district for 13 years, she says the data analytics space today “feels like a different world”.

“Previously there was a disconnect between the information reports we were sending out and people’s experience on the ground. Now teams have confidence in the data, reports are automated, and people are taking ownership of their information,” she says.

“We have consistent measures and consistent understanding of what those measures mean.”

McGinnity agrees saying, “with automation and self-service analytics there are a lot of queries that do not come to us anymore and the amount of manual work to produce reports is significantly reduced.

“It provides greater efficiency and allows me to focus on providing greater value back to our customers.”

Improving data literacy

Programme Manager Qlik Sense at Capital, Coast, Hutt Valley, Stuart McCaw, says large internal systems such as payroll, the patient management system, and reportable events incident management system, have all been ‘Qlicked’, so his focus is now on getting benefit out of the analytics investment.

“When you are implementing software systems, you need to make sure that people understand and use the data, because that’s where the real benefit comes from. Key to that is data literacy.”

McCaw adopted and adapted a competency-based data literacy programme developed in Australia (Databilities™ model from Data to the People) and the first tranche of training was in MHAIDS.

There are a range of competencies at six different levels. He assesses which competencies a staff member needs to have and at what level.

Before the Covid-19 pandemic hit, McCaw was training staff in groups, but often found people were too busy to attend. During lockdown, he started virtual training one-on-one and found this hugely beneficial in terms of attendance and being able to train staff using their own data.

“It’s important that we train and work on the information that people have to use in their working lives,” says McCaw.

“I’m teaching them to understand trends over time: to identify a



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Hope McCrohon,
MHAIDS senior
analyst

potential problem on a graph and then comment on what processes they are putting in place to address it.”

A survey of MHAIDS trainees shows an average 70 percent increase in confidence in using Qlik and their understanding of their data, which has led to increased use of the analytics tools.

Managing vacancies

McCaw says the most interest he gets in training sessions is from team leaders who are keen to understand information around staffing needs, such as Full Time Equivalent (FTE) calculations and vacancies.

“The data that supports the recruitment process is really important to them, so getting the data right is really important to them and we have a Qlik application that exposes them to what our payroll system shows about their staffing,” he says.

Training on this application highlighted a need to improve the service’s management of position data, which led to McCaw co-designing and piloting a new process and information flow, with early indications that it is having a positive impact.

“This was a data quality improvement process, but it is also fundamentally helping to manage our understanding of our staff mix within our teams, ensuring that is accurate and therefore vacancies are accurately reflected,” he says.

“This has a significant impact on recruiting and speeding up that process.”

Having accurate vacancy data means staff can rely on Qlik, rather than internal spreadsheets.

“It really reduces the noise in the system and allows staff to focus on what’s important and answer their questions quickly,” McCaw says.



Te Whatu Ora
Health New Zealand

