HAWKE'S BAY DISTRICT HEALTH BOARD

SYSTEM LEVEL MEASURES IMPROVEMENT PLAN 2018/19

HAWKE'S BAY
District Health Board
Whakawāteatia

HEALTH
HAWKE'S BAY
Te Oranga Hawke's Bay

System Level Measures provide a framework for continuous quality improvement and integration across the health system. Equity gaps for Māori and Pacific populations are evident in all System Level Measures. This framework provides us with a great opportunity to work with health system partners to address equity gaps.

System Level Measures are:

- outcomes focused
- set nationally
- require all parts of the health system to work together
- focus on children, youth and vulnerable populations
- connected to local clinically led quality improvement activities and contributory measures.

Contributory measures are:

- chosen locally based on local needs, demographics and service configurations
- used to measure local progress against quality improvement activities

Current System Level Measures:

1. Ambulatory Sensitive Hospitalisations (ASH) rates for 0 -4 year olds
2. Total acute hospital bed days per capita
3. Patient experience of care
4. Amenable mortality rates
5. Babies living in smokefree homes
6. Youth access to and utilisation of youth appropriate health services

System Level Measures recognise that good health outcomes require health system partners to work together therefore district alliances are responsible for implementing these. As the Hawke's Bay alliance is currently awaiting transformation into the Primary Care Development Partnership, a local leadership team was formed across the DHB and PHO to manage this piece of work. This year we have widened our planning team to include general practice, pharmacy, Well Child Tamariki Ora providers, school based nurses, youth health providers and population health teams. A joint decision making approach to system integration and service planning is used.

As the year begins, we will be reviewing processes around both planning and implementation of the Improvement Plan to ensure wider participation right through the year and integration with the Primary Care Development Partnership.

Our goals are:

To harness perspectives from all relevant parts of the health system to identify shared vision and key objectives
To apply alliancing principles (way of working)
To use SLMs to drive system integration
To lead the development of the SLM Improvement Plan

We continue to present our System Level Measures in 'poster' form as a vehicle to share these with, and engage our teams and community. A more detailed plan stands behind this Improvement Plan outlining responsibilities and leads for each measure and activity.

Although our 2018/19 milestones are around increasing equity for Māori with reference to the Treaty of Waitangi, we are keeping visibility of results for our Pasifika population and are including goals for Pacifika within our contributory measures where equity gaps are large.

Signatures:

Dr Kevin Snee
Chief Executive Officer
Hawke's Bay District Health Board

Mr Wayne Woolrich
Chief Executive Officer
Health Hawke's Bay
Te Oranga Hawke's Bay

Keeping Children out of Hospital

SYSTEM LEVEL MEASURE

Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0–4 year olds

Ambulatory Sensitive Hospitalisations (ASH) reflect hospital admissions for conditions which could potentially be prevented by early access to treatment in care. In many countries ASH is used as a means to assess the performance of primary care and to identify potential barriers to access.

However, while ensuring early access to effective primary care is still likely to be of considerable value in reducing ASH, in countries such as New Zealand, where large socio-economic and ethnic disparities in child health exist, a greater emphasis may need to be placed on addressing those factors, often outside of the health sector, which drive the underlying burden of disease (e.g. household income, housing, nutrition, exposure to second hand cigarette smoke). This is because, even with optimal access, the ability of a general practitioner to prevent a paediatric pneumonia admission after the first crucial hours may be limited, but the opportunities available for a DHB to prevent paediatric respiratory infections via, e.g. healthy housing projects and parental smoking cessation programmes, may be considerable. Note that actions around access to primary care are included under SLMs - Using Health Resources Effectively and Prevention and Early Detection.

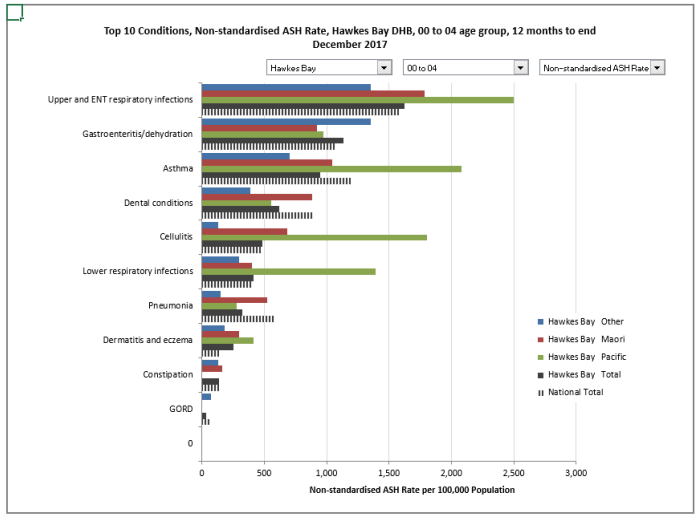
There is an inequity in the ASH rates 0-4 for Māori, Pasifika and other. The largest inequities are observed in cellulitis, dental and upper and ENT respiratory conditions.

The top ASH conditions for Māori are respiratory infections - upper and ENT, asthma, gastroenteritis / dehydration and dental conditions.

	Baseline*	2018/19 Milestone
Total	6,000	Māori 6,320 (20% reduction in gap, 5 year elimination
Māori	6,693	
Pasifika	10,000	
Other	4,824	

*12 months to December 2017

SI 1: Ambulatory Sensitive Hospitalisations (ASH)



CONTRIBUTORY MEASURES

Measure	Baseline	Goal
Decreased hospitalisations due to dental conditions for Māori & Pasifika 0-4 (rate per 100,000)	Māori: 882 Pasifika: 556 Other: 390	Māori: ≤ 784 Pac ≤ 523 20% reduction in equity gap)
Decreased hospitalisations due to respiratory for Māori and Pasifika 0-4 (rate per 100,000)	Māori 3,625 Pasifika 4,931 Other 2,518	Māori ≤ 3,404 Pac ≤ 4449 (20% reduction in equity gap)
Decreased hospitalisations due to cellulitis for Māori and Pasifika 0-4	Māori 681 Pasifika1806 Other 130	Māori ≤ 543 Pac ≤ 1472 (20% reduction in equity gap)

HOW WILL WE ACHIEVE IT?

- Develop a respiratory pathway to standardise follow up of tamariki, post admission, by general practice.
- Provide community based respiratory support for targeted tamariki and their whānau during peak winter months.
- Develop a pathway for community oral health service referrals to secondary care to ensure the child's appropriate primary care practitioner is informed of the child's health status.
- Pilot General Practice 'Lift the Lip' at 15-month immunisation visit.
- Work with the Child Health Team to distribute the skin care resource to early childhood centres, Kohanga Reo and Punanga Reo/language nests, taking a population health approach to promotion and socialisation of the resource.

Using Health Resources Effectively

SYSTEM LEVEL MEASURE: Acute hospital bed days per capita

Acute hospital bed days per capita is a measure of the use of acute services in secondary care that could be improved by effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare providers. This includes access to diagnostics services.

Reducing acute hospital bed days aligns with our challenge in Transform and Sustain of being more efficient at what we do. We continue to focus our efforts on reducing avoidable admissions through more effective care in the community, and reducing length of stay and readmission rates through better hospital processes and collaboration across the sector. The conditions with the highest impact on acute hospital beds are stroke and other cerebrovascular disorders, respiratory infections and inflammation and hip and femur procedures. The 70+ age groups make the major contribution to acute hospital bed days – however, the rate is lower than national figures.

Ambulatory Sensitive hospitalisation (ASH) rates for 45-64 years are a contributing factor to acute hospital bed days and in their own right are a measure of the whole system working effectively. The highest contributing conditions are angina and chest pain, myocardial infarction, cellulitis and COPD. The largest inequity gap for ASH 45-64 between Māori and other is in COPD and angina and chest pain with cellulitis and pneumonia also high.

For further actions around improving access to primary care see SLM - Prevention and Early Detection.

Hawke's Bay DHB of Domicile

	Estimated Popn	Acute Stays	Acute Bed Days	Standardised Acute Bed Days per 1,000 Popn		
Year	Year to Dec 2017	Year to Dec 2017	Year to Dec 2017	Year to Dec 2015	Year to Dec 2016	Year to Dec 2017
Maori	42,190	6,132	17,006	601	565	570
Pacific	6,190	875	1,928	555	542	441
Other	113,900	15,416	51,534	374	349	336
Total	162,280	22,423	70,468	414	392	378

2018/19 Milestone: Reduce standardised acute hospital bed days to ≤530 per 1,000 population for Māori (20% reduction in equity gap)

CONTRIBUTORY MEASURES

Measure	Baseline	Goal
Decreased Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 45 – 64 year olds Māori	Māori: 8,092 Pasifica 8,043 Other: 3,404 Total: 4,370	Māori: ≤7,159 (20% reduction in gap Māori and other
Decreased acute readmission rate (28 day)	12.5%	TBC
Decreased Inpatient Average Acute Length of Stay (ALOS)	2.39	≤ 2.3

HOW WILL WE ACHIEVE IT?

- Increase utilisation of intermediate care beds by reviewing acceptance criteria.
- Introduce Geriatric Evaluation & Monitoring (GEM) beds in AT&R to expedite the acute hospital journey for frail older people.
- Examine readmission rates in relation to diabetes, targeting those with 1-3 readmissions and work up plan to address.
- Identify through the Whānau Wellness Resource Programme, those at risk of respiratory issues / concerns and actively screen through the respiratory programme.
- Evaluate the effectiveness of the High Needs Enrolment Programme and work with NGOs, Maori health providers, secondary services, and other stakeholders to increase the understanding, uptake and effectiveness of this programme.
- Work with general practice to investigate the feasibility of undertaking different models of patient care with the view of increasing capacity.
- Work with general practice and Hastings Hospital staff to promote and encourage increased use of the Hospital Discharge Programme with a particular emphasis on admissions associated with Diabetes, Respiratory and Cardiac Disease.
- Health Hawke's Bay to review the new urgent care model.
- Scope extension of the Co-ordinated Primary Care Options (CPO).

Person Centred Care

SYSTEM LEVEL MEASURE: Patient experience of care

How people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. Improved consumer experience of care will reflect better integration of heath care at the service level, better access to information and more timely access to care.

Consumer experience surveys provide scores for four domains which cover key aspects of consumer's experience when interacting with health care services: Communication, partnership, coordination, and physical and emotional needs.

The purpose of these measures is to ensure consumers in New Zealand are receiving quality, effective and integrated health services. Evidence suggests that if consumers experience good care, they are more engaged with the health system and therefore likely to have better health outcomes.

In Hawke's Bay, consumer experience surveys are only one part of much wider pieces of work under "Person and Whanau Centered Care." The four focus areas are: consumer engagement, patient experience, health literacy and consumer participation.

This measure captures consumer experience in two settings:

- Hospital inpatient surveys (undertaken quarterly since 2014)
- Primary care survey (introduced in a phased approach quarterly from Feb 2016).

Domains	Inpatient Results Weighted Avg/10 31 May 2018	Primary Care Results Weighted Avg/10 1 April 2018
Communication	8.4	8.4
Partnership	8.6	7.5
Coordination	8.5	8.5
Physical and emotional needs	8.8	7.5

SLM 2018/19 Milestone:
Response rate of 25% for General Practice and 25% for Inpatients
Baselines: 23% General Practice and 15% Inpatient

CONTRIBUTORY MEASURES

Measure	Baseline	Goal
HQSC primary care – proportion of Māori invited to complete survey, who respond	11.5% Māori 13% Pasifika	15% 15%
HQSC Inpatient survey – proportion of Māori responses	15%	20%
Proportion of staff having completed online Health Literacy training	DHB: 0%	DHB: 20%
Proportion of staff carrying out relationship centred practice training	DHB: 11%	DHB: ≥23%

HOW WILL WE ACHIEVE IT?

- Develop a plan to role out relationship centred practice training to the wider DHB and health sector.
- Map experience of care results across primary and secondary care; quarterly results from inpatient survey overlaid with primary care.
- Initiate a project for Consumer Experience that will include the development and implementation of an end to end process for capturing consumer feedback, reporting, analysing, through to the development of an implementation plan that will deliver continuous improvement based on survey results. This is currently in concept stage undergoing scoping activity and will identify any specific actions required to increase Māori response rates.
- Health Literacy Implementation project will deliver a number of resources to make healthcare easier to understand to the consumer through training materials and toolkits for developing new health resources.
- HQSC primary care: Identify and implement ways that Māori and Pasifika Island people can participate in the Patient Experience Survey.
- HQSC primary care: Investigate and consider other ways that could be used to collect the experience of care from Māori and Pasifika people

Prevention and Early Detection

SYSTEM LEVEL MEASURE: Amenable mortality rates

Nearly three-quarters of all deaths before the age of 75 years are avoidable due to either disease prevention or effective treatment and health care. Deaths due to these diseases or conditions can be counted and expressed as a rate. Any difference in these rates by ethnicity or by area of residence can therefore be considered to be a health inequity. We have seen significant reduction in deaths, which could have been minimised by prevention, early treatment programmes or better access to medical care, however this seems to have leveled off since 2012.

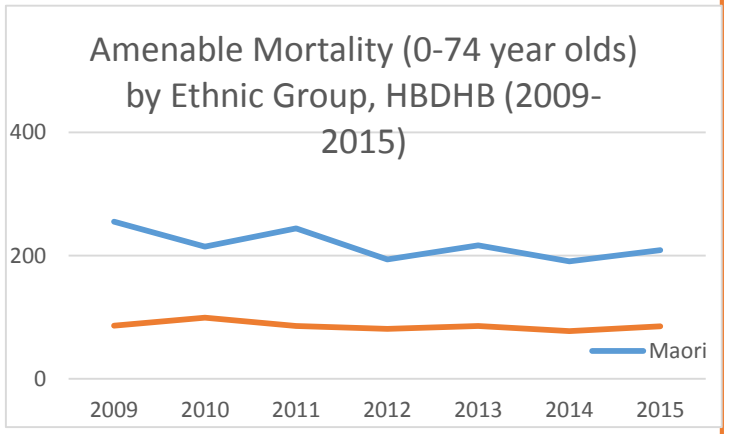
The top five causes of amenable mortality for total populations are: coronary disease, diabetes, suicide, land transport accidents (excluding trains), and female breast cancer with those for Māori being coronary disease, suicide, land accidents (excluding trains), diabetes and COPD.

Amenable mortality rates are 2.6 and three times higher for Māori and Pasifika respectively compared to non-Māori, non-Pasifika (NMNP). This highlights a large inequity in prevention and early detection for Māori and Pasifika. Given what we know about our top causes, the system will focus on cardiovascular disease and diabetes, particularly for Māori. Actions on alcohol are not included in this SLM as these are covered within "Youth are Safe and Supported'.

For further actions around improving access to primary care, see SLM – Using Health Resources Effectively.

Baseline*	2018/19 Milestone
Māori 208.8 NMNP 85.1 Relative Rate between Māori and NMNP 2.45	Relative Rate between Māori and NMNP ≤2.15, ≤1.8 by 2023, ≤1 by 2028

*Amenable mortality, ages 0-74, 2015



Due to the small number in the Pasifika population, it is difficult to put a target on reducing the standardised rate however, we will be focussing on services to improve equity for Pasifika as well as Māori.

CONTRIBUTORY MEASURES

Measure	Baseline	Goal
Increased number of Māori males 35-44 yrs have had a CVD risk assessment in the past 5 years	Māori & Pasifika males 35-44yrs = 66.7%	≥90%
Better help for smokers to quit (PHO)	Māori = 88.2%	≥90%
Decreased ASH rate for angina and chest pain for Māori per 100,000	Māori 1,593 Pacifika 1,417 Other 957	Māori <1,466

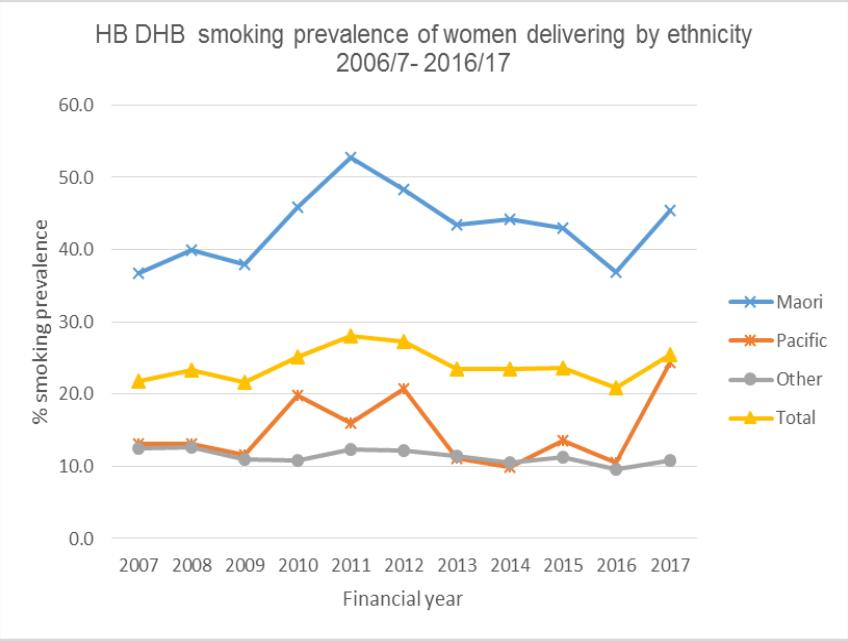
HOW WILL WE ACHIEVE IT?

- Map diabetes prevalence in Hawke's Bay and match to services in order to provide a strategic view of delivery of services against population need and health outcomes.
- Develop an improvement plan informed by data, analysis and information to increase the provision of CVRA for Māori in line with national guidelines. This will be inclusive of Māori Women.
- Implement the Pre-diabetes Intervention Research Programme to assess reasons for variation in patient response post Pre-diabetes Nutrition Programme.
- Implement the HBDHB Tobacco Strategy 2017-2022.
- Support the Breast Screening Mobile visit to Flaxmere, Wairoa and CHB to reduce the number of Priority women who DNA.
- Health Hawke's Bay to review Services to Improve Access (SIA) inclusive of Care Plus and Health Promotion with a view to 'right care, right time'.

Healthy Start

SYSTEM LEVEL MEASURE: Proportion of babies who live in a smoke-free household at six weeks postnatal

This measure aims to reduce the rate of infant exposure to cigarette smoke by focusing attention on both maternal smoking and the home and family/whānau environment to encourage an integrated approach between maternity, community and primary care. We know, in Hawke's Bay, that we have an alarmingly high number of women, especially Māori women, who smoke during pregnancy (see graph below).



This year, we will continue to focus on the data collection at multiple points in the maternity journey and the pathway for smokefree services centered around maternal and whānau smokefree support before, during and after pregnancy.

SLM Milestone: Reduce the number of 'blank' responses to household smoker question. Baseline: 16% 'Blank' Target 10% 'Blank'

CONTRIBUTORY MEASURES

Measure	Baseline	Goal
Increased % of Māori women, booked with an LMC by week 12 of their pregnancy	Māori: 52.4% Pasifika: 50.0% Other: 76.9% Total: 67.1% Dec 2017	≥80% Māori
% of women who become smokefree over their pregnancy	Māori TBC Other TBC	Improvement on baseline TBC Q1

HOW WILL WE ACHIEVE IT?

- Form a group with representatives from key providers to complete a map of tobacco use in Hawke's Bay, this will inform any updates to the Tobacco Strategy in 2019
- Develop a Kaupapa Māori Maternal Health programme, which includes a specific focus on providing culturally appropriate smoking cessation advice for pregnant Māori women, mothers, and their whanau.
- Review and implement efficient systems and processes to support referrals to and engagement with Te Haa Matea for smoking cessation.
- Work with the Well Child Tamariki Ora Quality Improvement Group to ensure the smoking status of every mother is identified at the six week visit .
- Work with Well Child Tamariki Ora providers and Quality Improvement manager from Central Region TAS to monitor and improve quality of the smokefree data being recorded.
- Implement the HBDHB Tobacco Strategy 2017-2022 and link to population health planning activity.

Youth are Healthy, Safe and Supported

SYSTEM LEVEL MEASURE: Youth access to and utilisation of youth appropriate health services

Youth have their own specific health needs as they transition from childhood to adulthood. Most youth in New Zealand successfully transition to adulthood but some do not, mainly due to a complex interplay of individual, family and community stressors and circumstances, or 'risk factors'. Evidence shows that youth are not in the habit of seeking the services or advice of a registered health practitioner when unwell. Generally they cope with illness with advice from friends and whānau as they see fit. Attending a health clinic is often viewed as a last resort instead of a reasonable first choice.

This measure focuses on youth accessing primary and preventive health care services. Research shows that youth whose healthcare needs are unmet can lead to increased risk for poor health as adults and overall poor life outcomes through disengagement and isolation from society and riskier behaviours in terms of drug and alcohol abuse and criminal activities.

Hawke's Bay has a Youth Strategy which conveys a shared vision for young people by identifying a common set of youth outcomes and indicators that cuts across the work of many organisations/services working with youth. The strategy aligns with the youth development approach, focusing on a balance between services designed to prevent, intervene or treat health problems as well as promoting development through preparation, participation and leadership experiences with youth.

The Hawke's Bay Youth Consumer Council has identified Alcohol and Other Drugs and Mental Health and Well-being as their two top priorities for the System Level Measure. These areas will be developed with a strong focus on youth experience of the health sector.

SLM Milestones:

Reduced Alcohol related ED presentations for 10-24 year olds

Baseline: TBC	2018/19 Milestone: TBC Due to queries around accuracy of data

Reduced Self harm hospitalisations and short stay ED presentations for <24 year olds

	Baseline per 10,000 pop'n	2018/19 Milestone
Māori	55.2	Total 45.8 per 10,000 (3% decrease)
Pasifika	33.0	
Other	43.1	
Total	47.3	

CONTRIBUTORY MEASURES

Measure	Baseline	Goal
Reduced % of 'unknown' as answer to alcohol related presentation question in ED	5.4%	≤5%
Increased % of schools with a developed alcohol policy	TBC	25% of schools
Increased utilization rate of general practice by 13-17 year olds	44%	≥54%

HOW WILL WE ACHIEVE IT?

- Use findings of the Ministry of Health Mental Health Inquiry to identify required activities and measures.
- Refresh and streamline the HBDHB Youth Strategy and develop an implementation plan to engage youth and continue to support youth to access youth friendly services.
- ED data relating to multiple presentations by 13-17 year olds is made available to primary care providers, participating in the 13-17 zero fees programme. This will enable activities to re-engage youth with appropriate services.
- Implement the HBDHB Alcohol Harm Reduction Strategy (2017-2022), work with ED staff to review and improve the quality of ED Alcohol data being collected.
- Health Hawke's Health to continue with resilience training for youth with a focus on 1-3 decile schools. Scope the possibility of an external evaluation.
- Develop a HB Sexual Health Strategy aligned to HBDHB Youth Strategy.
- Fully utilise 50 Youth Mental Health Packages of Care.
- Public Health Nurses to work collaboratively with Population Health team to increase number of schools with an alcohol policy in place.