Appendix B: System Level Measures Improvement Plan

Introduction

Our Improvement Plan 2018-19 for Northland brings an increased focus on addressing key areas based on local needs to improve disparity and inequality in the health status of Maori, enhance patient experience for all and improve resources effectiveness across our geographically wide region.

As part of our district alliance's approach we have created a part time SLM coordinator role to strengthen the cohesiveness of our efforts and ensure we can demonstrate an integrated partnership approach in the ongoing cycle of development and implementation of the improvement plans. A plan to socialise the System Level Measures programme across our whole community will also be an outcome of this.

Our Health Profile

Maori

Māori experience low levels of health status across a range of health and socio-economic statistics. They comprise 34.9 percent of Northland's total population, but 52 percent of the child and youth population, a key group for achieving long-term gains. Māori experience early onset of long-term conditions like cardiovascular disease and diabetes, presenting to hospital services on average about 13 years younger than non-Māori.

Child and Youth

The child and youth proportion of Northland's population is projected to decline over the coming years from 32.7 percent in 2018 to 30.7 percent in 2028 but remains a priority because healthy children make for healthy adults and because children are more vulnerable than adults. The deprivation index, which divides New Zealanders into ten groups according to their deprivation scores, placed 80 percent of the population on the most deprived half of the index.

Older People

Our ageing population is placing significant demands on health services provided specifically for older people (residential care, home and community support services, day care). It also increases the prevalence of long-term conditions which become more common with age.

Long Term Conditions

About three-quarters of deaths in Northland are from cardiovascular disease (heart disease and stroke) or cancer (the most common sites are trachea-bronchus-lung, colorectal, prostate and breast). Twenty percent of adult Northlanders have been told they have high blood pressure and 12 percent that they have high cholesterol, both known risk factors for cardiovascular disease. While diabetes is not a major killer in itself, it is a primary cause of heart disease. A great deal of unnecessary illness and hospitalisation is related to poor management of diabetes.

Oral Health

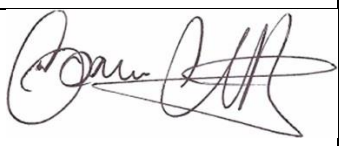
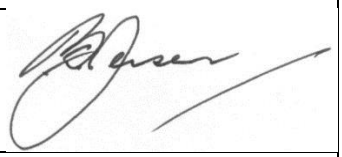
Northland's children have long had some of the country's poorest oral health, though that has improved markedly in the last few years. Even so, only 44% of five-year-olds have no dental caries, with a marked disparity between Maori (28%) and non-Maori (63%). No water supplies in Northland are fluoridated, which detrimentally affects our oral health status.

Lifestyle Behaviours

The way people live their lives and the behaviours they exhibit have an enormous effect on health status. There are a wide range of influences, but key ones are smoking, diet, alcohol and other drugs, and lack of physical activity.

Social Influences

Many of the causes of ill health rest with social and economic factors such as housing, education and economic prosperity. The health sector cannot affect these directly, but as a district health board we work collaboratively with other Government and local body organisations to achieve a healthier Northland.

Name	Organisation	Date	Signature
Donovan Clarke	Chief Executive Manaia Health PHO	01/08/2018	
Jensen Webber	Chief Executive Te Tai Tokerau PHO	01/08/2018	
Dr Nick Chamberlain	Chief Executive NDHB	01/08/2018	

Patient Experience of Care

Where we want to be

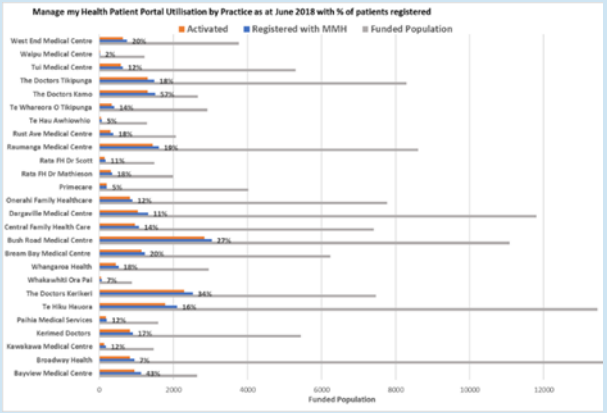
Growing evidence tells us that patient experience is a good indicator of the quality of health services. Better experience, stronger partnerships with consumers, and patient and family-centred care have been linked to improved health, clinical, financial, service and satisfaction outcomes. Northland DHB and Northland's PHOs are working together to ensure we are gaining insight into the patient experience and implementing a Quality Improvement approach across the system with a focus on equity of health outcomes across the population of Te Tai Tokerau/ Northland.

Where are we now?

Primary Care Patient Experience Survey is planned to be active in Northland from Feb 2018 in a staged implementation.

Patient portal is available in some practices in Northland and uptake, at this stage, is optional for use within general practice. It is however strongly supported and encouraged by the PHOs.

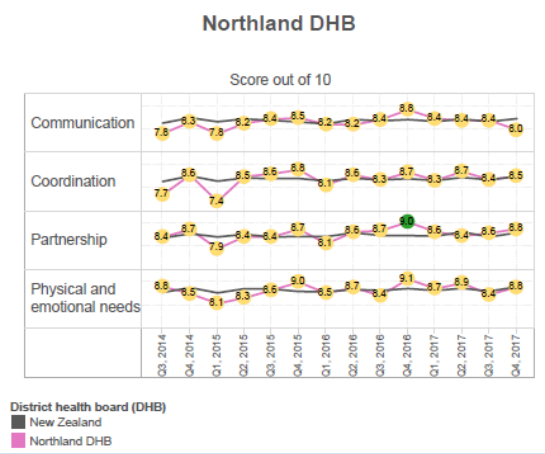
Northland PHO Patient Portal uptake June 2018



National Enrolment Service is utilised across Northland primary health care.

Inpatient survey within DHB in use as per MoH guidelines.

Northland DHB inpatient survey report Feb3 2018



How will we get there?

Milestones

Northland hospital patients will rate their overall inpatient experience at 8.5 or greater in the 4 key domains measured

100% of all Northland PHO practices will be participating in the Primary Care Patient Experience surveys by December 2018.

Contributory measures

Hospitalised patients completing an adult inpatient survey

GP practices offering and patients accessing and using patient portals

General Practitioner (GP) practices participating in obtaining feedback from patients via the Primary Care Patient Experience Survey

Patients providing feedback via the

Activity

NDHB using adult inpatient survey according to MoH guidelines.

General practices are using Primary Care Survey according to MoH guidelines.

Patients and whanau are given a voice and are active participants in their care planning, utilising patient portals such as the Whanau Tahi tool and Manage My Health.

Equity outcomes are considered with specific professional input from NDHB Maori Health Directorate team and Primary Health Care Maori Health Lead.

Promotion of patient portals within PHC will be stongly encouraged.

Communication has been identified as a priority improvement area where several quality iniatives across the health system have been planned:

- communications framework to be implemented and refined to promote use of survey tool both within general practice and the community

	Primary Care Patient Experience Survey	• promotion of use of patient portals within PHC • evaluation of use of patient portal and the PES survey results during 2018/19 to grow participation rates and address areas of concern. Development of a specific Quality Improvement Plan led by the Northland PHO/ NDHB Quality teams to identify further improvement opportunities/ ideas and a change management process with support to general practice, NDHB and PHOs.

Ambulatory Sensitive Hospitalisations ages 0-4

Where we want to be

Northland DHB and Northland PHOs believe that all tamariki; particularly tamariki Maori living in Northland, should have access to quality primary care. Broad approaches are being planned to impact across the district, with the goal of reducing inequity and improving access for tamariki who live in highly deprived communities. This plan sets out our specific actions, all with a focus on increasing access for tamariki, reducing inequities and ensuring quality primary care.

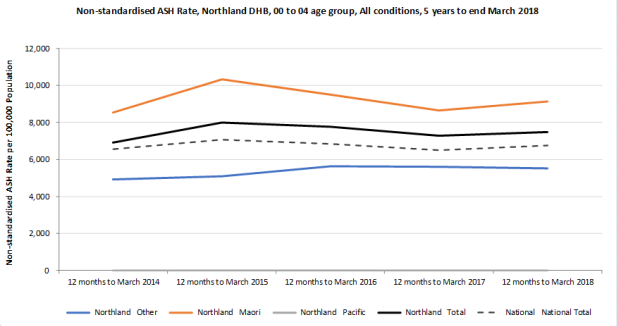
Where are we now?

The top 10 ASH conditions in Northland are dental, asthma, upper and ENT respiratory infections, pneumonia, gastroenteritis/ dehydration, cellulitis, lower respiratory infections, dermatitis and eczema, constipation, GORD.

ASH rates for tamariki in Northland are higher than the national average.

High levels of inequity for ASH events for tamariki Maori compared to non-Maori.

There are significant inequities experienced by condition between tamariki Maori and non-Maori in dental related conditions, asthma, pneumonia, dermatitis and eczema events.



How will we get there?

Milestones

Reduce the equity gap by 5% from 2,996 to 2,846 (non-standardised rate per 100,000, year to end of Dec 2017).

Contributory measures

Caries free at five years

Preschool children enrolled in publically funded child oral health service

Hospital admissions for children aged five years with dental caries as primary diagnosis

Hospital admissions for children aged five years with a primary diagnosis of asthma

Percentage of children aged 4 years and under who received seasonal influenza vaccine

Activity

Oral Health

Develop a business case, and submit for funding, for free oral health care for pregnant Māori women and women living in quintile 5 areas. Develop a staged approach to implementation, starting with hapu mama attending kaupapa Maori and mainstream education programmes.

Implement key recommendations from the oral health co-design project for pre-school enrolment targeting high needs tamariki aged 0 to 2yrs.

- expand 'Little Chompers' to include Mid North and Whangarei area
- increase preschool enrolment utilising oral health therapsists in clinics across Northland
- conduct a series of presentations across Northland health service regarding Community Water Fluoridation policy and promotion in local communities.

Respiratory

Review and improve process for sharing of acute-care management plans (including when to recommence maintenance plans) between paediatrician and GP at transition of care.

Develop criteria and commence trial of script collection prior to discharge for priority groups of children, such as those with acute respiratory conditions, toward reducing barriers to timely collection of medication.

Expand the Far North virtual MDT to Whangarei between primary care, child health services and Paediatric Outreach. Utilising ED presentation data identifying children who have presented with acute

		respiratory ASH >3 times in a 12 month period. Review and improve the process of delivering funded flu vaccines in secondary and primary care services to children who have presented with acute respiratory ASH conditions according to IMAC eligibility criteria. Socialisation of the health pathways for five respiratory conditions into primary care, with the management of acute asthma and chronic wet cough being covered in the programme of primary care CME/CNE. Scope and develop the business case for respiratory nurse specialist role in paediatrics to link with primary care Long Term Conditions and Respiratory Nurse Specialist roles.

Amenable Mortality ages 0-74 and Acute Bed Days

Where we want to be

Northland DHB and Northland's PHOs are working to provide new innovative models of integrated care that will reduce amenable mortality and acute bed days. Our approach continues to pursue a flexible, quality health system delivering the most appropriate care in the most appropriate setting.

We acknowledge that the ages affected by the two measures are different (acute bed days mainly concerns over-75s and amenable mortality mainly younger people) but by and large the causal factors are similar. For that reason, we have kept the two measures combined in this year's plan. In ABD we have put the focus not on age but on the large equity gap apparent in the data (Q5's bed day occupation is ten times that of Q1). This emphasis on equity ties in with the higher prevalence of risk factors such as smoking and poor diabetes management in deprived populations.

Where are we now?

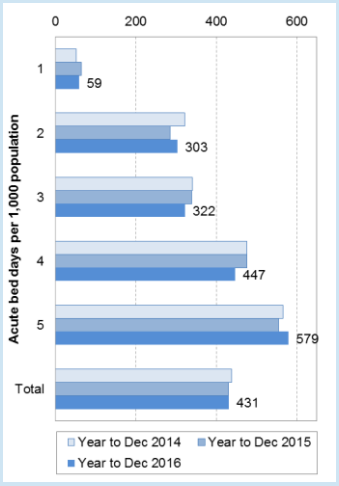
Coronary heart disease is the leading cause of amenable mortality in Northland. Tobacco consumption and diabetes are leading contributory factors to coronary heart disease. Effective identification, management and treatment of tobacco use and diabetes management is a focussed area that can provide meaningful improved patient outcomes in Northland.

We have reduced the acute bed day rates for those living in quintile 4, but there has been an increase for those living in quintile 5. In Northand, Maori are over represented living in quintiles 4 and 5, and experience tells us that tobacco use is higher in Maori compared to non-Maori, therefore a direct correlation between these two measures exists.

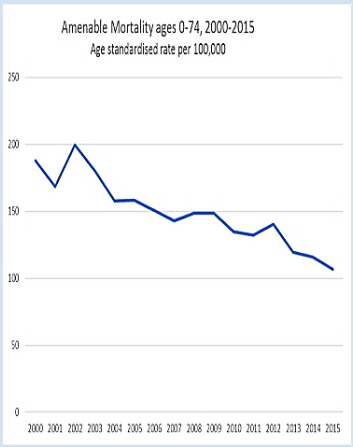
Our Primary Options Northland programme is oversubscribed and opportunity exists to implement a new model of care focussed on acute demand management.

We are supporting new models of primary care to focus resources on those most at risk and in need.

Acute bed days by quintile 2014-2016



Amenable mortality ages 0-74, 2000-2015



How will we get there?

Milestones

Reduce acute bed days for those in deprivation quintiles 4 and 5 by 3%

Reduce the amenable mortality rate for Maori by 20% by 2021

Contributory measures

Achieve 90% CVDRA rate for Maori population

Improve for Maori male age 35-44 years CVDRA rate from 62%

Multi-disciplinary shared care plans

Improve the primary care Maori rate of brief smoking advice from 83%

Activity

Devise a reporting template that would be shared with NDSAG and provide a framework for contractual reporting obligations; using data to inform our service delivery.

Utilise the work prepared by Otago University on locality mapping which shows our population demographics and identifies gaps in service provision. Use this knowledge to target resourcing.

Roll out DSME for all of Northland targeted to patients with poorly controlled HbA1c.

Increase referrals for follow on support for diabetic patients to allied services such as GRx, dieticians and whakamana hauora, develop a method to measure positive patient outcomes.

Implement a new model for an integrated acute demand service to provide resources to community

		providers to reduce hospitalisation and acute demand on secondary services. Provide guidance to general practice to continue to risk stratify their high needs population to support the optimum use of Kia Ora Vision and implement patient centred treatment packages. Continue to invest in, expand the roll out of, and provide ongoing support to practices involved in Neighbourhood Healthcare Homes. Increase number of patients with long term conditions to be offered a patient careplan (Whanau Tahi) by any provider, and any declines to be documented.

Youth Health

Where we want to be

Youth are healthy, safe and supported and the rates of chlamydia infection are reduced in Northland

Where are we now?

In the 2017 STI quarterly lab reports Northland had rates of chlamydia ranging between 165-180 per 100000 population. This is higher than the NZ average rates.

In 2014 MoH released that nationally Maori females aged 15-19 years reported the highest estimated rate of chlamydia, more than twice the national estimate.

There are significant differences in access to Chlamydia testing between males and females overall.

2015 Northland Rates of Chlamydia Testing

Coverage (% of age group tested)

Ethnicity	15 to 19	
	Male	Female
Māori	8.2	27.5
Pacific peoples	2.3	6.5
Asian	-	6.6
MELAA	-	-
European or Other	2.7	15.9
Unknown	-	-
Total	**6.2**	**22.8**

How will we get there?

Milestones

Sustained and incremental increase in Chlamydia testing coverage for 15–24 year olds

5% increase in Chlamydia testing coverage for all males

10% increase in Chlamydia testing coverage for Maori males

Contributory measures

Increase school based clinic screening of Chlamydia by 5-10%

School based screening of school enrolled youth is increased by 30% in males and 10% in females

Maori representation of chlamydia rates is representative of population %

Activity

Plan during Q1 and with key stakeholders; school based health services and schools, delivery of a pilot screening programme in Term One of 2019. The pilot will seek to deliver school-wide chlamydia screening in five established school-based health centre sites for Years 11-13. The purpose is to provide a benchmark of background chlamydia rates in this population of students.

Once the programme is completed and the data analysed, develop an action plan that includes delivery of a youth community awareness campaign and increases opportunities for screening/treatment in both school based health clinics, youth health hubs, general practice and community pharmacy. If appropriate actions could include expansion of the school-wide screening programme to other schools and include year 9-10 students.

Utilise Northland's youth health database to monitor rates of chlamydia diagnosis and subsequent treatment and follow-up screening before and after the pilot and implementation of the action plan.

Babies Living in Smokefree Households at 6 weeks

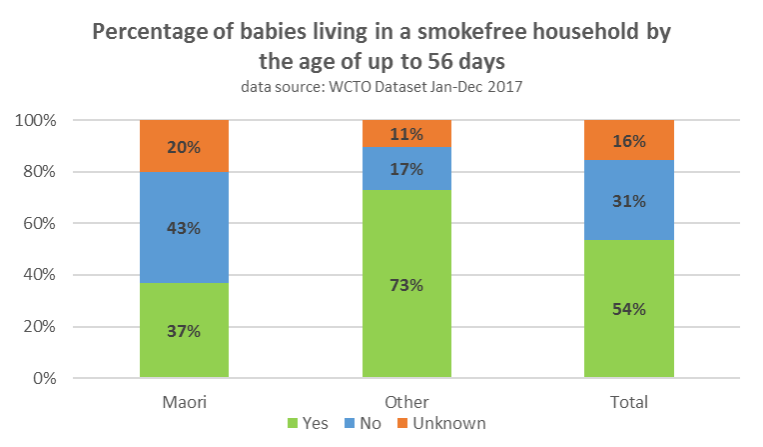
Where we want to be

All pepi and tamariki live in a smokefree environment

Where are we now?

The latest available data from the Well Child Tamariki Ora dataset tells us that we have large inequities between babies living in Maori households and non-Maori households. Just over half of Northland babies live in a smokefree household, 37% of Maori babies live in a smokefree household, 73% of non-Maori / other babies live in smokefree households.

Another concern is that the smoking status of 20% of Maori households is not recorded, compared with only 11% of other households. This large gap in data collection will be the focus in the next six months.



How will we get there?

Milestones

Increase the % of Maori babies living in a smokefree household at six weeks to 50%

Contributory measures

Pregnant women who idenity as smokers upon registration with a NDHB employed midwife or LMC who are offered brief advice and support to stop smoking.

Babies whose family/ whanau are referred from a LMC to a Well Child/ Tamariki Ora provider

Four year old children living in a smokefree home (B4SC)

PHO enrolled patients who smoke have been offered help to quit smoking by a health care professional in the past 15 months.

Hosptial patients who smoke and

Activity

Bi-monthly training delivered to Well Child Tamariki Ora providers to collect consistent smoking information to improve data quality and reduce the percentage of unknowns in households.

Provide hapu mama stop smoking incentives to pregnant mothers participating on Hine Kōpū (Kaupapa Maori Antenatal Programme).

Expand the stop smoking incentives programmes to include Maori whanau with infants under 1 year of age

Launch the Toki Rau Stop Smoking website and fund a health promotion campaign for smokefree whanau with incentives.

Utilising PDSA, implement Northland PHOs quality improvement plan in prioritised GP practices to increase better help for smokers to quit target

“Effective Stop Smoking Conversations with Pregnant Women” online training to be rolled out to GP practices, LMCs and midwives over next 12 months

	are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking	