Waikato District Health Board

2018/19

SYSTEM LEVEL MEASURE IMPROVEMENT PLAN

Pinnacle Midlands Health Network

HAURAKI PHO

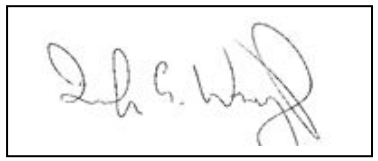
National Hauora Coalition

Waikato District Health Board

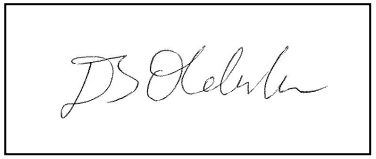
Introduction

The System Level Measure (SLM) Framework is a Ministry of Health led tool for integration to support District Health Boards to work in collaboration with primary, community and hospital. There is a focus on children, youth and vulnerable populations, and this work is included as part of the district's annual planning with the overall improvement targets and plans set locally while sitting within the appendix of the Annual Plan.

The 2018/19 milestones, contributory measures and activities have been decided and agreed by the below parties.



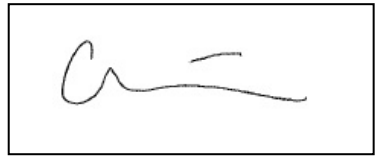
Derek Wright
Interim Chief Executive Officer
Waikato DHB



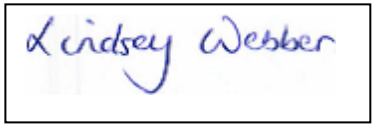
David Oldershaw
Chief Executive Officer
Pinnacle Midlands Health Network

Hugh Kininmonth
Chief Executive Officer
Hauraki PHO

Simon Royal
Chief Executive Officer
National Hauora Coalition



Cath Knapton
Chief Executive Officer
Midlands Pharmacy Group



Lindsey Webber
Deputy CEO
Hauraki PHO

Background

Development and implementation of the 17/18 SLM Improvement Plan saw the roll out of 6 SLM working groups each containing a clinical lead and project manager, the technical reference group and overall SLM Project Manager within the Waikato district. The working groups were committed to working together to achieve results.

Moving into planning for the 2018/19 year saw lessons learned undertaken with some key areas identified as working well and other areas for improvement.

Key lessons learned from 17/18:

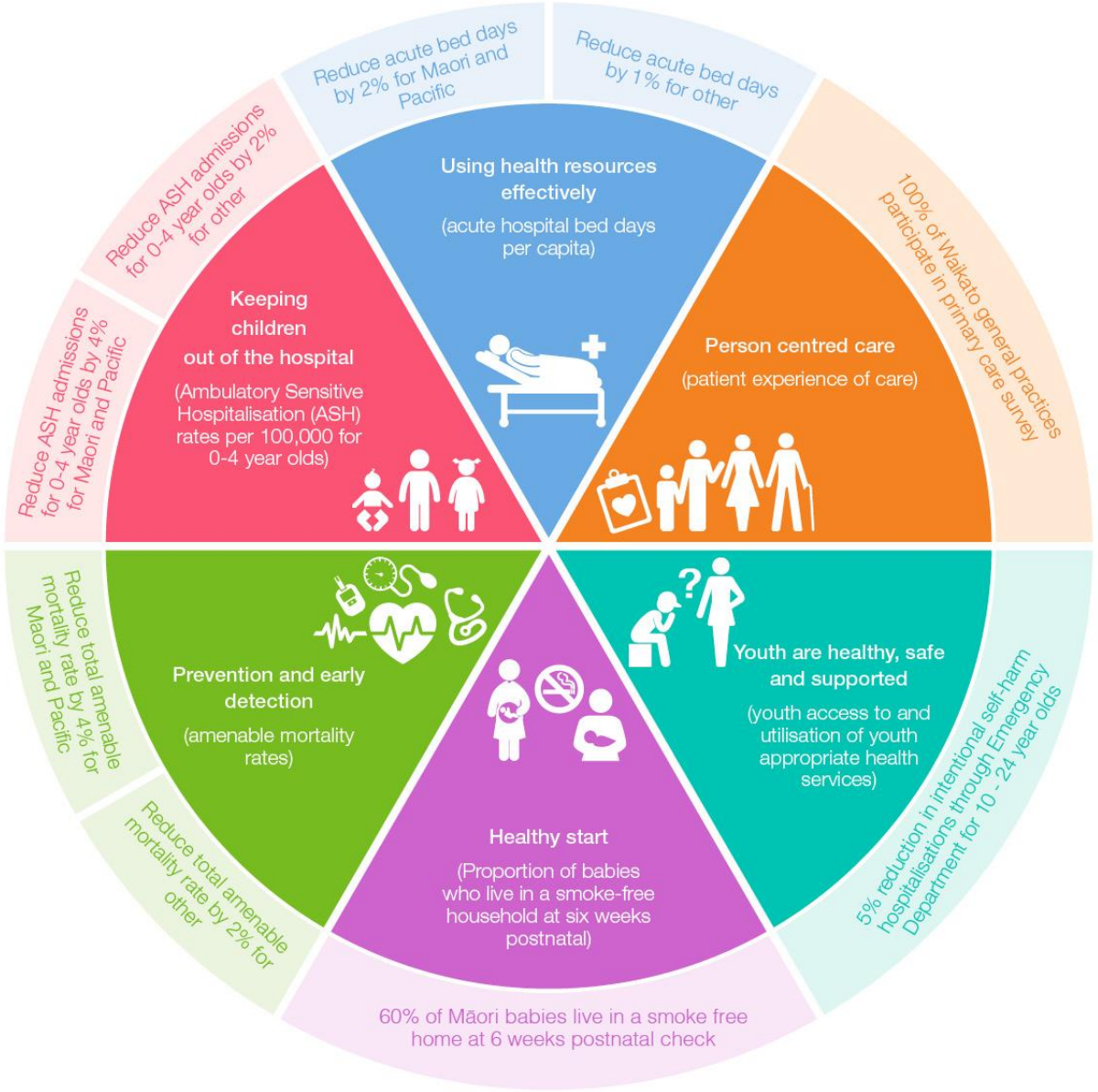
- Include a programme approach to the current SLM structure for Waikato and tighten up terms of reference around accountability and
- escalation
- Continue to utilise data and root cause analysis to systematically identify gaps and the areas that warrant the most attention. This has enabled us to become very familiar with our population's data so we can see where we are doing well, and where extra effort is needed
- Focus on a small number of key projects that the group can control and manage
- Identify synergies across SLM's in order to work together e.g. ASH 0-4 years and acute bed days (ASH adults)
- Build on consistent communication framework across primary, secondary and community along with patient good news stories
- Stakeholders more accountable for completing work allocated
- Continue and tighten formal reporting framework
- Ensure continuous quality improvement methodology is imbedded

Structure

The current SLM structure has been reviewed and now included a programme approach managed by the Director of Integration. This role will provide leadership and support to the Chairs and PMs Leading the individual SLMs and will report progress to the Executive leads and quarterly reports to the Waikato Inter Alliance.

Communication Framework

To assist with developing consistent communications across community, primary and hospital, a communication team was developed along with a communication plan and framework. The Waikato DHB has developed an integration section on their website with the Primary Health Organisation's linking to it. 2018/19 will see regular patient good news stories added to the website along with any appropriate communications that relate to the integration work. The diagram below has been designed and will be used consistently across the organisations when communicating.


Reduce acute bed days by 2% for Maori and Pacific
Reduce acute bed days by 1% for other
Using health resources effectively
(acute hospital bed days per capita)
100% of Waikato general practices participate in primary care survey
Person centred care
(patient experience of care)
Reduce ASH admissions for 0-4 year olds by 2% for other
Keeping children out of the hospital
(Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0-4 year olds)
Reduce ASH admissions for 0-4 year olds by 4% for Maori and Pacific
Reduce total amenable mortality rate by 4% for Maori and Pacific
Prevention and early detection
(amenable mortality rates)
Youth are healthy, safe and supported
(youth access to and utilisation of youth appropriate health services)
5% reduction in intentional self-harm hospitalisations through Emergency Department for 10 - 24 year olds
Reduce total amenable mortality rate by 2% for other
Healthy start
(Proportion of babies who live in a smoke-free household at six weeks postnatal)
60% of Māori babies live in a smoke free home at 6 weeks postnatal check

System Level Measure 1:

ASH rates in 0-4 year olds: Reduce hospital admissions rates for conditions avoidable through prevention or management in primary care

Improvement Milestones:

- Reduce by 4% for Māori and Pacific and
- Reduce by 2% for 'other' across the DHB

Baseline data analysis:

- ASH rates have increased throughout the year for all ethnicities except Pacific
- Respiratory Infections, Dental Conditions, Gastroenteritis/ Dehydration and Skin Conditions being the top issues for this cohort.
- 'Other' shows a lower ASH rate than Māori for most conditions

		Contributory measures	Rationale	Activity
		Respiratory		
	1.	Number of repeat (5+) Māori and Pacific 0-4 ASH respiratory presentations	Nearly half of 0-4 ASH admissions are for respiratory conditions Rates for admissions are higher for Māori. In 2017, 5+ admissions show 93% were Māori or Pacific whanau. Successful interventions targeting Māori and will have a proportionally greater benefit for Māori. The benefits of using a Harti tool are increased screening, interventions and referrals made to appropriate services and enhanced clinician skills and expertise when working with vulnerable children with a particular focus on Māori and Pacific whanau	• Review of admissions and support in place with a specific focus on Maori and Pacific children, to develop local actions and referral processes to reduce this measure in Waikato DHB • Waikato DHB Harti Hauora paediatric inpatient assessment pilot implemented.
	2	Number of upper and ENT respiratory infections	This is our predominant respiratory increase with unspecified upper respiratory condition increasing. Rates for admissions are higher for Māori. 2017/18 Q4 Waikato's 0-4 ASH non standardised ASH rate per 100,000 for upper	• Retrospective audit (ED) completed and recommendations implemented via Waikato DHB

		and ENT respiratory infections; Māori 2,853, Pacific 2,029 and Other 2,461.	
3	Influenza vaccination rates of Māori and Pacific children	Low rates of influenza vaccinations for eligible children. A large proportion of Māori ASH admissions are repeat presentations. Ensuring that Māori children with a respiratory condition are protected from the influenza virus every year will contribute to reducing the respiratory ASH rate. Opportunistic flu vaccination represents an opportunity to reduce inequality showing that Māori are less likely to decline opportunistic immunization	• Implement flu recall system targeting Māori and Pacific children with respiratory conditions for all PHOs. • Increase number of sites delivering opportunistic immunisation
	Gastroenteritis		
4	0-4 ASH gastroenteritis rate	Top 5 0-4 ASH conditions with local feedback identifying need for improved access to prevention treatment and education.	• Primary options/pathways for gastroenteritis in all PHOs • Community pharmacy pilot for Gastroenteritis (to be piloted in 2-3 low decile high Māori and Pacific populations).
	Skin Conditions		
5	0-4 Māori and Pacific ASH cellulitis/dermatitis/eczema rate	Top 5 0-4 ASH conditions with local feedback identifying need for improved access to prevention treatment and education. Rates for admissions are higher for Māori and Pacific: 2017/18 Q4 Waikato's 0-4 ASH non standardised ASH rate per 100,000 for cellulitis/dermatitis/eczema; Māori 711, Pacific 870 and Other 408. Successful interventions targeting Māori and Pacific will have a proportionally greater benefit for Māori and Pacific.	• Primary options/pathways for skin conditions targeting Māori and Pacific children with cellulitis/dermatitis/eczema for all PHOs • Community pharmacy pilot for skin conditions (to be piloted in 2-3 low decile high Māori populations).

System Level Measure 2:

Acute Bed Days: Improved management of demand for acute care

Improvement Milestone

- Reduce acute bed days by 2% for Māori and Pacific by 30 June 2019
- Reduce acute bed days by 1% for 'other' by 30 June 2019

Baseline data analysis:

- The overall top issues by bed duration are Stroke, Respiratory, Hip fractures and heart failure.
- Top issues for each ethnicity vary from the total and include Cellulitis of lower limbs for Māori and Chronic obstructive pulmonary disease.

		Contributory measures	Rationale	Activity
		Cellulits		
	1.	• Māori/Pacific cellulitis ASH rate 45-64 age group • Numbers of education and treatment packs distributed to Māori/Pacific whanau	Effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare providers	• Publicise the new cellulitis community pathway to all PHOs and Waikato DHB ED • All departments to use the community pathway for self-presenting patients as the primary process • Review data from Māori/Pacific patients who are assessed in ED or are admitted. Then distribute to Māori/Pacific whanau a primary care and pharmacy developed information and treatment pack containing education materials and simple creams/antiseptics within all PHOs
		COPD		
	2.	• Māori/Pacific COPD ASH rate 45-64 yrs • Numbers of Māori/Pacific patients referred to COPD Homebased support team	Effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare providers	• COPD Homebased Support Team new integrated care model initiative in the community. Implementation and evaluation of 15 month pilot. This will place respiratory nurse specialists in Waikato DHB, Hauraki PHO, and Pinnacle PHO who will work together with general practice and ambulance service to reduce COPD admissions targeting Māori/Pacific populations.
		Asthma		
	3.	• Asthma Māori/Pacific ASH rate 45-64 yrs • Number of Māori/Pacific asthma patients with	Effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare	• GASP programme introduced for asthma patients targeting Māori/Pacific. This provides asthma assessment and education at the point of care and provides health care professionals with skills and

		completed GASP assessment and asthma plan .	providers	knowledge to undertake structured asthma assessments. Patients are empowered through the development of an asthma care plan to enhance self-management capability though Hauraki PHO
		Falls and Fragility Fractures		
	4.	• Number of Māori/Pacific and other non-fracture fall admissions • Number of Māori/Pacific and other fracture neck of femur admissions • Number of Māori/Pacific patients referred to strength and balance services	Effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare providers	• Waikato Falls and Fragility Fracture Prevention Programme will be promoted using Māori NASC and Māori/Pacific networks to facilitate access to strength and balance services. Work with Rauawaawa, Kaumatua programmes, Te Korowai, SWIPIC and K'aute Pasifika to facilitate Māori/Pacific access to strength and balance referrals through all PHOs and Waikato DHB.

System Level Measure 3:

Patient Experience of Care: Improved clinical outcomes for patients in primary and secondary care through improved patient safety and experience of care

Improvement Milestones:

- 100% of Waikato general practices to participate in the Primary Care Surveys

Baseline data analysis:

- Waikato inpatient patient experience survey has now been running for four years. The response rate Q3 17/18 was 40%.
- Currently 86.5% of Waikato practices are participating in the Primary care survey which has now been running for two quarters with a response rate of 22%.
- The key themes from feedback are not being told about medication side effects to look out for at home, not being given the choice of different medication options and not receiving enough information about how to manage conditions after discharge.

		Contributory measures	Rationale	Activity
		Increasing volumes of GP surveys		
	1.	Volume of surveys sent out	Provides the ability for practices to understand and improve the patient experience	• Increasing volume of surveys sent out through up to date email addresses. This requires general practice to capture accurate email addresses. • Training and support for general practice in use of primary care patient survey • Monitoring of uptake – o Review across practices, share best practice from those with high response rate o Develop an recognition process for practices with highest response • Communication and training plan with general practices, hospital, patients and community
	2	Volume of practices trained	Provides practices with up to date contact details and email addresses this will improve response rates. This will also increase patient's access to their health information and increase transparency.	• Training and support for practises about patient portals • Monitoring of uptake • Communication and training plan with general practices, hospital, patients and community
		Pilot project for Safer Discharge Checklist for Waikato DHB Inpatient		
	3	Number of wards that have implemented Safer Discharge Checklist	This has consistently been a key theme from inpatient surveys	• Pilot of Safer Discharge Checklist to be implemented in 18/19 in Waikato DHB Inpatient (HQSC supported nudge project) o Baseline survey of patients pre introduction of

				checklist o Introduce checklist for one week / one ward o Post introduction patient survey o Amend checklist if required o Maintain on one ward / one month – resurvey o Discuss possible rollout

System Level Measure 4:

Amenable mortality: Reduction in the number of avoidable deaths and reduced variation for population groups

Improvement Milestones:

- For Māori and Pacific reduce total amenable mortality rates by 4% and sustain by 30 June 2022
- For other reduce total amenable mortality rates by 2% and sustain by 30 June 2022

Baseline data analysis:

- Increase the proportion of patients assessed for risk of suicide in primary care
- Risk reduction in those with a CVD RA score of ≥ 20%

		Contributory measures	Rationale	Activity
		Coronary/CVD		
	1.	Patients discharged from Waikato Hospital following a CVD event not on triple therapy. Percentage of Māori men aged 35-44 who have a CVD risk assessment.	With Māori men being at high risk for CVD this work will specifically target this population group. Modification of risk factors through self-management, lifestyle and pharmaceutical interventions has been shown to significantly reduce mortality and morbidity in people with diagnosed and undiagnosed CVD and diabetes.	• Waikato DHB to carry out chart audit of all patients at a NHI level who have had a CVD event and not prescribed triple therapy; specific activities are to be agreed based on the audit outcomes • Hauraki PHO will scope and implement a Health Action in the Workplace pilot– Aim to partner with workplaces with a screening, risk reduction and prevention of diabetes/CVD focus • Link with community Diabetes screening programme to deliver Heart Disease checks at the same time through all PHOs • Co-design project with Māori men aged 35-44 to deliver CVD checks at a community level through all PHOs
		Suicide		
	2	Pilot proposal for Alliance to investigate early detection of suicide risk in primary care.	Suicide is a leading cause of amenable mortality.	• Investigate an 'Early Detection of Suicide Risk in Primary Care' pilot within Hauraki PHO, to gather evidence to better understand how tools used in general practice could impact people's well-being. With the design, test and write up of findings for a suicide pathway for Waikato University Staff and Students. • Develop a screening tool in Hauraki PHO as a result of the findings, through programmes such as Hapu Wananga and the first 1000 days antenatal parenting classes where, we can target young Māori men

System Level Measure 5:

Babies living in smoke free homes: Reduction in the number of maternal smoking as well as the home and whanau/family environment

Improvement Milestones:

- 60% of Māori Babies live in a smoke free home at 6 weeks postnatal check

Baseline data analysis:

- While the overall percentage of babies living in a smoke-free household hovers around 72%-74% for the Waikato, huge inequity exists in this measure. As little as 50% of Māori babies in the Waikato live in a smoke-free household as opposed to 84% of non-Māori, non-Pacific babies.
- This SLM is important because it focuses attention on maternal smoking as well as the home and whanau/family environment. For these to be a success, stop smoking support and services need to be available across the lifespan and therefore our contributory measures are focused across the different stages of the pregnancy pathway

		Contributory measures	Rationale	Activity
		Pre pregnancy and household contacts		
	1	Māori and Pacific patients who smoke are referred to stop smoking services. *(**numerator;** number of Māori PHO enrolled patients who smoke who are referred to stop smoking services, **denominator;** number of Māori PHO enrolled patients who smoke)*	**Whanau engagement:** Population measure to capture the wider household population **Equity:** Significant equity gap between Māori and NZ European. This measure targets Māori results to enhance equity focus for monitoring and activity. **Utilisation and access:** Low numbers referred to stop smoking services **Data quality improvement:** Data reports only the number of smoking given brief advice and does not report the number referred and does not provide ethnicity breakdown.	• Systems in place to report on referral data by ethnicity and equity gap within primary and secondary care • Actions to increase Māori and Pacific referral to cessation services. ○ All PHOs; roll out practice level education and training delivered to all practices to ensure awareness of the smoking cessation programme, including the referral pathway and the need to prioritise Māori patients and whanau. ○ Waikato DHB; All identified Māori and Pacific patients will be offered Smoking Cessation services whilst in hospital.
		Early pregnancy		
	2	Pregnant Māori and Pacific women who smoke are referred to stop smoking services by LMC or GP *(**Numerator;** pregnant Māori women who smoke who are*	**Provider relationships** : Early pathway intervention measure focused on provision of high quality care by LMCs and general practice **Data quality improvement** : Data comes from two sources, MMPO and from DHB employed midwives. Due to issues with data collection,	• Waikato DHB and all PHOs to: ○ Report on referral data by ethnicity and equity gap ○ Communicate incentive scheme for pregnant women to the midwifery community via MQSP communication channels and general practice via PHO communication channels.

		referred to stop smoking services by an LMC or GP. ***Denominator;*** *Pregnant Māori women who smoke.)*	available data is not complete **Equity**: Significant equity gap between Māori and NZ European. This measure targets Māori results to enhance equity focus for monitoring and activity. **Utilisation and access**: Low numbers accepting referrals to smoking services	○ Communicate referral rates for pregnant women each month to midwifery community and general practice. ○ Communicate information on best practice information and training as available to the midwifery community. ○ Work with Clinical Pathway (Health Pathway) authors and the project team to determine how this can be promoted amongst practitioners who work with Māori pregnant women
		Pregnant		
	3	Māori and Pacific women enrolled in pregnancy and parenting programmes *(**Numerator;** pregnant Māori women enrolled in publically funded pregnancy and parenting programmes per year Waikato* ***Denominator;** Pregnant Māori women per year Waikato*	**Whanau engagement:** Opportunity to focus on total wellbeing. Local pregnancy and parenting workshops include wider whanau **Data quality improvement:** No baseline data **Equity:** Anecdotal evidence suggests low enrolment of Māori women in pregnancy and parenting programmes.	• Waikato DHB Pregnancy and Parenting Programmes data collected including ethnicity and smoking status • Promotion of stop smoking services will be targeted in Waikato DHB Kaupapa Māori Hapū Wānanga pregnancy and parenting programme which focuses on Māori women and whānau . Over 400 pregnant Māori women in the Waikato attend a Hapū Wānanga annually. Most women are young (<25), and living in high Deprivation areas.
		Lifespan		
	4	95% smoke free status is documented by WCTO providers at first core check ***Numerator;** Number of new babies with "Yes" or "No" recorded for 'Is there anyone in the house who is a tobacco smoker?' for their WCTO 1st Core Contact (up to 56 days of age)* ***Denominator;** Total number of babies enrolled with WCTO providers who have had a first core contact*	Focusing attention on maternal smoking as well as home and family/whanau environment. Promoting opportunistic screening and follow up by existing providers/services working with families and pregnant women Placing the spot-light on particular data sets has resulted in data quality improvement in the past and it is anticipated this will occur for these datasets as well. Locally we have limited across sector access to regular robust data and the focus for 2018/19 activity is on data quality and monitoring to capture our denominator data accurately and consistently across providers	• Waikato DHB to work with : ○ WCTO providers to continue to improve data quality to 95% of smoke free status documented ○ WCTO providers provide smoke free advice when a household member smokes.

System Level Measure 6:

Youth: Intentional self-harm hospitalisations including short-stay hospital admissions through Emergency Department for 10-24 year olds'.

Improvement Milestones:

- 5% reduction in intentional self-harm hospitalisations including short-stay hospital admissions through Emergency Department for 10-24 year old

Baseline data analysis:

- Waikato rates are generally increasing and Waikato's rate is higher than the national rates

		Contributory measures	Rationale	Activity
	1	95% of patients with a recurrent self-harm admission have timely (within 20 days) contact with an appropriate health provider	For the 36 month period to March 2018, 96% of recurrent intentional self-harm admissions had contact from DHB mental health services. The timeliness of contact is not yet known. Focus is on data improvement with poor data quality and inconsistent reporting. Clear and consistent measure of outcome data is required to achieve equity Timely delivery of effective and appropriate care to those with recurrent self-harm admissions will reduce further self-harm attempts	• All PHOs and Waikato DHB to disseminate and share on NHI-level recurrent self-harm data (36 month period to June 2017) • Waikato DHB to link date-stamped data across providers to determine the proportion of youth with a recurrent self-harm admission who have had timely (within 20 days) contact with an appropriate health provider • Waikato DHB complete detailed audit of clinical records for youth with a recurrent self-harm admission
	2	100% of eligible Year 9 students are offered a psychosocial assessment by a health care professional	Poor understanding of current youth service availability and quality. To achieve health equity for youth, primary to tertiary services need to be accessible, appropriate and effective. The Waikato DHB region has no up to date needs assessment for youth in our region	• Pinnacle and Waikato DHB to: o Map secondary school based health services o Stocktake of primary care and community youth services • Develop comprehensive youth wellbeing tool Harti Hauora Rangatahi
	3	Number of youth that receive new opportunistic youth assessment and wellbeing support programmes	Improved access to quality of care is required for youth in the Waikato region Focus is on increased collaboration, enhanced understanding of youth needs and youth service provision, and increasing opportunities for	• Pilot comprehensive youth wellbeing tool Harti Hauora with priority population through Waikato University • Hauraki PHO Pilot youth mental wellness programme for the University of Waikato Health service and community and business case completed and submitted for a youth focused mental wellness model of

			alignment.	care with recommendations for new community psychologists role and existing Brief Intervention Therapist roles
	4	Number of staff who receive standardised training packages regarding depression screening, suicide risk screening and safety		• All PHOs to deliver two standardised training packages regarding depression screening, suicide risk screening and safety planning for clinical staff

Appendix

2018/19 SYSTEM LEVEL MEASURES (SLM)
WORKING GROUPTERMS OF REFERENCE
AND MEMBERSHIP

Purpose

The purpose of the SLM working group is to bring together local experts across the sector to collaborate and recommend the following for their 2018/19 measure

- An improvement milestone
- contributory measures and milestones;
- Quality improvement activities to achieve contributory measures and therefore SLM.

Specific Responsibilities

- Review analysis of local data supplied by the TRG to identify main contributors
  (Where we are now)
- Identifying improvement milestone
  (Where we want to be)
- Selecting the most relevant contributory measures
- Identifying wider supporting measures which assist the delivery of the system level measure but are not the nominated contributory measures
- Identifying activity and provider that will impact the contributory milestones and supporting measures. This could be current, planned i.e. listed in annual plan or new activities ideas
  (How will we get there?)
- Oversee activity agreed that will impact the milestones
- Report on activity progress to the identified governance group (this will be alongside the technical reference group who will report on performance)

Outside of Scope

- Waikato's System Level Measure Plan sign off
- Funding related decisions

Linkages

The improvement milestones chosen should take into consideration the strategic priorities across the region, particularly reducing inequity and should aim to:

- Align to current strategic priorities
- Align to current alliance work programmes and activities
- Information that is already collected and readily available; and where possible aligned across the region
- Relevant to family and whanau, clinicians and managers
- Relevant to vulnerable population including but not limited to older people and children
- Impacting on a reasonable sized population
- Desirable with regard to a return on input investment

Formation Details

The working group were established in May 2017

Terms of Membership

The length of term for each member (designated role) will be 13 months until end of June 2019. Each PHOs operating in the Waikato District have been asked to provide a representative. DHB representatives and wider providers are included as appropriate. Appendix one has a list of members for each working group. Membership may change dependent on each organisations desired attendee. A delegate may represent members on the proviso that the delegate has the ability to report to their own services/organisations and can make informed contribution to discussions.

Meetings. Working groups meeting will vary and the frequency is led by the Chair.

Working groups to report to their governance groups at a minimum quarterly.

Accountability

The working group are an expert advisory group and will make recommendations to either the Waikato Child Health Network, Demand Management Advisory Group or Inter-Alliance as determined below.

Waikato Child Health Network and DMG make final recommendations to Inter-Alliance

Governance

Waikato DHB's executive leads for SLM are

- Damian Tomic - Clinical Director Primary and Integrated Care and
- Tanya Maloney, Executive Director Strategy and Funding.

The Waikato Inter-alliance will have oversight for Waikato system level measures.

The working group will all report to one of the two following groups or straight to Inter-Alliance

1. Waikato Child and Youth Health Network
    - Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0-4 year olds;
    - Proportion of babies who live in a smoke-free household at six weeks post-natal
    - Youth access to and utilisation of youth-appropriate health services

2. Demand Management Advisory
    - Acute hospital bed days per capita;
    - Amenable mortality

3. Inter-Alliance
    - Patient Experience of Care

Midlands Regional Linkages will be in the form of information sharing.
There may also be linkage with the Ministry team around data sources and SLM reporting

Decision Making

The working group are chaired by the DHB clinical lead for each SLM (see appendix one). If the Chair resigns from the working group during this period another member of working group will be appointed by the DHB SLM executives.

A quorum for the group will be at least the chair or delegated chair and 50% of permanent members.
Due to tight timeframes, engagement and agreement may be made via email as appropriate

The working group role is to put forward recommendation to the group they report to as above. The working group Chair will strive to seek consensus from the group on recommendations put forward. Final decisions on recommendations put forward to the Waikato Inter Alliance group will be decided by the Waikato Child health Network or DMG as appropriate. Please note Patient experience of care reports to Waikato Inter-Alliance.

Issues with recommendation to be escalated through each organisations management structure

Membership

Technical Reference Group
Regan Webb
Katpaham Kasipillai/ Peter Hemming
Michelle Bayley
Jo Scott-Jones
Stephen Ayliffe
Reuben Kendall
NHC tbc

Acute hospital bed days per capita (i.e., using health resources effectively)
Reports to Demand Management Group
Damian Tomic (Waikato DHB) –lead
Jo-Anne Deane (Project Manager)
Andrea Coxhead (Waikato DHB)
Cath Knapton (Midland Pharmacy Group)
Graham Guy (Waikato DHB)
Lorraine Hetaraka-Stevens (NHC)
Nina Scott (Waikato DHB)
Puamiria Maaka (MHN)
Stephen Ayliffe (Hauraki)

Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0–4 year olds (i.e., keeping children out of hospital)
Reports to Waikato Child and Youth Health Network
David Graham (Waikato DHB Women's and Children's) - Clinical Lead/Chair
Kath Yuill-Proctor (Waikato DHB Women's and Children's) – Project Manager
Cath Knapton (Midland Community Pharmacy Group)
Felicity Dumble (Waikato DHB Population Health)
Geraldine Tennet (Waikato DHB Child Health GP Liaison)
Jo-Anne Deane (Waikato DHB Integrated Care)
Karina Elkington (Waikato DHB Strategy and Funding) – Portfolio Manager
Katie Ayers (Oral Health Midland Clinical Advisor)
Katpaham Kasipillai (Waikato DHB Strategy and Funding) – Analyst
Kui White (Raukura – Well Child Tamariki Ora)
Lorraine Hetaraka-Stevens (National Hauora Coalition)
Stephen Ayliffe (Hauraki Primary Health Organisation)
TBC (Waikato DHB ED Hospital Services)
Tracey Jackson (Pinnacle Midlands Health Network)

Patient experience of care (i.e., person-centered care)
Reports to Inter-Alliance
Mo Neville (Waikato DHB) lead
Cait Cresswell (Project Manager)
Cath Knapton (Midland Pharmacy Group)
Janet Ball (Waikato DHB)
Jo-Anne Deane (Waikato DHB)
Lorraine Hetaraka-Stevens (NHC)
Michelle Bayley (MHN)
Reuben Kendall (Hauraki)
Stephen Ayliffe (Hauraki)
Trish Anderson (Hauraki)

Amenable mortality rates (i.e., prevention and early detection)
Reports to Inter-Alliance
Doug Stephenson (Waikato DHB) lead
Cara Dibble (Project Manager)
Clare Simcock (Waikato DHB)

Fraser Hamilton (GP/Waikato DHB)
Jo-Anne Deane (Waikato DHB)
Justina Wu (Waikato DHB)
Loraine Elliot (Waikato DHB)
Lorraine Hetaraka-Stevens (NHC)
Nina Scott (Waikato DHB)
Puamiria Maaka (MHN)
Ross Lawrenson (Waikato DHB)
Shona Haggart (Waikato DHB)
Stephen Ayliffe (Hauraki)

Proportion of babies who live in a smoke-free household at six weeks post-natal (i.e., healthy start)
Reports to Waikato Child and Youth Health Network
Nina Scott (Waikato DHB) –lead
Dallas Honey (Project Manager)
Cath Knapton (MCPG)
Dallas Honey – Strategy and Funding (Waikato DHB)
Dave Graham (Waikato DHB)
Jo-Anne Deane (Waikato DHB)
Karina Elkington – Strategy and Funding (Waikato DHB)
Kate Dallas (Waikato DHB)
Kelly Spriggs – TPO (Waikato DHB)
Kym Tipene (Well child provider)
LMC provider tbc
Michelle Rohleder (Hauraki)
Plunket provider
Ruth Galvin – Women's Health (Waikato DHB)
Selena Batt (MHN)

Youth System Level Measure (i.e., youth are healthy, safe and supported)
Reports to Waikato Child and Youth Health Network
Polly Atatoa Carr (Waikato DHB Women's and Children's) – Clinical Lead/Chair
Kath Yuill Proctor (Waikato DHB Women's and Children's) – Project Manager
Amanda Bradley (Pinnacle Midlands Health Network)
Bronwyn Campbell (Pinnacle Midlands Health Network School based health service)

Cath Knapton (Midland Community Pharmacy Group)
Clare Simcock (Waikato DHB Quality and Patient Safety – Suicide Prevention and Postvention Coordinator)
Frances Robbins (General Practitioner – Youth Special Interest)
Jo-Anne Deane (Waikato DHB Integrated Care)
Jolene Profitt (Hauora Waikato)
Katpaham Kasipillai (Waikato DHB Strategy and Funding) – Analyst
Larry Clarke (Waikato DHB Strategy and Funding) – Portfolio Manager
Lorraine Hetaraka-Stevens (National Hauora Coalition)
Naomi Knight (Waikato DHB Emergency Hospital Services)
Rachael Aitchison (Waikato DHB Mental Health and Additions)
Rachel Haswell (Youth Intact)
Stephen Ayliffe (Hauraki Primary Health Organisation)
Tracy Jackson (Pinnacle Midlands Health Network)
Wendy Carroll (Hauraki Primary Health Organisation)