

## System Level Measures Programme - Annual Plan Guidance 2021/22

Implementation of the SLM programme continues in 2021/22, providing a framework for continuous quality improvement and integration across the whole health system. Inequitable health outcomes for Māori and Pacific populations are evident in all SLMs and in nearly all districts. This programme provides a great opportunity for DHBs and PHOs to work with health system partners in their district to address these equity gaps. As much as possible, district alliances must focus their improvement milestones, quality improvement activities and contributory measures specifically to address these gaps.

### SLM programme philosophy

The SLM programme is a whole-of-system improvement framework. With this programme, we are trying to shift behaviours of the many actors in a complex system. Therefore, it is important to acknowledge upfront that development and implementation of the SLM plan is a difficult task, dependent on high-trust relationships between system partners, requiring capacity and capability for improvement. These relationships and capabilities build over time and while improvement plans are annual, the philosophy of the SLM programme is iterative reflection and adaptation. It is important to continue to work on building the right environment for system improvement and shift the focus away from providers and professionals, to improving health outcomes and addressing health inequities through a collaborative way of working.

With this shift in focus comes an inevitable emphasis on involving people and communities in the planning and implementation of system improvement. One of the ways that services can demonstrate partnership is by implementing principles of co-design and seeking advice and input from, for example, DHB consumer councils. Of necessity this advice should be sought before decisions are made and included in the annual plans. Engaging with consumers should take place at all levels of health service delivery: direct level of care, service planning and policy, and governance. Te Arawhiti's engagement framework<sup>1</sup> is an excellent resource to assist engagement with Māori and other communities.

Clinicians need to lead the development of the improvement plan and be enabled by their employing organisations to engage with the broader health system. Our observation is that in some districts, the improvement plan is developed by the Planning and Funding Units of the DHB and then consulted on with clinicians and other health system partners. In most districts, the Planning and Funding Units (in particular the primary care portfolio managers) are expected to lead this process, and we acknowledge and appreciate this resource and the time and effort invested in the process. The downside is that in most districts, this leads to clinicians being disengaged and disinterested. The SLM programme presents an opportunity for a different

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<sup>1</sup> Te Arawhiti - The Office for Māori Crown Relations. (2018, 1 October). Engagement framework: Crown engagement with Māori. Retrieved 15 September 2020, from <https://tearawhiti.govt.nz/assets/Maori-Crown-Relations-Roopu/451100e49c/Engagement-Framework-1-Oct-18.pdf>

way of working for all of us, including the Ministry, and we would like this process to continue to have a collaborative and participatory approach, which underpins the philosophy of the programme. This way of working is in line with expectations from the Health and Disability System Review.

### Activities and contributory measures

It is important to understand how to effectively use improvement science methodology, and the difference between activities and contributory measures. Choosing contributory measures first often means that actions are related to PHO payments, or actions are retrofitted to contributory measures. In either case, improvement of milestone is not the driving focus. The recommended improvement science methodology is to:

- identify the area of focus for the SLM (define the problem)
- agree the improvement being sought (improvement milestone). An improvement milestone should be Specific, Measurable, Achievable, Realistic and with a Time set for completion (SMART)
- identify the frontline improvement activities that will achieve the milestone. The activities should be Specific, Measurable, Achievable, Realistic and with a Time set for completion (SMART)
- select contributory measures that will enable the alliance to monitor local progress against the activities. Balancing measures should also be considered to monitor that improvement does not disadvantage any group or increase inequities.

### Description of activities

These should be short bullet points that clearly describe what frontline actions will be undertaken over 12 months to impact the milestone. The description of actions should avoid words or phrases that obscure responsibility for action and create ambiguity about expected outcomes, examples being: 'explore, investigate, expand, assess'. It should be easy to see a clear deliverable. Analysis of data to define the problem should be part of plan development rather than as an activity, as data analysis by itself is unlikely to impact the milestone. Activities should be co-designed with clinicians, consumers, Māori and local communities.

### Line of sight between the milestone, activities and contributory measures

The SLM plan is not the place to list all activities currently being undertaken by DHBs and PHOs in the subject area. The plan should have clear logic to activities that will be undertaken to achieve the improvement milestone, which is based on local population health needs and service configurations. The activities selected should be informed by evidence that implementing them will have the desired effect.

Other strategic documents such as the district annual and strategic plans, and PHO quality plans may be a useful resource as these include health needs assessment, service configurations and future direction of travel for the district. The SLM plan may provide a useful mechanism to implement some of the activities already identified in these plans.

## Keeping the plan realistic and achievable

We would rather that alliances choose a few activities to focus on each year and deliver on these. At the end of the year, the alliance should reflect on whether the activities had an impact on the milestone and if not, why not and what should be done differently the following year (PDSA cycle). Some of the plans have had the same activities for consecutive years and are not clear on whether these have been delivered and had an impact on the milestone.

## Current System Level Measures

At this stage there are no plans to change the System Level Measures and focus remains on the philosophy of the programme. We will continue with the current six measures:

1. Ambulatory Sensitive Hospitalisations (ASH) rates for 0 -4-year olds
2. acute hospital bed days per capita
3. patient experience of care using the Health Quality and Safety Commission's national adult hospital and primary care patient experience surveys
4. amenable mortality rates
5. babies living in smokefree homes
6. youth access to and utilisation of youth appropriate health services.

## 2021/22 SLM improvement plan expectations

District alliances are responsible for leading the implementation of the SLM programme. Given the maturity of the SLM programme, the Ministry expects alliance leadership teams to have a broader membership than DHB and PHOs. The Improvement Plan should demonstrate how the alliance has involved their patients and communities, Māori and Pacific health teams, maternity, ambulance, pharmacy, Well Child Tamariki Ora providers and youth health providers (such as Youth One Stop Shops and school-based nurses) in the development and implementation of the SLMs.

DHBs, on behalf of their district alliance, submit the Improvement Plan to the Ministry. This does not mean that the DHB has sole responsibility for developing and writing up the plan – it should be a collaborative effort led by clinicians.

## Improvement plan requirements

COVID-19 has had a significant impact on the health system and this is likely to continue over 2021/22. As such, the Ministry is not expecting alliances to develop a new Improvement Plan for 2021/22. The Ministry would like alliances to review and update their 2020/21 plans, taking into consideration insights gained from COVID-19 response and health inequities at the local level.

## Patient experience of care

This SLM uses the Health Quality and Safety Commission's (HQSC) national adult hospital and adult primary care patient experience surveys, data collection and reporting methods.

The focus of this SLM is for alliances, DHBs, PHOs and practices to review and understand their survey results; and use the results to improve delivery of quality and coordinated care. A guide [From PES to PDSA](#), published by the HQSC, outlines the steps for PHOs and practices to identify quality improvement activities using the patient experience reporting portal.

The HQSC, along with the Patient Experience of Care Governance Group, is monitoring if the change in survey provider, the refresh in survey questions and COVID-19 impact on survey results. DHBs and PHOs should use their previous survey results to inform improvement activities for 2021/22.

For 2021/22, the Ministry and the HQSC recommend that alliances focus on the following questions:

### *Primary care patient experience survey*

- In the last 12 months, was there ever a time when you wanted health care from a GP or nurse, but you couldn't get it?
- Did the GP or nurse involve you as much as you wanted to be in making decisions about your treatment and care?

The Atlas of Healthcare Variation exploring [health service access](#) reports on responses to these two questions with data from the 2018 and 2019 primary care patient experience surveys. This is an excellent resource for those working on this SLM as it contains further interpretation of results, the ability to compare against other DHBs and a series of questions for providers prompted by the findings. We also recommend viewing this report '[Primary care patient experience survey 2019: A review of responses in the general practice module and suggestions for the future](#)'.

Results from the [New Zealand Health Survey](#) could also be used to supplement the information from the patient experience surveys.

### *Hospital patient experience survey*

- Were you involved as much as you wanted to be in making decisions about your treatment and care?
- Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your stay?
- Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?
- Did you have enough information about how to manage your condition or recovery after you left hospital?

The HQSC with Ogilvy published a report, [‘Raising the bar on the national patient experience survey’](#) that responds to the adult national inpatient experience survey results by investigating the lower scoring areas of the survey and recommending interventions to improve these results.

[Phase two](#) involved co-designing low-cost interventions, referred to as 'nudges' to improve patient experience in these areas.

We also recommend viewing the report [‘Adult hospital patient experience survey: What have we learned from 5 years’ results?’](#)

As part of the overall plan for improving participation, particularly in Māori and Pacific people, it is also recommended that providers review the following:

- Your email address collection rate. What percent of survey invitations are sent via email?
- What proportion of invitations are sent to Māori and Pacific people? Is the number of email invitations sent to these groups sufficient to generate enough responses? You may wish to over-sample Māori and Pacific people in order to obtain enough responses.

**Improvement milestones focusing on participation and response rates will not be accepted for this SLM.**

## Quarterly Reporting

There is no change in quarterly reporting.

DHBs are responsible for submitting the quarterly reports on behalf of their district alliance, as part of the regular quarterly reporting process, through the DHB quarterly reporting database. The report should reflect the alliance perspective and not individual provider perspective.

**Quarters one, two and three** – the alliance reports whether they are on track with the implementation of their Improvement Plan. If the alliance is not on track, the report must include mitigation plans to get back on track. This may include changes to their Improvement Plan (such as changed actions or new timeframes for current activities), in agreement with the Ministry. These reports will be assessed by the Ministry and feedback provided via the DHB quarterly reporting database. DHBs are expected to share this feedback with the appropriate part(s) of their alliance.

**Quarter four** – performance against the implementation of the Improvement Plan and whether the improvement milestone was achieved by the alliance. If the Improvement Plan was not fully implemented and/or the milestone was not achieved, the report should include clear and reflective thinking from the alliance on how the Improvement Plan was developed and implemented, reasons for not implementing the plan or achieving the milestone and insights from the year that will be used for development and implementation of the following year’s plan.

Reporting templates (including examples of mitigation plans and year end reflections) are available on the [Nationwide Service Framework Library](#).

## PHO financial incentives for 2021/22

The PHO financial incentives, especially for the first and final 25 percent, is expected to be negotiated with PSAAP in the new year. An update will be provided at the conclusion of PSAAP negotiations.

## Additional resources

The following information can be found on the [Nationwide Service Framework Library](#):

- the Guide to using the System Level Measures Framework
- the Guide to using Amenable Mortality as a System Level Measure
- System Level Measure Improvement Plans
- examples of different alliance approaches to development and implementation of System Level Measures Improvement Plans
- trend data for the System Level Measures.

There is also SLM information including [Questions and Answers](#), and [SLM in a nutshell](#) brochure available on the Ministry website. The SLM brochure explains SLMs in plain English and is a useful tool for communicating with clinicians and board members.

Atlas of Healthcare Variation: suggested focus topics

- Gout: [www.hqsc.govt.nz/atlas/gout](http://www.hqsc.govt.nz/atlas/gout)
- Diabetes: [www.hqsc.govt.nz/atlas/diabetes](http://www.hqsc.govt.nz/atlas/diabetes)
- Asthma: [www.hqsc.govt.nz/atlas/asthma](http://www.hqsc.govt.nz/atlas/asthma)