



Nelson Marlborough Health System System Level Outcomes Measures Plan 2016-17

The Top of the South Health Alliance (ToSHA) is committed to improving the health of everyone in the Nelson Marlborough region by effecting transformational health system change. We will keep investing in initiatives that provide the opportunity to enhance the integration of community, primary and secondary care across the continuum of health to achieve health equity and enable high quality, safe, person-centred delivery.

To do this, and to support the implementation of the refreshed New Zealand Health Strategy, we have jointly developed an Improvement Plan for System Level Outcome Measures:

Total Acute Hospital Bed Days Per Capita								
Champion: Christine Nolan, General Manager Clinical Services								
Aim	Actions and Milestones		Contributory Measures					
TARGET: Maintain acute hospital bed days rate at 258.9 per 1,000 population <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Year to Mar 2014</th> <th style="width: 33%;">Year to Mar 2015</th> <th style="width: 33%;">Year to Mar 2016</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">273.6</td> <td style="text-align: center;">272.5</td> <td style="text-align: center;">258.9</td> </tr> </tbody> </table>	Year to Mar 2014	Year to Mar 2015	Year to Mar 2016	273.6	272.5	258.9	<ul style="list-style-type: none"> Reduce acute unplanned readmissions by ensuring support for patients on early discharge Finalise the protocol for Early Supported Discharge by December 2016 	<ul style="list-style-type: none"> Reduce acute unplanned readmissions rate
	Year to Mar 2014	Year to Mar 2015	Year to Mar 2016					
	273.6	272.5	258.9					
		<ul style="list-style-type: none"> Support patients to prevent illness with Flu vaccinations 	<ul style="list-style-type: none"> Maintain Flu vaccination rate for over 65 year olds 					
	<ul style="list-style-type: none"> Continue to support and embed primary options for acute care by June 2017 through ToSHA Roll-out the COPD primary care management process district-wide; Establish a pulmonary rehab service across the district [From the Maori Health Plan] Develop and agree a Long Term Conditions framework for two aspects of care such as health literacy and self management (Impact on circulatory and respiratory conditions) 	<ul style="list-style-type: none"> Increase participation rates in POAC initiatives (COPD, pulmonary rehab, IV antibiotics) 						
	<ul style="list-style-type: none"> Support patients to prevent illness by providing better help for smokers to quit Monitor efficacy of smokefree pregnancies initiatives (Impact on respiratory conditions for children) 	<ul style="list-style-type: none"> Achieve Health Target: Better Help for Smokers to Quit 						

Ambulatory Sensitive Hospitalisations (ASH) Rates for 0-4 year olds											
Champion: Dr Nick Baker, Chief Medical Officer & Paediatrician											
Aim	Actions and Milestones	Contributory Measures									
<p>TARGET: Reduce ASH rates for Maori age 0-4 years to <4009 by 30 June 2017</p> <table border="1"> <thead> <tr> <th></th> <th>12 months to March 2016</th> <th>Target 16/17</th> </tr> </thead> <tbody> <tr> <td>NM Māori 0-4yrs</td> <td>5,349</td> <td><4009</td> </tr> <tr> <td>NM Other 0-4</td> <td>4,009</td> <td><4009</td> </tr> </tbody> </table>		12 months to March 2016	Target 16/17	NM Māori 0-4yrs	5,349	<4009	NM Other 0-4	4,009	<4009	<ul style="list-style-type: none"> • A dashboard of child health indicators is developed and reported to the Child & Youth Alliance Group by November 2016 • Options to improve tamariki attendance rates at community oral health hubs are agreed and implemented by December 2016 [from NMDHB Maori Health Plan]. • Early Childhood Education centres have sugar-sweetened beverages policies implemented by February 2017 	<ul style="list-style-type: none"> • Increase children caries free at 5 years of age (by ethnicity and deprivation level)
	12 months to March 2016	Target 16/17									
NM Māori 0-4yrs	5,349	<4009									
NM Other 0-4	4,009	<4009									
	<ul style="list-style-type: none"> • Review the MCCWSS programme to support vulnerable pregnant women by March 2017 • Evaluate the Mama Ora programme by Te Piki Oranga and consider further roll-out by June 2017 • Te Piki Oranga to pilot and evaluate two antenatal programmes: Hapu Ora. 	<ul style="list-style-type: none"> • Maintain early enrolment with LMC: women registering with a LMC by week 12 of their pregnancy • Increase ante natal care uptake 									
	<ul style="list-style-type: none"> • Support patients to avoid illness by continuing the Healthy Homes project, targeting Maori families with respiratory conditions [From the Maori Health Plan] • Invest an additional \$50k in the Warmer Healthier Homes scheme by June 2017 	<ul style="list-style-type: none"> • Increase number of homes insulated through the Warmer Healthier Homes scheme 									
Patient Experience of Care											
Champion: Dr Elizabeth Wood, Clinical Director Community & Chair of Clinical Governance											
Aim	Actions and Milestones	Contributory Measures									
<p>Improved patient experience of care across the five domains of safe, timely, efficient, effective and patient centred</p> <p>TARGET: Increase the participation rate of patient surveys by 5% by 30 June 2017</p>	<ul style="list-style-type: none"> • Review feasibility of establishing a Consumer Council by October 2016 • Engage with the community to obtain their feedback on the Primary & Community Health Strategy by October 2016 • Develop a high level plan to implement the Primary Care Patient Experience Survey by December 2016 • Continue to drive service improvement through the NMDHB "You said, we did" campaign by March 2017 	<ul style="list-style-type: none"> • Improve Hospital Patient Experience Survey results • Implement the Primary Care Patient Experience Survey [Plan by March 2017] 									

	<ul style="list-style-type: none"> • Increase access to care and reduce waiting times for patients 	<ul style="list-style-type: none"> • Reduce waiting times to see GP • Reduce waiting times for diagnostics (MRI, CT, colonoscopy and angiogram)
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Amenable Mortality Rates

Champion: Anne Hobby, Tumuaki General Manager Te Piki Oranga

Aim	Actions and Milestones	Contributory Measures										
<p>TARGET:</p> <ul style="list-style-type: none"> • Maintain current amenable mortality rate for 2016/17 • Reduce inequity for Maori within our amenable mortality rates by 2020 	<ul style="list-style-type: none"> • Maori Health Providers receive training and expert nurse support for diabetes and cardiac care from July 2016 • Health pathways developed for pre-diabetes, CVD and diabetes focused on integrated care and an approach for Maori and groups with inequitable health outcomes by December 2016 	<ul style="list-style-type: none"> • Reduce obesity as measured by HBA1C under 65mmols/mol 										
<table border="1"> <tr> <td></td> <td>Rate calculated using projected 2011 population data</td> </tr> <tr> <td>NM Māori</td> <td>129.9</td> </tr> <tr> <td>NZ Māori</td> <td>219.6</td> </tr> <tr> <td>NM Non Maori, Non Pacific</td> <td>78.6</td> </tr> <tr> <td>NZ Non Maori, Non Pacific</td> <td>80.0</td> </tr> </table>		Rate calculated using projected 2011 population data	NM Māori	129.9	NZ Māori	219.6	NM Non Maori, Non Pacific	78.6	NZ Non Maori, Non Pacific	80.0	<ul style="list-style-type: none"> • Working group established to develop an alcohol harm reduction strategy by December 2016 	<ul style="list-style-type: none"> • Reduce Alcohol related harm [working group established by December 2016]
	Rate calculated using projected 2011 population data											
NM Māori	129.9											
NZ Māori	219.6											
NM Non Maori, Non Pacific	78.6											
NZ Non Maori, Non Pacific	80.0											
	<ul style="list-style-type: none"> • Work with Māori & Pacific leadership to role model smokefree behaviours; undertake engagement and health promotion activity at Hui, sporting events, marae and workplaces [from NMDHB Maori Health Plan] • Implement integrated respiratory services district wide by December 2016 	<ul style="list-style-type: none"> • Achieve Health Target: Better Help for Smokers to Quit 										
	<ul style="list-style-type: none"> • A model to improve capacity of primary care to manage those with mild or moderate mental health issues is agreed by end December 2016 	<ul style="list-style-type: none"> • Improved access to care for people seeking support for mild to moderate mental health issues 										
	<ul style="list-style-type: none"> • Embed the Cancer Steering Group as a key governance body • Implement prioritised findings from a joint review of tumour standards by June 2018 	<ul style="list-style-type: none"> • Achieve Faster Cancer Treatment Target 										

Youth Access to and Utilisation of Youth Appropriate Health Services

Champion: Annette Milligan, Clinical Director Women, Child & Youth

Aim	Actions and Milestones	Contributory Measures
Youth have increased access to, and increased utilisation of, youth appropriate services	<ul style="list-style-type: none"> • Explore issues & opportunities in access to counselling services for young people, including online options, by December 2016 • Work collaboratively across 	<ul style="list-style-type: none"> • Youth access to Mental Health & Addiction Services • Youth Health survey results

TARGETS not required: SLOM under development	Mental Health & Addictions to develop integrated care plans for young people with mental health and AOD issues <ul style="list-style-type: none"> • Increase nurses endorsed to provide Emergency Contraceptive Pill (ECP) and have standing orders to support access to contraception to young people by March 2017 	<ul style="list-style-type: none"> • Youth rates of Termination of Pregnancy • Uptake of HPV vaccine • Youth ED attendance (acuity, gender balance) • Youths enrolled with GPs and engagement / utilisation • Adolescent oral health (enrolment and usage) • Number of young people 16-18 years Not in Education, Employment or Training (NEET)
Proportion of Babies Who Live In A Smoke Free Household at 6 Weeks		
Champion: Service Manager Women, Child & Youth		
Aim	Actions and Milestones	Contributory Measures
Increase the proportion of babies who live in a smoke-free household at 6 weeks post-birth TARGETS not required: SLOM under development	<ul style="list-style-type: none"> • Monitor efficacy of smoke free pregnancy initiatives by June 2017 • Provide smoke free education tailored to midwives to support their conversations, in particular with Maori women and whanau by June 2017 	<ul style="list-style-type: none"> • Better Help for Smokers to Quit (IPIF) • Maternal smoking rates (by age and ethnicity): Smoking at LMC registration, at birth, and at 6 weeks • Pregnant women (who identify as smokers) offered advice and support to quit • Early enrolment with LMC: women registering with a LMC by week 12 of their pregnancy.

Progress against this plan will be overseen, and advice provided as needed on strategic direction, by the ToSHA committee. Champions will continue to act as the single point of contact between ToSHA and those responsible for delivering the selected actions, and will review progress against the plan, monitor changes, help eliminate obstacles and drive continuous improvement.

We, the Chief Executives of the Top of the South Health Alliance, pledge our commitment to the delivery of this improvement plan.

Signature

Beth Tester
Chief Executive
Marlborough PHO

Signature

Angela Francis
Chief Executive
Nelson PHO

Signature

Peter Bramley
Acting Chief Executive
Nelson Marlborough Health