

## **Outcome champions key to development of Nelson Marlborough improvement plan November 2016**

The Nelson Marlborough district alliance says having outcome measure champions has been instrumental in the development of an action-focused improvement plan, with endorsement across the district.

The Top of the South Alliance, or ToSHA has three member organisations – Nelson Marlborough DHB, and primary health organisations (PHOs) Nelson Bays Primary Health and Marlborough Primary Health. Maori provider Te Piki Oranga was also involved in the development of the plan.

Beth Tester, Chief Executive of Marlborough Primary Health, says a champion was appointed for each of the four System Level Measures.

“ToSHA agreed an approach to develop the improvement plan and identified champions for each measure across its member organisations. The champions, each of whom has strong existing networks, worked with senior managers and clinical leaders to review Nelson Marlborough-specific data for each of the measures.”

### ***Data review workshops***

Two workshops were held to consider the district data.

“At these, we reviewed the data and identified areas where we could do better and started to zoom in on the issues,” says Beth. “We agreed an aim and set of contributory measures for each of the System Level Measures.”

Angela Francis, Chief Executive of Nelson Bays Primary Health says having clinical experience in the room was invaluable. “For example, for asking questions like: what is behind the data, what the causes are and asking for further data breakdown – which age groups, what is the re-admission data, what is the ethnicity breakdown?”

### ***Addressing areas identified by the data***

She says the alliance then had to decide the most effective approach to the issues identified by the data.

“For example, our ASH rates – preventable hospital admissions of children aged four and under – were low compared to some other DHBs. So do we try to get them even lower, or do we dig further into the data to identify the biggest potential for improvement?”

“ASH rates for Māori children were higher, and we found that most hospitalisations were because of oral health issues, respiratory conditions or gastroenteritis. Once we had this understanding of the data, we could focus the plan on what would make the biggest difference.”

To reduce ASH rates in Māori children four and under, the alliance is looking at ways to ensure tamariki are enrolled with oral health services and supported in attending clinics. It also recognises that warm dry smoke-free homes help keep children well, so is increasing the number of homes insulated through the warmer, healthier homes scheme and further targeting smoking cessation. It will also continue the initiative encouraging early childhood education centres to have policies to exclude sugar-sweetened beverages.

Once the plan was developed, the outcome measure champions took it out to other stakeholders, who reviewed it using the lens of their particular area of interest – for example, child and youth health or Māori health.

### ***Support for outcomes focus***

Dr Nick Baker, Nelson Marlborough Chief Medical Officer and pediatrician, is the champion for the ASH 0-4 outcome measure and a member of the team of senior managers and clinical leaders involved in developing the improvement plan. He is a strong supporter of the System Level Measures framework, and its focus on outcomes rather than just activities.

“We can’t achieve the outcomes alone, and it’s great to bring together experts from different roles and organisations to agree a plan that is really going to make a difference to the health of people in our community, particularly children,” he says.

GP Dr Elizabeth Wood is the champion for the Patient Experience of Care measure. She says good patient engagement is essential to achieving better outcomes for patients, improving quality and safety, and the efficiency and cost of health services.

“With a System Level Measure about patient experience, we are incentivised to build on the work we do in involving patients in service improvement and co-design.”

### ***Benefits of a mature alliance***

Cathy O’Malley, General Manager for Strategy, Planning & Community, says having a longer-standing alliance was instrumental in the development of the improvement plan.

“We are accustomed to working together on things like the Primary and Community Health Strategy and annual planning processes – although the development of the improvement plan was slightly different as it was so data driven.”

Following engagement with stakeholders, the improvement plan was reviewed and approved by the management teams of ToSHA member organisations during September and October 2016.

Cathy says while the process went very smoothly, there were a few challenges. These included the tight timeframe to develop the plan, and the frequency of data reporting for measures such as amenable mortality.

“Having said that, the alliance fully supports the move away from an activity based framework to one focusing on results,” she says.

### ***Next steps***

“The Ministry of Health has identified ours as an exemplar plan, so we now need an exemplar implementation to embed it into business as usual, deliver on our commitments, and achieve the milestones,” says Cathy.

“The focus of ToSHA is now on appropriate implementation, monitoring and governance for the improvement plan.”

The ToSHA improvement plan is available [here](#).