

Appendix B System Level Measures Improvement Plans

This plan has been endorsed by:



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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 that 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.

Data used for reporting and monitoring ASH events is not standardised

Non-standardised ASH rate, ages 0-4, all conditions, 5 years to December 2016



How will we get there?

Milestones

Reduce the equity gap between Maori and non-Maori by 5% from 57.7% to 52.7% (non-standardised rate per 100,000, year to end of Dec 2016)

Contributory Measures

- Carries 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

Activity

- Explore opportunity to provide a heavily subsidised or free oral health check for all hapu mama that live in decile 9/10 areas
- Review and co-design model of care for pre-school enrolment and access to publically funded oral health service targeting high needs tamariki aged 0 to 2yrs
- Explore expansion of supervised tooth brushing in targeted high deprivation ECC schools
- Subject to funding, expand fluoride varnishing to targeted high needs tamariki through the implementation of a new acute demand model
- Increase the number of referrals into Manawa Ora
- Continue to progress town water fluoridation plan
- Implement paediatric focussed respiratory clinical pathway
- Design and implement respiratory A to D planner and discharge checklist
- Continue to implement the Respiratory Readmissions Strategy
- Continue to promote and develop health literacy services that resonate with high needs populations

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 continue to believe that our planned approaches to addressing Amenable Mortality and Acute Bed days are intrinsically linked and continue to provide a plan that will address both System Level Measures.

Where are we now?

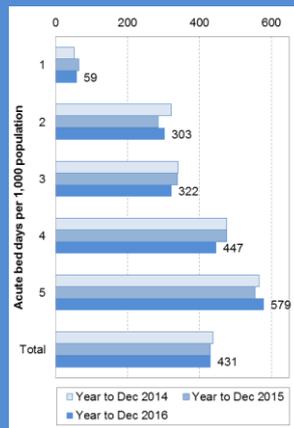
Tobacco consumption and diabetes are leading causes of amenable mortality and acute bed day occupation that can largely be avoided in Northland

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

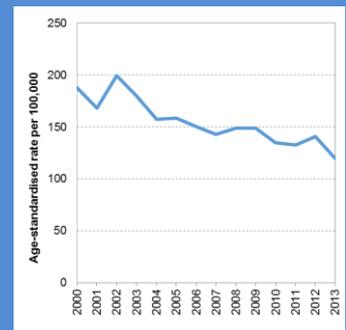
Our Primary Options Northland programme is oversubscribed and opportunity exists to implement a new model of care focussed on acute demand management

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, 2000-2013



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

Cardiovascular Disease Risk Assessment

PHO enrolled population within the eligible population with a record of a Diabetes Annual Review whose HbA1c of 64mmol/mol

Improved management of long term conditions (Diabetes)

Better help for smokers to quit (PHO)

Activity

Develop a measure and report of the number of patients living in Quintile 4 and 5 with HbA1c rates of <80mmols/mol

Subject to funding launch an integrated acute demand service to provide resources to community providers to reduce hospitalisation and acute demand on secondary services

Subject to funding, scope and develop integrated packages of care for targeted patients with poorly controlled HbA1c - to include dietician support, GRx referral, mental health support and self-management support

92% of our high needs population to have a CVD Risk Assessment in the last 5 years

Increase the number of referrals into Manaaki Manawa programme

Support general practice to risk stratify their population and implement Kia Ora Vision

Continue to invest in and expand the roll out of Neighbourhood Healthcare Homes

Improve support to smoking cessation services through dedicated community pharmacy services

Improve number of patients that receive brief advice on identification of smoking status

Patient Experience

Where we want to be

Northland DHB and Northland's PHOs are working together to ensure we are gaining insight into the patient experience across the system. 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.

Where are we now?

Primary Care Survey not currently active in Northland.

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.

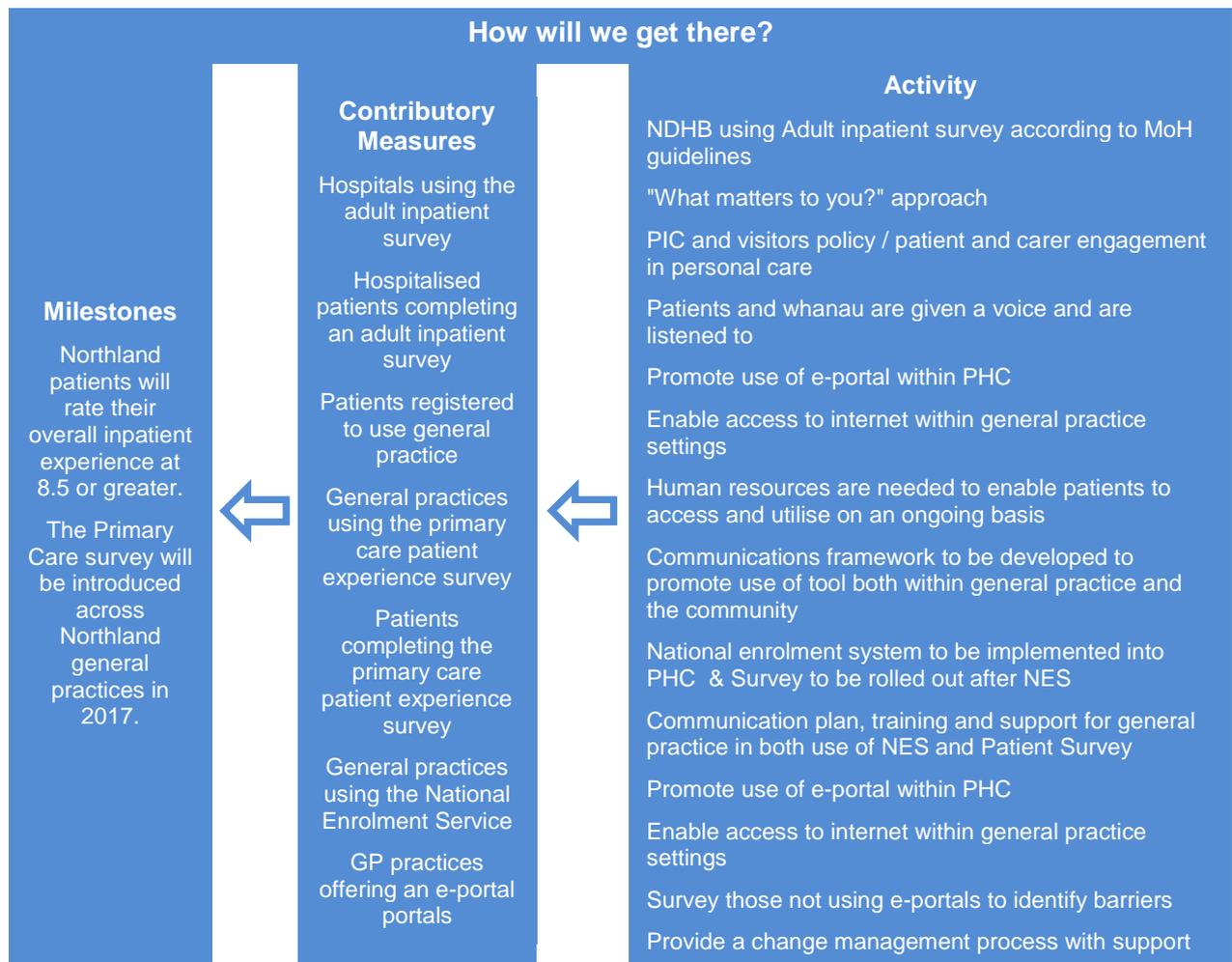
National Enrolment Service has been commenced and available across Northland primary health care practices but has experienced a delay with implementation due to PMS technical fault.

Inpatient survey within DHB in use as per MoH guidelines.

Northland DHB inpatient survey, 2016/17 Q2 report



How will we get there?



Babies in Smokefree Households at age 6 weeks

Where we want to be

All pepe and tamariki live in a smoke free environment.

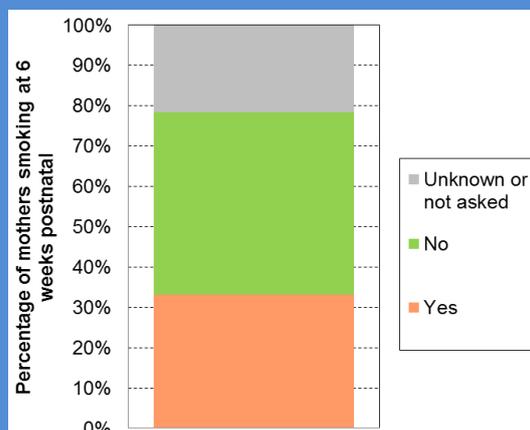
Where are we now?

At least one-third of mothers in Northland smoke when their babies are six weeks old.

The smoking status of 22% of mothers is currently not recorded.

Large gaps in data due to poor data definition and collection by practitioners .

Heading



How will we get there?

Milestones

Increase the % of babies living in smokefree households at six weeks to 55%.

Contributory Measures

Pregnant women who identify as smokers upon registration with a DHB 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.

Hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.

Activity

Implement collection of smoking status information at first core contact visit by Well Child and Tamariki Ora providers, ensuring that all providers are working from the same definition when recording.

Include smokefree and safe sleeping in Manawa Ora comprehensive housing assessment and referral pathways for smoking cessation and safe sleep.

Continue the project with TokiRau incentivising smoking cessation for hapu mamas (subject to funding).

Continue the Inhalators project for pregnant women and explore additional funding options past 2018.

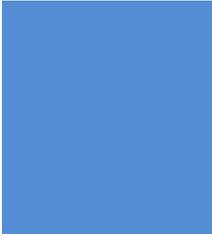
Continue to promote and develop health literacy services that resonate with high needs populations

Implement and socialise the Safe Sleep Calculator into general practice and midwifery practice.

Implement the Northland PHOs quality improvement plan to improve performance on the better help for smokers to quit target.

Expand and enhance the hapu wananga programme across the region (key partners include smoking cessation providers).

Implement improvements to Northland PHOs smoking cessation service.



Implement Toki Rau stop smoking service across Northland.

Implement improvements in the collection of information at core contact one for well child and tamariki ora providers. Ensuring that all providers are working from the same definition when recording

Youth Health

Where we want to be

Youth are healthy, safe and supported and health equity for Maori around the use of alcohol and drugs in Northland

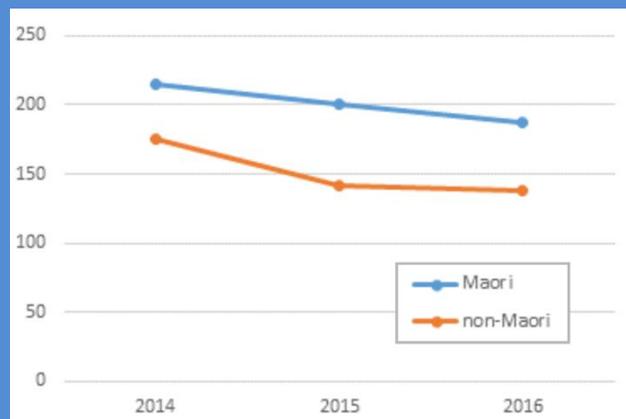
Where are we now?

In the 2012 Youth Health Survey, young people in Northland reported high rates of current cannabis use (17%), binge alcohol use (27%) and current smokers (11%) (Clark et al, 2013). Youth mental health disorders attributed to substance use were high (43.91 per 100,000) compared to other DHBs and the Northland youth suicide rates (aged 15-24 years) were significantly higher than the national rate (Simpson et al, 2016).

These issues are catalysts and significant indicators for change. We are working towards redesigning the model of care to take a preventive, whole-of-system approach.

We currently have few data sources to draw on in this area. Key to monitoring progress will be developing datasets, especially through the AUDDIT tool and potentially also through ACC.

ED presentations for alcohol related harm for 10-24 year olds in Northland



How will we get there?

Milestones

Reduce presentation to ED for drug and alcohol related harm by 5%

Contributory Measures

Alcohol-related Emergency Department (ED) presentations for 10-24 year olds

Activity

- Explore access to ACC data for alcohol related injuries 10-24 year olds.
- Explore health promotion activity around the rugby injury prevention program including referee programme.
- Initiate and complete a stocktake of services to gauge the level of capacity to manage referrals.
- Implement a feedback loop to primary care referrers on referrals made to youth specific alcohol and drug services.
- Re-focus brief intervention screening tool in youth health settings such as schools, One Stop Shop, alternative education.
- Implement the AUDDIT tool on Med Tech and dashboard systems to capture substance use.
- Deliver two CME sessions for workforce development and training purposes on the use of AUDDIT and brief intervention.
- Localise the HealthPathway in Northland for brief intervention and referral for alcohol and drug services.
- Follow up with Rubicon on service provision and coverage across Northland.