

Hospital admissions for children aged five years with dental caries as primary diagnosis

HQMNZ ID: HQM16.6.29.928

Outcome

All children and their families and whānau achieve their health and wellbeing potential.

Measure

Hospital admissions for children aged five years with dental caries as primary diagnosis.

Type

Contributory measure

Relationship(s) to other frameworks

This measure is drawn from the:

- District Health Board (DHB) Non-financial monitoring framework and performance measures (measure SI1): Ministry of Health. 2015. DHB Non-financial monitoring framework and performance measures – Sept 2015. Wellington: Ministry of Health Framework available at: www.health.govt.nz

Rationale

Poor oral health is a marker for a range of poor health outcomes in childhood and later life, and there is high variance among priority populations. Achieving improvements in oral health requires a cross-sector response and a multi-faceted approach, and improvements may not be seen in the short term.

Delivery of this measure most strongly supports the following sector outcomes and government priorities: By increasing the number of pre-school children less than five years of age (0 – 4 year olds, inclusive), who have enrolled for DHB-funded oral health services and reducing the number who are overdue for their scheduled examination, the DHB will show that it has made an impact on the outcome of protecting and promoting good health and independence. The measure indicates the accessibility and availability of publicly-funded oral health programmes, which will in turn reduce the prevalence and severity of early childhood caries, and improve oral health of primary school children.

The measure provides information that allows DHBs and the Ministry to evaluate how health promotion programmes, and services such as Well Child and the Community Oral Health Service (COHS), are influencing the oral health status of children and whether oral health service programmes are delivering timely oral health services to children. Through the intermediate outcome, the measure contributes to the high level outcome of New Zealanders living longer, healthier and more independent lives.

The WCTO programme has an important role in the assessment and support of oral health at core and additional contacts, and through referral to oral health services, to minimise the inequitable burden of poor oral health among all, and in particular Māori and Pacific children.

Eligible population

DHB Coverage: All children who are within the five year old cohort at time of admission who are enrolled with the DHB at the beginning of the qualifying year.

Primary Health Organisation (PHO) Coverage: All children who are within the five year old cohort at time of admission who are enrolled with the PHO at the beginning of the qualifying year.

Measure status

Active

Numerator

DHB Coverage: In the year to which the reporting relates, the total number of children under five years of age, i.e. ages 0 to 4 who are enrolled with the DHB at the beginning of the qualifying year who were admitted to hospital under a primary diagnosis of dental caries (ICD 10 Code K02).

PHO Coverage: In the year to which the reporting relates, the total number of children under five years of age, i.e. ages 0 to 4 who are enrolled with the PHO at the beginning of the qualifying year who were admitted to hospital under a primary diagnosis of dental caries (ICD 10 Code K02).

Denominator

DHB Coverage: In the year to which the reporting relates, the total number of children under five years of age, i.e. ages 0 to 4 who are enrolled with the DHB at the beginning of the qualifying year.

PHO Coverage: In the year to which the reporting relates, the total number of children under five years of age, i.e. ages 0 to 4 who are enrolled with the PHO at the beginning of the qualifying year.

National target

Expected improvement should fall in the following ranges based on baseline position:

Baseline Level - total population Expected Improvement

> 35% Above National Rate 15% to 20%

25% to 35% Above National Rate 10% to 14.9%

15% to 25% Above National Rate 6% to 9.9%

5% to 15% Above National Rate 3% to 5.9%

5% Below to 5% Above National Rate 1% to 2.9%

< 95% of National Rate Remain Below

Local target

Data Sources

- PHO Enrolment Data
- National Minimum Data Set (NMDS)
- Statistics New Zealand Population Projections

Data extracted from data sources

- National Health Index (NHI) number
- ICD Classification Code

Data availability

Measure calculation process

DHB Coverage:

- **Numerator:** Derived from NMDS data hospital admissions as per definition above.
- **Denominator:** Derived from PHO enrolment data and age standardised using World Health Organisation (WHO) population age group distribution.

PHO Coverage:

- **Numerator:** Derived from NMDS data hospital admissions as per definition above.
- **Denominator:** Derived from PHO enrolment data

Relationship(s) to other measures

Measure development notes

Technical notes:

- Current reporting as part of DHB Non-financial monitoring framework and performance measures – Sept 2015. Pho level reporting will need to be further developed and information to measure performance made accessible to sector by Ministry of Health.
- Ambulatory Sensitive Hospitalisation (ASH) measure for 0 – 29 days to 14 years currently forms part of Health Quality and Safety Commission's (HQSC) Atlas of Variation - data for this Atlas is drawn from the NMDS and presents overall ASH rates by DHB. Definitions and methodology need to align with HQSC definitions <http://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/Atlas/ASH-child-single/atlas.html>