Appendix B:
South Canterbury System Level Measures Quality Improvement Plan 2019/20

The South Canterbury Primary Care Alliance in conjunction with our health partners within the South Canterbury District Health Board are committed to improving the health outcomes of our population through the delivery of services by teams that are well integrated and work collectively to meet the needs of our community. Collaboration across our health partners will seek to ensure services are integrated across the continuum of health care resulting in a person-centered approach that is safe, high quality and effective.

This will be achieved working within the intent of the Treaty of Waitangi, New Zealand Health Strategy and the South Canterbury District Health Board Annual Plan. Actions to achieve equity of outcomes are embedded within the plan.

Summary for Actions within the Plan

There are six System Level Measures; by way of a summary they are listed here with their respective actions for the 2019/20 year.

1. Ambulatory Sensitive Hospitalisations 00-04 Year Olds

- Child Wellness Alliance to be focused on the first 1,000 days of life and work to improve breast feeding rates. Continue to work with AWS (our Maori Health Provider), Fale Pasifica o Aoraki (our Pacific Health Provider) and Aoraki Migrant Centre to enable them to provide holistic support and correct information to families.
- Work with our Public Health Unit and Community Dental Service to reduce dental decay in under five year olds as a key contributor to ASH rates

2. Acute Hospital Bed Days

- Extend the nurse-led criteria based discharges, which have been a success in Surgical Services, to the Medical Ward.
- Establish an integrated, co-located allied health team to better manage patients following discharge.
- Review timelines and appropriateness of transfer of patient mix to the ATR and health promotion programmes e.g. strength and balance in the community to reduce falls for our elderly. This will be a focus on our fall's population and subsequent neck of femur fractures.
- Review currently taking place by the Mental Health Inpatient service to determine any unexplainable variance and/or action items.

3. Patient Experience of Care

- Continue to promote engagement in the survey with practices yet to participate.
- Promote completion of the survey with local Māori through the Maori Health Advisory Committee.
- Increase understanding of the Māori patient experience by employing alternative methods of attaining feedback - Refer to Improving Quality section of SCDHB Annual Plan.

4. Amenable Mortality

- Launch programme for funded CVDRA delivered by Occupation Health Nurses, Maori Health Provider or Primary Care Provider for enrolled Maori men aged 35 to 44 years. Those at risk of CVD to be provided with free visits with their lead practitioner and practice nurse.
- Review the programme.

5. Babies Living in Smokefree Homes

- Advance work with midwifes, ante natal services and WCTO providers on the Smokefree Pregnancy Incentive Programme and referral pathways to the Stop Smoking Service, and develop a communication plan to promote the programme to the wider community.
- Work alongside Primary Care to reach 15-34 year old smokers, hold free onsite smoking cessation clinics at practices identified as having high numbers in the target population.

6. Youth Access to Health

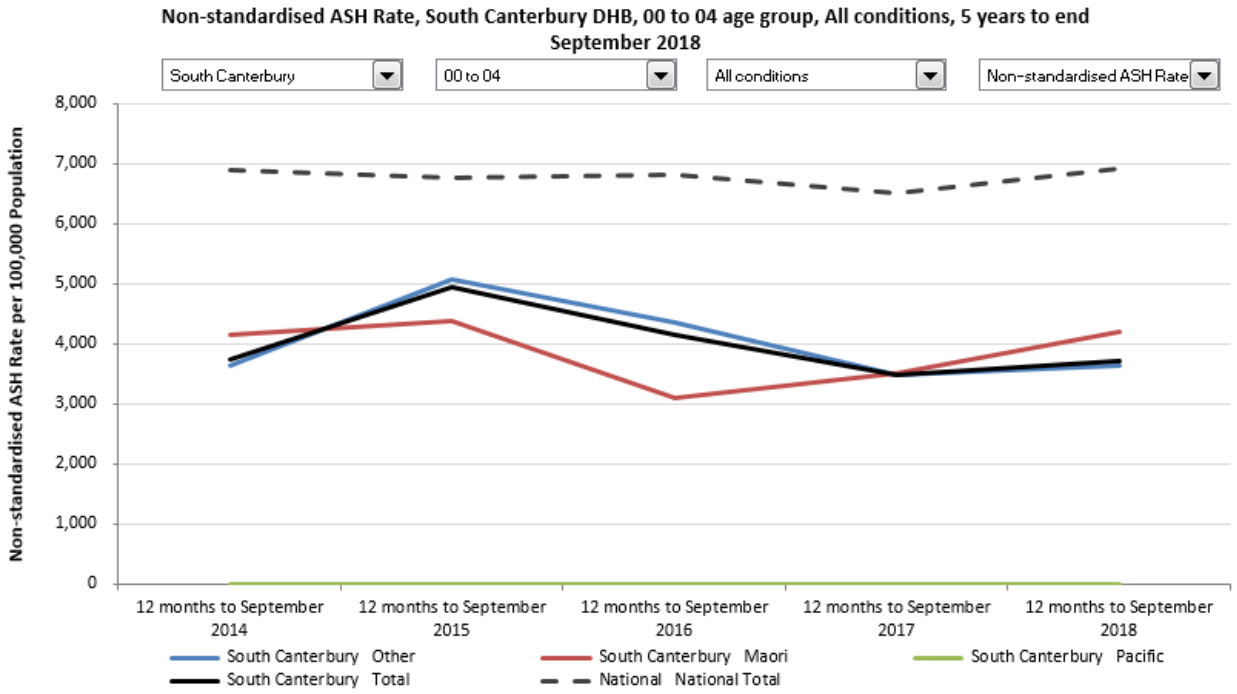
- Establish baseline data of engagement in services.
- Develop a wellness approach to youth alcohol and drug usage. Involve the Hauora Maori team earlier in the process for Maori community.
- Involve and support families/whanau earlier in process.
- Work collaboratively with Public Health on the actions identified in the SCDHB Public Health Plan with regards to a reduction in alcohol harm.

AMBULATORY SENSITIVE HOSPITAL ADMISSIONS 00-04-YEAR-OLD

During 2019-20, work has been completed in the following areas relating to this measure:

- Reviewed access to dental treatment under sedation.
- Reported data six monthly via a dashboard of child health indicators on ASH admissions 0-4 years relating to deprivation, ethnicity, geographical location and reason for admission to the Child and Youth Health Alliance.
- Continued to assess the effectiveness of the Rotavirus vaccine; started in last 18 months through monitoring the admissions for gastroenteritis and the receipt of the vaccine. This to include comparison of the ASH rate for 00-02 (age cohort who have received this vaccine) with the 03-04 age group (pre-vaccine).
- Implemented the electronic sharing of the B4School check summary with Primary Care.

It is expected that these activities will continue to be a focus for health care providers across the region.



In 2017 to December South Canterbury's ASH rate for 00-04 years decreased further to be 52% of the national total (3,429 compared to 6,545.) For Māori the rate was even lower at 2,742. It is anticipated that we will maintain our good performance in this area and put further focus and investment into other system level measures.

2019/20 Improvement Plan: Ambulatory Sensitive Hospital Admissions 00-04-Year-Old		
SLT Sponsor:	**Lisa Blacker, Director Patient, Nursing & Midwifery Services**	
Milestone	**Actions**	**Contributory Measures**
Maintain ASH rates for 00-04 year's ≤ 4,195 for the year ending June 2020.	Child Wellness Alliance to be focused on the first 1,000 days of life and work to improve breast feeding rates. Continue to work with AWS (our Maori Health Provider), Fale Pasifica o Aoraki (our Pacific Health Provider) and Aoraki Migrant Centre to enable them to provide holistic support and correct information to families	Infants who are exclusively or fully breastfed at three months.
	Given that dental caries are a key contributor to ASH rates, we will continue to work with our Public Health Unit and/or Community Dental Service to provide home-based oral health consultations for families with pre-school children identified as high risk of dental caries.	Number of consultations delivered

ACUTE HOSPITAL BED DAYS

Acute Hospital Bed Days per capita is a measure of acute demand and patient flow across the health system. The over 65 years age group are the biggest contributors of bed days and there are equity gaps for Māori and Pacific populations.

Actions Taken by DHB to reduce length of stay in 2018:

Long Stay share of bed days

Total bed days for surgical and medical patients peaked during Q1 from 5% to 12.0% staying >21 days, predominantly patients with neck of femur fractures and multiple trauma requiring extended periods of reduced mobility and or bed rest.

Average length of stay for the facility excluding Mental Health patients was tracking at 2.4 for Q1, however Mental Health average length of stay has risen from 7.0 Q4 17/18 to 11.5 Q1 18/19.

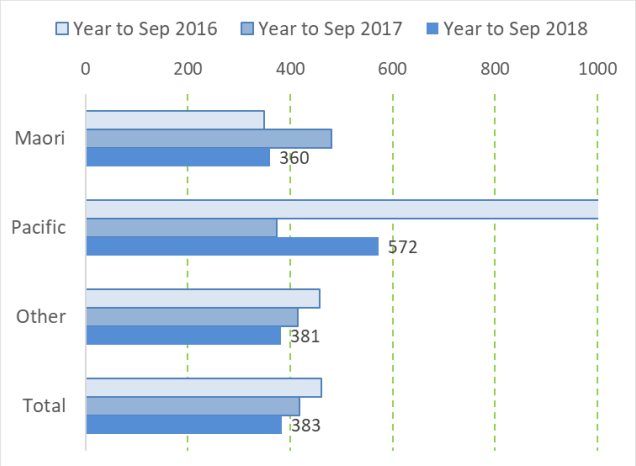
Hospital acquired infections has been a focus to reducing iatrogenic infections and therefore potentially on flowing to a higher than expected ALOS. We consistently deliver well in this area keeping iatrogenic infections to a minimum. Results indicate 11% of all episodes have occurred where the patient had a hospital acquired complication therefore an exemplar DHB. This is a positive against most peer sites and well under predicted numbers expected. This can also be said for Major Hospital acquired infections tracking at 1.8% and we are the leading DHB across our peer sites.

Anesthesiology patients. This relates to treatment of palliative patients who require complex pain management. We have now employed a palliative care consultant shared across the DHB and Hospice, and it is expected this will reduce the need for inpatient admissions and increased LOS for this patient group.

After standardising for age, SCDHB's level of AHBD per 1000 population has dropped 8% year-on-year to 383.1 and is 1.4% below the national average (388.7) as at September 2018. A marked and consistent improvement over the last two years can be observed, over and above the national improvement in this measure.

Standardised Acute Bed Days per 1,000 Population	Year to Sep 2016	Year to Sep 2017	Year to Sep 2018
SCDHB	460.1	417.7	383.1
New Zealand	424.2	410.6	388.7

The improvement trend for the overall population of South Canterbury is mirrored in the experience of our Maori population. The experience of our Pacific population has worsened year-on-year, in 2016 – 1079, in 2017 – 373 and in 2018 – 572.



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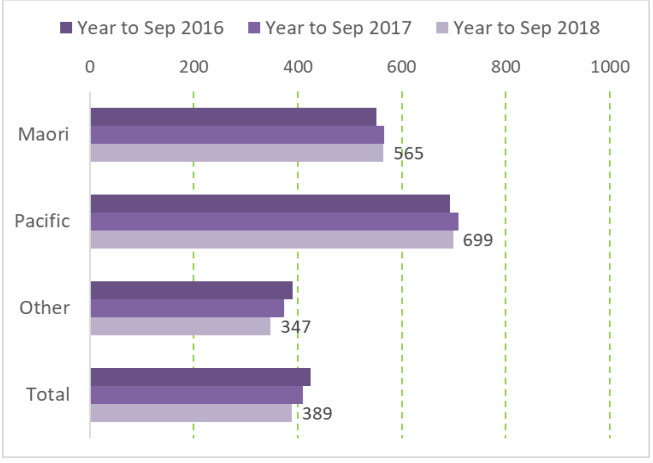

National

2019/20 Improvement Plan: Acute Hospital Bed Days		
SLT Sponsor:	**Lisa Blacker, Director Patient, Nursing and Midwifery**	
Milestone	**Actions**	**Contributory Measure**
SCDHB aim to retain the improvements of the past year to maintain our age standardized AHBD rate at <411.	Extend the nurse-led criteria-based discharges, which have been a success in Surgical Services, to the Medical Ward. Establish an integrated, co-located multi-disciplinary team to better manage patients following discharge. Review timeliness and appropriateness of transfer of patient mix to the ATR and health promotion programmes e.g. strength and balance in the community to reduce falls for our elderly. This will be a focus on our fall's population and subsequent neck of femur fractures. Review currently taking place by the Mental Health Inpatient service to determine any unexplainable variance and/or action items.	Inpatient Average Length of Stay (ALOS) for acute admissions. Acute readmissions to hospital (28 days).

PATIENT EXPERIENCE OF CARE

13 of 20 practice locations in South Canterbury currently engage in the Health Quality and Safety Commission Primary Care Patient Experience Survey. This is in addition to other patient satisfaction survey methods such as: survey formats supplied through the College of GPs and 'Ask Nicely' texts which provide the opportunity for immediate feedback on consultations with this feedback collated and advised weekly to participating practices. Results for South Canterbury for the period 01 March 2018 – 28 February 2019 demonstrate that with regards to its total population South Canterbury practices score either higher or close to the national average. The overall GP/nurse rating is 9.0 compared to the national average of 8.9.

Domain	South Canterbury Score	National Average Score
Coordination	8.7	8.5
Partnership	7.5	7.6
Physical Emotional Needs	8.0	7.7
Communication	8.4	8.4

However, when these results are filtered for our Māori population South Canterbury scores for each of the domains are lower than the national average

Domain	South Canterbury Score	National Average Score
Coordination	7.7	8.5
Partnership	7.4	7.6
Physical Emotional Needs	7.4	7.7
Communication	8.0	8.4

These results indicate an inequity in satisfaction and identifies an opportunity to engage with local Māori through our Director of Māori Health and Māori Health Advisory Committee to understand their health experience across the whole of system. Refer to the Improving Quality section of the SCDHB Annual Plan for reference to planned 'Listening Posts'.

The following action plan is designed to build on processes implemented and cultural competency resources supplied to practices in 2017/18 and 2018/19. The focus for 2019/20 will be on supporting practices to utilise their feedback results, reviewing district level results at an Alliance level and disseminating district level results and DHB actions to maintain the profile of the survey's utility.

2019/20 Improvement Plan: Patient Experience of Care		
Sponsor	**Carol Murphy, Primary Health Manager**	
Milestone	**Actions**	**Contributory Measure**
Improve equity in patient experience of care in Primary Care for Māori as demonstrated in improved scores across each of the four domains: coordination; partnership; physical and emotional needs; and communication for our Maori community.	Continue to promote engagement in the survey with practices yet to participate, during practice relationship management visits in an effort to increase participation. Improve performance for the following question from the SCDHB Patient Experience Survey: "Did the hospital staff include your family/whanau or someone close to you in discussions about your care?" (Communication Domain). Utilise baseline data from the Patient Experience Survey to establish targets to guide service improvement. Promote completion of the survey with local Māori through the Maori Health Advisory Committee. Increase understanding of the Māori patient experience by employing alternative methods of attaining feedback and compare these against national results to determine areas for action e.g. during planned Consultation Hui – Refer to the Improving Quality section of SCDHB Annual Plan.	Percentage Māori patients completing the primary care patient experience survey. Quarterly reporting to Clinical Board and Consumer Council in place to track performance which will inform how we check and adjust what we do.

AMENABLE MORTALITY

Amenable mortality is defined as premature deaths (deaths under age 75) that could potentially be avoided, given effective and timely healthcare. That is, early deaths from causes (diseases or injuries) for which effective health care interventions exist and are accessible to New Zealanders in need. South Canterbury amenable mortality deaths in 2015 were the fourth lowest by DHB area in the country at 78.2 per 100,000, compared to a national average of 90.8.

During the 2017-18 year, the following was achieved in respect to amenable mortality:

- Maintenance Cardiovascular Disease Risk Assessment (CVDRA) coverage within 3% of target;
- Continued delivery of Pneumovax programme for persons over 65 years; and
- Continued achievement influenza target for over 65 years
- Reviewed the Aoraki Health Pathway for COPD

Amenable Mortality Rates in South Canterbury by Condition in 2013	**Number of deaths**
Rectal cancer	2
Melanoma of Skin	3
Female breast cancer	4
Prostate cancer	3
Complications of the perinatal period	4
Diabetes	6
Ischaemic heart disease	24
Heart failure	1
Cerebrovascular disease	5
Pulmonary embolism	0
COPD	13
Land transport accidents excluding trains	7
Accidental falls on same level	1
Suicide	7

Analysis of the data showed that over a quarter of the 80 amendable mortality deaths in South Canterbury were caused by Ischaemic heart disease. Meanwhile of the 209 Māori men aged 35 to 44 years (an at risk groups as identified in the Ministry of Health's latest guidelines on cardiovascular risk) enrolled with Primary Care in the district only 52.6% had received a CVDRA in the last 5 years.

2019/20 Improvement Plan Amenable Mortality		
SLT Sponsor:	**Bruce Small, Primary Care Chief Medical Officer**	
Milestone	**Actions**	**Contributory Measures**
Maintain its Amenable Mortality rate below 78.2 per 100,000 year over the next 3 years.	Q4: Launch programme for funded CVDRA delivered by Occupation Health Nurses, Māori Health Provider or Primary Care Provider for enrolled Māori men aged 35 to 44 years. Those at risk of CVD to be provided with free visits with their lead practitioner and practice nurse.	PHO enrolled Māori men aged 35 to 44 years who have had a CVD risk recorded within the last five years.

BABIES IN SMOKE FREE HOUSEHOLDS

This measure is important as it aims to reduce the rate of infant exposure to cigarette smoke by focusing attention beyond maternal smoking in the home and family and whānau environment. There is a need to focus on the collective environment that the infant could possibly be exposed to - from pregnancy; birth; home and community environment to where they will be nurtured and raised.

In 2017/18, 82 pregnant women identified as smokers presented to the maternity unit, a prevalence of 10.6%. Out of 75 Māori women, 20 were smokers, a prevalence of 26.7%. South Canterbury launched an incentive programme in June 2018 to encourage pregnant mama to engage with our Stop Smoking Service and remain smokefree throughout pregnancy and into parenthood. Initial figures look promising at improving reach within this population.

Smoking status data for 15 to 34 year olds, extracted from the Primary Care reporting shows, that 18.3% of this smoke. Significantly more males at this age are smoking than females.

NZ Māori smoking rate for 15 – 34 year olds is nearly double, at 35.4%, the rest of the population.

Smoking rate jumps alarmingly from 15-19 yrs (5.7%) to 20-24yrs (20.1%). This increased again as the population gets older to nearly a quarter of the population (24.2%) and then begins to decline for those in their early 30s to 23.7%.

The 15 to 34 year old age bracket has been selected to target those who may become pregnant as it is healthiest for babies if households stop smoking prior to conception.

Gender	Smokers 15-34yrs	% of 15-34yrs by Gender who Smoke
Female	980	15.37%
Male	1,368	21.12%
Total	**2,348**	**18.27%**

Ethnicity	Smokers 15-34yrs	% of 15-34yrs by Ethnicity who Smoke
NZ Māori	471	35.36%
Pacific Islander	54	21.26%
Asian	48	6.79%
NZ European	1,666	17.22%
Other	109	12.30%
Total	**2,289**	**18.27%**

Age	Smokers 15-34yrs	% of 15-34yrs by Age who Smoke
15-19 yrs	193	5.73%
20-24 yrs	621	20.11%
25-29 yrs	806	24.22%
30-34 yrs	728	23.72%
Total	**2,348**	**18.27%**

Smoking Status data from the Oct-Dec 2018 patient register.

2019/20 Improvement Plan: Babies in Smokefree Households		
SLT Sponsor:	**Nigel Trainor, CEO**	
Milestone	**Actions**	**Contributory Measure**
Reduce the rate of infant exposure to cigarette smoke by increasing the percentage of babies who live in a smokefree household by the age of up to 56 days from *58.6% (Jan-Jun 2018)* to 65% by 2020.	Q1: Advance work with midwifes, ante natal services and WCTO providers on the Smokefree Pregnancy Incentive Programme and referral pathways to the Stop Smoking Service, and develop a communication plan to promote the programme to the wider community. Q3: Work alongside Primary Care to reach 15-34 year old smokers, hold free onsite smoking cessation clinics at practices identified as having high numbers in the target population.	Number of referrals to the Stop Smoking Service for women who are pregnant and 15-34 year old smokers The percentage of 15-35 year old smokers.

YOUTH ACCESS TO HEALTH SERVICES

Youth have their own specific health needs as they transition from childhood to adulthood. Most youth in New Zealand successfully transition to adulthood but some do not, mainly due to a complex interplay of individual, family and community stressors and circumstances, or 'risk factors'. Evidence shows that youth are not in the habit of seeking the services or advice of a registered health practitioner when unwell. Generally, they cope with illness with advice from friends and whanau as they see fit. Attending a health clinic is often viewed as a last resort instead of a reasonable first choice. This measure focuses on youth accessing primary and preventive health care services. Research shows that youth whose healthcare needs are unmet can lead to increased risk for poor health as adults and overall poor life outcomes through disengagement and isolation from society and riskier behaviours in terms of addictions and alcohol misuse and criminal activities.

Early interventions which target younger populations may potentially be an effective strategy for improving adult health and reducing future healthcare costs in the long term.

For the 2019/20 year, early intervention programmes will be developed and/or improved upon reduce alcohol harm by young people. There were 128 occasions in the year ending 31 December 2018 that young people (10-24 year olds) were admitted to ED where alcohol was involved.

2019/20 Improvement Plan: Youth Access to Health Services		
SLT Sponsor:	**Nigel Trainor, CEO**	
Milestone	**Actions**	**Contributory Measure**
Decrease the number of presentations by youth to ED where alcohol was involved by 10% over 2 years, so that by year ending June 2020 there are less than 58 occasions.	Youth people experience less alcohol and drug related harm and receive appropriate support by: • Establishing baseline data of engagement in services. • Develop a wellness approach to youth alcohol and drug usage. Involve the Hauora Maori team earlier in the process for Maori community. • Involving and supporting families/whanau earlier in the process. • Working collaboratively with Public Health on the actions identified in the SCDHB Public Health Plan with regards to reduction in alcohol harm.	100% of people aged 10-24 presenting to ED, where alcohol was recorded are referred to Alcohol and other Drug Services.