

Wairarapa improvement plan action focused, with good use of data December 2016

Wairarapa district alliance's System Level Measures Improvement Plan 2016/17 is being held up by the Ministry of Health as an action-focused plan, with good use of data.

Kanchan Sharma, System Level Measures Framework National Programme Manager for the Ministry, says the improvement plan uses data to illustrate System Level Measure rates for the district, and the intervention logic leading to the System Level Measure improvement milestones and choice of contributory measures.

"The plan is also focused on integrated actions that will make a real difference to the health of the population, and is well written and easy to follow."

Justine Thorpe, Programme Director Tihei Wairarapa (Tihei Wairarapa is the district's alliance), was one of those leading the development of the plan.

She says the maturity of the Tihei Wairarapa alliance has been key to the development of a comprehensive, action-focused plan.

"The Wairarapa alliance was one of the first in the country. This means strong relationships between health care providers were already in place throughout the district."

The Tihei Wairarapa alliance provided direction for the development of the improvement plan, which was led by a collaborative System Level Measures Development Group.

Justine Thorpe says Wairarapa's close working relationship with the wider region's other two DHBs – Capital & Coast and Hutt – was also extremely helpful.

"The three DHBs developed the template for the improvement plan together. This meant we could share experiences and develop the best processes – the three integration leads worked together very closely."

She says the first step in developing Wairarapa's improvement plan was to look at district data to identify the areas of greatest need.

"We used the data provided by the Ministry of Health to each alliance. A lot of the performance issues, particularly equity outcome gaps, we already knew, but the data confirmed it.

"In terms of ASH rates – preventable hospital admissions of children aged four and under – the biggest driver for us was respiratory illness. We had high rates of admissions due to respiratory infections, pneumonia and asthma, particularly for Maori children.

"To address this, we chose participation in our existing Breathe Easy programme as a contributory measure. This is a whānau education programme for families that have children affected by respiratory problems.

"This is an example of how we linked into existing initiatives and programmes, using those plans, targets and measures. It wasn't necessary to start from scratch for everything – we built the plan aligned with local work, programme measures and priorities for PHOs."

Justine says the group selected contributory measures that were achievable.

“We looked at the measures in the Tihei integration plan and the PHO’s quality indicators. We also found the measures list on the Health Quality Measures New Zealand Library very useful.”

She says once existing programmes and initiatives were linked into the plan, the group looked for health outcome gaps.

“For example, dental care was not covered in the alliance plan, so we began to engage more closely with the dental service. We will work together to make sure children are being enrolled and getting to appointments. This approach is reflected in the contributory measure in our improvement plan ‘Support improvements in dental care: Preschool dental enrolment’.”

She says once the plan was drafted, it went through several iterations and there was reasonably wide consultation.

“Engagement included with Māori and Pacific health, primary care, DHB and PHO management and the community. But there is always room for improvement, and with more time to develop the next plan, we will consult more widely.

“The next plan will also align with DHB annual planning,” she says. “It should be the Tihei Wairarapa integration plan, rather than the district having two plans. We will also move from improvement milestones that maintain current performance, to improving performance.

“For example, to reduce admissions related to respiratory illness, in the future we might measure how many children have had an asthma plan developed as part of the Breathe Easy programme. Similarly, we may measure the amount of spirometry that happens in the community and how many practices are using the pathway to develop COPD plans.”

Justine says it was really important to the alliance that the improvement plan was action-focused. “As a region, we want to make a difference to the health of our people. It is important to monitor data and continually improve; to make an actual difference.

“By looking at the data and chunking it up, you make change achievable.”

She says it is important to have the ‘brave’ conversations.

“You have to be willing to change something if it’s not working. For example, if there needs to be a change in the way a service is being delivered, that needs to be raised and worked through with the provider. Again, this is where having good existing relationships is so important.”

The Wairarapa DHB’s System Level Measures Improvement Plan 2016/17 is available [here](#).