SYSTEM LEVEL MEASURES Improvement Plan

Top of the South Health Alliance

2019/20 Financial Year

Executive Summary

The Top of the South Health Alliance (ToSHA) is committed to improving the health of everyone in the Nelson Marlborough region. To do this, and to support the implementation of the refreshed New Zealand Health Strategy, we have jointly developed an Improvement Plan for System Level Outcome Measures.

The organisations involved in the development and/or implementation of this plan are:

- Nelson Marlborough District Health Board
- Nelson Bays Primary Health
- Marlborough Primary Health Organisation
- Te Piki Oranga (other Well Child providers are engaged at quarterly forums)
- Youth Service Level Alliance Team (SLAT)

Purpose

This document shows how the System Level Measures Improvement Plan 2019/20 will build on progress and continue to improve health outcomes across the Nelson Marlborough region.

The plan includes:

- Specific improvement milestones that show improvement for each of the six system level measures (SLMs).
- Brief descriptions of activities to be undertaken by alliance partners (primary, secondary, and community) to achieve the milestones.
- Contributory measures for each of the SLMs chosen to monitor local progress against the activities.
- Signatures of all district alliance partners to demonstrate an integrated and partnership approach to the development and implementation of the improvement plan.

Background

System Level Measures are outcome focused measures that provide a framework for continuous quality improvement and system integration. They are set nationally and focus on children, youth and vulnerable populations. System Level Measures aim to improve health outcomes for people by supporting District Health Boards to work in collaboration with health system partners (primary, community and hospital).

The six System Level Measures are:

1. ambulatory sensitive hospitalisation (ASH) rates for 0–4 year olds **(keeping children out of hospital)**
2. acute hospital bed days per capita **(using health resources effectively)**
3. patient experience of care **(person-centred care)**
4. amenable mortality rates **(prevention and early detection)**

5. babies living in smokefree homes **(a healthy start)**
6. youth access to and utilisation of youth appropriate health services **(youth are healthy, safe and supported)**

Process & Approach

The Alliance appointed a group to oversee the development of the System Level Measures Improvement Plan 2019/20. This group is comprised of senior staff members from across the organisations involved (Table 1). The group convened to review the data relating to each of the System Level Measures. Where equity gaps were apparent, the group focussed their improvement milestone, quality improvement activities, and contributory measures specifically on addressing these gaps.

Each System Level Measure has been assigned a Quality Improvement Champion. The Champions have strong existing networks, work with senior managers and clinical leaders to review Nelson Marlborough-specific data for each of the measures. The Champions shared the draft System Level Measures Plan with their stakeholders for feedback from areas relevant to outcomes and activities.

Progress against this plan will be overseen, and advice provided as needed on strategic direction, by the ToSHA committee. We, the Chief Executives of the Top of the South Health Alliance, pledge our commitment to the delivery of this improvement plan.

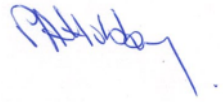
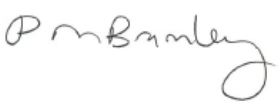
Signature	*Signature*	*Signature*	*Signature*
			
Beth Tester	Angela Francis	Anne Hobby	Peter Bramley
Chief Executive	Chief Executive	Tumuaki / General Manager	Chief Executive
Marlborough Primary Health	Nelson Bays Primary Health	Te Piki Oranga	Nelson Marlborough Health

Table 1: System Level Measures Improvement Group and Champions

Name	Organisation	Role	SLM Champion
Angela Francis	Nelson Bays PHO	Chief Executive	-
Karen Winton	Nelson Bays PHO	General Manager Health Services	-
Glenis Bell	Nelson Bays PHO	Health Promotion Manager	-
Beth Tester	Marlborough PHO	Chief Executive	-
Anne Hobby	Te Piki Oranga	Tumuaki / General Manager	-
Sonny Alesana	Te Piki Oranga	Te Pou Taki / Cultural Advisor and Rangatahi Pou Tangata / Service Champion Youth	-
Jane Kinsey	Nelson Marlborough Health	General Manager Mental Health, Addictions and Disability Support Services	Youth Access to and Utilisation of Youth-appropriate Health Services (10-24 year olds): Sexual and Reproductive Health.
Elizabeth Wood	Mapua Health Centre; and Nelson Marlborough Health	General Practitioner; and Clinical Director Community & Chair of Clinical Governance	Patient Experience of Care
Donna Addidle	Nelson Marlborough Health	Clinical Director for Women, Child & Youth, RMO Management	Youth Access to and Utilisation of Youth-appropriate Health Services (10-24 year olds): Sexual and Reproductive Health.
Cathy O'Malley	Nelson Marlborough Health	General Manager Strategy Primary & Community	Amenable Mortality
Nick Baker	Nelson Marlborough Health	Paediatrician & Chief Medical Officer	
Ditre Tamatea	Nelson Marlborough Health	General Manager for Māori & Vulnerable Populations	Ambulatory Sensitive Hospitalisations (0-4 years)
Debbie Fisher	Nelson	Operations Manager /	Babies in Smoke free homes

	Marlborough Health	Associate Director Of Midwifery	
Pamela Kiesanowski	Nelson Marlborough Health	Director of Nursing & Midwifery	Acute Hospital Bed Days
Lexie OShea	Nelson Marlborough Health	General Manager Clinical Services	Acute Hospital Bed Days

Keeping children out of hospital

Ambulatory Sensitive Hospitalisation (ASH) rates in 0–4 year olds seeks to reduce admission rates to hospital for a set of diseases and conditions that are potentially avoidable through prevention or management in primary care.

The overall non-standardised ASH rate for 0-4 year olds in Nelson Marlborough has continued to remain stable at 3,857 per 100,000 population in 2018 compared with 3,861 in the previous year, and remains lower than the national total. However, the rate for tamariki identifying as Māori has increased by 14.9% from 4,205 per 100,000 population in September 2017 to 4,831 in September 2018. In terms of ASH Events, this equates to a rise from 74 events for Māori in 2017 to 86 events in 2018. Meanwhile, the rates for non-Māori and non-Pacific populations has continued to decrease.

Ambulatory Sensitive Hospitalisation rates for Māori children in Nelson-Marlborough are driven by dental conditions (1,404 per 100,000 population), upper and ENT respiratory infections (1,011 per 100,000 population) and asthma (955, per 100,000 population). Consumption of sugary drinks, access to oral health care and primary care, exposure to second-hand smoke, and poor housing are known drivers associated with these conditions.

<table>
<tr><td>National Measure</td><td colspan="2">Ambulatory Sensitive Hospitalisations (ASH) rate per 100,000 population, for 0 - 4 year olds.</td></tr>
<tr><td>Local Milestone</td><td colspan="2">ASH rates for Māori children aged 0-4 years fall 10% by 30 June 2020 (from 4,831 in 2018 to 4,000 by 30 June 2020)</td></tr>
<tr><td colspan="2">Activities</td><td>Contributory Measures</td></tr>
<tr><td colspan="2">• The Hauora Direct Programme (a comprehensive 360 degree health assessment targeting Māori and vulnerable populations which includes referrals to oral health, whare ora, and smokefree programmes PepiFirst and Te Ha) will be:
▪ implemented in two new community settings
▪ completed daily through additional nursing resource in the Pacific Trust and Victory community centre,
▪ integrated into the Mental Health Service, (Nikau House),
▪ piloted in General Practice,
▪ offered to all wahine and whanau enrolled in the Hapu Wananga parenting education programme, and
▪ active in referring tamariki to the kaupapa Māori Oral Health navigation service with Te Piki Oranga</td><td>• Hospital admissions for children aged five years with a primary diagnosis of asthma (Measures Library)
• Total number of people who have undertaken Hauora Direct assessment recorded by ethnicity
• Total number of interventions and referrals</td></tr>
</table>

• Deliver oral health education programme called **"First Smiles**" for 0-5 years to preschools, Kohanga Reo, Young Adult School, Plunket, and Hapu Wanaga Programmes to increase oral health literacy in the community. • **Implement Water only policies** and a **Sugar-free campaign** targeting schools and early childhood centres by quarter 3 to increase oral health literacy in the community.	• Increase Māori children caries free at 5 years of age (by ethnicity and deprivation level) (Measures Library) • CW01 Children caries free at 5 years of age (Y1:63%, Y2:64%) • Hospital admissions for children aged five years with dental caries as primary diagnosis (Measures Library) • Pre-school children enrolled in publicly funded child oral health service (Measures Library) • CW03: Improving the number of children enrolled and accessing the Community Oral Health service. • Percentage of early childhood education providers with water only policies

Using Health Resources Effectively

Acute hospital bed days per capita measures the use of hospital resources, predominantly relating to adults and older people. Effective management of long-term illnesses and disease prevention in primary care prior to hospitalisation and the provision of effective care in the community after discharge have the potential to reduce hospital bed days. For example, access to primary care, streamlined diagnostic and treatment processes, discharge planning and community based health and restorative care. Good communication between clinicians across the health care continuum is vital.

The age standardised acute hospital beds rate for Nelson Marlborough Health for the year to December 2018 was 232 per 1,000 population. Rates remain higher for Māori (275 per 1,000 population) and Pacific peoples (253 per 1,000 population) and for those aged over 75 years. The main drivers of overall acute hospital bed days in Nelson Marlborough are events associated with stroke and other cerebrovascular conditions (DRG B70) and respiratory infections/inflammations (E62). For Māori, the conditions driving the acute hospital bed days rate also include heart failure and shock (DRGF62) and cellulitis/bacterial skin infections (DRG J64).

National Measure	Acute hospital bed days rate per 1,000 population domiciled within a DHB
Local Milestone	Reduce the age standardised acute hospital bed days rate for Māori from 275 per 1,000 population to 232 per 1,000 population by 30 June 2020

Activities	Contributory Measures
• Rollout the Health Care Home (HCH) model in a further 8 General Practices to improve access to enhanced primary and community care. • Adopt proactive shared care planning to support complex patients.	• Shared care plans enabled in tranche one practices by Q2 19-20 • Tranche two practices (8 practices) developed year one implementation plans (4 practices by Q2; 4 practices by Q4) • Number of shared care plans developed
• Advance the primary care response to mental health through locality based care coordination in collaboration with the initial Health Care Home (HCH) practices (a key component of which address Māori).	• MH01 – improve health status of people with severe mental illness through improved access. • Average bed night occupancy in a mental health and addiction service organisation • Overnight admissions to the mental health and addiction service organisation
• Identify novel methods of improving influenza vaccination rates among Māori, Pacifica and Asian populations; ensuring availability meets their needs.	• Local strategies identified by Q3 2019 and outcomes identified by Q2 2020 as per Annual Plan 2019/20.

Person-centred care

The **patient experience of care measurement tools in primary and secondary care** give insight into how patients experience the health care system, and how integrated their care was. Evidence suggests that patient experience is positively associated with adherence to recommended medication and treatments, engagement in preventive care such as screening services and immunisations and ability to use health resources available effectively.

This measure provides information about how people experience health care and may highlight areas that Nelson Marlborough Health needs to have a greater focus on, such as health literacy and communication.

Primary care
The average response rate to the primary care survey between Q4 2017 and Q3 2019 was 24% for practices in Nelson Marlborough. However, the response rate for Māori in Nelson Marlborough Health was lower than overall rates - ~ 15% for Marlborough practices and ~17% in Nelson practices. While the Alliance will continue efforts to improve these response rates, we have decided to focus new activities on improving the domain scores. In Q4 2018, Nelson Marlborough Health's total scores across partnership (7.7), communication (8.5), coordination (8.5) and physical & emotional needs (8.4) were all significantly higher or not significantly different from the national average. However, with the exception of communication (7.9), the scores for Māori were significantly lower than the national average across all domains (partnership -6.7, coordination 7.6, and physical & emotional needs – 7.9). We have therefore focussed our activities on addressing these equity gaps (see table below).

Secondary care
With respect to secondary care, and the the inpatient survey, Nelson Marlbourgh Health has identified communication and coordination as domains in which we could improve. In particular, patients have indicated that they could be better informed about medication side-effects upon discharge and receive more information from the hospital on how to manage their condition after discharge. This corresponds to the responses received to the survey questions:

- Did a member of staff tell you about medication side effects to watch for when you went home?
- And do you feel you received enough information from the hospital on how to manage your condition after your discharge?

The response rate for the inpatient hospital survey in Q4 2018 was around 23%. The results from this survey showed that 61% of patients reported receiving enough information on medication side-effects to watch for when they went home from hospital. For the same quarter, 66% of patients responded receiving enough information from the hospital on how to manage their condition after discharge. These results are comparable with the New Zealand average.

National Measure	Primary care survey and Hospital inpatient survey scores for four domains: Communication, Partnership, Coordination, Physical and Emotional needs.
Local Milestone	• Improve the survey scores of Māori across all four domains of the

	primary care survey by 30 June 2020. • 70% of respondents to the inpatient hospital survey report receiving enough information on medication side effects and condition management upon discharge from hospital by 30 June 2020.

Activities	Contributory Measures
• PHOs to undertake an audit of patient experience survey results to identify practices needing support to improve survey scores of patients identified as Māori.	• Practices requiring support identified through audit by Q2
• PHOs to work with identified practices, using a quality improvement process, to increase domain score results of patients identifying as Māori.	• Work with identified practices to improve scores for patients identifying as Māori underway by Q3.
• NMH hospital pharmacists will be attempting to streamline the creation of "Yellow Cards" so that more patients receive these before discharge.	• Process for creating yellow cards streamlined by Q2
• Continue to implement the use of the home safe checklist for all medical admissions and extend use to surgical wards.	• Percentage of discharges receiving the home safe checklist
• Trial of clinical criteria discharge which will address the aspects of the patient understanding as above.	• Clinical discharge implemented by quarter 4
• Implement a standardised discharge summary whereby the patient information is the first item on the summary (after the diagnosis)	• Implement standardised discharge summary by Quarter 3
• Primary care practices and community pharmacists to inform the patient that further information on medication, including unwanted effects, can be found inside the box or at http://www.medsafe.co.nz/"	• Email sent by Quarter 2
• Primary care practices and community pharmacists to provide pamphlets, print-outs and information that help patients manage their condition when they get home and know when and where to seek further help	• Email sent by Quarter 2

Prevention and early detection

Amenable mortality is a measure of the effectiveness of health care-based prevention programmes, early detection of illnesses, effective management of long-term conditions and equitable access to health care. It is a measure of premature deaths that could have been avoided through effective health interventions at an individual or population level. Health care service improvement across the system, including access to diagnostic and secondary care services, may lead to a reduction in amenable mortality.

Nationally, amenable mortality rates for Māori and Pacific peoples tend to be higher than for other population groups. We can assume this is the case for Nelson Marlborough also, even though we are unable to confirm this due to small numbers. In Nelson Marlborough Health the amenable mortality rate in 2015 was 67.7 per 100,000, with the main contributing conditions being coronary artery disease (43 deaths), chronic obstructive pulmonary disease (COPD) (21 deaths) and suicide (19 deaths).

Coronary artery disease is thought to begin with damage or injury to the inner layer of a coronary artery, sometimes as early as childhood. The damage may be caused by various factors, including:

- Smoking
- High blood pressure
- High cholesterol
- Diabetes or insulin resistance
- Sedentary lifestyle

In order to address amenable mortality, and specifically amenable mortality from coronary artery disease, it will be important to implement activities that address the above risk factors.

National Measure	Deaths under age 75 years ('premature' deaths) from causes classified as amenable to health care (there is currently a list of 35 causes)
Local Milestone	Reduce amenable mortality rates for Māori to zero by 30 June 2023

Activities	Contributory Measures
• Deliver culturally appropriate diabetes self-management options supported by culturally relevant resources that include a health literacy lens to empower self-management skills.	• High needs populations are accessing self-management support options • HbA1c test results (Measures Library) • SS13: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)
• New coordinated approach towards Cardiovascular Risk Assessment for Māori Men aged 35-44 years.	• SS13, Focus area 3: Cardiovascular Health – 90% of eligible Maori men in the PHO aged 35-44 years will have had their CVD risk assessed in the past 5 years) • Proportion of people with CVDRA >20% who are dispensed appropriate medications (rather than just how many people got a CVDRA as there is a risk of overservicing

	people at low risk and not changing anything for those at high risk).
• Enable primary care to coordinate access for patients with high health and social needs (including Māori) to health services in the local community by demonstrating a "clustering" approach in collaboration with the initial Health Care Home (HCH) practices.	• Tranche one shared care plans enabled by Q2 19-20 • Three clusters of health providers agree a system of coordinated care by Q3 19-20 • SS13: Focus area 1: Long term conditions: Report on actions to: Support people with LTC to self-manage and build health literacy • SS06 Better help for smokers to quit in public hospitals (95% of hospital patients who smoke are seen by a health practitioner in public hospital).
• Implement the First 1,000 days programme of work to begin influencing the known risk factors for coronary disease, COPD and suicide. This includes the establishment of a maternal mental health steering group to agree on local initiatives that support vulnerable mothers to provide their children the best physical, mental and emotional start to life.	• Implementation of infant mental health programme • CW10 Raising Healthy Kids (95% of obese children identified in B4SC programme offered a referral to health professional)

Healthy start

Babies living in smokefree homes aims to reduce the rate of infant exposure to cigarette smoke by focussing attention beyond maternal smoking to the home and family/whanau environment (ie, a healthy start). The measure aligns with the first core contact which is when the handover from maternity to Well Child Tamariki Ora (WCTO) providers and general practitioners occurs.

Smoking during pregnancy and exposure to smoking in early childhood strongly influence pregnancy and early childhood health outcomes. This measure promotes the roles which collectively service providers play in the infants' life and the many opportunities for smoking interventions to occur. It also enables the health sector to connect infants and their family/whanau with maternity and childhood health care such as immunisation.

This measure was revised by the Ministry of Health on 31 October 2018 (numerator and denominator definitions changed). This resulted in all registered births being recorded in the denominator, not just those enrolled with/contacted by the WCTO provider. This means that the proportion of babies living in "smoking" houses according to the new measure could be due to EITHER:

- living in a household where someone smokes OR
- having not received a WCTO provider visit/enrolment

Therefore, to increase the proportion of babies recorded as living in smokefree homes, we also need to increase the proportion of registered births enrolled with WCTO providers (and ensure this data is being captured/reported to the Ministry of Health). In Nelson Marlborough for the year to December 2017, only 74% of registered births were enrolled with a WCTO provider and only 54% of newborns in Nelson Marlborough could be confirmed as living in smokefree households at six weeks postnatal.

National Measure	Babies living in a smokefree household at six weeks postnatal (up to 56 days of age).
Local Milestone	66% of households are smokefree at six weeks postnatal by 30 June 2020

Activities	Contributory Measures
• Improve enrolment of newborns with WCTO providers by implementing automatic enrolment of newborns to multiple health services including General Practice, Oral Health and WCTO services.	• Newborns enrolled in a Primary Health Organisation by three months (Measures Library) • Proportion of newborns enrolled with WCTO provider • Infants who have received all WCTO core contacts due in their first year (Measures Library) • CW07 – Newborn enrolment with General Practice – 55% of newborns enrolled in GP by 6 weeks of age, 85% of newborns enrolled in

	General Practice by 3 months of age.
• Promote the Motueka Primary Maternity Unit and Wairau Maternity Centre through antenatal education, Hapu Wananga maternity services, and by publishing information and videos on the NMH website and on social media (eg YouTube).	• Pregnant women registered with a Lead Maternity Carer within the first trimester of pregnancy (Measures Library)
• Deliver one education session each quarter to LMC midwives to ensure workforce has awareness, confidence and capacity to assess and refer to Pepi first	• Increased referrals to Pepi First and Te Ha from Healthy Homes, Whare Ora, and LMC Midwives • CW09 – Better help for smokers to quit (maternity): 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking. • Babies whose families-whanau referred from their Lead Maternity Carer to a WCTO provider (Measures Library) • Smoking data set is shared at WCTO forums • Smokefree home status evaluated post birth through safe sleep device provision programme at 6 week follow up.
• Share updated data set with key stakeholders at the WCTO forums and inform programmes such as Healthy Homes and Whare Ora to develop targeted referral to Pepi First.	
• Pilot vaping as a quit smoking aid with hapu wahine and whanau enrolled in Hapu Wananga programme. and whanau referred from Hapu Wananga to Pepi First programme	

Youth are healthy, safe and supported

The **youth access to and utilisation of youth appropriate health services** SLM is made up of five domains with corresponding outcomes and national health indicators. The Alliance was expected to choose at least one domain and use the corresponding national indicator to set their improvement milestone. Nelson Marlborough Health chose the 'sexual and reproductive health' domain with the intent of achieving the outcome of young people managing their sexual and reproductive health safely and receiving youth-friendly care. The national indicator for this outcome is chlamydia testing coverage for 15-24 year olds.

It is common practice to offer sexually active youth STI testing upon visiting a general practice or a sexual health clinic. Chlamydia is one of the infections that is screened for as part of this testing. In this way, chlamydia testing coverage for 15-24 year olds not only indicates coverage of STI testing, but can also be used as an indicator of the ability of young people to receive youth-friendly care and manage their sexual and reproductive health safely.

In 2016, a substantially higher proportion of 20-24 year olds in Nelson Marlborough had received STI testing than 15 to 19 year olds and this was true for both sexes and across all ethnic groups. However, females aged 20-24 years were more likely to have been tested (35.7%) than males (9.1%). Similar equity gaps in coverage on the basis of sex exist for those aged 15-19 years and persist for all ethnic groups. Coverage rates for Māori youth of all ages are comparable, or greater than Pacific peoples and youth identifying as European or other. Meanwhile, Asian youth experience the lowest coverage rates (only 3.4% of males and 14.3% of females aged 20-24 years had been tested).

Outcome	Young people manage their sexual and reproductive health safely and receive youth-friendly care
National Measure	Chlamydia testing coverage for 15-24 year olds
Local Milestone	Increase the percentage of males aged 20-24 years being tested for Chlamydia from 9.1% in 2016 to at least 35.7% (ie, bring male rates in line with female rates) by 30 June 2020.

Activities	Contributory Measures
• Resource and reinstate the Youth Advisory Panel to provide advice on youth targeted services, communications and resources.	• Unmet Need for Health Services reported by Youth (Measures Library)
• Undertake a review of sexual health services by Q1 to ensure they are consistent with the principles, obligations and aims of the New Zealand Health Strategy 2000, including that they are non-judgemental and responsive to diversity in society, gender, age, ethnicity, sexual orientation and sexual practices.	• Review identifying issues, and exploring options for improving the delivery of sexual health services completed by Q1 • Youth immunized with the HPV vaccine • Contraceptive dispensing (Measures Library) • CW05 Immunisation coverage for HPV – 75% of girls fully immunised with HPV vaccine. • Begin implementing any youth-specific recommendations from the review of sexual

	health services by Q4.
• Upskill sexual health nurses to be able to provide HPV vaccinations at the sexual health service.	• Youth immunized with the HPV vaccine (by sex, ethnicity)