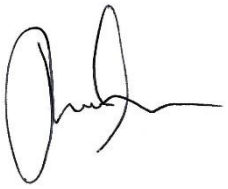
Whanganui District Health Board

System Level Measures Improvement Plan 2018-19

Signatories



Russell Simpson
Chief Executive Officer
Whanganui District Health Board

Judith MacDonald
Chief Executive Officer
Whanganui Regional Health Network

Simon Royal
Chief Executive Officer
National Hauora Coalition

Table of Contents

1. Background

This Whanganui System Level Measures Improvement Plan 2018-19 has largely been informed by work that has occurred over the past year supported by the DHB and PHOs annual planning processes. The actions and activities outlined are expected to contribute to system performance over time which will require collaboration across other sectors.

We support the six SLM measures identified for 2018-19 as we see the linkage to the strategic priorities and vision for our health district, which include:

- Advancing Māori health and Whānau Ora
- Improving life expectancy with improvement in equity for Māori
- Reducing morbidity by improving the quality of life focusing on those with the highest need
- Improve equity by reducing the health status gap between Māori and non-Māori across all measures, and between Whanganui and New Zealand.

The focus of the SLM governance for this year will therefore be to further engage with a broader group of sector stakeholders in socialising the measures to gain more visibility and buy in to the outcomes we are seeking to achieve.

All measures, including contributory measures, will be monitored by ethnicity where data is available.

2018-19 Priorities

The priorities for 2018/19 focus on improvements in equity of outcome or access and activities to support intervention in high risk populations with measures that support more than one milestone.

These activities are expected to contribute to sustainable improvement in the life expectancy and health and wellbeing of the districts population. The activities will also support addressing equity issues.

System Level Measures Governance

The development of the 2018-19 plan has been led through an integrated approach with the following:

- Whanganui Alliance Leadership Team
- PHO Clinical Leads
- Hospital Services Clinical Team
- Service & Business Planning
- Child Youth Governance
- Tobacco Advisory Group
- Diabetes and Long Term Conditions Clinical Operational Overview Group

It is intended to formally establish service alliances in population priority areas (healthy ageing, including acute demand and child and youth) to support the ongoing development and monitoring of the System Level Measures (SLMs).

2. System level measures improvement milestones 2018-19

Ambulatory Sensitive Hospitalisation rates per 100,000 0-4 year olds	
System Level Outcome	Keeping children out of hospital
Improvement milestone	7,149 presentations per 100,000 Maori
Total Acute Hospital Bed Days	
System Level Outcome	Using health resources effectively
Improvement milestone	Reduce equity gap by 50% for Maori (490-438 bed days)
Patient Experience of Care	
System Level Outcome	Ensuring patient centred care
Improvement milestone	100% of practices participating Hospital inpatient survey: aggregate score of 8.5 across all four domains is maintained to 30 June 2019
Amenable Mortality	
System Level Outcome	Preventing and detecting diseases early
Improvement milestone	Reduce the equity gap between Maori & non-Maori 25% over the next two to four years
Youth Access to and Utilisation of Youth appropriate health services	
System Level Outcome	Youth receive oral health preventative service annually until their 18th birthday
Improvement milestone	85% of youth will access DHB funded adolescent dental services
Babies in Smokefree Homes	
System Level Outcome	Healthy start
Improvement milestone	40% of Maori babies live in a smokefree home by 30 June 2019

3. Whanganui Health District SLM Improvement Plan 2018/19

3.1 Acute Hospital Bed Days per Capita

This measure is about using our health resources effectively. As a Whanganui health system we want our population to be well in the community, and to be supported to receive appropriate care when they are not well. We want to reduce the amount of time people need to spend in hospital through integrated care and collaboration across providers. This requires good communication and cooperation between primary and secondary care and models of care which support greater capability in primary care. We know that better prevention and management of long term conditions is essential to support improvement against this target in the long term.

Where are we now?

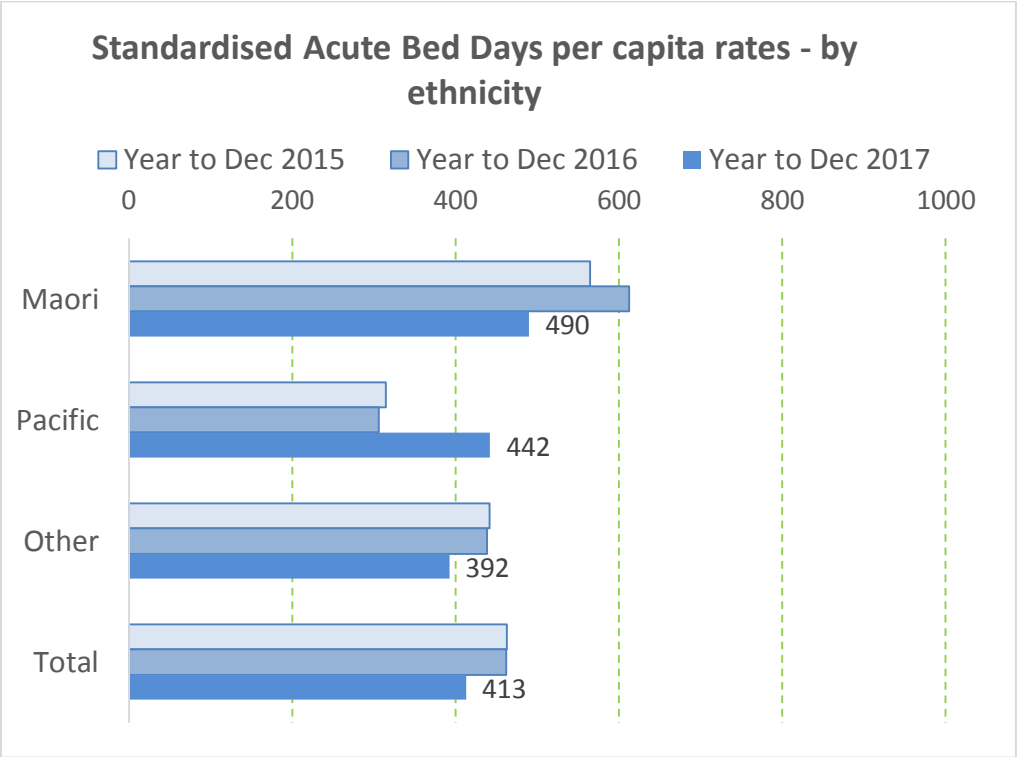
While there has been an improvement in the acute bed day rate for Whanganui DHB in 2017-18, this decrease is attributed to a DRG coding technicality which was in place until April 2017.

As background, Whanganui DHB developed a virtual ward to monitor and manage rest home bed days utilised for intermediate care. This resulted in utilisation recorded within the MOH calculation of acute bed days as inpatients under DRG Z63.

The significant increase in the Pacific acute bed day rate is attributed to three outlier patients who accrued 165 days.

Standardised Acute Bed Days per capita rates Whanganui DHB

	Estimated Popn	Acute Stays	Acute Bed Days	Standardised Acute Bed Days per 1,000 Popn		
Year	Year to Dec 2017	Year to Dec 2017	Year to Dec 2017	Year to Dec 2015	Year to Dec 2016	Year to Dec 2017
Maori	16,620	2,658	5,825	565	612	490
Pacific	1,600	243	544	315	306	442
Other	44,075	8,071	24,645	442	439	392
Total	62,295	10,972	31,014	463	462	413



Areas of focus we believe will assist us to achieve the target, including contributory measures we will monitor are:

Acute hospital bed days	
Improvement milestone: Reduce equity gap by 50% for Maori from 490 to 438 bed days	
Actions/Activity	**Contributory measures**
Support equitable CVD risk assessment for Maori by: • Identification of eligible patients and proactive follow-up and engagement by general practice General practice will identify their at risk patients and provide optimisation of medications supported by evidence-based management of cardiovascular risk High risk COPD patients are offered influenza vaccinations	90% CVD risk assessment for Maori
Ensure identified high risk patients are supported post discharge by their general practice, community and specialist teams where appropriate	Acute readmission to hospital
Increase access to echo-sonography through purchasing additional sonography resource	5% reduction in wait times for echocardiogram (not in library)
Milestones: Amenable Mortality and Total Acute Hospital Bed Days milestones will be improved by these activities.	

3.2 Ambulatory Sensitive Hospitalisations (ASH) 0 – 4 years

As a Whanganui health system we want our children to have a healthy start in life, so we can reduce the burden of disease in childhood with a strong focus on health equity. Data indicates Maori pepi and tamariki are over represented in hospital admissions.

One of the DHB's strategic goals is to improve child health and advance Maori health outcomes in the Whanganui health district. Whilst we have chosen to focus on Maori children for this measure, we recognise that improvements within the system that achieve gains for Maori will see gains for total population as well.

Where are we now?

- Overall, Whanganui DHB ASH rates are significantly higher than NZ national rates.
- ASH admissions for 0-4 year olds have increased in the 12 month period to December 2017 while the national average has declined slightly

ASH 0-4 years old Non-standard ASH rate per 100,000 population	12 months to December 2016		12 months to December 2017	
	Whanganui DHB	New Zealand	Whanganui DHB	New Zealand
Other	5,811	5,735	7,149	5,582
Maori	7,786	7,290	9,643	7,292
Pacific	(NA)	12,175	(NA)	11,213
Total	6,690	6,730	8,283	6,545

Of the top ten causes of ASH admissions equity gaps are small for a majority of the indicators. Inequities between Maori and 'others' in asthma and dental conditions are significant. The DHB and health sector partners will focus on activities to reduce these ASH indicators.

ASH rates in 0-4 year olds	
Improvement milestone: ASH rates for Māori children to fall by 12.5% (21 events) by the end of June 2019, resulting in a rate of 7,149, the current rate for others.	
Actions/Activity	**Contributory measures**
Complete a stocktake of coding practice within secondary care to ensure asthma events recorded are genuine asthma events. This will achieve: • Increased confidence in the accuracy of the ASH data by clinicians • Consistency of language between paediatricians and coders This action will increase clinician ownership of the ASH result and may identity in accuracies in data collection creating a high ASH rate.	Reduction in the level of hospital admissions for children 0-4 years with a primary diagnosis of asthma and dental
Develop wraparound support for this cohort within primary care services that include: • Primary care to audit and promote the	

commencement of recall for all babies with respiratory problems and promote 100% of eligible children receive a call back influenza vaccinations • Women who present to general practice and are pregnant shall receive information on the importance of Pertussis vaccination and receive a call back when it is due (third trimester) Primary care will ensure all under 4s discharged from hospital for asthma are followed up by general practice within 2 weeks this will ensure: • General practice align/update asthma plans and medication • Reinforce the importance of immunisation (if required) • Provide parents additional education / support to improve their understanding of asthma and how they can support prevent/minimise its impact	Increase of child influenza vaccination of 10%
Oral health initiatives are outlined within the Whanganui DHB annual plan 2018/19	See WDHB annual plan
Milestones - Ambulatory Sensitive Hospitalisation for 0-4 and Total acute hospital bed days, will be improved with these activities	

3.3 Amenable Mortality

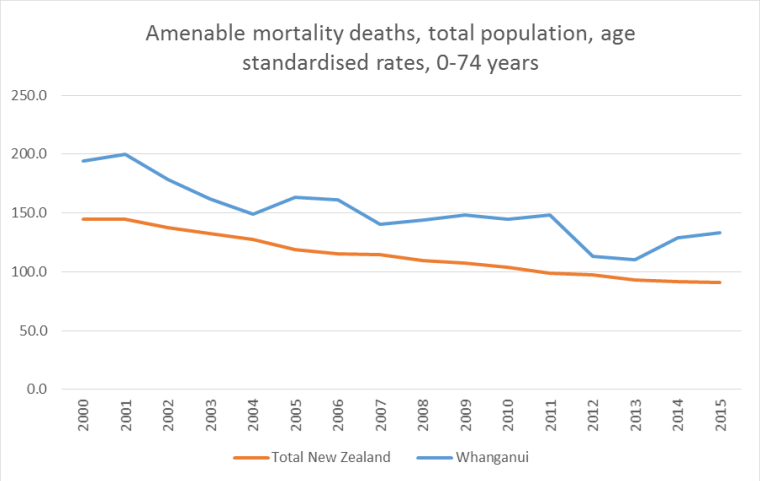
This measure is about prevention and early detection to reduce premature death. Amenable mortality is defined as premature deaths (deaths under age 75) that could potentially be avoided, given effective and timely healthcare. That is, early deaths from causes (diseases or injuries) for which effective health care interventions exist and are accessible to New Zealanders in need.

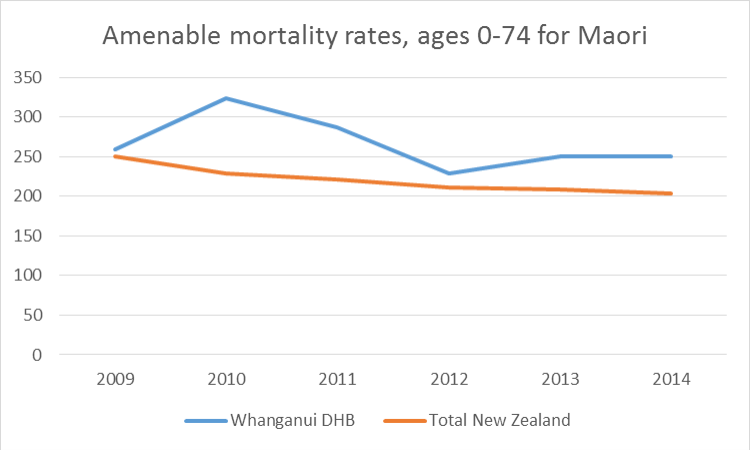
Not all deaths from these causes could be avoided in practice, for example, because of comorbidity, frailty and patient preference. However, a higher than expected rate of such deaths in a DHB may indicate that improvements are needed with access to care, or quality of care. We know that the prevention and management of risk factors is essential in reducing the development of morbidity.

Amenable mortality is grouped into six super-categories:

- Infections
- Maternal and infant conditions
- Injuries
- Cancers
- Cardiovascular diseases and diabetes
- Other chronic diseases.

Where are we now?





Areas of focus we believe will assist us to achieve the target, including contributory measures we will monitor.

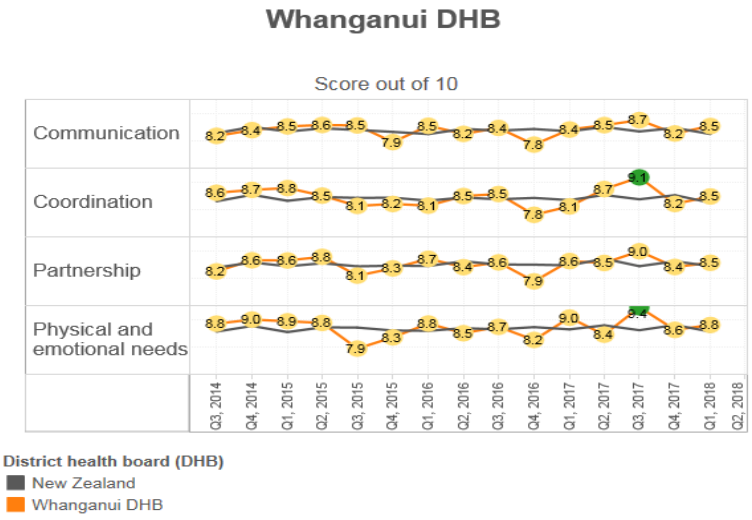
Amenable mortality – Complex conditions	
Improvement milestone: Reduce the equity gap between Maori & non-Maori by 25% over the next two to four years	
Actions/Activity	**Contributory measure**
• Improvement of clinical management through comparison of dispensing data to prescribing data and identify opportunities for improvements • Commission community diabetes educational programmes • PHOs & general practice will review and implement efficient systems and processes to support referrals to and engagement with stop smoking services WALT will agree data sharing parameters between the PHOs & DHB to support effective planning	Diabetes detection & follow up – proportion of the population to have diagnosed diabetes have a diabetes annual review Programme evaluations demonstrate increased patient health literacy (measure not in library) 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking

and service delivery	Primary care maintain 90% better help for smokers to quit target
Milestones - Total acute hospital bed days and amenable mortality and will be improved with these activities	

3.4 Patient experience of care

This measure is about our commitment to 'Whanau, person centred care'. As a health system we encourage patient involvement and feedback to support service development to lead to improved patient experience of care. We recognise that how people experience health care can be influenced by all parts of the system and the people who provide the care. We want to get a better understanding of the patient experience from the patients and their whanau themselves.

We are committed to making sure our services are responsive to those with the highest needs, as we know that if we get it right for this group, we are well on the way to getting it right for everyone. As a district with a high Maori population, and high levels of social deprivation, there is a strong emphasis on making sure services are culturally appropriate.



Areas of focus we believe will assist us to achieve the target, including contributory measures we will monitor.

Patient Experience of Care	
Improvement milestone: 100% of practices participating in the primary health patient experience survey	
Actions/Activity	**Contributory measure**
Primary care • Maintain and improve practice participation in the PHC PES • Continue to implement the National Enrolment Service • Review survey results and identify improvements to deliver quality and coordinated care	Increase in number of Maori patients providing feedback via the primary care patient experience survey Practices increase collection of patient email addresses to support patient portal & patient experience survey (not in library)

• Practices will support patient uptake and use of e-portals	
• Consumer forum will continue to participate in service redesign and investigation of serious incidents including development of recommendations Focus on coordination of care under the adult inpatient survey, with special focus on the lowest scoring question in the HQSC survey including tracer audits	Aggregated DHB in-patient survey score in maintained at 8.5 across all domains.
Milestone - The Patient Experience of Care milestone will be improved by these activities	

3.5 Youth access to Preventative Services

Youth have differing needs from health services than adults or children. These need to fall into five domains, each of which requires a specific and focused approach.

Of these, Whanganui DHB shall focus on the domain: Access to Preventive Services. By focussing on this domain, the DHB and partners believe youth will increase the level of utilisation of services to support their physical and psychological needs in a timely manner to maintain their wellbeing.

Information on the levels of youth accessing health service is currently spread across multiple service reports. Much of this information is not currently available for the sector to use; as a result we have limited understanding on the services being used by youth.

Adolescent access to oral health services is an effective proxy measure youth engagement. Youth access to oral health services has increased substantially since 2010/11 but has levelled off with provisional the 2017/18 period likely you end with 79% service utilisation, the same as the 2016/17 period

Breakdown by DHB, Estimated Utilisation Rate

DHB	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Whanganui	71%	79%	77%	78%	79%	81%	79%
Total	**68%**	**72%**	**73%**	**74%**	**72%**	**72%**	**71%**

The DHB and supporting health service providers want youth to be engaged with all health service, especially services that support them to maintain wellbeing and mana within their homes and communities.

For oral health, the DHB strives to achieve the 85% utilisation of oral health services as an indication of increased services utilisation. To achieve this a significant focus on ensuring Maori

Youth Access to Preventative Service	
Improvement milestone: 62% of Maori and 96% of 'other' adolescence received dental care during 2017-18. The improvement milestone for 2018-19 is 85% of Maori will utilise oral health services (approximately 200 additional individual consultations).	
Actions/Activity	**Contributory measure**
Implement and support an iwi driven oral health	Utilisation of Dental Services

initiative delivering education to Maori children 0-18 years focusing on: • The development of culturally appropriate / acceptable oral health resources • Delivery of education to schools to maximise the cultural connection/context of oral health care within schools with high Maori enrolment Increase the health literacy of Maori children and youth with culturally acceptable messaging to increase effective oral healthcare and reduce DMFT	by Adolescents Oral Health - DMFT score at Year 8
Oral health initiatives are outlined within the Whanganui DHB annual plan 2018/19	See WDHB annual plan
Milestone - Total acute hospital bed days, youth access to preventative service	

3.6 Babies living in smokefree households

The impact of smoking on our whole population is well understood, but children are more at risk when they breathe in second-hand smoke because their lungs are smaller and more delicate. In addition, they also often have no way of getting away from the smoke.

Children exposed to smoke are more likely to go to hospital, get coughs, colds and wheezes and are off school more often, while infants have a significantly higher risk of SUDI. Children whose parents smoke have double the risk of lower respiratory illnesses like bronchitis and pneumonia compared to children of parents who do not smoke.

Where are we now?

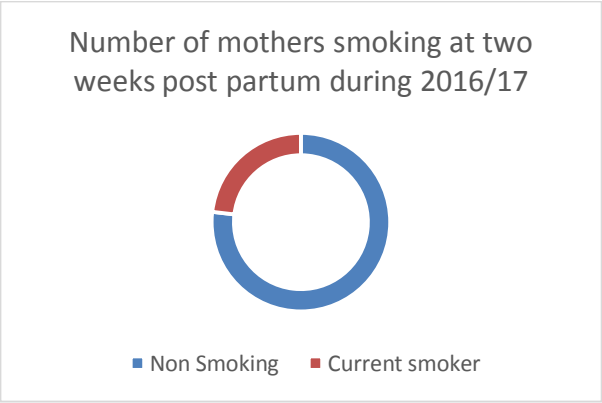
Overall our community does have a higher than the national average level of smoking with a decreasing level of smoke free homes based WCTO provider data.

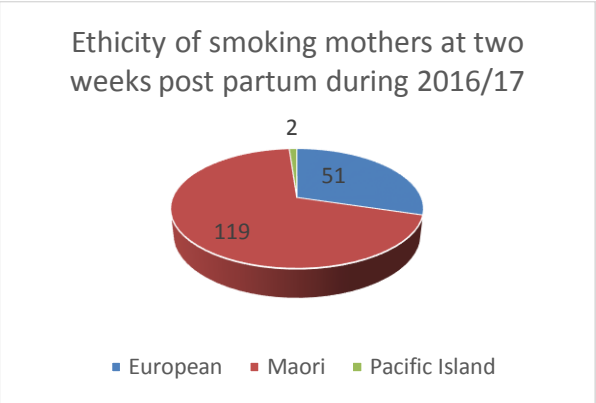
The table below demonstrates that a steadily decreasing number of homes are smoke free. The decrease may be related better data collection; this being the focus of the 2017/18 plan, as such 54.8% may be our true base line.

	Num	Denom	Rate of Smokefree Homes		
Year	Jul 17 - Dec 17	Jul 17 - Dec 17	Jul 16 - Dec 16	Jan 17 - Jun 17	Jul 17 - Dec 17
Maori	39	126	43.9%	37.1%	31.0%
Pacific Peoples	4	11	57.1%	62.5%	36.4%
Others	129	177	82.0%	76.9%	72.9%
Total	172	314	63.2%	60.4%	54.8%
DHB Equity Gap (Rate Ratio of Maori and Total)			0.7	0.6	0.6

Source: https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/babies

Graphs demonstrating the smoke free status of mothers at two weeks within our DHB and ethnicity of smokers.





Source: MoH SLM NHI level data release 2018 (LMC data)

LMC collected data indicates that 23% of mothers smoked at two weeks postpartum, of these 60% were Maori. This reinforces the importance of this DHB in focusing on activities expected to reach Maori women. With 45.2% of children potentially being exposed to smoke, the importance of a whanau focused approach rather than mother focused is clear if we are to reduce smoke exposure.

Our milestone is to increase the percentage of smokefree homes at six weeks from 31% to 40% for Maori and 54% to 60% for the total population.

Babies in Smokefree Households	
Improvement milestone: Increase the number of Maori babies living smoke free homes from 31% to 40%	
Actions/Activity	**Contributory measure**
Undertake stock take of smoking cessation services targeting pregnant women and provide information to: ○ LMCs ○ WCTO services ○ Core midwives ○ Iwi providers	Mothers who are smokefree at two weeks and 6 weeks post-natally Babies whose families/whanau referred from their Lead Maternity Carer to a Well Child Tamariki Ora provider and general practice provider Measure volume of referrals from LMCs to local smokefree services
Ensuring the health workforce is equipped to support mothers / whānau become smokefree. • Support training and development of providers focussing on those working with priority groups, Maori, Pacific, pregnant women and mental health • Vape to quit education and training requirements are identified and provided	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking 100% of WCTO nurses receive vaping and smoking cessation education during 2018/19. 100% of LMC's/core midwives are offered/receive vaping and smoking cessation education during 2018/19. Establish a baseline with a view to an increase in the proportion of smokers who receive medicines to support their cessation
Milestones – Babies in Smokefree Homes, Ambulatory Sensitive Hospitalisation rates 0-4, Amenable Mortality, Youth access to and utilisation of youth appropriate health services	