Appendix 2:
South Canterbury System Level Measures Quality Improvement Plan 2018-19

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-centred approach that is safe, high quality and effective.

In 2017/18 South Canterbury DHB reviewed their Alliance and Clinical Board structures to ensure appropriate governance of system level measures. In 2018/19 the outcomes of these reviews will be implemented. The Primary Care Alliance it will broaden its membership to include pharmacists and allied health community providers and will maintain close links with the Child & Youth Alliances.

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 2018/19 year.

1. Ambulatory Sensitive Hospitalisations

- Transition the Child & Youth Alliance to become the Child Wellness Alliance; to be focused on the first 1,000 days of life
- Strengthen relationship with Environment Canterbury to explore a collaborative approach to ensure children are living in healthy homes.

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.

3. Patient Experience of Care

- Promote survey participation with practices yet to participate.
- Conduct education session with primary care teams to bring practical implementation of the Hauora Māori HealthPathway.
- Distribute to practices survey promotional collateral designed specifically for Māori patients Reporting of PHO level comparative data alongside inpatient survey data is provided to Primary Care Alliance, Clinical Board and the Māori Health Advisory Committee.

4. Amenable Mortality

- 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.
- Review the programme.

5. Babies Living in Smokefree Homes

- Review the referral pathway from Emergency Dept. to the Alcohol & Other Drug Service
- Host an Alcohol Harm Reduction Hui with all providers of alcohol harm reduction services, iwi and consumer representatives to increase co-ordination and co-design of services.
- The development of with view to implementation in Q1 of the next year

6. Youth Access to Health

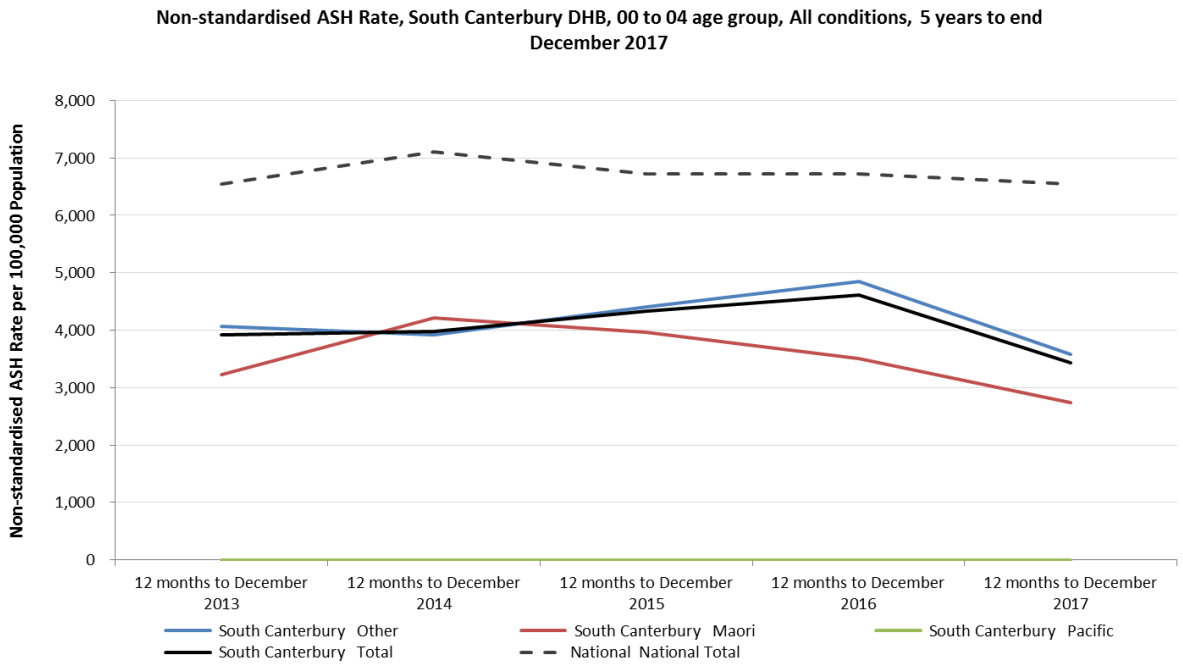
- Promote with practices the target and incentive of reducing by 5% the number of smokers aged 15 to 35; providing them with a list of patients in this category and reminder of referral pathway to the Stop Smoking Service.
- Incentive funding for practices based on the reduced the number of smokers aged 15 to 35.
- Embed the pregnant mama incentive programme promoting it throughout the sector, particularly with maternity and ante-natal services.

AMBULATORY SENSITIVE HOSPITAL ADMISSIONS 00-04-YEAR-OLD

During 2017-18, 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.

2018/19 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 2019.	Transition the Child & Youth Alliance to become the Child Wellness Alliance; to be focused on the first 1,000 days of life including improving breast feeding. (Youth Services are well served by an existing forum, to be continued) Strengthen relationship with Environment Canterbury to explore a collaborative approach to ensure children are living in healthy homes.	Infants who are exclusively or fully breastfed at three months

ACUTE HOSPITAL BED DAYS

Acute hospital bed days per capita [AHBD] is a measure of both the level of acute demand in the population and the effectiveness of systems that manage acute patient care in a timely manner.

During the 2017-18 year, the following was achieved in relation to this measure:

- Established a multidisciplinary steering group with wide representation from across the sector including both primary and secondary care. Focus of group was on clinical handover and on the surgical journey with multiple projects under these banners
- Co-designed from ground up an action plan to reduce acute hospital bed days with the multidisciplinary steering group
- Reviewed data for the three target patient groups (Infants 0-4y, working age adults 20-64y, and elderly adults 85+y) to identifying improvement priorities

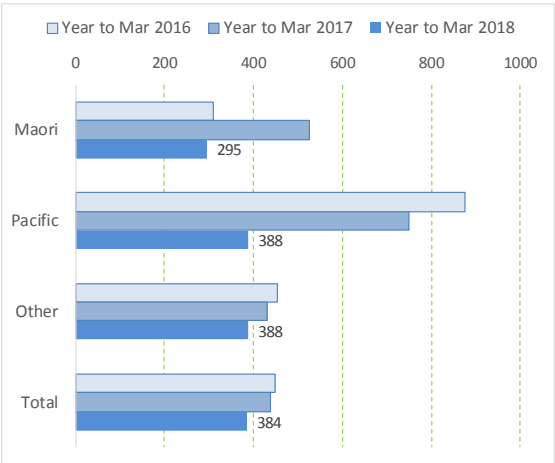
In doing so there has been a 12% reduction in SCDHB's age-standardized AHBD to below the national average saving an estimated 5000 bed days per year (14 per day).

After standardising for age SCDHB's level of AHBD of per 1000 population has decreased 448 days per 1000 population to 384 - to 2% below the national average (384 days per 1000 population) and is the 6th lowest amongst the 20 DHBs.

Age-standardized AHBD per 1000	Year to Mar 2016	Year to Mar 2017	Year to Mar 2018
SCDHB	448	437	384
NZ average	423	402	391

This improvement is reflected across ethnicities with improvements for both Māori and for Pacific Island to be consistent with the total population's experience, bucking a national trend of inequity.

South Canterbury DHB of Domicile



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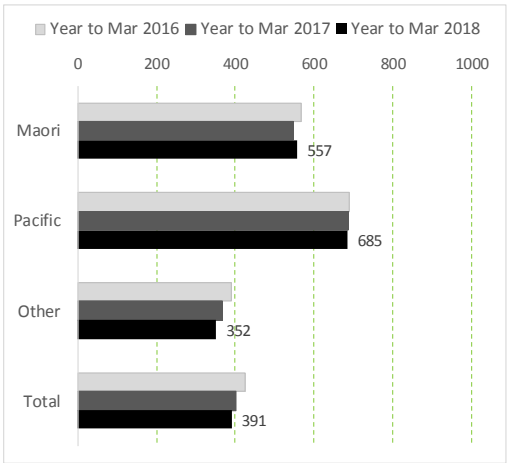

2018/19 Improvement Plan: Acute Hospital Bed Days		
SLT Sponsor:	**Dr Steve Earnshaw, Chief Medical Officer Secondary Services**	
Milestone	**Actions**	**Contributory Measure**
SCDHB aim to retain the improvements of the past year to maintain our age standardized AHBD rate at <384.	Extend the nurse-led 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.	Inpatient Average Length Of Stay (ALOS) for acute admissions Acute readmissions to hospital

PATIENT EXPERIENCE OF CARE

During the 2017-18 year, the following was achieved within Primary Care:

- All practices on board with the National Enrolment service
- Survey participation was promoted at both a practice and district level through varied media
- Promoted utilisation of data at a practice level to improve quality of services.
- Reported of PHO level comparative data is provided to Primary Care Alliance, Clinical Board and Māori Health Advisory Committee
- PES survey feedback from both hospital and primary care surveys was reviewed with reports to both the Primary Care Alliance & Clinical Board.
- These were the actions taken to enhance access for Māori:
    - For both Māori people and for Pacific Islanders the invitation and survey link is also sent via text as the national pilot programme identified that this was more effective for this population
    - Te Tiriti o Waitangi training delivered by Māori Health Director to all Primary Care staff including front line reception staff; who are responsible for encouraging people to participate in the survey. The training was well attended (80 Primary Care workers) and well received. The training was filmed and available on HealthPathways, it is an accreditation requirement that all staff take this training
    - The new Hauora Māori Competency HealthPathway is now live. The pathway holds excellent, practical information for clinicians to improve their Māori cultural competency in order to reduce the disparity in health outcomes between Māori and non-Māori
    - Distributed Tikaka Best Practice flip-charts to all practices.

Our target was to achieve a 10% response rate. This was met, yet not for Māori; which will be the focus for 2018/19.

2018/19 Improvement Plan: Patient Experience of Care		
SLT Sponsor:	**Ruth Kibble, Director of Primary Health Partnerships**	
Milestone	**Actions**	**Contributory Measure**
Improve equity in response to the primary care patient experience survey of care by achieving a 10% response rate by Māori seen during survey week (currently averaging 3%).	Promote survey participation with practices yet to participate. - Distribute anonymised survey results with practices - Meet with each practice owner to discuss and overcome concerns Conduct education session with primary care teams to bring practical implementation of the Hauora Māori HealthPathway. Distribute to practices survey promotional collateral designed specifically for Māori patients Reporting of PHO level comparative data alongside inpatient survey data is provided to Primary Care Alliance, Clinical Board and the Māori Health Advisory Committee. Develop an action plan improvements based on feedback in the inpatient survey's poorer performing questions.	Māori patients completing the primary care patient experience survey.

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.

2018/19 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.	Q2: 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. Q4: Review the programme.	PHO enrolled Māori men aged 35 to 44 years who have had a CVD risk recorded within the last five years.

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 2017/18 year our chosen priority was Sexual and Reproductive Health, with the categories of foci being Youth Access to Health Population. Initiatives included extending the free Under 25 Sexual Health Programme to include 13 year olds and a focus on increasing uptake of HPV vaccinations.

For the 2018/19 year the above will continue as well as actions and measures to reduce alcohol harm by youth. There were 66 occasions in the year ending 31 March 2018 that youths were admitted to ED where alcohol was involved. 15 individuals made more than one visit to ED for alcohol related harm.

2018/19 Improvement Plan: Youth Access to Health Services		
SLT Sponsor:	**Ruth Kibble, Director of Primary Health Partnerships**	
Milestone	**Actions**	**Contributory Measure**
Decrease the incidents of presentations by youth to ED where alcohol was involved by 10% over 2 years, so that to year ended 31 March 2020 there are less than 58 occasions.	Q1: Review the referral pathway from Emergency Dept. to the Alcohol & Other Drug Service Q3: Host an Alcohol Harm Reduction Hui with all providers of alcohol harm reduction services, iwi and consumer representatives to increase co-ordination and co-design of services. Development of an improvement plan for services, based on said hui; with view to implement in the following year.	That 100% of ED Presentations where alcohol was involved in the reason for presenting are referred to Alcohol & Other Drug Service

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 2016/17, 130 pregnant women identified as smokers to the maternity unit. The work within our region in 2017/18 focused on reducing this number through improving Well Child Tamariki Ora (WCTO) data quality through 95% completion of smoke-free fields in WCTO data. South Canterbury also launched an incentive programme to encourage pregnant Mama to engage with our Stop Smoking Service and remain smokefree throughout pregnancy and into parenthood.

Smoking status data for 15 to 34 year olds, extracted from the Primary Care reporting shows, that 18.1% 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 34.2%, the rest of the population.

Smoking rate jumps alarmingly from 15-19 yrs (6.6%) to 20-24yrs (19.8%). This increased again as the population gets older to nearly a quarter of the population (23.9%) and then begins to decline for those in their early 30s to 22.9%.

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	971	15.4%
Male	1,318	20.8%
Total	**2,289**	**18.1%**

Ethnicity	Smokers 15-34yrs	% of 15-34yrs by Ethnicity who Smoke
NZ Māori	424	34.2%
Pacific Islander	48	19.0%
Asian	50	8.0%
NZ European	1,661	17.4%
Other	106	11.0%
Total	**2,289**	**18.1%**

Age	Smokers 15-34yrs	% of 15-34yrs by Age who Smoke
15-19 yrs	219	6.6%
20-24 yrs	616	19.8%
25-29 yrs	781	23.9%
30-34 yrs	673	22.9%
Total	**2,289**	**18.1%**

Smoking Status data from the Apr-Jun 2018 patient register.

2018/19 Improvement Plan: Babies is Smokefree Households		
SLT Sponsor:	**Ruth Kibble, Director of Primary Health Partnerships**	
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 62% in 2017/18 to 70% by 2020.	Q1: Promote with practices the target and incentive of reducing by 5% the number of smokers aged 15 to 35; providing them with a list of patients in this category and reminder of referral pathway to the Stop Smoking Service. Q4: Incentive funding for practices based on the reduced the number of smokers aged 15 to 35. Embed the pregnant mama incentive programme promoting it throughout the sector, particularly with maternity and ante-natal services.	The percentage of 15-35 year old smokers.