OURHEALTH
HAWKE'S BAY
Whakawāteatia

2021/2022

System Level Measure Improvement Plan

Hawke's Bay District Health Board

System Level Measures Improvement Programme

The purpose of System Level Measures Improvement Plan is to improve health outcomes for our populations by transforming, developing, evolving and integrating primary and community healthcare services.

The System Level Measures Improvement Programme continues to provide a framework for continuous quality improvement across the whole health system.

Equity gaps for Hawke's Bay Māori and Pasifika populations are evident in all System Level Measures. This framework provides us with focused opportunity to work with health system partners to promote improvements for those with the poorest health outcomes.

System Level Measures are:

- outcomes focused
- set nationally
- require all parts of the health system to work together
- focused on children, youth and vulnerable populations
- connected to local clinically led quality improvement activities and contributory measures.

Current System Level Measures:

- Ambulatory Sensitive Hospitalisation (ASH) rates for 0-4 years
- total acute hospital bed days per capita
- person experience of care
- amenable mortality rates
- youth access to and utilisation of youth appropriate health services.

COVID-19 impact

COVID-19 has had a significant impact on the health system and its ability to deliver the SLM programme and this is likely to continue into 2021/22 year.

To acknowledge this and continue the philosophy of continuous improvement the SLM Improvement Plan in the 2021/22 year is based on a review and update of our 2020/21 plan with a focus on addressing health inequities in Hawke's Bay.

This review has been a collaborative approach between the Hawke's Bay DHB Health Improvement and Equity Directorate and the Planning, Funding and Performance Directorate in partnership with Health Hawke's Bay.

In the 2020/2021 year, Health Hawke's Bay implemented its new strategy, Ka Hikitia, which defines the outcomes Health Hawke's Bay is aiming to achieve and how they will measure progress towards or achievement of those outcomes. There are many crossovers between the areas Ka Hikitia is focussed on and the measures included in System Level Measures.

Therefore, we have notated these crossovers throughout the SLMIP with this icon:

Keriana Brooking, CEO
Hawke's Bay District Health Board

Phillipa Blakey, CEO
Health Hawke's Bay

Keeping children out of hospital

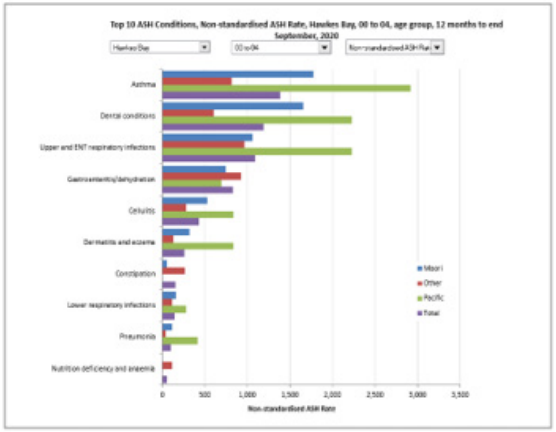
SYSTEM LEVEL MEASURE:

Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0–4 year olds

Ambulatory Sensitive Hospitalisations (ASH) reflect hospital admissions for conditions which could potentially be prevented by early access to treatment in care. In many countries ASH is used as a means to assess the performance of primary care and to identify potential barriers to access.

However, while ensuring early access to effective primary care is still likely to be of considerable value in reducing ASH, in countries such as New Zealand, where large socio-economic and ethnic disparities in child health exist, a greater emphasis may need to be placed on addressing those factors, often outside of the health sector, which drive the underlying burden of disease (e.g. household income, housing, nutrition, exposure to second hand cigarette smoke). This is because, even with optimal access, the ability of the primary health care team to prevent a paediatric pneumonia admission after the first crucial hours may be limited, but the opportunities available for a DHB to prevent paediatric respiratory infections via, e.g. healthy housing projects and parental smoking cessation programmes may be considerable.

There is an inequity in the ASH rates 0-4 for Māori, Pasifika and Other. The largest inequities are observed in dental, asthma, and skin infections.



SLM 2021/22 Milestone: Māori 0-4 year old ASH rates ≤7323 - rates per 100,000

Contributory measures

Measure	Baseline
Decreased hospitalisation rates due to respiratory for Māori and Pasifika 0-4 (rate per 100,000)	Maintain or decrease rates 4035 for Māori 8194 for Pasifika
Decreased hospitalisation rates due to skin conditions (cellulitis, dermatitis, impetigo, eczema) for Māori and Pasifika 0-4 (rate per 100,000)	Maintain or decrease rate of 866 for Māori 2361 for Pasifika

How will we achieve it?

- Implement a community facing hospital based "whānau support service" with a focus on health literacy and health promotion with a particular focus on oral health, respiratory and skin infections. This service will build upon the Pediatrics Service and the Child Health team's and will be implement by Q2 2001/22. This service has a Whānau Ora approach with the aim to reduce first and subsequent ASH hospitalisations in vulnerable families.
- Eligible whānau will continue to be identified and referred to Healthy Housing collective.
- Deliver smoking cessation support to whānau of tamariki presenting to ED and/or admitted for ASH related respiratory illnesses by Qtr 4.
- Undertake a whānau voice activity with whānau of tamariki admitted for skin related illnesses to identify areas of improvement in pathways, prevention, treatment, and support. This will be completed by Qtr 2.

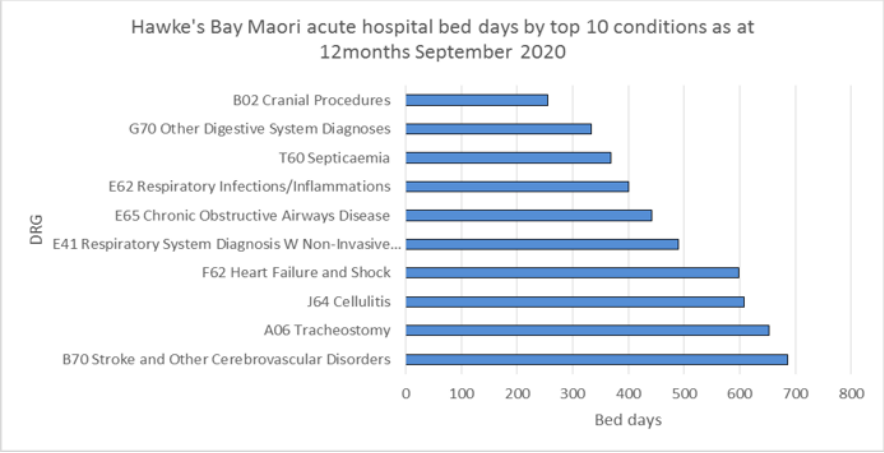
Using health resources effectively

SYSTEM LEVEL MEASURE:

Acute hospital bed days per capita

Acute hospital bed days per capita is a measure of the use of acute services in secondary care that could be improved by effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare providers. This includes access to diagnostics services.

The focus remains on reducing avoidable admissions through more effective care in the community. Māori rates of acute bed days utilisation remain consistently high and are nearly twice those of Non-Māori/Non-Pasifika. The conditions with the highest impact on acute hospital beds are stroke, tracheostomy, respiratory and heart conditions and cellulitis . The highest acute bed days usage for Māori is in ages 55-74 years (47% of Māori acute bed days). In comparison nearly 60% of Non-Māori/ Non-Pasifika of acute bed day usage is in the over 70 year olds.



SLM 2021/22 Milestone: Decreased standardised acute hospital bed days to 390 per 1000 (3% decrease from December 2019 baseline of 403 per 1000).

Contributory measures

Measure	Baseline
Decrease ASH rates in Māori 45-64 year olds for congestive failure	Maintain or decrease 559 per 100,000 for total population
Decreased ASH rates in Māori 45-64 year olds for COPD	Maintain or decrease 765 per 100,000 for Māori
Decrease age- standardised acute bed days for Māori	Maintain or decrease 580 per 1000 for Māori

How will we achieve it?

- Evaluate the recently extended cardio- pulmonary rehabilitation programme and implement improvements by Qtr 4.
- Localise and socialise Health Pathways for COPD and review pathway with stakeholder team including whānau to inform service improvement by Qtr 2.
- Review of co-ordinated Primary Options programme and provide recommendations for improvement by Qtr 4.

= included in Ka Hikitia

Person centred care

SYSTEM LEVEL MEASURE:

Patient experience of care

A person and whānau-centred care approach focus is on people, their whānau, friends and carers; understanding their needs and aspirations and what matters to them. If people experience good care, evidence suggests that they will be more engaged with the health system and have better health outcomes. The purpose here is to ensure that patients are receiving quality, effective and integrated health services.

Measuring primary care and inpatient consumer experience (PES) is one area of focus in the wider person and whānau-centred care outcome area. Gathering whānau voice and consumer feedback from Māori and Pasifika is vital to understand experiences with the health system and to help reduce inequities.

Hawke's Bay DHB have developed an equity framework in the 2019/20 year which clearly requires us to listen to whānau and community in our planning, design, implementation and performance monitoring of our services.

This SLM measure focus is on the national patient experience surveys one of many mechanisms to collect whānau voice and consumer experience. Our focus in this area remains monitoring the survey questions in the following areas to support service improvement: keeping family/whānau involved in decisions, been clear in how we provide advice with medication usage across the systems, treating patients with respect and understanding the barriers to access primary care service.

SLM 2021/22 Milestone: Increase patient experience survey positive scores for primary and secondary focused questions by 1% between the first and last surveys in the 2021/22 year.

Contributory measures

Measure	Baseline
Primary care PES: thinking about all of your current medicine(s) prescribed to you, have you been told, in a way that you could understand, by someone at your GP/nurse clinic or pharmacy what would happen if you did not take your medication.	67.1% Qtr4 2020/21
Primary Care PES Māori respondents: 'Did the healthcare practitioner involve you as much as you wanted to be in making decisions about your treatment and care?'	87.7% Qtr4 20/21
Primary Care PES: Māori who report their individual and/or cultural needs were met	89.2% Qtr4 20/21
Inpatient PES: Māori hospital staff definitely included patients family/whānau or someone close to patient in discussions about the care received during your visit.	78.6% Qtr4 20/21

How will we achieve it?

- Continue to distribute quarterly reports of patient experience survey results in respect of medications to primary care clinicians and community pharmacists and pharmacy governance group to drive quality improvement.
- Health Care Home practices are working towards Hauora/Wellness Health Plans developed collaboratively with patients using Te Whare Tapu Whā or other Māori or whānau led approach by Qtr 4.
- Cultural responsiveness: Practices covering 80% of HB Māori population would have completed or are progressing year 1 objectives of the Hawke's Bay Primary Care Cultural Responsiveness Framework by Qtr 3.
- Continue to implement the HQSC Kōrero Mai improvement initiative into secondary care to reduce harm from failures to listen to the concerns of patients, families and whānau, and improve patient, family and whānau experiences of care by Qtr 3 .

= included in Ka Hikitia

Prevention and early detection

SYSTEM LEVEL MEASURE:

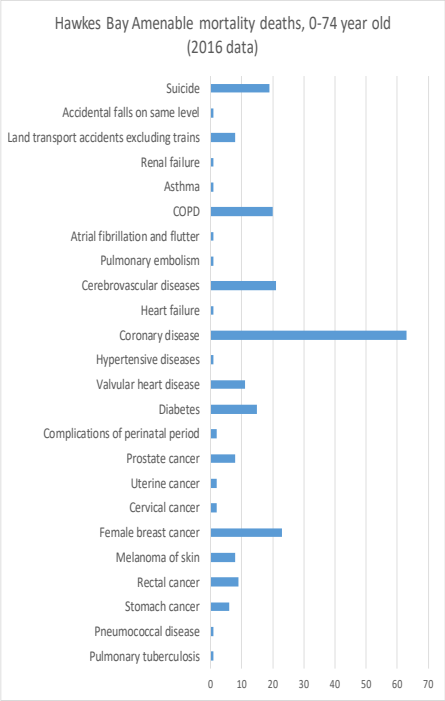
Amenable mortality rates

Preventative care is centred on keeping people healthy – through providing access to quality health services and medical care by identifying and treating problems quickly, and empowering people to manage their own health. Our aim here is for fewer people to die prematurely from potentially avoidable conditions, such as cardiovascular disease, cancers and diabetes.

Amenable mortality measures the number of deaths under the age of 75 that could be avoided through effective health prevention, detection and management interventions.

The top five causes of amenable mortality for total populations are: coronary disease, diabetes, female breast cancer, cerebrovascular disease and COPD and suicide, with those for Māori being coronary disease, diabetes, suicide, and COPD, and female breast cancer.

Amenable mortality rates are two and a half and three times higher for Māori and Pasifika respectively compared to Non-Māori, Non-Pasifika (NMNP). This highlights a large inequity in prevention and early detection for Māori and Pasifika. Given what we know about our top causes, the system will focus on cardiovascular disease and diabetes, particularly for Māori.



SLM 2021/22 Milestone: Reduce Relative Rate (RR) of amenable mortality to for 0-74 year olds between Non-Māori/Non-Pasifika by 0.5 by July 2022. (Baseline: 2.7 in 2016)

Contributory measures

Measure	Baseline
Decreased ASH rates in Māori 45-64 year olds for coronary heart disease (MI and IHD).	728 per 100,000 for Māori 583 per 1000 for Pasifika
Increase percentage of people who have good or acceptable glyceamic control (HbA1c<64mmols).	39.1% total population 32.7% Māori
% of Māori with a CVDRA (primary prevention) recorded >20% ** excluding those with a previous CVD event are on dual therapy (Statin + BP lowering agent).	Baseline data under development
% of Māori men 30-44 years with CVDRA completed.	38.6%

How will we achieve it?

- Embed an enhanced community pharmacy service for Māori and Pasifika coronary heart disease by Qtr 4.
- Monitor the agreed outputs (with a focus on Māori and Pasifika with coronary heart disease) of the expanded clinical pharmacist facilitator team providing LTC medicines optimisation in general practice by Qtr 4.
- Use feedback from the diabetes consumer survey to inform two recommendations to action over the year by Qtr 2.
- We will identify a cohort of diabetes patients with impaired renal function in primary care who sit outside the renal service criteria and, who would benefit from early intensive management by implementing a shared care model of care for these patients between the diabetes and renal service by Qtr 3.
- Embed a community CVD outreach screening programme for Māori via sports clubs, workplace, marae, and community and link patients in in with general practice: evaluate and report on activity by Qtr 3.

= included in Ka Hikitia

Healthy start

SYSTEM LEVEL MEASURE:

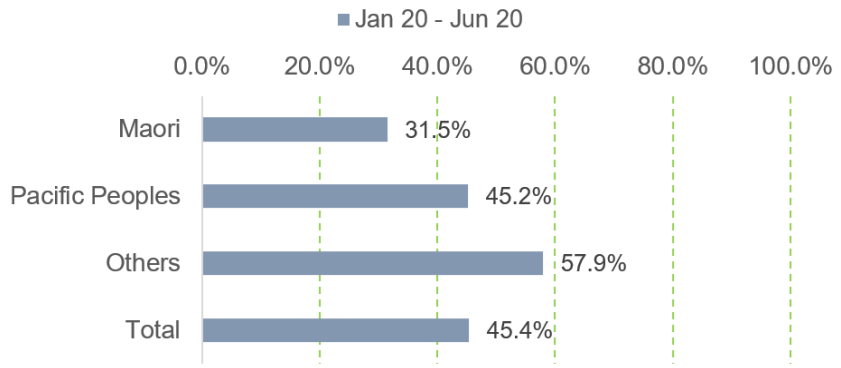
Proportion of babies who live in a smoke-free household at six weeks postnatal

This measure aims to reduce the rate of infant exposure to cigarette smoke by focusing attention on both maternal smoking and the home and family/whānau environment to encourage an integrated approach between maternity, community and primary care. We know, in Hawke's Bay, that we have an alarmingly high number of women, especially Māori women, who smoke during pregnancy.

HBDHB's focus for 2021/2022 will be on two areas:

Ensuring that hapū māmā, wāhine and whānau have effective engagements and consults with nurses, midwives, general practice and WCTO practitioners, providing quality discussions to become smokefree.

Increasing the number of referrals to smokefree programmes, particularly for whānau into the Wāhine Hapū program, by increasing the understanding of health practitioners in primary care (what is available and how to refer) and reviewing program criteria.



Hawke's Bay smokefree home rates for babies at six weeks old

SLM 2021/22 Milestone: Increase smokefree home rates for Māori babies at six weeks postnatal to gain equity with non-Māori (58%).

Contributory measures

Measure	Baseline
Increase percentage of women who become smokefree over their pregnancy	18.9% for Māori
Increase percentage of Māori women booked with an LMC by week 12 of pregnancy	53%
Increase number of participants who complete the Wāhine Hapū programme	37 completed per quarter (Q2 2019)

How will we achieve it?

- Ensuring that hapū māmā have supportive engagement with smokefree workforce across the maternal and child services, providing clinics, group based support, with mobility throughout communities, and offers of virtual medians e.g. Zoom, FaceTime Messenger of support the discussion to becoming smokefree.
- Upskill health coaches working within primary care settings encouraging brief advice conversations with patients by Q4.
- Increasing the number of referrals to smokefree programmes partnering with prevention teams such as screening, immunisation and vaccination nurses and kaiāwhina creating a warm pathway to smokefree services by Q4.
- Reconfigure the Wāhine Hapū programme criteria to include whānau that smoke and live with a smokefree hapū māmā by Q4.

Youth are healthy, safe and supported

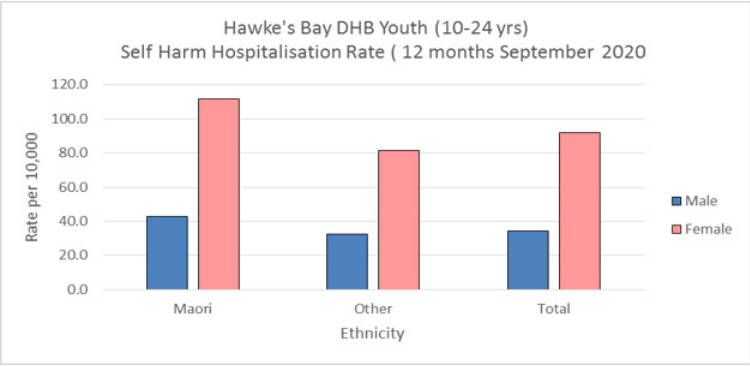
SYSTEM LEVEL MEASURE:

Youth access to and utilisation of youth appropriate 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 whānau as they see fit. Attending a health clinic is often viewed as a last resort instead of a first choice.

One outcome measure of youth having access to and utilisation of youth appropriate services is self-harm hospitalisations for 10-24 year olds.

This measure focuses on areas which could help youth access earlier intervention for mental health services and sexual health 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 drug and alcohol abuse and criminal activities.



SLM 2021/22 Milestone: Reduce self-harm hospitalisations for 10-24 year olds by 10% (Baseline = 64.7 for year to Dec 2020)

Contributory measures

Measure	Baseline
Reduce self-harm hospitalisations for Māori 10-24 year olds	80 per 10,000 (12 months Dec 2020)
Increase utilisation for contracted youth services	7257 contacts (12 months to 31 December 2019) over two services
Increase STI testing coverage for 15-19 year old Māori males	8.8% coverage (Chlamydia) 8.9% coverage (Gonorrhoeae)

How will we achieve it?

- Reconfigure "zero fees for under 18s" to align with government policy to provide greater access for rangatahi to rangatahi-led designed service. DHB will put out an Expressions of Interest RFP for community based rangatahi friendly service by Qtr 3.
- Implement the Tiaki Whānau-Tiaki Ora programme to build capacity and capability of Māori community champions to prevent suicide by Qtr 2.
- DHB sexual health working group will ensure resources and information are distributed into primary health care settings (including pharmacies) to support improved access to sexual health service by Qtr 3.

= included in Ka Hikitia