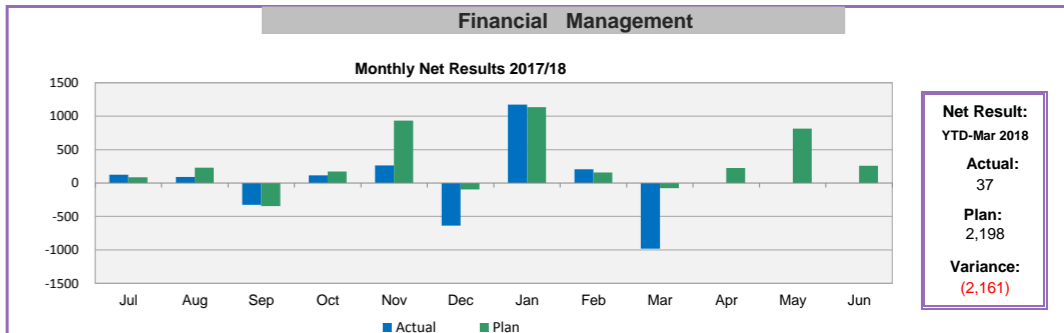
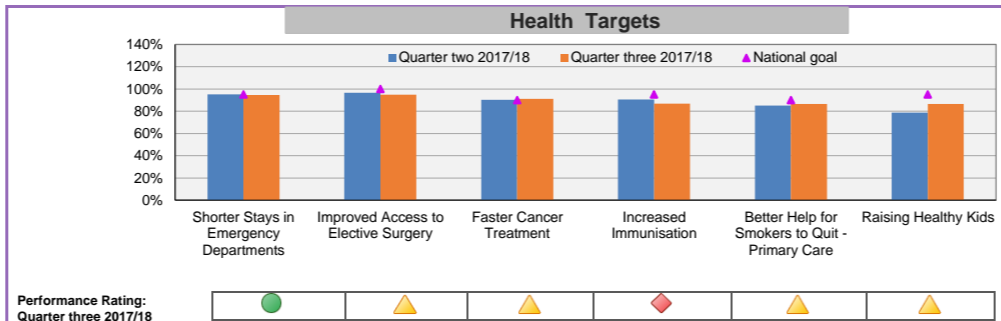
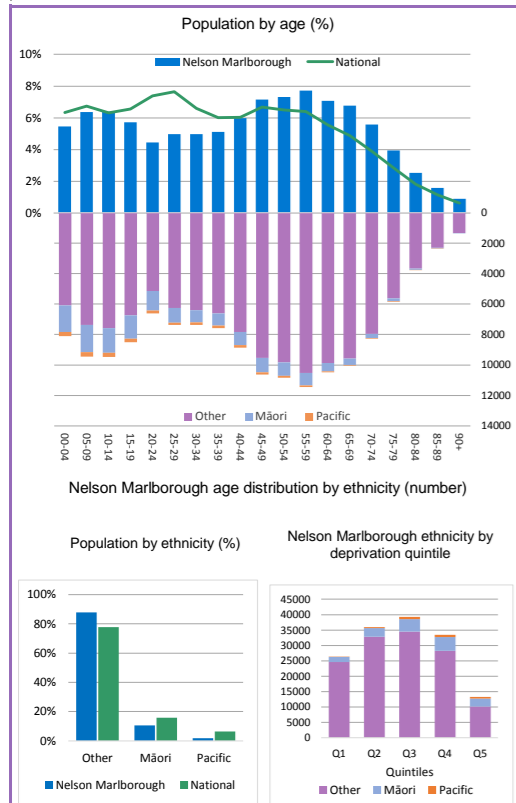


System Level measures: Implementation of the Improvement Plan

- The DHB reports it is on track with the implementation of its SLM plan for all six SLMs.
- The alliance functions at an average level.
- The DHB needs to:
 - Continue to strengthen its alliance and ensure the appropriate resources are allocated to ensure it can effectively use quality improvement science.
 - Broaden its membership to include other perspectives such as ambulance, pharmacy and community providers to provide a whole of system focus for the district.



DHB POPULATION OVERVIEW



PERFORMANCE

People Powered

Reducing rheumatic fever

Improving mental health services using wellness and transition planning

Reducing the rate of Māori under Mental Health Act section 29 community treatment orders

Improving breastfeeding rates

Health Workforce

Key priority response actions:
A second South Island Child Protection workshop is being planned in response to the positive feedback from the initial workshop in 2017. This will progress the action points that includes human resourcing, training, leadership, standardisation, Paediatric Radiology access, and peer support.

DHB nominated highlights:
Nelson Marlborough Health has joined the international 'end PJ paralysis' movement, and are encouraging patients to get dressed and out of beds for meals. The numerous benefits of this include faster recovery time, less risk of infection, improved mobility and less muscle weakening.

Regional nominated highlights:
Regional support for the implementation of the Bowel Screening Programme continues through the South Island Clinical Leads group. A South Island Equity Plan discussion document has been drafted.

Closer to Home

Implementing the Healthy Ageing Strategy

Improved management for long term conditions

Improved management for cardiovascular health

Improved management for diabetes services

Improved management for acute heart services

Improved management for stroke services

Improving breast screening rates

Improving cervical screening coverage

Cardiac services

Stroke services

Key priority response actions:
Not reported in this quarter

DHB nominated highlights:
Whare Ora is a healthy homes initiative that aims to reduce the Ambulatory Sensitive Hospitalisation (ASH) rate for Māori and vulnerable population groups. A focus is on children who are frequently admitted with conditions caused by living in cold, damp and unhealthy homes.

Regional nominated highlights:
The St John trauma destination policy has been updated and redistributed. DHBs are in agreement but staging points in some rural areas are not always clear so discussion will be held with St John to resolve this.

Value and High Performance

Prime Minister's youth mental health project

Rising to the Challenge - Primary mental health

Rising to the Challenge- Improve outcomes for children in mental health

Rising to the Challenge-District suicide prevention and postvention

Improving wait times for diagnostic services - Coronary angiography

Improving wait times for diagnostic colonoscopy - Urgent (<14 days), Non-Urgent(<42 days), Surveillance(<84 days)

Inpatient average length of stay - elective

Inpatient average length of stay - acute

Elective services

Key priority response actions:
Not reported in this quarter

DHB nominated highlights:
The DHB has a Models of Care programme to improve the health of our local people through a multi-year transformation of healthcare delivery. A prioritisation session identified five first workstreams: Acute Demand, Healthcare Home, Medical subspecialties, Vulnerable populations, End of Life Care.

Regional nominated highlights:
Collectively, the South Island has achieved the target of 90 percent of cancer patients receiving treatment within 62 days of being referred with high suspicion of cancer. While two DHBs are still working towards the target, it is positive that as a region we are delivering faster cancer treatment for our communities.

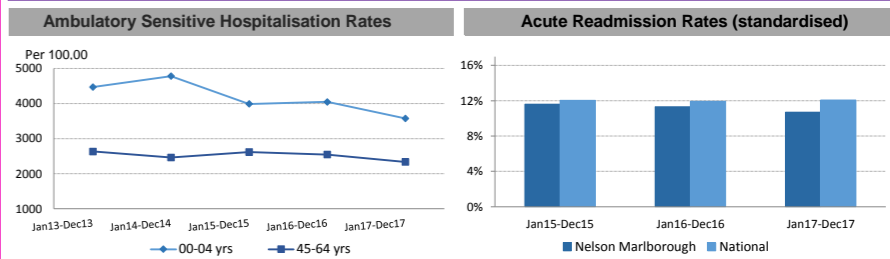
OWNERSHIP VIEW

Standardised Intervention Rates of Procedures

Procedure	12 month period ending in December of the year					National Target
	2013	2014	2015	2016	2017	
Angiography	36.25	32.13	40.88	32.98	30.22	34.70
Angioplasty	15.88	13.81	13.22	12.00	9.04	12.50
Cardiac Surgery	4.67	4.80	6.78	5.14	5.17	6.50
Cataracts	31.60	25.83	24.65	30.61	28.61	27.00
Major Joints	23.53	23.79	29.72	25.76	25.22	21.00

Service Coverage Delivery

Not reported in this quarter



Patients Waiting for FSA

	Dec	Jan	Feb	Mar	Last mth	4 mths
ESPI 2	5	62	85	94	9	89
ESPI 2 %	0.2%	1.8%	2.6%	3.2%	0.6%	3.0%

Patients Waiting for Treatment

	Dec	Jan	Feb	Mar	Last mth	4 mths
ESPI 5	14	43	32	77	45	63
ESPI 5 %	1.1%	3.2%	2.3%	4.8%	2.5%	3.7%

Conversation Opportunities

Conversations are currently underway with all DHBs on challenges and issues informing annual plans and performance for 2018/19 and out-years. These discussions are expected to support the development of a joint understanding of each DHB's key priorities, challenges and strategic direction.

One Team

Improving wait times for diagnostic services - CT and MRI scans (<42 days)

Shorter waits for non-urgent mental health and addiction services for 0-19 year olds

Immunisation coverage at 2 & 5 years old

Human papillomavirus immunisation

Influenza immunisation at age 65+

Faster cancer treatment (31 days)

Supporting vulnerable children

Better help for smokers to quit in public hospitals

Cancer services- overall rating

Cancer services- Workplan delivery

Cancer services- Support for health target

Major trauma

Mental health and addiction services

Hepatitis C

Healthy ageing

Quality and Safety

Key priority response actions:
Infant Mental Health has been chosen as an area of work to support the First 1,000 days. South Island Mental Health Service Level Alliances have endorsed the work and will assist by addressing parents with mental illness.

DHB nominated highlights:
The DHB and the local office for the Ministry of Social Development (MSD) have implemented direct MSD referrals to general practice. MSD identifies new young families to the region and refers them to the PHO so that they can be navigated to an appropriate practice. They receive a free consultation and health assessment and are enrolled.

Regional nominated highlights:
Work to align South Island public health governance, leadership and operations continues, with the South Island Public Health Strategic Framework agreed to, a work group established to progress sustainable on-call arrangements, and a single planning template developed.

Smart System

IT critical priorities- Overall Rating

IT critical priorities- ePharmacy

IT critical priorities- South Island Patient Information Care System (SI PICS)

IT critical priorities- Regional Service Provider Index (RSPI)

IT critical priorities- eOrdering for Radiology

Key priority response actions:
Not reported in this quarter

DHB nominated highlights:
Nelson Marlborough Health Pathways have been written from the perspective of general practice teams and describe current local practice and recommendations for the diagnosis, investigation and management of a wide range of clinical conditions. They include referral and access criteria cognisant of any resource constraints that apply in the region.

Regional nominated highlights:
Preparations for implementation of the South Island Patient Information Care System (SI PICS) in Nelson Marlborough DHB continues with a final decision about go-live being made following a review of readiness currently being undertaken.

DHB Performance Challenges

The DHB continues to be challenged by high vaccine decline rates at all age milestones. Continued efforts to address this issue and increase the immunisation coverage are required.

The DHB was unable to provide the recommended level of acute stroke unit care this quarter. The Ministry expect the DHB will be able to report on the community rehab data next quarter.

The Ministry will continue to work with the DHB to improve waiting times for elective services.

Equity Challenges

The DHB continues to be challenged by high vaccine decline rates at all age milestones. Continued efforts to address this issue and increase the immunisation coverage are required, in particular for Māori children.

The DHB was behind the target of Better help for smokers to quit in hospitals for Māori population. Clinical coding was noted as the main cause of decline last quarter, however this quarter only 43.71% of discharges have been coded, and so this issue does not appear to be resolved.

Further work is required to meet the breastfeeding target rate for Māori women in the DHB. This will be particularly challenging given that the national target for exclusive fully breastfeeding at 3 months has increased to 70%.

Regional Performance Challenges

Cardiac ACS Services – There remain pockets in the region where patient access to cath lab is delayed. The Model of Care work has also been delayed despite some progress.

Elective Services – Only one DHB in the region met the Electives Health Target and ENT work has been discontinued. The orthopaedic project has not progressed due to a lack of resource.

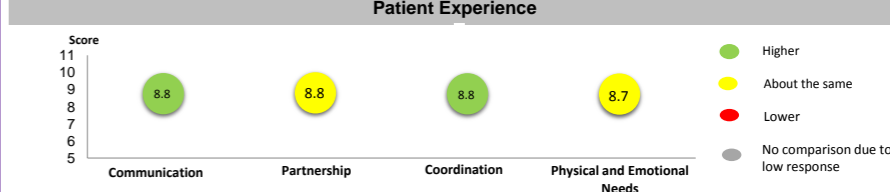
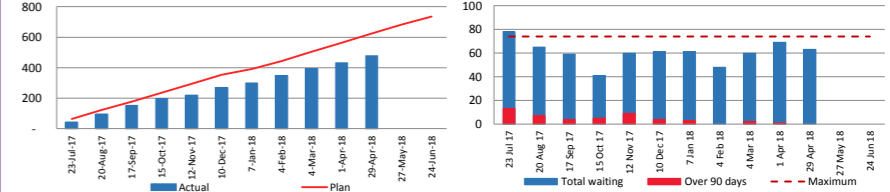
IT Services – Negotiations are underway for a licencing framework for eOrdering and the eMedicines Programme has been deferred to next year for two South Island DHBs due to budgetary and financial constraints.

Regional Delivery of Cardiac Surgery

CAPITAL & COAST DHB OF SERVICE

Performance Against Plan: 77%

Variance: -145



Quality and Safety Markers

Marker	Goal	Performance
Falls risk assessment (Oct-Dec17)	90%	84%
Hand hygiene (Jul-Sep17)	80%	79%
Surgical site infections (Jul-Sep 2017):		
Antibiotic administered in the right time	100%	97%
Patients receive cefazolin or cefuroxime	95%	100%

How to read this dashboard

This dashboard shows a summary of most aspects of DHB performance. It combines indicators of DHB performance, as agreed in the 2017/18 Annual Plan, as well as complementary information such as financial management, hospital indicators and other priorities. The structure has been designed to display DHB information using an 'at-a-glance' approach. It is not to be used for general publication. Local and regional **Performance Measures** (<https://nsfl.health.govt.nz/accountability/performance-and-monitoring/performance-measures/final-draft-performance-measures>) are grouped by the **New Zealand Health Strategy** themes that include *People Powered, Closer to Home, Value and High Performance, One Team and Smart System* (<http://www.health.govt.nz/publication/new-zealand-health-strategy-2016>). The DHB population overview is included on the dashboard to provide contextual information to performance challenges, and is not performance information itself. Population data are sourced from Statistics New Zealand population projections (2016 based).

Most indicators are accompanied by a traffic light colour to represent the perceived risk to a DHB or a region achieving their target for the year. Traffic lights are applied to * **T-total population, M-Māori population, O-Pacific population unless indicated**. Where a rating for M or O is empty, this indicates that rating for that measure is applied to total population only.

The DHB is on track to achieve target	
Some aspects still need development / or the DHB is not tracking to target but has an appropriate resolution plan.	
The information available suggests the DHB is not on track to meet the target and does not have an appropriate resolution plan.	
To date, the DHB has provided no report.	NR
Not Applicable	NA

Quality & Safety markers use a traffic light scheme to mimic that used by the Health Quality and Safety Commission:

Performance at or above the goal level	
Performance within 10/15% of the goal level (depending on the marker)	
Performance more than 10%/15% below the goal level (depending on the marker)	

Definitions of each indicators are explained as below. (Definitions for health target indicators are provided in the health target summary table. Definitions for regional indicators are provided in the regional dashboards. Both definitions have been sent to DHBs each quarter and therefore are not repeated here.)

Supporting Better Public Services result 2 Healthy Mums and Babies	Highlights of progress against agreed actions to support the target of 90% of pregnant women are registered with a LMC in the first trimester by 2021, an interim target of 80% by 2019, with equitable rates for all population groups.
Supporting Better Public Services result 3 Keeping Kids Healthy	Highlights of progress against agreed actions to support the target of a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0-12 years by 2021, an interim target of 15% by 2019
System Level Measures- implementation of the Improvement Plan	This indicator shows if DHB and their alliances are on-track to implement their Improvement Plans, including whether they have provided appropriate corrective actions if not on track.
Financial Management	Overview of the financial performance of the DHB based on data provided by the DHBs in monthly financial templates

Immunisation coverage at 2 & 5 years old	At least 95 percentage of children who have completed their age-appropriate immunisations measured at age 2 years and age 5 years. The rating - indicated by the traffic light colour - is based on the DHB's performance for both the 2- and 5-year-old milestones. The dashboard population for 'Other' includes Pacific only.
Human papillomavirus immunisation	At least 75 percentage of eligible girls fully immunised with human papillomavirus (HPV) vaccine. For 2017/18 it is the 2004 birth cohort measured at 30 June 2018). The dashboard population for 'Other' includes Pacific only. This measure is reported yearly in quarter four.
Influenza immunisation at age 65+	At least 75 percent of the population aged 65 years and over are immunised against influenza annually (measured at 30 September). The dashboard population for 'Other' includes Pacific only. This measure is reported in quarter one.
Reducing rheumatic fever	A progress report against the DHB's rheumatic fever prevention plan. Ratings are only applied to DHBs who are required to submit exception reports.
Improving mental health services using wellness and transition planning	95% of people treated in mental health and addiction services for more than 3 months will have a quality wellness plan or have had a transition plan at discharge.
Reducing the rate of Māori under Mental Health Act section 29 community treatment orders	DHBs will reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.
Improving breastfeeding rates	Breastfeeding is defined as exclusive or fully breastfed at 3 months. This measure is reported in quarters one and three.
BreastScreening Aotearoa (BSA) - initial rescreen	Number of women rescreened within 20-27 months of their previous screen as a percentage of the number of women eligible for a rescreen. Target 75 percent or more of women who attend for their first screen within the programme are rescreened within 20-27 months (50-67 years only). The dashboard population for 'Other' includes only Pacific woman. Performance on this indicator is rated in quarters two and four.

Implementing the Healthy Ageing Strategy	DHBs are expected to report on delivery of the actions and milestones as identified in the 2017/18 annual plans for health of older people services including falls and fracture prevention and rehabilitation services, future models of home and community supports (HCSS), regularisation of the HCSS workforce, use of interRAI assessment tool, an action to improve equity and one locally prioritised action to progress implementation of the Healthy Ageing Strategy
Improved management for long term conditions (Cardiovascular health, diabetes, acute heart and stroke services)	DHBs are expected to report on delivery of the actions and milestones as identified in the 2017/18 annual plans for long term conditions (LTC), diabetes services, cardiovascular (CVD) health, acute heart services and stroke services. Improved management for long term conditions and diabetes are reported in quarters two and four.
Improving breast screening rates	Number of women screened in the 24 months period as a percentage of women eligible. Target: 70 percent or more screening coverage for all eligible women (50-69 years only). The dashboard population for 'Other' includes only Pacific woman. This measure is reported in quarters two and four.
Improving cervical screening coverage	The proportion of women aged 25-69 years who have had a cervical smear in the previous three years. Target: 80% or more screening coverage for all ethnic groups. The dashboard population for 'Other' includes Asian women. The denominator is derived from Statistics New Zealand's DHB population projections, adjusted for the prevalence of hysterectomy. This measure is reported in quarters two and four. However, data is updated monthly, and is found on the following: https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/ .

Prime Minister's youth mental health project	Reports on progress towards achieving three initiatives in the Project:1: School Based Health Services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities. 3: Youth Primary Mental Health reported under Rising to the Challenge. 5: Improve the responsiveness of primary care to youth. Initiative 6 is reported under Shorter waits for non-urgent mental health and addiction services for 0-19 year olds, and Initiative 7 is reported under Improving mental health services using wellness and transition (discharge).
Rising to the Challenge - Primary mental health	This measure is to monitor access to evidence-informed psychological therapies for mental health and additions issues in primary care.
Rising to the Challenge- Improve outcomes for children in mental health	Reports on the actions identified in the annual plan for improving outcomes for children in mental health.
Rising to the Challenge-District suicide prevention and postvention	Progress against the agreed 2015-2017 Suicide Prevention Plan is reported by describing highlights, exceptions and milestones for three of the actions, and noting any completed actions.
Improving wait times for diagnostic services - Coronary angiography	Performance against the waiting time indicators for Coronary Angiography.
Inpatient average length of stay (elective and acute)	Reports are against two inpatient average length of stay (ALOS) measures – Part One: Elective surgical inpatient ALOS, Part Two: Acute inpatient ALOS

Improving wait times for diagnostic services - CT and MRI scans	Performance against the waiting time indicators for Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Waiting time targets are people accepted for CT or MRI receiving the scan within 42 days.
Improving wait times for diagnostic colonoscopy - Urgent, Non-Urgent, Surveillance	Performance against the waiting time indicators for Colonoscopy that include urgent, non-urgent and surveillance colonoscopy. Waiting time targets are people accepted for an urgent, non-urgent or surveillance colonoscopy receiving the procedure within 14 days, 42 days or 84 days respectively.
Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	All DHBs are expected to reach 80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% of people are seen within 8 weeks this year.
Faster cancer treatment (31 days)	The 31-day indicator is the maximum length of time a patient should have to wait from date of decision-to-date to receive their fist treatment (or other management) for cancer.
Supporting vulnerable children	Actions or initiatives to reduce deaths and hospitalisations due to assault, neglect or maltreatment of children and young people

Better help for smokers to quit in public hospitals	95 percent 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.
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Standardised intervention rates of procedures	The DHB's level of intervention relative to their population, standardised to take account of variations in the population demographics (age, gender, ethnicity and deprivation) allowing for comparison between different DHBs. Green shows performance is significantly above the national target, grey is no significant variation and red is significantly below the national target.
Service coverage delivery	Self-reported confirmation & exception report. DHBs must ensure service coverage expectations are met, or demonstrate resolution of service coverage gaps by providing an appropriate resolution plan, and adequate progress is being made against the plan. This measure is reported in Q2 and Q4.
Ambulatory sensitive hospitalisation rates	Ambulatory Sensitive Hospitalisations (ASH) result from diseases and conditions sensitive to prophylactic or therapeutic interventions deliverable through primary care and are, therefore, avoidable. The ASH rates are derived by the total number of 12-month ASH for DHB patients aged 0-4 and 45-64 as the numerators and the same age population of the DHB as the denominators respectively. Rates for 45-64 age group are age standardised using national population as a standard. Performance on this measure is rated in quarters two and four.
Acute readmission rates	Acute readmission rates are the number of unplanned acute readmissions to hospital within 28 days of a previous inpatient discharge that occurred within the 12 months to the end of the quarter, as a proportion of inpatient discharges in the 12 months to the end of the quarter. Mental health hospitalisations are excluded from the measure, while acute maternity hospitalisations are not recognised for readmission purposes. The rates are standardised by patient population characteristics, deprivation, rurality, patient health conditions, comorbidity and surgery, using 3 years rolling national patient population as a 'standard'. Indirect standardisation using logistic regression method is applied to derive the rates.
Patients waiting for FSA (ESPI 2)	The total number on the waiting list waiting longer than four months for a first specialist assessment (FSA) for the last four months, and the number waiting as a % of the total list. ESPIs are the set of elective services patient flow indicators
Patients waiting for treatment (ESPI 5)	The total number on the waiting list waiting longer than four months for treatment for the last four months, and the number waiting as a % of the total list. ESPIs are the set of elective services patient flow indicators.
Regional delivery of cardiac surgery and wait list	Regional cardiac provider delivery against plan. Regional cardiac provider total waiting list against the waiting list target including those waiting over 90 days and proportion of regional to national waiting list. DHBs submit four-weekly reports.
Patient Experience	Average rating out of 10 for inpatient experience across the four domains of communication, partnership, coordination of their care, and having physical and emotional needs met, based on results from the national patient experience survey. The survey covers patients in hospital during the second month of each quarter.
Quality and Safety Markers	Progress toward the markers set by the Health Quality and Safety Commission. These include older patients receiving a falls assessment, compliance with good hand hygiene practice, and two surgical site infection measures: hip and knee replacement patients receiving 2g or more of cephazolin and antibiotic administered in the right time.

Key priority response actions	A response to the delivery of an action and milestone agreed in the annual plan for each Government planning priority, this is an opportunity to showcase achievements.
Nominated highlights	A DHB (or a region) nominated highlight of an action, an initiative or an activity that reflects a NZ Health Strategy theme and is delivered within the quarter. No performance assessment is made.
Performance challenges	A performance measure that is assigned a red diamond indicator against performance will have a text comment providing further detail about the resolution path.
Equity challenges	Population and equity assessment is against the expectations agreed in the annual and regional plans, and highlights progress towards equity. A red diamond indicator against progress towards equity will have a text comment providing further detail about the resolution path.
Conversation opportunities	Conversation opportunities are included to provide useful triggers for internal DHB conversations, Ministry officials visits to the DHB and, monitoring and intervention framework (MIF) meetings. The bullet points include both achievements and concerns based on the performance dashboard information and emerging issues identified by Ministry DHB Relationship Managers. The conversation opportunities is not an exhaustive list.