

## Nelson Marlborough Health System System Level Outcomes Measures Plan 2017-18

The Top of the South Health Alliance (ToSHA) is committed to improving the health of everyone in the Nelson Marlborough region by effecting transformational health system change. We will keep investing in initiatives that provide the opportunity to enhance the integration of community, primary and secondary care across the continuum of health to achieve health equity and enable high quality, safe, person-centred delivery.

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:

Total Acute Hospital Bed Days Per Capita							
Champion: Pam Kiesanowski, Director of Nursing & Midwifery and Acting General							
Manager Clinical Services							
Aim	Actions and Milestones	Contributory Measures					
TARGET: Reduce acute hospital bed days rate  Year to Year to March March 2015 2016 2017 277.3 282.0 265.1	<ul> <li>Systematically review unplanned readmissions data</li> <li>Identify amenable causes of unplanned readmission</li> <li>Develop an action plan to reduce the unplanned readmissions rate</li> </ul>	Reduce acute unplanned readmissions rate					
202.0 203.1	Support patients to prevent illness with Flu vaccinations	Maintain Flu vaccination rate for over 65 year olds					
	<ul> <li>Develop a discussion document for an ambulatory care nursing service and agree on the implementation approach</li> <li>Further develop the Marlborough Health hub to deliver integrated services in the community</li> <li>Review ED touch points in health pathways for appropriateness</li> </ul>	Reduced Ambulatory sensitive hospitalisations (ASH) rate for the 45-64 age group					
Ambulatory Sensitive Hos	spitalisations (ASH) Rates for 0-	4 year olds					
	hief Medical Officer & Paediatriciar						
General Manager Maori Heal							
Aim	Actions and Milestones	Contributory Measures					
TARGET: Reduce ASH rates for Maori age 0-4 years to <4009 by 30 June 2018	<ul> <li>Implement Harti Hauora, a Child Health programme that sees a comprehensive 360 degree assessment against priority areas</li> <li>Implement Public Health</li> </ul>	Increase children caries free at 5 years of age (by ethnicity and deprivation level)					

				T	T
	2014/15	2015/1	62016/17	outreach initiative to support	
				good child health including	
NM	6882	4302	4800	immunisations and oral health	
Māori				<ul> <li>Monitor efficacy of the Pēpi First</li> </ul>	Maintain early
0-4yrs NM	4348	3994	3975	smokefree pregnancy initiative	enrolment with LMC: 90
Other	4340	3994	3973	and change to achieve success	per cent of pregnant
0-4				Maintain early enrolment with	women register with a
				LMC by: Updating pregnancy	Lead Maternity Carer in
				information packs with	their first trimester
				consistent advice and	
				information given to women;	
				Holding GP/LMC forums to	
				discuss information relating to	
				pregnancy pathways, Health	
				Pathway for GPs, and the	
				importance of women booking	
				with an LMC within 12 weeks	
				Implement the Whare Ora	Increase number of
				(Healthy Homes) intersectorial	homes insulated
				initiative that involves an	through the Warmer
				assessment of high needs	Healthier Homes
				families homes and resolves	scheme
				issues such as dampness to	Scrienie
				prevent illness	
Dation	t Evno	rionc	e of Car		
				, Clinical Director Community & Chair	of Clinical Governance
Aim	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J 1100u	Actions and Milestones	Contributory Measures
	ed natie	nt exn	erience		
Improv	ed patie	-		Support the implementation and	Improve Hospital
Improv of care	across t	he fiv	е	Support the implementation and utilisation of the primary care	Improve Hospital     Patient Experience
Improve of care domain	across to a	the five e, time	e ely,	Support the implementation and utilisation of the primary care patient experience survey (PES)	Improve Hospital     Patient Experience     Survey results
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	reduce waiting times for patients	
Amenable Mortality Rates		. 0. 0
	General Manager Primary, Strategy	
Aim	Actions and Milestones	Contributory Measures
TARGET:  • Maintain current amenable mortality rate	Develop a new whole of system diabetes model of care that focuses on self management, early intervention and equity	Number of pre-diabetes courses held in primary care
for 2017/18  • Reduce inequity for Maori within our amenable mortality rates by 2020  Rate calculated	Continue to implement the child obesity plan in order to achieve the Raising Healthy Kids Target	95% of obese children identified in the Before School Check programme offered a referral to a health professional
using projected 2011 population data  NM Māori 129.9  NZ Māori 219.6	Work with Marae and other Maori settings (e.g. Kohanga Reo Tane Ora, community hubs) to support healthy choices and behaviours	
NM Non Maori, Non Pacific  NZ Non Maori, Non Pacific  80.0	<ul> <li>Support patients to prevent illness by providing better help for smokers to quit</li> <li>Establish a single point of entry</li> </ul>	Achieve Health Target:     Better Help for Smokers     to Quit
	<ul> <li>into the stop smoking service</li> <li>Monitor efficacy of the Pepi First smokefree pregnancy initiative and change to achieve success (impact on respiratory conditions for children)</li> </ul>	
	Implement the Mental Health & Addictions Integration     Programme to ensure a stepped model continuum of care for all ages	Improved access to care for people seeking support for mild to moderate mental health issues
	Implementation of the He     Huarahi Matepukupuku     (Improving the Cancer Pathway for Maori) project for cancer services and implementation of other findings from the Maori cancer pathway	Achieve Faster Cancer Treatment Target
Youth Access to and Utili	sation of Youth Appropriate Hea	alth Services
	n, Clinical Director Women, Child &	
Aim	Actions and Milestones	Contributory Measures
Youth have increased access to, and increased utilisation of, youth appropriate services: Mental Health and Wellbeing	<ul> <li>Utilise the Youth Advisory Panel to provide inputs into youth mental health developments (Youth Voice)</li> <li>Provide education to vulnerable</li> </ul>	<ul> <li>Youth access to Mental Health &amp; Addiction Services</li> <li>Youth alcohol related ED presentations</li> </ul>
TARGET: Reduced self- harm hospitalisations and	youth using channels as advised by the Youth Advisory Panel • Progress developments of	Youths accessing primary health brief intervention services

short stay ED presentations for <24 year olds by 30 June 2018	platforms which would be useful for young people / parents / providers to access health and service information (Access to Information)  • Explore options to increase nurse-led, school-based & community-based access to healthcare, as resources allow (Model of Care)  • Implement the Mental Health & Addictions Integration Programme to enhance a stepped model continuum of care for all ages, working to the agreed principles	Number of young people 16-18 years Not in Education, Employment or Training (NEET)						
	Proportion of Babies Who Live In A Smoke Free Household at 6 Weeks							
Champion: Sue Allen, Service Manager Women, Child & Youth; and Ditre Tamatea, General Manager Maori Health & Vulnerable Populations								
Aim	Actions and Milestones	Contributory Measures						
Increase the proportion of babies who live in a smoke-free household at 6 weeks post-birth  TARGET: More 'Households are smoke-free at six weeks postnatal' by 30 June 2018	<ul> <li>Monitor efficacy of smoke free pregnancy initiatives by June 2018</li> <li>Provide smoke free education tailored to midwives to support their conversations, in particular with Maori women and whanau by June 2018</li> </ul>	Better Help for Smokers to Quit (IPIF)     Maternal smoking rates (by age and ethnicity): Smoking at LMC registration, at birth, and at 6 weeks     Pregnant women (who identify as smokers) offered advice and support to quit						

Progress against this plan will be overseen, and advice provided as needed on strategic direction, by the ToSHA committee. Champions will continue to act as the single point of contact between ToSHA and those responsible for delivering the selected actions, and will review progress against the plan, monitor changes, help eliminate obstacles and drive continuous improvement.

We, the Chief Executives of the Top of the South Health Alliance, pledge our commitment to the delivery of this improvement plan.

Signature

Beth Tester Chief Executive

Marlborough Primary Health

Signature

Angela Francis
Chief Executive

Nelson Bays Primary Health

Signature

Peter Bramley Chief Executive

Nelson Marlborough Health