CANTERBURY HEALTH SYSTEM

System Level Measures

Improvement Plan

2021-2022

INTRODUCTION

The System Level Measures (SLMs) Framework aims to improve health outcomes and reduce inequities for people by identifying key improvement projects within our health system. Hence, it provides the foundation for equity-focused continuous quality improvement and system integration.

The Canterbury Health System is strongly committed to this national framework, with the Canterbury System Level Measures Improvement Plan 2021/2022 being its fourth such plan. Recognising the impact of COVID-19 on health system priorities, and in line with Ministry of Health directions, the 2021/2022 SLM Improvement Plan builds on the 2020/2021 plan with limited changes in the focus areas.

To complete the 2021/2022 SLM Improvement Plan, the Systems Outcomes Steering Group consulted with the contributing expert / alliance groups about the actions to improve performance and the contributary measures that would serve as indicators of progress.

The Canterbury Health System places a high priority on implementing the SLM Framework to support system change and improvement that meets people's healthcare needs and advances equity of outcomes. Hence, this plan is an important part of our commitment to meeting our Te Tiriti o Waitangi obligations.

The performance in this plan focuses on areas where there is a need to reduce differences in health outcomes between groups of people in Canterbury. These differences are not only unfair, but are ones, that if we work together, can be removed, and ensure equity of health outcomes that will enable people to flourish.

For over a decade, Canterbury has built connections, trust, and collaboration across the health system to improve the way we go about our work. We recognise that there still a great deal further to go. To enable this, how we design health systems is critically important. In recognition of this, we are striving for better community engagement and participation in the design process.

We also recognise that the greatest impact on health outcomes is determined by wider determinants such as physical environment, education, social and economic factors. Consequently, we have identified actions within the plan that address these upstream factors including the work of Community and Public Health, the public health division of Canterbury DHB. This public health work is central to the way the health system connects with other agencies and sectors that can influence policies that have a positive impact on whānau health and wellbeing. The public health division is also a core contributor to improving our populations' health through its health promotion work.

Many of the actions to improve performance contribute to improvements in more than one System Level Measure. For instance, smoking cessation not only contributes to Amenable Mortality, but also impacts upon respiratory illnesses, which in turn contribute to our 0-4-year-old Ambulatory Sensitive Hospitalisation (ASH) rates. Smoking status can contribute to the severity of illness if a person is hospitalised and therefore impacts upon Acute Hospital Bed Days. Additionally, reducing the number of people who smoke in Canterbury will improve the proportion of Babies Living in Smokefree Homes.

To understand how well the Canterbury Health System is improving and reducing the equity gap, accurate data is vitally important. We have improved the way ethnicity data is collated to ensure priority groups are counted accurately. Using ethnicity prioritisation protocols, a master ethnicity is coded through collating information collected from multiple patient management systems. We can use this master ethnicity to identify discrepancies at NHI level between ethnicities reported in primary care to better understand our population needs.

MESSAGE FROM DR DON ELDER
ALLIANCE LEADERSHIP TEAM INDEPENDENT CHAIR, CANTERBURY CLINICAL NETWORK

As a relative newcomer to health, it has been a privilege over the last nine months to learn more about our health system and the people working behind the scenes to improve the health outcomes of our communities.

While we have entered a new year of planning, the ongoing commitment of staff and resources to the COVID-19 response means the way we work across the system has changed. To use an old adage, we have not let this crisis go to waste. We have seized the opportunity to capture lessons, work in a new way and consider how we can focus our collective energy to achieve what needs to be prioritised now.

While the six nationally agreed System Level Measures remain the same for 2021-22, locally we've updated several sections of our Improvement Plan and revised several contributory measures and underlying actions to reflect our priorities and learnings from our response to COVID-19. These include prioritising our commitment to Te Tiriti o Waitangi and achieving equity, through:

- Engaging with the community about how the system could better support them to stay well, with a focus on hearing from Māori and other population groups that experience inequities, (Patient Experience Survey).
- Changing our approach to co-design to ensure the voices of Māori and the wider community are heard and influence the resultant changes in how health services are provided, (Patient Experience Survey).

Our collective way of working towards a shared vision centred on the needs of and outcomes for our whānau and their communities continues to be our strength. It ensures we're well-placed to respond to challenges old and new and it helps us strive to do better, and never settle.

The cornerstone of our success is, of course, our people. I want to recognise each and every one of our dedicated staff members across all levels of our system who continue to work selflessly to achieve our goals, under often tiring, strained circumstances. Your determination to do what's right for the people of Canterbury has delivered significant improvements to date and will be what enables us to continue this into the future.

Dr Don Elder

Dr Peter Bramley	Peter Townsend	Dr Lorna Martin	Dr Angus Chambers
Chief Executive Officer	Chair	Chair	Chair
Canterbury DHB	Pegasus Health Charitable Ltd	Waitaha Primary Health	Christchurch PHO

INTEGRATING THE SYSTEM LEVEL MEASURES FRAMEWORK INTO OUR HEALTH SYSTEM

Canterbury's way of working brings together expert groups including Service Level Alliances (SLA), Workstreams, and workgroups within the Canterbury Clinical Network Alliance, with the aim of leading change in health services that improve the health outcomes of our population. Typically, these groups include consumer, Māori, Pacific and rural perspectives, urban and rural clinicians who participate in designing and delivering services and management perspectives from the relevant organisations

An expert group has been identified to lead each of the System Level Measures, contributory measures and the actions to improve performance. A table illustrating which group(s) are leading each of the contributory measures is included in Appendix One. Also shown in this table are the other groups that link with and/or support this activity. A System Outcomes Steering Group involving clinical leaders from across the system, public health experts, quality improvement staff, analysts and planners is in place to guide Canterbury's ongoing development of the System Level Measures framework. Figure 1. Illustrates the roles of this Steering Group and various expert groups. A number of reference groups support the work of our alliance including Te Kāhui o Papaki Kā Tai, Pacific Reference Group Culturally and Linguistically Diverse (CALD) Advisory Group and the DHB Consumer Council.

Fig
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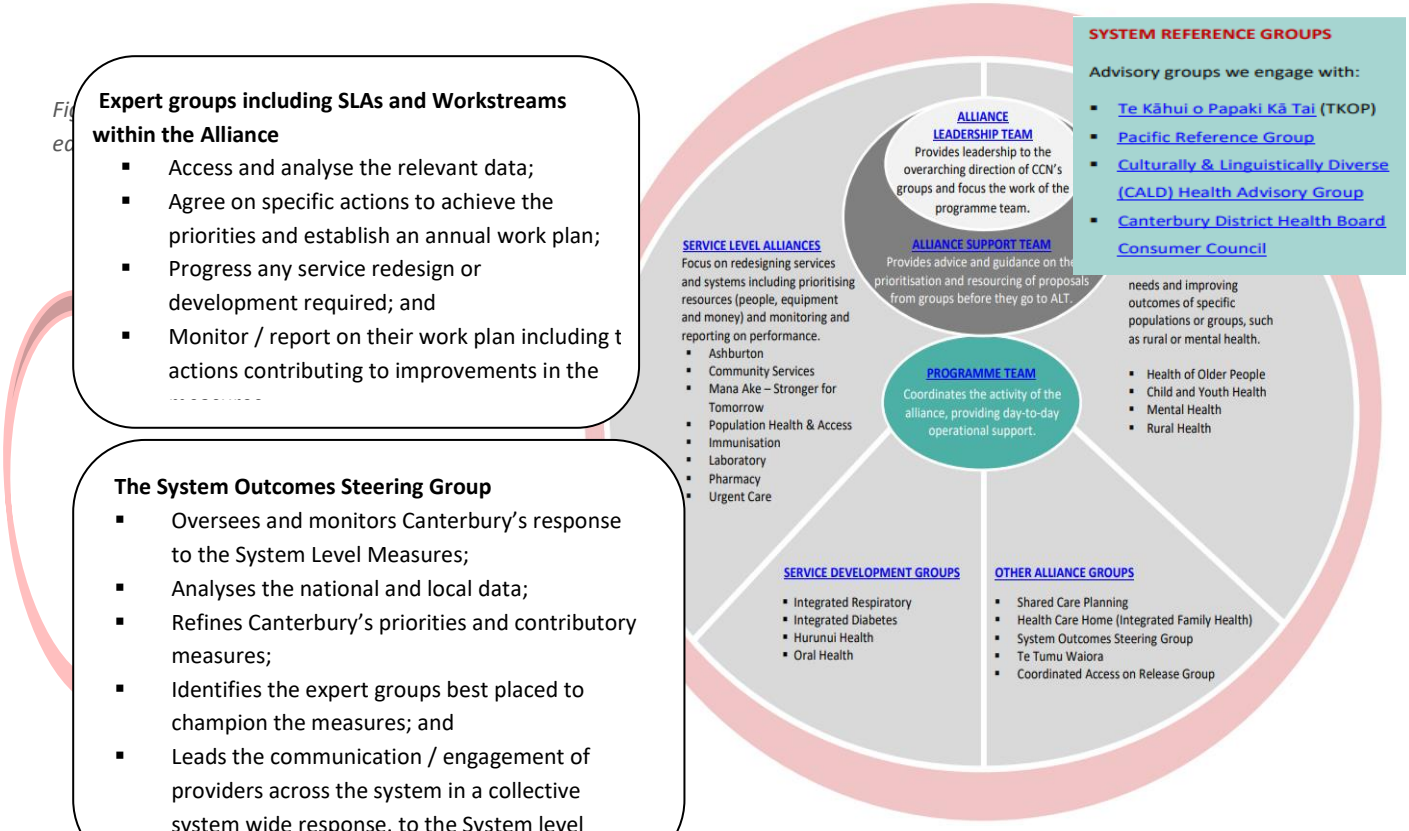
Expert groups including SLAs and Workstreams within the Alliance

- Access and analyse the relevant data;
- Agree on specific actions to achieve the priorities and establish an annual work plan;
- Progress any service redesign or development required; and
- Monitor / report on their work plan including t actions contributing to improvements in the

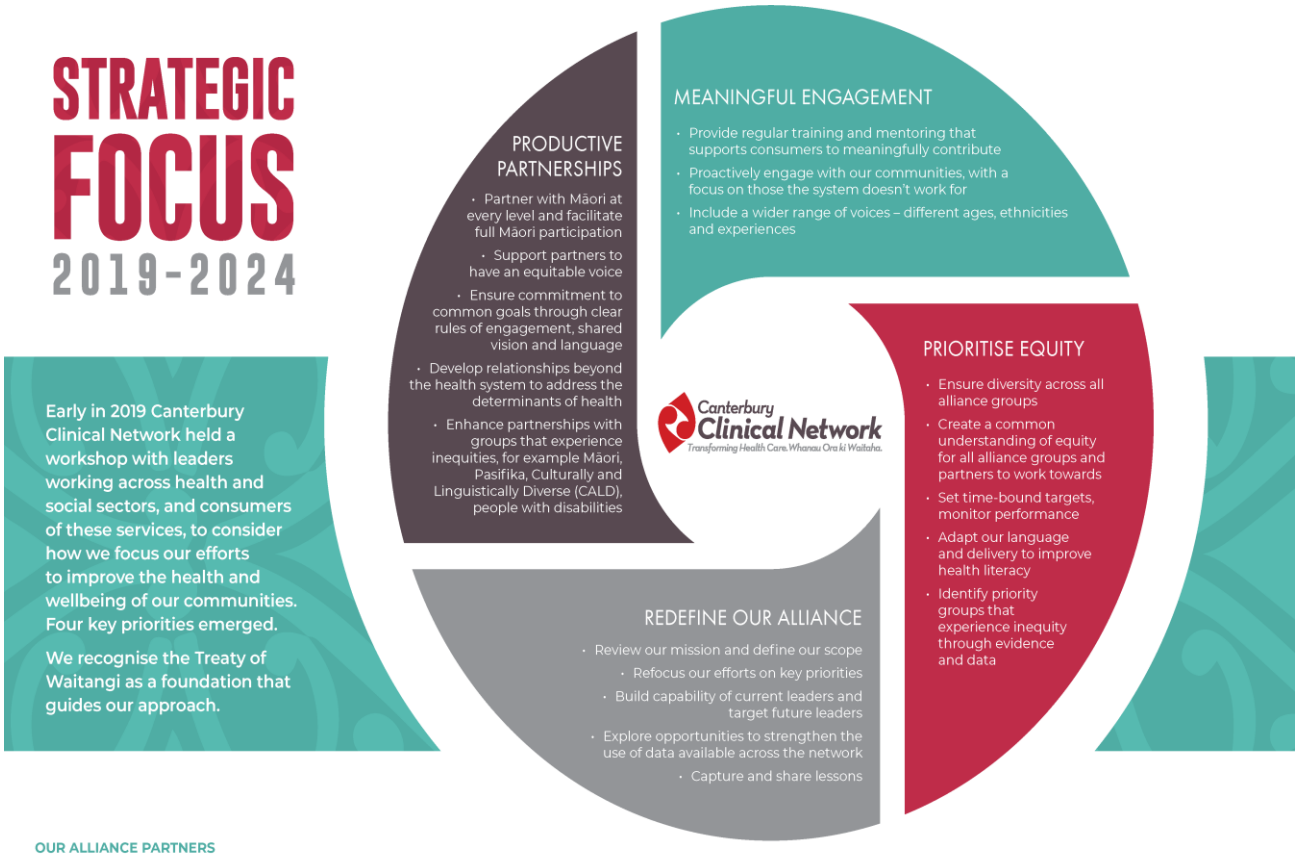
The System Outcomes Steering Group

- Oversees and monitors Canterbury's response to the System Level Measures;
- Analyses the national and local data;
- Refines Canterbury's priorities and contributory measures;
- Identifies the expert groups best placed to champion the measures; and
- Leads the communication / engagement of providers across the system in a collective system wide response. to the System level



STRATEGIC FOCUS 2019-2024

Four key priorities of the Canterbury Clinical Network Alliance are Productive Partnerships, Meaningful Engagement, Prioritise Equity and Redefine our Alliance. These are woven into the development of the Canterbury System Level Measures Improvement Plan.



OUR ALLIANCE PARTNERS

All alliance partners agree to act in accordance to the alliance charter, adhering to the alliance principles and rules of engagement.

KEY ACHIEVEMENTS

Significant progress has been made towards the actions to improve performance identified in Canterbury's 2020/2021 Improvement Plan. Some key achievements are highlighted below.

ASH Rates for 0–4-Year-Olds

Ethnicity data accuracy has been improved by introducing a process between the Canterbury DHB Data Warehouse and a patient master ethnicity value (based on Statistics New Zealand ethnicity prioritisation). This means that if a patient is recorded in either source as Māori, their master ethnicity will be recorded as Māori.

Since this improvement, Canterbury data demonstrated an increase in the ASH rate for Māori. It is likely this is partly attributable to having more accurate ethnicity data, resulting in better understanding of the 0-4-year-old ASH Rate for Māori tamariki.

Acute Hospital Bed Days

A programme of improved diagnostics and safe discharge of patients presenting with a chest pain complaint at the Christchurch Hospital Emergency Department (ED) was introduced a few years ago. During the COVID-19 lockdown, ED introduced further chest pain protocols, which increased the percentages of attendances being released to the community from 48% to 55%.

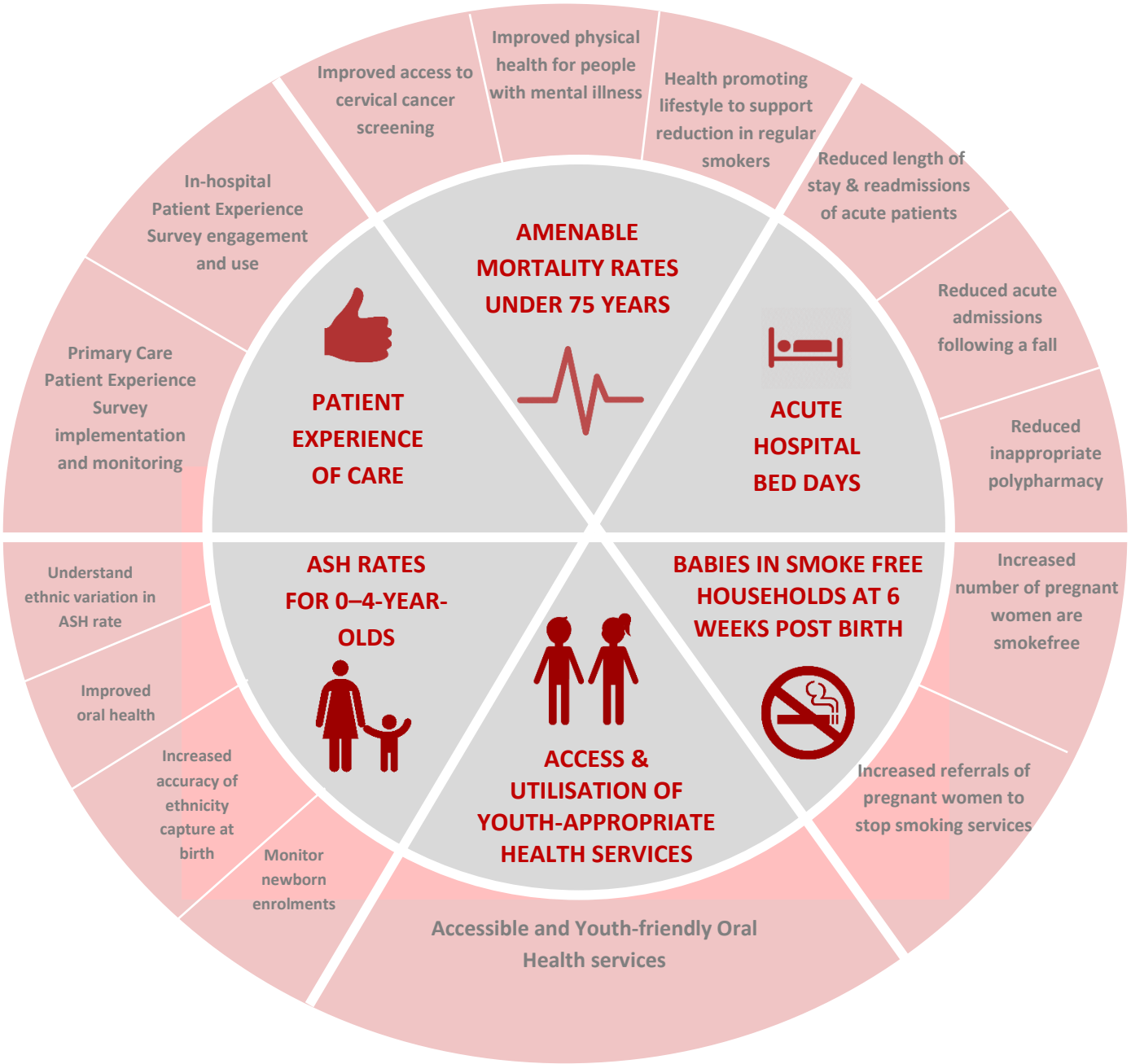
The number of Acute Bed Days associated with chest pain complaints in 2020 was 10,908, a reduction of 1,443 Acute Bed Days compared with 2019.

Amenable Mortality

Canterbury's Equally Well initiative linked people with serious mental illness and/or addiction with physical health programmes to improve physical health for this group. Further work in 2021/22 will see the development of measures to monitor the change in physical health outcomes for people with serious mental illness and/or addiction, alongside enhancing navigation to services for this group.

CANTERBURY'S SYSTEM LEVEL MEASURES FRAMEWORK

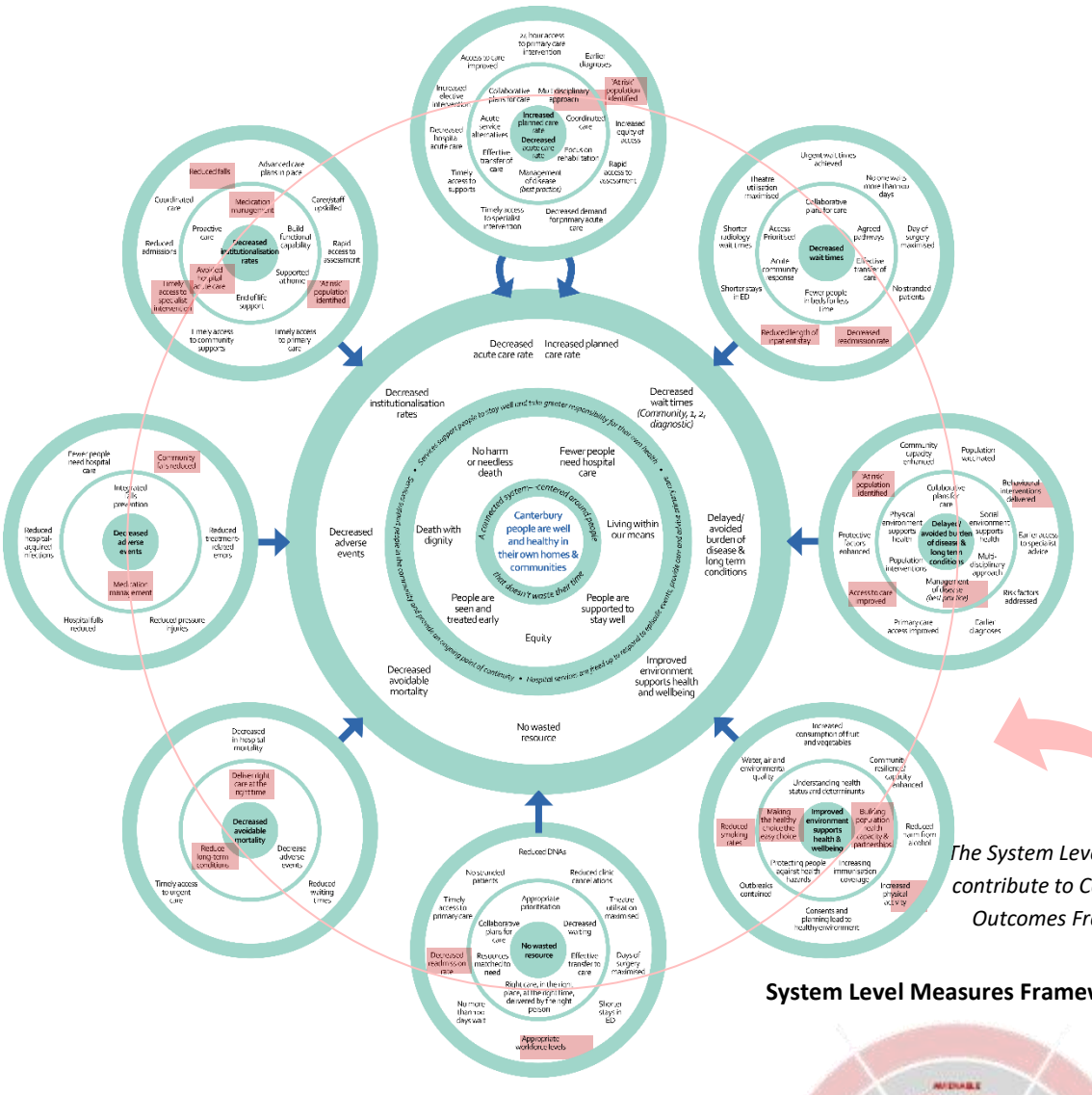
The diagram below demonstrates Canterbury's System Level Measures Framework. In the centre are the System Level Measures and circling those are the locally selected contributory measures. Further detail on each contributory measure is provided below.



HOW IT ALL FITS TOGETHER

The Canterbury Health System has tracked performance of our increasingly integrated and person-centred approach through the Canterbury Health System Outcomes Framework since 2013. The System Level Measures and contributory measures detailed in this Improvement Plan are integrated into our existing Outcomes Framework to demonstrate their alignment with Canterbury's approach. The measures identified in this document have been highlighted below within Canterbury's Outcomes Framework to illustrate this alignment.

Canterbury Health System Outcomes Framework



The System Level Measures contribute to Canterbury's Outcomes Framework

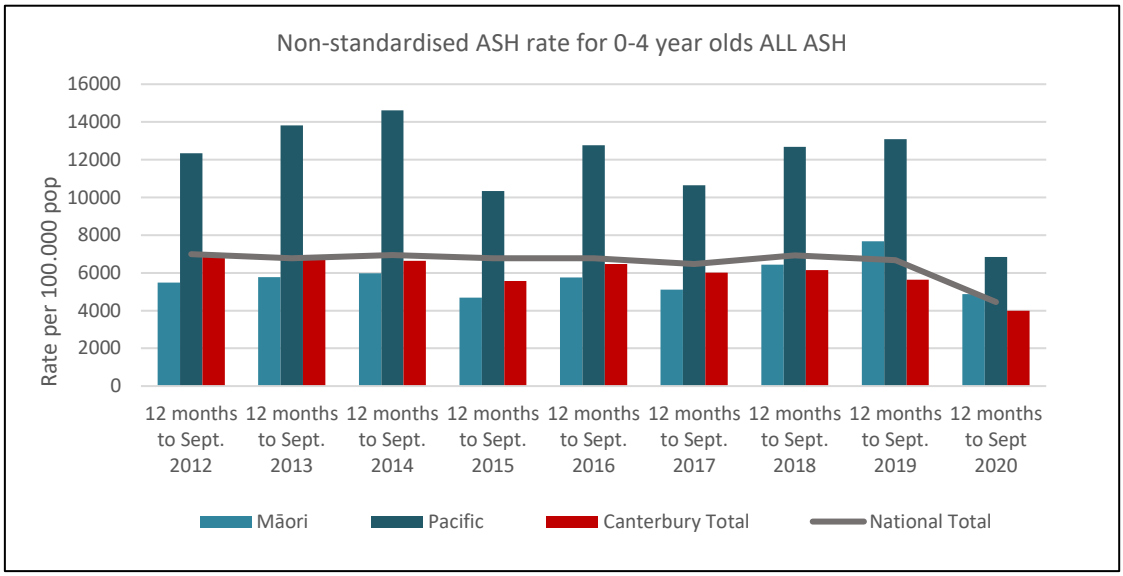
System Level Measures Framework

System level measure:

AMBULATORY SENSITIVE HOSPITALISATION RATE FOR 0–4-YEAR-OLDS

Ambulatory sensitive hospitalisations (ASH) are acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting. In New Zealand children, ASH accounts for approximately 30 percent of all acute and arranged medical and surgical discharges in that age group each year. We note that determining the reasons for high or low ASH rates is complex, as it is in part a whole-of-system measure.[1]

CANTERBURY'S EXPERIENCE



Since 2012, ASH rates for 0-4-year-olds in Canterbury have differed between Pacific children, Māori children and non-Māori/non-Pacific children. The most striking feature has been the high rates for Pacific children, as well as the lower than anticipated rates for Māori children.

At September 2020, Canterbury's ASH rate for 0-4-year-olds of 4,001 per 100,000 population is below the national average for the Total population[2]. Canterbury's 0-4-year-old ASH rate for the Pacific and Māori populations are higher than the Total population rate, at 6,842 per 100,000 and 4,883 per 100,000 respectively. Both of these rates have decreased in the past 12 months.

In previous years, our priority has been to reduce the ethnic variation in the ASH rate in particular between the Pacific and Total populations, given that Pacific rates were so much higher. However, acknowledging that the absolute numbers are low, the actions outlined in this plan aim to reduce Total ASH rates and the ethnic variation between population groups.

For 2021/22 our actions to improve performance continue to focus on Respiratory conditions and Oral Health. In addition, in 2021/22 an initial analysis of the children presenting with constipation will be undertaken to explore whether improvements can be made in the management of these children in the community.

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[1] *https://nsfl.health.govt.nz/system/files/documents/pages/slm_ahbd_admissions_ambulatory_sensitive_hospitalisation_rate_per_100.pdf*

[2] *The National Minimum Data Set of ASH Rate for 0–4-year-olds to September 2020 using the New Zealand Non-Standardised population informed Canterbury's analysis and establishment of the 2021/22 milestones.*

Lastly our efforts to reliably improve ethnicity data quality to help us understand the gap in health measures between Māori, Pacific, and other populations will continue. For 2021/22 this will focus on reporting on discrepancies across multiple data systems.

MILESTONE

The Canterbury health system milestones have been set as a four-year average between the period of December 2016 to December 2019 to exclude the impacts of the COVID-19 pandemic response. For 2021/22 the Canterbury health system will focus on reducing the ethnic variation with the ASH rate with the Total population used as a milestone.

The Canterbury health system's milestone for June 2022 is to maintain an ASH rate for the Total population of 6,153 or lower based on the four-year average described above; while improving equity by reducing the Māori rate towards the same level as the total population rate.

CONTRIBUTORY MEASURES

ASH RATE – VARIATION BETWEEN POPULATIONS

Outcome sought: Understand and reduce the variation that exists between the Canterbury Total and Canterbury Pacific populations, with a focus on the ASH admissions for 0-4-year-olds coded with Upper and ENT Respiratory Infections.

Rationale for selection: A variation in the ASH rate for 0-4-year-olds exists between ethnic groups. The Diagnosis Related Group (DRG) category upper and ENT respiratory infections is the single largest contributor to the ASH rate for 0-4-year-olds variation and serves as an indicator of this ethnic variation.

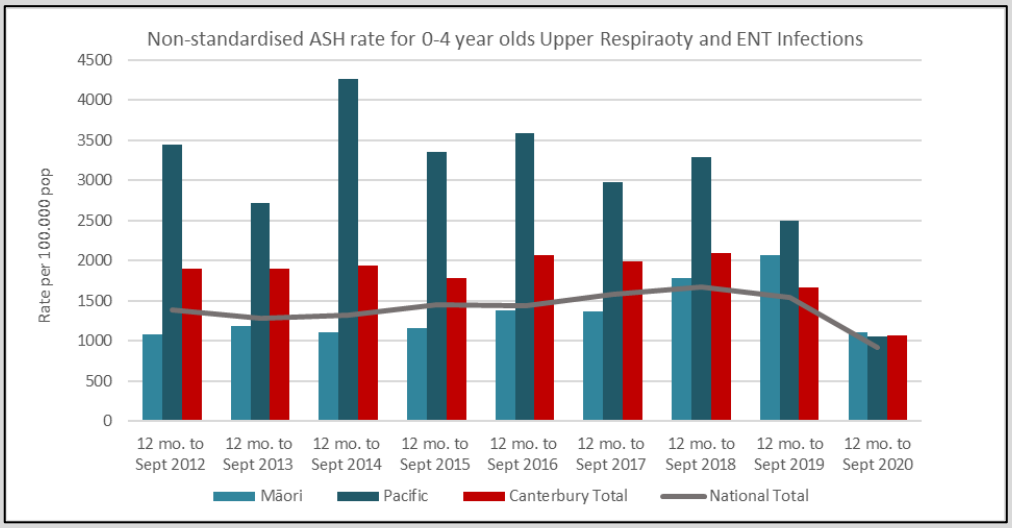
Measure description:

The rate of 0-4-year-olds admitted with a code of Upper Respiratory and ENT Infections and the gap that exists between the ASH rate for 0-4-year-olds in Canterbury's Pacific and Total populations.

Numerator: The number of ASH admissions for 0-4-year-olds coded with Upper and ENT Respiratory Infections.

Denominator: The number of 0-4-year-olds.

Data source: Ministry of Health data released quarterly.

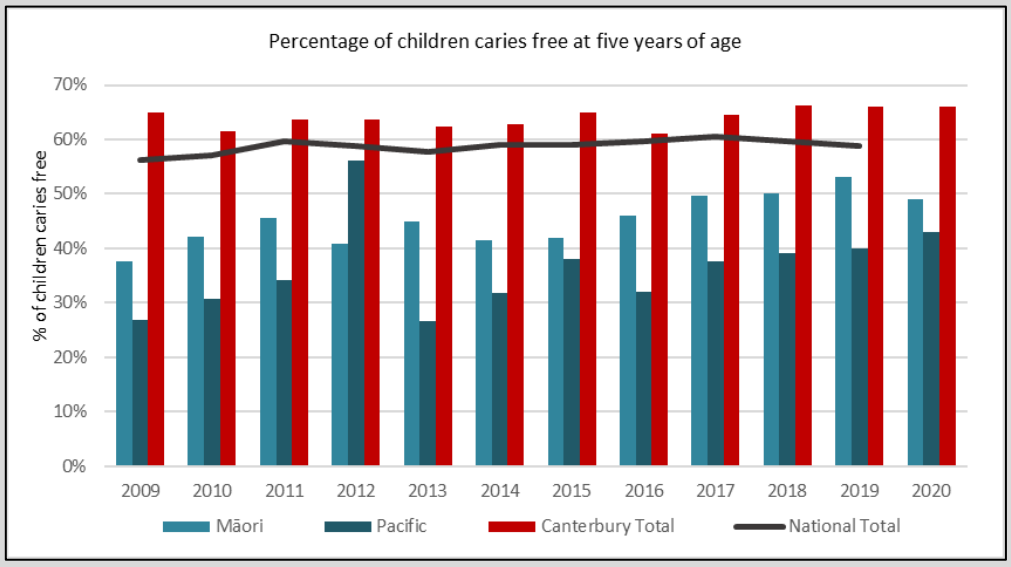


IMPROVED ORAL HEALTH

Outcome sought: An increase in the number of children who are caries-free at five years of age and a reduction in ethnic variation.

Rationale for selection: Dental conditions are the fifth largest contributor to Canterbury's ASH rate for 0-4-year-olds with a rate of 540 per 100,000 at September 2019. This measure has been selected from a number of oral health/ child health indicators, including the enrolment of children in the wider health services. It should be noted that Canterbury currently does not add fluoride to its water supply, unlike many North Island and some South Island metropolitan areas.

Measure description: The percentage of children caries free at five years of age, by ethnicity.
Numerator: At the first examination after the child has turned five years, but before their sixth birthday, the total number of children who are caries free (decay or filling free).
Denominator: The total number of children who have been examined in the five-year-old age group, in the year to which the reporting relates.
Data Source: Community Dental Service.



INCREASED ACCURACY OF ETHNICITY CAPTURE

Outcome sought: Increase the accuracy of the ethnicity captured at birth and when new borns are enrolled in general practice.
Rationale for selection: The collection of robust quality data enables the monitoring of access rates and results by ethnicity; this in turn supports improved health planning and design and delivery of services aimed at reducing health inequities. Any inaccurate capture of ethnicity at birth follows the new borns to their registration with other services.
Measure description: We will further decrease the discrepancy between the NHI-linked ethnicity in our data warehouse with ethnicity on PHO registers and the National Immunisation Register. Alongside this the newborns enrolled in a PHO within three months will be monitored by ethnicity.

INCREASED NEWBORN ENROLMENT

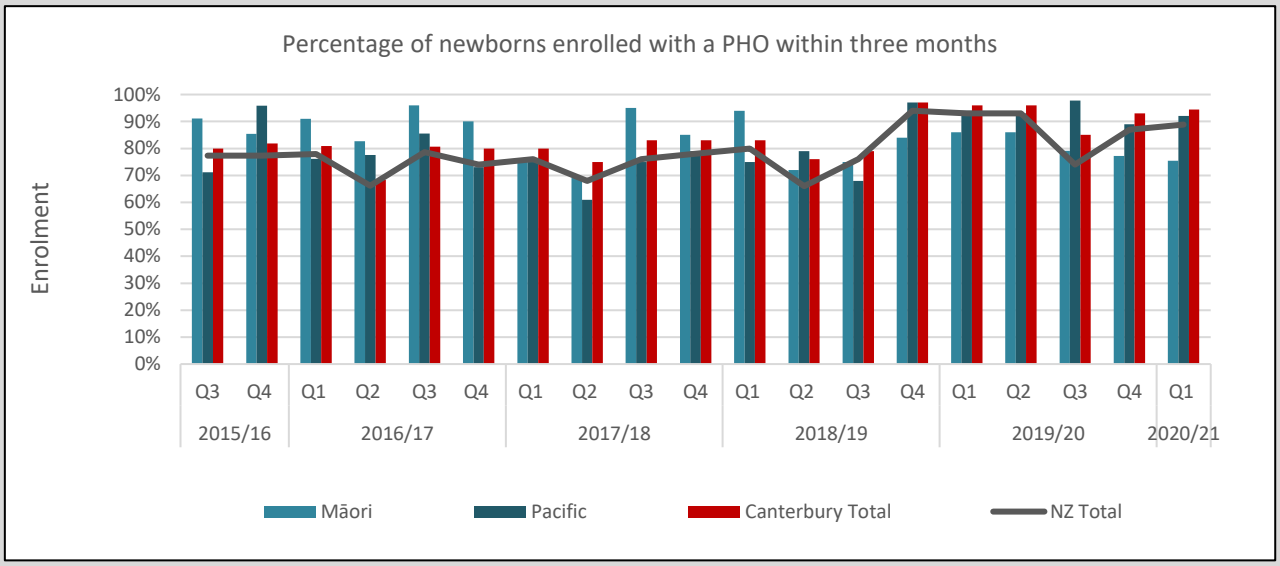
Outcome sought: An increase in the number of Māori and Pacific new borns enrolled in general practice in conjunction with the work on the ethnicity capture.

Rationale for selection: Early enrolment in general practice and the wider health services (including Well Child Tamariki Ora and the Community Dental Service) is a foundation for patients accessing health care. There is variability between ethnic populations in the new born enrolment rates. The current capacity pressure on primary care raises the importance of monitoring the overall enrolment rates and by ethnicity.

Measure description: Monitor the percentage of Māori and Pacific new borns enrolled with a PHO at six weeks and within three months.

Numerator: Number of infants enrolled at six weeks and three months of age with a PHO.

Denominator: Number of births reported to the National Immunisation Register. Note the register includes all babies born in Canterbury, some of whom are not from our region.



ACTIONS TO IMPROVE PERFORMANCE: ASH RATE FOR 0–4-YEAR-OLDS

Contributory Measure	Actions to Improve Performance	Responsibility	Other SLMs the actions contribute to
ASH Rate	▪ Implement a targeted influenza immunisation plan for 0-4-year-olds with chronic respiratory conditions, with a focus on children from Māori and Pacific communities. ▪ Review and update the HealthPathways for respiratory illness. ▪ Review what level of parental education for specific respiratory conditions, such as asthma, is provided within the health system. ▪ Advocate for local, regional, and national policies that promote healthy housing, using the Health in All Policies resources produced by Community and Public Health.	A project group within the Child and Youth Health Workstream and Immunisation SLA Community and Public Health	▪ Acute Bed Days ▪ Amenable Mortality ▪ Babies in Smokefree Homes

Oral Health caries-free	▪ Improve the Community Dental targeted recall system by: o Confirming the targeted recall system is based on clinical need. o Refining the processes which identify Māori and Pacific children who we have not reached and engage them and their whānau in Community Dental services. ▪ Implement the Well Child Tamariki Ora project to improve oral health literacy for parents of 0–2-year-olds to strengthen caregivers' understanding of oral health. Promote oral health through early childhood education including through promotion of the Menemene Mai (Smile) toolkit. ▪ Advocate for policies that will improve oral health for our most vulnerable populations, including water fluoridation, healthy school lunches and policies that reduce poor oral health for children.	Oral Health Service Development Group Well Child Tamariki Ora Providers, Community Dental and Community and Public Health	
Improved Management of Childhood Constipation	▪ Improve the model of care to better support whānau of children with constipation including: o Undertaking an analysis of the relevant data and review of current services o Identifying factors influencing the management of constipation. o Agreeing and progressing priority actions to better manage childhood constipation and its contribution to ASH rates.	Tamariki Group within the Child and Youth Health Work Stream	
Increased Accuracy of Ethnicity Capture	▪ Implement training on the 2017 Ethnicity Data Protocols to increase accuracy of ethnicity recorded in Maternity Specialist Services, and ward clerks with a focus on reaching community midwives. ▪ Develop a mechanism (e.g., exception report) to monitor discrepancies across multiple systems to improve the reliability of our ethnicity capture.	Immunisation Manager, DHB Maternity Services, Māori and Pacific Reference Groups	
New Born Enrolment	▪ Monitor new born enrolment rates and respond as needed for children not enrolled in general practice to be supported to be in contact with the health system, with a focus on Māori children.	Immunisation SLA, and PHOs.	
All Measures	▪ Continue policy work including maintenance of best evidence relating to housing and other relevant issues to inform position statements and submissions.	Community and Public Health in consultation with wider system	

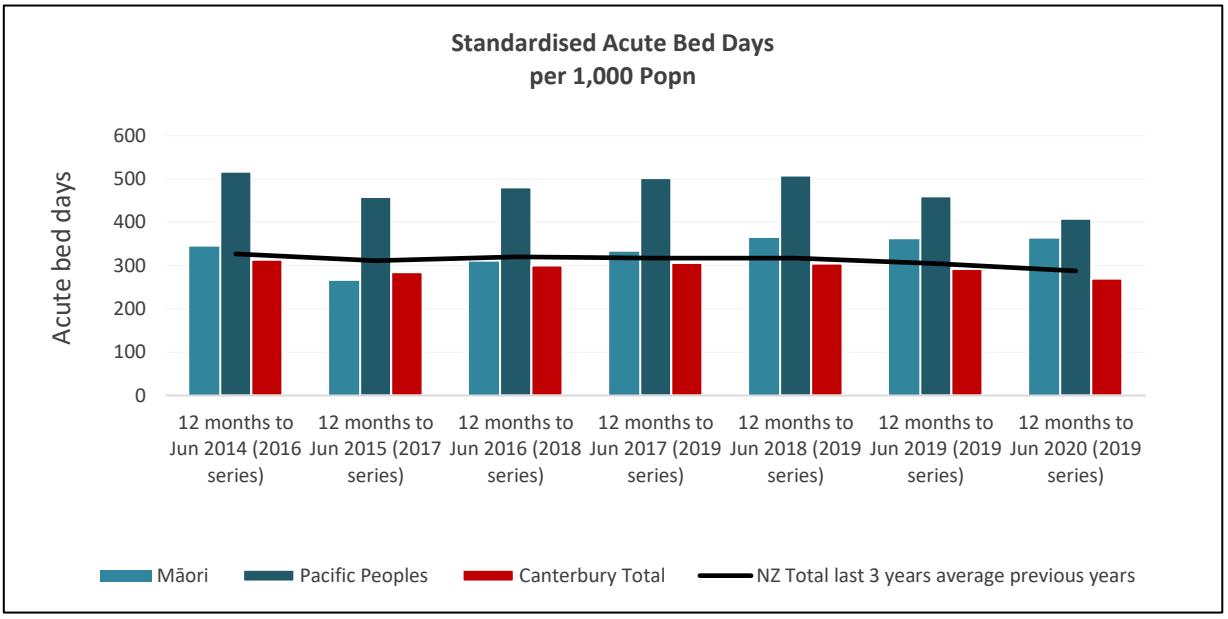
System level measure:

ACUTE HOSPITAL BED DAYS

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, transfer of care planning, community support services and good communication between healthcare providers. This includes timely access to diagnostics services. The measure is used to help monitor and manage the demand for acute inpatient services on the health system. It is also a measure of integration between community, primary, and secondary care and supports maximising the use of health resources for planned care rather than acute care.[3]

CANTERBURY'S EXPERIENCE [4]

Our priority is to further reduce the acute hospital bed day rate for the Total population, while optimising access for those that require hospitalisation for all ethnic groups. This requires close monitoring of acute admissions and readmissions to ensure we not reduce the acute bed days to a point where there are detrimental consequences. This will be particularly important for Māori and Pacific populations to ensure health inequities are not exacerbated. Averaged over the three years to June 2020, Canterbury DHB's Age Standardised Acute Bed Day rate of 289 per 1,000 population is lower than the New Zealand Total rate of 303 per 1,000. Viewed by ethnicity[5], averaged over the three years Canterbury's Standardised Acute Bed Day rates for the Māori population (362 per 1,000) and Pacific population (458 per 1,000) are higher than Canterbury's total Acute Bed Day rate. We will continue to monitor this as our ethnicity data capture is improved.



Viewing Canterbury's data by medical condition illustrates that the Stroke and Other Cerebrovascular Disorders category remains the largest contributor to Canterbury's Acute Bed Day rate at 21 per 1,000 population and is

[3] *https://nsfl.health.govt.nz/system/files/documents/pages/slm_acute_hospital_bed_days_0.pdf*

[4] *The National Minimum Data Set Acute Hospital Bed Days to June 2020 (using Age Standardisation to the WHO 2000 Standard Population) was used to inform Canterbury's analysis and establishment of the 2020/21 Milestones.*

[5] *The National Minimum Data Set Acute Hospital Bed Days to June 2020 (age standardised using WHO 2000 Population Standard) by prioritised ethnic groups*

higher than the national average of 18 per 1,000. This work remains a priority with actions for 2021/22 including work to improve the model of care for people with stroke and other vascular conditions. Reducing the risks for people on multiple medications and minimising the harm from falls continue as priorities for 2021/22, with updated actions to further improve outcomes.

MILESTONE

Despite Canterbury's Acute Bed Day rate being below the national average, further reducing this rate is a high priority for Canterbury to manage its population's timely access to hospital services. Higher than projected population growth is anticipated to place pressure on Canterbury's inpatient capacity with system-wide efforts underway to manage the demand on acute services across the health system.

In this context, work to reduce the ethnic variation in the Acute Bed Day rates is being progressed alongside a focus on Canterbury's Total Acute Bed Days rate. In seeking equitable health outcomes, Canterbury will work towards appropriate hospitalisation for all ethnicities.

The Canterbury Health System's agreed milestone for June 2020 to reduce the Acute Bed Days rate to 300 per 1,000 population or less was achieved (289/1,000 population)[6]. However, during 2020/2021 the Acute Bed Days rate have been influenced by external factors such as the impact of COVID-19, therefore a milestone has been agreed using Canterbury's Acute Bed Days average over the three years to December 2019.

The Canterbury Health System's milestone for June 2022 is to reduce the Acute Bed Days rate for the Total population to 297 per 1,000 or less.

CONTRIBUTORY MEASURES

REDUCED LENGTH OF STAY FOR ACUTE ADMISSIONS

Slowing the rate of increase in presentations to the Emergency Department and optimising the length of stay for people who are admitted to hospital continues to be a priority. Several projects are underway to support the optimal flow of people who access hospital services and to ensure people receive care in their own homes in the community when clinically appropriate. This measure provides an indicator of our progress, with the readmission rate used as a balancing metric.

Outcome sought: To reduce the number of occupied bed days following an acute admission while ensuring patients receive clinically appropriate care during their hospital stay and after discharge, to avoid a readmission.

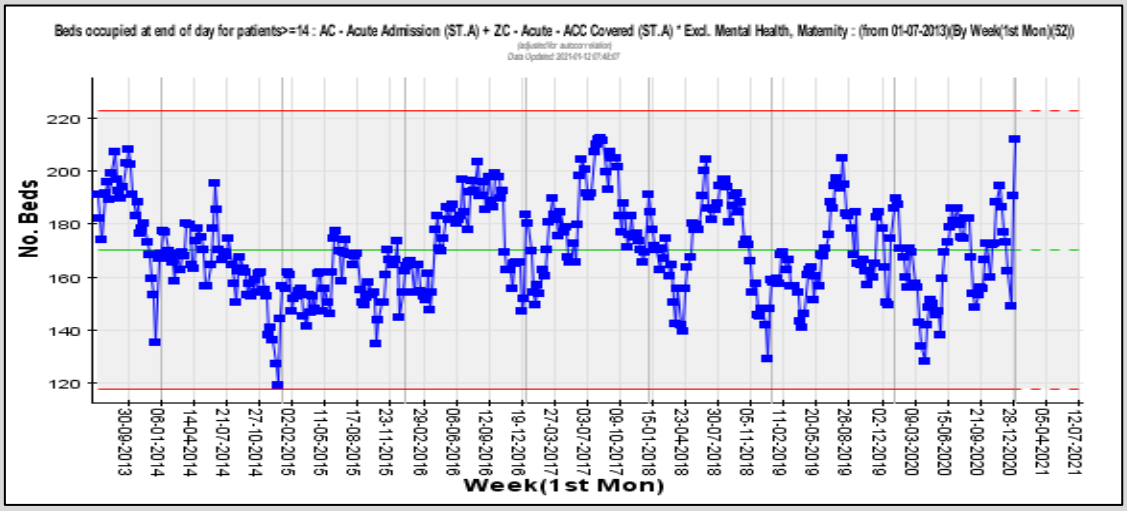
Rationale for selection: Canterbury's investment in primary care, which has a focus on Māori and Pacific people, and work on condition-specific pathways has supported an overall reduction in the acute phase of hospital stays. At December 2020 Canterbury's standardised average length of stay of 2.55 days is equal to the New Zealand average.[7]

[6] *Milestone set using the National Minimum Data Set Acute Hospital Bed Days to December 2019 (age standardised using WHO 2000 Population Standard) by prioritised ethnic groups, The previous three years (Dec 2017-19) Total rate was averaged to develop the milestone for June 2022 of 297 acute bed days per 1,000 population*

[7] *National Minimum Data Set Inpatient Average Length of Stay (OS3) at December 2020 (standardised on age, sex, ethnicity, rurality, deprivation, acuity, primary diagnosis, secondary diagnoses, comorbidity/complexity, operations, external cause codes)*

Measure description: The number of beds occupied for greater than 14 days following an acute admission. Note patients coded as Mental Health and Maternity are excluded for reasons explained in the 2020/2021 Improvement Plan. While several measures will be monitored locally as indicators of the length of stay for acute admissions, this measure is considered a key metric for monitoring change.

Data source: Local data generated through Signals from Noise (SFN).



MONITOR ACUTE READMISSIONS

Outcome sought: That people receive effective (and safe) treatment in our hospitals, as well as appropriate support and care on discharge.

Rationale for selection: Measures of readmission rates are important balancing metrics for the reduced length of stay for acute admissions. Monitoring the rates occurring at different times post-discharge provides a more comprehensive picture of factors contributing to readmissions, and better informs the response required.

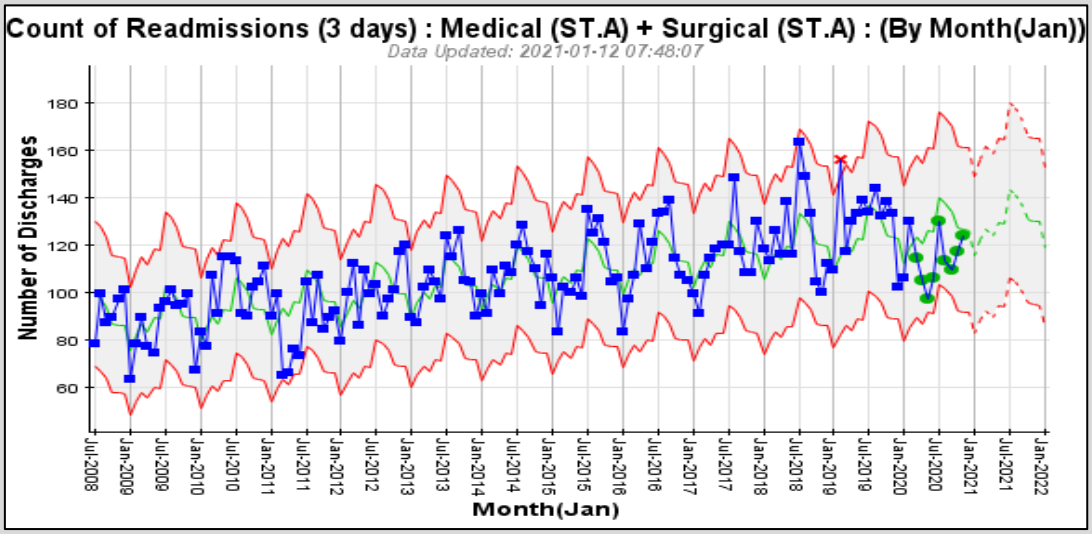
The selection of both the 3 day and 28-day readmission rates as contributory measures provide appropriate balancing metrics. The contributors to the readmission rates are multifaceted. Based on current knowledge, it is proposed that an acute readmission to hospital within 3 days may be an indicator of a 'failed discharge'. Any increase in this rate would suggest further exploration into discharge timing, planning and its implementation, and patient readiness . On the other hand, an increase in the 28-day readmission rate could be driven by an additional number of factors. Continued investigation into and monitoring of contributors such as patients' access to services, the disease process, the integration and coordination of primary care and community services is required.

Measure description: Monitor Canterbury's acute readmission to hospital within 3 days.

Data: Canterbury's average number of acute readmission stays in hospital within 3 days for a medical or surgical admission.

Range: 3 StdDev and projected trends.

Data source: Local data generated through SFN.

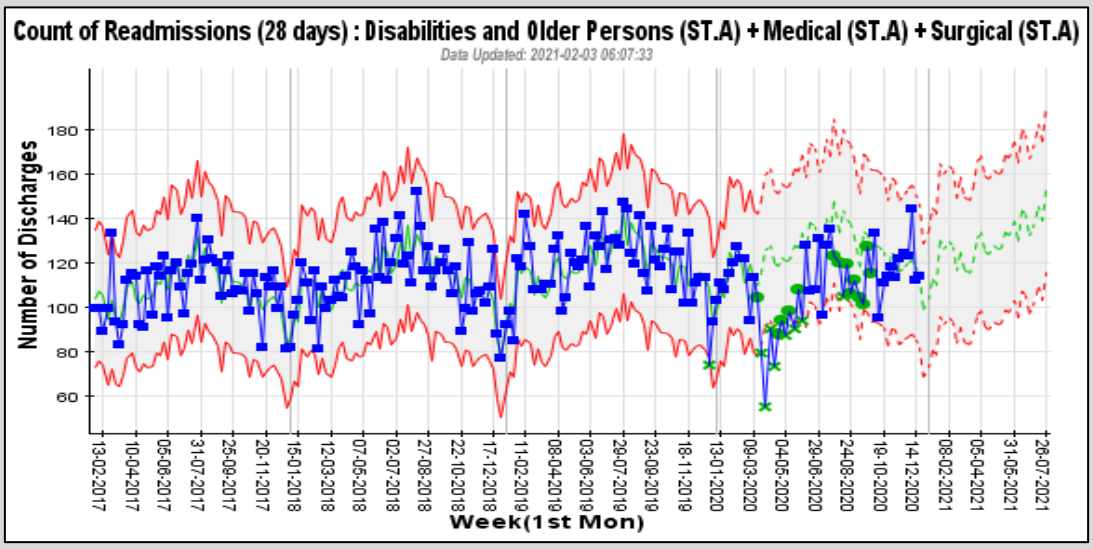


Measure description: Monitor Canterbury's acute readmission to hospital within 28 days.

Data: Canterbury's average number of acute readmission stays in hospital within 28 days for a medical or surgical admission.

Range: 3 StdDev and projected trends.

Data source: Local data generated through SFN.



MINIMISE HARM FROM FALLS

Considerations for this measure:

As part of the move from our previous Patient Management System (Homer) to SI PICS, a new Emergency Department (ED) patient management system was introduced called ED at a Glance (EDaaG). The EDaaG system changed the way falls are being recorded at ED which has impacted on the reporting of results for the falls presentations. During 2020/2021 we reported acute admissions due to fracture of neck of femur (age 75 years and older).

We know from monitoring patients, and research undertaken by the Auckland University, that as a person's level of function decreases, their number of ED attendances, and subsequently the number of hospital bed days, increases for the people aged 65 years and older.

When comparing the number of ED attendances per head for the Canterbury population aged 65 years and older, and those receiving Long Term Home and Community Support Services following an InterRAI assessment, people who have received an InterRAI assessment are less likely to present at ED than their age matched counterparts who have not been assessed. Further, those with InterRAI assessments who do attend ED and are admitted to hospital have shorter lengths of stay than their age-matched counterparts. The national service specification for Home and Community Support Services describes the guidelines for the regular assessment of patients according to their case-mix model.

Thus, for 2021/22 we are focussing on actions that promote the use of the InterRAI assessments (and the actions that follow) as a way of further reducing the harm following a fall. This is in addition to maintaining the comprehensive Strength and Balance Falls Prevention Programmes currently delivered across Canterbury. The percentage of patients receiving Long Term Home and Community Support Services that have had an interRAI assessment has been identified as a contributory measure to monitor progress.

Outcome sought: A reduction in the number of acute admissions to hospital following a fall for those aged 75 years and over.

Rationale for selection: Hip and Femur Procedures, Hip Replacements, and Humerus, Tibia, Fibula and Ankle Procedures, are in the top fifteen DRG clusters[8] contributing to Canterbury's Acute Bed Days rate. Given Canterbury's ageing population, reducing the harm from falls will reduce the fracture-related demand on acute services and help people to stay well and independent in their own homes, whilst maintaining quality of life. We have demonstrable evidence that patients who have had an interRAI assessment are more likely to participate in a Falls Prevention Programme and less likely to suffer harm from falls.

Measure description: An increase in the percentage of people receiving Long Term Home and Community Support Services who have had an InterRAI assessment in accordance with the guidelines for re-assessment in each quarter. It is recognised that people receiving Long Term Home and Community Support Services are a subset of over 75-year-olds in Canterbury. We will continue to explore other measures.

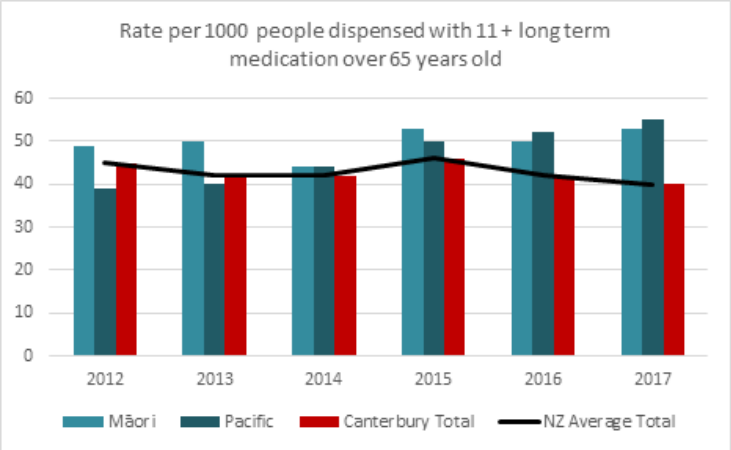
Data source: Community Services provider reports matched to InterRAI data.

Measure: At the end of June 2020, 91% of patients on Long Term Home and Community Support Services had an InterRai assessment (up to date, according to the assessment guidelines in the National Service Specifications). At June 2022 we are aimimg to have 95% of patients having an up-to-date InterRAI assessment.

POLYPHARMACY

Outcome sought: Prevention of, or a reduction in, the risks associated with polypharmacy.

Rationale for selection: The appropriate prescribing and dispensing of medications for people aged 65 years and over will support improved health outcomes for older people, which is important for the Canterbury Health System given its ageing population. This measure is also an indicator of integration across general practice, community pharmacy, and hospital care.



Note: It is acknowledged that while any medication therapy assessment will determine the appropriateness of medications, it may not impact the number of medications being taken. The number of polypharmacy audits completed and referrals for medication therapy assessments will be monitored locally alongside the rate of people aged 65 years and over on 11+ medications.

Measure description: The rate of people dispensed with 11 or more long term medications.

Numerator: The count of patients aged 65 years and over who have been dispensed 11 or more distinct chemicals in two consecutive quarters.

Denominator: The count of the DHB population that is aged 65 years and over.

Data source: The Health Quality and Safety Commission (HQSC) Atlas of Variation.

ACTIONS TO IMPROVE PERFORMANCE: ACUTE BED DAYS RATE

Contributory Measure	Actions to Improve Performance	Responsibility	Other SLMs the actions contribute to
Reduced Length of Stay	▪ Use data from the Stroke Viewer dashboard to identify opportunities for early supported discharge model for stroke patients. ▪ Participate in national benchmarking for community stroke rehabilitation services using Ambulatory AROC data. ▪ Identify and implement improvements to in-hospital patient flow including: ○ Trialling an Eat, Walk, Engage programme involving early mobilisation, feeding assistance and cognitive stimulation to prevent deconditioning and optimise length of stay. ○ Testing increased or reconfigured number of orderlies/transit staff to support timely patient transfers.	Adult Rehabilitation Steering Group. Making our System Flow working group	▪ Patient Experience of Care ▪ Amenable Mortality ▪ ASH Rate
Reduced Admissions / Readmissions	▪ Explore opportunities to enhance the psycho-social support available for people discharged with a respiratory illness to reduce their risk of re-presentation.	Integrated Respiratory Service Development Group	

Monitor Acute Readmissions	▪ Monitor the number of readmissions as a balancing metric alongside the implementation of changes in patient pathways and length of stays. Investigate causes if readmission rates increase.	Urgent Care Service Level Alliance (SLA)	
Minimise Harm from Falls	▪ Provide evidence-based In-home Falls Prevention services to 5% of the 75 years and over population in Canterbury. ▪ Maintain access to 12,000 places at community Strength & Balance 'accredited' classes per year in Canterbury. ▪ Increase the percentage of patients receiving long-term Home and Community Support Services that have had an InterRAI assessment.	Community Services SLA	
Polypharmacy	▪ Progress primary care's access to information on people admitted for adverse drug reactions. ▪ Promote models for general practices to engage pharmacists in medicines reconciliation and optimisation for complex patients. ▪ Improve patient/consumer understanding about medicines and *Choosing Wisely*, using DHB publications and other media.	Polypharmacy Working Group of the Pharmacy SLA	
All Measures	▪ Support existing Pacific health providers to improve health services for Pacific people. ▪ Build partnerships to support Etu Pasifika to implement primary healthcare services that improve Canterbury Pacific health. ▪ Implement innovative approaches to the funding and delivery of health services for Pacific people by working with our strategic partner Pacific Futures Limited.	Canterbury DHB, PHOs and Pacific Reference Group.	

System level measure:

PATIENT EXPERIENCE OF CARE

CANTERBURY'S EXPERIENCE

Canterbury places a high priority on engaging consumers in the ongoing development and design of services. All CCN alliance groups include members that bring a consumer, Māori and (for many groups) a Pacific, youth, and disability perspective. These members partner with clinicians, system leaders and DHB planners and funders in the design or development of services that improve the health outcomes of our population. The contribution of these members is supported by Māori, Pacific, Disability and Consumer caucuses, where participants share experiences and ways to strengthen their leadership and contribution to alliance activities.

Over the last ten years the co-design methodology has frequently been applied in Canterbury to capture diverse views and progress changes that matter to our population. We are finalising a new co-design approach, 'Partnership in Design', to enhance how information from our community and in particularly from people who experience inequity guides health system improvements.

Alongside this, a substantial project to gather information on how Canterbury's health system could better support people to stay well commenced in April. The project (Pae Ora Ki Waitaha) is focussed on hearing the voices of Māori and other populations that experience inequity. The first phase of this project will be completed in 2021/22 and will recommend changes that Canterbury's health system can make to better support people and their whānau. This work is reflected in our actions to improve performance for the next 12 months.

Lastly, we continue to receive feedback on patients' experience through multiple platforms including the In-Hospital and Primary Care Patient Experience Surveys, consumer councils/forums, the Māori and Pacific caucus, individual general practice surveys and other means, to inform ongoing improvements in service delivery. Our local work to raise the voice of our people and their whānau seeks a broader capture of patients experience across the system, to complement the information gained through the Patient Experience Surveys.

In-Hospital Patient Experience Survey

Canterbury DHB invites patients who spent at least one night in hospital or have attended an outpatient clinic to participate in our survey each fortnight by e-mail or a text message link. The voluntary survey asks patients to rate and comment on their experiences in four domain areas: communication, partnership, co-ordination, and physical/emotional needs.

Patients not included in the In-Hospital Patient Experience Survey are those admitted to a mental health facility, transferred to another health facility and those who are under 15 years of age.

In December 2019 the national Health Quality Safety Commission (HQSC) led survey was paused to implement a new national questionnaire and Provider. Canterbury DHB recommenced participating in the national quarterly survey in February 2021. While the national survey was also paused during the COVID-19 lockdown Canterbury DHB continued the fortnightly survey and was able to monitor feedback from patients about how well they were able to stay in touch with whanau and how safe they felt while in hospital.

For 2021/22 a new area of focus will be to compare the experience of people with disabilities. This will involve working with the Disability Action Group to target actions that will improve this community's experience of our hospital system. Work will also seek further improvements in the In-Hospital survey response rate and scores for questions relating to involving a person's family/whānau in their care.

Canterbury's In-Hospital Patient Experience results from the four domains overall remain static.

Domain – Overall Question	Canterbury weighted average score out of 10 for Q1 2017 – Q4 2018	Canterbury weighted average score out of 10 for Q1 2018 – Q4 2019	Canterbury weighted average score out of 10 for Q1 2019– Q4 2020
Communication	8.4	8.6	8.5
Coordination	8.5	8.5	8.5
Partnership	8.6	8.6	8.5
Physical & Emotional Well-being	8.7	8.7	8.6

Canterbury DHB Adult In-Hospital Survey Results

Primary Care Patient Experience Survey

In 2020/2021, there was a change in provider administering the primary care Patient Experience Survey. During 2019/20 and 2020/21, results from the survey Patient Experience Survey (PES) were integral to the peer-led education programmes delivered to primary care clinicians (including pharmacists). This PES data alerts health professionals of the value of considering a patient's experience of care as well being able to demonstrate data availability and how it can be used to improve their practice and experience for their patients. Work to promote the Primary Care PES across the sector, particularly in peer education programmes and in the Health Care Home programme will continue in 2021/22.

MILESTONE

In-Hospital Patient Experience In 2021/2022, Canterbury will endeavour to increase Māori response rates from 29% to 40% by increasing email collection and improving patient experience invitation letters.

Primary Care Patient Experience

Canterbury health system milestone for Primary Care is to increase the number of GP teams utilising the Patient Experience Survey for improvement initiatives from 40 (38%) to 50 (48%).

In 2020/21 the number of general practices using the Patient Experience Survey to access feedback from the enrolled population continued to increase. While most practices capture feedback from patients on their experience of care, it is the application of this information that generates people-centred improvements.

Several initiatives actively support practices to utilise information about their patients' experiences, including:

- The Foundation Standard programme where understanding patient engagement is a key element of effective governance across the practice
- The Health Care Home initiative and a local 'entry level' version of this in Canterbury - Hikitia[9].

During 2021/22 we will continue to encourage practices' use of patient experience information to guide improvements with the number of practices reporting ongoing improvement activities (including Health Care Home elements) used as an indicator of progress.

A survey of general practices in Canterbury was taken in 2018 and again in 2020. This survey's primary purpose was to understand the impacts of a local change in funding model (enhanced capitation). One of the questions explored the use of the Patient Experience Survey and other patient feedback to initiate improvement initiatives. The 2020 survey asked: 'Have you used information from the Patient Experience Survey to change how your general practice provides services?' Out of 105 practices, 40 (38%) indicated that they had used the survey to change how their general practice provides services. These results are used as a baseline for the 2021/22 milestone.

A survey will be undertaken in 2021 that focuses on the use of Patient Experience Survey and repeats the question asked in 2020. Case studies of improvement initiatives will be generated to highlight use of the survey information to drive improvements. Alongside this, PHOs will continue monitoring the number of general practices obtaining feedback via the Primary Care Patient Experience Survey and/or other patient experience data.

CONTRIBUTORY MEASURES

IN-HOSPITAL & OUTPATIENT SURVEY RESPONSE RATE

Outcome sought: An increase in the proportion of adults completing the In-Hospital and Outpatient Patient Experience Survey across all ethnicity groups.

Rationale for selection: In past years, Canterbury's In-Hospital Patient Experience Survey response rates were lower than the national rate. Several improvement projects, including a process to systematically capture patients' email addresses and use them in clinical processes, were undertaken with some improvements gained. This remains a focus, so improvement activity is informed by a breadth and diversity of patient views.

Analysis of the response rate for 2020/21 identified the following:
National In-Hospital Patient Experience Survey

- Response rate of 36.6% (n=132) of which 76% were by email and 18.5% were by SMS text
- Ethnicity of respondents: Māori 5.5%, Pacific 0.8%, NZ European 80.5%, Other 13.3%
- 43% of respondents were over 65 years of age 26.6% were aged over 66 – 75, 11.7% were over 76 -80, and 4.7% were over 80 year of age.

Outpatient Patient Experience Survey

- Response rate of 13%

To ensure our improvement work is informed by a breadth and diversity of patient views in 2021/22 we will continue to focus on increasing the In-Hospital and Outpatient survey response rates across all ethnicity groups and other cohorts of the population. The 2020/21 data will be used as a benchmark to measure the impact of our actions on the response rates.

Measure description: The proportion of Māori adult inpatients who complete the survey.
Numerator: The number of hospitalised Māori patients aged 15 years and over who provided feedback via the adult in-patient survey.
Denominator: The number of hospitalised Māori patients aged 15 years and over who are surveyed.
Data source: National Inpatient Survey.

IN-HOSPITAL ENGAGEMENT OF FAMILY / WHĀNAU IN PATIENT CARE

Outcome sought: Patients' experience increased involvement of their family/whānau in discussions about their care.

Rationale for selection: During 2021/22 we will focus on improving the response to the following questions. These align with Canterbury's strategic objective of supporting people to manage their health and wellbeing.

- Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your stay?
- Were you involved as much as you wanted to be in making decisions about your treatment and care?
- Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with; in a way you could understand?
- Did you have enough information about how to manage your condition or recovery after you left hospital?

The scores for the first question is selected as an indicator of progress.

Measure description: In Hospital Survey result for the supporting question "Did the hospital staff include your family/whānau or someone close to you in discussions about your care?"
Numerator: The sum of the weighted average scores for this question response.
Denominator: The number of responders that answered this question.
Data source: National Inpatient Survey

PRIMARY CARE PATIENT EXPERIENCE SURVEY

Outcome sought: An increase in the proportion of general practices obtaining and utilising feedback from patients via the Primary Care Patient Experience Survey or other patient experience data to improve their provision of services.
Rationale for selection: The application of information from patient experience can generate people-centred improvements and therefore outcomes.

Measure description: The proportion of General Practice teams utilising the PES for improvement
Numerator: The number of General Practice teams utilising PES for improvement initiatives
Denominator: The number of General Practice teams participating in PES
Data source: Canterbury General Practice teams participating in PES. Annual survey to all General Practice teams in Canterbury starting in 2021.

ACTIONS TO IMPROVE PERFORMANCE: PATIENT EXPERIENCE OF CARE

Contributory Measure	Actions to Improve Performance	Responsibility
In-Hospital Patient Experience Survey responsiveness	Increase the number and diversity of responses to the inpatient survey to ensure activities are focussed on areas offering the greatest improvements by: ▪ Clinical teams recording/confirming patient contacts including emails. ▪ Linking the Health Connect South (clinical portal) with South Island PICS (patient management system). ▪ Training and scripting frontline staff to record patient contacts in electronic systems. ▪ Reviewing the In-Hospital and Outpatient survey length and use of different languages. ▪ Monitor the Patient Experience Survey response rates by different cohorts of the population. Working with different cultural and disability leadership groups to understand barriers of participation, identify areas for improvement and assess the feasibility of implementing changes.	DHB Quality & Safety staff
In-Hospital engagement of family /whānau in care.	Improve family involvement and partnership in care related to discharge by: ▪ Routinely making visible performance on the provision of information to patients on discharge, provided through the survey.	DHB Quality & Safety staff

	▪ Using information from the Patient Experience Survey to improve discharge processes. With the Disability Action Group: ▪ Compare the experience of people with a disability and the general population. ▪ Identity factors that are important to people with a disability while in hospital and respond to areas for improvement ▪ Establish a disability patient experience dashboard for performance monitoring.	
Primary Care Patient Experience Survey: Improvement in Patient Experience through increased utilisation of patient feedback	▪ Undertake survey of GP teams to establish utilisation of PES for improvement initiatives and identify barriers and enablers to using the PES ▪ As part of the survey, identify and record case studies for the use of patient experience in improvement initiatives ▪ Support general practice teams to interpret and use PES results and other patient experience data as part of their ongoing quality improvement ▪ Use information from PES and other patient experience data to work with practices to improve services including through the Health Care Home and/or Hikitia programmes.	PHO Quality & Safety staff
Improvement in health system support for people to stay well through utilisation of patient feedback.	▪ As part of the Pae Ora ki Waitahi project that aims to understand better how the Canterbury Health System can support people to stay well (for instance, through health lifestyles initiatives), undertake community survey and consultation with priority community groups.	Population Health and Access SLA

System level measure:

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 interventions exist and are accessible to everyone in need (in New Zealand).[10]

CANTERBURY'S EXPERIENCE

Our priority is to continue to decrease the amenable mortality rate. Canterbury's Amenable Mortality age-standardised rate for under 75-year-olds is trending down and remains lower than the total New Zealand rate.[11] The national data provided by ethnicity indicates that both Māori and non-Māori, non-Pacific populations in Canterbury have rates lower than the New Zealand rates in 2016.[12] The most recent data from the Ministry is from 2016, so evidence of activity to reduce this rate is not reflected in the data. However, it is promising to see that the 2018 Census shows an increase in Canterbury's Māori and Pacific population over 75 years old.

A review of the longitudinal Amenable Mortality data by cause of death identifies that a number of medical conditions contributing to Canterbury's Amenable Mortality Rate could be responsive to actions both at the health system level and the wider determinants of health level. Examples of interventions include those that increase physical activity, improve nutrition, and reduce smoking.

MILESTONE

The Canterbury Health System's agreed milestone is to maintain the current downward trend over time in the overall Amenable Mortality Rate. Additionally, we aim to reduce the disparity between Māori and non-Māori non-Pacific.

CONTRIBUTORY MEASURES

The contributory measures selected include a focus on achieving equitable outcomes across ethnic groups. These measures and the underlying actions are fundamental to reducing the impact of high and inequitable rates of cancer morbidity and mortality among Māori. In addition, two measures of smoking prevalence are added as indicators of Canterbury's progress towards being Smokefree in 2025.

[10] *https://wellbeingindicators.stats.govt.nz/en/amenable-mortality/*
[11] *National Minimum Data Set Amenable Mortality – Draft 2016 Data*
[12] *A standardised rate per 100,000 for Canterbury Pacific people is unable to be determined due to the small number of Canterbury Pacific people recorded in this cohort.*

INDICATORS OF HEALTH PROMOTING LIFESTYLE

Outcome sought: An increase in factors that protect health and reduce risk factors in our population.

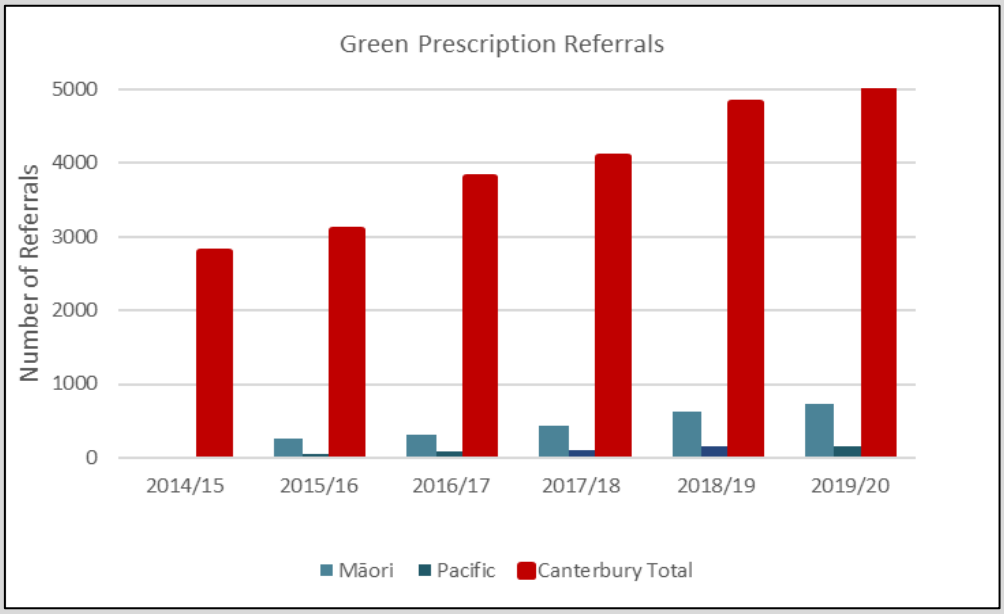
Rationale for selection: A range of services are available to support our population in taking up healthier behaviours. Increasing referrals to these services is an indicator of our health system assisting people to navigate and access this support.

Measures: Two measures - Green Prescription referrals (GRx) and enrolments in Te Hā – Waitaha/Stop Smoking Canterbury service - were selected as indicators of people accessing a wider range of lifestyle support services. In addition, during 2021/2022, we will measure the outcomes of people using these services.

Measure description: Referrals to Green Prescription by ethnicity

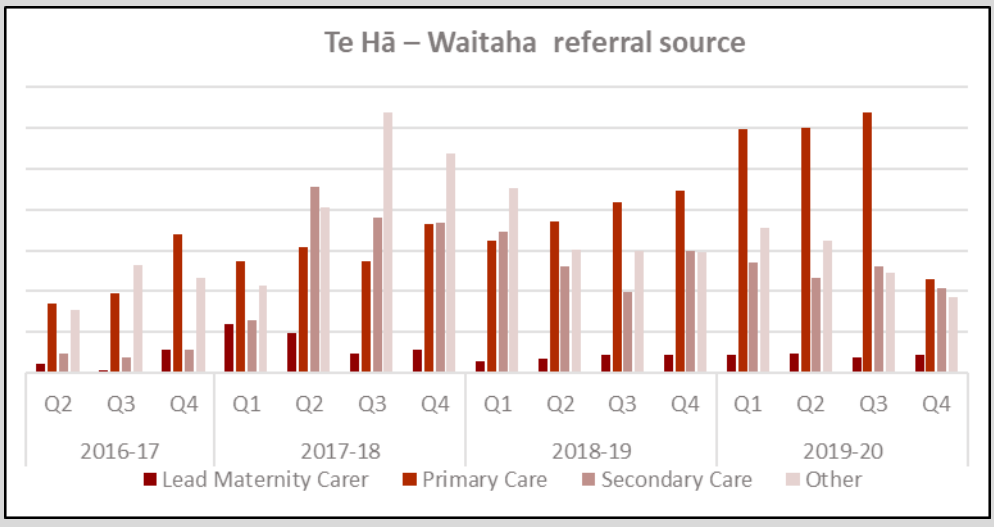
Measure description: Annual report from GRx provider identifying Māori and Pacific engagement with GRx programme.

Data source: Provider data collected locally.



Measure description: Referrals and enrolments in Te Hā – Waitaha (including other PHO smoking cessation services) by ethnicity. Demonstration of an increase in Māori and Pacific enrolments.

Data source: Provider data collected locally.

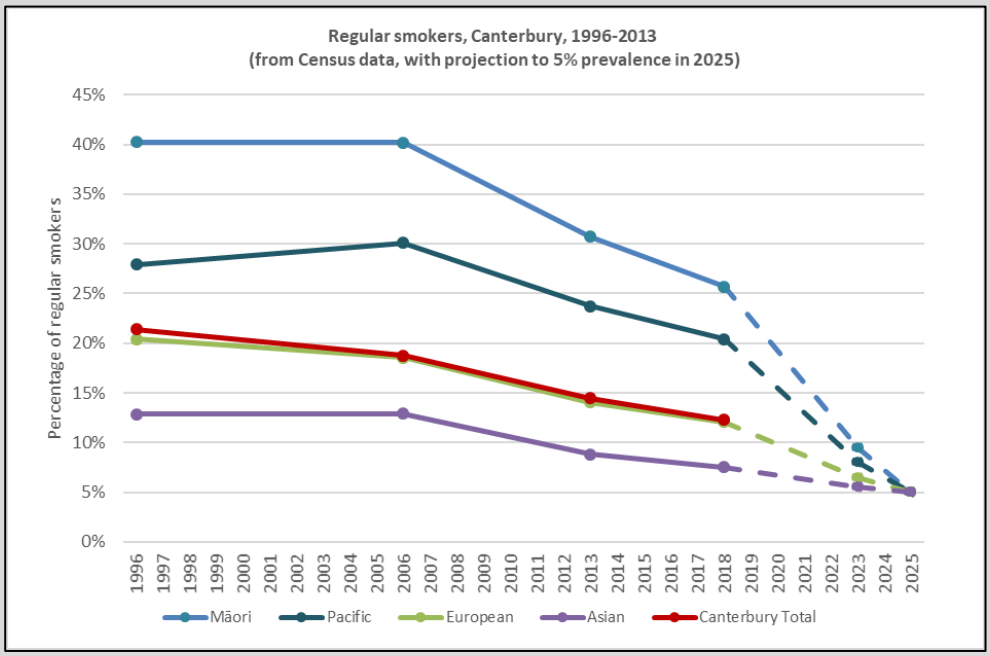


REDUCTION IN REGULAR SMOKERS IN CANTERBURY

Rationale for selection: Smoking is a major contributor to amenable mortality as a risk factor for many illnesses including cancers, cardiovascular disease, strokes, chronic obstructive pulmonary disease, complications in the perinatal period and sudden unexpected death in infancy. Reducing smoking through a range of interventions in the health system can therefore contribute to a reduction in amenable mortality. Two indicators of the proportion of Canterbury's population that are smokers are included below.

Outcome sought: A decrease in regular smokers to 5% prevalence in 2025.

Measure description: The proportion of the Canterbury population who are regular smokers.
Numerator: For each ethnic group, regular smokers are people who actively smoke one or more manufactured or hand–rolled tobacco cigarettes per day.
Denominator: Census usually resident population, by ethnicity.
Data source: Statistics New Zealand Census 1996, 2006, 2013 and 2018 data, with projections of the reduction in regular smokers needed for the proportion of regular smokers to be 5% for all ethnic groups by 2025.



IMPROVED PHYSICAL HEALTH FOR PEOPLE WITH MENTAL ILLNESS AND/OR ADDICTION

Rationale for selection: People with lived experience of mental health and addiction issues, have, on average, worse physical health outcomes and reduced life expectancy than their peers without mental health and addiction issues. The health disparities go across the spectrum of mental health and addiction diagnoses but are often greatest for people who are in contact with Specialist Mental Health and Addiction services. Equally Well is a nationwide movement of collaborative action to achieve physical health equity for people with lived experience of mental health and addiction issues.

The delivery of Equally Well consultations enables people with lived experience of mental health and/or addiction issues to access physical health and wellbeing support through their general practice. In Canterbury, the Equally Well Committee collated a list of physical health programmes offered for people experiencing mental health and/or addiction issues. The resource is intended for use by the sector to assist at-risk people access the appropriate supports they need to help improve physical health and wellbeing.

Equally Well is an indicator of the health equity approaches being implemented in Canterbury to provide people with timely access to the right physical health care and support.

Outcome sought: Improved physical health for people with mental health and addiction issues.

Measure description: Having identified the Serious Mental Illness and Addiction (SMIA) cohort, we can now focus on identifying the health status of that cohort so we can choose an appropriate measure. There is potential to include a number of indicators such as: HbA1c levels in people who have diabetes and mental health issues. Other possibilities are to monitor blood pressure, lipids, cholesterol (metabolic monitoring), smoking rates, and cervical cancer screening and mammograms in this cohort.

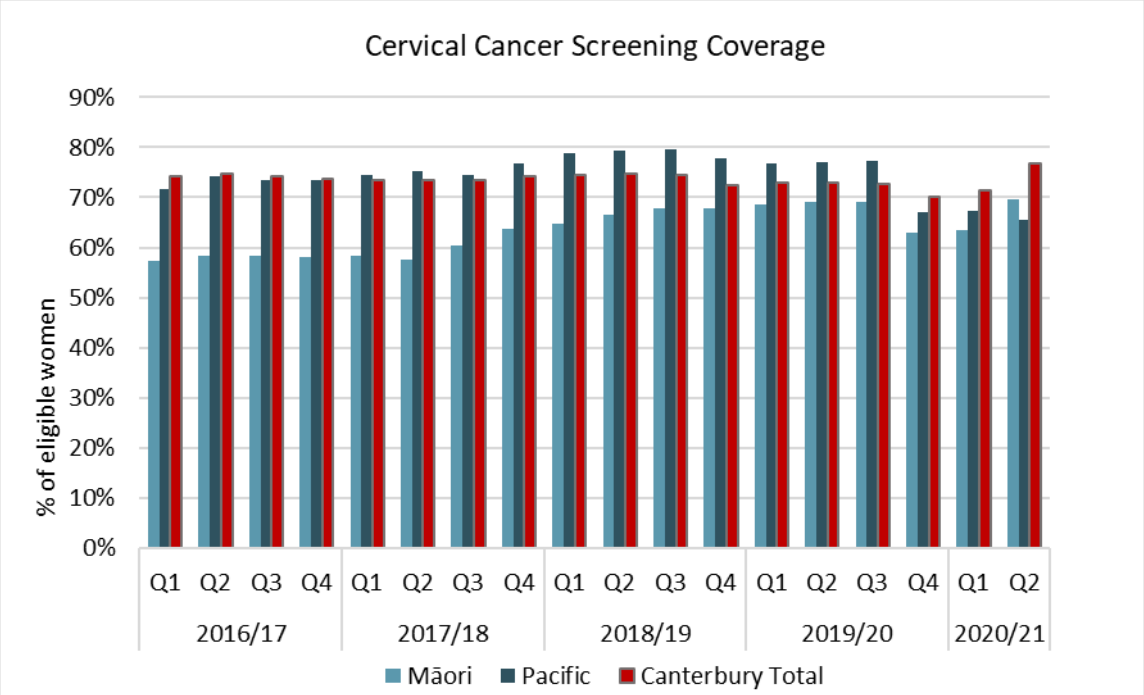
IMPROVED ACCESS TO CERVICAL CANCER SCREENING

Rationale for selection: Cancer morbidity and mortality for Māori is high when compared with other population groups. Access to health services, including screening programmes, have the potential to reduce cancer mortality. Improving access to cervical cancer screening, with a focus on Māori, Pacific, and Asian women, will assist with the earlier detection of cancer and improve outcomes.

Outcome sought: Increase in the proportion of eligible Māori, Pacific and Asian women who have had a cervical cancer screening test in the previous three years.

Measure description: The quarterly number of eligible women screened in the previous three years divided by the population of eligible women, by ethnicity.

Data Source: Data reported to the National Screening Unit quarterly.



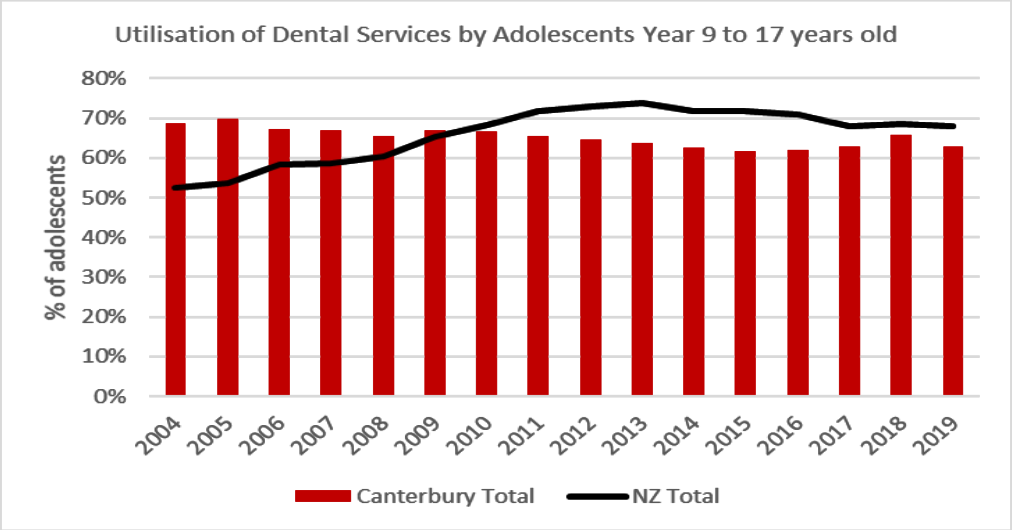
ACTIONS TO IMPROVE PERFORMANCE: AMENABLE MORTALITY

Contributory Measure	Actions to Improve Performance	Responsibility	Other SLMs the actions contribute to
Indicators of Healthy Lifestyle	Refine Te Hā – Waitaha's focus on priority populations including: ▪ Monitor enrolments and outcomes for Māori, Pacific, and pregnant women. ▪ Undertake compliance activities relating to the Smokefree Environments Act 1990, including delivering and reporting on the activities relating to the public health regulatory performance measures, to reduce uptake of smoking among young people identified by ethnicity ▪ Develop an approach that targets culturally and linguistically diverse (CALD) communities.	Population Health and Access SLA	▪ Acute Hospital Bed Days ▪ Babies Living in Smokefree Homes
Regular smokers in Canterbury	▪ Refine the Te Hā - Waitaha service model to be more responsive for young women, Māori and Pacific populations to become smokefree. ▪ Evaluate the uptake of the Te Hā - Waitaha's Pregnancy Incentive Programme to identify barriers and strategies to further engage and retain young Māori women in the programme.	Population Health and Access SLA	
Improved Physical Health for People with Mental Illness and/or Addiction	▪ Complete data analysis regarding amenable difference between people with Serious Mental Illness and Addiction (SMIA) and the general population in Canterbury. ▪ When analysis is completed, develop at least two SMART objectives, and begin implementation, where there is evidence to intervene and within current resource allocations, to reduce the physical health inequity of the SMIA population.	Equally Well Regional Group (EWRG)	
Improved access to cervical cancer screening	▪ Establish a collaborative group between Canterbury DHB, PHOs, ScreenSouth, He Waka Tapu, Pasifika groups and health navigators to lead improvement initiatives across Canterbury. ▪ Undertake an improvement initiative in Ashburton using an expanded data-matching to identify women overdue for a cervical screen and who are not on the screening register in partnership between ScreenSouth, PHO, He Waka Tapu, and health navigators. ▪ Undertake data matching, between ScreenSouth and PHOs, to identify overdue women and those not enrolled in the national screening programme, to enable general practices to follow-up with women and encourage screening.	Population Health and Access SLA	

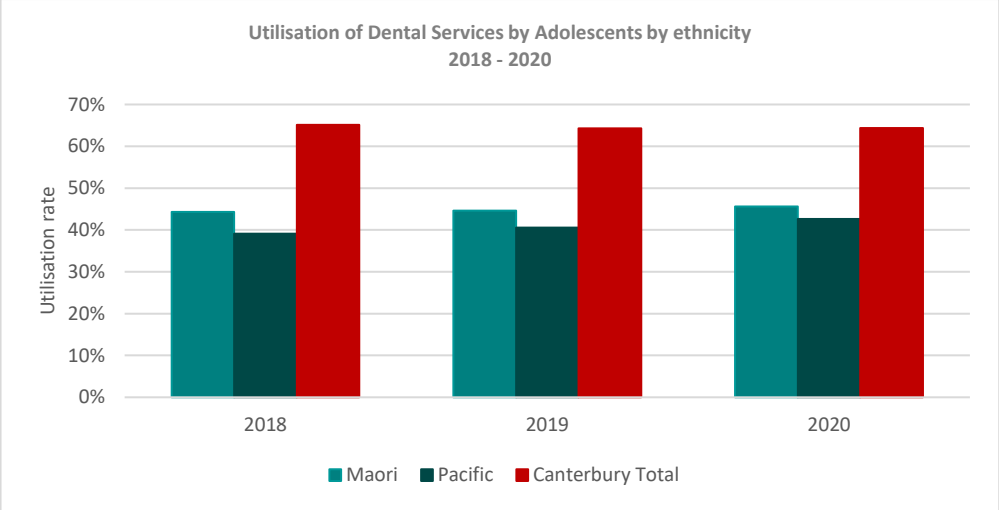
All Measures	▪ Work with health and non-health agencies to ensure determinants of health and wellbeing, and sustainability and equity issues are explicitly addressed in policy, planning and decision-making processes, and outputs. ▪ Support communities to improve their health and wellbeing within identified settings, e.g.; marae and workplaces, and by addressing specific health determinants, e.g.; housing and transport. ▪ Advocate for a healthier environment through work with providers and developers to increase opportunity for both indoor and outdoor physical activity and access to healthy food.	Community and Public Health and Population Health and Access SLA	

YOUTH ACCESS TO HEALTH SERVICES

CANTERBURY'S EXPERIENCE Our clinically led priority focus in the 'Access to Preventive Services' domain for 2020/21 is to improve adolescent access to dental services. In 2019, 19,015 of the estimated 30,100 adolescents (School Year 9 to 17 years of age) in Canterbury accessed DHB-funded dental services[13] (63%).



In the last 12 months the combining Dental Claims data and NHI data[14] has enabled Utilisation of Dental Services data to be viewed by ethnicity. This highlights variation in utilisation rates between Total, Māori and Pacific populations.



In 2019/20 Canterbury engaged with youth focus groups and undertook a survey of all dental practices in Canterbury. Both these avenues told us that parents are key to children's engagement with services, that adolescents and often their parents have limited knowledge of oral health services and pointed to the importance of annual reviews.

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[13] *Child Wellbeing data CW04*

[14] *DHB designed data dashboard by TAS)*

During 2020/21 we have worked to understand how we can better engage with Māori and Pacific families around oral health and improve processes around the transfer of adolescents from the community dental service to general dental practices. Applying this knowledge, particularly around improving young people's perception of and willingness to use services, is a focus for 2021/22.

While Canterbury's Dental Service measure of youth access and utilisation is focused on a specific part of preventive health services, it will be used to generate lessons that could be applied more generally to young people's perception of and willingness to use services. For 2021/22 this includes a focus on improving access to sexual health services for our rural youth populations across all ethnicities through targeted services such as Youth One Stop Shops, school nurses and rural primary care teams.

MILESTONE

While the national target is to have 85% of adolescents from Year 9 to 17 years of age utilising the DHB-funded Dental Services by June 2022, in 2020 no DHB has exceeded 74% utilisation.[1].

Canterbury's adolescent utilisation rate has been between 60 and 67% for several years with our Māori and Pacific utilisation much less. On top of this, during 2020, as for all DHBs, total utilisation dropped off which we can attribute to the COVID-19 lock-down.

With interim data showing 62% Total adolescent utilisation in Canterbury for 2020 (46% and 43% for Māori and Pacific adolescents respectively), the Canterbury Health System's agreed milestone for June 2022 is to achieve 67% utilisation overall, and a decrease in the equity gap for Māori and Pacific adolescents to achieve this a recently established adolescent oral health working group with a strong Māori and Pacific Rangatahi voice is focused on improving the service model to achieve the step change required.

CONTRIBUTORY MEASURES

DELIVER AN ACCESSIBLE YOUTH FRIENDLY ORAL HEALTH SERVICE

Outcome sought: Improved and equitable adolescent utilisation of oral health services by developing a service for youth that is accessible and welcoming.

Rationale for selection: Significant variation in access to oral health services between Māori, Pacific and Other youth populations exists. Work to understand what youth want in an adolescent oral health service will inform how to change the design of this service to encourage equitable access.

Measure description: Adolescents' utilisation of the Adolescent Oral Health Service by ethnicity.

Data Source: The Proclaim Payments System data linked to the Combined Dental Agreements.

[1] *Interim data, final claims data will be available afer 30 June 2021.*

ACTIONS TO IMPROVE PERFORMANCE: YOUTH ACCESS TO HEALTH SERVICES

Contributory Measure	Actions to Improve Performance	Responsibility	Other SLMs the actions contribute to
Deliver an accessible youth-friendly Oral Health Service.	▪ Examine Adolescent Dental Service Models across other DHBs to identify ways to improve youth engagement with services ▪ . With the adolescent oral health working group identify strategies for engaging youth and their whānau and responding to issues previously identified around education, communication, relationships. logistics and apathy. ▪ Develop an electronic transfer of care process from Community Dental Services to General Dental Practices to ensure people are tracked and not lost in the system.	Oral Health Service Development Group	▪ Patient Experience of Care ▪ Amenable Mortality

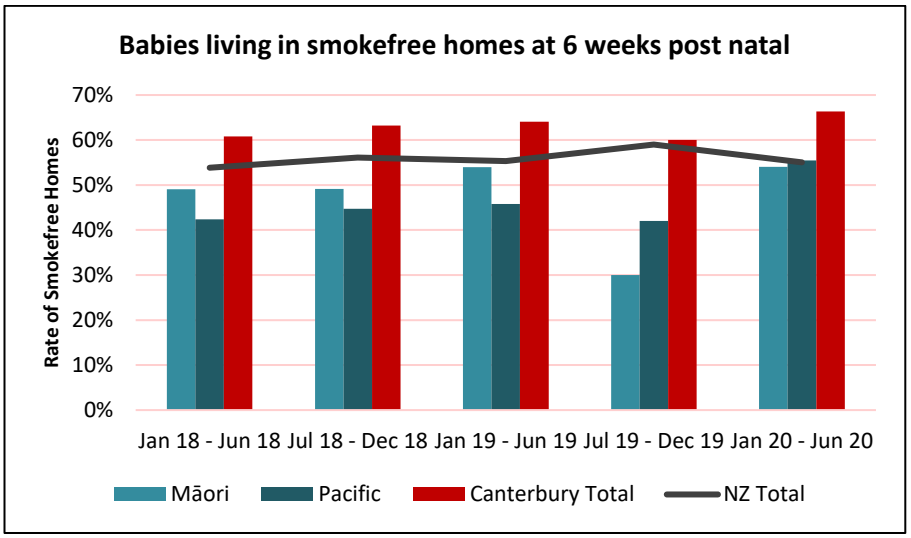
System level measure:

BABIES LIVING IN SMOKEFREE HOMES

CANTERBURY'S EXPERIENCE

Our priority is to increase the number of babies living in smokefree homes and to address the variation in rates between Māori, Pacific, and Total populations.

We also advocate for an increase in the number of smokefree environments in wider community smokefree policies and spaces to reduce the harm from tobacco smoke in all locations where a baby may be.



At June 2020 Canterbury's percentage of babies living in smokefree homes at 6 weeks post-natal of 66% compares favourably with the national average for the Total population of 55%.[15] Viewed by ethnicity, Canterbury's results for the Māori population (54%) and Pacific population (55%) remain lower than Canterbury's Total population.

Given the smoking prevalence in Canterbury for those aged 15 or older is 16%[16], we believe the percentage of babies living in smokefree homes is much higher than that recorded in this data.

During 2019/20 a programme was established where any pregnant woman who smokes and attended, at a minimum, the first consult with smoking cessation provider Te Hā - Waitaha received a safe sleep device in the third trimester of their pregnancy. Most clients received a pēpi pod or a wahakura. Pēpi pods and wahakura provide a safe sleep space for baby that can also be used in an adult bed, while keeping baby safe, for those who want to bed share. During 2021/2022, the programme will be re-evaluated using 2020/2021 data.

MILESTONE

As at June 2020 the ratio for babies living in smokefree homes is 1:0.82 for Maori, (Total population: Māori) and 1:0.83 for Pacific (Total: Pacific).

The Canterbury Health System's agreed milestone for June 2022 is to decrease the equity gap for both Māori and Pacific to 1:0.87.

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[15] *The National Minimum Data Set for Babies Living in Smokefree Homes in June 2020.*

[16] *Canterbury Wellbeing Index, Smoking – Adults. Proportion of those aged 15 years and over who are current smokers, in the Canterbury DHB region and New Zealand, 2011-2018.*

PREGNANT WOMEN ACCESSING SPECIALIST SMOKING CESSATION SUPPORT

Outcome sought: An increase in the number of pregnant women and their family/whānau who are smokefree.

Rationale for selection: Engaging pregnant women and their family/whānau who are smokers in specialist smoking cessation support seeks to reduce infant exposure to harm from smoking through pregnancy, birth and in the home environment. The number of women enrolling in Canterbury's specialist smoking cessation service is an indicator that an effective delivery pathway is in place, including:

- The referring health professional has provided help to quit, has knowledge of the specialist smoking cessation service and how to refer; and
- The provider of the specialist cessation responds in a timely way to the referral.
-

Measure description: The number of pregnant women enrolling in Te Hā – Waitaha / Stop Smoking Canterbury, by referrer type.

Data source: Reported quarterly from Te Hā – Waitaha.

OUTCOMES OF PREGNANT WOMEN ENGAGING IN SPECIALIST SMOKING CESSATION SUPPORT

Outcome sought: An increase in the number of pregnant women and their family/whānau who are smokefree.

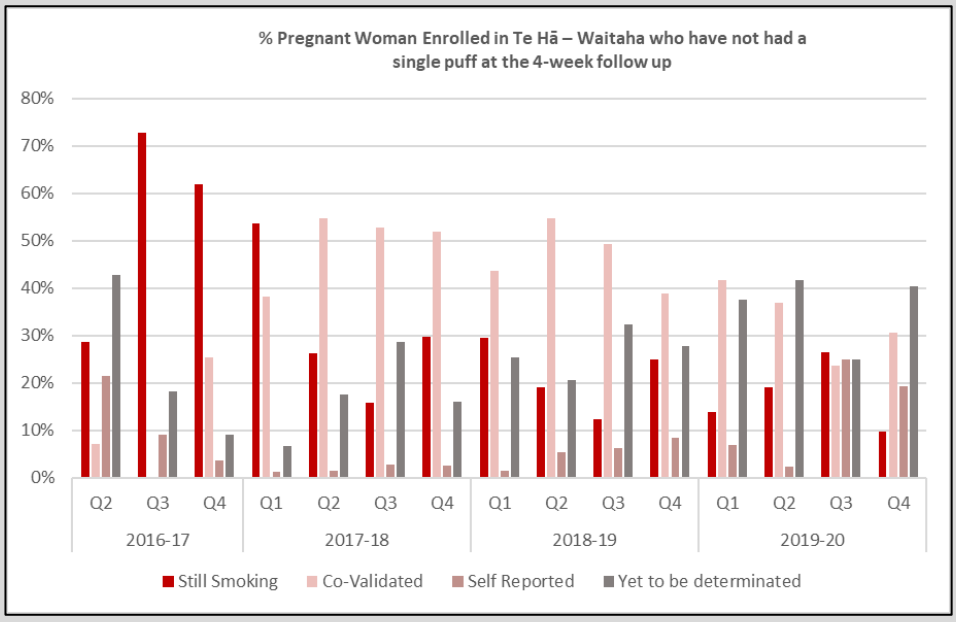
Rationale for selection: This builds on the previous measure as an indicator of whether women that engage in Canterbury's specialist smoking cessation service become smokefree.

Measure description: The smoking status of the pregnant women enrolled in Te Hā – Waitaha.

Numerator: The proportion of pregnant women who, at the 4-week follow–up, have not had a single puff in the previous 2 weeks; this includes smoking status that is self-reported, or carbon monoxide (CO) validated.

Denominator: The number of pregnant women enrolled in Te Hā – Waitaha.

Data source: Reported six-monthly from Te Hā – Waitaha.



ACTIONS TO IMPROVE PERFORMANCE: BABIES IN SMOKEFREE HOMES

Measure	Actions to Improve Performance	Responsibility	Other SLMs the actions contribute to
Pregnant Women accessing smoking cessation and increase in number of pregnant women who are smoke-free	▪ Strengthen the referral pathways from Lead Maternity Carers to Te Hā – Waitaha by: ○ Working with midwives and Lead Maternity Carers to increase the number of clients motivated towards smokefree care routinely, with a focus on prioritising engagement with Māori and Pacific woman . ○ Develop a stop smoking clinic for pregnant women who smoke, within a community setting. ▪ Evaluate the Pregnancy Incentive Programme (PIP) using 2020 data.	Te Hā – Waitaha Steering Group and the Pregnancy sub-group of Te Hā – Waitaha	▪ ASH Rate ▪ Amenable Mortality
All Measures	▪ Advocate for and support the establishment of smokefree community spaces.	Population Health & Access SLA	

APPENDIX ONE: OVERVIEW OF CANTERBURY'S SYSTEM LEVEL MEASURES RESPONSE

OVERVIEW OF SYSTEM LEVEL MEASURES RESPONSE ✓ = leading delivery on the measure 🔗 = linked / contributing to delivery on the measure *Updated June 2021*

	Child & Youth Health Workstream	Health of Older People Workstream	Community Services SLA	Urgent Care SLA	Pharmacy SLA	Integrated Respiratory SDG	Population Health & Access SLA	Community & Public Health	Mana Ake – Stronger for Tomorrow	Clinical Quality Education	Oral Health Service Development Group	Immunisation SLA	Making Patient Flow / DHB Service Areas	Quality & Safety Expert Group	Project group PHOs / DHB	Pacific Reference Group	Te Kāhui o Papaki Kā Tai	Consumer Council	Equally Well Steering Group	Midwives	Rural Health Workstream
ASH rate 0–4-year-olds	✓																				
ASH rate ethnic variation	✓ Project							🔗								🔗	🔗				
Oral Health 0–4-year-olds	🔗							🔗			✓	🔗				🔗	🔗				
Management of constipation	🔗														✓						
New Born Enrolment	🔗											✓			🔗	🔗	🔗				
Accuracy of Ethnicity Capture	🔗											🔗	🔗		✓	🔗	🔗				
Acute Bed Days		🔗	🔗	✓									🔗								
Reduced Length of Stay		🔗	🔗	🔗									✓								🔗
Acute Admissions / Readmission Rate		🔗	🔗	✓	🔗	✓							🔗								🔗
Polypharmacy		🔗			✓					🔗											

	Child & Youth Health Workstream	Health of Older People Workstream	Community Services SLA	Urgent Care SLA		Population Health & Access SLA	Community & Public Health	Mana Ake – Stronger	Clinical Quality Education	Oral Health Service Development Group	Immunisation SLA	Making Patient Flow / DHB	Quality & Safety Expert Group	Project group PHOs / DHB	Pacific Reference Group	Te Kāhui o Papaki Kā Tai	Consumer Council	Equally Well Steering Group	Midwives	Rural Health Workstream
Falls Prevention / Reduction in Falls		🔗	🔗									🔗	🔗							
Pasifika Futures Engagement														🔗	🔗					
Patient Experience of Care														✓ Expert group			🔗			
In-Hospital Response Rate												🔗					🔗			
In hospital Engagement of Family & Whānau in Patient Care														✓			🔗			
Primary Care implementation of PES									🔗					✓			🔗			
Monitor/analyse local response rate, identify common focus area, and utilise feedback									🔗					✓						

	Child & Youth Health Workstream	Health of Older People Workstream	Community Services SLA	Urgent Care SLA	Pharmacy SLA	Population Health & Access SLA	Community & Public Health	Mana Ake – Stronger for Tomorrow	Clinical Quality Education	Oral Health Service Development	Immunisation SLA	Making Patient Flow / / DHB Service Areas	Quality & Safety Expert Group	Project group PHOs / DHB	Pacific Reference Group	Te Kāhui o Papaki Kā Tai	Consumer Council	Equally Well Steering Group	Midwives	Rural Health Workstream
Amenable Mortality						✓	🔗											🔗		
Green Prescription Referrals						✓														
Enrolment in Te Hā - Waitaha					🔗	✓ Te Hā Waitaha Steering Group									🔗	🔗				
Cervical Cancer Screening						🔗								✓	🔗	🔗				
Improved Physical Health for People with Mental Illness and/or Addiction						✓	🔗							✓	🔗	🔗		✓		
Youth Access to Health Services										✓								✓		
Deliver an accessible youth friendly Oral Health Service.	🔗					🔗				✓					🔗	🔗				
Improving access to youth sexual health services						🔗								✓						🔗

	Child & Youth Health Workstream	Health of Older People Workstream	Community Services SLA	Urgent Care SLA	Pharmacy SLA	Population Health & Access SLA	Community & Public Health	Mana Ake – Stronger for Tomorrow	Clinical Quality Education	Oral Health Service Development Group	Immunisation SLA	Making Patient Flow / DHB Service Areas	Quality & Safety Expert Group	Project group PHOs / DHB	Pacific Reference Group	Te Kāhui o Papaki Kā Tai	Consumer Council	Equally Well Steering Group	Midwives	Rural Health Workstream
Smokefree Infants						✓ Te Hā Waitaha Steering Group														
Pregnant women accessing smoking cessation	🔗					✓						🔗			🔗	🔗			🔗	
Outcomes of pregnant women accessing cessation	🔗					✓						🔗			🔗	🔗			🔗	