

National Health Targets

Quarter 2 2012/13 Performance Summary

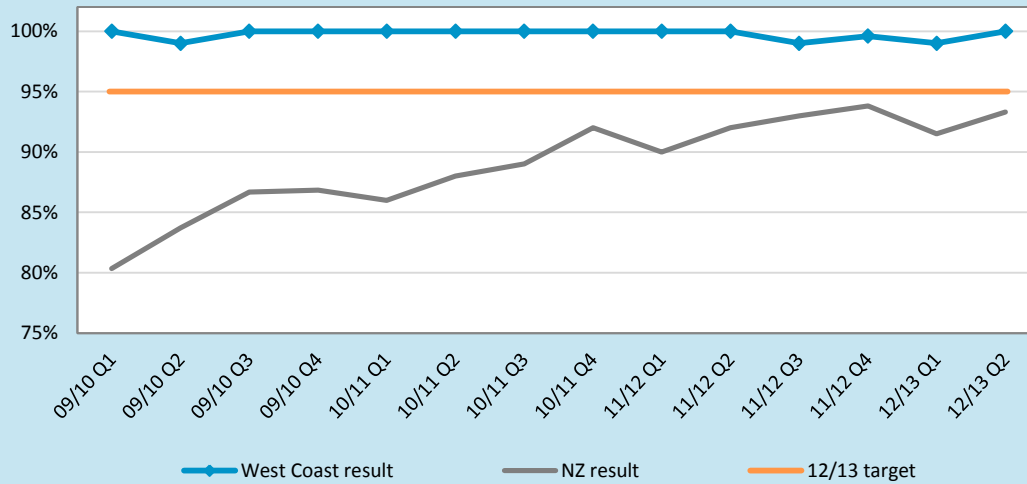
Target	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.4%	99.6%	99.7%	99.7%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	1,309	1,751	447 YTD	846 YTD	1,592	✓	2
Shorter Waits for Cancer Treatment: People needing cancer radiation therapy or chemotherapy having it within four weeks	<i>new</i>	<i>new</i>	100%	100%	100%	✓	3
Increased Immunisation: Eight-month-olds fully immunised	<i>new</i>	<i>new</i>	79%	84%	85%	✗	4
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	92%	90%	91%	89%	95%	✗	5
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	39%	39%	40%	44%	90%	✗	7
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	55%	57%	60%	58%	75%	✗	9

Shorter Stays in Emergency Departments

Target: 95% of patients are to be admitted, discharged or transferred from an ED within 6 hours



Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours



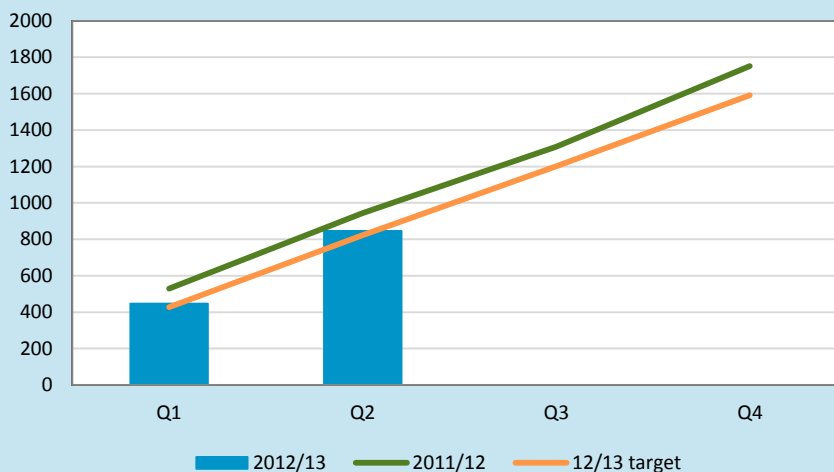
The West Coast continues to achieve impressive results against the ED Health Target, with **99.7%** of patient events admitted, discharged or transferred from ED within 6 hours.

Improved Access to Elective Surgery

Target: West Coast's volume of elective surgery is to be 1,590 in 2012/13



Figure 2: Elective surgical discharges delivered by the West Coast DHB¹



For the six months year-to-date December, **846** elective surgical discharges have been delivered, representing **103%** of our target delivery (23 discharges over target).

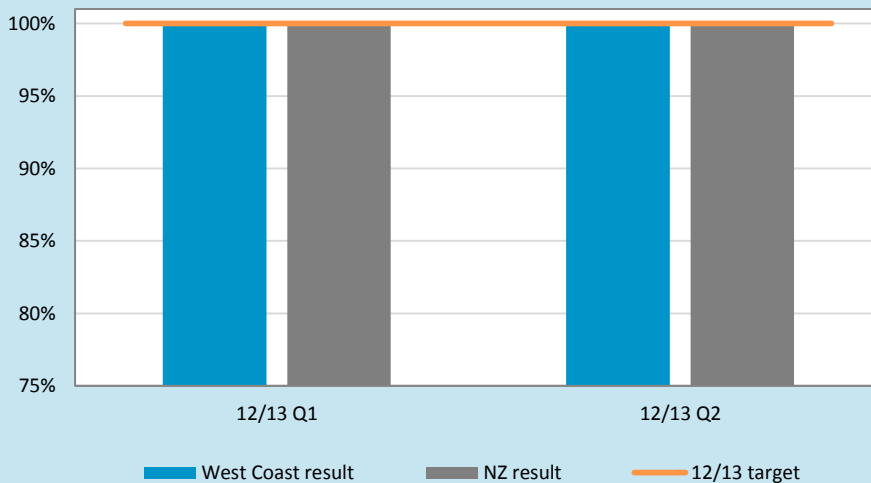
¹ Excludes cardiology and dental procedures. Progress is graphed cumulatively.

Shorter Waits for Cancer Treatment

Target: 100% of people needing radiation or chemotherapy are to have it within four weeks



Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks²



In Quarter 2, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

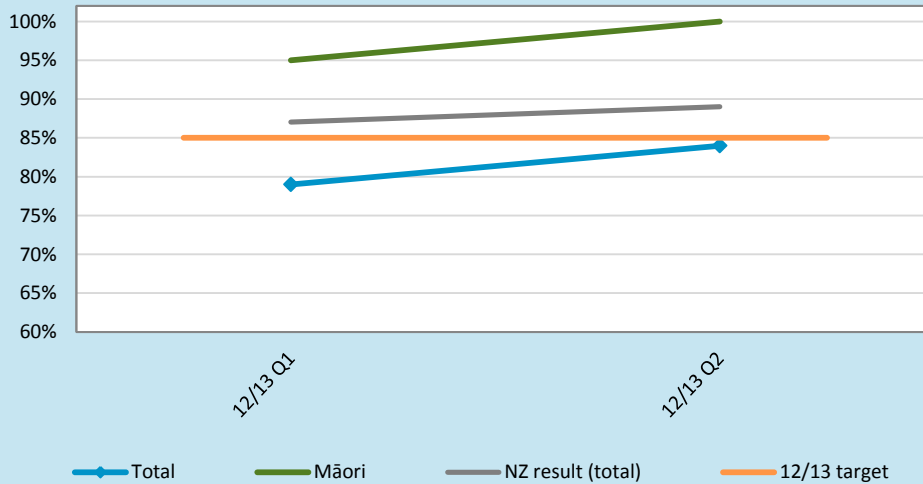
² The wait time is defined as the time between the first specialist assessment and the start of treatment. The measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay. The measure reflects groups A, B and C. Group D patients have planned treatment (either as part of a trial or because of given protocols) and are therefore not included.

Increased Immunisation

Target: 85% of eight-month-olds are to be fully immunised



Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



Eight-month-old immunisation coverage is tracking well towards the target, with **84%** of all eight-month-olds fully immunised in Quarter 2 2012/13 – an increase of 5% from the previous quarter.

The coverage for Māori eight-month-olds was exceptional in Quarter 2, with all Māori eight-month-olds fully immunised – an increase of 5% from Quarter 1.

During Quarter 2, one child could not be located because there was no address. If this child had been located and immunised, the West Coast would have reached the national target of 85%. The issue of not having an address for a child will be raised with maternity services as a reminder to ensure that all newborn details are recorded.

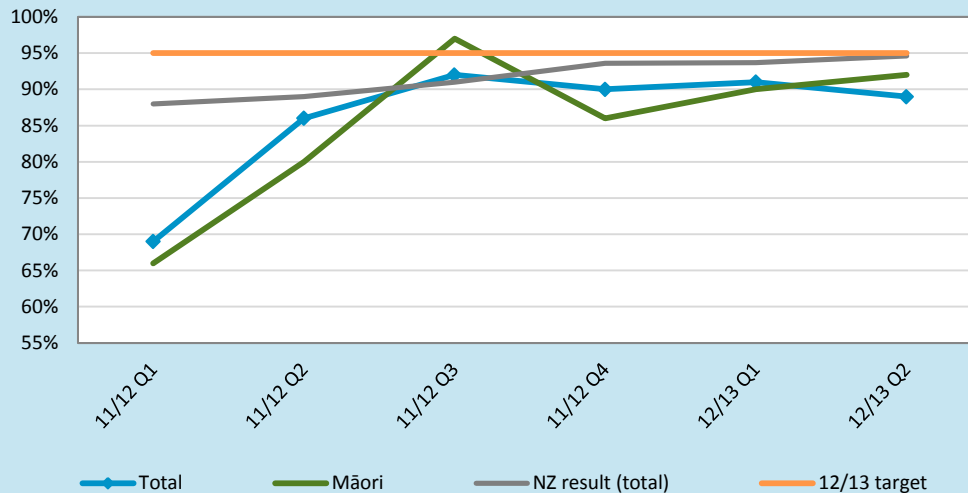
With the support of the PHO and practices, the National Immunisation Register (NIR) Administrator is working closely with a key person in every practice to identify children who have not been enrolled with a practice, and to notify the practices to follow up on children who are due or overdue for an immunisation and ensure timely referral to Outreach Immunisation Services when required. All practices will now be using a suggested process timeline for their guidance to ensure timely immunisation for children by eight months of age.

Better Help for Smokers to Quit: Hospital

Target: 95% of hospitalised smokers are to receive help and advice to quit



Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



During Quarter 2, West Coast DHB staff provided **89%** of hospitalised smokers with smoking cessation advice and support. While it is disappointing to have fallen 2% in the overall result compared to last quarter, it is positive to see an increase in the result for Māori to 92%.

During the last quarter, Grey Base Hospital has been in a state of upheaval, with the movement of wards into temporary locations while urgent earthquake strengthening is carried out. We cannot quantify the exact impact this has had on the result; however, the ABC intervention has had to compete with these disruptions. It is in these situations that we know a straightforward and consistent data capturing process, such as our 'Pink Sticker' system, is particularly important.

Smokefree staff and the DHB as a whole continue to work towards achieving the Health Target of 95%.

DATA CAPTURE

Feedback regarding the 'Pink Sticker' system to capture ABC is that it is a simple and straightforward process. Regular communication with clinical coders enables discussion of any issues regarding the capture of ABC data and identification of any areas/wards of concern that may need addressing by the Smokefree staff.

There is an issue around multiple admissions for one hospital event. MoH coding guidelines stipulate that when patients are transferred between major service groups (e.g. internal transfer from surgical ward to rehab ward), these count as separate 'admissions' and therefore require separate ABC interventions. Staff are struggling to understand the necessity for ABC to be repeated in these cases – particularly as we use a high-visibility sticker to record the ABC in the patient notes, making it clear that an ABC has already been completed in the previous ward. Other DHBs are also experiencing this issue, and we are working with the Ministry to identify solutions. As part of this work, we will conduct a retrospective audit to identify the numbers of 'missed' ABCs through internal transfers over the last quarter and the impact of this identified barrier for staff. In the meantime, the Smokefree Services Coordinator has reminded senior nurses of the requirement and offered to explain it to staff in key areas (e.g. surgical and recovery wards).

CLINICAL LEADERSHIP

Engagement, role modelling and support from our Clinical Nurse Managers are critical to target achievement. A meeting was held with senior management in mid-October following September's poor result. Following on from this, the Smokefree Services Coordinator spoke at a Senior Nurses' meeting and has been working with Clinical Nurse Managers (CNMs) to support them to provide leadership to their staff around the target.

This includes working with coders to pick up files where ABC has not been delivered to a patient who smokes and providing this information back to the CNMs. This work began in December and will continue over the coming quarter. The Smokefree Services Coordinator will work with the CNMs to identify patterns (e.g. a particular staff member or shift) in order to pinpoint gaps in the ABC at ward/unit level and address these issues to improve the next month's results. This will be helpful in reaching the 95% target, as due to the relatively small numbers involved (fewer than 100 smokers discharged per month), a single 'missed' ABC contributes to more than 1% off the target.

TRAINING, RESOURCES AND PROMOTION

Quarter 2 has seen work with hospital senior management to improve the uptake of the Smokefree mandatory training. Although feedback from staff is that the ABC process is simple and straightforward, the training gives the important background of why this is a Health Target and the role both the individual and the organisation can play in significantly improving the health of the West Coast community through ABC. A number of staff experience a significant delay between commencing clinical duties and attending Smokefree training, so an ABC handout is currently being developed for distribution at the staff Orientation.

Promotion continues through internal monthly reports circulated DHB-wide, posters in all areas and regular communication with clinical Smokefree champions about support, training opportunities and updates.

In Quarter 3, a success story of the ABC intervention will be included in the DHB newsletter to keep up visibility of the intervention and provide positive feedback to staff. Regular reminders will be circulated via the DHB intranet and newsletters of cessation support available for our staff interested in quitting, which in turn may make them more comfortable in having the conversation with their patients.

Just as important will be having the Smokefree Services Coordinator visible on the wards and ward handovers so that staff can ask questions about the intervention/having the conversation, particularly for new staff.

A get-together for the ward champions in February will provide an opportunity to discuss as a group how they feel the ABC intervention is working in their area, as well as to thank them for the important role they play.

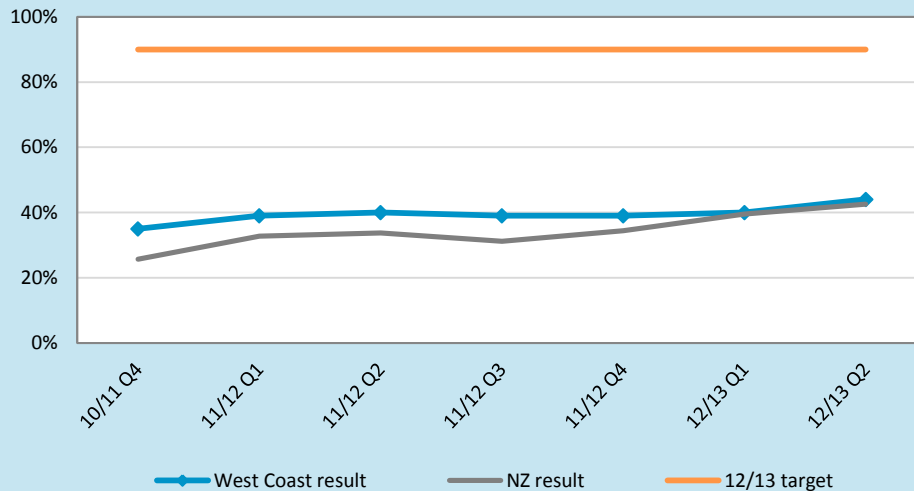
It should be noted that most clinical areas in the DHB achieve 100% coverage, with only three wards prone to 'missing' more than one patient per month. One of these is the Critical Care Unit (CCU), whose patients can be transferred acutely to Canterbury for intensive treatment, sometimes in circumstances that do not allow for the ABC intervention to be carried out. The Smokefree Services Coordinator is working with CCU to ensure the right support is in place to carry out and code ABC in every possible case, and to collect data for transfers of unconscious/acutely ill patients to quantify the impact of such cases on the target.

Better Help for Smokers to Quit: Primary Care

Target: 90% of smokers attending primary care are to receive help and advice to quit



Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking³



West Coast general practices have reported giving 1,876 smokers brief advice and help to quit in the year to 31 December 2012. This figure is an increase of 223 patients compared to the last quarter. The quit activity during this quarter represents **44%** of current smokers expected to be seen in general practice during this period receiving advice and help to quit – an increase of 4% from the previous quarter.

During this quarter, all West Coast practices have continued to improve their ‘smoking status recorded.’ Only two practices did not increase their ‘brief advice’ result; however, these two practices did make the largest increases in ‘smoking status recorded.’ This individual feedback has been flagged to the practices.

The PHO Clinical Manager continues to champion the ABC initiative in primary care through work with the Smokefree Services Coordinator and Smokefree Manager, regular promotion of ABC coding to clinicians and the provision of practice-specific results to Quality Improvement (QI) teams.

DATA CAPTURE

Data capture continues to be a key challenge towards achieving the 90% target. During Quarter 2, new activities were implemented that particularly focus on improving data capture and accuracy:

- HealthStat is now installed and operating in all the practices, and has created new opportunities for more frequent and practice-specific feedback about the ABC target. Continued support will be provided to practices around the use of the HealthStat tool, and it is hoped that the Clinical Audit tool will also be introduced during the next quarter, which will enable clinicians to identify more easily patients with no smoking status coded and to plan for this data capture as part of their QI process.
- The PHO has employed two suitably trained people to support practice teams to improve the Brief Advice coding and to link patients to cessation via their own practice’s Coast Quit provider (or other available cessation service). It is hoped that this will close the gap between A’s and B’s while other activities take time to implement. Work commenced with two practices this quarter, resulting in a boost in ABC coding, and will continue to roll out in Quarter 3. A third practice has commenced a ‘pink sticker’ documentation process for ABC and reports that this seems to be working well.

³ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

Other means of supporting data capture and accuracy include:

- 'Smoking assessment' advanced forms in MedTech, which support and remind staff to capture the correct data and prompt 'brief advice' if required.
- Ongoing practice support for MedTech READ and ZCPI coding in relation to PPP smoking indicators (including 1:1 support to clinicians);
- Automatic READ coding attached to the "Smoking Cessation" enrolment form in Medtech;
- Standardised READ coding processes for smoking across all practice teams;
- Use of Karo data management system to monitor incorrect READ coding; and
- Practice Karo reports that identify the individual high-needs patient who have no coding for smoking status. Practices have added 'alerts' to these patients.

The PHO will also be commencing coding and data entry training as part of orientation for all new practice staff and updates for identified current staff.

More Heart and Diabetes Checks


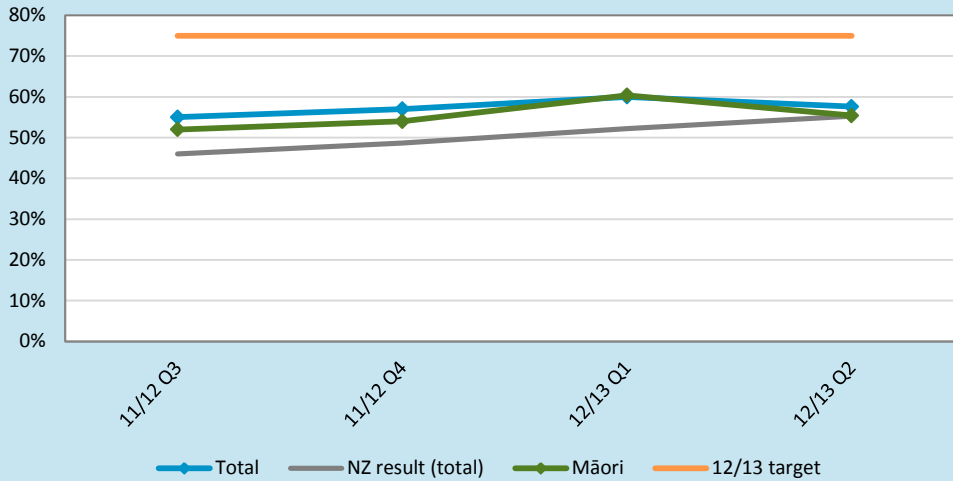
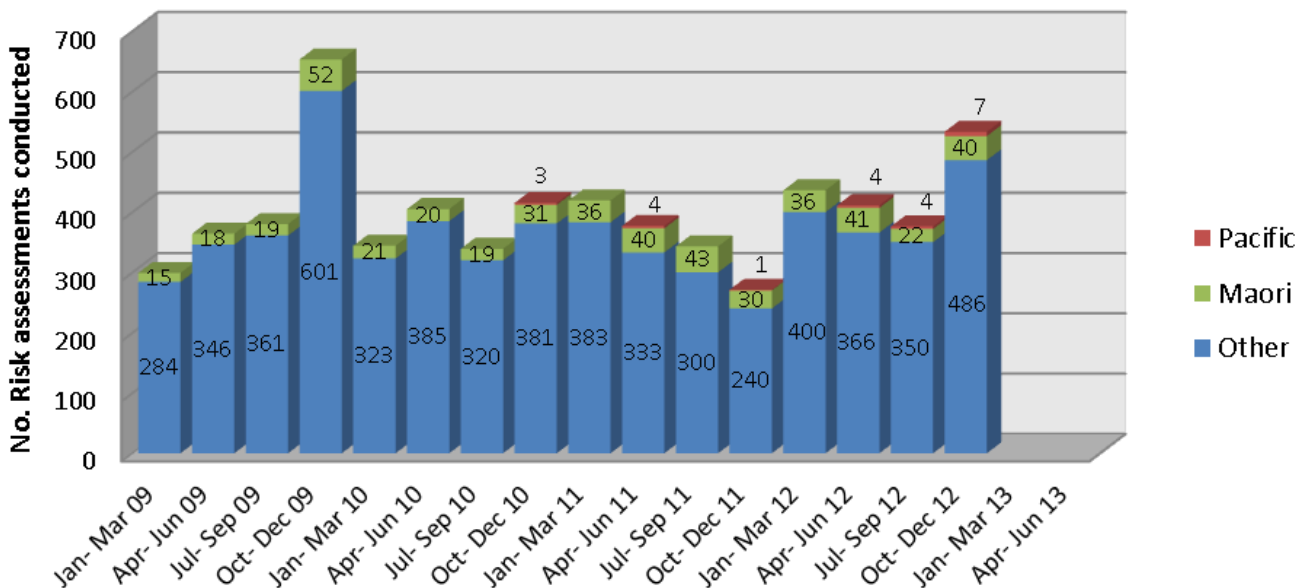
Target: 75% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years 

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years⁴



Data for the period to 31 December 2012 has shown a slight dip in progress from the previous quarter (from 60% to **58%**). However, as Figure 8 shows, the actual number of cardiovascular risk assessments delivered during the quarter is greater than the previous quarter.

Figure 8: Number of cardiovascular risk assessments conducted each quarter



The reason for the dip in the percentage coverage is that the PHO has now reached the point where screening has been occurring for 5 years, and there is a group of patients who are now due for screening once again.

Activities to follow up these and other eligible patients for cardiovascular risk assessment (CVRA) include:

- Ongoing support from clinical manager to practice nurses/teams to identify eligible patients for screening;

⁴ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

- Practice teams actively inviting people to nurse-led clinics to have their CVRA;
- Collaborative planning in preparation for February 2013 Heart Month, which will concentrate on encouraging West Coasters to get their CVRA;
- Installation of Healthstat: a Quality Improvement (QI) tool that enables monitoring of practice performance for cardiovascular indicators in relation to the PPP for practice QI teams;
- The DHB Cardiac Nurse Specialist completing CVRAs for DHB staff who haven't had reviews;
- Concentration on the high-need population who haven't been screened (practices receive quarterly reports on high-need patients who aren't screened); and
- Planning to occur with Rata Te Awhina nurse around processes and support for practice teams for Māori who are not engaging with invites for screening.

Patient focus remains paramount; in endeavouring to meet the target, we must also ensure quality care, follow-up and active support for patients in the various tiers of the long-term conditions management programme in line with best practice to ensure the best outcomes for our patients.