

National Health Targets

Quarter 4 2012/13 Performance Summary

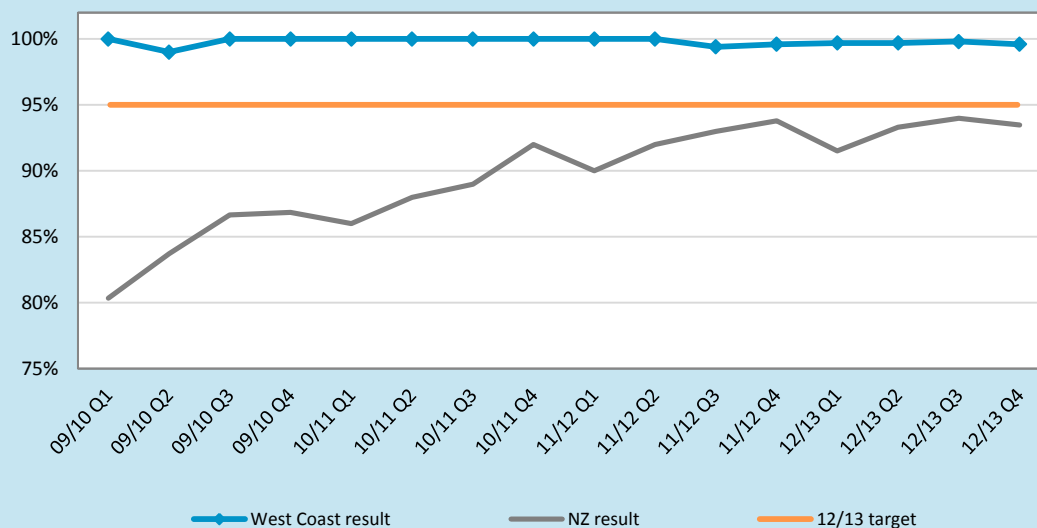
Target	Q1 12/13	Q2 12/13	Q3 12/13		Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.7%	99.7%	99.8%	99.6%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	447 YTD	846 YTD	1,173 YTD	1,686	1,592	✓	2
Shorter Waits for Cancer Treatment: People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
Increased Immunisation: Eight-month-olds fully immunised	79%	84%	78%	93%	85%	✓	3
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	91%	89%	91%	95%	95%	✓	3
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	40%	44%	53%	55%	90%	✗	5
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	60%	58%	58%	58%	75%	✗	6

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



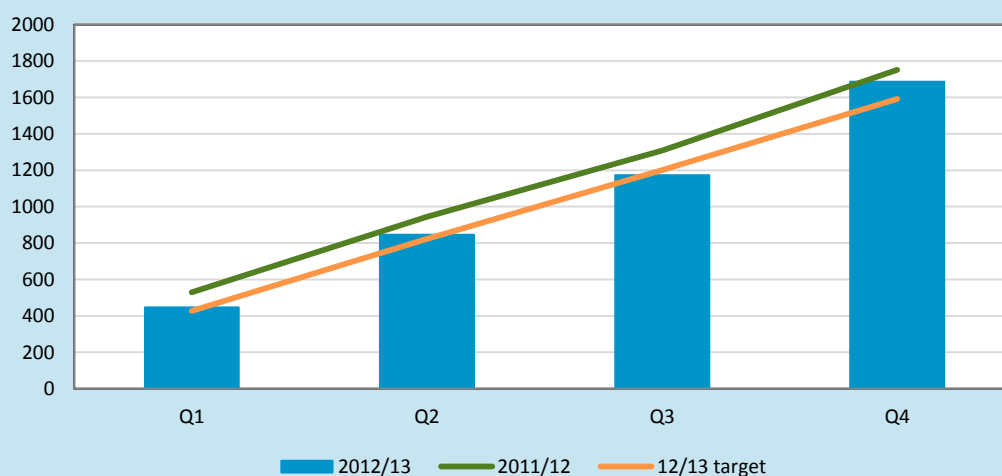
The West Coast continues to achieve impressive results against the ED health target, with **99.6%** of patient events admitted, discharged or transferred from ED within 6 hours during Quarter 4.

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



1,686 elective surgical cases were delivered to Coasters in the 2012/13 year, representing **106%** of our target delivery (94 discharges above target).

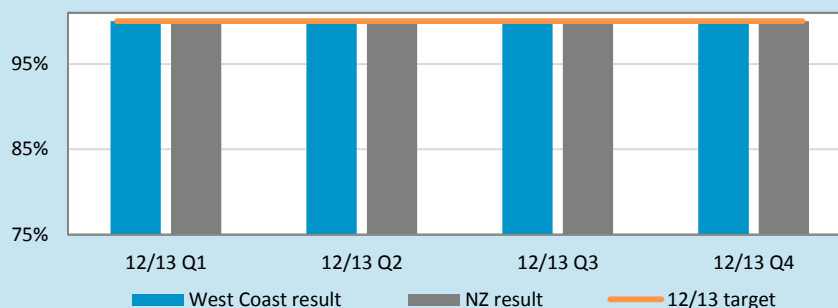
¹ Excludes cardiology and dental procedures. Progress is graphed cumulatively.

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



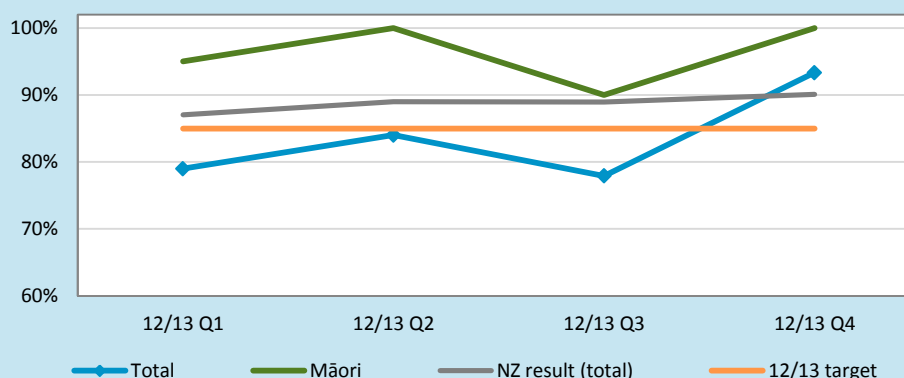
In Quarter 4, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

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



The West Coast achieved outstanding results in Quarter 4, with **93%** of all eight-month-olds fully immunised during the quarter – a large improvement on previous quarters and well above the national target of 85%. The West Coast also achieved strong results for Māori, with 100% of Māori eight-month-olds fully immunised.

This substantial improvement has been possible due to much lower rates of parents choosing to decline immunisation (1.7%, vs. 4.7% last quarter) or opt their child off the NIR (3.3%, vs. 11.6% last quarter).

This left just two eight-month-old children overdue for their vaccinations who had not opted off or declined. Both have been partially (but not yet fully) vaccinated, indicating engagement with immunisation services.

Due to staff changes on the West Coast, immunisation is now being managed by one person across Canterbury and West Coast DHBs. This will ensure a better understanding of what other DHBs are doing and the sharing of ideas. A Position Paper has been drafted for the West Coast that focuses on what interventions could be made to streamline immunisation events and ensure early identification of overdue children. The draft is currently being reviewed by the Chair of the West Coast Immunisation Advisory Group.

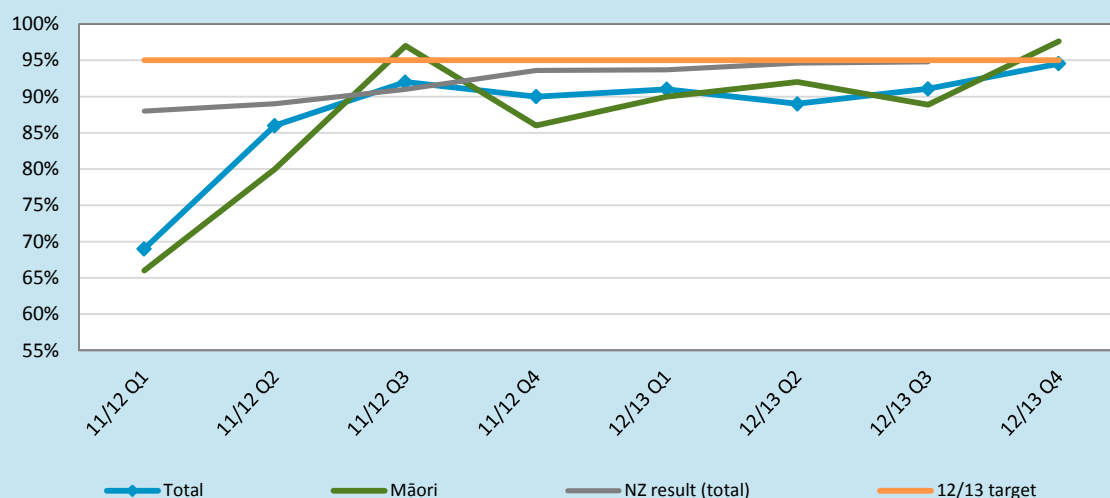
² The wait time is defined as the time between the first specialist assessment and the start of treatment. The measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

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



In Quarter 4, West Coast DHB staff provided **95%** of hospitalised smokers with smoking cessation advice and support – up from 91% in the previous quarter and meeting the national target for the first time.

Work has continued with Clinical Nurse Managers (CNMs) to identify ‘missed’ patients and pinpoint any gaps at ward level. Following up these patients has now become common practice by CNMs and has had a notable impact on the health target.

During the quarter, the Smokefree Services Coordinator (SSC) has focused on the training approach, ensuring there is a clear and simple rationale. The mandatory training content was reviewed and revised, making it shorter and more up-to-date. Alongside this, a new ‘on-site’ training option was developed, with a strong focus on the clinical relevance of the target. This was trialled at ED on request from the CNM and received positive feedback from staff.

ED was an area of focus this quarter; alongside the on-site training, there was regular communication with the CNM of both Buller and Grey EDs regarding the ABC initiative, and there has been positive progress in this area throughout the quarter (four of the six ‘misses’ in these two EDs occurred in April - showing improvement over May and June). There is now clarity around what is expected from staff; however, support and monitoring will continue into the next quarter.

An initial Quit Card ‘refresher’ half-day training during the quarter aimed to encourage staff to provide Quit Cards on discharge from hospital to again take the idea of ‘better help for smokers to quit’ further than just documenting the initial ABC. Two more Quit Card refresher courses will be held in Quarter 1 2013/14 (one each in Greymouth and Westport), and interest for these courses is already high.

The SSC has started background work on a Nicotine Replacement Therapy charting audit, which will be carried out and reported on in Quarter 1 2013/14. The DHB is keen to make this a positive exercise to use as another way of promoting the clinical relevance of the target, and has enlisted the support of the smokefree champions and senior clinicians.

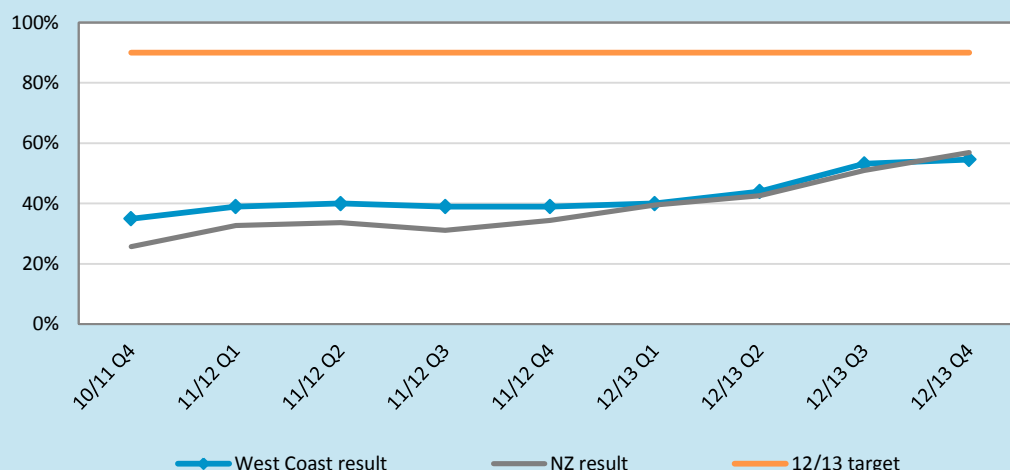
While small numbers continue to make the 95% target a challenge, the WCDHB is pleased to have achieved the target in Quarter 4 and is committed to continued achievement in future quarters.

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 2,370 smokers brief advice and help to quit in the year to 30 June 2013. This figure is an increase of 64 patients compared to the last quarter. The quit activity during this quarter represents **55%** of current smokers expected to be seen in general practice during this period receiving advice and help to quit – an increase of 2% from the previous quarter.

The Smokefree Services Coordinator (SSC) continues to provide ABC training to new practice staff and to meet with PHOs to discuss results and overcome barriers. The SSC has also been using the monthly 'Primary Health Bulletin' (circulated to all practices' staff) as a means of providing practice-specific feedback on results and to keep the health target clinically relevant (e.g. providing the clinical rationale for ABC⁴ and updates on Coast Quit cessation outcomes). Positive feedback has been received from practices on sharing cessation outcomes via the Bulletin so that a clear link can be made between the ABC intervention and patients quitting smoking.

Key activities during Quarter 4 included the following.

- Monthly coding and data entry training was implemented at the PHO as part of orientation for all new practice staff. The first of the new Quit Card Update sessions was delivered in May, with further sessions planned for July (Greymouth) and August (Westport).
- The PHO Clinical Manager is meeting with each practice to review their results and identify actions.
- Use of Healthstat to monitor practice performance. The Clinical Audit Tool (CAT) was to be installed during the quarter, but this has been delayed due to IT issues. A fix is now underway and should be completed within the next quarter. When installed, the CAT will enable clinicians to more easily identify patients who do not have a smoking status coded so that they can then plan for this data capture as part of their Quality Improvement process. The privately owned primary practice in Greymouth has the CAT up and running.
- The ABC 'call up' project has now worked in four practices, with good results in recording of brief advice as documented in patient notes, plus telephone interventions as indicated. The purpose of this project was to close the gap between A's and B's while sustainable systems for capturing and coding ABC (such as HealthStat and the CAT) were being implemented, and it is now nearing completion.

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

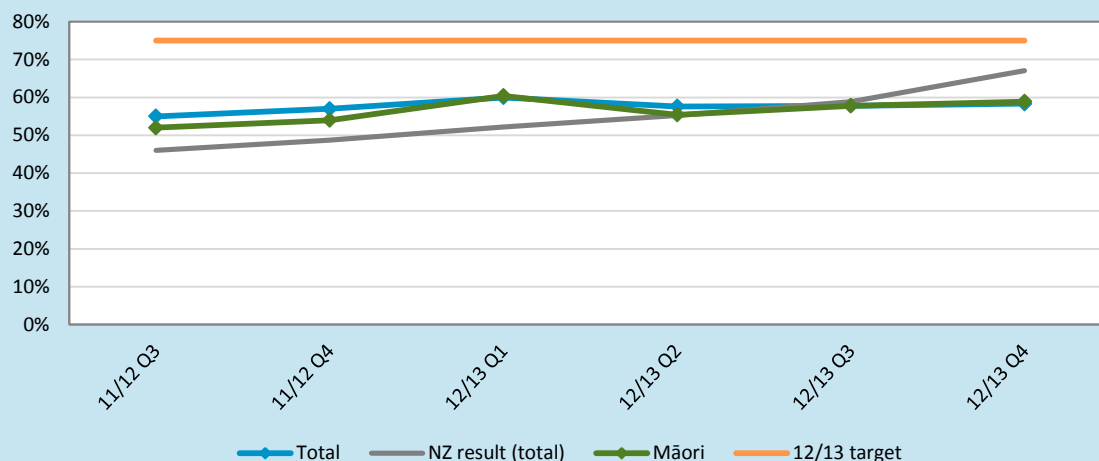
⁴ The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support.

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 years⁵



Data for the five years to 30 June 2013 shows that West Coast general practices have slightly increased coverage, with **58.4%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA) – up from 57.8% in Quarter 3. A total of 580 CVRAs were conducted in Quarter 4 – up from 400 in Quarter 3.

Key activities during Quarter 4 included the following:

- Ongoing support from the PHO clinical manager to practice nurses/teams to identify eligible patients.
- Practice teams actively inviting eligible people to nurse-led clinics to have their CVRA.
- Concentration on the high-need population who haven't been screened. Practices receive quarterly reports on high-needs patients who aren't screened.
- Use of Healthstat to monitor practice performance. The Clinical Audit Tool (CAT) was to be installed during the quarter, but this has been delayed due to IT issues. A fix is now underway and should be completed within the next quarter. When installed, the CAT will enable practice teams to identify eligible patients who have not yet been screened and address this as part of their Quality Improvement process.
- Collaboration between newly appointed Rata Te Awhina Trust's Kaupapa Māori nurses, the PHO and several practices on outreach to Māori who have not responded to invitations for CVRA. Plans being developed include an awareness campaign; proactive patient follow-up; outreach services and community clinics; and a tailored package of care from Rata Te Awhina through its Kaupapa Māori Nurses and Kaiarataki (non-clinical Māori Health Navigator). Greymouth Medical Centre and Rata Te Awhina have begun working together to support Māori and Pacific people with long-term conditions through a Kaupapa nurse working within the practice. This will be a pilot model for other practices to follow.

The PHO Clinical Governance Board has supported the move to non-fasting blood testing for people who have never been screened before, with follow-up of identified high-risk people with a fasting test for diagnostic and treatment purposes. This should help remove one of the barriers to access, enabling opportunistic CVRA, instead of having people leave to fast in the first instance.

Patient focus remains paramount; in working to meet the target, we must also ensure quality care and follow-up for patients in the long-term conditions management programme to ensure the best health outcomes.

⁵ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).