

National Health Targets

Quarter 1 2013/14 Performance Summary

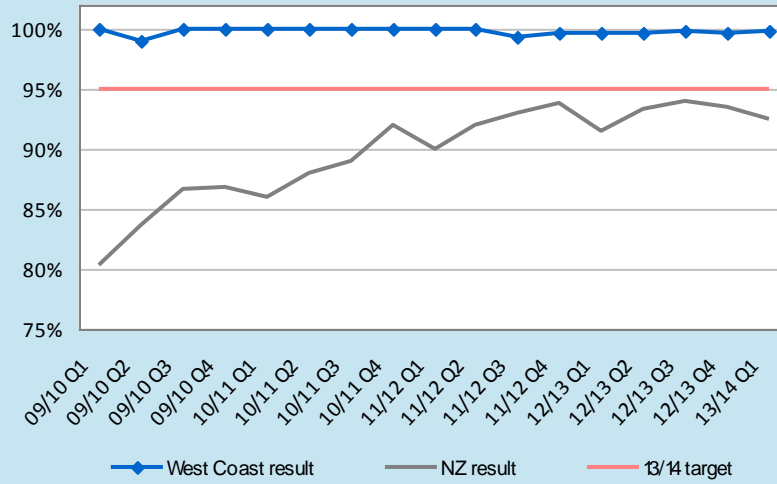
Target	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.7%	99.8%	99.6%	99.8%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	846 YTD	1,173 YTD	1,686	434 YTD	1,592	✓	3
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	84%	78%	93%	85%	90%	✗	4
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	89%	91%	95%	93%	95%	✗	5
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	44%	53%	55%	58%	90%	✗	6
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	58%	58%	58%	64%	90%	✗	7

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



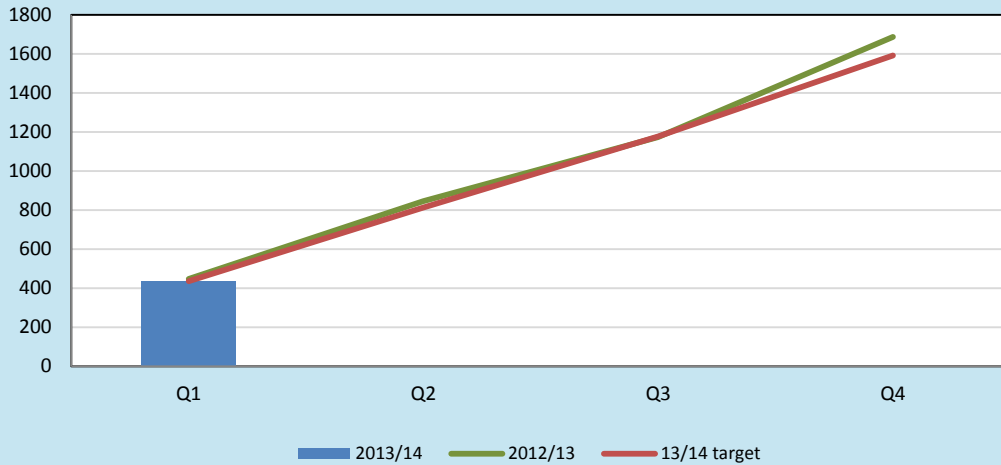
The West Coast continues to achieve impressive results against the ED health target, with **99.8%** of patient events admitted, discharged or transferred from ED within 6 hours during Quarter 1.

Improved Access to Elective Surgery

Target: West Coast's volume of elective surgery is to be 1,592 in 2013/14



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



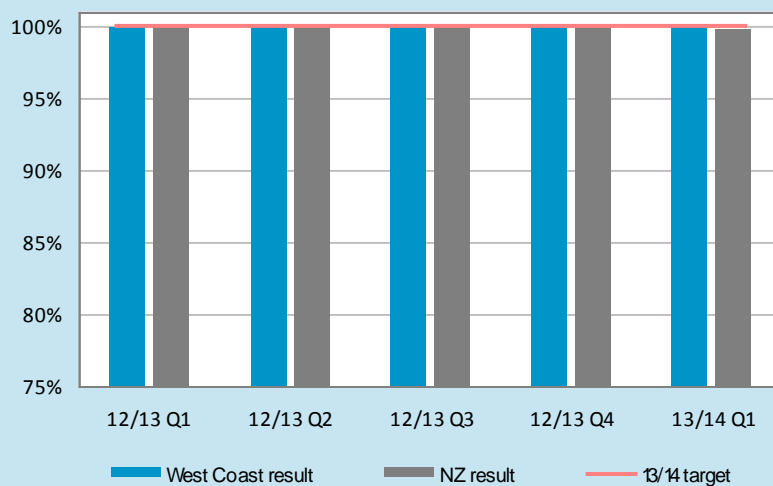
434 elective surgical cases were delivered to Coasters in Quarter 1 2013/14, representing **99.8%** of our year-to-date target delivery. At just one discharge below target, the discrepancy from the year-to-date target is not considered material and will be made up in future quarters.

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 1 2013/14, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

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

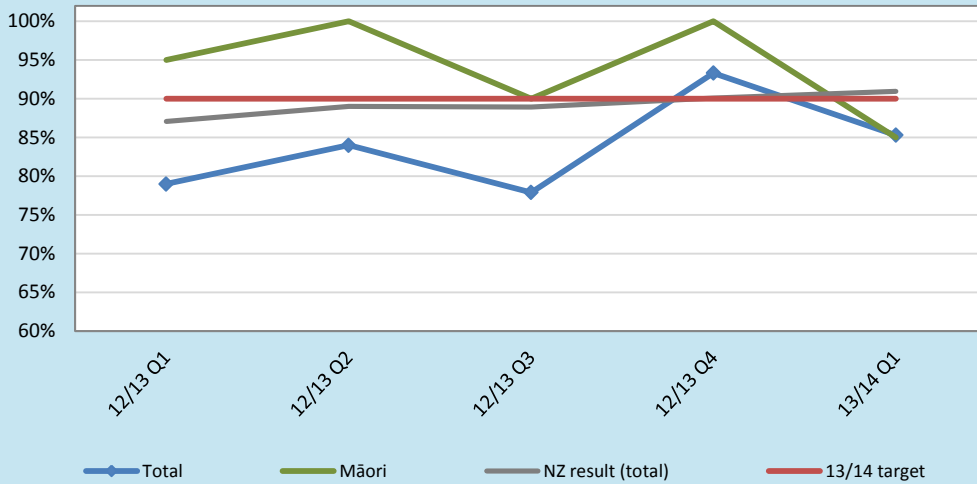
² This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

Increased Immunisation

Target: 90% of eight-month-olds are to be fully immunised



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



Quarter 1 is the first quarter against the increased national target, which has risen from 85% to 90%.

The West Coast has not achieved the revised national health target this quarter, vaccinating **85%** of eligible children. While this is a decrease from the exceptional results of the previous quarter (where 93% of all eight-month-olds and all Māori eight-month-olds were fully immunised), it is higher than the coverage achieved in Quarters 1-3 last year.

Opt-offs³ and declines (3.9% and 4.9% respectively) continue to be a challenge for the West Coast; however, they are at lower rates than previous quarters.

Of the 102 eligible children, 87 were fully vaccinated, nine opted-off or declined and only six children were unvaccinated. Three of these six were vaccinated after their milestone age, leaving only three still overdue.

This may suggest that considerable effort is going into recall and outreach services, rather than pre-call and on-time immunisation prior to and at five months. To address this, all practices will now be using a suggested process timeline for their guidance to ensure timely immunisation for children by eight months of age. 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, 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.

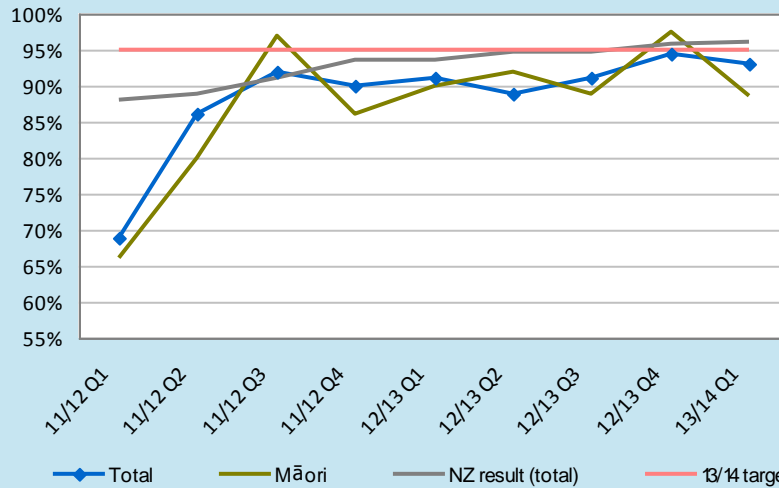
³ Children's parents can decide (typically at the child's birth) to opt their child off the NIR. These children continue to be counted in the cohort for the DHB of birth, but there is no way to determine or record if they have later been vaccinated, declined or moved out of the DHB area.

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 1, West Coast DHB staff provided **93%** of hospitalised smokers with smoking cessation advice and support – just five patients shy of meeting the targeted 95%.

While small numbers continue to make the 95% target a challenge, the West Coast DHB is committed to achieving the target. Clinical Nurse Managers (CNMs) continue to identify ‘missed’ patients and pinpoint any gaps at ward level. These are then acted upon to improve the next month's results. Following up these patients has now become standard practice by CNMs and is crucial for picking up the last few percentage points.

Communication between the Smokefree Services Coordinator and the ED Clinical Nurse Manager continues, with ABC⁴ performance and staff's understanding of what is required steadily improving. The Smokefree Services Coordinator will carry out an audit with ED to assess the level of progress the staff have made with implementing the ABC initiative so that their efforts can be documented and acknowledged.

In Quarter 4 2012/13, the Smokefree Services Coordinator started background work on a Nicotine Replacement Therapy (NRT) charting audit. This work has carried on during Quarter 1, and the audit showed that NRT is being prescribed at a low level on the wards. Raising awareness of the value and use of NRT on the wards is a priority, which is being promoted to staff by the Smokefree Services Coordinator, the Chief Medical Officer and the Director of Nursing. Further NRT promotion will continue next quarter through the DHB in-service and CEO updates.

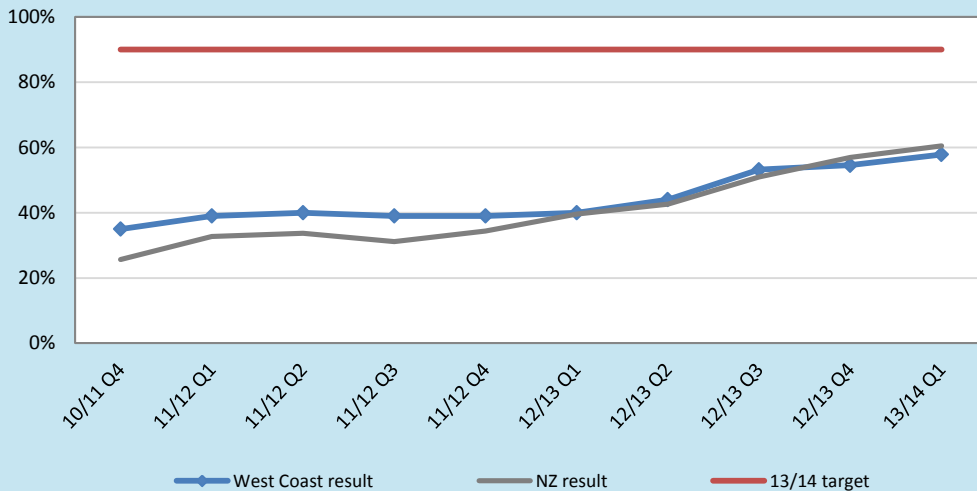
⁴ The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support.

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 smoking⁵



West Coast general practices have reported giving 2,554 smokers cessation advice in the 12 months ending September 2013, representing **58%** of smokers expected to attend general practice during the period.

The key barrier to achieving this target is data capture and coding of conversations taking place. Monthly coding and data entry training has been implemented at the PHO as part of standard orientation for all new practice staff in an effort to increase data capture. Smoking assessment tools that prompt staff where required should also increase data capture, and their implementation continues to be progressed.

The PHO Clinical Manager is liaising with each practice to review results, set goals and identify actions to improve individual practices' performance against the health target. The PHO is also working alongside Better Health to support improved practice management of DHB-owned general practices.

Training has increased this quarter, with Quit Card Update training sessions provided in Westport and Greymouth for both community services and DHB staff.

During Quarter 1, an action plan was developed to support increased integration of activity for the primary care smokefree and cardiovascular risk assessment health targets. Activity was already underway to support this way of working (such as the implementation of IT systems); however, further actions that are to be explored to support improved performance against the primary smokefree health target include:

- Improved senior and clinical leadership and accountability by supporting the reinvigoration and expectation of functioning Quality Improvement teams in DHB-owned general practices;
- Supporting Quality Improvement Champions for both health targets; and
- Implementing texting as an IT tool to be used for target groups across both health targets.

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

More Heart and Diabetes Checks


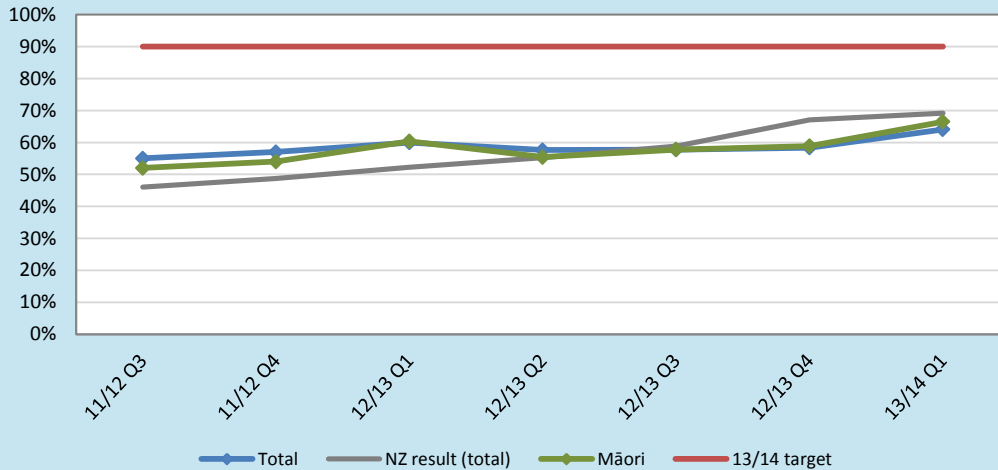
Target: 90% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years 

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years⁶



Data for the five years to 30 September 2013 shows that West Coast general practices have continued to increase coverage, with **64%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA) – up from 58% in Quarter 4.

The West Coast PHO has set a progress target to reach 78% for this measure by December 2013, a good milestone on the way to achieving the national target of 90% of eligible people assessed by 30 June 2014.

Key activities during Quarter 1 included the following:

- Ongoing support from the PHO clinical manager to practice nurses/teams to identify and actively recall 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 now 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 again due to IT issues. A fix is now underway. 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;
- Continued support of non-fasting blood testing for people who have never been screened before for screening purposes, and follow-up of identified high risk people; and
- New funding issued for 2013/14 for incentivising additional CVRAs.

Specific services have also been introduced to support Māori, Pacific, and other high-risk populations, including the following:

- Collaboration between Rata Te Awhina Trust's Kaupapa Māori nurses, the PHO and several practices on outreach to the high-needs Māori population who have not responded to invitations for CVRA screening. An awareness campaign has commenced; and
- Extension of the Rata Te Awhina Kaupapa Māori nurse outreach model (originally piloted in Greymouth Medical Centre in Quarter 4) to Hokitika in Quarter 1. So far, this is working very well.

⁶ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

In achieving the target a quality and patient focus remains paramount. The West Coast PHO is actively working to encourage and support the programme through audit, clinical leadership champions, quality improvement programmes, and encouraging individuals to see the benefits of the programme for their patients.