



## National Health Targets Performance Summary

Quarter 2 2013/2014 (October-December 2013)

### Target Overview

Target	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Target	Status	Pg
<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours	99.8%	99.6%	99.8%	99.8%	95%	✓	2
<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	1,173 YTD	1,686	434 YTD	795 YTD	812 YTD	✗	2
<b>Shorter Waits for Cancer Treatment</b> People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
<b>Increased Immunisation</b> Eight-month-olds fully immunised	78%	93%	85%	84%	90%	✗	5
<b>Better Help for Smokers to Quit</b> <b>Hospitalised</b> smokers receiving help and advice to quit	91%	95%	93%	86.2%	95%	✗	3
<b>Better Help for Smokers to Quit</b> Smokers attending <b>primary care</b> receive help and advice to quit	53%	55%	58%	59.9%	90%	✗	4
<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CV risk assessment in the last 5 years	58%	58%	64%	66.4%	90%	✗	6

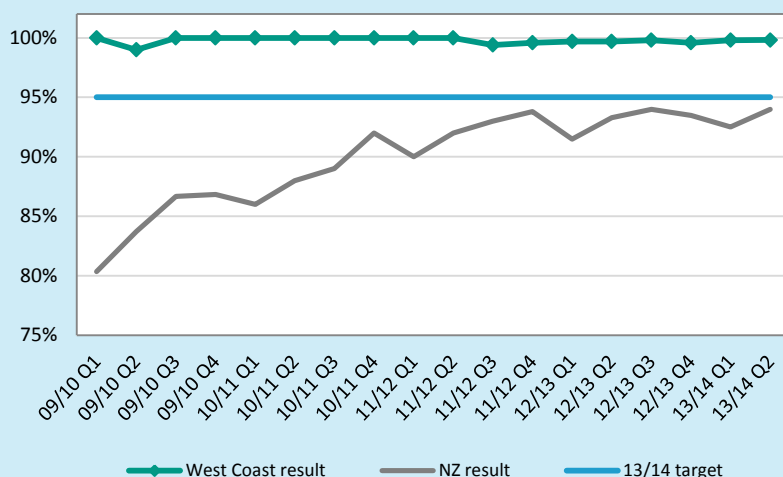


## Shorter Stays in Emergency Departments

**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**



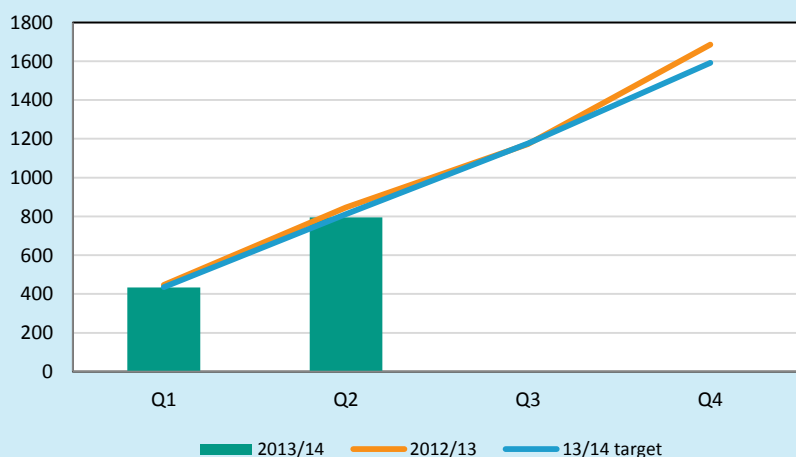
The West Coast continues to achieve impressive results against the ED health target, with **99.8%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 2.

## Improved Access to Elective Surgery

**Target:** 1,592 elective surgeries in 2013/14



**Figure 2: Elective surgical discharges delivered by the West Coast DHB<sup>1</sup>**



**795** elective surgical cases were delivered to Coasters in Quarter 2 2013/14, representing **97.9%** of our year-to-date target delivery. Being only 17 patients shy of meeting the targeted 812 this quarter, we have no doubt that this shortfall will be made up for by the end of Quarter 4.

A two week shutdown at Christmas and issues with visiting specialists during December are most likely responsible for our decline this quarter.

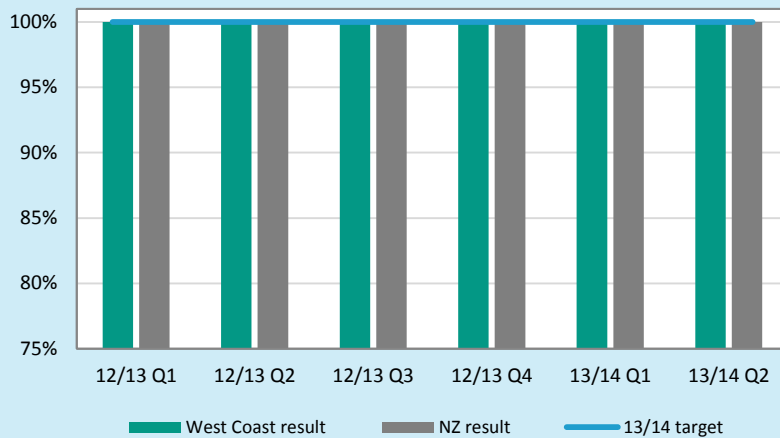
<sup>1</sup> Excludes cardiology and dental procedures. Progress is graphed cumulatively.



## Shorter Waits for Cancer Treatment

**Target:** 100% of people needing radiation or chemotherapy receive it within four weeks

**Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks<sup>2</sup>**

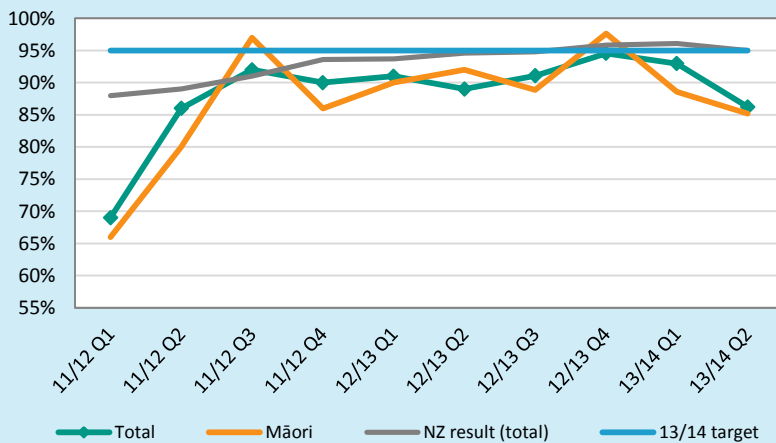


In Quarter 2 2013/14, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

## Better Help for Smokers to Quit: *Secondary*

**Target:** 90% of smokers attending primary care receive advice to quit

**Figure 4: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking**



In Quarter 2, West Coast DHB staff provided **86.2%** of hospitalised smokers with smoking cessation advice and support – 31 patients shy of meeting the targeted 95%.

The systems and processes are in place for the target to be achieved by June 2014; however, challenges do exist including the level of staff attendance at ABC Smokefree training which can impede full understanding of the ABC procedures as a national health target and a significant clinical intervention. Meetings with senior hospital management will need to be ongoing until progress against the target is again achieved and sustained.

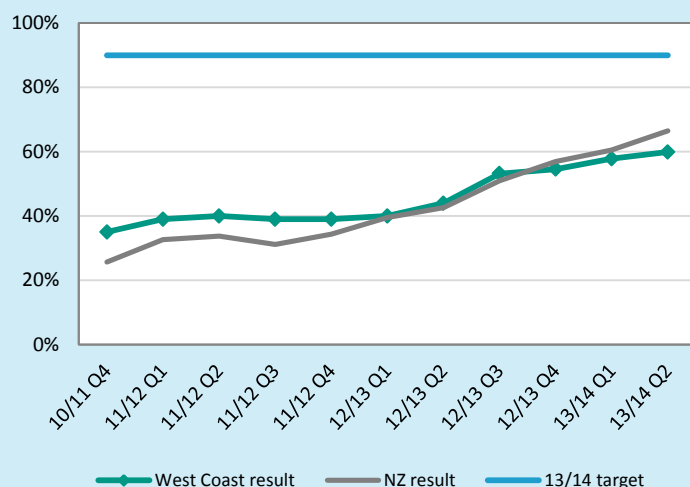
<sup>2</sup> This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.



## Better Help for Smokers to Quit: Primary

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

Figure 5: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking<sup>3</sup>



West Coast general practices have reported giving 2,693 smokers cessation advice in the 12 months ending December 2013, representing **59.9%** of smokers expected to attend general practice during the period. A 2% increase against the previous quarter but still well under the target.

A 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 use of advanced forms on MedTech 'smoking assessment' tool supports and reminds staff to capture the correct data and prompts the 'brief advice' if required. Practice-specific feedback is circulated monthly to all staff within general practice, through a 'Primary Health Target Bulletin,' alongside clinical relevant messaging regarding the health target or quarterly Coast Quit outcomes to create a clear link between ABC intervention and patients quitting smoking.

During this quarter the Smokefree Services Coordinator (SSC) further analysed individual practice performance. This identified one practice in particular that required extra support to improve their coding of B&C<sup>4</sup>. This support was provided by the SSC and should result in improved results for this practice for Quarter 3.

Along with existing and previously reported actions, during this quarter the 'Supporting the Primary Care Health Targets' Action Plan was updated and approved by the MoH. This identifies opportunities for better integration between the two primary care health targets. Key actions include driving and supporting senior and clinical leadership within primary practices, including the reinvigoration of Quality Improvement Teams and identifying Quality Improvement Primary Health Targets Champions. Work is already underway against this plan and will continue through to July 2014.

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

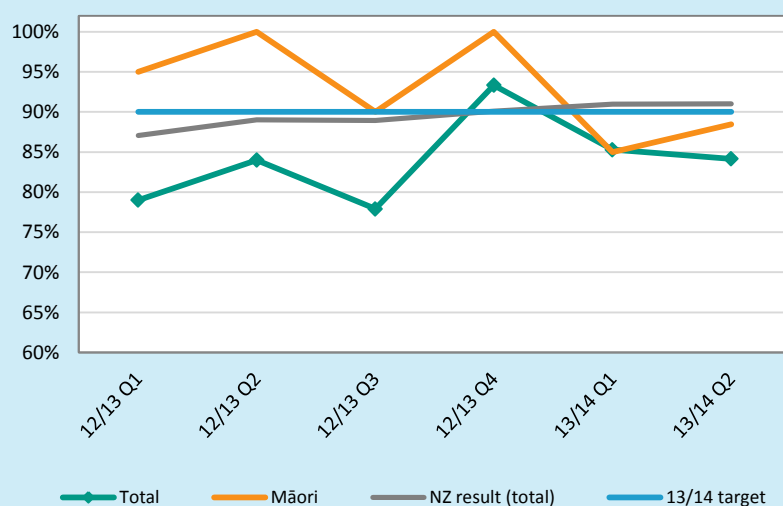
<sup>4</sup> The 'B & C' refer to the latter part of the The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support



## Increased Immunisation

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

**Figure 6: Percentage of West Coaster eight-month-olds who were fully immunised**



The West Coast has not achieved the revised national health target this quarter, vaccinating **84%** of eligible children. This represents NZ European (94%), Māori (88%) and 100% of Pacific and Asian children.

Opt-off<sup>5</sup> (9.9%) and declines (2%) continue to be a challenge for the West Coast. 11.9% of children this quarter could not be immunised due to parent's choice (a noteworthy increase from last quarter of 3.1%). Of those that were able to be immunised, there were only four children missed. Of these, one was vaccinated after milestone age and the other three remain overdue.

An implementation plan for recommendations made by the Alliance Leadership Team on the West Coast has been approved. Recommendations include data management; increased focus on outreach, linking with B4 School Checks process; DHB promotions and communications plan—linking with the Canterbury DHB Immunise for Life programme (with a West Coast theme); Seasonal Influenza Programme; working on leadership and engagement of Service Level Alliances and the West Coast Immunisation Advisory Group; and strengthening clinical and administration linkages between Canterbury and the West Coast.

Work is now underway on this with the aim to get a better understanding of immunisation provision and improve immunisation rates.

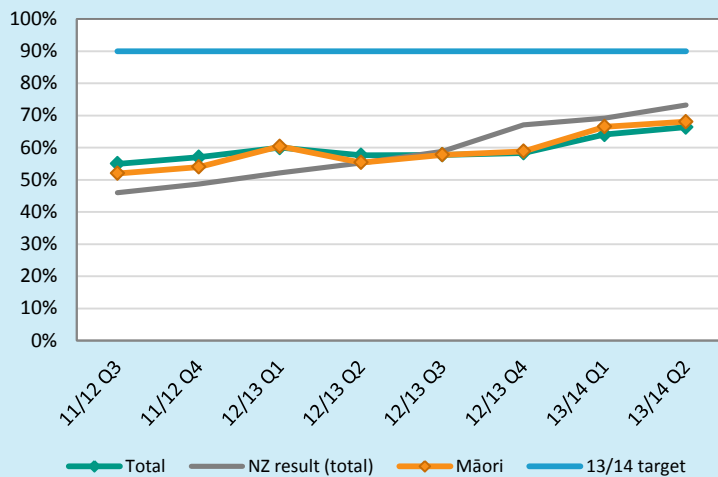
<sup>5</sup> Children's parents can decide (typically at the child's birth) to opt their child off the NIR. These children continue to be counted in the cohort for the DHB of birth, but there is no way to determine or record if they have later been vaccinated, declined or moved out of the DHB area.



## More Heart and Diabetes Checks

**Target:** 90% of the eligible enrolled population have had a CVD risk assessment in the last five years

**Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years<sup>6</sup>**



Data for the five years to 31st December 2013 shows that West Coast general practices have continued to increase coverage, with **66.4%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA) – up from 64% in Quarter 1.

A lot of positive work was undertaken this Quarter to improve performance, and while the results demonstrate an increase of 2.4% on the previous quarter's result, we have not met our 78% progress target as intended.

WCDHB continues to work on increasing the rates during the year and meet the 90% target by 1st July 2014. This includes integration of Kaupapa Maori nurses, implementing specific nurse led CVRA clinics at practices and providing extra nursing resources for CVRAs.

Additional funding received from the Ministry of Health to support further uptake of More Heart and Diabetes checks has resulted in an after-hours clinic delivered in Reefton. Further recruitment of nurses to work at dedicated general practices after-hours clinics, marae, work places and other venues continues.

To meet the 90% target we are focussed on delivering the Primary Care Health Target Action Plan to support a more integrated approach to both primary care health targets, which was signed off by the Ministry in December 2013.

Actions in the coming quarter to address performance and reach the target include:

- Integrating Kaupapa Maori nurses to assist with high need engagement for screening;
- Implementing specific nurse led CVRA clinics at practices;
- Screening for CVD patients for CVRA;
- Providing extra nursing resources for CVRAs; and
- Introducing after-hours clinics to provide additional CVRAs for people not easily able to access general practice during working hours.

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