

SYSTEM LEVEL MEASURES FRAMEWORK UPDATE April 2017

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Alliances share their improvement plans and approach

In this newsletter, we profile another two alliances with exemplar 2016/17 Improvement Plans and share the approach they took – the process followed, what went well, and what they might do differently in the future.

System Level Measures approach familiar territory for Canterbury

Canterbury's district health alliance, the Canterbury Clinical Network (CCN), believes System Level Measures and their contributory measures provide the Canterbury health system with a wonderful opportunity to strengthen its collective efforts to improve health outcomes for the population and focus on local priorities.

CCN Alliance Leadership Team member Professor Les Toop says the outcomes focus of the System Level Measures framework is consistent with the approach already being taken across the Canterbury health system.

“The idea of taking a system-wide view and building primary–secondary care relationships and getting consumer involvement is not new.

“In Canterbury, we've tracked performance in this way for years through a shared outcomes framework. The System Level Measures framework extends this approach and really resonates with what we are already doing.” [Read more.](#)

Bay of Plenty's improvement plan will have tangible results for people's health

GP Luke Bradford from Western Bay of Plenty PHO was one of those leading the development of the Bay of Plenty district's System Level Measures Improvement Plan. He says he was originally sceptical about the approach, but has been won over by its outcomes focus.

“We have been counting numbers for too long, whereas the System Level Measures approach will have tangible results for people's health. Those results are much more difficult to get to – but this actually feels like medicine.”

He says it's not enough to, for example, just measure cardiovascular risk – it's about decreasing the number of heart attacks and strokes in your population.

“It makes much more sense, because when you give that ownership back to practices and GPs, they are going to be doing something they believe in. To improve something, you must

have the data in the first place so it makes you look at how you are going to improve the data, rather than just staring at the numbers.” [Read more.](#)

Developmental System Level Measures – update and expectations for 2017/18 plans

Two developmental measures are to be implemented from 1 July 2017. They are the Babies Living in Smoke-free Homes and Youth Health System Level Measures (SLMs).

Both SLMs have been developed with significant sector input, particularly from clinicians and consumers. They strengthen integration in the health sector, as successful implementation will require different health sector groups to work together.

The development and consultation process has taken longer than planned. Given this delay, the Ministry is extending the timeline for submission of the final 2017/18 Improvement Plans. These are now due to the Ministry on 30 June 2017.

Youth System Level Measure

The Youth SLM is **Youth access to and utilisation of youth appropriate health services**. Due to the complexity and breadth of issues impacting youth health and wellbeing, the Youth SLM consists of five domains with corresponding outcomes and health indicators (Table 1). This enables district alliances to focus on the most important issues relevant to their local population.

For SLM Improvement Plans, district alliances are expected to include their Youth Service Level Alliance Teams (SLATs) or equivalent forums in considering their local data for the domains and indicators and identifying at least one of the five domains to focus on in 2017/18. The alliances will then agree an improvement milestone using the national indicator of their chosen domain, and develop quality improvement activities and contributory measures for the SLM Improvement Plan. This process should include young people, and relevant health and wider sector partners as appropriate. The Ministry will provide baseline data where available. Further implementation guidance will be available on the [Nationwide Service Framework Library](#) on 1 May.

Table 1: Domains, outcomes and indicators for youth SLM

Domain	Outcome	National Indicator
Youth Experience of Health System	Young people feel safe and supported by health services	Child and Adolescent Mental Health Services (CAMHS) Real-Time Survey results for 10-24 year olds
Sexual and Reproductive Health	Young people manage their sexual and reproductive health safely and receive youth friendly care	Chlamydia testing coverage for 15-24 year olds
Mental Health and Wellbeing	Young people experience less mental distress and disorder and are supported in times of need	Self-harm hospitalisations and short stay ED presentations for <24 year olds
Alcohol and other Drugs	Young people experience less alcohol and drug related harm and receive appropriate support	Alcohol-related ED presentations for 10-24 year olds
Access to Preventive Services	Young people receive the services they need to keep healthy	Adolescent oral health utilisation for school year 9-17 years of age

Proportion of babies who live in a smoke-free household at six weeks post-natal

This measure is important because it aims to reduce the rate of infant exposure to cigarette smoke by focussing attention beyond maternal smoking to the home and family/whānau environment. The measure at six weeks aligns with the first core contact which is when the handover from maternity to Well Child Tamariki Ora (WCTO) Providers and General Practitioners occur.

This measure will drive integration as achievement requires coordination between different providers including a robust handover process to ensure that babies are enrolled to receive primary care core services while also providing many opportunities for smoking interventions to occur for mother and family/whānau.

The measure will draw on the data collected for the 'Households are smoke-free at six weeks postnatal' indicator by WCTO providers.

District alliances are expected to work with relevant health and wider sector partners as appropriate to implement this SLM. Initially the focus should be on the relationship between DHBs, PHOs, Lead Maternity Carers (LMCs) and WCTO providers and then over time include secondary care, health promotion, community groups (eg Marae, sports clubs, church), Quitline, pharmacists and ambulance to ensure there is a continuum of support for the mother and whānau when they decide they wish to stop smoking (either pre-natal, during pregnancy or post-natal).

Based on data supplied by the Ministry, the alliances are required to agree an improvement milestone, quality improvement activities and contributory measures for their 2017/18 Improvement Plan submitted to the Ministry by 30 June. Further implementation guidance will be available on the [Nationwide Service Framework Library](#) on 1 May.

Quarter 3 reporting

The Ministry expects the alliance's quarter 3 report to include:

- Whether the alliance is on or off track to achieve its SLM improvement milestones (this is the number identified for each System Level Measure in the Ministry-approved Improvement Plan). The report must reflect the alliance's progress (on or off track) and have the agreement of all parties involved, not just one party such as the PHO or DHB. If the alliance is off track, a mitigation plan must be included as part of the report. The mitigation plan must include an assessment by the alliance on the progress made, reasons for being off track and the specific actions the alliance will take in the next quarter to get back on track.
- The quarter 3 report is due to the Ministry, through the DHB quarterly reporting database, on 20 April 2017. It should be reported via the PP22 System Integration A3 reporting template as a separate line activity or as a separate word document attached to the PP22 quarterly reporting data base. A [reporting template](#) has been developed and can be found on the Nationwide Service Framework Library for those who choose to use this format. Questions about reporting can be emailed to Alison Randall (Alison.Randall@moh.govt.nz).

Quarter 4 reporting and payments

DHBs, on behalf of their alliances, are required to report performance against the System Level Measure improvement milestone that was agreed and approved by the Ministry in their Improvement Plan.

If the district alliance(s) has not achieved any improvement milestones in quarter 4 they must submit an explanation for the non-performance.

If district alliance(s) do not achieve their improvement milestone in quarter 4, the PHO will still be paid if the explanation submitted with the quarter 4 report satisfies the Ministry that the:

- district alliance had an Improvement Plan that was approved by the Ministry
- the Improvement Plan was fully implemented
- district alliance(s) took all reasonable steps to ensure the milestone was achieved
- district alliance(s) reasons given as to why the milestone was not achieved adequately explain the reasons for non-performance and the actions taken to mitigate the non-performance; and
- the milestone was closer to being achieved in quarter 4 than it was on the first day of quarter 1.

The quarter 4 report is due to the Ministry via the DHB quarterly reporting database on 20 July 2017 and should be submitted via the PP22 System Integration A3 reporting template as a separate line item or as a separate word document attached to the PP22 quarterly reporting data base. A reporting template will be available on the Nationwide Service Framework Library in May for those who wish to use it. Questions about reporting can be emailed to Alison Randall (Alison_Randall@moh.govt.nz).

System Level Measures Data

Data for System Level Measures (with the exception of the Patient Experience of Care System Level Measure), is provided via the [Nationwide Service Framework Library](#) (aggregate level) and secure FTP server (NHI level).

To enable alliances to undertake the quality improvement processes to successfully implement the System Level Measures, the Ministry is beginning to share unencrypted NHI level data with DHBs and PHOs for a number of data sets. An email was sent to DHB and PHO CEs and GMs Planning and Funding on 4 April advising of data sets available, sharing principles, process for requesting and DHB and PHO responsibilities for safe sharing and use of the data.

The table below summarises the data sets available and planned routine release dates.

Data	Routine release dates	Reporting period	Reports
Ambulatory Sensitive Hospitalisations (ASH)	December, March, June and September	Previous quarter	DHB of domicile reports NHI for DHBs of domicile (new) NHI for PHOs and practices (new) PHO reports (available from June 2017)
Acute hospital bed days	December, March, June and September	Previous quarter	DHB of domicile reports DHB of service reports PHO reports NHI for DHBs of domicile (new) NHI for PHOs and practices (new)

Data	Routine release dates	Reporting period	Reports
Acute readmissions (for 3, 7 and 28 days)	January, April, July and October	Quarter before last (ie July-Sept data is released in January)	DHB of domicile reports NHI for DHBs of domicile (new) PHO reports (available from June 2017) NHI for PHOs and practices (new—available from June 2017) DHB of service reports (available from Sept 2017)
Acute readmissions (180 days)	December, March, June and September	For readmission events ending in previous quarter	DHB of domicile reports NHI for DHBs of domicile (new) PHO reports (available from June 2017) NHI for PHOs and practices (new—available from June 2017) DHB of service reports (available from Sept 2017)
Self-harm hospitalisations	December, March, June and September	Previous quarter	DHB of domicile reports NHI for DHBs of domicile PHO reports (available from Sept 2017) NHI for PHOs and practices (available from Sept 2017)
Alcohol related emergency department presentations	December, March, June and September	Previous quarter	DHB of service reports NHI for DHB of service DHB of domicile reports (available from Dec 2017) PHO reports (available from Dec 2017) NHI for DHBs of domicile (available from Dec 2017) NHI for PHOs and practices (available from Dec 2017)
Amenable mortality	Nov-Jan each year (depending on coronial processes)	Two years prior to year of reporting ie 2014 data will be reported in Nov 2017	DHB summary rates DHB conditions by year DHB ethnicity rates summary

System Level Measures Technical Advisory Group

A Technical Advisory Group has been established to provide independent technical advice on System Level Measures and contributory measures.

The key tasks of the group are to:

1. Provide technical advice on the maintenance of the current four System Level Measures implemented from 1 July 2016.
2. Provide technical advice and support to complete the two developmental measures to be implemented from 1 July 2017.
3. Identify, advise on and assist with the development of contributory measures.
4. Make recommendations for changes to System Level Measures and/or contributory measures as appropriate.

The group had its first meeting in February 2017 and their advice has informed the two developmental SLMs.

Members of Technical Advisory Group include:

Member	Role	Expertise for TAG selection
Dr Peter Jones (Chair)	Chief Advisor, Ministry of Health	Clinical secondary, System Level Measures clinical lead, quality improvement
Dr Margaret Wilsher	Chief Medical Officer Auckland DHB	Clinical secondary (respiratory), research, clinical leadership
Richard Hamblin	Director of Quality Evaluation Health Quality & Safety Commission	Quality improvement, health care quality measurement
Dr Allan Moffitt	Clinical Director, ProCare Health Ltd	Clinical primary, health system integration
Dr Paula King	Public Health Medicine Specialist and Fellow of the New Zealand College of Public Health Medicine	Equity, population health
Professor Roger Morris	Managing Director at MorVet Limited	Elected consumer representative on Wairarapa DHB alliance
Greg Hamilton	Planning and Funding Canterbury DHB	Managerial secondary, performance monitoring/management, data, health system integration
Serena Curtis-Lemuelu	Director - SV8 Consulting	Quality improvement, primary care performance monitoring, data
Catherine Marshall	NGO Council Member	Community health
Caroline Tilah	Director (Operations), Quality Improvement and Patient Safety (QIPS) Capital & Coast DHB	Quality improvement, clinical background, secondary care sector

Primary care patient experience survey update

The February primary care patient experience survey round saw 30 new general practices join, bringing the total to 167 practices. Twenty-seven practices joined via the National Enrolment Service. Now that many practices have implemented the National Enrolment Service we hope to see more practices joining for the next survey round on 2–8 May.

The Ministry of Health and Health Quality & Safety Commission are currently working to prepare some communications tools that provide guidance on how practices can join the survey and inform their patients about the survey. These will be available on the Health Quality and Safety Commission [website](#) in May.

For more information

Further information about System Level Measures, including frequently-asked questions and improvement science, is available on the Ministry [website](#) and the [Nationwide Service Framework Library](#).

Guidance to DHBs has been provided on the [Nationwide Service Framework Library](#), including the [2017/18 Annual Planning Guidance](#) and [Guide to using the System Level Measures Framework for Quality Improvement](#).

If you have any queries, please contact the National Programme Manager, Kanchan Sharma on 021 702 240 or at SLM@moh.govt.nz.