

# DHB Operational Reports

## 2007/08 Annual Objectives

Objective	Deliverable	Timeframe	Achieved	Comment
Implement the new Ministry of Health Service Specifications for Primary Maternity	<ul style="list-style-type: none"> <li>■ Sign off on service specifications</li> <li>■ Develop new models of care particularly with regards to antenatal Shared Care (shared responsibility of named midwife and GP)</li> </ul>	30/06/08	<p>✗</p> <p>✓</p>	<p>Unfortunately CMDHB has not received the final service specification for primary maternity from the MOH for signing (NB Repeatedly asked for throughout the year).</p> <p>Shared care review and change undertaken.</p> <p>Shared care IT solution approved and project commencing July 08 toward implementation of IT and new antenatal shared care schedule</p>
Baby Friendly Hospital accreditation for all three Community Maternity Units	<ul style="list-style-type: none"> <li>■ Gain accreditation for all 3 Units</li> </ul>	30/09/07	✓	All three units have passed NZBA BFHI accreditation October 2007. Next assessment due October 2010
Review the current outreach immunisation strategies and scope additional services to reach Maaori and Pacific children < 5 years of age	<ul style="list-style-type: none"> <li>■ New vaccination pilot for hard to reach implemented</li> </ul>	30/06/08	✓	
Support initiatives that aim to reduce substance abuse and promote good sexual health	<ul style="list-style-type: none"> <li>■ Develop a primary healthcare training package with sexual health team</li> </ul>	30/06/08	✓	<p>The Primary Sexual Health Guidelines Committee has updated sexual health guidelines and promoted their availability on three websites</p> <p>Sexual health education in primary health care is multi-dimensional and ongoing</p>



### Outcome 3 – Reduce the Incidence and Impact of Priority Conditions

#### Reduce the impact of diabetes and cardiovascular disease

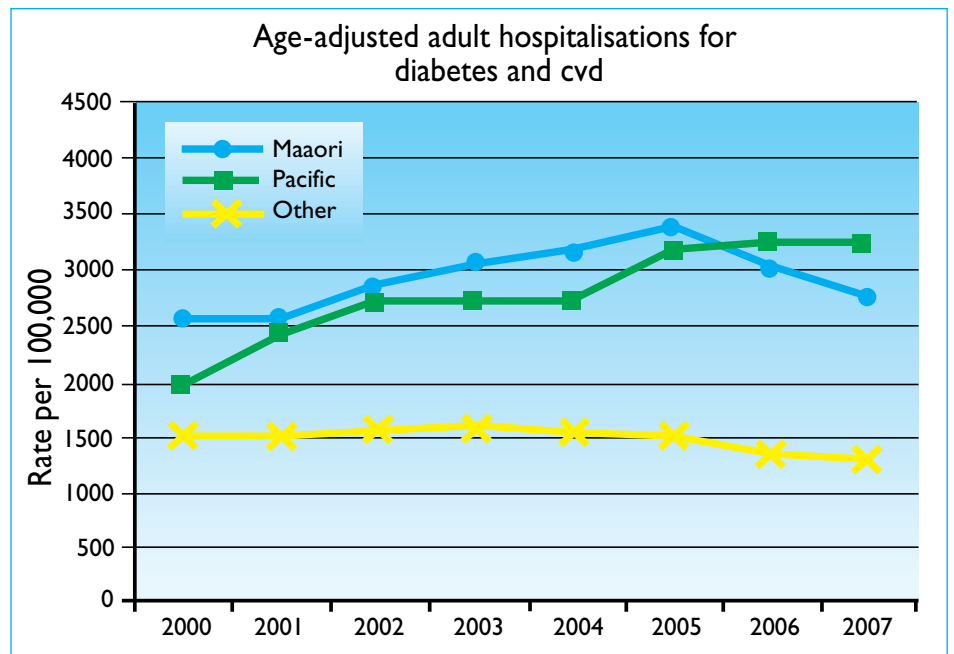
Objective	Performance Measure
Decrease the hospital admission rate for cardiovascular disease and diabetes in adults	Age-adjusted hospitalisation rate for hospital discharges with principal diagnosis codes for diabetes and cardiovascular disease

	2000	2001	2002	2003	2004	2005	2006	2007	Target
<b>Maaori</b>	3107	3060	3391	3608	3683	3932	3560	3300	3400 ✓
<b>Pacific</b>	2460	2961	3243	3250	3237	3665	3737	3735	3600 x
<b>Other</b>	2038	2001	2103	2110	2103	2036	1877	1841	1800 x

Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

#### Comment

Age-adjusted hospitalisation rates for diabetes and cardiovascular disease provide an important insight into care for these conditions in the community and prevention of hospitalisation. The hospitalisation rate for Maaori appears to have peaked in 2005 and the target for 2007 was achieved. Target rates for those of Pacific and Other ethnicities were not achieved, although the Other rate was at an eight-year low. The disparity in diabetes and cardiovascular hospitalisation rates between those of Maaori and Pacific ethnicities and those of Other ethnicities is a sobering reminder of the health inequity that exists between these groups. The rising hospitalisation rate amongst Pacific peoples is likely to be related to the rising incidence of both conditions in Pacific communities. CMDHB has implemented community-focused programmes such as Let's Beat Diabetes and Chronic Care Management to reduce the incidence and impact of diabetes and cardiovascular disease. However, it is likely to be several years before these programmes have a significant effect in reducing hospital admissions for these two conditions.



Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

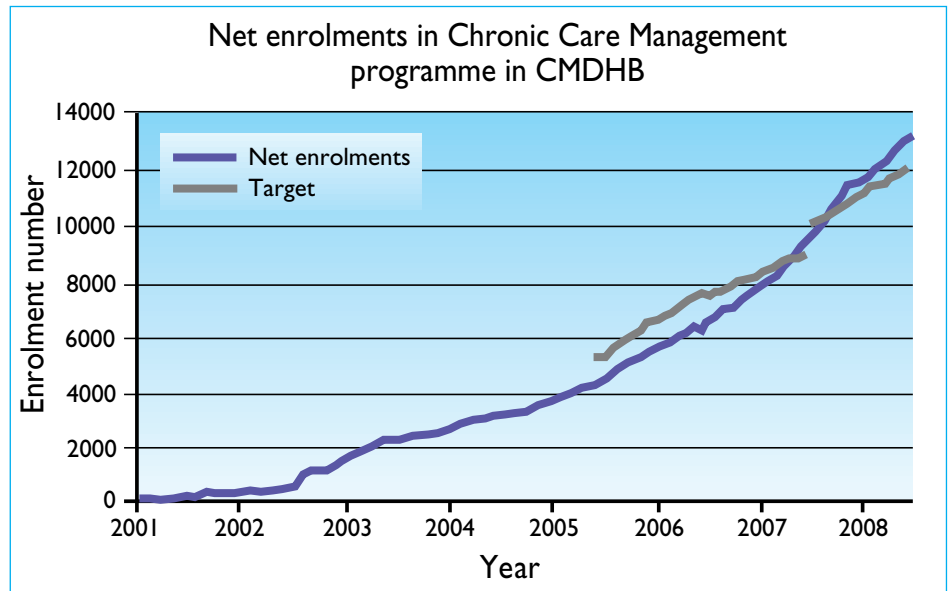


## Increase access to structured programmes to reduce the impact of priority conditions

Objective	Performance Measure
Increase the numbers of Chronic Care Management (CCM) programme enrolments for all five modules	Total enrolments in CCM programme (All enrolments minus dis-enrolments)

### Comment

The Chronic Care Management (CCM) programme has led the way nationally in the management of people with chronic diseases. People with chronic diseases work with their primary health care teams to optimise disease management and are followed up on a regular basis throughout the year. Net enrolments in CCM exceeded targets in 2007/08.



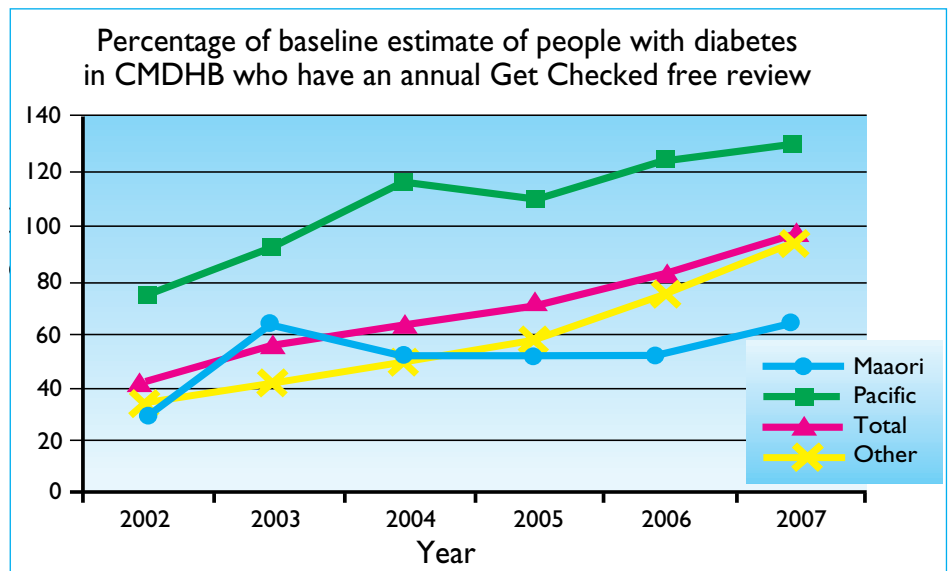
Source: CMDHB Chronic Care Management programme

## Reduce the incidence and impact of diabetes

Objective	Performance Measure
Increase the proportion of estimated number of people with diabetes who had an annual Get Checked free check	<p><i>Numerator</i> The number of individuals with diabetes who have a free annual check</p> <p><i>Denominator</i> The estimated number of individuals with diabetes</p>
<b>Achieved</b> ✓	

### Comment

There has been a steady increase in CMDHB in the proportion of people with diabetes who receive a free annual Get Checked consultation. All annual targets for Get Checked reviews were achieved for 2007/08. The original Ministry of Health estimate of around 14,000 people with diabetes in 2007 in CMDHB was used as the denominator in this report to maintain consistency with previous years. A revised Ministry of Health prevalence estimate of around 25,000 people with diabetes in CMDHB means that the denominator and Get Checked targets will probably change in future years.



Source: Get checked annual reports (calendar years to 31 December 2007 rather than 30 June 2008)

### Actual numbers of free annual Get Checked reviews in CMDHB, by ethnicity

	Baseline number of free annual checks in 2006 (calendar)	Number of free annual checks in 2007 (calendar)	Target number of checks in 2007 (calendar)
<b>Total</b>	10710	13918	11930 ✓
<b>Maaori</b>	1585	1984	1934 ✓
<b>Pacific</b>	4036	4840	4306 ✓
<b>Other</b>	5090	7094	4876 ✓

## Reduce the incidence and impact of cancer

Objective	Performance Measure	Achieved
Increase the 2 year breast screening coverage for women aged 50-64	<p><i>Numerator</i> Number of women aged 50-64 years who have had a breast screen in the last 24 months</p> <p><i>Denominator</i> Number of women aged 50-64 years living in Counties-Manukau</p>	x

	2004/05	2005/06	2006/07	2007/08	Target 2007/08
<b>Maaori</b>	51	46	43	45	54 x
<b>Pacific</b>	46	43	41	45	50 x
<b>Other</b>	54	52	51	53	60 x
<b>Total</b>	52	50	49	51	56 x

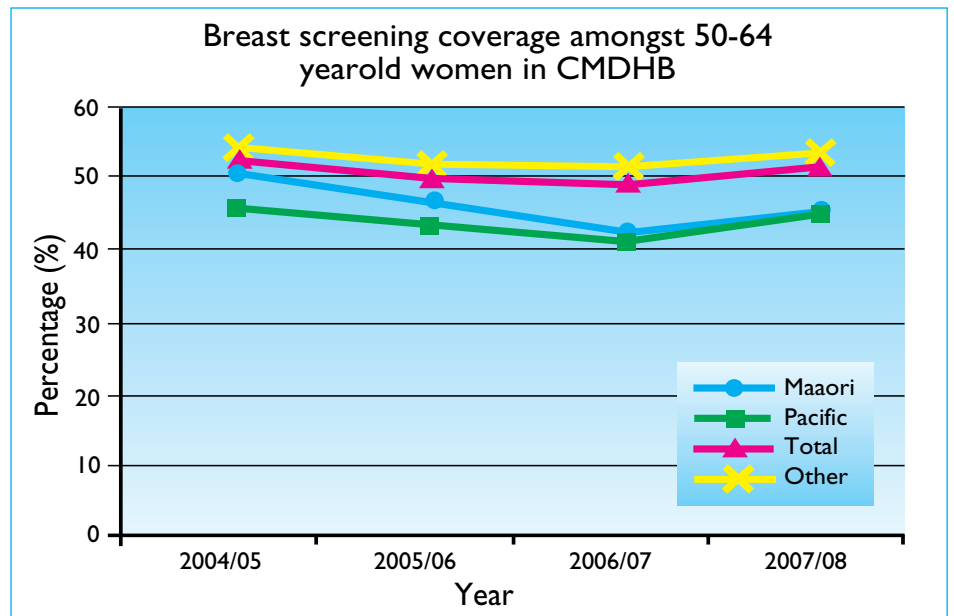
Source: Breastscreen Aotearoa

### Comment

In Sept 2005 CMDHB took over as the BreastScreen Aotearoa lead provider in the DHB region. Since taking over the service, coverage in the region dropped initially due to the lack of both facilities and staff in the first year of operation. The service inherited a backlog of women waiting to be screened (over 5,000 at one stage). This backlog compromised the DHB's ability to meet coverage targets.

CMDHB has not met targets for women aged 50-64 years in 2007/08. An important reason for this is the severe international workforce shortage amongst radiographers that has affected CMDHB since January 2008. The number of women screened for breast cancer each month in CMDHB dropped from around 1,500 in late 2007 to around 1,200 in 2008.

The data presented in this report is for coverage of women aged 50-64 years. Since July 2006, CMDHB has offered expanded screening services, covering women aged 45-69 years. Future reporting of coverage and targets will take this expansion of age criteria into account. Coverage for all women aged 45-69 years in CMDHB has increased steadily over the past two years. The 2007/08 coverage for all women aged 45-69 years in CMDHB was around 47%.



Source: Breastscreen Aotearoa



## Improve outcomes for people severely affected by mental illness

Objective	Performance Measure
Increase the proportion of the Counties-Manukau population with severe mental illness accessing mental health services	<p><i>Numerator</i> Number of CMDHB domiciled unique clients seen in previous 12 months</p> <p><i>Denominator</i> Number of CMDHB residents aged 20-64 years</p>

	Year to 31 March 2007			Year to 31 March 2008			Target
	Maaori	Other	Total	Maaori	Other	Total	
0-19 years	2.0	1.6	1.7	2.5	2.0	2.1	1.8 ✓
20-64 years	4.3	2.1	2.4	4.8	2.4	2.7	2.6 ✓
65+ years	1.9	2.1	2.1	2.1	2.3	2.3	2.5 ✗
<b>Total</b>	3.1	2.0	2.2	3.6	2.2	2.5	2.3 ✓

Source: MHINC

### Comment

Consistent with changes to mental health indicators nationally, this performance measure was changed to the definition shown above, from 01 July 2006. Therefore, only data for 2007 and 2008 are presented here. There has been a substantial increase in access (actual number of clients seen) over the past five years. The target for older people was not met in the year to 31 March 2008. However, all other targets have been achieved in the past year.

## 2007/08 Annual Objectives

Objective	Deliverable	Timeframe	Achieved	Comment
Rollout of pharmacist services for CCM patients	<ul style="list-style-type: none"> <li>20% of pharmacies have services available to CCM patients</li> </ul>	30/06/08	✓	Medicines Compliance Project has been implemented. 24 out of 83 (29%) of CMDHB community pharmacies have completed (13) or are completing (11) accreditation
Ongoing support of the primary mental health initiatives in 3 PHOs	<ul style="list-style-type: none"> <li>increase the number of patients enrolled in CCM depression by 500 via ongoing support for CCM depression pilot to June 2008</li> </ul>	30/06/08	✓	Increased enrolments in CCM Depression from 840 in June 2007 to 2544 patients in June 2008 with 604 of those patients (35%) achieving the key outcome KPI (PHQ9 score ≤5). Undertook a successful evaluation of the CCM Depression programme. Developed a business case to secure increased funding from CMDHB for 2008/09. Through DSAG, reviewed all aspects of the programme with a view to increase engagement with Maaori and Pacific and made a number of enhancements to various aspects of the programme
Support initiatives that reduce the impact of cardiovascular disease	<ul style="list-style-type: none"> <li>Pilot CVD risk assessment screening programme targeting 5% of eligible population</li> <li>Implement the CVD tool into 3 medical wards</li> </ul>	30/6/08	<p>✓</p> <p>✗</p>	<p>Target of 5% has been achieved for CVD risk assessment screening programme</p> <p>CVD tool contract with MedTech has now been completed and implementation of tool will begin in next financial year</p>

## Outcome 4 – Reduce Health Inequalities

### Decrease the life expectancy gap

Life expectancy at birth is often used as a summary measure of health status within populations. For CMDHB, the gap in life expectancy is a key indicator of health equity, although it is impacted upon by many factors outside the control of the health sector. It is used to measure health disparities between those of Maaori and Pacific ethnicities and those of other ethnicities.

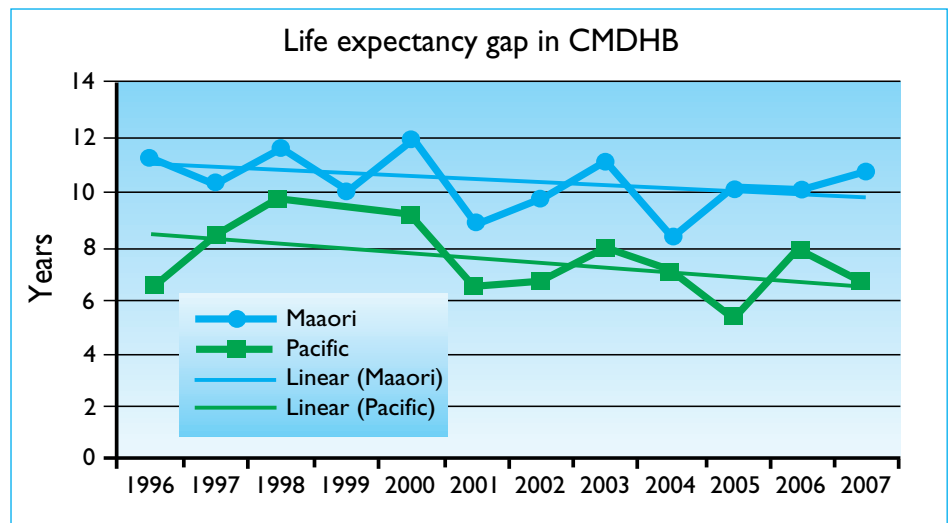
Objective	Performance Measure
Decrease the life expectancy gap between Maaori and Pacific and non-Maaori, non-Pacific	Difference in life expectancy (in years) between Maaori and non-Maaori, non-Pacific and between Pacific and non-Maaori, non-Pacific

	2003	2004	2005	2006	2007	Target
Gap for Maaori (years)	11.3	8.4	10.2	10.2	10.8	9.9 x
Gap for Pacific (years)	7.9	7.1	5.3	7.9	6.7	6.7 ✓

Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

#### Comment

There are general trends towards reducing life expectancy gaps for both Maaori and Pacific in CMDHB. However, there has been a concerning upward trend in the gap between Maaori and non-Maaori, non-Pacific since 2004. Analysis suggests that differences in mortality between Maaori and non-Maaori, non-Pacific from causes such as cardiovascular disease, smoking-related lung diseases like lung cancer, and other types of cancer have an important role in this gap. Population-based initiatives directed at reducing the consumption of tobacco in CMDHB and reducing the prevalence and impact of diseases like diabetes are expected to help reduce gaps in life expectancy in coming years.



Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)



## Address the systematic origins of inequalities

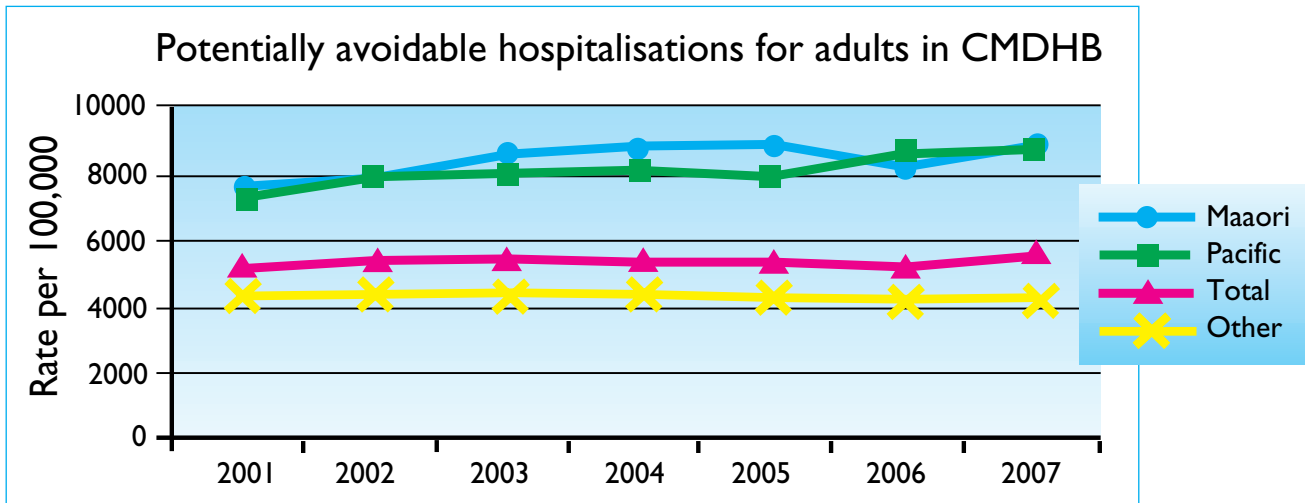
Objective	Performance Measure
Reduce the rate of potentially avoidable hospitalisations for adults	<p><i>Numerator</i> The total number of hospital discharges considered potentially avoidable in adults aged 15+ years</p> <p><i>Denominator</i> Total number of adult residents in CMDHB</p>

Note this is reported as a rate per 100,000 people

### Potentially avoidable hospitalisations in adults, CMDHB residents per 100,000

	2001	2002	2003	2004	2005	2006	2007	Target
<b>Maaori</b>	7680	7980	8593	8794	8820	8358	8926	8750 x
<b>Pacific</b>	7316	7964	8057	8061	8002	8542	8832	8900 ✓
<b>Other</b>	4414	4482	4497	4480	4372	4237	4351	4650 ✓
<b>Total</b>	5158	5327	5405	5427	5354	5273	5514	5700 ✓

Source: NMDS, age-standardised (calendar years to 31 December 2007 rather than 30 June 2008)



Source: NMDS, age-standardised (calendar years to 31 December 2007 rather than 30 June 2008)

### Comment

Potentially avoidable hospitalisation (PAH) is sensitive measure of health inequalities. This measure is an indication of access to, and the effectiveness of, primary care. Rates of PAH for Maaori and Pacific in CMDHB remain considerably higher than for those of Other ethnicities. Many interventions have been introduced in CMDHB to reduce preventable admissions. These initiatives will take time to have an impact on PAH. This is particularly true for cardiovascular disease which makes up a significant proportion of PAH.

## Reduce the mortality rates for Maaori and Pacific men aged 45-64

Objective	Performance Measure
Reduce the mortality rate for Maaori and Pacific men aged 45-64 years	<p><i>Numerator</i> Total number of deaths of male CMDHB residents aged 45-64 years</p> <p><i>Denominator</i> Total number of men in CMDHB aged 45-64 years</p>

Note: This measure is reported as rate per 100,000 people

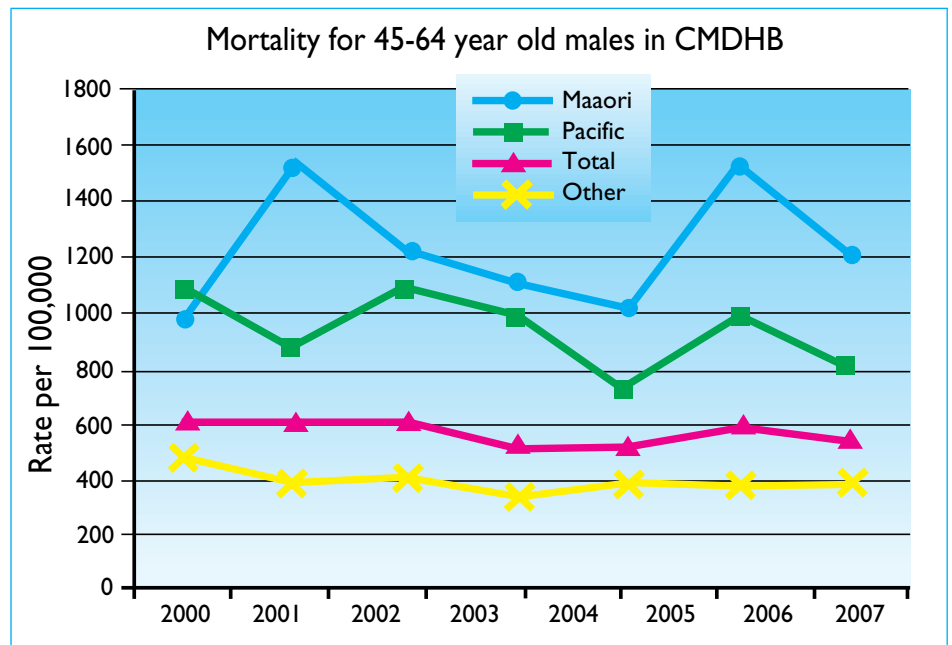
### Potentially avoidable hospitalisations in adults, CMDHB residents per 100,000

	2001	2002	2003	2004	2005	2006	2007	Target
<b>Maaori</b>	985	1546	1250	1109	1041	1546	1222	1050 x
<b>Pacific</b>	1080	875	1098	994	732	1003	811	750 x
<b>Other</b>	481	419	423	361	409	399	393	400 ✓
<b>Total</b>	612	596	601	527	521	606	542	520 x

Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

### Comment

Mortality rate differences between adult males (aged 45-64 years) of Maaori and Pacific ethnicities and adult males of Other ethnicities in 2007/08 continued the pattern seen in previous years. These differences are an important demonstration of health inequity within CMDHB. We expect to see a reduction in mortality gaps over the next five years due to several programmes which target important contributors to mortality rate difference, such as cardiovascular disease and diabetes.



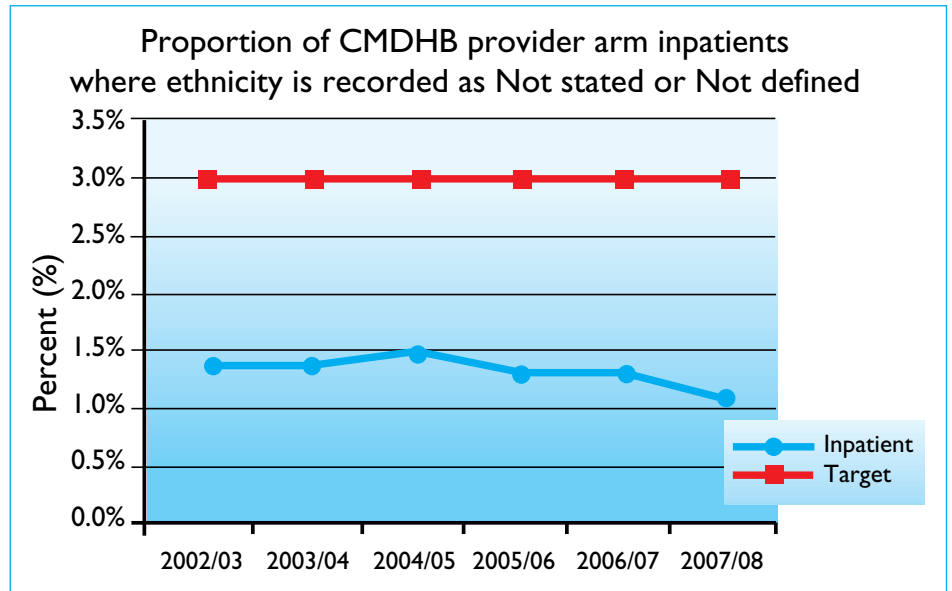
Source: CMDHB Chronic Care Management programme

## Improve ethnicity data collection

Objective	Performance Measure
Ethnicity data is collected accurately and completely in secondary care	<i>Numerator</i> Number of patients who have ethnicity recorded as Not stated or Not defined
	<i>Denominator</i> Number of patients seen as an inpatients

### Comment

Data for the period July to December 2007 were not available. The mean percentage for the months January to June 2008 has therefore been reported here – 1.1%. Inpatient recording of ethnicity is good, has remained stable and has met the required national target of 3% since 2002/03, due to a concerted effort by staff to correctly record ethnicity information in patient records.



Source: Patient Information Services

## 2007/08 Annual Objectives

Objective	Deliverable	Timeframe	Achieved	Comment
Reduce non attendance at outpatient clinics for Maaori and Pacific populations	<ul style="list-style-type: none"> <li>Review booking and scheduling processes and attendance of Maaori and Pacific populations at outpatient clinics</li> </ul>	30/06/08	<ul style="list-style-type: none"> <li>✓ Pacific</li> <li>✓ Maaori</li> </ul>	The Pacific Cultural Unit (PCU) has worked with Manukau Super Clinic and Middlemore Hospital to identify ways to support Pacific people to attend Outpatient Clinics. The proportion of non-attendance (DNA) has reduced and is currently 17%; however there is still a long way to go to get to the 10% target. Some clinics have very few DNA's while others have over 20%. The PCU works with both inpatients and outpatient clinic teams to identify ways of reducing DNA's. Maaori rates of DNA have decreased marginally, due to some one off approaches. A more systematic approach to booking and scheduling will be required if this rate is to decrease further. A review of booking and scheduling has yet to be undertaken
Review and develop specific advocacy and information services for older Maaori and Pacific Island people	<ul style="list-style-type: none"> <li>Develop and implement community engagement guidelines</li> <li>Implement advocacy services</li> </ul>	30/06/08	<ul style="list-style-type: none"> <li>✓ Pacific</li> <li>✗ Maaori</li> </ul>	The Maaori team have worked to extend services to AT&R wards and have developed a disability advocacy plan; however the advocacy plan for older adults has not yet been developed For Pacific: Health of Older People (HOP) Pacific Providers services were reviewed and recommendations actioned. There have been changes to the contracts for Pacific HOPS. Each Pacific HOP provider has been contracted for the dissemination of information. A specific framework was not developed as such but service contracts more focused to deliver information and advocacy support – through PIASS and TOA Pacific
Support the development of high performing PHOs in improving outcomes for high needs groups	<ul style="list-style-type: none"> <li>Establishment of a SIA/HP Innovation Award that recognises excellence in initiatives from PHOs that increase access and improve outcomes for high needs groups</li> </ul>	30/06/08	✗	This objective is planned for the coming year. A primary care integration component has been introduced to Sciencefest

## Outcome 5 – Improve Health Sector Responsiveness to Individual and Family/Whaanau Need

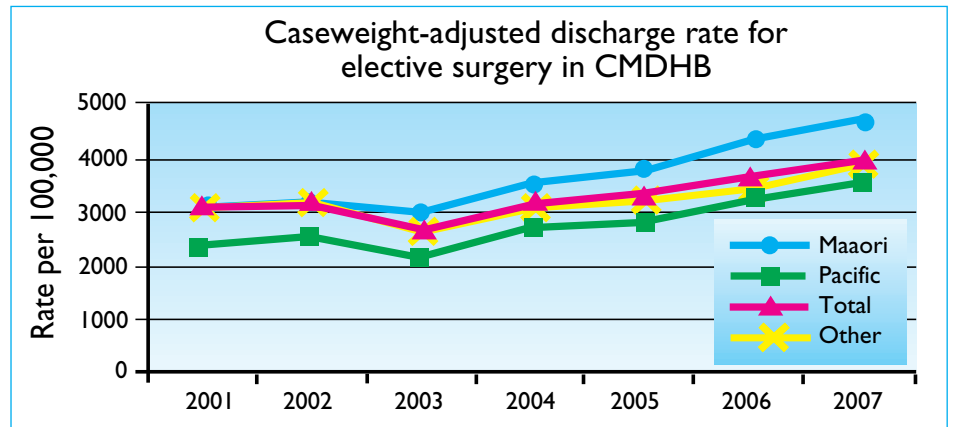
### Improve access to and management of elective services

Objective	Performance Measure
Increase the caseweight-adjusted utilisation for elective surgery	Caseweight-adjusted hospital discharge rate for elective surgical services
<b>Achieved</b> ✓	

Note that this measure is reported as rate per 100,000 people

#### Comment

The caseweight-adjusted hospital discharge rate for elective surgery in CMDHB has continued to rise since 2003 and all targets were achieved for 2007. This increase is representative of continued efforts in CMDHB to improve access to elective services.



Source: NMDS, caseweight-adjusted (calendar years to 31 December 2007 rather than 30 June 2008)

	2001	2002	2003	2004	2005	2006	2007	Target
<b>Maaori</b>	3219	3278	3007	3550	3851	4409	4721	4005 ✓
<b>Pacific</b>	2387	2558	2228	2732	2843	3321	3615	3025 ✓
<b>Other</b>	3226	3297	2789	3213	3346	3604	3968	3197 ✓
<b>Total</b>	3167	3256	2794	3262	3397	3697	4084	3262 ✓

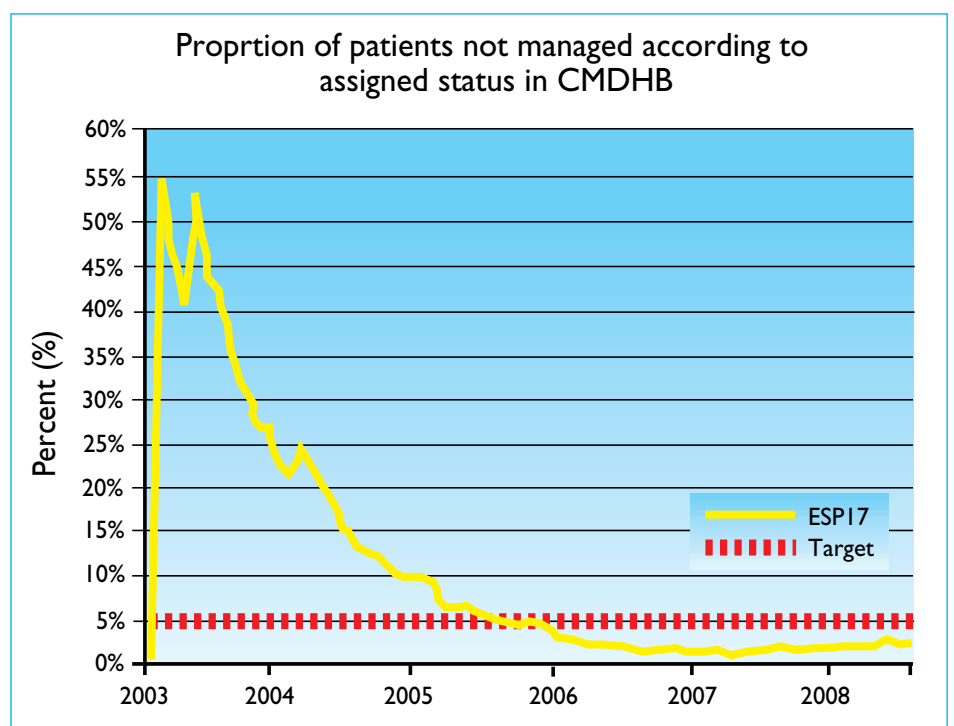
Source: NMDS, caseweight-adjusted (calendar years to 31 December 2007 rather than 30 June 2008)

### Improve access to and management of elective services

Objective	Performance Measure
Decrease the number of patients who have not been managed according to their assigned status and who should have received treatment	<p><b>Numerator</b> Those patients who have not received treatment within 6 months and those patients placed on active review who have not received a clinical assessment within the last 6 months</p> <p><b>Denominator</b> Patients, irrespective of their assigned status, who have a priority score above the treatment threshold</p>
<b>Achieved</b> ✓	

#### Comment

This indicator has consistently exceeded the national target of 5% since June 2005. Only small numbers of patients were not managed according to their assigned status, who should have received treatment within a six month time frame. Over the 2007/08 financial year, the average result was 1.5%. These results reflect steady improvements in the management of elective services over the past five years.



Source: Elective Services, Ministry of Health

## Improve access to and management of elective services

Objective	Performance Measure
Increase the proportion of elective services which are at or above national access levels	<i>Numerator</i> The number of service groups (e.g. orthopaedics) where CMDHB is below the NZ average
	<i>Denominator</i> The number of service groups analysed
<b>Achieved</b> ✓	

### Comment

The standardised discharge ratio (SDR) is the ratio between the number of operations completed by CMDHB and the number that would be expected if the DHB provided services at the national average rate. A rate higher than 1 indicates that the DHB is providing more than the average rate in New Zealand, and a rate lower than 1 indicates that the DHB is providing less than the average rate in New Zealand. The 2007 target was for no more than three services to be below the NZ average. This target was exceeded in 2007, with twelve of thirteen services meeting target.

	Services	Total standardised discharge ratio (SDR) for children and adults	Target (total)
1	Cardiothoracic	1.13	✓
2	Cardiac	1.17	✓
3	Dental	1.01	✓
4	Endoscopy	1.21	✓
5	ENT	0.93	✗
6	Eye	1.40	✓
7	General surgery	1.16	✓
8	Gynaecology	1.11	✓
9	Neurosurgery	1.06	✓
10	Orthopaedics	1.01	✓
11	Plastics	1.32	✓
12	Urology	1.03	✓
13	Vascular surgery	1.34	✓

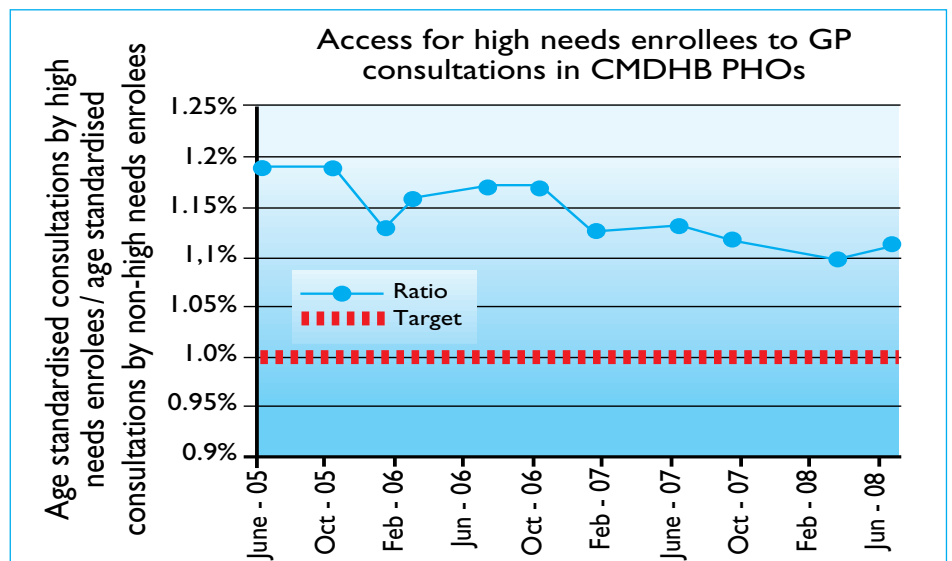
Source: NMDS (calendar year to 31 December 2007, rather than financial year 2007/08)

## Increase primary care utilisation

Objective	Performance Measure
Increase rate of GP consultations for high needs (Maaori, Pacific, or living in decile 9 or 10 area) compared with non-high needs populations	<i>Numerator</i> The rate of GP consultations per high needs person
	<i>Denominator</i> The rate of GP consultations per non-high needs person
<b>Achieved</b> ✓	

### Comment

High needs patients (Maaori, Pacific, or living in decile 9 or 10 area) in CMDHB PHOs use general practitioners at higher rates than non-high needs patients, reflecting poorer levels of health in these communities. CMDHB continues to meet its targets in reducing barriers to primary care access.



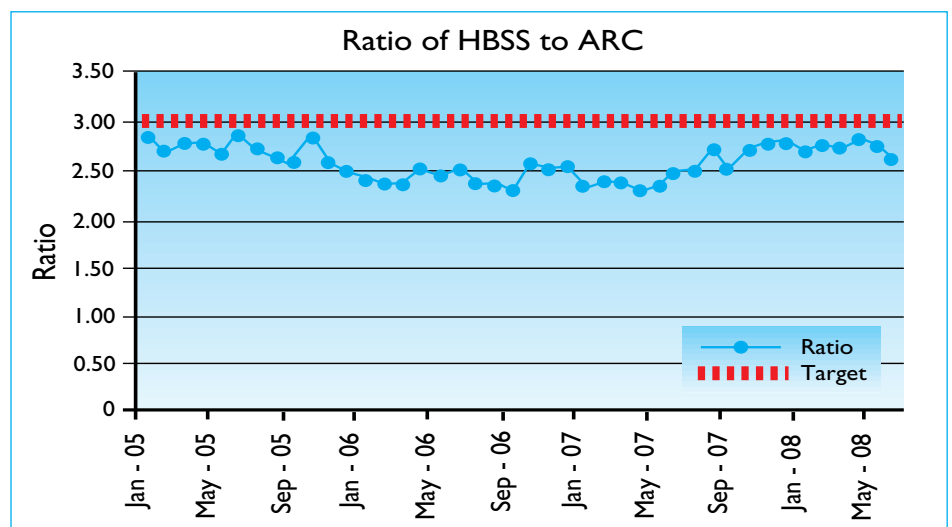
Source: PHO Performance Management Programme

## Improve the continuum of care for services provided to older people

Objective	Performance Measure
Increase the expenditure on home based care to compared with expenditure on residential care	Ratio of number of people receiving home based support services (HBSS) to the number of people receiving Aged Residential Care (ARC)
<b>Achieved</b> x	

### Comment

This Health of Older People (HOP) indicator was intended to measure the success of the HOP initiatives to support older people to remain in their own homes and to maintain the highest health and fitness status. The original indicator and target in the SOI for 2007/08 looked at home based care expenditure as a percentage of residential care expenditure. However, this original indicator has subsequently been changed to the ratio shown in the graph above, to better reflect the intentions of the ageing in place objective. The target ratio of three HBSS clients to one ARC client is ambitious, but indicates a desire to continue to focus on the provision of services to support the national policy direction of ageing in place. Although the target ratio of 3:1 was not met in 2007/08, there has been an encouraging trend.



## 2007/08 Annual Objectives

Objective	Deliverable	Timeframe	Achieved	Comment
Deliver to base elective contract, orthopaedic and cataract initiative, and new elective surgery funding targets	Delivery against agreed contract schedule	Monthly ongoing	✓	This was a very successful year, with all DAP targets exceeded. Base and additional volumes were both completed, together with 200 further wies
Ensure all elective patients are seen and managed in a timely manner, consistent with Ministry of Health guidelines	Green ESPI compliance is maintained on a monthly basis, and where a service moves out of compliance it is returned within three months	Monthly ongoing	✓	This objective is reported on in the section on national health targets. Compliance was maintained with all ESPI targets and all service goals were achieved
Develop comprehensive assessment guidelines for older people Manage Acute Demand over winter	Develop and implement cultural component in all clinical and support needs assessment and care planning	30/06/08	x	The target was ambitious and good progress has been made over 2007/8. The performance target for 2008/9 will be extended to include day care as well as HBSS as a reflection of the packages of care that are developed to support people in their own homes
Campaign to promote uptake of Flu Vaccines	Aim for 70% district coverage in over 65 year olds	31/03/08	Reporting not available	Initial sales figures of vaccine distribution indicate that uptake is greater than last year (10-20% overall). Formal reporting will not be available until December 2008

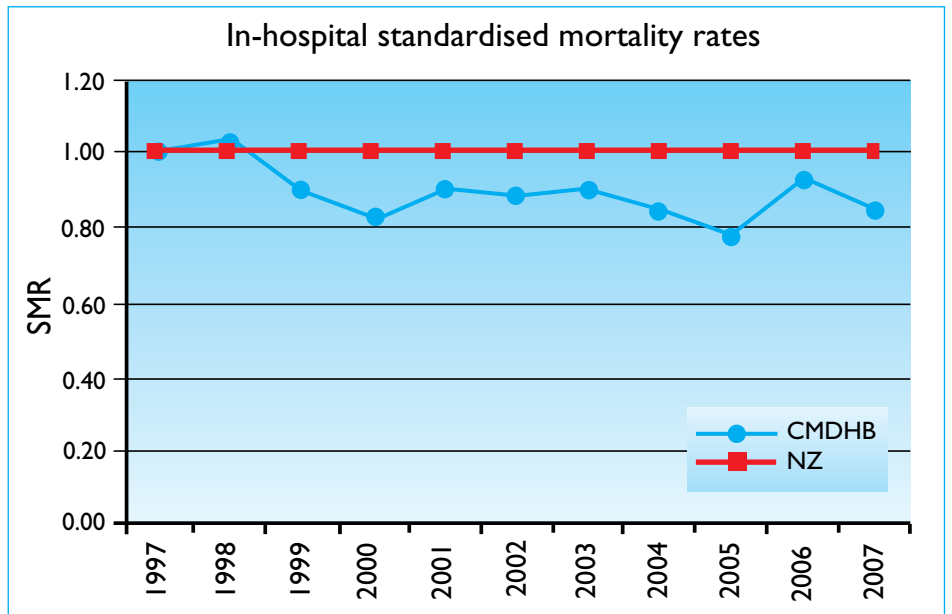
## Outcome 6 – Improve the Capacity of health Sector to Deliver Quality Services

### Ensure the delivery of safe and effective hospital services

Objective	Performance Measure
Maintain a low in-hospital standardised mortality rate	Ratio of the actual number of deaths occurring in hospital to the expected number (if national mortality rates were applied to CMDHB)
<b>Achieved</b> ✓	

#### Comment

The standardised mortality ratio compares the number of deaths that have occurred in hospital in CMDHB with the number that would be expected if the DHB had performed in line with national averages. This allows comparison of in-hospital deaths in CMDHB with national data. CMDHB has had consistently lower in-hospital mortality than national figures since 1999. The target of less than or equal to 0.9 was achieved in 2007.



Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

2002	2003	2004	2005	2006	2007	Target
0.89	0.90	0.85	0.77	0.94	0.86	≤ 0.9 ✓

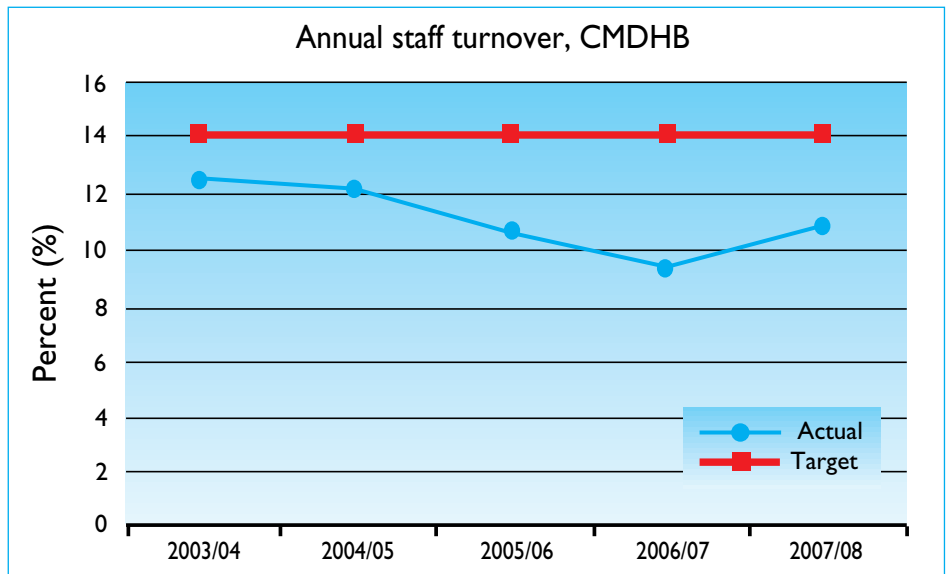
Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

### Ensure the health workforce meets the community's need for services

Objective	Performance Measure
Reduce the percentage of employees who voluntarily resign (Staff turnover – FTE)	<i>Numerator</i> The number of employees who resign  <i>Denominator</i> The total number of employees in the organisation
<b>Achieved</b> ✓	

#### Comment

There has been a general trend towards reducing staff turnover since 2004. CMDHB has met its target of less than 14% of employees resigning during the year. Note the target included in the Statement of Intent was the quarterly target (3.5%) rather than the annual target (14%).



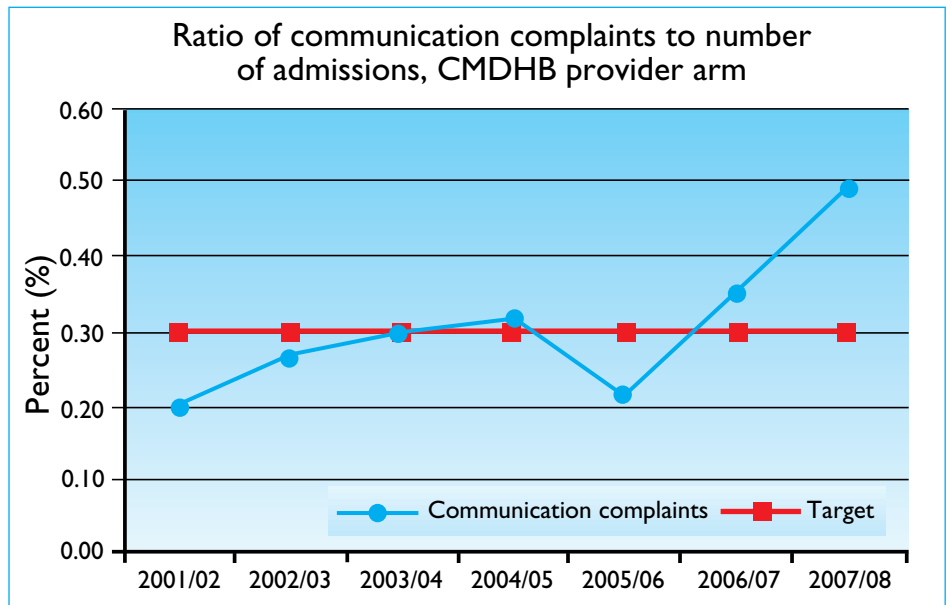
Source: Organisation Balance Scorecard

## Improve health professional’s communication skills in their dealings with patients and their families/whaanau

Objective	Performance Measure
Reduce the ratio of communication patient complaints to the number of admissions	<i>Numerator</i> Number of communication complaints received
	<i>Denominator</i> Total number of admission
<b>Achieved</b> ✓	

### Comment

The number of complaints related to communication has increased above the target of 0.3% of hospital admissions over the last two years. It is likely that this increase is related to a change in the way complaints are recorded, rather than an actual increase in communication complaints. The Feedback Monitor complaints system was implemented in December 2006 and this allowed for selection of more than one complaint category, whereas in the former system, selection of only one category was possible. The target documented in the Statement of Intent did not take account of this change.



Source: CIMS

## Ensure that services and facilities are planned to meet the future needs of the community

Objective	Performance Measure
Reduce the number of days where medical, surgical and maternity occupancy is greater than 90% (85%) in CMDHB facilities	Number of days in a year where occupancy of medical, surgical and maternity services is greater than 90% (85%) capacity
<b>Achieved</b> x	

	2006	2007	Target
<b>Days with &gt; 85% occupancy</b>	157	179	135 x
<b>Days with &gt; 90% occupancy</b>	47	55	30 x

Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

### Comment

The number of days per year of high occupancy for medical, surgical and maternity services in CMDHB has increased over the last year. Neither target for 2007 was achieved, highlighting a need for further building of facilities to cater for the growing needs of the CMDHB population.

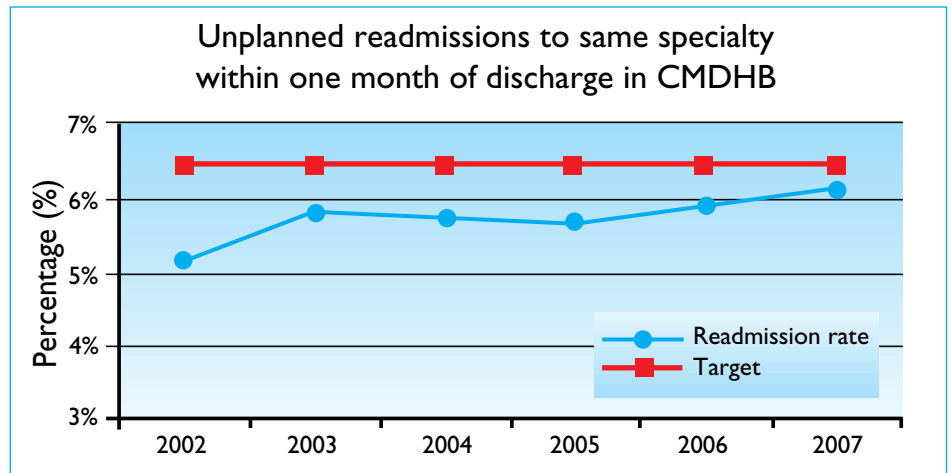


## Ensure the delivery of safe and effective services

Objective	Performance Measure
Reduce unplanned readmissions within 1 month of discharge	<p><i>Numerator</i> The number of patients admitted acutely whose admission occurred within 30 days after a discharge from the same specialty</p> <p><i>Denominator</i> The total number of patients discharged</p>
<b>Achieved</b> ✓	

### Comment

The number of unplanned readmissions is increasing, although it remains below the target of 6.5%. Maaori and the Pacific have high readmission rates when compared to other ethnic groups. There may be a number of reasons for the increase in readmissions, including increasingly complex patients due to an aging population and an increasing tertiary load.



Source: CIMS

2002	2003	2004	2005	2006	2007	Target
5.2%	5.9%	5.8%	5.7%	6.0%	6.2%	6.5% ✓

Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

## Ensure the efficient use of resources

Objective	Performance Measure	Achieved
The percentage of laboratory test and pharmaceutical transactions with a valid NHI	<p><i>Numerator</i> Pharmaceuticals: the number of government subsidised community pharmaceutical items dispensed by pharmacies in the DHB district with a valid NHI submitted. Laboratory tests: The number of tests carried out by community laboratories in the DHB district with a valid NHI submitted</p> <p><i>Denominator</i> Pharmaceuticals: the total number of government subsidised community pharmaceutical items dispensed by pharmacies in the DHB district. Laboratory: The total number of tests carried out by community laboratories in the DHB district</p>	<p>✓</p> <p>✓</p>

### The proportion of laboratory tests and pharmaceutical subsidy claims with valid NHI numbers in CMDHB

	2004/05	2005/06	2006/07	2007/08	Target
Laboratory	92.7%	93.3%	93.8%	95.1%	93% ✓
Pharmaceuticals	77.8%	91.3%	93.4%	94.3%	92% ✓

Source: Northern DHB Support Agency

### Comment

The proportion of pharmaceutical and laboratory subsidy claims with valid NHI numbers has been fairly consistent for the past two years. Around 95% of community laboratory claims had valid NHI numbers recorded in 2007/08, exceeding the Statement of Intent (SOI) target of 93% and reaching the national target of 95%. Likewise, around 94% of pharmaceutical claims had valid NHI numbers, compared with the SOI target of 92% and the national target of 90%. Note that data for June 2008 was incomplete at the time of reporting. It is unlikely that this absence would affect reporting of NHI compliance for the 2007/08 year.

## 2007/08 Annual Objectives

Objective	Deliverable	Timeframe	Achieved	Comment
Health service planning is integrated across care settings	<ul style="list-style-type: none"> <li>■ Stage 2 development of HSP using established system/process and framework with medium to long term horizon</li> <li>■ Roll out of agreed models of care changes from HSP Stage One completed in June 2007</li> </ul>	30/06/08	<p>✓</p> <p>✓</p>	Stage 2 of HSP was completed in early February 2008 and content of Stage 2 is now widely used
Improvements in EC triage times as a result of systems redesign and GP after hours/EC project	<ul style="list-style-type: none"> <li>■ Redesign EC processes</li> <li>■ Staged introduction of national EC disposition tool to primary care</li> </ul>	30/06/08	<p>✓</p> <p>✗</p>	The second six months of 2007/08 saw a significant improvement in EC triage times due to the impact of patient flow initiatives CMDHB awaits national working group agreement on an EC disposition tool
Services provided by CMDHB are safe and effective	<ul style="list-style-type: none"> <li>■ Implement the CMDHB 2007/08 Quality &amp; Risk Action Plan</li> </ul>	30/06/08	✓	The actions set out in the CMDHB 2007/08 Quality and Risk Action Plan have largely been completed. Some have been reviewed in light of the publication of the Counties Manukau Quality Improvement Strategy, developed in 2008, and extended targets have been developed for these
Implement a health research strategy which is aligned with the DHB's strategic direction and encourages the undertaking and participation in health research and clinical audit to deliver benefits to patients	<ul style="list-style-type: none"> <li>■ Finalise five year Research and Audit Strategic plan focusing initially on building CMDHB capability (infrastructure, facilities and staff resources) to undertake research and clinical audit</li> </ul>	30/06/08	✓	
Recruit and retain staff	<ul style="list-style-type: none"> <li>■ Implement the CMDHB workforce development plan</li> </ul>	30/06/08	✓	The CMDHB Workforce Development Plan 2007:2011 is a 4-year plan and has entered the implementation phase in 07/08. Actions to grow and retain a workforce that reflects the community of Counties Manukau continue to occur across the spectrum. From attracting young people into health with the expanded "Schools' Health Careers" programme, through to retention and career development initiatives such as the development of an in-house careers advisory service, all aspects of workforce development are being addressed