

2018 - 2021

Regional Services Plan Initiatives and Activities

Quarter 1 Progress Report
30 September 2018



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Introduction

This document provides a quarterly report of progress achieved as Midland District Health Boards (DHBs) work together to improve the health and wellbeing of the Midland populations and their experience with the New Zealand public health service.

The 2018-21 Midland Regional Services Plan work plans for the region's enablers and clinical networks / action groups also describe the activities identified as improving **equitable access and outcomes**, and these are highlighted throughout this quarterly progress report with **EAQ**.

Also included are a collection of feature articles, assisting with communicating how the Midland DHBs are working together to achieve the region's strategic objectives:

1. Health equity for Māori
2. Integrate across continuums of care (to provide more timely effective care)
3. Improve quality across all regional services
4. Build the workforce
5. Improve clinical information systems, and
6. Efficiently allocate public health system resources.

The colour self-assessments in this report are an indication of progress against agreed regional initiatives to strengthen and improve health services, ie colour coding of green (on-track), orange (caution), red (in trouble) or blue (completed) is used. Importantly, the self-assessments should not be regarded as an indication of the quality, safety and effectiveness of the health services that Midland DHBs provide.

Overall, we believe that the period from 1 July to 30 September 2018 has been valuable and the regional work is tracking to plan.



Overall self-assessment (ref: SI2 Ministry of Health)				Midland's six regional objectives (includes regional enablers)	
Cancer Services	G	Hepatitis C service	G	1. Health equity for Māori Equitable Access & Outcomes	G
Cardiac Services	G	Mental Health & Addictions	G	2. Integrate across continuums of care • Pathways of Care	G
Child Health	G	Radiology Services	G	3. Improve quality across all regional services Regional Quality	G
Elective Services	G	Stroke Services	G	4. Build the workforce Regional Workforce	G
Health of Older People	G	Trauma Services (MTS)	G	5. Improve clinical information systems Technology & Digital Services	G
				6. Efficiently allocate public health system resources: • Third Party Provider Audit & Assurance Service (note: reporting Q2 and Q4) • Regional Internal Audit Service	G

*Clinical leadership as a regional enabler is referred to in the regional clinical network/action group reporting.

Areas self-assessed as not being on track (ie amber or red)

Area		Reason / Resolution
Midland Cancer Network Facilitate the regional implementation of the National Early Detection of Lung Cancer Guidance (2017) to improve outcomes for Māori and Midland population	A	While the rollout of this national guidance was featured in Regional Plans for 2017/18, the absence of dedicated resource to support this work has led to a considerable delay. A toolkit and resources to support the roll out of the Early Detection of Lung Cancer Guidance is being developed within Midland region and is likely to be available for use by the end of Q3 2018/19. Implementation will follow.
Midland Cancer Network Midland adolescent and young adults with acute lymphoblastic leukaemia (AYA ALL) clinical pathway	A	Midland AYA ALL change in service model agreed by clinicians in principle. The proposed service change for AYA ALL patients requiring COG trial treatment in Auckland has been delayed pending a paper from Auckland DHB to highlight the potential costs of a service change for the AYA ALL group. The need to provide services to Midland patients represents a step change in Auckland capacity, despite low numbers of patients requiring this service. The potential cost in the region may be in the arena of \$160k. The Director of Funding, Dr Debbie Holdsworth is reviewing this paper before presentation to the working group. MCN has made contact with the NCN clinical director regarding the ongoing delay in response. MCN has worked with Leukaemia & Blood Cancer NZ to obtain formal agreement to provide financial support for Midland AYA ALL attending Auckland for treatment.
Midland Cancer Network Ensure the application and integration of the prostate cancer decision support tool as business as usual for all general practitioners in the region and coordinate activity to make improvements in the quality of referral pathway into specialist services, including the quality of information provided with referrals	A	Awaiting Ministry advice when the national prostate cancer decision support tool for general practitioners will be available. MCN has notified regional stakeholders of the Kupe website and decision support tool for men and their family/whanau. Planning meeting help with Midland Community Health pathways team.
Midland Elective Services Network Vascular Services - assessment and confirmation of DHB service levels.	A	The confirmation of DHB service levels is delayed due to the timing of the next regional meeting. This has been scheduled for 30 November.
Health of Older Persons Action Group Managing acute demand and patient flow across the continuum - identify the scope of the initiative and work with DHBs to identify their most appropriate representatives for the HOP Action Group.	A	The scope of the initiative has been drafted up and sent out for initial consultation from existing working group members. The next step will be to circulate that information to a wider group of stakeholders and then seek nominations for a new group. This should be completed in the second quarter.
Midland Mental Health & Addictions Network Substance abuse legislation: <ul style="list-style-type: none"> Implement Midland proposal to the MoH if funding secured Implement and monitor the objectives as identified in the proposal. 	A	<ul style="list-style-type: none"> SACAT implementation has been undertaken in each of the Midland DHBs utilising the existing continuum of care. Additional funding is needed to develop step up / step down options and peer / whānau support. Objectives 1, 2 & 3 are on hold until additional funding is made available. SACAT remains a standing item on the Clinical Governance, Māori and Addiction Leadership Networks. Addiction Pathways of Care will be tabled at the November regional meeting.
Regional Internal Audit Service <ul style="list-style-type: none"> Lakes DHB 	A	<ul style="list-style-type: none"> Planning for the 2018/19 internal audit plan has begun, although a few audits from 2017/18 are still to be completed. Several planned audits in the 2017/18 programme (and one audit remaining from 2016/17) have rolled over to

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Area		Reason / Resolution
<ul style="list-style-type: none"> Hauora Tairāwhiti 		2018/19 for the newly appointed internal auditor based at the DHB to perform (with assistance from other audit personnel), in addition to the 2018/19 programme.
Technology and Digital Services: Single Electronic Health Record – development of detailed Business Case	R	Awaiting update from MoH re status.
Technology and Digital Services: Digital Health Strategy – publishing the Digital Health Strategy	R	Awaiting the finalised Digital Strategy to be published by MoH.
Technology and Digital Services: eSPACE Clinician Workstream – development environment developed to prototype eForms and Pathways, including Mental Health and eReferrals	A	eReferrals project is on hold following an approved Change Request eForm and Pathway development continues.

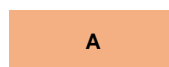
Key:
Completed



On Track



Caution



In Trouble



Midland Cancer Network (MCN)

Key achievements

Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway

- 2017/18 Quarter 4 and annual results Faster Cancer Treatment KPI reports presented to and discussed across the region.
- Midland Cancer Korero Booklet completed and will be launched late October.
- Midland DHB Upper GI tumour standards review completed and presented to MCN Executive for feedback before it will be finalised in October.
- Patient information for sarcoma patients developed and implemented.
- Patient information for diagnosing you lump bumps and spots developed and implemented.

Midland Lung Cancer

- Midland Lung Cancer Working Group meeting held 12 September. Sub work group formed to review and update referral pathways and e-referral to transition to Community Health Pathways
- Regional Lung KPI Dashboard – Focus on CT biopsy and EBUS with an audit completed of wait times resulting in ongoing monthly analysis of CT biopsy wait times due to low achievement against lung cancer standard 4.3. – All patients should have timely access to CT-guided biopsy (within 7 days). Waikato Interventional Radiology Service Review has commenced. EBUS achieved average of 80% against lung cancer standard 4.2. All patients should have timely access to EBUS (within 7 days).
- Pathway for Hauora Tairāwhiti i patients discussed and proposed changes planned.
- Early Detection of Lung Cancer initiatives - completion of early detection lung cancer guidance documents. For clinician review to progress.
- Waikato DHB Early Detection of Lung Cancer proof of concept project meeting held 29th August. Potential cohort of Maori patients identified via Hauraki PHO. Further work required to progress.

Midland MDM Action Plan 2018

- Chest Conference Terms of Reference updated (Midland Lung Cancer MDM). Waikato DHB has updated MCN breast cancer MDM proforma. Waikato MDM TOR - currently under review.
- Progress at Lakes DHB with referrers or their representatives attending regional MDMs. Lakes DHB now videoconferencing to Upper GI MDM on a Tuesday morning. Lakes DHB are now using same Breast MDM proforma as Waikato/MCN Breast MDM proforma.
- BOPDHB Surgical/Pathology MDM now has an identified Chair plus they are using proformas to document discussion and patient management. BOPDHB MDM TOR - currently under review. VC MDM link Tauranga/Whakatane - VC and audio visual equipment now updated.
- eSPACE advised e-prescribing for chemotherapy not in current programme resourcing, however they are planning for RFI and a decision of what they should do.

Midland AYA services

- Leukaemia and Blood Cancer New Zealand have confirmed formally additional financial /resourcing support for Midland adolescent and young adults with acute lymphoblastic leukaemia (AYA ALL) attending Auckland DHB for treatment.
- The proposed service change for AYA ALL patients requiring COG trial treatment in Auckland has been delayed pending a prepared paper from Auckland DHB to highlight the potential costs of a service change for the AYA ALL group. The need to provide services to Midland patients represents a step change in Auckland capacity, despite low numbers of patients requiring this service. The cost in the region may be in the arena of \$160k. The Director of Funding, Dr Debbie Holdsworth is reviewing this paper before presentation to the working group. NCN clinical director contacted regarding the ongoing delay in response.
- Completion of the Midland DHBs self-review against National AYA Standards. Recommendations collated with all DHBs working towards completion.

Lakes-Waikato medical oncology service improvement project

- Lakes Resident Medical Oncology Transition document completed and signed off by Waikato and Lakes DHBs. Medical Oncology monitoring report completed bi weekly and disseminated to working group members.
- 90% of Medical Oncology FSA's and 84% of follow up appointments are now completed at Lakes DHB, this will change as follow-up cohort grows.
- Review of the Medical Oncology transition project due October 25th 2018.
- Lakes chemotherapy unit project brief and scope completed.

Key:	C	On Track	G	Caution	A	In Trouble	R
Completed							

Regional coordination and support of quality improvement initiatives to achieve health gain for Māori and equitable and timely access to cancer services

- Hei Pa Harakeke meeting held August 2018 –Draft work plan developed.
- Midland FCT equity report for Q4 2017/18 presented. Positive feedback from group regarding positive equity outcomes for Māori.
- Midland Colorectal & Lung Cancer research initiative update provided at HPH & Midland Lung Cancer meeting in September. MCN PM attended community hui 11 September to support research team in Rotorua
- Kia Ora E Te Iwi community health literacy programme - successful two day KOETI programme in collaboration with Cancer Society held in Turangi at Hirangi Marae. 20 participants on day 1 and 15 participants Day 2. Excellent feedback from participants on presenters and programme content.
- Midland Cancer Korero Booklet completed and will be launched late October.
- BOPDHB Kaihau – Cancer Haurora Navigator pilot. Development of Cancer Treatment Pathway for Māori: Best Practice Model - booklet for care providers.

Midland Regional Bowel Screening Centre

- Midland BSRC assisting Hauora Tairāwhiti with establishment of their bowel screening governance, developing project documentation and Phase 1 “Information to inform the Ministry of Health business case to joint Ministers of Health and Finance and establishment of a Steering Group” draft due to Ministry 30 October 2018, final version to MoH 28 February 2019.
- Midland BSRC assisting and supporting Lakes DHB with addressing small number of recommendations from the Ministry readiness site visit report due to Ministry 5 October 2018.
- Midland BSRC assisted Lakes DHB to undertake 2 hui’s for consumers to explore the NBSP pathway and brainstorm further possible initiatives to achieve priority population participation rates.
- Midland BSRC and Lakes primary care stakeholders have developed a Midland regional bowel screening e-referral which will be live prior to Lakes DHB go live this will enable bowel screening patient’s equitable referral to NBSP colonoscopy.
- Midland BSRC in partnership with the Ministry of Health and Hauora Tairāwhiti held Hauora Tairāwhiti NBSP establishment day 27 August.
- Midland BSRC held follow up meetings with key Hauora Tairāwhiti stakeholders including primary care following the Ministry establishment day to ensure detailed information and requirements for NBSP phase 1 and phase 2 implementation delivered to the key stakeholders.
- Midland BSRC and Hauora Tairāwhiti facilitated a Hauora Tairāwhiti Māori Health and Community Health Service provider hui 20 September 2018 to begin korero to achieve Iwi partnership, community engagement and participation rates.
- Midland BSRC equity project manager assisted and supported Lakes DHB GM Maori to facilitate the first National Bowel Screening Maori Network (NBSMN) face to face hui (August 2018).
- Midland BSRC has provided NBSP education, support and mentorship to the newly appointed Lakes DHB NBSP health promotion and outreach coordinator to achieve equitable participation rates for NBSP priority population – Māori, Pacifica and deprivation 9 and 10.

Improve palliative care services

- Midland Palliative Care Work Group meeting held 28th September.
- Stocktake of palliative care Round 1 HWNZ ROIs submitted.
- Sub work group members identified to commence development of Community Health Pathways for palliative care including incorporation of clinical palliative care guidelines recently developed.
- Development of Midland Palliative Care Workforce Plan commenced with employment of a Workforce Project Manager and development of project plan and governance.
- Midland Te Ara Whakapiri documents finalised for the region and planning for implementation will commence next quarter.

National lead for the lung cancer work programme

- Meeting held with Chair of work group 20 August 2018 to plan next NLCWG meeting scheduled for October 26th.
- National Lung Cancer Follow up & Supportive Care Guidance has been sent for final wider consultation
- Feedback on the Ministry guidelines for developing quality performance indicators (QPI) to MOH
- Development of Lung Cancer Quality Performance Indicators - literature review completed. Developed national lung cancer QPI long list summary and long list with detail documents in preparation for October meeting
- New members invited to October meeting – Paul Conaglen and Harsh Singh – thoracic surgeons
- National early detection of lung cancer resources developed for NLCWG consideration.

Key:
Completed

C

On Track

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Caution

A

In Trouble

R

Chair: Dr Humphrey Pullon Programme Manager: Jan Smith		Q1	Q2	Q3	Q4
1. Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway <i>(regional enablers - clinical leadership, pathways of care; quality; technology and digital services)</i> Enable equity of access and timely diagnosis and treatment services for all patients on the FCT pathway (e.g. system/service improvements to minimise breaches of the 62 day FCT for patient or clinical consideration reasons):					
1.1	Coordinate the MCN Executive Group and tumour service work groups – Midland lung, breast supra-regional gynae-oncology <i>(clinical leadership)</i>	G			
1.2	Support DHBs to sustain the FCT Health Target reporting by DHB, by ethnicity, equity, tumour, first treatment, breach reason EAO	G			
1.3	Support Waikato (August 2018) and Tairāwhiti DHBs (tbc) with Ministry cancer team FCT visits	G			
1.4	Support DHBs to implement the Midland FCT breach/delay code guidance and reporting template to drive service improvement	G			
1.5	Implement roll out of the Lakes FCT KPI report to all other Midland DHBs	G			
1.6	Continue to develop web-based reports (registrations, mortality, service purchase units, PET-CT)	G			
1.7	Continue development of the Midland DHB lung and colorectal cancer dashboard reports	G			
1.8	Continue to support Midland and Auckland DHBs/Starship to improve the pathway and formalise a service change to the AYA Acute Lymphoblastic Leukaemia (ALL) pathway EAO	A			
1.9	Continue to support DHBs to implement the Midland MDM Action Plan 2018	G			
1.10	Continue to support Midland DHBs with the regional psychological and social support initiative	G			
1.11	Support Midland to transition the Cancer Nurse Coordinator Initiative (CNCI) to business as usual	G			
1.12	Support the Lakes/Waikato medical oncology, chemotherapy, haematology model of service improvement	G			
1.13	Support the Health Pathways transition and development for lung cancer, bowel screening, colorectal, gynae-oncology, palliative care, and prostate cancer pathways and e-referrals <i>(pathways)</i>	G			
1.14	Facilitate regional sarcoma MDM improvement project	G			
1.15	Participate in 2018 HWNZ Fund initiative through submission of regional/local ROI's and implement as required <i>(workforce)</i>	A			
1.16	Support Midland serious illness training initiative <i>(workforce)</i>	G			
1.17	Support the Ministry as required with the development of a Cancer Strategy Plan and work programme.	G			
Regional coordination and support of quality improvement initiatives to achieve health gain for Māori and equitable and timely access to cancer services:					
1.18	Coordinate the Midland Hei pa Harakeke Work Group (Māori cancer leadership group) EAO	G			
1.19	Support the delivery of one Kia Ora E Te Iwi community health literacy programme per DHB EAO	G			
1.20	Continue development of Midland cancer KPI dashboards and FCT equity based reporting EAO	G			

Key:
Completed

C

On Track

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Caution

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In Trouble

R

Chair: Dr Humphrey Pullon Programme Manager: Jan Smith	Q1	Q2	Q3	Q4
1.21 Support the Midland Reducing Delay and Increasing Access to Early Diagnosis for Colorectal Cancer HRC three year research initiative EAO	G			
1.22 Support the Midland Improving Early Access to Lung Cancer Diagnosis for Māori and Rural Communities HRC three year research initiative EAO	G			
1.23 Facilitate the regional implementation of the National Early Detection of Lung Cancer Guidance (2017) to improve outcomes for Māori and Midland population EAO	A			
1.24 Support Waikato DHB Early Detection of Lung Cancer proof of concept project (alignment to Midland routes to cancer diagnosis and treatment project recommendations EAO	G			
1.25 The BOPDHB will implement learnings from the Cancer Hauora Navigator test of change as it affects access for patients who identify as Māori and share learnings with region. EAO	G			
Promote and facilitate to build health literacy practice among health workforce:				
1.26 Facilitate a Midland cancer health literacy symposium				
1.27 Implementation of the Midland health literacy tool for earlier detection - Midland Cancer Korero booklet. EAO	C			
1.28 Support the region to investigate causes of radiation oncology variation in treatment and assist providers to reduce unwarranted variation when required (as set out in the <i>Radiation Oncology National Plan 2017-2021</i>) EAO	G			
Ensure the application and integration of the prostate cancer decision support tool as business as usual for all general practitioners in the region and coordinate activity to make improvements in the quality of referral pathway into specialist services, including the quality of information provided with referrals:				
1.29 Ensure all Midland stakeholders are aware and have access to the national tool (<i>pathways</i>)	A			
1.30 Consult with regional stakeholders to understand what is required to support quality referrals – note resource dependant (<i>pathways</i>)	A			
1.31 Explore the feasibility of developing a Midland e-referral and pathway – note resource dependant (<i>pathways</i>)	G			
Support and coordinate DHB activity to improve the quality of life for people who have completed cancer treatment to live well:				
1.32 Support Midland DHBs to implement the National Lung Cancer Follow-up and Supportive Care Guidance				
1.33 Support Midland DHBs to implement the Midland Colorectal Cancer booklet on follow-up after treatment.				
Regional coordination and support for the delivery of nationally consistent systems across DHBs to inform quality improvements that ensure health gain for Māori and equitable and timely access to cancer services:				
1.34 Regional coordination and support for DHBs alignment of their digital systems to collect and report consistent, accessible and accurate cancer data (<i>Technology & Digital Services</i>)	G			
1.35 Continue development of the Midland Regional Multi-Specialty Clinical Pathway System business case (<i>Technology & Digital Services</i>). If approved implement as required for Midland lung and colorectal cancer EAO	G			
1.36 Continue development of the Midland MDM Management Solution business case (IS) with options and partnering with regional IS and eSPACE roadmap to ensure alignment in outcomes EAO	G			
1.37 Commence scoping of regional chemotherapy prescribing requirements and alignment with eSPACE and/or regional IS work programmes (note resource dependant) (<i>Technology & Digital Services</i>)	C			

Key:
Completed

C

On Track

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Caution

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In Trouble

R

Chair: Dr Humphrey Pullon Programme Manager: Jan Smith	Q1	Q2	Q3	Q4
1.38 Implement roll out of the Lakes FCT KPI report to all other Midland DHBs EAO	G			
1.39 Continue to develop regional web-based reports (registrations, mortality, service purchase units, PET-CT)	G			
1.40 Continue development of the Midland DHB lung and colorectal cancer dashboard reports	G			
1.41 Support Midland DHBs with local ProVation reporting requirements (with regional consistency) to support the National Bowel Screening Programme (NBSP) quality and equity standards EAO	G			
1.42 Support Midland DHBs with ProVation version updates as required to support the NBSP	G			
1.43 Support Midland DHBs with the NBSP implementation of the National Screening Solution when available, including transition of Lakes DHB.	G			
2. Improved access to colonoscopy/endoscopy services <i>(regional enabler – technology and digital services)</i>				
2.1 Support Midland DHBs to achieve the colonoscopy wait time indicators (by DHB, ethnicity, equity) by 31 December 2018	G			
2.2 Continue to develop and refine Midland colonoscopy demand & capacity production plan	G			
2.3 Continue to develop the Midland colonoscopy/colorectal cancer indicator dashboard	G			
2.4 Achieve quality standards for the colorectal cancer diagnosis and treatment pathway, including implementing Midland MDM Action Plan (2018).	G			
3. Midland bowel screening regional centre (BSRC) Lakes go live Feb 2019 Establishment day - Aug 2018 Tairāwhiti phase 1 - Feb 2019 Tairāwhiti phase 2 – June 2020				
3.1 Support DHBs to plan and get ready for bowel screening rollout	G			
3.2 Provide clinical leadership and support <i>(clinical leadership)</i>	G			
3.3 Support Lakes DHB to go live and implement their local bowel screening programme	G			
3.4 Coordinate Ministry and Tairāwhiti bowel screening establishment workshop	C			
3.5 Support Tairāwhiti DHB to meet phase 1 requirements for go live in 2019/20	G			
3.6 Support Tairāwhiti to meet phase 2 requirements for go live in 2019/20 (TBC)	G			
3.7 Coordinate the Midland BSRC governance groups <i>(clinical leadership)</i>	G			
3.8 Midland BSRC equity plan continues development during NBSP roll out to assist, support and provide guidance to each Midland DHB when they are developing local DHB bowel screening equity plans. EAO	G			
3.9 Facilitate overview of performance of the Midland DHBs against the NBSP quality standards and provide support where there are opportunities of improvement.	G			
3.10 Collaboratively develop Midland bowel screening colonoscopy e-referral, commencing with Lakes DHB <i>(pathways)</i> and support its local implementation	G			
3.11 Pilot and evaluate Midland bowel screening navigator role <i>(workforce)</i>	G			
3.12 Facilitate ProVation version updates as required to support the National Bowel Screening Programme	G			
3.13 Support Midland DHBs with local ProVation reporting requirements (with regional consistency) to support the National Bowel Screening Programme (NBSP) quality and equity standards	G			
3.14 Support Midland DHBs with the NBSP implementation of the National Screening IT Solution when available, including transition of Lakes DHB.	G			
4. National lead for the Māori bowel screening network				
4.1 Facilitate an annual hui and quarterly teleconferences to facilitate and promote engagement of those working for Māori equity in the NBSP. EAO	G			
4.2 Facilitate quarterly teleconferences with each regional BSRC	G			
4.3 Provide feedback to the Ministry about quality improvements to increase participation in the programme for Māori communities to increase equity in the NBSP. EAO	G			

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Chair: Dr Humphrey Pullon Programme Manager: Jan Smith		Q1	Q2	Q3	Q4
4.4	Participate in the National Pacifica bowel screening network. EAO	G			
5. Improve palliative care services <i>(regional enablers - clinical leadership; pathways of care; workforce)</i>					
5.1	Coordinate the Midland Palliative Care Work Group and support local DHB work groups as required (<i>clinical leadership</i>) within available resource	G			
5.2	Continue development and implement Midland palliative care clinical guidelines (<i>clinical leadership</i>)	C			
5.3	Support implementation of Te Ara Whakapiri (<i>clinical leadership</i>)	G			
5.4	Continue to support implementation of the <i>Midland Medical Advanced Palliative Care Trainee Model of Service 2015-2018 (clinical leadership)</i>	G			
5.5	Continue development of the Lakes Palliative Care Strategy Plan	G			
5.6	Support implementation of BOP Palliative Care services review recommendations within available resources (tbc)	G			
5.7	Facilitate development of Health Pathways (<i>Pathways to be confirmed</i>)	G			
5.8	To facilitate the development of a Midland palliative care workforce plan (<i>workforce</i>) note: dependant on resourcing yet to be confirmed	G			
5.9	Participate in 2018 HWNZ Fund initiative through submission of regional/local ROI's and implement as required (<i>refer to workforce priorities</i>).	G			
6. National lead for the lung cancer work programme <i>(regional enablers - clinical leadership; technology and digital services)</i> Midland Cancer Network is working in partnership with the Ministry of Health Cancer team to finalise the national lung cancer work programme for 2018/19 on initiatives to:					
6.1	Coordinate the National Lung Cancer Working Group and sub group meetings (<i>clinical leadership</i>)	G			
6.2	Continue to implement and evaluate the national Early Detection of Lung Cancer Guidance EAO	G			
6.3	Complete the development and facilitate guidance for implementation of the national lung cancer follow-up and supportive care guidance EAO	G			
6.4	Review and update the national lung cancer quality performance indicators to align with the national tumour standards work programme (IS) EAO	G			
6.5	Develop nationally consistent information to be collated at lung cancer multidisciplinary meetings (MDM) aligning with National CHIS (<i>Technology & Digital Services</i> , EAO)	G			

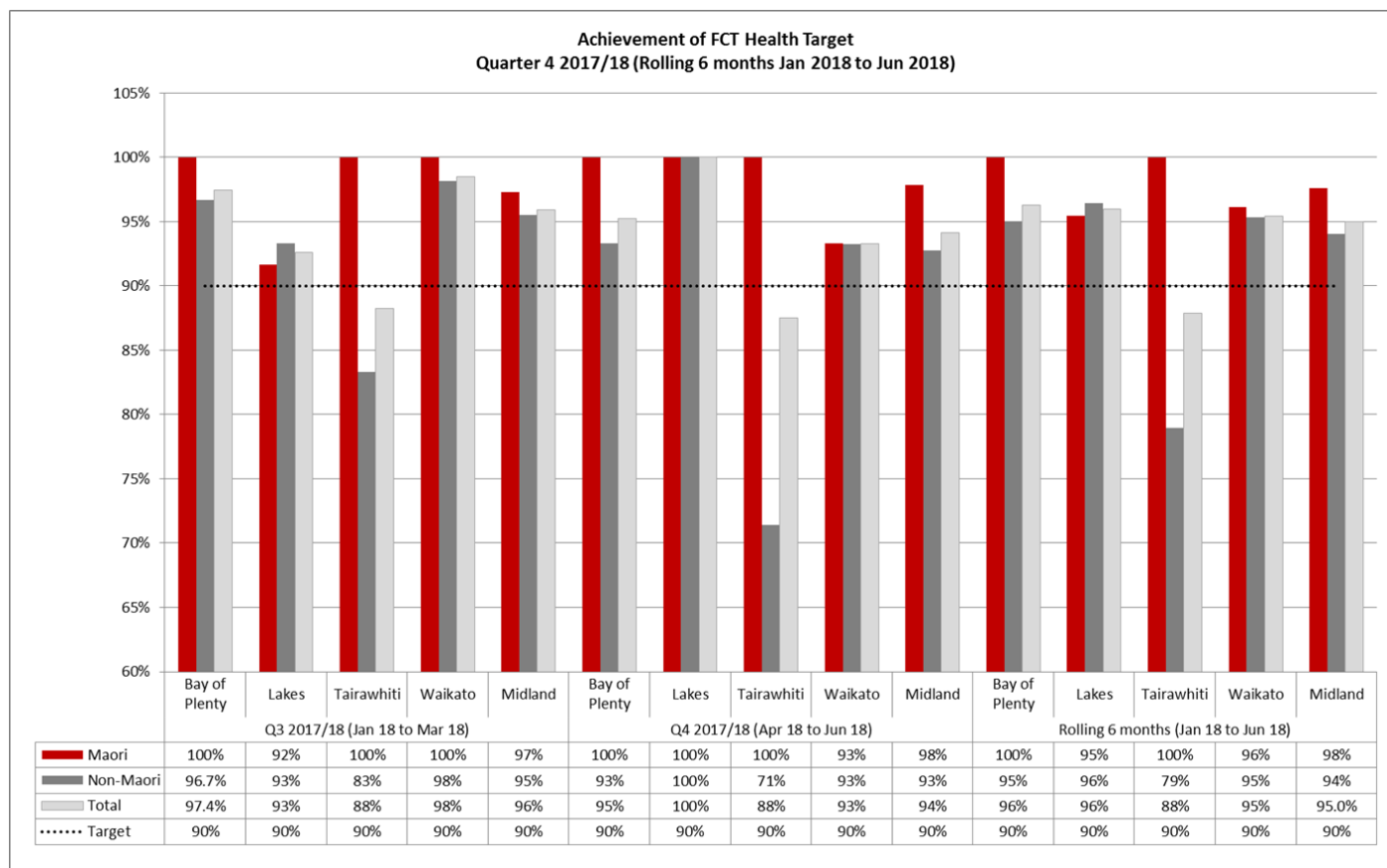
What we did in addition to what we said we would do

- **NZ National Prostate Cancer Outcomes registry** – CHOMNZ request to support Midland DHBs to collect data on all men newly diagnosed with prostate cancer, involving all clinicians diagnosing or treating prostate cancer. Request sent to Midland COOs and CIOs. Facilitated Ministry to present on Cancer Health Information Strategy overview and framework for such registries. Midland DHBs COOs support the concept of urologists collecting data for the registry.
- **Midland PET-CT** – supporting Midland DHBs to renew regional PET-CT contract by December 2018. Provided up to date data and information to procurement lead.
- **Genetic Health Service** – submitted case study of timely access issues to Northern Genetic Service. Secondly Genetic Health Service New Zealand Strategic Plan 2018-2023 (draft) circulated to stakeholders for review and feedback by 26 October 2018.

Key:				
Completed	C	On Track	G	Caution
			A	In Trouble
				R

Quantitative data

Faster Cancer Treatment Health Target



Source: Midland FCT 2017/18 Q4 Ministry return file

Note: 2018/19 Quarter 1 FCT data was not available at time of preparing this report

Key:
Completed

C

On Track

G

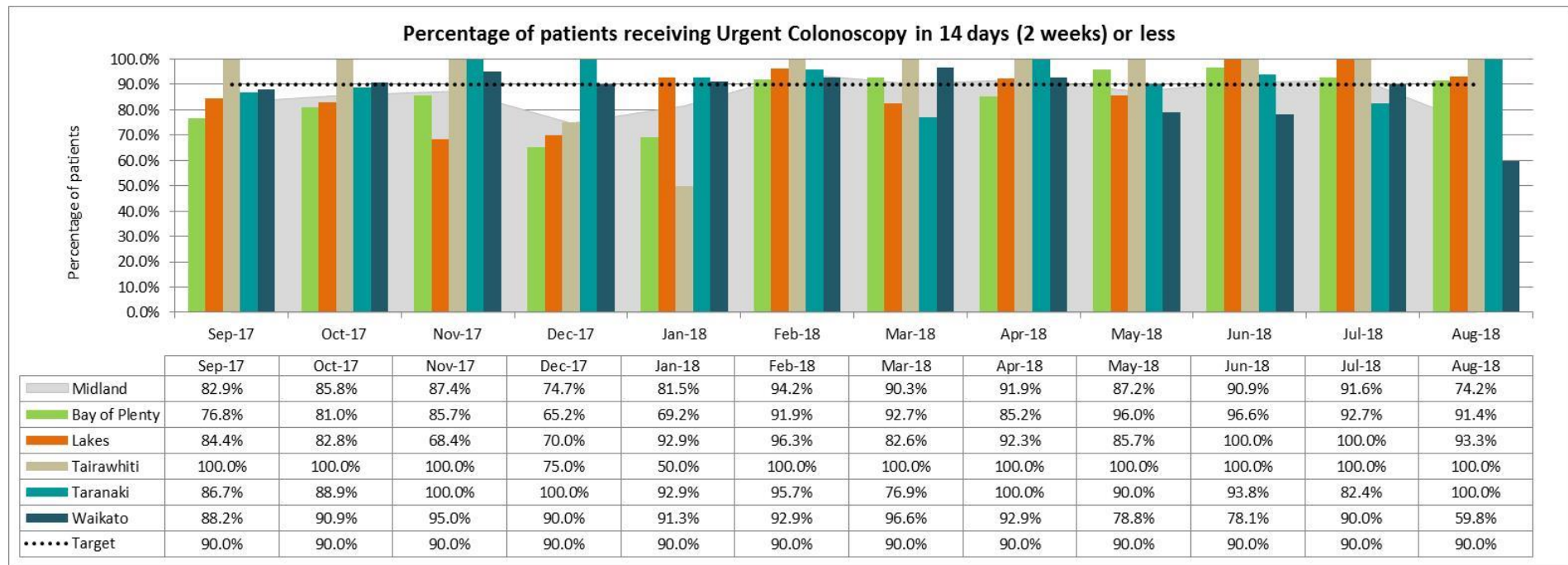
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In Trouble

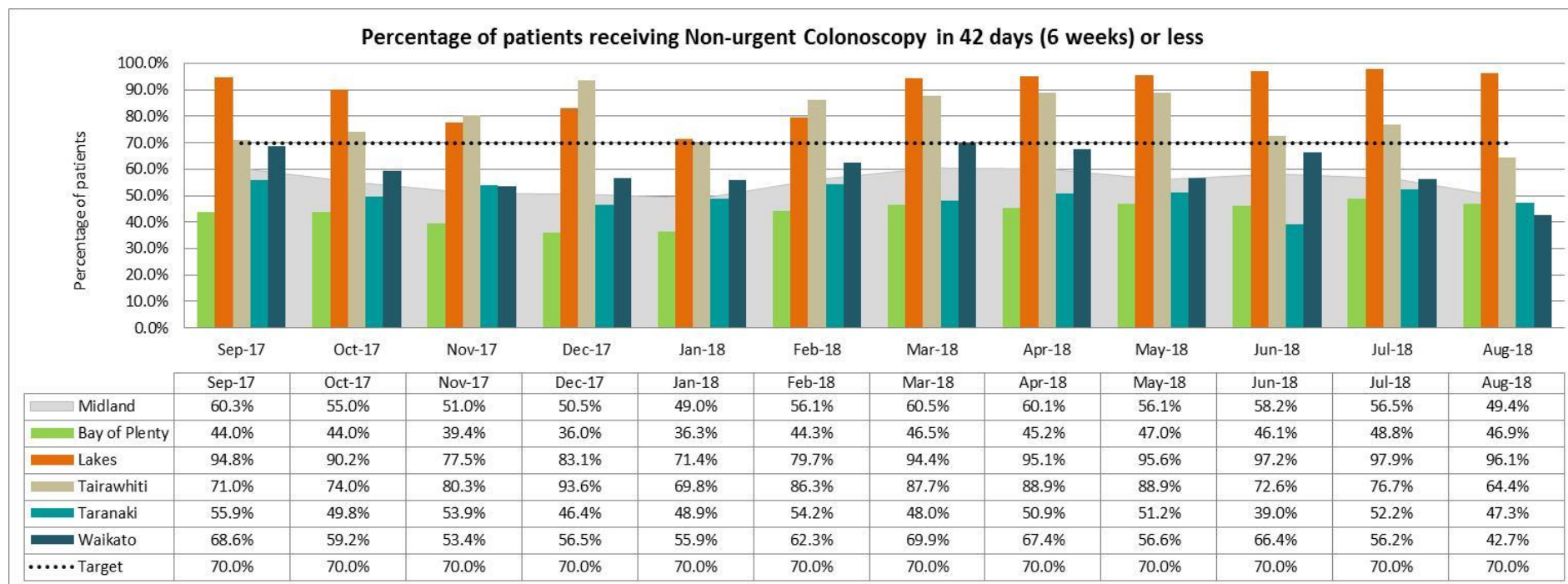
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Colonoscopy Waiting Time Indicators



Source: MoH DHB level colonoscopy reports, as at 1/10/2018





Source: MoH DHB level colonoscopy reports, as at 1/10/2018

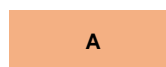
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On Track

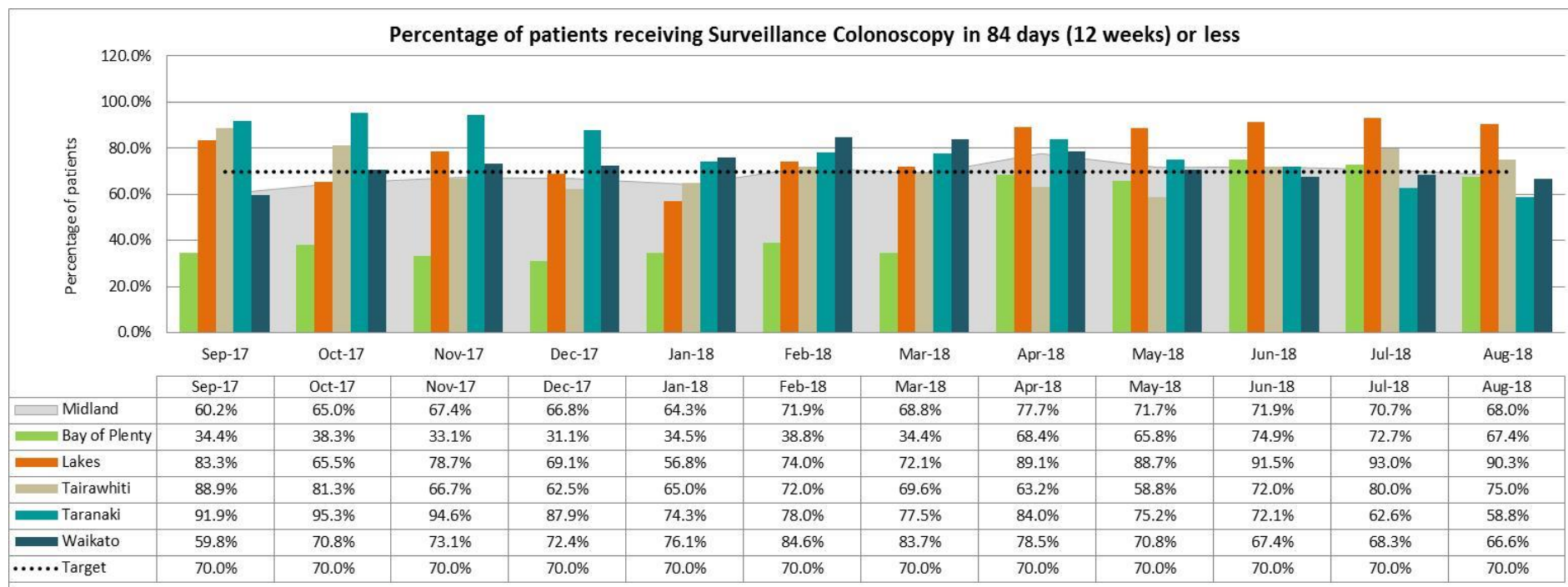


Caution



In Trouble





Source: MoH DHB level colonoscopy reports, as at 1/10/2018

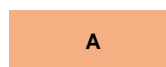
Key:
Completed



On Track



Caution



In Trouble



Midland Cardiac Clinical Network (MCCN)

Introducing Natasha Gartner, Project Manager

My name is Natasha Gartner and I am the new Project Manager for the Cardiology Network and the Radiology Action Group, in the Regional Health Integration Team.

My working background is 25 years working in the *Health* field – including Waikato DHB, the Ministry of Health, and a community mental health Non-Government Organisation (NGO). For the past two and a half years I have been a Business Manager for the Cardiovascular and Critical Care areas at Waikato Hospital. During that time, I learnt many important lessons.

I have learnt about:

1. the many challenges of providing complex health services, within a resource constrained environment;
2. the challenges of needing to prioritise what can be provided because there are simply not enough people/services/resources to provide every service that is requested, in a timely way;
3. the need to, despite the above challenges, strive to ensure our communities are able to access treatment/services/support, regardless of where they live;
4. the critical role that primary care plays in supporting healthy communities.

Needless to say, I am very excited to be given this opportunity, of working with HealthShare, to support you and our communities.

I would like to say my hobbies include marathon running but alas, my nose would grow. I love the beach, my toy poodle and my e-bike.

I look forward to working with you all – please feel free to contact me (natasha.gartner@healthshare.co.nz).



Natasha – enjoying the view in Lucerne, Switzerland

Clinical Chair: Dr Jonathan Tisch, Bay of Plenty DHB Project Manager: Natasha Gartner		Q1	Q2	Q3	Q4
1. Ischaemic heart disease		<i>(regional enablers – clinical leadership; pathways of care, quality)</i>			
1.1	National Expected Standards – gap analysis and recommendations against the National Expected Standards	G			
1.2	Acute Coronary Syndrome (ACS) - conduct a post-implementation review of ACS forecasting tool to confirm next steps.	G			
1.3	Continue to explore opportunities for service improvements and opportunities to reduce inequities for timely access to treatment.	G			
1.4	Develop ACS Pathways of Care, including STEMI				
1.5	Chest Pain – transition pathway of care into Health Pathways				
1.6	Primary prevention - understand the barriers to Cardiology FSA and provide recommendations to mitigate these.				
1.7	Explore system options which would enable the counting and coding of FSA cardiac attendances at outpatient clinics.				
1.8	Assess clinician views about implementing additional patient counting system.				
1.9	Secondary prevention and rehabilitation – discharge medications and adherence will be tracked with data from Pharms				
1.10	Accelerated ED Chest Pain Pathways - review the secondary Accelerated Cardiac Patient Pathways (ACPP) within each Midland DHB.				
2. Heart failure (HF)		<i>(regional enablers – equitable access and outcomes, pathways of care)</i>			
2. 1	Transition pathway of care for delivery of HF care in a primary setting and identify new opportunities for improvement. EAO				
2. 2	Population of the HF ANZACS- QI Register. EAO				

Key:
Completed

C

On Track

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Caution

A

In Trouble

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2.3	Provide a report on how heart failure services will ideally be delivered across the five Midland DHBs to improve outcomes for the worst affected groups now identified as Māori, low deprivation, male, ages 40–65. EAO				
3. Atrial fibrillation (AF) <i>(regional enablers – clinical leadership; equitable access and outcomes, pathways of care)</i>					
3.1	Investigate options of how to identify the number of patients with Atrial Fibrillation	G			
3.2	Provide a report on how atrial fibrillation services would ideally be delivered across the five Midland DHBs. EAO				
3.3	Develop AF Pathways of Care.				
4. Cardiac surgery patient services <i>(regional enabler - equitable access and outcomes)</i>					
4.1	Explore viability of Cardiac Surgery Outreach clinics at Tairāwhiti. EAO				
4.2	Explore options on how to keep the cardiac surgery waitlist within 6-10% of the annual volume as per MOH KPIs. EAO				
5. Māori health equity : cultural assessment audit of cardiology and cardiac surgery services <i>(regional enabler - equitable access and outcomes)</i>					
5.1	A wananga will be held to provide the opportunity for Midland Māori consumers to talk about their cardiac pathway experiences. The feedback will be collated and a recommendation document will be developed for consideration. EAO				
5.2	It is proposed to undertake a stocktake of current cultural awareness training and organisational cultural support services for clinicians within the Midland DHBs. This will provide a baseline and an opportunity to align as a workforce enabler to enhance clinical cultural awareness for services for Māori. EAO				
6. Workforce and service planning <i>(regional enabler - workforce)</i>					
Workforce					
6.1	Identify demand for cardiac physiology services in Midland DHBs	G			
6.2	Identify accessibility of cardiac physiology services in Midland DHBs including workforce supply	G			
6.3	Undertake gap analysis.	G			
6.4	Collaborate with DHB Shared Services and Regional and National Cardiac Networks to develop a strategic workforce plan to address gap analysis findings.	G			
Service planning					
6.5	Begin regional service planning conversations				
6.6	Collate information to inform an updated regional service plan for Cardiology and Cardiac Surgery				

Key:
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On Track

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Caution

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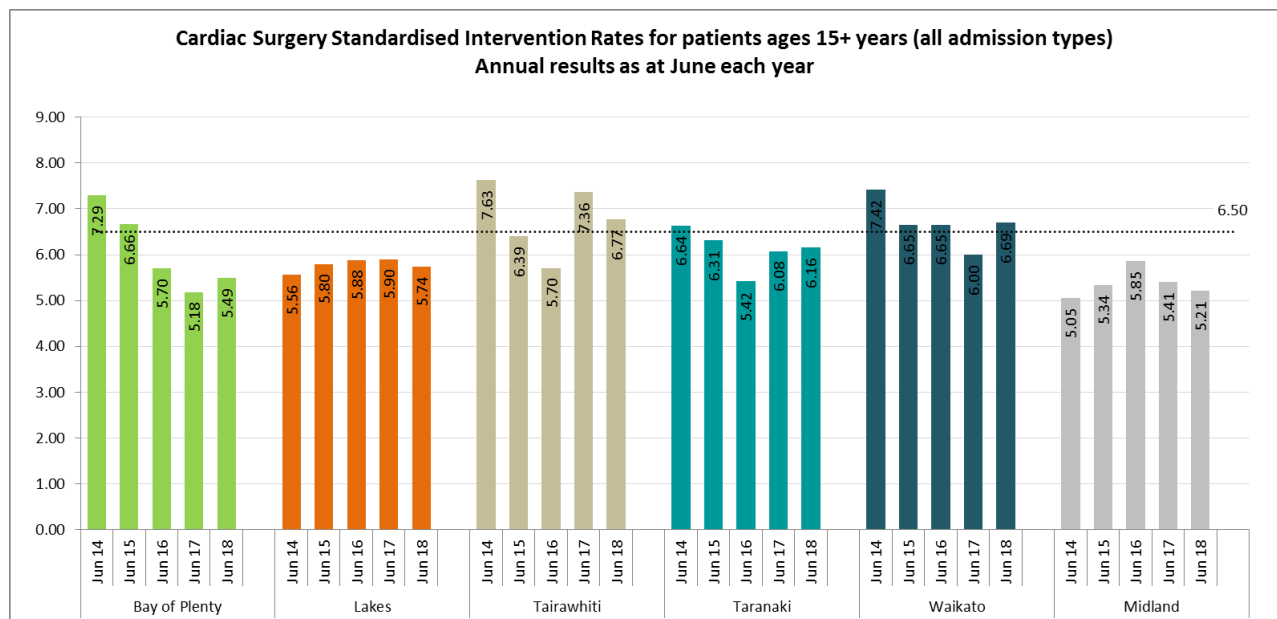
In Trouble

R

Quantitative data

Cardiac Standardised Intervention Rates

Cardiac Surgery



DHB	Variance from Target Rate	Jun 14	Jun 15	Jun 16	Jun 17	Jun 18
Bay of Plenty	Significantly Above					
	Not Significantly Different	•	•	•		
	Significantly Below				•	•
Lakes	Significantly Above					
	Not Significantly Different	•	•	•	•	•
	Significantly Below					
Tairāwhiti	Significantly Above					
	Not Significantly Different	•	•	•	•	•
	Significantly Below					
Taranaki	Significantly Above					
	Not Significantly Different	•	•	•	•	•
	Significantly Below					
Waikato	Significantly Above	•				
	Not Significantly Different		•	•	•	•
	Significantly Below					
Midland	Significantly Above					
	Not Significantly Different					
	Significantly Below	•	•	•	•	•

Key:
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On Track

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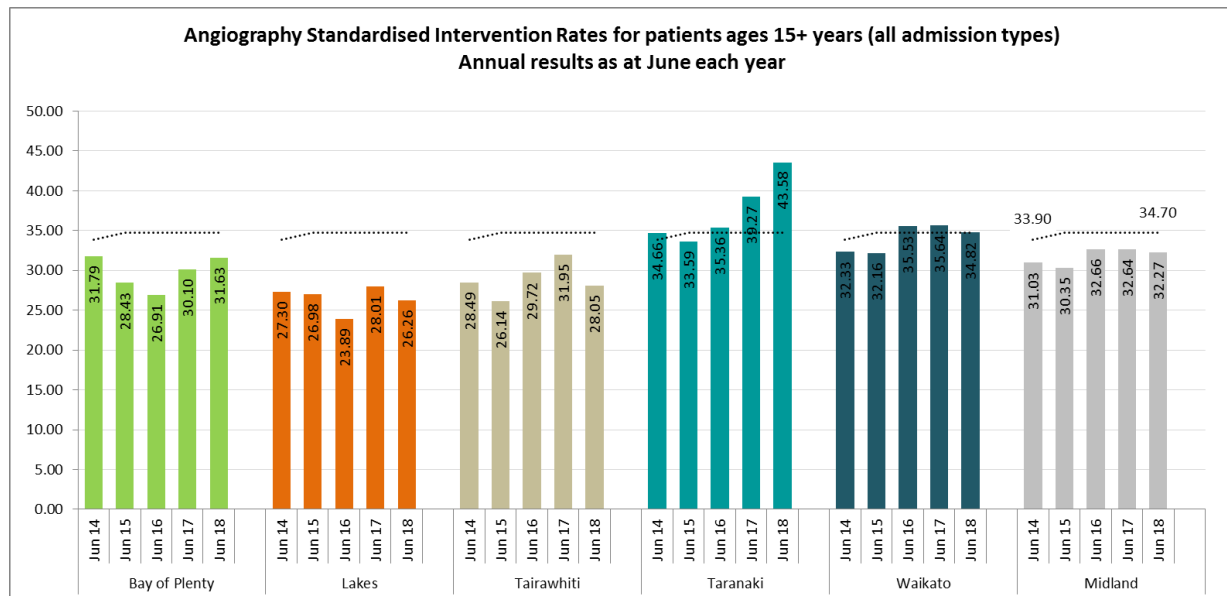
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In Trouble

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Angiography



DHB	Variance from Target Rate	Jun 14	Jun 15	Jun 16	Jun 17	Jun 18
Bay of Plenty	Significantly Above					
	Not Significantly Different	•				
	Significantly Below		?	?	?	?
Lakes	Significantly Above					
	Not Significantly Different					
	Significantly Below	?	?	?	?	?
Tairāwhiti	Significantly Above					
	Not Significantly Different			•	•	
	Significantly Below	?	?			?
Taranaki	Significantly Above				?	?
	Not Significantly Different	•	•	•		
	Significantly Below					
Waikato	Significantly Above					
	Not Significantly Different	•		•	•	•
	Significantly Below		?			
Midland	Significantly Above					
	Not Significantly Different					
	Significantly Below	•	•	•	•	•

Key:
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On Track

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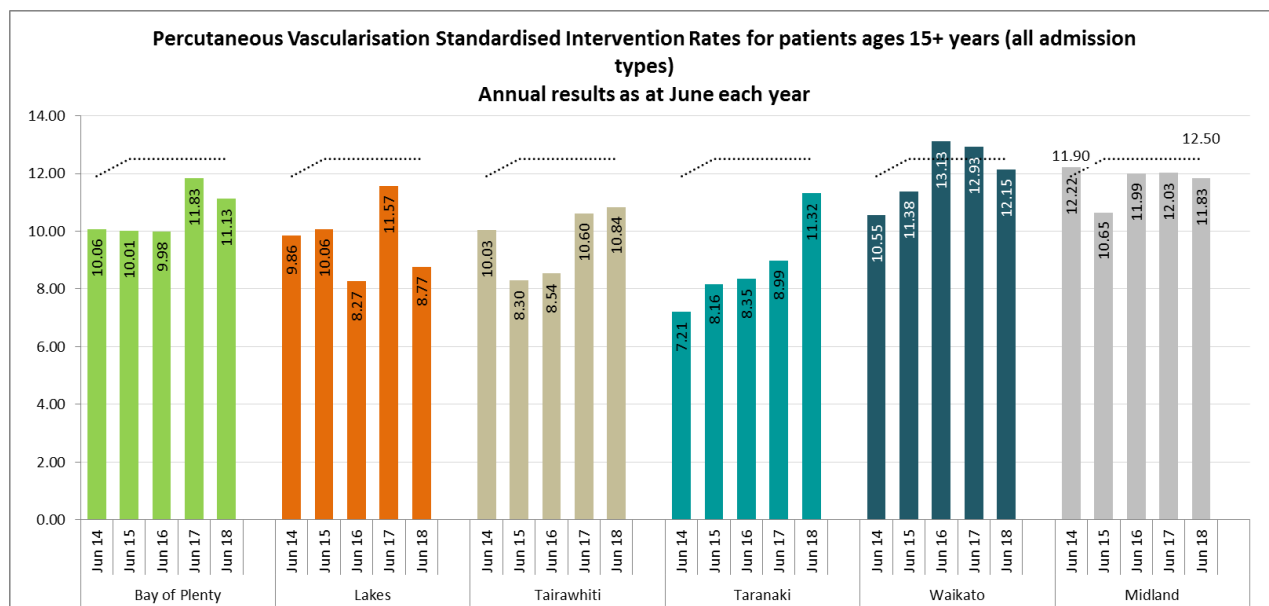
Caution

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In Trouble

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Percutaneous Vascularisation



DHB	Variance from Target Rate	Jun 14	Jun 15	Jun 16	Jun 17	Jun 18
Bay of Plenty	Significantly Above					
	Not Significantly Different				•	
	Significantly Below	•	•	•		•
Lakes	Significantly Above					
	Not Significantly Different	•			•	
	Significantly Below		•	•		•
Tairāwhiti	Significantly Above					
	Not Significantly Different	•			•	•
	Significantly Below		•	•		
Taranaki	Significantly Above					
	Not Significantly Different					•
	Significantly Below	?	?	?	?	
Waikato	Significantly Above					
	Not Significantly Different			•	•	•
	Significantly Below	?	?			
Midland	Significantly Above					
	Not Significantly Different	•		•	•	
	Significantly Below		?			?

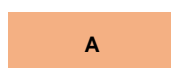
Key:
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On Track



Caution



In Trouble



Midland Child Health Action Group (CHAG)

Key achievements

CHAG has commenced the New Year with four initiatives which have strong linkages between them – childhood obesity, oral health, a regional approach to child system level measures, and development of a standardised regional primary care First 1000 days checklist and monitoring framework. The latter has been a Midland United Regional Integrated Alliance Leadership (MURIAL) project supported by CHAG.

CHAG has developed a report of ASH oral health admissions with an equity focus. Māori children are overrepresented in three of the five Midland DHBs and in one, appear more than four times as frequently as non-Māori. Following analysis it will be presented to the relevant oral health groups who may not have seen the regional data picture to support their planning.

A stocktake of child health System Level Measures has been completed identifying the common contributory measures across the region. The goal is to get agreement on one or more measures that all DHBs will report on.

Chair: Dr David Graham, Waikato DHB Project Manager: Anna-Maree Harris		Q1	Q2	Q3	Q4
1. Childhood obesity					
1.1	To undertake a survey of Early Childhood Education centres and primary schools to gauge policies in place and practice of offering only milk/water. EAO				
1.2	Provide findings to DHB Public Health Units and other relevant stakeholders. EAO				
1.3	Investigate opportunities for collaboration with the Ministry of Education. EAO				
2. Oral health					
2.1	Review available oral health quarterly data for linkages between primary care enrolment and oral health ASH, risk factors for poor oral health and facilitate an opportunity for information sharing to review available oral health data. Note that Initiatives 1 and 2 are closely linked with sugar-sweetened beverages. EAO				
2.2	Identify areas to reduce inequalities by prioritising and aligning with Midland DHBs' Oral Health Services and alignment with System Level Measures. EAO				
2.3	Provide recommendations for priorities that would improve oral population health across the region to General Managers (GMs) Planning and Funding. EAO				
2.4	Develop an implementation plan based on agreed priorities between GMs Planning and Funding and CHAG. EAO				
2.5	Begin implementation. EAO				
3. Regional approach to child health System Level Measures					
3.1	Identify existing groups and develop a mechanism for the sharing of information on the selected contributory measures with a focus on a reduction of inequity. EAO	G			
3.2	Review all contributory measures and select common measures related to the First 1,000 days for an in-depth analysis – e.g. smoking in pregnancy, oral health, Primary Health Organisation enrolment and delayed immunisation. Utilise available data to have a targeted approach to inequities. EAO	G			
3.3	Develop a plan for a collaborative approach to achieving SLMs across Midland DHBs including the utilisation of the Midland Child Health Data tool. EAO				
3.4	Implement a plan and begin data monitoring systems in collaboration with Midland DHBs to continue to monitor progress for child health. EAO				
4. Development of a standardised regional primary care First 1000 days checklist and monitoring framework					
4.1	To support the development of a set of elements for a regional first 1000 days generic checklist/toolkit – each with an appropriate action. EAO	G			
4.2	Develop a monitoring and outcomes framework for the checklist, and other antenatal/postnatal initiatives. EAO	G			
4.3	Monitor outcomes in conjunction with MURIAL and related parties. EAO				
4.4	Support the development of a model to increase primary care engagement. EAO	G			

Key:
Completed

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On Track

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Caution

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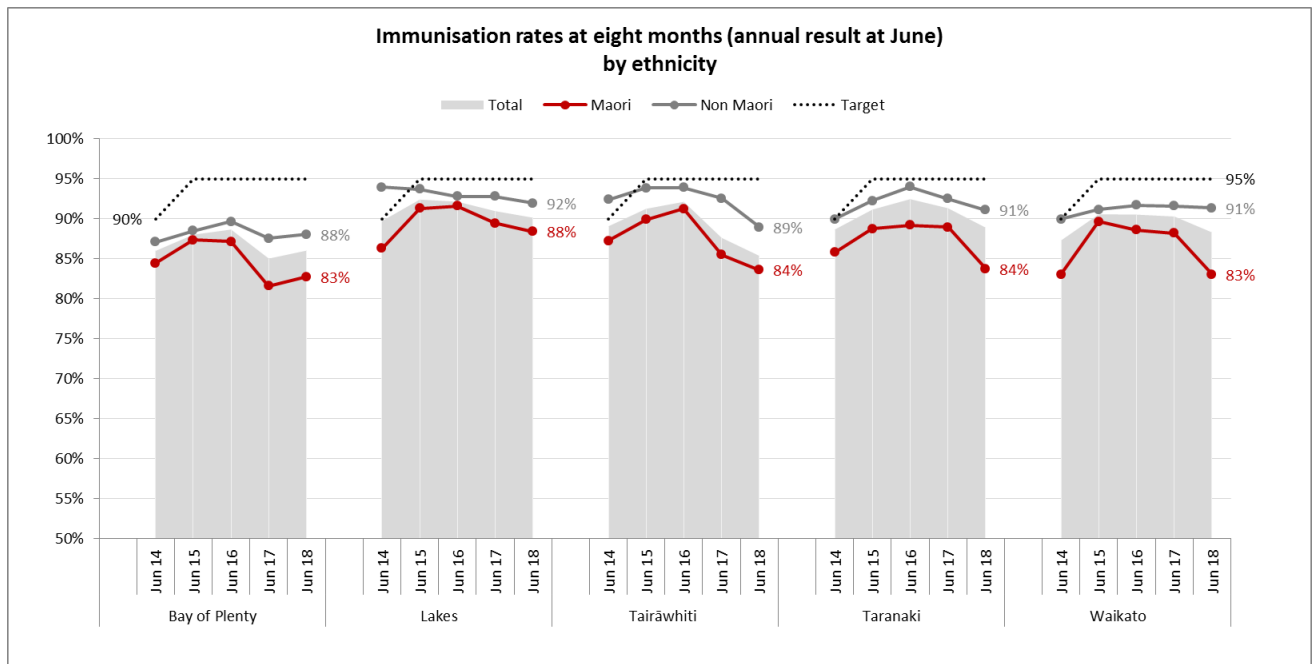
In Trouble

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Quantitative data

Immunisations complete for children at eight months – National Immunisations register

Annual Results – By Ethnicity



Data source: <http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

Maori have achieved lower immunisation results than Non Maori in each year for each DHB.

The results in this graph are also provided in an equity gap format in the following two graphs. The equity gap graphs provide the difference between Maori and Non Maori results through two different lenses.

Absolute difference (Non Maori results less Maori results)

This difference is calculated as the Maori result less the Non Maori result.

- Results higher than 0% indicate that Maori are achieving a higher level of immunisations than Non Maori (indicated by the bars in the graph “hanging upside down like a bat”):

eg **80% Maori less 85% Non Maori = (5.0%)**

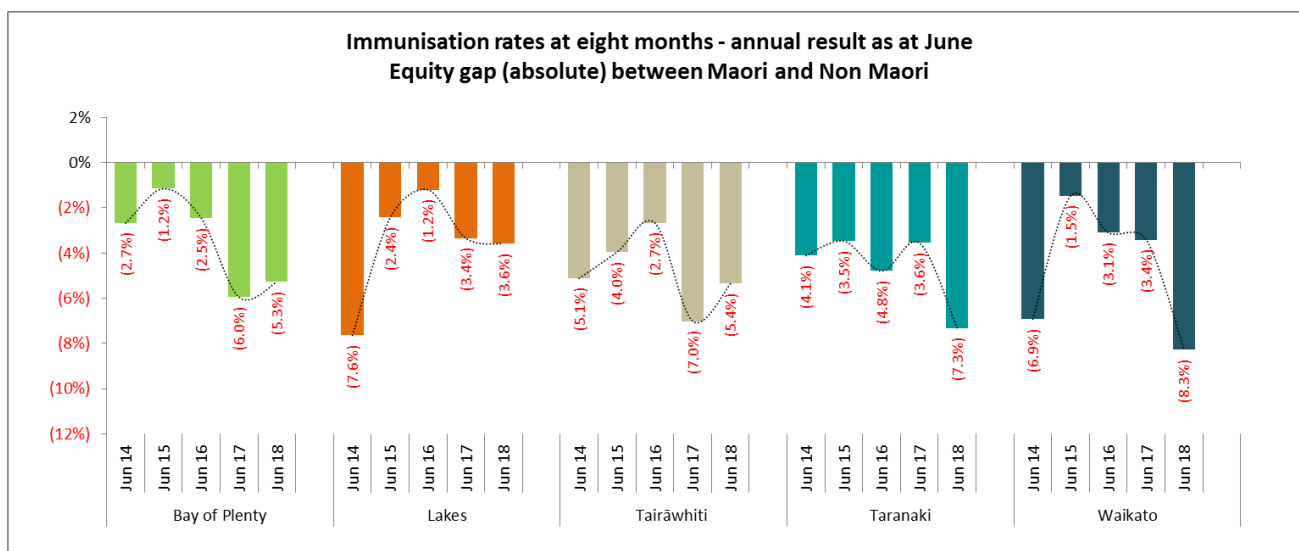
- Results lower than 0% indicate that Maori are achieving a lower level of immunisations than Non Maori:

eg **90% Maori less 85% Non Maori = 5.0%**

- Equity between Maori and Non Maori is achieved if the bar is at 0.0%

eg **75% Maori less 75% Non Maori = 0.0%**

Ideally each DHB's results should be trending upwards towards 0% (results are equal) or above 0% (results are better for Maori).



Relative difference (Non Maori results ÷ Maori results)

This difference is calculated as the Maori result divided by the Non Maori result.

The relative difference is reported as a rate and shows the relationship between the two results than rather than the difference between them:

- Results between 0.00-1.00 indicate that the Maori are achieving a poorer rate of immunisation than Non Maori (indicated by the bars of the graph sitting below the equity at 1.0 much like the pickets on a picket fence not reaching the railing/target):

eg **80% Maori ÷ 85% Non Maori = 0.94**

- Results at 1.00 indicate that Maori are achieving immunisations at the same rate as Non Maori (pickets on the picket fence are level with the railing/target):

eg **75% Maori ÷ 75% Non Maori = 1.00**

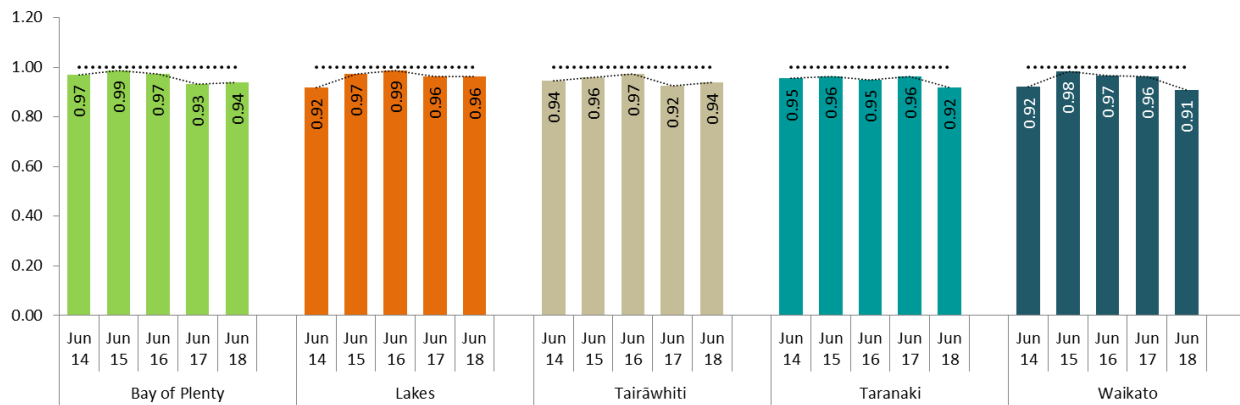
- Results greater than 1.00 indicate that Maori are achieving a better rate of immunisation than Non Maori (pickets on the picket fence are above the railing/target):

eg **85% Maori ÷ 80% Non Maori = 1.06**

Ideally each DHB should be trending upwards towards 1.00 (equal rate) or higher (better rate for Maori).



Immunisation rates at eight months - annual result as at June Equity gap (relative) between Maori and Non Maori



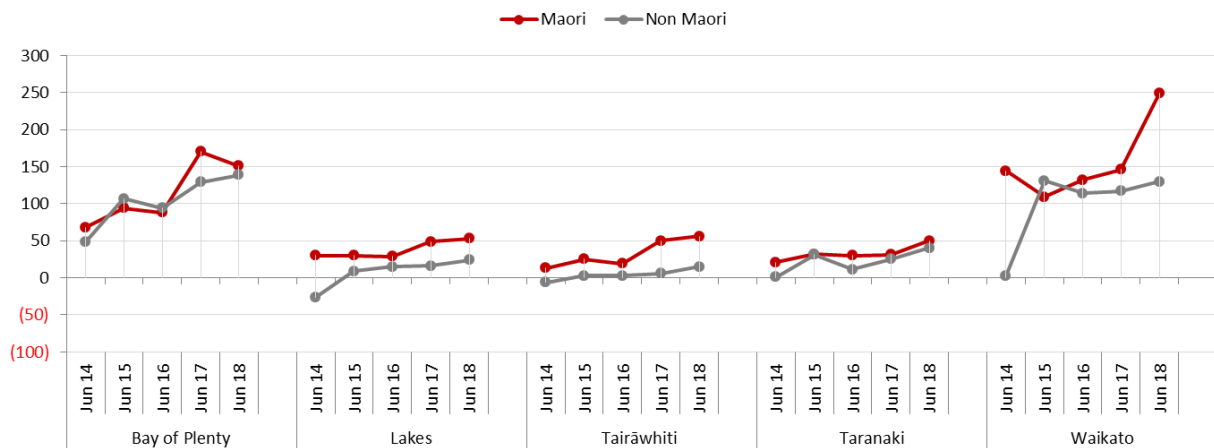
Data source: <http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

Children needed to reach target

The following graph and table on the following two pages show the annual target shortfall by number of eight month old children.

Results lower than zero indicates the target was exceeded.

Fully vaccinated eight month olds How many children did we miss target by?



Data source: <http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

Table showing shortfall/excess of children needed to reach fully vaccinated target for eight month olds

Black numbers indicate the number of children the target fell short by and red numbers indicate the number of children the target was exceeded by.

Results lower than zero indicates the target was exceeded.

DHB	Ethnicity	Jun 14	Jun 15	Jun 16	Jun 17	Jun 18
Bay of Plenty	Maori	68	94	88	170	151
	Non Maori	49	107	94	129	139
	Total	117	201	182	299	290
Lakes	Maori	30	30	29	49	53
	Non Maori	(26)	9	15	16	24
	Total	4	39	44	65	77
Tairāwhiti	Maori	13	25	19	50	56
	Non Maori	(6)	3	3	6	15
	Total	7	28	22	56	71
Taranaki	Maori	21	32	30	31	50
	Non Maori	1	31	11	25	40
	Total	22	63	41	56	90
Waikato	Maori	144	109	132	146	249
	Non Maori	3	131	114	117	130
	Total	147	240	246	263	379

Data source: <http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

What we did in addition to what we said we would do

Rheumatic fever

CHAG is providing leadership and oversight for a rheumatic fever working group which has met and agreed that there is an urgent need for a regional database for tracking patients receiving bicillin. Patients are required to receive monthly treatment for a period of up to 10 years and during this time they often relocate within the region or elsewhere across the North Island. Ideally there would be a national database. In designing a solution for Midland we are cognisant that there will need to be a joined up approach with other regions.

Key:	C	On Track	G	Caution	A	In Trouble	R
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Elective Services Network

Key achievements

Individual DHB vascular meetings are being held to support the progress of the vascular initiative. The focus of the meetings is to ensure the required preparation is undertaken prior to the November regional meeting. The November meeting outcomes include confirming DHB service levels and agreeing acute and elective pathways.

Regular face to face meetings with the regional project manager leads and the national clinical lead are helpful in ensuring the focus of the vascular project remains true to the strategic intent. The meetings also enable the sharing of information and experiences from the other project managers.

Within all initiatives there is an ongoing commitment in ensuring equity of access for Maori through the reporting of ethnicity, location and deprivation where this is available.

Clinical Leads: Mr Thodur Vasudevan and Mr Mark Morgan Project Manager: Jocelyn Carr		Q1	Q2	Q3	Q4
1. Vascular Services					
<i>(regional enablers - clinical leadership; pathways of care; quality)</i>					
1.1 Draft health pathways developed and are ready for publishing <i>(quality)</i>	G				
1.2 Stocktake of DHBs access to vascular ultrasound completed and where agreed move to national guidelines <i>(quality)</i>	G				
1.3 Current coding practices are audited and where appropriate changed to meet service specification guidelines <i>(quality)</i>					
1.4 Assessment and confirmation of DHB service levels <i>(clinical leadership)</i>	A				
1.5 Regional clinical audit process is implemented to inform service and quality improvements <i>(quality)</i>					
1.6 Acute and elective pathways are agreed and formalised for nominated conditions <i>(quality, pathways of care; clinical leadership)</i>					
1.7 Formal vascular multidisciplinary meeting process documented and implemented <i>(quality)</i>					
1.8 Workforce benchmarking is undertaken and opportunities to develop workforce and technology solutions are identified and progressed <i>(clinical leadership)</i>					
1.9 Collect data by ethnicity, location and deprivation where this is available. EAO					
2. Breast reconstruction services					
<i>(regional enablers - clinical leadership; quality)</i>					
We acknowledge that there is work anticipated in 2018/19 relating to improving access, and consistency of access, to plastics and reconstructive services, including breast reconstruction. We will engage with the national service improvement programme as actions are developed and support regional implementation as required by the Midland DHBs. <i>(quality, clinical leadership)</i>					
3. Ophthalmology					
<i>(regional enablers - clinical leadership; quality)</i>					
We acknowledge that there is work anticipated in 2018/19 relating to improving access, and consistency of access, to Age-Related Macular Degeneration (AMD) and Glaucoma pathways. The Ministry of Health will agree arrangements with DHBs regarding the implementation of national guidelines for AMD and glaucoma. This will support HealthShare to facilitate regional meetings and DHB collaboration to assist the implementation process <i>(quality, clinical leadership, EAO)</i> .					
3.1 Initial regional meeting to agree regional work plan. <i>(quality)</i>					

Key:
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On Track

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Caution

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In Trouble

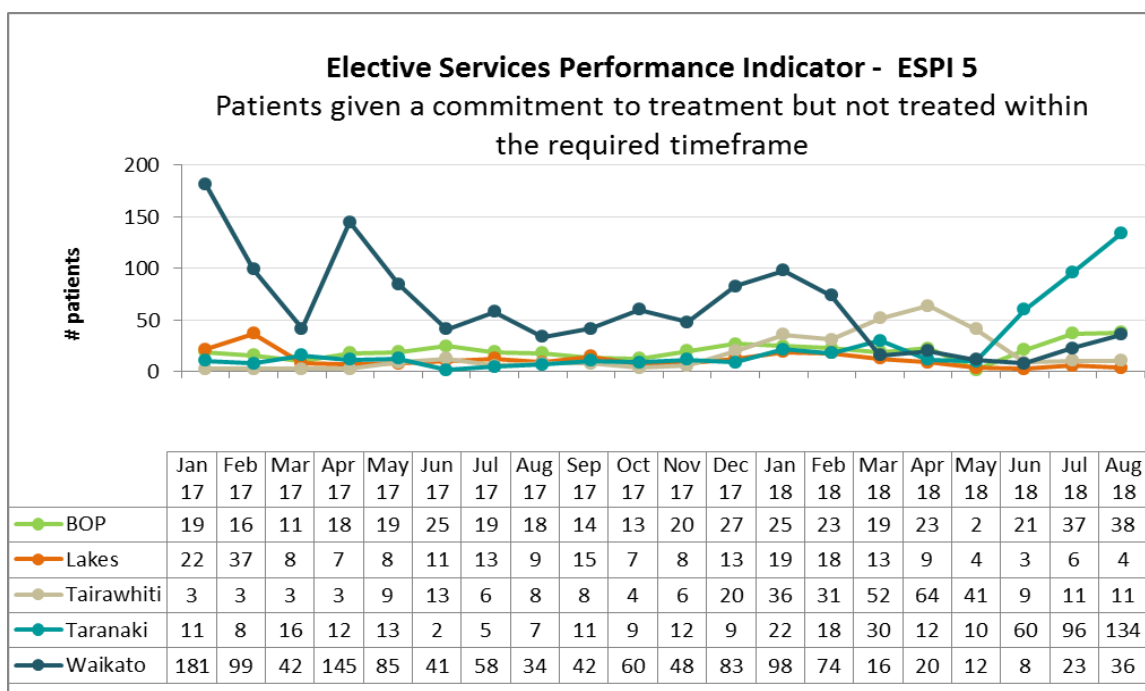
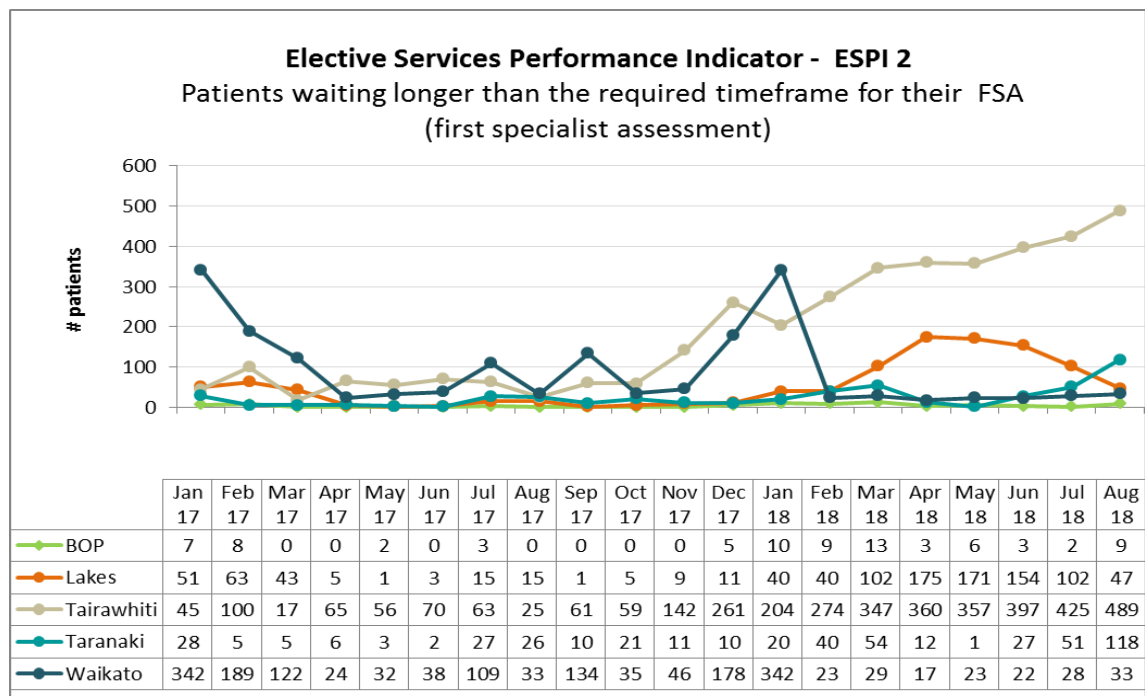
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Elective Services Performance (ESPIs) - Waiting Times Indicators

As at 31 August there were 696 people waiting greater than 4 months for a first specialist assessment. The main contributors were orthopaedics (450) and urology (66).

There were 223 people waiting greater than 4 months for a surgical procedure. The main contributors were ENT (83) and orthopaedics (51).

The region is red for both ESPI-2 and ESPI-5.



What we did in addition to what we said we would do

Initial discussions with regional ophthalmology service providers have been held but due to Ministry of Health internal processes, the planned national ophthalmology meeting has been postponed until February 2019. It has been agreed that the initial Midland region ophthalmology meeting will be scheduled for a date after the national meeting. This will ensure that DHBs have had time to assess the proposed initiative and agree to engage in the regional ophthalmology programmes of work.

Health of Older People (HOP)

Key achievements

InterRAI – This initiative has started earlier than planned. Nominations for InterRAI Subject Matter Experts (SME) were called for, and received, from the DHBs to establish a Midland InterRAI SME Group. The majority of the group members either have, or have had, experience with Needs Assessment and Service Coordination services (NASC). Some initial scoping of potential work has been completed, with a focus on hospital admission avoidance.

Dementia – Midland representatives continue to take part in the National Dementia Framework Collaborative and contribute to discussions regarding the future work of this group.

Chair: TBC Project Manager: Kirstin Pereira		Q1	Q2	Q3	Q4
1. Managing acute demand and patient flow across the continuum					
Regional collaboration on identifying initiatives and best practice for managing acute demand and patient flow across the continuum for health of older people, including mental health services for older people. EAO					
1.1	Identify the scope of the initiative and work with DHBs to identify their most appropriate representatives for the HOP Action Group.	A			
1.2	Support the Action Group to identify the most effective means of sharing successful initiatives, lessons learned and agree a regional approach.				
1.3	Organise the sharing of initiatives and identify regional measures, including rates for Māori, Pacifica and non-Māori. EAO				
2. Dementia <i>(regional enablers - clinical leadership)</i>					
Education programmes, advice and support for family and whānau carers					
2.1	Determine requirements of a new working group to support this regional work for family and whānau carers of people with dementia and seek nominations from DHBs and the sector. EAO				
2.2	Continue to support the development of the Informal Carer, Family and whānau Education Guidelines. EAO				
2.3	Continue to support the sector to identify ways to ensure access for informal carers and whānau to the education and support programmes (continued on from Q4 2017/18). EAO				
2.4	Identify opportunities to promote the completed guidelines to Midland region education programme providers.				
2.5	Identify advice and support initiatives available to family and whānau carers post diagnosis and methods of delivery.				
2.6	Support the group to identify ways to ensure access for all people in the Midland region to those initiatives.				
Dementia assessment and management pathways					
2.7	(Pathways)				
2.8	Analysis of the survey of GP practices to assess the use of the dementia pathways and their impact on GP and Practice Nurse confidence levels.	G			
2.9	Review the current HealthPathways base pathway from a Midland region perspective.				
3. InterRAI <i>(regional enabler - quality)</i>					
InterRAI data visualisation tool					
3.1	Continue to promote the use and application of the new visualisation tool with Midland DHBs and the sector.	G			
InterRAI quality Indicators <i>(regional enabler - quality)</i>					
3.2	Establish a Subject Matter Expert group to work on InterRAI indicators.				
3.3	Identify and agree indicators.				
3.4	Develop reports for HOP Action Group to review, including rates for Māori and non-Māori. EAO				
4. Advance Care Planning (ACP) <i>(regional enabler - quality)</i>					
Provide support to enable the Midland region to meet the requirements of the national ACP implementation plan					
4.1	Coordinate and support the Midland Regional ACP Facilitators, working to include additional Primary Health Organisations.	G			

Key:
Completed

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On Track

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Caution

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In Trouble

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Chair: TBC	Q1	Q2	Q3	Q4
Project Manager: Kirstin Pereira				
4.2 Represent the Midland Region and contribute to the work of the National ACP Steering Group.	G			
4.3 Support the Facilitators group to collaborate on a regional approach to the Train the Trainer programme and the Serious Illness Conversation Guide Training programme.	G			
4.4 Initiate discussions with Primary Health Organisations (PHOs) to implement functionality for the electronic capture of ACP plans.				

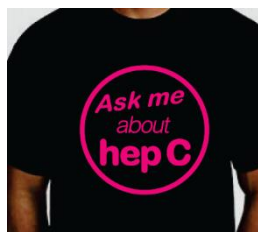
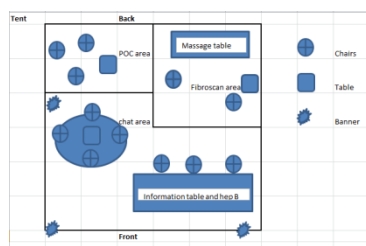
What we did in addition to what we said we would do

Proposal for a primary care based integrated model of care: The assessment, diagnosis and management planning of dementia – this proposal was developed by Janine Burton, Clinical Nurse Specialist at Waikato Hospital. After some discussion it was agreed that the proposed service would benefit all Midland DHBs so the proposal was circulated amongst the Midland Dementia Working Group members for their endorsement. The group supported the proposal and it has now been forwarded to the chairperson of the Midland United Regional Integrated Alliance Leadership (MURIAL) for his consideration.

Midland Integrated Hepatitis C Service

Key achievements

1. **Hauora Tairāwhiti** continues to lead the way with eradicating hepatitis C. Their work has been acknowledged by the Minister of Health David Clarke with a special mention at the HCV Summit held in Auckland in July 2018. NZ Doctor has also profiled the activity and has published a story highlighting collaboration and delivering services in the community. The project working group have been working towards a “One stop Hep C shop” at the local A and P show early October which is identified as one of the highlights of the year in the region **EAO**. By using the principles of removing access barriers and delivering services closer to the patients home, a one-stop hep C clinic will be held over the two days at the show. The stand will provide education and awareness, Point of Care (POC) testing and Fibroscan service. A phlebotomist service will also be available for positive point of care tests to reduce patient visits and being lost to follow up. The stand is being collaboratively staffed and funded by the regional service team and local providers.



One identified risk from the project team is HARM reduction. There is no stand alone needle exchange venue and the current “one for one” contract is not fit for purpose

Action – A meeting with the Needle Exchange CEO is scheduled in October to discuss strategy and timelines and to discuss collaboration work around an interim solution.

2. **Taranaki DHB** has a dedicated project manager within a project working group who are meeting two weekly. Taranaki DHB has used multiple databases and patient lists to create a robust database of patients with hepatitis C. The database will be utilised to check patients status and follow up as required. While the working group are working through their process, the regional service is holding successful clinics within the local Needle Exchange **EAO** and taking the service, with collaboration of Mental Health and Addiction, to South Taranaki where there is low GP availability and a cluster of at risk people and people with hep C. **EAO**
3. **Lakes DHB** requested point of care training by their Opioid substitution treatment (OST) team. Training has been completed and resources supplied.
4. **BoP DHB** continues to use the regional service well. Needle Exchange peer staff are in the process of being training in POC. It is scheduled for the project manager to present to System Level Measure Amenable Mortality Working Group meeting in December. A meeting has been held with the Hepatitis Foundation of New Zealand (HFNZ) to discuss improving collaboration between our agencies. This was a success and it was agreed to complete pro bono scanning for each other in remote areas. First hep C clinic was held in Whakatane based out of HFNZ premises.
5. **Waikato DHB** are holding regular clinics at the Needle Exchange, contacting sexual health to offer clinics, presenting to Department of Corrections (DOC) clinical staff who are very engaged. We are working with DOC staff to access probation services. The Needle Exchange clinic in Hamilton is starting to attract people who know they have hep C and need a safe avenue for treatment.
6. **Point of Care (PoC)** testing continues to grow within the region with 171 tests completed. Caution is used when providers are trained to ensure they have access to phlebotomist and refer into hep C regional services. They also must understand the guiding principles about a positive experience for patients, removing access barriers and avoid being lost to follow up.

Feedback from clients:

- “I thought I had hep C all these years but this test showed I didn’t even have it. Years of worrying for nothing”
- “Love the non-clinical feel”

Point of care venues based in the Hauora Tairāwhiti community **EAO** in five general practices (Ngati Porou Hauora), Mental Health and Addiction, Turanga Health (NGO who provide community services) and one pharmacy. In addition, there is another pharmacy that provides OST services and a small needle exchange contract with another general practice to be trained October 2018. Adhoc clinics have been held in the community eg Salvation Army, where local community have accessed including mongrel mob plus people within a prison integration programme. The service has also been taken to a Tongan church.

7. **Clinical pathway** is under review. Consideration is also being given to working alongside hepatitis B clinical pathway.
8. **Regional service** is now solely covered by one FTE specialist nurse based from Waikato Hospital. Did not attend (DNA) list has reduced from 121 to 15, of which 6 are on the wait list and one is booked in. This success is due to our admin support techniques

Key:	Completed	C	On Track	G	Caution	A	In Trouble	R
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to contact patients. The team is also working through the database contacting and preparing other genotypes for treatment. Some patients are being “warehoused” until the new pharmaceutical becomes available as there are many Mental Health and Addiction patients with drug interactions and a clinical decision has been made not to alter their current medication.

Clinical Chair: Dr Frank Weilert, Waikato DHB Project Manager: Jo de Lisle				
Actions to support the regional hepatitis C objectives	Q1	Q2	Q3	Q4
1. Investigating the opportunity to prioritise Hepatitis C as a contributory measure within the System Level Measures framework for Amenable Mortality	G			
2. Provide quality identification, through testing and diagnosis; assessment; triage; and management, including monitoring, support and education to people with hepatitis C	G			
3. Primarily direct identification towards targeted testing for people who are at increased risk	G			
4. Regularly review and implement the Midland region hepatitis C pathway	G			
5. Extend primary and secondary health care services to provide improved assessment and follow up services for people with hepatitis C, including community based Liver Elastography Scanning	G			
6. Deliver integrated services across primary and secondary care to meet the needs of the Midland region's population	G			
7. Implement a national and/or regional approach to using lab data to identify people who have been previously diagnosed with possible and active hepatitis C infection but may have been lost to follow up	G			
8. Regularly update the regional hepatitis C education and awareness plan and ensure activities across DHBs are coordinated with the plan.	G			
In delivering hepatitis C education and awareness services the Midland region will:				
9. Provide information and support to PHO's to enable general practice teams to provide optimal hepatitis C care and support for the delivery of accessible PHARMAC funded DAA hepatitis C treatment for eligible patients	G			
10. Raise the awareness of, and education on, the hepatitis C virus and risk factors for infection both in high risk groups and general practice teams	G			
11. Promote nationally and locally developed hepatitis C resources and activities within the region	G			
12. Ensure a focus on supporting primary care prescribing of hepatitis C treatment to promote an increase in uptake of treatments in the community	G			
13. Ensure a focus on diagnosing those undiagnosed and at risk of hepatitis C	G			
14. Tailor patient information to the needs of the local populations	G			
15. Provide PHO based GP and nursing training sessions on prescribing and support needed for the new funded hepatitis C treatments	G			
16. Engage with staff working in key stakeholder organisations such as Prisons, Needle Exchange Services and Community Alcohol and Drug Services, Opioid Substitution Treatment providing information and / or on the ground training and education	G			
17. Liaise and share information with secondary care staff on the clinical hepatitis C pathway, appropriate treatment pathways for patients and strengthening links with primary care.	G			
Further actions to increase identification/diagnosis in each DHB region will include:				
18. Engage with local Māori and Pacific Island communities. EAO	G			
19. Engage with immigrants from South East Asia, Eastern Europe, Indian subcontinent and Middle East, at-risk and hard to reach groups including people who inject drugs and prisoners. EAO	G			
20. Opportunistic targeted testing at general practice and within the community. EAO	G			

Key:	Completed	C	On Track	G	Caution	A	In Trouble	R
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Mental Health and Addiction Services (MH&A)

Key feature article

Cutting Edge Conference Award

Lifewise Trust Rotorua received highly commended acknowledgement for their Patua te Whakamaa initiative. Patua te Whakamaa (removing the shame associated with addiction and mental health issues), reduces stigma at a peer level to build resilience through art and therapeutic techniques that are supported by Manaakitanga (enhancing people's mana by showing respect, generosity and care for others).

Supported by volunteers and staff at Lifewise Rotorua, Patua te Whakamaa not only helps programme participants, but also benefits the workforce in a number of ways, including reinforcement of the Lets Get Real and Takarangi Competency Framework core knowledge and skills, broadening the skill base to disrupt conventional practice.

The Cutting Edge award seeks to showcase innovations in work practices that contribute to workforce wellbeing and development. This initiative focuses national attention on addiction treatment organisations and services engaged in best workforce practices.

Benefits for participants in the programme:

- Reducing de-stigmatisation/remove shame at a peer level to build resilience via art and therapeutic techniques supported by Manaakitanga
- Understanding that to make their ideas become reality requires patience, care, respect and encouragement, with fair reminders about time management dispersed accordingly
- The learning of trust in this creative process to reflect, re-imagine, strategize, work out ideas and possibilities.
- Increased motivation and group participation for residents in care
- Improved individual wellness and recovery treatment
- Individuals from our Iwi could be more productive as they become more stable and as they tackle acute mental health and/or addiction issues
- Reconnecting with oneself, heritage and journey.

Benefits for the Workforce:

- Intentional Co-Design Planning to ensure that all activities are baselined for active participation
- Mana Enhancing process of reciprocity for team accountability of empathy and compassion
- Broadening skill base to disrupt conventional practice
- Nothing for Us, Without Us relationships and partnerships
- Reinforcement of Lets Get Real and Takarangi Core Competency frameworks within the sector.



(L-R) Nicky Mihinui, Haehaetu Barrett, Tepora Apirana and Sarah Leathers

Key:
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In Trouble

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Chair: Dr Sharat Shetty Regional Director: Eseta Nonu-Reid					Narrative Update
	Q1	Q2	Q3	Q4	
1. Midland eating disorders model of care – implement the Midland Eating Disorders Model of Care as outlined in the MoH Change Management proposal EO					<ul style="list-style-type: none">Youth EDS Pathway of Care completed. Currently being consulted with local primary health providers before being published.Adult EDS Pathway of Care is being progressed by the EDS Liaison Clinical Network.Prioritisation Panel established and procedures well established for managing the Tipu Ora bed. Utilisation reporting has been re-established with Tipu Ora.Service Level Agreements signed off by Lakes, Taranaki and Tairāwhiti with Waikato providing the Expert Advice Hub. Further work needed to fully imbed the process.Standardised best practice guidelines continue to be developed by the EDS Liaison Clinical Network.Workforce objectives to be developed now that Service Level Agreements have been signed off.Working with the MoH to ensure that contact reporting for EDS teams is established. See Quantitative Data section.
Develop a Pathway of Care	G				
Establish a Prioritisation Panel	C				
Develop a regional hub and spoke process	G				
Standardise common policies and best practice guidelines	G				
Develop workforce objectives that lead to a sustainable service.	G				<ul style="list-style-type: none">SACAT implementation has been undertaken in each of the Midland DHBs utilising the existing continuum of care. Additional funding is needed to develop step up / step down options and peer / whānau support.Objectives 1, 2 & 3 are on hold until additional funding is made available.SACAT remains a standing item on the Clinical Governance, Māori and Addiction Leadership Networks.Addiction Pathways of Care will be tabled at the November regional meeting.MoH SACAT Steering Group meeting tentatively scheduled for end October.
2. Substance abuse legislation – improved addiction service capacity and capability for implementation of substance abuse legislation EO (<i>regional enabler – quality</i>)					
Implement Midland proposal to the MoH if funding secured	A				
Implement and monitor the objectives as identified in the proposal	A				
Implement the workforce development requirements as identified in the SACAT Model of Care	G				
Develop Pathway of Care for Addiction that includes SACAT.	G				<ul style="list-style-type: none">Standing item on all of the regional stakeholder network and Clinical Governance meeting agendas.November regional stakeholder meetings will be dedicated to reviewing the report.A Regional Planning Workshop is scheduled for December in Hamilton to discuss the report recommendations and possible areas for local, regional and national development.
3. National mental health and addiction Inquiry – ensure Midland is fully engaged in the national Inquiry process by:					
Disseminating information as it becomes available	G				
Providing back room support to the individual DHBs	G				
Bringing together stakeholder groups as needed to consult with the Inquiry.	G				
4. MH&A clinical workstation – the successful implementation of modern clinical workstations across the Midland region (<i>regional enabler – technology and digital services</i>)					<ul style="list-style-type: none">eSPACE provided an update on progress to Clinical Governance and Portfolio Managers in September. Clinical representatives from each of the Midland DHBs identified and a workshop is scheduled to review the platform and documentation.Progressing the MH&A platform has been reprioritised by eSPACE. Recruitment of a MH&A project team is underway for eSPACE.Additional objectives will be set once the timelines become clearer.
Clinical Governance remains engaged with eSPACE	G				
eSPACE of the mental health and addiction platform is undertaken in partnership with Clinical Governance.	G				
5. Health equity for Māori – improving health outcomes for Māori by:					<ul style="list-style-type: none">Work has commenced with the HealthShare Data Scientist to develop meaningful ethnicity data for the Regional Planning Workshop scheduled for December.Evaluation of S29 for Māori project has commenced. The project focuses on getting whaiora and whānau perspectives of S29. With a
Undertaking in-depth analysis of ethnicity data to identify projects for 2018-20. EO	G				

Key:
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Chair: Dr Sharat Shetty Regional Director: Eseta Nonu-Reid					Narrative Update
	Q1	Q2	Q3	Q4	
Identify exemplar services and examine what works and how lessons learned can be transferred. EAO	G				<p>particular focus on the effectiveness and impacts of coming off a S29. Following feedback from Clinical Governance the project scope has been broadened to include Non Māori.</p> <ul style="list-style-type: none"> Te Kuwatawata, Hauora Tairāwhiti has been held up as an exemplar service of Māori. The community integration, outcomes for Māori, and use of Māori centred practices has their willingness to share their lessons learned has re-energised the sector. Several Midland DHBs have undertaken site visits to see how the service works. An external evaluation of the service has been completed which has resulted in additional funding being secured until 30 June 2019. All Project documents have been amended to include a robust Equity section. Regional Director to present to the Regional GMs Māori Health on work currently being undertaken by the MH&A Network.
Ensure all projects undertaken have an Equity section that is ratified by Clinical Governance and Te Huinga o Nga Pou Hauora (Māori Leadership Network). EAO	G				
Working in partnership with GMs Māori Health to ensure that Mental Health and Addiction continue to develop robust equity strategies. EAO	G				
6. Midland Infant Perinatal Clinical Network – the Midland Infant Perinatal Clinical Network will:					<ul style="list-style-type: none"> Infant Perinatal Pathways of Care to be progressed at the November meeting. Best practice guidelines continued to be developed by the Infant Perinatal Clinical Network. E-Learning tool evaluation completed. Positive feedback from the NGO sector providing support to Infant Perinatal whānau. All Midland DHBs have active representatives in the Network.
Complete the review of the primary care pathway (Pathways of Care) and consult with primary, maternity and mental health and addictions services. EAO	G				
Develop regionally agreed policies, procedures and clinical best practice guidelines to ensure regional consistency. EAO	G				
Participate in the evaluation of the e-Learning tool in partnership with the Central region. EAO	C				
7. Workforce capacity and capability - building a sustainable workforce. (<i>regional enabler - clinical leadership</i>)					<ul style="list-style-type: none"> In response to the SACAT Workforce Plan two Single Session Family Consultation Workshops were held in the BOP and Taranaki. Seven further workshops scheduled for the Waikato, Lakes and Hauora Tairāwhiti throughout Oct and Nov. Evaluation Report to be completed. Work is to commence on reviewing the 2013 AOD Qualifications Framework in November. Project Scope to be developed when Workforce data is finalised. Work has commenced to co-design a Self-Assessment Audit tool for Equally Well with a focus on equity outcomes for non-Māori and Māori. Midland Workforce Action Plan completed and signed off by Clinical Governance. Consultation has commenced with relevant stakeholders to determine best use of existing workforce data strands and trends. At the request of Clinical Governance a stocktake of the Midland workforce is to be undertaken. Scoping has commenced to identify what data is currently being held by the National Workforce Centres. Awaiting the Te Pou NGO workforce survey that will be tabled at the regional network meetings and regional Planning Day. Workshop 1 held in Auckland for the Health Quality Safety Commission project. The workshop was well attended by Midland. Workshop 2 will be held in October. Working with the Midland Training hub to identify meaningful data from the HWIP database.
Analysis of the Midland workforce, including the NGO sector. EAO	G				
Develop initiatives that values NGOs as integrated partners. EAO	G				
Develop a Workforce MH&A Strategic Plan that aligns with the National MH&A Workforce Action Plan. EAO	C				
Clinical Governance will support and provide leadership at a regional and local level to the Health Quality Safety Commission project work: EAO Towards Zero Seclusion Transition	G				
Projects are identified and implemented. EAO	G				
Provide workforce leadership to the sector in partnership with the Regional Training Hub. EAO	G				

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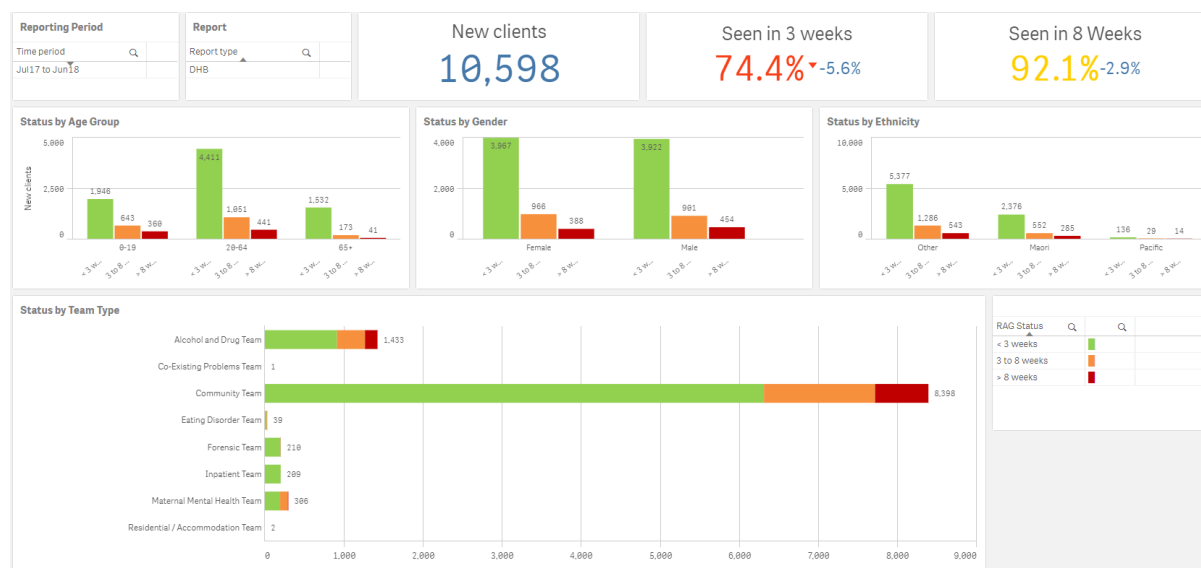
In Trouble

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Chair: Dr Sharat Shetty Regional Director: Eseta Nonu-Reid					Narrative Update
	Q1	Q2	Q3	Q4	
Data management – improving mental health and addiction data management by:					<ul style="list-style-type: none"> Discussed at each of the regional networks at the August meetings to identify meaningful data sets relevant to each network. The Midland Information Coordinator will work on the reports for the November meetings. Evaluation of the Reduction of Section 29 project has commenced utilising the last four years data. Analysis of whānau contacts across both DHB and NGO from last four years presented to regional leadership forums. PRIMHD data training or support provided to 30 NGOs. PRIMHD data reports provided to Portfolio Managers and individual providers. Assistance with updating Mapping Documents for six providers. Worked with several providers on improving their wait time data. Discussed with the Ministry of Health the need for an online training system for PRIMHD due to the regular changes and movement of staff in the sector.
Regional Stakeholder Networks to identify data sets for analysis. EAO	G				
Ensure that analysis of data is undertaken and informs all projects undertaken in 2018-19. EAO	G				
Further analysis of current data sets to ascertain effectiveness of information provided.	G				

Quantitative data

DHB Wait Time Report:



Key Points

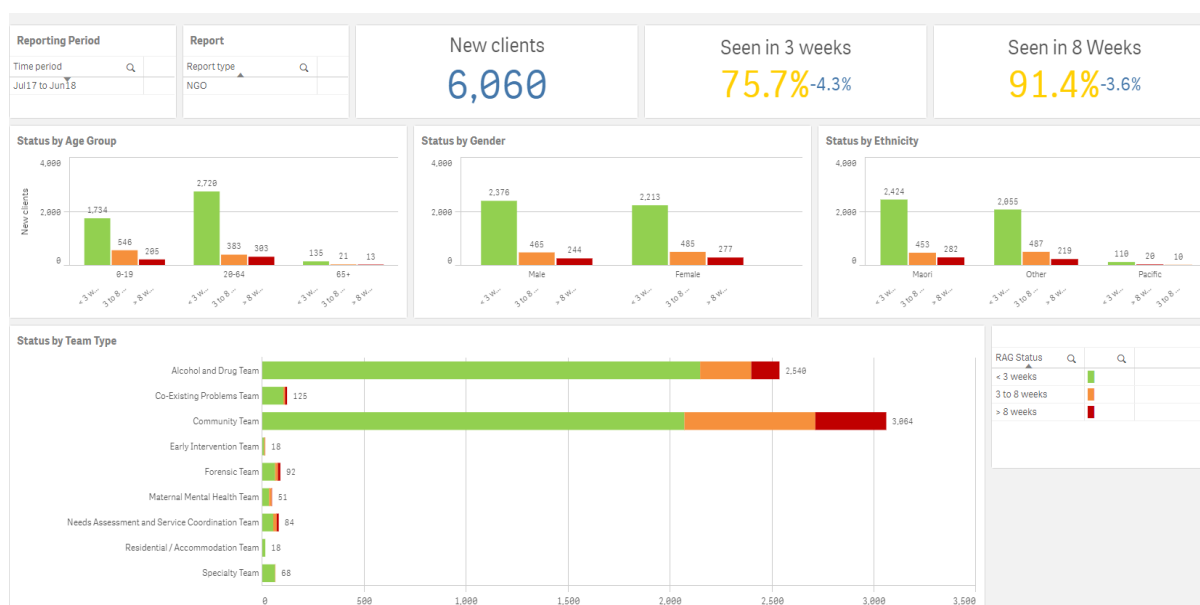
- We are using data exploration to gain insight into why we are somewhat off target overall.
- The following table shows the results for the three age bands.

Age Band	New clients	Seen in 3 weeks	Seen in 8 weeks
0 - 19	2,949	66.0%	87.8%
20 - 64	5,903	74.7%	92.5%
65+	1,745	87.8%	97.7%

This shows that DHB services to 0-19 years still need to be the main focus area.

NGO Wait Time Report:





Key points:

- The following table shows the results for the three age bands

Age Band	New clients	Seen in 3 weeks	Seen in 8 weeks
0 - 19	2,485	69.8%	91.8%
20 - 64	3,406	79.9%	91.1%
65+	169	79.9%	92.3%

This table shows that NGO services to the different age groups are a lot closer to each other in performance.

Infant Perinatal Report:

Midland Perinatal (DHB & NGO) Total Contacts

DHBs	2015/16				2016/17				2017/18				Trend
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Bay of Plenty	803	787	805	861	785	718	663	668	711	671	667	712	
Lakes	243	224	215	272	248	204	247	295	342	369	371	299	
Hauora Tairāwhiti	21	31	54	68	69	84	58	68	63	32	33	11	
Taranaki	661	673	525	576	571	518	407	516	565	596	489	567	
Waikato	870	700	725	816	759	649	523	650	935	736	717	637	

Data Source: PRIMHD

Key points:

- Bay of Plenty exhibits an increase in number of contacts during the last quarter. There are still discrepancies in what is being reported to the MoH as the BOP service is under pressure.
- Lakes show an overall growth in the 2017/18 year with a decline during the last quarter due to a vacancy for the last six months. The position has now been recruited.
- Hauora Tairāwhiti shows a decrease in the last three quarters.
- Taranaki and Waikato show variation but have done so in the past.
- Future analysis will look at referral trends and distinct people accessing the services.

Key:
Completed

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On Track

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Eating Disorders Contact Report:

DHB	Team Code	Team Name	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
BOP	11381	TGA Eating Disorder Team	169	153	108	138	142	92	83	104	110	104	129	115	128	172	
BOP	12504	WHK Eating Disorder Team															
Lakes																	
Tairāwhiti	6697	Eating Disorder Team	14	13	10	14	3	3	4	9	4	7	5	3			
Taranaki																	
Waikato	7394	Eating Disorder Team	178	206	161	167	194	147	154	184	194	112	192	147	129	121	43
Total			361	372	279	319	339	242	241	297	308	223	326	265	257	293	43

Key points:

- Taranaki and Lakes have yet to set up a separate PRIMHD Team to record contacts for people experiencing eating disorders
- The BOP will need to remove the Whakatane EDS as services are delivered by the Tauranga team

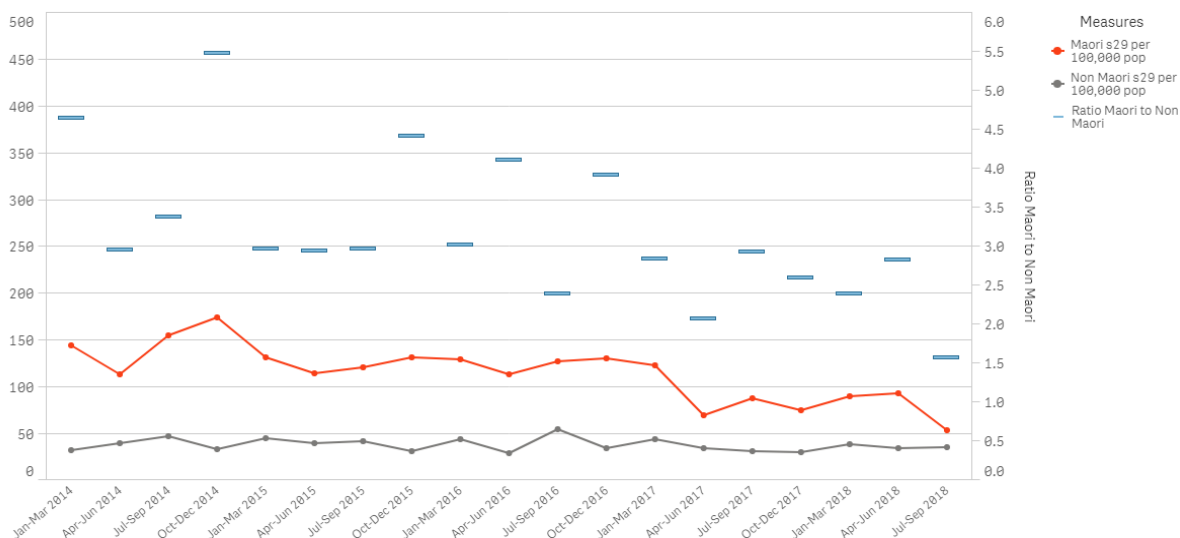
Section 29 Report:

Māori and Non-Māori S29 Orders per 100,000 Standardised Populations:

This quarter's report contains a ratio of Māori to Non-Māori per capita rates to clearly identify ethnicity differences plotted over time on the right hand axis scale. Note: The data extract contains data up to July to September 2018 quarter for some DHB's while for others it's April to June 2018. This data is subject to change as data is updated.

Bay of Plenty

Key s29 metrics for Bay of Plenty



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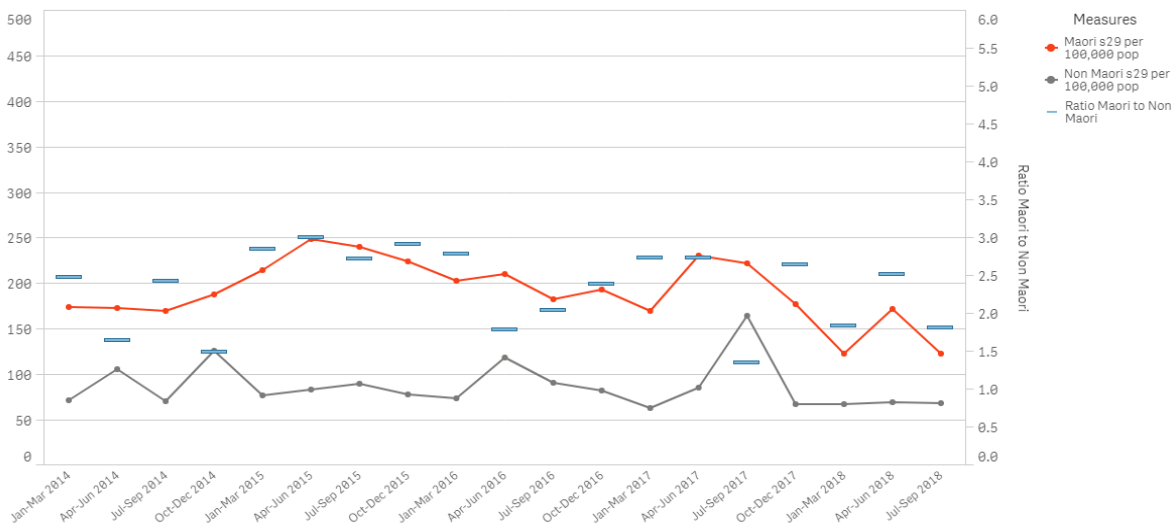
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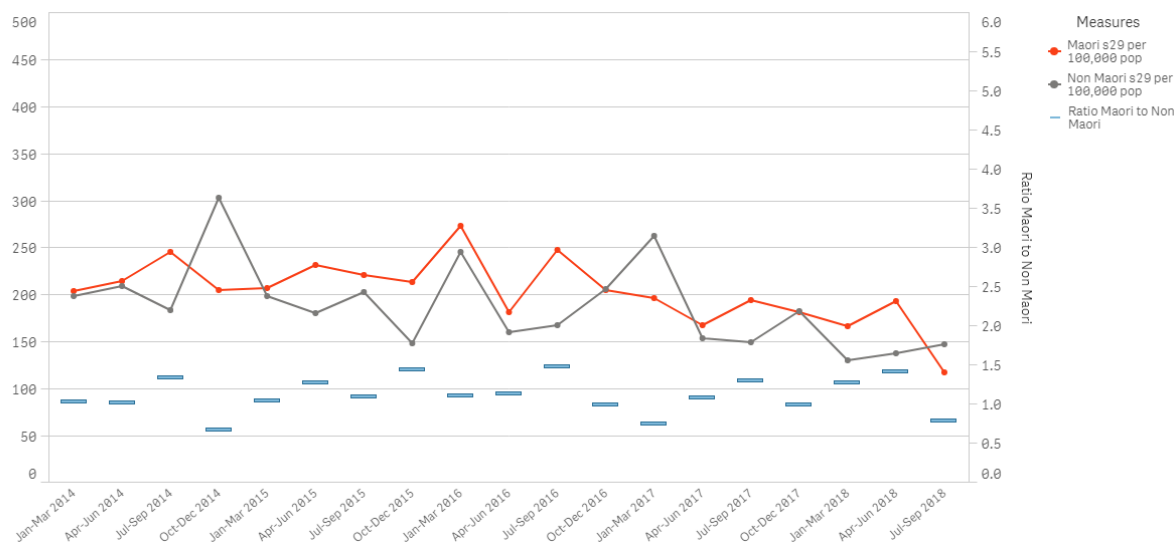
Lakes

Key s29 metrics for Lakes



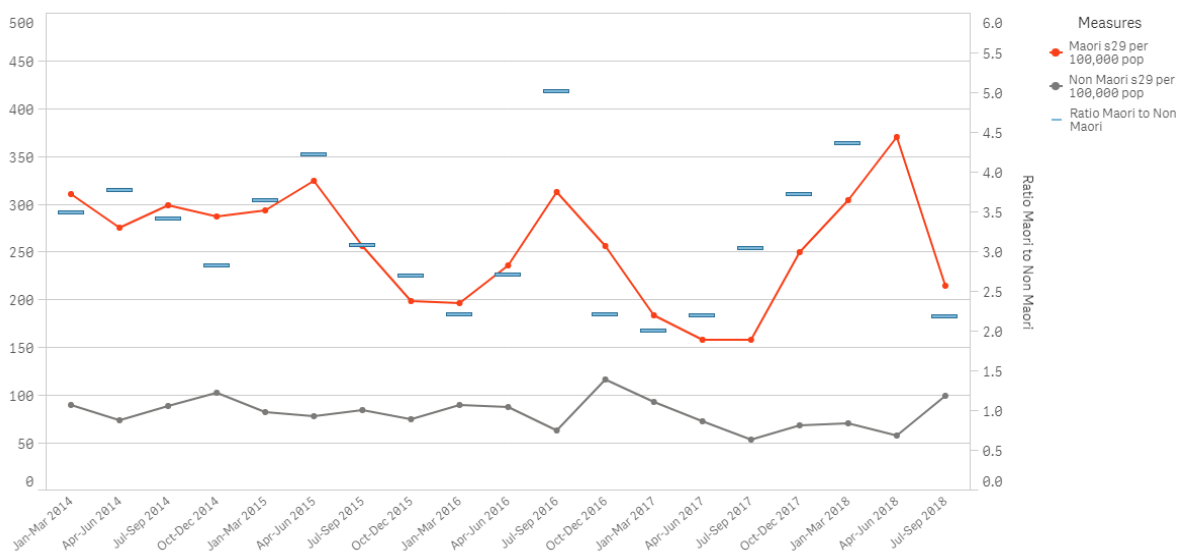
Hauora Tairāwhiti

Key s29 metrics for Tairāwhiti



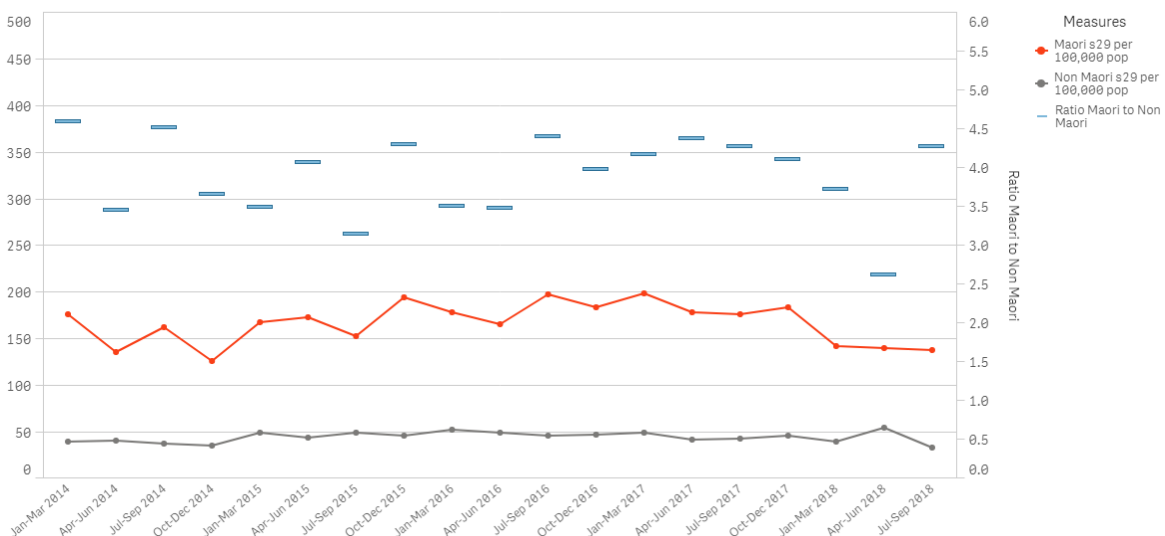
Taranaki

Key s29 metrics for Taranaki



Waikato

Key s29 metrics for Waikato



Key Points:

- Bay of Plenty rates for Māori under S29 appear to be slowly decreasing however, they are running at over two times the rate for Non Māori.
- Lakes last few quarters for Māori shows some volatility and the ratio of Māori to Non Māori rates is now about 1.75.
- Tairāwhiti S29 numbers are small but show comparatively in some quarters the rates for Māori are less than Non Māori.
- Taranaki Māori s29 rates show a lot of volatility over time compared to Non Māori.
- Waikato s29 rates may be impacted by the type of services undertaken.
- Waikato Māori rates appear to be trending down since the beginning of 2017.
- Jul – Sep 2018 data is incomplete due to the Ministry of Health time frames.

Key:
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  			<p>Quarter 1 Summary Report – July - September 2018 Prepared by Eseta Nonu-Reid</p>	
Eating Disorders Māori – Te Huinga o Nga Pou Hauora	Lynne Blake	<ul style="list-style-type: none"> Youth Eating Disorders Pathway of Care finalised and circulated to local Primary Health providers for feedback Adult Eating Disorders Pathway of Care discussed Model of Care discussion Workforce develop plan for next six months discussed Meeting scheduled for 2018-2019 finalised 	Nga Kopara O Te Rito (Consumer and Whanau) Workforce Leadership Network	Guy Baker / Brian Thomas Turaukawa Bortlett
	Hine Moeko-Murray	<ul style="list-style-type: none"> Presentation from each district on the Mental Health Inquiry visit Rainbow Community submission to the Mental Health Inquiry discussed and action points identified Lakes draft Model of Care presented, discussed and feedback provided Section 29 Project Scope tabled and discussed Qlikview data sets presentation and discussion around meaningful data sets Five Step Family Method Model discussion 2018-2019 MH&A RSP section discussed and approved 	Opioid Substitute Treatment Network	Hauora Tairawhiti (Facilitated)
	Donna Blair	<ul style="list-style-type: none"> Presentation from each district on the Mental Health Inquiry visit Rainbow Community submission to the Mental Health Inquiry discussed and action points identified Five Step Family Method Model discussion BOP Youth Addiction presentation with a focus on Gaming Culture SACAT implementation round robin and discussion Qlikview data sets presentation and discussion around meaningful data sets 2018-2019 MH&A RSP section discussed and approved Resignation of the Chair discussion and farewell 	Infant Perinatal Network	Jacqueline Coates-Harris

Key:
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On Track

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In Trouble

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What we did in addition to what we said we would do

- Midland Regional Leadership Network meetings held in the quarter
- Presented and attend Cutting Edge 2018 in Rotorua
- Attended the National Shared Services meeting in Whangarei
- Attended the National Portfolio Managers teleconference
- Midland Team Planning Day – Training in the Risk Tool and Performance Appraisal templates
- Attend Whakatau for Hingatu Thompson, Te Papaioru Marae, Ohinemutu
- Regional Beds Utilisation reports completed for Clinical Governance and Portfolio Managers
- Attend and participate in the Supporting Parents Healthy Children workshop in Wellington
- Midland MH&A Spring Newsletter featuring pockets of innovation from around the region
- Attended the farewell of Donna Blair, GM Te Utuhina Manaakitanga Trust in Rotorua. Donna has been a significant influence in Addiction development locally, regionally and nationally. Her expertise will be missed in Midland.
- For more information www.midlandmentalhealthnetwork.co.nz

Key risks:

1. A Caution on SCAT Implementation – preparation and implementation of activities related to the Act have identified and confirmed impacts on ‘business as usual’ and thus the Act should not be viewed in isolation from the rest of the continuum of care. Additional funding is needed to fully implement the Midland Addiction Model of Care
2. Further work needed to ensure that the EDS data is fully captured by Lakes and Taranaki DHBs.



Midland Radiology Action Group (MRAG)

Key feature article

Introducing Natasha Gartner, Project Manager, Regional Health Integration Team – see article in the Midland Cardiac Clinical Network progress report (page 16).

Chair: Dr Roy Buchanan, Bay of Plenty DHB Project Manager: Natasha Gartner		Q1	Q2	Q3	Q4
1. Modality trend analysis of case-mix and volumes for future planning of resource requirements to meet demand <i>The driver for tracking modality usage into the future is to inform future planning through the understanding of trends in volumes and case mix as new clinical demands and priorities emerge.</i> <i>The volumes, case mix and machine time trends will be tracked annually for all modalities to inform resource requirements to respond to national and local for future requirements from emerging clinical models of care and services i.e. Bowel Screening, Coronary CT Scanning etc.</i>					
1.1	Collect annual data per modality	G			
1.2	Trend modelling per modality				
1.3	Analysis of DHB caseloads and understanding the variances across the DHBs.				
2. Did Not Arrive (DNA) and Was Not Brought (WNB) <i>DNAs and WNBs are a problem shared by the Midland DHB Radiology departments and anecdotally appear to have different levels of severity and impact across the different modalities and DHBs.</i> <i>This work will provide an understanding as to what is behind these differences, and create an opportunity to develop and share solutions across the region. Reducing DNAs and WNBs will reduce resource waste and potentially improve population health outcomes. For the radiology department delivering the service there will be an increase in resource utilisation. For patients and referrers there will be an improvement in the imaging turnaround times by utilising more appointments.</i>					
2.1	Collect DNA rates by multiple factors including ethnicity, deprivation location to services, availability by phone for appointment text, transport option, wait times to see where problem areas are problem. EAO	G			
2.2	Survey patients who DNA or WNB. EAO				
2.3	Review of available literature on Radiology DNA from NZ DHBs. EAO				
2.4	Document and implement recommendations. EAO				
3. National initiatives and regional projects and enablers Work with the National Radiology Advisory Group (NRAG) to receive information on emerging services and to provide advice on the impacts and front line requirements of radiology services:					
3.1	Respond to requests from NRAG for front line information and advice	G			
3.2	Equity of Positron Emission Tomography – Computerised Tomography (PET-CT). EAO	G			
3.3	Implementation of Oncology Protocols	G			
Pathways of Care (PoC)					
3.4	Identify and consider pathways of care which require reviewing	G			
3.5	Provide radiology representation for the development of service initiatives for pathways of care, ie Midland Regional Bowel Screening programme.	G			
Regional ICT Projects					
3.6	Maintain linkages with eSPACE to ensure connectedness for areas that impact on radiology or where radiology provides information of services.	G			

Key:
Completed

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On Track

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In Trouble

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Midland Stroke Network

Key feature article / Key achievements

Chairperson - Dr Peter Wright recently stood down from his role as Chairperson of the Midland Stroke Network and as the Waikato DHB representative. The network members worked through a process calling for expressions of interest for the role of chairperson and subsequently voted. The new chairperson is Dr Mohana Maddula from Bay of Plenty DHB (BOPDHB). Mo has been a member of the network for the last one and half years and in his role as chairperson will also represent the Midland region on the National Stroke Network.

Stroke Clot Retrieval (SCR) – a number of representatives from the Midland DHBs attended the Thrombectomy workshop run by the Ministry of Health’s National Service Improvement Programme on 22 August. Attendees included representatives from Radiology, which should help build a more cohesive approach to implementation of thrombectomy.

The attendees worked through the prioritisation of areas for improvement and identifying the system enablers required. A list of actions was developed, and teleconferences will be set up for those interested in helping provide further details for the priority areas, and for the draft implementation plan and measures. These subgroups will then review the draft plan before wider stakeholder consultation later in the year.

Several patients have been transferred to Auckland City Hospital for SCR. As an example, Taranaki DHB have implemented an Acute Ischaemic Stroke Reperfusion Pathway (with access to 24/7 CT Angiogram) and a modified out-of-hospital destination policy. This has been successful in sending five patients to Auckland since March of this year.

Telestroke – The Neurology team at Waikato is providing a telestroke service to Lakes DHB. Taranaki DHB has reached an agreement with Capital Coast DHB to access their telestroke service (this is an interim plan, as at present there is no capacity for Waikato DHB to provide Taranaki DHB’s telestroke service).

Transient Ischaemic Attack (TIA) service – In May 2017 BOPDHB have implemented a five day a week (Monday to Friday) Rapid Access TIA clinic. This is a one-stop clinic with access to same-day carotid ultrasound and brain imaging, and a dedicated holter monitoring service for Atrial Fibrillation detection. As a result of the successful implementation of the service with access to same day investigations, patients (including high-risk TIAs) receive an early review by the stroke team without the need for admission to hospital.

Chair: Dr Mohana Maddula Project Manager: Kirstin Pereira		Q1	Q2	Q3	Q4
1. Rehabilitation					
Inpatient Rehabilitation - Promote use of Australasian Rehabilitation Outcomes Centre (AROC) data					
1.1	Contribute to the continued development of regional AROC reports				
1.2	Organise a forum (or equivalent), including the Midland Allied Health Stroke group, for sharing the application of AROC data as it applies to Stroke rehabilitation				
1.3	Review and monitor the quarterly inpatient rehabilitation indicator to ensure Midland DHBs are meeting the 80% target.	G			
Community Rehabilitation					
1.4	Review the quarterly community rehabilitation indicator to monitor the consistency of data collection and equity of access to community rehabilitation services (<i>Quality, EAO</i>)	G			
1.5	Development of a plan of action if equity issues are identified.				
2. Reducing incidence of stroke – Transient Ischemic Attack (TIA)					
2.1	Review and monitor quarterly regional TIA indicators for areas of non-achievement or inequities of access. <i>EAO</i>	G			
2.2	Development of a plan of action if equity issues are identified <i>EAO</i>				
2.3	Initiate discussions with primary care to optimise the Midland / HealthPathways TIA pathway (<i>Pathways</i>)				
2.4	Assess potential for regional implementation of eReferrals from primary care to secondary care for TIA.				
3. Acute services					
<i>(regional enablers –quality; technology and digital services)</i>					
Admission to a stroke unit or organised stroke service <i>(regional enabler - quality)</i>					

Key:
Completed

C

On Track

G

Caution

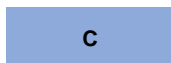
A

In Trouble

R

Chair: Dr Mohana Maddula Project Manager: Kirstin Pereira		Q1	Q2	Q3	Q4
3.1	Continue to monitor rates of admission of stroke patients to a stroke unit or organised stroke service, reviewing rates for Māori and non- Māori to ensure equity of access. EAO	G			
3.2	Support DHBs to identify actions to address any inequities of access. EAO				
Thrombolysis					
3.3	Continue to monitor thrombolysis rates to ensure Midland DHBs are meeting the new 10% target	G			
3.4	Collaborate on a regional telestroke solution to support Midland DHBs to deliver 24/7 thrombolysis services (<i>Technology and Digital Services</i>)				
3.5	Where 10% thrombolysis is not being achieved collaborate to identify initiatives for improvement (<i>Pathways</i>)				
Thrombectomy					
3.6	Continue to collaborate on developing pathways of care for accessing Thrombectomy services through Auckland DHB.				
4. Clinical leadership <i>(regional enabler - clinical leadership)</i>					
4.1	Support and advocate for protected time for nursing, medical and allied health stroke leadership roles in the Midland region DHBs, and on Regional and National Stroke Networks (<i>Clinical Leadership</i>)	G			
4.2	Work with clinical leaders to support and strengthen engagement with stroke education programmes	G			
4.3	Support the Midland Region Allied Health Stroke Network to continue to build a regional forum (<i>Workforce</i>). Refer to section 2.1.2 Workforce.	G			
5. Patient experience of care					
5.1	In conjunction with the Midland Cardiac Clinical Network and General Managers Māori, explore potential for a meeting/hui with Māori consumers and their whānau who have been involved in either (or both) stroke or cardiac services. EAO	G			
5.2	Agree approach to running the hui to ensure consumers and their whānau are supported and learnings are available to as many of the network and service members as possible. EAO				
5.3	Organise forum for network members to review and discuss learnings from the hui. EAO				
5.4	Identify strategies to improve issues identified. EAO				

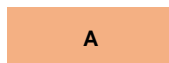
Key:
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On Track



Caution



In Trouble



Quantitative data

Stroke Audit Results for Q4 2017/18

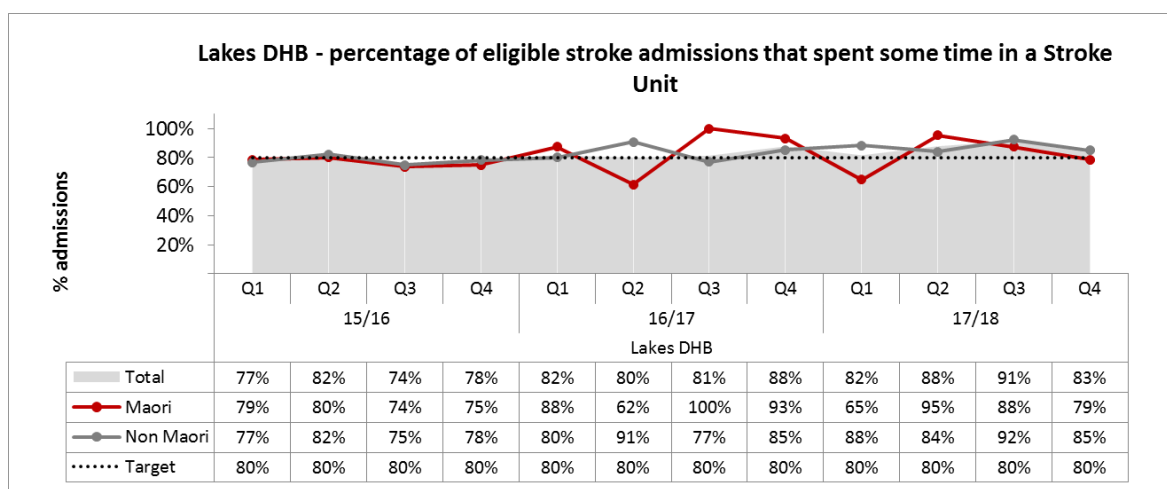
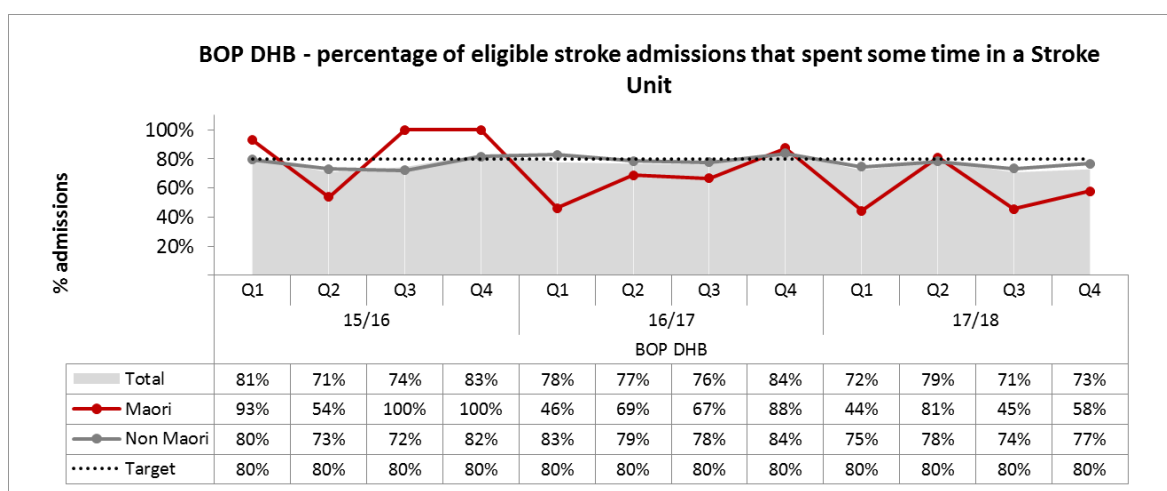
The following data is provided to HealthShare quarterly by the five Midland DHBs.

Audit 1

80% of all eligible stroke patients are to be cared for in a stroke unit

The following tables and graphs show the percentage of eligible stroke admissions that spent some time in a stroke unit:

Midland Region	15/16				16/17				17/18			
Ethnicity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Non Maori	75%	77%	77%	80%	79%	82%	80%	82%	80%	78%	80%	78%
Maori	77%	77%	74%	82%	73%	73%	85%	89%	77%	83%	82%	78%
Total	76%	77%	76%	81%	78%	80%	80%	83%	80%	79%	80%	78%



Key:
Completed

C

On Track

G

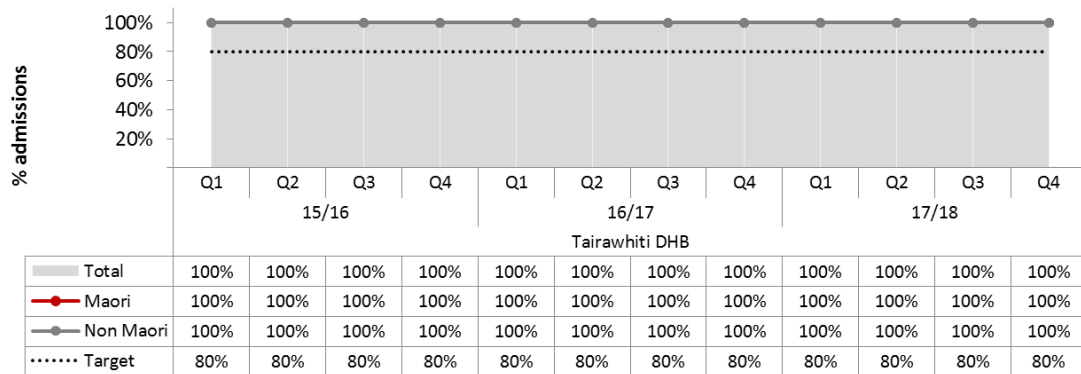
Caution

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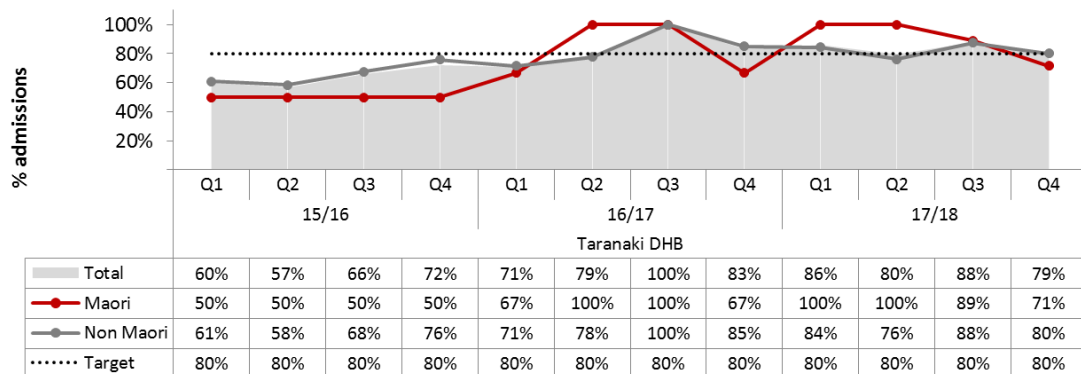
In Trouble

R

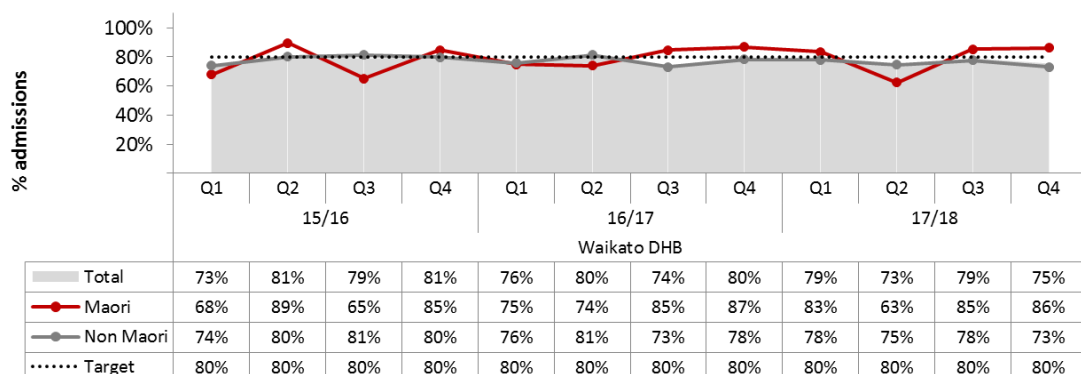
Tairāwhiti DHB - percentage of eligible stroke admissions that spent some time in a Stroke Unit



Taranaki DHB - percentage of eligible stroke admissions that spent some time in a Stroke Unit



Waikato DHB - percentage of eligible stroke admissions that spent some time in a Stroke Unit



Results by numerator/denominator

			15/16				16/17				17/18			
DHB	Ethnicity	Numerator Denominator	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
BOP DHB	Non Maori	# admissions	82	68	62	67	67	55	70	67	74	87	75	59
		# eligible	103	93	86	82	81	70	90	80	99	111	102	77
	Maori	# admissions	13	7	8	7	6	11	10	7	4	17	5	11
		# eligible	14	13	8	7	13	16	15	8	9	21	11	19
	Total	# admissions	95	75	70	74	73	66	80	74	78	104	80	70
		# eligible	117	106	94	89	94	86	105	88	108	132	113	96
Lakes DHB	Non Maori	# admissions	23	23	21	29	20	20	27	29	38	37	36	34
		# eligible	30	28	28	37	25	22	35	34	43	44	39	40
	Maori	# admissions	11	8	14	6	7	8	8	14	11	21	7	11
		# eligible	14	10	19	8	8	13	8	15	17	22	8	14
	Total	# admissions	34	31	35	35	27	28	35	43	49	58	43	45
		# eligible	44	38	47	45	33	35	43	49	60	66	47	54
Tairāwhiti DHB	Non Maori	# admissions	13	8	10	10	15	17	9	10	12	6	9	14
		# eligible	13	8	10	10	15	17	9	10	12	6	9	14
	Maori	# admissions	7	8	3	4	8	5	8	9	10	8	10	8
		# eligible	7	8	3	4	8	5	8	9	10	8	10	8
	Total	# admissions	20	16	13	14	23	22	17	19	22	14	19	22
		# eligible	20	16	13	14	23	22	17	19	22	14	19	22
Taranaki DHB	Non Maori	# admissions	25	14	27	28	25	35	50	45	43	32	35	32
		# eligible	41	24	40	37	35	45	50	53	51	42	40	40
	Maori	# admissions	2	3	2	3	4	3	3	4	6	7	8	5
		# eligible	4	6	4	6	6	3	3	6	6	7	9	7
	Total	# admissions	27	17	29	31	29	38	53	49	49	39	43	37
		# eligible	45	30	44	43	41	48	53	59	57	49	49	47
Waikato DHB	Non Maori	# admissions	97	113	100	102	117	114	103	93	116	117	94	92
		# eligible	131	141	123	128	154	140	141	119	149	157	121	126
	Maori	# admissions	21	17	15	22	18	20	11	20	20	15	23	25
		# eligible	31	19	23	26	24	27	13	23	24	24	27	29
	Total	# admissions	118	130	115	124	135	134	114	113	136	132	117	117
		# eligible	162	160	146	154	178	167	154	142	173	181	148	155
Midland Region	Non Maori	# admissions	240	226	220	236	244	241	259	244	283	279	249	231
		# eligible	318	294	287	294	310	294	325	296	354	360	311	297
	Maori	# admissions	54	43	42	42	43	47	40	54	51	68	53	60
		# eligible	70	56	57	51	59	64	47	61	66	82	65	77
	Total	# admissions	294	269	262	278	287	288	299	298	334	347	302	291
		# eligible	388	350	344	345	369	358	372	357	420	442	376	374

Data notes Eligibility uses codes I61, I63 and I64 who stayed more than 24hrs in the hospital.

Inclusions Terminal patients

Exclusions I60 - subarachnoid haemorrhage; G45 - TIA; and I61, I63, I64 patients from ED with less than 24 hour stay in the hospital.

Numerator # Admissions: those who are eligible and who spent any time in the Stroke Unit, or if not the Stroke unit but were in Intensive Care Unit (ICU), High Dependency Unit (HDU), Coronary Care Unit (CCU), or in a neurosurgical ward under a neurosurgeon - as these locations constitute being in an acute stroke unit.

Denominator # eligible: all eligible I61, I63 and I64 patients including patients at hospitals with no stroke unit i.e. T-Hospitals, Taupo and Whakatane.

Key:
Completed

C

On Track

G

Caution

A

In Trouble

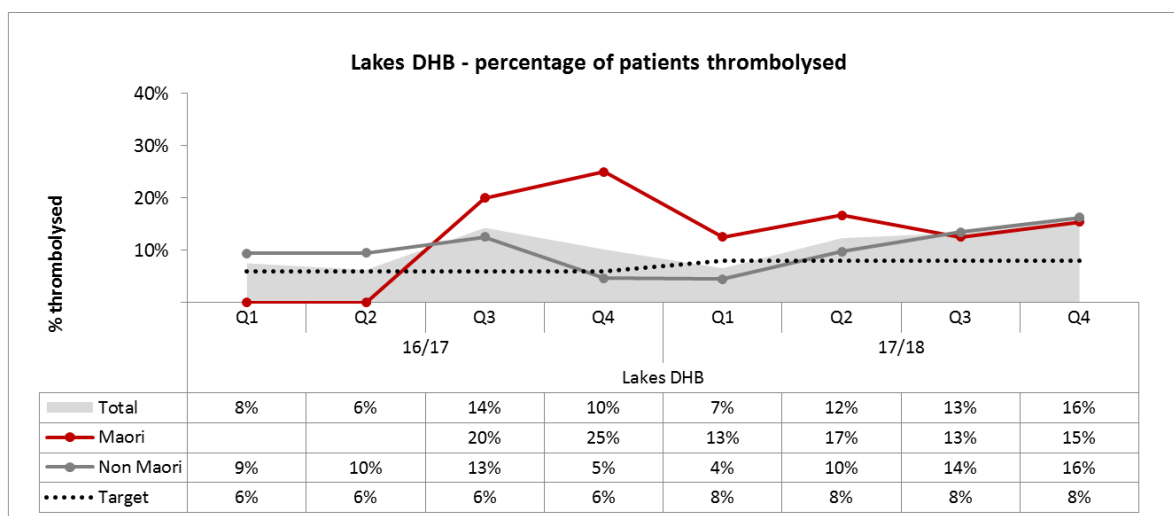
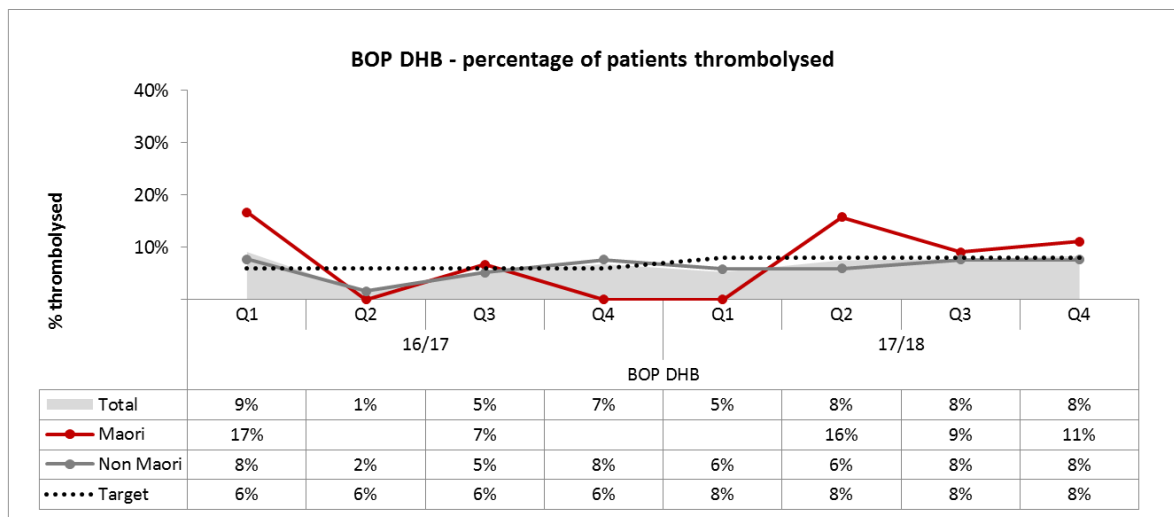
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Audit 2

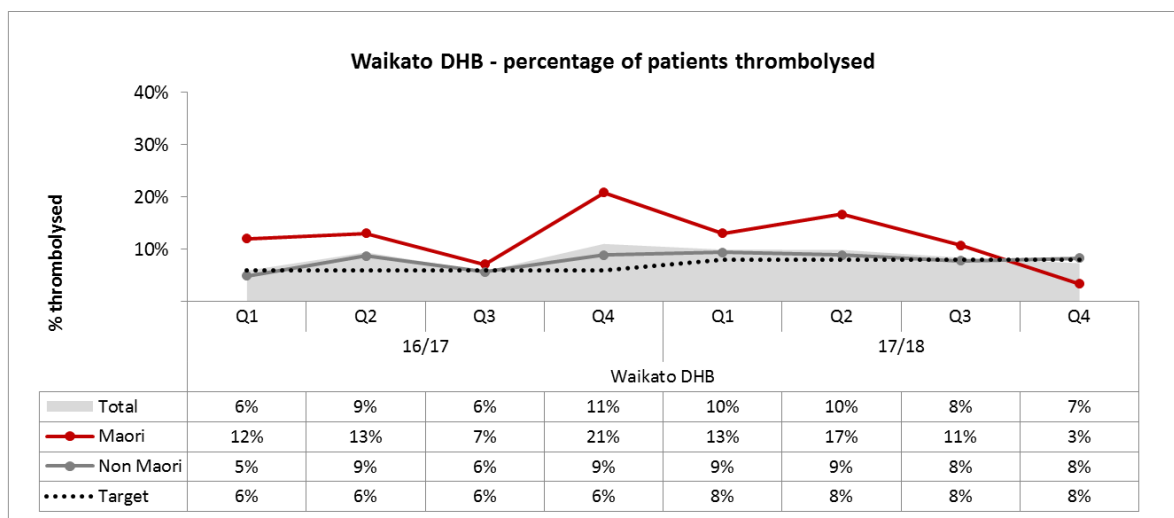
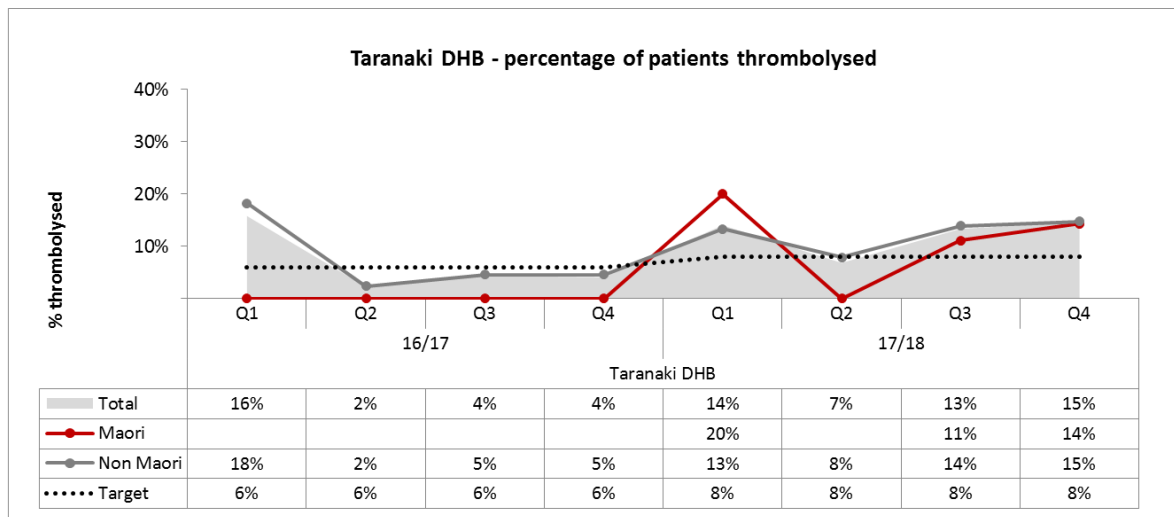
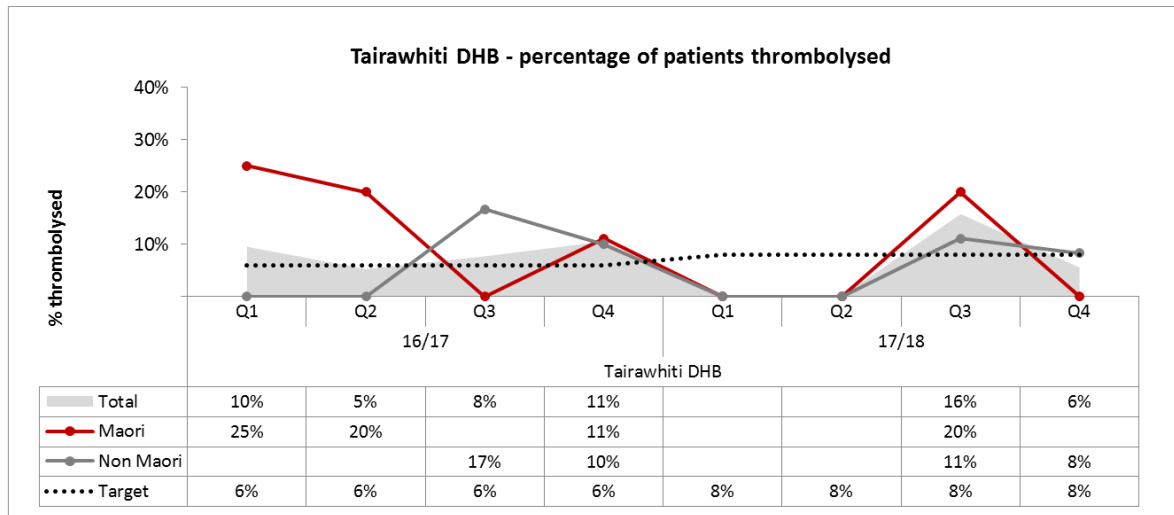
8% of stroke patients are thrombolysed

In 2017/18 the thrombolysis target for stroke changed from 6% to 8%. The following table and graphs show the percentage of patients who received thrombolysis:

Midland Region	16/17				17/18			
Ethnicity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Non Maori	7%	6%	6%	7%	8%	8%	9%	10%
Maori	12%	7%	8%	16%	10%	14%	12%	8%
Total	8%	6%	7%	9%	8%	9%	10%	10%



Key: Completed **C** On Track **G** Caution **A** In Trouble **R**



Key: Completed **C** On Track **G** Caution **A** In Trouble **R**

Results by numerator/denominator

			16/17				17/18			
DHB	Ethnicity	Numerator Denominator	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
BOP DHB	Non Maori	# patients thrombolysed	5	1	4	5	5	6	7	59
		# total ischaemic & non spec stroke patients	65	64	78	66	86	101	92	77
	Maori	# patients thrombolysed	2	-	1	-	-	3	1	11
		# total ischaemic & non spec stroke patients	12	13	15	8	9	19	11	19
	Total	# patients thrombolysed	7	1	5	5	5	9	8	70
		# total ischaemic & non spec stroke patients	77	77	93	74	95	120	103	96
Lakes DHB	Non Maori	# patients thrombolysed	3	2	4	2	2	4	5	34
		# total ischaemic & non spec stroke patients	32	21	32	43	45	41	37	40
	Maori	# patients thrombolysed	-	-	2	4	2	4	1	11
		# total ischaemic & non spec stroke patients	8	11	10	16	16	24	8	14
	Total	# patients thrombolysed	3	2	6	6	4	8	6	45
		# total ischaemic & non spec stroke patients	40	32	42	59	61	65	45	54
Tairāwhiti DHB	Non Maori	# patients thrombolysed	-	-	1	1	-	-	1	14
		# total ischaemic & non spec stroke patients	13	14	6	10	10	5	9	14
	Maori	# patients thrombolysed	2	1	-	1	-	-	2	8
		# total ischaemic & non spec stroke patients	8	5	7	9	9	8	10	8
	Total	# patients thrombolysed	2	1	1	2	-	-	3	22
		# total ischaemic & non spec stroke patients	21	19	13	19	19	13	19	22
Taranaki DHB	Non Maori	# patients thrombolysed	6	1	2	2	6	3	5	32
		# total ischaemic & non spec stroke patients	33	42	44	44	45	38	36	40
	Maori	# patients thrombolysed	-	-	-	-	1	-	1	5
		# total ischaemic & non spec stroke patients	5	3	2	5	5	6	9	7
	Total	# patients thrombolysed	6	1	2	2	7	3	6	37
		# total ischaemic & non spec stroke patients	38	45	46	49	50	44	45	47
Waikato DHB	Non Maori	# patients thrombolysed	7	11	8	10	13	14	8	92
		# total ischaemic & non spec stroke patients	144	126	141	112	138	158	103	126
	Maori	# patients thrombolysed	3	3	1	5	3	4	3	25
		# total ischaemic & non spec stroke patients	25	23	14	24	23	24	28	29
	Total	# patients thrombolysed	10	14	9	15	16	18	11	117
		# total ischaemic & non spec stroke patients	169	149	155	136	161	182	131	155
Midland Region	Non Maori	# patients thrombolysed	21	15	19	20	26	27	26	28
		# total ischaemic & non spec stroke patients	287	267	301	275	324	343	277	275
	Maori	# patients thrombolysed	7	4	4	10	6	11	8	6
		# total ischaemic & non spec stroke patients	58	55	48	62	62	81	66	74
	Total	# patients thrombolysed	28	19	23	30	32	38	34	34
		# total ischaemic & non spec stroke patients	345	322	349	337	386	424	343	349

Data notes

Codes = I63, I64 (infarct/ischemic stroke + those not specified).

Numerator

Patients Thrombolysed: patients who have received thrombolysis.

Denominator

total ischaemic & non spec stroke patients: I63 +I64 (infarct/ischemic stroke + those not specified).

Key:
Completed

C

On Track

G

Caution

A

In Trouble

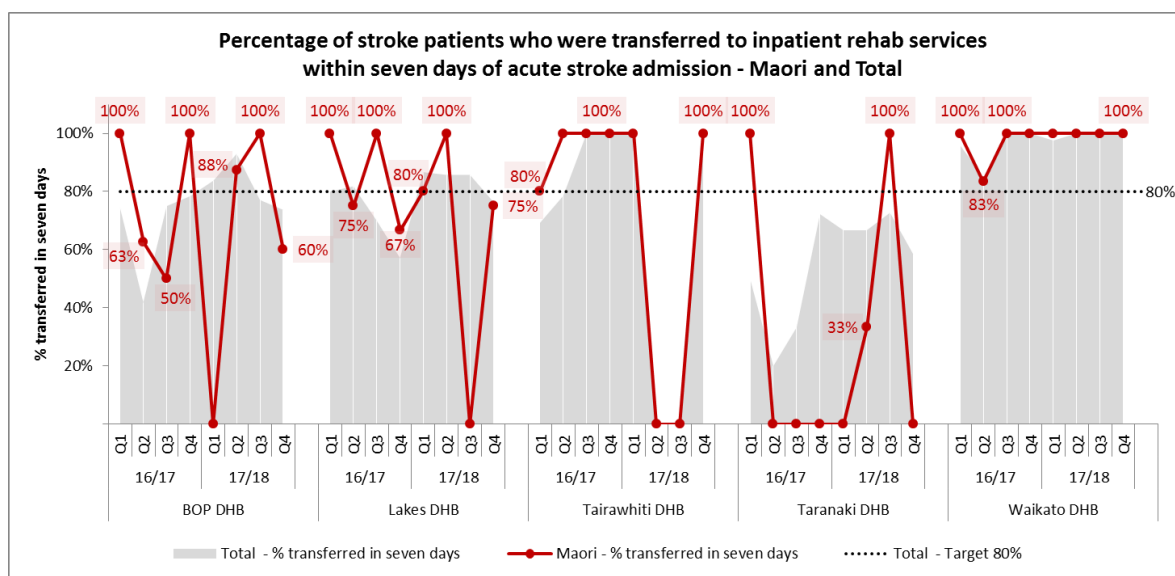
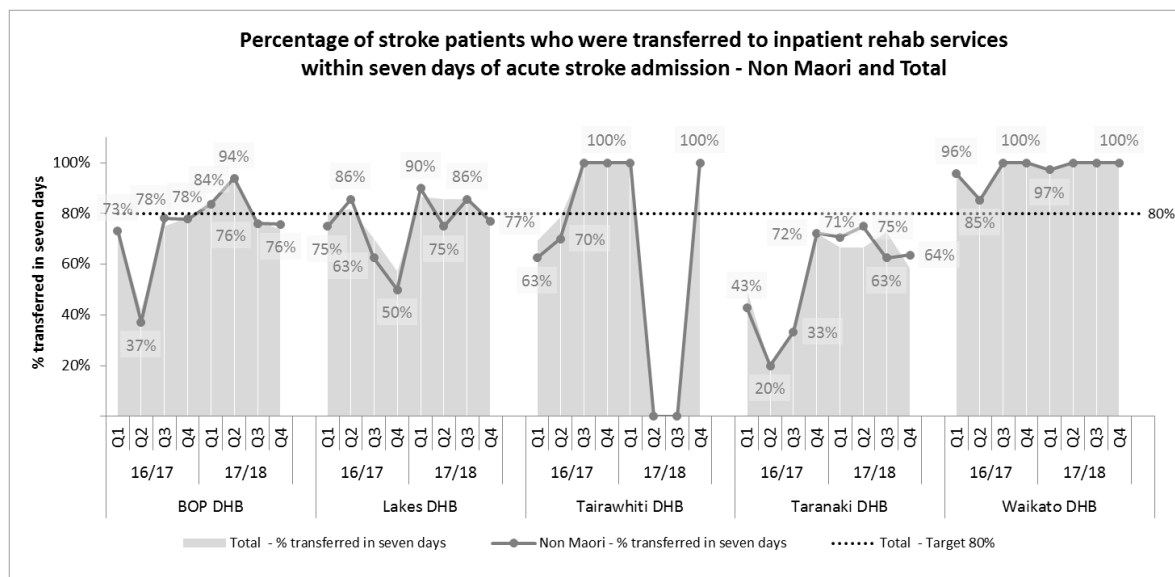
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Audit 3

80% of stroke patients are transferred to inpatient rehab services within seven days of acute stroke admission

The following table and graphs show the percentage of patients who were transferred to inpatient rehab services within seven days of acute stroke admission:

Midland Region	16/17				17/18			
Ethnicity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Non Maori	80%	62%	80%	84%	87%	92%	81%	84%
Maori	92%	77%	83%	92%	83%	78%	100%	79%
Total	81%	65%	80%	85%	87%	90%	84%	83%



Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Results by numerator/denominator

DHB	Ethnicity	Numerator Denominator	16/17				17/18			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
BOP DHB	Non Maori	# transferred within seven days	30	13	25	28	36	46	35	25
		# transferred	41	35	32	36	43	49	46	33
	Maori	# transferred within seven days	2	5	2	1		7	2	3
		# transferred	2	8	4	1		8	2	5
	Total	# transferred within seven days	32	18	27	29	36	53	37	28
		# transferred	43	43	36	37	43	57	48	38
Lakes DHB	Non Maori	# transferred within seven days	3	6	5	2	9	6	6	10
		# transferred	4	7	8	4	10	8	7	13
	Maori	# transferred within seven days	1	3	2	2	4	6		3
		# transferred	1	4	2	3	5	6		4
	Total	# transferred within seven days	4	9	7	4	13	12	6	13
		# transferred	5	11	10	7	15	14	7	17
Tairāwhiti DHB	Non Maori	# transferred within seven days	5	7	4	6	3			4
		# transferred	8	10	4	6	3	1	4	4
	Maori	# transferred within seven days	4	4	2	3	1			2
		# transferred	5	4	2	3	1	2		2
	Total	# transferred within seven days	9	11	6	9	4			6
		# transferred	13	14	6	9	4	3	4	6
Taranaki DHB	Non Maori	# transferred within seven days	3	1	4	13	12	9	5	7
		# transferred	7	5	12	18	17	12	8	11
	Maori	# transferred within seven days	1					1	3	
		# transferred	1				1	3	3	1
	Total	# transferred within seven days	4	1	4	13	12	10	8	7
		# transferred	8	5	12	18	18	15	11	12
Waikato DHB	Non Maori	# transferred within seven days	44	29	34	32	35	42	37	35
		# transferred	46	34	34	32	36	42	37	35
	Maori	# transferred within seven days	3	5	4	6	5	4	12	7
		# transferred	3	6	4	6	5	4	12	7
	Total	# transferred within seven days	47	34	38	38	40	46	49	42
		# transferred	49	40	38	38	41	46	49	42
Midland	Non Maori	# transferred within seven days	85	56	72	81	95	103	83	81
		# transferred	106	91	90	96	109	112	102	96
	Maori	# transferred within seven days	11	17	10	12	10	18	17	15
		# transferred	12	22	12	13	12	23	17	19
	Total	# transferred within seven days	96	73	82	93	105	121	100	96
		# transferred	118	113	102	109	121	135	119	115

Data notes

Codes = I61, I63, I64 (total stroke admissions).

Numerator

Transferred within seven days: Codes I61, I63, I64, discharge date <=7 days, discharge type DW, HSC of the following admission is Rehab (D00-D84) with a PD of one of:

- Z50.9 Rehabilitation - most often used
- Z50.7 Occupational (therapy)
- Z50.4 Psychotherapy
- Z50.8 Specified NEC

Denominator

Transferred: Ischaemic and Non Specified Stroke Admissions (I63+I64)

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

What we did in addition to what we said we would do

Discussions were held recently with St John New Zealand and these have resulted in a representative from the St John District Operations team agreeing to attend Midland Stroke Network meetings.

Key risks

Key Risks for thrombolysis and thrombectomy

Given the need for expert support for thrombolysis and the number of people presenting out of hours, the biggest risk is the lack of telestroke in all Midland DHBs. This could impact thrombolysis rates and in turn, stroke patients receiving thrombectomy.

It is difficult for some DHBs to gain rapid access to CT angiograms (CTA) 24/7. As an example, in Bay of Plenty agreement hasn't yet been reached on how to get rapid access to CTA for suspected stroke patients 24/7. This is an essential requirement in order to identify suitable patients for thrombectomy.

Waikato Hospital is the only hospital with access to CT Perfusion in the Midland region. This impacts the ability to identify patients for SCR in the extended (6-24 hour) time window.

Community Rehabilitation

There are challenges with access to community rehabilitation after discharge. Many DHBs are finding it difficult to meet the new Ministry of Health community indicator (seen by a member of the community rehabilitation team within 7 calendar days of discharge). Access to Early Supported Discharge (ESD) is also limited across the region. A business case was submitted at BOPDHB in November 2017 for an ESD service based out of Tauranga Hospital but this yet to be approved.

Stroke Physicians

All DHBs have different models of providing stroke services. The Waikato stroke service is provided by the Neurology department and in Lakes, Bay of Plenty, Taranaki and Tairāwhiti Stroke services are provided by General Physicians and Geriatricians. In these centres there is a reliance on overseas-trained (mainly from the UK) Geriatricians to provide acute stroke services. In New Zealand Geriatricians are not routinely trained in acute stroke care.

Selection for SCR is becoming increasingly complex and requires the expertise of stroke physicians. More stroke physicians are needed to provide a sustainable service for the growing demand. Tauranga hospital currently has only one stroke Senior Medical Officer which could be a risk for sustainability of the service.

Midland Trauma System (MTS)

Key achievements

Midland Trauma System (MTS) staff attended the Australasian Trauma Society (ATS) Conference in Perth earlier this month and successfully delivered several presentations and posters to an international audience.

The ATS is the preeminent conference in Australasia for trauma system development, quality improvement and data management. MTS staff represented not only the region but on behalf of the New Zealand Major Trauma Registry (NZMTR). After many years of planning the Bi-national Major Trauma Registry (ATR) was launched at the conference and we are privileged to have had a significant role in its planning and development.

Thilini Alwis and Dr Alastair Smith's presentation outlined the structure of the NZMTR and discussed innovation in the Midland Trauma Registry (MTR). Jenny Dorrian, CNS Waikato, presented on The Optimised Recovery After Trauma program (ORAT) and Mr Grant Christey presented on quality improvement initiatives.



(L-R) Dr Alastair Smith, Thilini Alwis, Mr Grant Christey

Chair:	Dr Grant Christey, Clinical Director, Waikato DHB	Q1	Q2	Q3	Q4
Programme Manager:	Alaina Campbell, Waikato DHB				
1. Improve the delivery of high quality clinical care to trauma patients					
<i>(regional enabler – pathways of care)</i>					
1.1	Update and promote Trauma Guidelines <i>(Quality, Pathways)</i>				
1.2	Revise pre-hospital and inter-hospital Trauma matrices <i>(Quality, Clinical Leadership, Pathways)</i>				
1.3	Participate in the development of comprehensive trauma rehabilitation services in the Midland region <i>(Quality, Clinical Leadership)</i>				
1.4	Complete needs analysis for regional clinical trauma education <i>(Quality)</i>				
1.5	Identify regional trauma education programme for coordination <i>(Quality)</i>				
1.6	Evaluation and implementation of Optimal Recovery After Trauma (ORAT) programme <i>(Quality)</i>				
1.7	Review patient and family/whānau feedback on experience of care and promote principles of co design to trauma services <i>(EAO, Quality)</i> .				

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Chair: Dr Grant Christey, Clinical Director, Waikato DHB		Q1	Q2	Q3	Q4
Programme Manager: Alaina Campbell, Waikato DHB					
2. Develop, implement and maintain regional trauma system infrastructure including information systems (regional enablers - clinical leadership; quality; technology and digital services)					
2.1	Design and deliver sustainable regular customised reporting to Midland DHBs including volumes, costs and process indicators (Technology and Digital Services)	G			
2.2	Design and implement snapshot programme relating to ethnicity, age, gender and inequities of care – detailing groups and communities at risk of trauma in each DHB (EAO; Clinical Leadership; Quality)				
2.3	Develop regular data management training that enhances skills to retrieve, interrogate, utilise and maximise local data in an appropriate timeframe (IT, Quality)				
2.4	Design standardised template that allows local trauma service teams to feedback progress towards local and regional objectives for inclusion in the RSP.(Clinical Leadership)	G			
2.5	Ensure regional representation at regional, national and international trauma forums (Clinical Leadership)	G			
2.6	Comply and report on Ministry of Health targets for data collection and entry (Clinical Leadership)	G			
2.7	Develop regional communication network and processes for information dissemination (Technology and Digital service)				
2.8	Improve clinical systems by completing stage 2 of TQual platform to support clinical quality improvement and prevention programs including direct data inputs (handheld project eg IPM and Costpro feeds) (Technology and Digital Service)				
2.9	Maintain hosting platform for National Major Trauma Registry including training, support and reporting (Technology and Digital Services; Clinical Leadership).	G			
3. Support injury prevention and awareness					
3.1	Participate in community events to promote information use eg Right Track schools programme, Moana Safe City Group, Safe Driving Expo	G			
3.2	Create a programme to promote injury awareness by presenting MTS information at targeted meetings and forums by MTS staff eg ATS, etc (EAO; Clinical Leadership)	G			
3.3	Complete research collaboration with NZTA related to motorbike injuries (Clinical Leadership)				
3.4	Form a consortium of funding stakeholders to support information translation to assist communities at risk. (Workforce; Clinical Leadership; EAO)				
3.5	Apply for HRC funding to enable sustainable research on issues of access and inequalities (focus 18/19 on Māori trauma) EAO				
3.6	Create a programme for collaboration with external research partners to maximise data use.				
4. Establish a Trauma Quality Improvement Programme (TQIP) to enable evidence-based change (regional enabler - quality)					
4.1	Recruit appropriate personnel to TQIP role (Workforce)	G			
4.2	Define TQIP elements, structure and processes, ie:				
a)	Assess and improve regional trauma morbidity and mortality review processes (Quality)				
b)	Develop loop closure process on identified variables associated with system, process and outcomes (Quality; Pathways)				
c)	Conduct health literacy review on trauma information EAO				
d)	Audit programme (Quality)				
e)	TQIP reporting programme, eg pre hospital and inter hospital compliance reporting; paediatric reporting.(Quality)				

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Quantitative data

Midland Region Trauma Summary Report



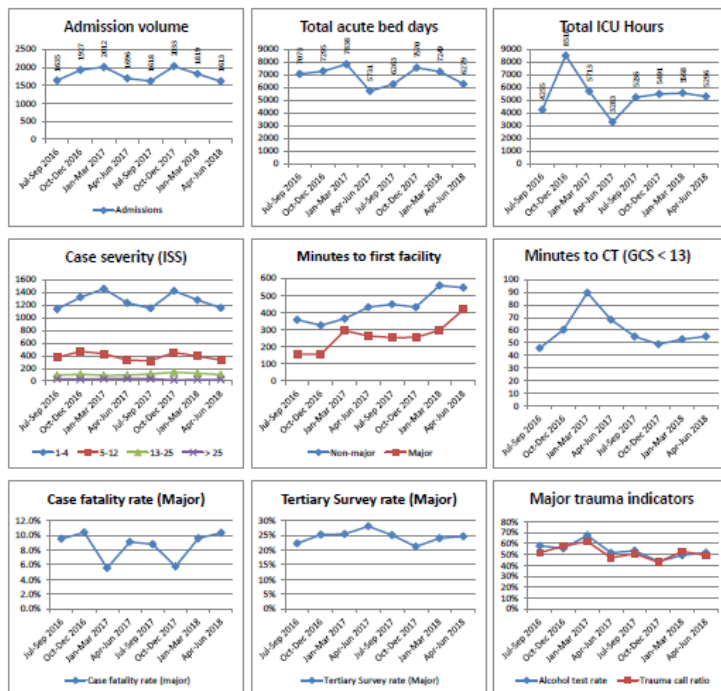
Output: data report for Midland region

View a System's Data Report on the Midland Trauma System

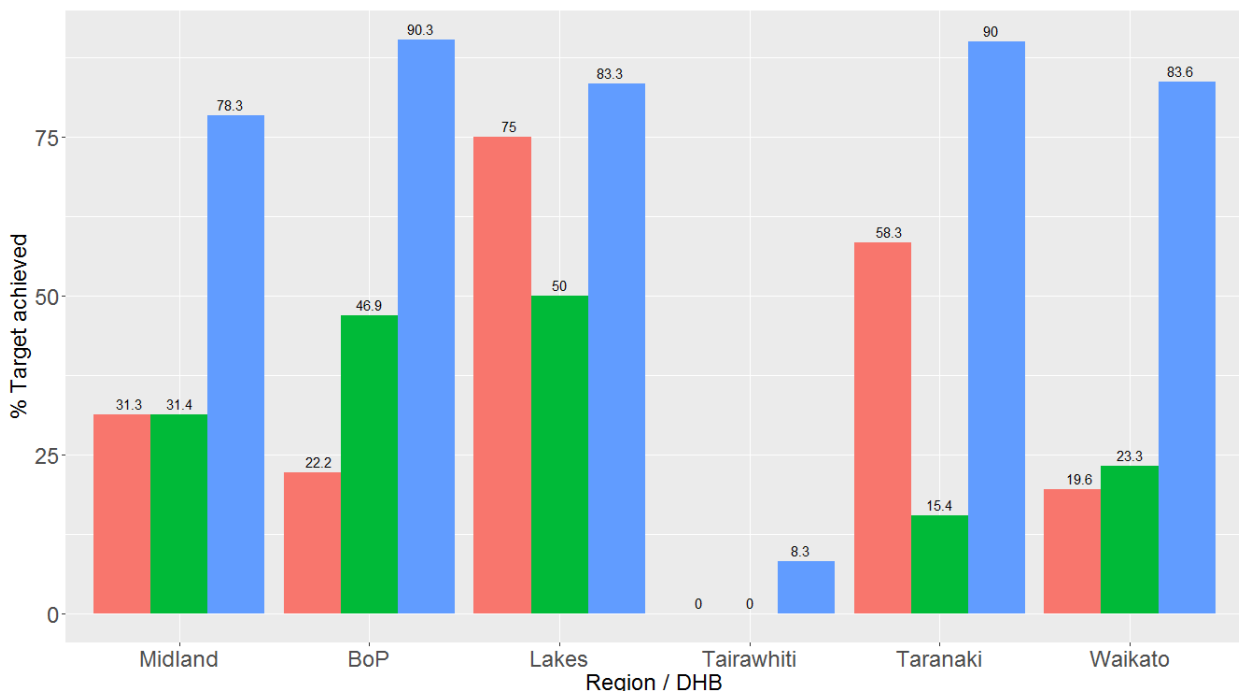
Last reported admission date: 30/06/2018

Admission dates	2016 Jul-Sep 2016	2016 Oct-Dec 2016	2017 Jan-Mar 2017	2017 Apr-Jun 2017	2017 Jul-Sep 2017	2017 Oct-Dec 2017	2018 Jan-Mar 2018	2018 Apr-Jun 2018
Trauma characteristics								
Admissions	1635	1927	2012	1696	1618	2033	1819	1613
Total acute bed days	7073	7295	7838	5731	6263	7570	7249	6279
Total ICU Hours	4255	8518	5713	3283	5236	5491	5568	5296
Inward transfers	222	252	318	253	227	299	261	239
Outward transfers	251	267	323	273	253	353	284	248
Case severity (ISS)								
1-4	1135	1324	1455	1234	1149	1424	1280	1155
5-12	374	468	431	330	321	453	393	331
13-25	92	107	90	94	112	139	123	101
> 25	34	28	36	38	36	17	23	25
Major trauma indicators								
Alcohol test rate	58%	56%	67%	52%	53%	44%	49%	52%
Trauma call ratio	52%	58%	62%	47%	51%	43%	53%	49%
Tertiary Survey rate (Major)	22%	25%	25%	28%	25%	21%	24%	25%
Case fatality rate (Major)	9.5%	10.4%	5.8%	9.1%	8.8%	5.8%	9.6%	10.3%
Minutes to CT (GCS < 13)	46	60	90	68	55	49	53	55
Minutes to first facility	358	326	365	432	449	432	559	547
Minutes to first facility (Major)	157	156	294	264	254	255	297	418
Ethnicity mix								
Admits	9143	648	771	1.00	Home	10938	76%	
Percent incidence of others	4166	29%	1093	1.00	Acute Care Facility	2347	16%	
Discharge disposition	657	5%	525	1.00	Rehabilitation	430	3%	
	360	3%	714	1.00	Convalescence	159	1%	
	(blank)	0%			Self-discharge	122	0.8%	
					Other	459	3%	
Midland region	14353	all eths	824	1.00				

ISS < 13 is non-Major trauma, ISS > 12 is Major trauma.
Time to CT in this report is limited to patients with GCS < 13.
Alcohol and trauma calls: aim for trauma calls > 80%. Trauma call ratio counts successful and missed calls; the denominator is a count of major trauma cases.
Case fatality rate is the total number of trauma deaths divided by the number of major trauma cases.
Tertiary survey rate: all major trauma cases should have a tertiary survey - a complete physical examination after the acute phase of injury to determine whether or not there are other injuries.
Target is 100% compliance.
Minutes to first facility is the average number of minutes from Trauma event to first ED arrival.
Only first hospitalisation is counted.
Ethnicity mix: population is based on StatsNZ DHB spreadsheet, 2013 data. Percent is the trauma admission percent by ethnic group. Incidence: per 100,000 persons per year.



Progress on the MOH 30 Day Target



Patients discharged during Nov 2017-Dec 2017 Jan 2018-Mar 2018 Apr 2018-Jun 2018



What we did in addition to what we said we would do

- Published peer review papers on Ethnicity, Equine and Livestock Injuries.
- The region has made significant gains towards the 30 day target for data completion in the New Zealand Major Trauma Registry (NZMTR) going from 31% to 78% over the last 6 months. This has come about by concerted effort and commitment by MTS personnel.
- Community outreach programmes in the form of Right Track and Critical Point have delivered prevention messages with Critical Point reaching 2500 year 11-13 students in the last two years.
- Roadshows which consist of Grand Rounds, Executive meetings and interactive foyer displays have been conducted around the Midland DHBs, with the most recent being in Taranaki in August.

Key risks

The TQUAL platform development with Waikato IS is not meeting expected milestones. This means that our current reporting and research capability is compromised. This is impacting on our ability to efficiently report to the National Major Trauma Network.

Key: Completed	C	On Track	G	Caution	A	In Trouble	R
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Regional strategic objectives

The regional networks and action groups work in partnership with other regional work programmes to deliver on the region's six strategic objectives. The assessment of progress of these work programmes now completes the remainder of this report.

Objective 1: Health equity for Māori - equitable access and outcomes

Lead: Nga Toka Hauora (Midland DHBs GMs Māori Health)

Lead Chief Executive: Jim Green

Quantitative data

Trendly Tool - Promoting High Performance in Health

(Source: Trendly Tool as at 26 September 2018)

Midland DHBs - Dashboard Summary (Māori)								
Indicator	Date Period	Target	BOP	Lakes	Tairāwhiti	Taranaki	Waikato	Reached Target
PHO Enrolment	July-Sep 2018	90%	96.0%	101.0%	101.0%	87.0%	94.0%	4
ASH (0-4 yrs)	Yr to Sep 2017	-	7426	8292	7960	8154	8841	-
ASH (45-64 yrs)	Yr to Sep 2017	-	7607	8444	6092	8747	9347	-
Breastfeeding (6 wks)	Jan-Jun 2017	75%	72.0%	65.0%	66.0%	63.0%	65.0%	0
Breastfeeding (3 mths)	Jan-Jun 2017	70%	48.0%	42.0%	37.0%	43.0%	45.0%	0
Breastfeeding (6 mths)	Jan-Jun 2017	65%	53.6%	57.7%	55.4%	46.8%	49.1%	0
Breast Screening (50-69 yrs)	Apr-June 2018	70%	61.4%	64.3%	66.6%	61.4%	58.1%	0
Cervical Screening (25-69 yrs)	Apr-June 2018	80%	70.6%	74.9%	71.8%	76.3%	68.3%	0
Immunisation (8 mths)	Apr-June 2018	95%	81.0%	86.0%	83.3%	80.7%	82.1%	0
Immunisation (Influenza)	Mar-Aug 2017	75%	53.8%	32.0%	53.8%	42.1%	47.4%	0
Oral Health	Jan-Dec 2016	95%	67.3%	88.1%	95.7%	81.4%	72.0%	1
SUDI	2012-2016 combined	-	0.61	1.18	2.37	1.55	1.75	-

Midland DHBs - Dashboard Summary (Non-Māori)								
Indicator	Date Period	Target	BOP	Lakes	Tairāwhiti	Taranaki	Waikato	Reached Target
PHO Enrolment	July-Sept 2018	90%	100.0%	95.0%	96.0%	96.0%	95.0%	5
ASH (0-4 yrs)	Yr to Sep 2017	-	6650	8254	5607	6303	7181	-
ASH (45-64 yrs)	Yr to Sep 2017	-	3059	4222	3007	4492	3426	-
Breastfeeding (6 wks)	Jan-Jun 2017	75%	79.0%	77.0%	85.0%	73.0%	73.0%	3
Breastfeeding (3 mths)	Jan-Jun 2017	70%	66.0%	59.0%	65.0%	59.0%	60.0%	0
Breastfeeding (6 mths)	Jan-Jun 2017	65%	72.4%	62.5%	69.5%	68.0%	67.3%	4
Breast Screening (50-69 yrs)	Apr-June 2018	70%	73.6%	71.5%	72.1%	76.5%	70.6%	5
Cervical Screening (25-69 yrs)	Apr-June 2018	80%	83.4%	78.3%	78.9%	82.8%	77.7%	2
Immunisation (8 mths)	Apr-June 2018	95%	85.3%	90.4%	94.7%	90.5%	91.5%	0
Immunisation (Influenza)	Mar-Aug 2017	75%	58.2%	37.5%	53.4%	52.7%	52.7%	0
Oral Health	Jan-Dec 2016	95%	114.6%	127.3%	113.2%	101.0%	72.1%	4
SUDI	2012-2016 combined	-	-	-	-	0.6	0.46	-

- Target field is blank where there is either no target for the indicator assigned by the Ministry of Health, or where there are specific targets tailored to each DHB.
- Rheumatic fever is not displayed on this table as the Ministry of Health reports Total Population data, and data for South Island DHBs is aggregated.

Key:	Target attained	Within 10% of target	10-20% away from target	More than 20-% away from target
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Key:	C	On Track	G	Caution	A	In Trouble	R
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Quarter 1 2018-19 Midland data and narrative sourced from the Trendly Tool - Māori

Indicator, Target & Reporting Period	Bay of Plenty DHB	Lakes DHB	Hauora Tairāwhiti	Taranaki DHB	Waikato DHB	Notes
PHO enrolment Target: 90% (July - Sep 2018)	PHO Enrolment for Māori in Bay of Plenty DHB reached 96.0% in the Jul-Sep 2018 period. This indicates no change in performance since Apr-Jun 2018.	Lakes was the best performer for PHO enrolment in the most recent period, reaching 101.0% for its Māori population.	PHO Enrolment for Māori in Tairāwhiti DHB reached 101.0% in the Jul-Sep 2018 period. This represents a 1.0% difference since Apr-Jun 2018.	PHO Enrolment for Māori in Taranaki DHB reached 87.0% in the Jul-Sep 2018 period. This indicates no change in performance since Apr-Jun 2018. An improvement of 3.0% is needed to reach the national target of 90.0% in Taranaki. This would require enrolling an additional 659 Māori.	PHO Enrolment for Māori in Waikato DHB reached 94.0% in the Jul-Sep 2018 period. This represents a 1.0% difference since Apr-Jun 2018.	Lakes was the best performer for PHO Enrolment in the most recent period, reaching 101.0% for its Māori population.
ASH (0-4 years)	No commentary available on Trendly Tool					
ASH (45-64 years)	No commentary available on Trendly Tool					
Full or exclusive breastfeeding (6 weeks)	No commentary available on Trendly Tool					
Full or exclusive breastfeeding (3 months) Target: 70% (January – June 2017)	48.0% of your Māori infants were breastfed in the last six-month reporting period. If 57 more Māori infants were breastfed (182 breastfed in total) you would have reached the national target of 70%.	42.0% of your Māori infants were breastfed in the last six-month reporting period. If 54 more Māori infants were breastfed (136 breastfed in total) you would have reached the national target of 70%.	37.0% of your Māori infants were breastfed in the last six-month reporting period. If 40 more Māori infants were breastfed (86 breastfed in total) you would have reached the national target of 70%.	43.0% of your Māori infants were breastfed in the last six-month reporting period. If 14 more Māori infants were breastfed (38 breastfed in total) you would have reached the national target of 70%.	45.0% of your Māori infants were breastfed in the last six-month reporting period. If 122 more Māori infants were breastfed (345 breastfed in total) you would have reached the national target of 70%.	There are data quality issues in the current and historical WCTO data collected. Users should exercise caution when making comparisons across different time periods.
Full, exclusive, or partial breastfeeding	53.6% of your Māori infants were breastfed in	57.7% of your Māori infants were breastfed in	55.4% of your Māori infants were breastfed in	46.8% of your Māori infants were breastfed in	49.1% of your Māori infants were breastfed in	

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Indicator, Target & Reporting Period	Bay of Plenty DHB	Lakes DHB	Hauora Tairāwhiti	Taranaki DHB	Waikato DHB	Notes
(6 months) Target: 65% (January – June 2017)	the last six-month reporting period. If 50 more Māori infants were breastfed (288 breastfed in total) you would have reached the national target of 65%.	the last six-month reporting period. If 25 more Māori infants were breastfed (220 breastfed in total) you would have reached the national target of 65%.	the last six-month reporting period. If 23 more Māori infants were breastfed (156 breastfed in total) you would have reached the national target of 65%.	the last six-month reporting period. If 29 more Māori infants were breastfed (103 breastfed in total) you would have reached the national target of 65%.	the last six-month reporting period. If 103 more Māori infants were breastfed (420 breastfed in total) you would have reached the national target of 65%.	
Breast screening (50-69 years) Target: 70% (April – June 2018)	Breast Screening 50-69 years for Māori in Bay of Plenty DHB reached 61.4% in the Apr-Jun 2018 period. This represents a 0.9% difference since Jan-Mar 2018. An improvement of 8.6 percentage points is needed to reach the national target of 70.0% in Bay of Plenty. This would require screening an additional 460 Māori. You've screened 61.4% of Māori women. If you screened 460 more Māori women (3,724 screened in total) you'd reach the national target of 70%.	Breast Screening 50-69 years for Māori in Lakes DHB reached 64.3% in the Apr-Jun 2018 period. This represents a -0.2% difference since Jan-Mar 2018. An improvement of 5.7 percentage points is needed to reach the national target of 70.0% in Lakes. This would require screening an additional 198 Māori. You've screened 64.3% of Māori women. If you screened 198 more Māori women (2,443 screened in total) you'd reach the national target of 70%.	Breast Screening 50-69 years for Māori in Tairāwhiti DHB reached 66.6% in the Apr-Jun 2018 period. This represents a -0.8% difference since Jan-Mar 2018. An improvement of 3.4 percentage points is needed to reach the national target of 70.0% in Tairāwhiti. This would require screening an additional 81 Māori. You've screened 66.6% of Māori women. If you screened 81 more Māori women (1,666 screened in total) you'd reach the national target of 70%.	Breast Screening 50-69 years for Māori in Taranaki DHB reached 61.4% in the Apr-Jun 2018 period. This represents a 0.8% difference since Jan-Mar 2018. An improvement of 8.6 percentage points is needed to reach the national target of 70.0% in Taranaki. This would require screening an additional 152 Māori. You've screened 61.4% of Māori women. If you screened 152 more Māori women (1,239 screened in total) you'd reach the national target of 70%.	Breast Screening 50-69 years for Māori in Waikato DHB reached 58.1% in the Apr-Jun 2018 period. This represents a 0.2% difference since Jan-Mar 2018. An improvement of 11.9 percentage points is needed to reach the national target of 70.0% in Waikato. This would require screening an additional 915 Māori. You've screened 58.1% of Māori women. If you screened 915 more Māori women (5,383 screened in total) you'd reach the national target of 70%.	Nelson Marlborough was the best performer for Breast Screening 50-69 years in the most recent period, reaching 74.1% for its Māori population.
Cervical screening (25-69 years) Target: 80% (April – June 2018)	Cervical Screening 25-69yrs (3 yr) for Māori in Bay of Plenty DHB reached 70.6% in the Apr-Jun 2018 period.	Cervical Screening 25-69yrs (3 yr) for Māori in Lakes DHB reached 74.9% in the Apr-Jun 2018 period.	Cervical Screening 25-69yrs (3 yr) for Māori in Tairāwhiti DHB reached 71.8% in the Apr-Jun 2018 period.	Cervical Screening 25-69yrs (3 yr) for Māori in Taranaki DHB reached 76.3% in the Apr-Jun 2018 period.	Cervical Screening 25-69yrs (3 yr) for Māori in Waikato DHB reached 68.3% in the Apr-Jun 2018 period.	Taranaki was the best performer for Cervical Screening 25-69yrs (3 yr) in the most recent period, reaching 76.3%

Key:
Completed

C

On Track

G

Caution

A

In Trouble

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Indicator, Target & Reporting Period	Bay of Plenty DHB	Lakes DHB	Hauora Tairāwhiti	Taranaki DHB	Waikato DHB	Notes
	<p>This represents a 0.1% difference since Jan-Mar 2018.</p> <p>An improvement of 9.4 percentage points is needed to reach the national target of 80.0% in Bay of Plenty. This would require screening an additional 1,216 Māori.</p> <p>You've screened 70.6% of Māori women. If you screened 1,216 more Māori women (10,396 screened in total) you'd reach the national target of 80%.</p>	<p>This represents a 2.0% difference since Jan-Mar 2018.</p> <p>An improvement of 5.1 percentage points is needed to reach the national target of 80.0% in Lakes. This would require screening an additional 440 Māori.</p> <p>You've screened 74.9% of Māori women. If you screened 440 more Māori women (6,904 screened in total) you'd reach the national target of 80%.</p>	<p>This represents a 1.5% difference since Jan-Mar 2018.</p> <p>An improvement of 8.2 percentage points is needed to reach the national target of 80.0% in Tairāwhiti. This would require screening an additional 466 Māori.</p> <p>You've screened 71.8% of Māori women. If you screened 466 more Māori women (4,544 screened in total) you'd reach the national target of 80%.</p>	<p>This represents a 0.7% difference since Jan-Mar 2018.</p> <p>An improvement of 3.7 percentage points is needed to reach the national target of 80.0% in Taranaki. This would require screening an additional 173 Māori.</p> <p>You've screened 76.3% of Māori women. If you screened 173 more Māori women (3,764 screened in total) you'd reach the national target of 80%.</p>	<p>This represents a 0.9% difference since Jan-Mar 2018.</p> <p>An improvement of 11.7 percentage points is needed to reach the national target of 80.0% in Waikato. This would require screening an additional 2,404 Māori.</p> <p>You've screened 68.3% of Māori women. If you screened 2,404 more Māori women (16,432 screened in total) you'd reach the national target of 80%.</p>	for its Māori population.
<p>Immunisation (8 months) Target: 95% (April – June 2018)</p>	<p>Immunisation (8m) for Māori infants in Bay of Plenty DHB reached 81.0% in the Apr-Jun 2018 period. This represents a -3.5% difference since Jan-Mar 2018.</p> <p>An improvement of 14.0% is needed to reach the national target of 95.0% in Bay of Plenty. This would require an additional 44 Māori infants.</p> <p>You've immunised 81.0%</p>	<p>Immunisation (8m) for Māori infants in Lakes DHB reached 86.0% in the Apr-Jun 2018 period. This represents a -3.9% difference since Jan-Mar 2018.</p> <p>An improvement of 9.0% is needed to reach the national target of 95.0% in Lakes. This would require an additional 18 Māori infants.</p> <p>You've immunised 86.0% of Māori infants. If you</p>	<p>Immunisation (8m) for Māori infants in Tairāwhiti DHB reached 83.3% in the Apr-Jun 2018 period. This represents a -2.4% difference since Jan-Mar 2018.</p> <p>An improvement of 11.7% is needed to reach the national target of 95.0% in Tairāwhiti. This would require an additional 13 Māori infants.</p> <p>You've immunised 83.3% of Māori infants. If you</p>	<p>Immunisation (8m) for Māori infants in Taranaki DHB reached 80.7% in the Apr-Jun 2018 period. This represents a -2.6% difference since Jan-Mar 2018.</p> <p>An improvement of 14.3% is needed to reach the national target of 95.0% in Taranaki. This would require an additional 16 Māori infants.</p> <p>You've immunised 80.7% of Māori infants. If you</p>	<p>Immunisation (8m) for Māori infants in Waikato DHB reached 82.1% in the Apr-Jun 2018 period. This represents a -1.4% difference since Jan-Mar 2018.</p> <p>An improvement of 12.9% is needed to reach the national target of 95.0% in Waikato. This would require an additional 69 Māori infants.</p> <p>You've immunised 82.1% of Māori infants. If you</p>	South Canterbury was the best performer for Immunisation (8m) in the most recent period, reaching 97.5% for Māori infants.

Key:
Completed

C

On Track

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Caution

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In Trouble

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Indicator, Target & Reporting Period	Bay of Plenty DHB	Lakes DHB	Hauora Tairāwhiti	Taranaki DHB	Waikato DHB	Notes
	of Māori infants. If you had immunised 44 more Māori infants (300 immunised in total) you would have reached the national target of 95%.	had immunised 18 more Māori infants (190 immunised in total) you would have reached the national target of 95%.	had immunised 13 more Māori infants (109 immunised in total) you would have reached the national target of 95%.	had immunised 16 more Māori infants (104 immunised in total) you would have reached the national target of 95%.	had immunised 69 more Māori infants (509 immunised in total) you would have reached the national target of 95%.	
Immunisation (Influenza) Target: 75% (March - August 2017)	You immunised 53.8% of your eligible (65+) Maori population. If you had immunised 876 more you'd have reached the target of 3,105 Maori over-65 years of age being immunised.	You immunised 32.0% of your eligible (65+) Maori population. If you had immunised 1,045 more you'd have reached the target of 1,823 Maori over-65 years of age being immunised.	You immunised 53.8% of your eligible (65+) Maori population. If you had immunised 399 more you'd have reached the target of 1,410 Maori over-65 years of age being immunised.	You immunised 42.1% of your eligible (65+) Maori population. If you had immunised 484 more you'd have reached the target of 1,103 Maori over-65 years of age being immunised.	You immunised 47.4% of your eligible (65+) Maori population. If you had immunised 1,512 more you'd have reached the target of 4,103 Maori over-65 years of age being immunised.	
Mental health Target: - (Year to June 2018)	Section 29 for Māori in Bay of Plenty DHB reached 172 per 100,000 per year for the 12 months ending Year to Jun 2018. This represents use of Section 29 with 102 Māori individuals for the 12 months ending Year to Jun 2018.	Section 29 for Māori in Lakes DHB reached 340 per 100,000 per year for the 12 months ending Year to Jun 2018. This represents use of Section 29 with 130 Māori individuals for the 12 months ending Year to Jun 2018.	Section 29 for Māori in Tairāwhiti DHB reached 231 per 100,000 per year for the 12 months ending Year to Jun 2018. This represents use of Section 29 with 57 Māori individuals for the 12 months ending Year to Jun 2018.	Section 29 for Māori in Taranaki DHB reached 212 per 100,000 per year for the 12 months ending Year to Jun 2018. This represents use of Section 29 with 49 Māori individuals for the 12 months ending Year to Jun 2018.	Section 29 for Māori in Waikato DHB reached 462 per 100,000 per year for the 12 months ending Year to Jun 2018. This represents use of Section 29 with 442 Māori individuals for the 12 months ending Year to Jun 2018.	Mid Central DHB was the best performer for this indicator for the period ending Year to Jun 2018; Mid Central DHB achieved a rate of 105 per 100,000 per year for the 12 months ending Year to Jun 2018. This represents use of Section 29 with 38 Māori individuals for the 12 months ending Year to Jun 2018.
Preschool oral health enrolment Target: 95% (Jan - December 2016)	For the year 2015 you enrolled 67.3% of Māori preschoolers. If you had enrolled 1,750 more Māori (5,995	For the year 2015 you enrolled 88.1% of Māori preschoolers. If you had enrolled 280 more Māori (3,838	You reached the target! Great effort!	For the year 2015 you enrolled 81.4% of Māori preschoolers. If you had enrolled 346 more Māori (2,413	For the year 2015 you enrolled 72.0% of Māori preschoolers. If you had enrolled 2,412 more Māori (9,947	

Key:
Completed

C

On Track

G

Caution

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In Trouble

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Indicator, Target & Reporting Period	Bay of Plenty DHB	Lakes DHB	Hauora Tairāwhiti	Taranaki DHB	Waikato DHB	Notes
	enrolled in total) you would have reached the national enrolment target of 95%.	enrolled in total) you would have reached the national enrolment target of 95%.		enrolled in total) you would have reached the national enrolment target of 95%.	enrolled in total) you would have reached the national enrolment target of 95%.	
SUDI	No commentary available on Trendly Tool					

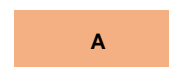
Key:
Completed



On Track



Caution



In Trouble



Objective 2: Integrate across continuums of care – regional pathways of care

Lead: Dr Damian Tomic Project Manager: Christine Scott Sponsor: Regional Pathways of Care Governance Group		Q1	Q2	Q3	Q4
<i>The regional Pathways of Care team under the governance of the Regional Pathways of Care Governance Group will support the Regional Clinical Networks with pathways that are identified in their work plans. The Regional Pathways of Care work plan is over a three year period focusing on the patient journey from primary care to secondary care. The Pathways of care team do not support the patient pathway within the secondary setting or from secondary to tertiary hospitals.</i>					
Initiative 1: Transition of the Midland region onto the new pathways of care electronic tool - Map of Medicine to HealthPathways Outcomes: <ul style="list-style-type: none">Increased access to the regional Community Pathways of Care tool via clinical systemsGrowth in the utilisation of the new electronic Pathways of Care tool – Community HealthPathwaysImplementation of the Community HealthPathways tool.		G			
Initiative 2: Increase clinical engagement and leadership in the Regional Pathways of Care Programme Ongoing regional and local clinical champions and clinical resourcing across both primary and secondary has been identified as a critical success factor to a strengthened Midland Region Pathways of Care programme. The programme supports the delivery of regional and local need for the development and redesign of current and transformative pathways. <ul style="list-style-type: none">Work with the regional stakeholders to identify clinical champions.Improve clinical leadership and engagement in the Regional pathways programme		G			
Initiative 3: Align regional pathways of care work programme and eReferral work programme Under the guidance of the Regional Pathways of care group work with the region to identify priority pathways and eReferral.		G			
National Priorities:	Reporting reference link to regional clinical network/action group work plans:	Q1	Q2	Q3	Q4
Cancer Services	Midland Cancer Network 18-19 work plan Initiative 1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway Initiative 5: Improve palliative care services	G			
Cardiac Services	Midland Cardiac Clinical Network 18-19 work plan Initiative 1: Ischaemic heart disease Initiative 2: Heart failure Initiative 3: Atrial fibrillation				
Elective Services	Elective Services Network 18-19 work plan Initiative 1: Vascular services <i>Refer to notes in 18-19 work plan initiative 2 Breast Reconstruction and initiative 3: Ophthalmology re constraints.</i>	G			
Mental Health & Addiction Treatment Services	Mental Health & Addiction Network 18-19 work plan Initiative 1: Midland eating disorders model of care Initiative 2: Substance abuse legislation Initiative 6: National mental health and addiction Inquiry	G			
		G			
		G			
Stroke Services	Midland Stroke Network 18-19 work plan Initiative 2: Reducing incidence of stroke- Transient Ischemic Attack (TIA)				
Major Trauma	Midland Trauma System 18-19 work plan Initiative 1: Improve the delivery of high quality clinical care to trauma patients. Reporting on transfer and destination processes.				

Key:
Completed

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On Track

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Objective 3: Improve quality across all regional services – regional quality

Representative: Dr Sharon Kletchko (Lakes DHB) - on behalf of Midland DHB Quality Managers	Q1	Q2	Q3	Q4	Status commentary
Key Priorities:					
Regional Quality and Safety					
Supporting the national mental health quality improvement collaborative	G				Each DHB is supporting local developments and sharing information.
Advance Care Planning 'Serious Illness Conversation Guide Training'	G				Clinicians have been nominated from all DHBs who are able to take up this challenge. The Training is happening in Q2.
Developing systems to support quality and patient safety within the regional clinical networks / action groups work programmes	G				Each of the regional clinical networks has been engaged to inform their programme in addressing the key dimensions of quality using a test matrix.
Developing a regional approach to the surveillance of predominately hospital-associated infections through the collaborative implementation of the electronic surveillance system ICNet.	G				Lakes and Waikato DHBs are progressing local business cases to implement ICNet. Taranaki is already using ICNet. ACC is supporting a Regional Workshop in mid/late November to assist with the Regional ICNet platform.
Sharing best practice in developing risk management and board assurance frameworks and support a regional approach making best use of the risk management system – Datix.	G				This is continuing to be implemented and on track. The BAF is a major improvement change process that is likely to be implemented by 30 June 2019.
Developing the next 'Datix' evolution programme of investment in terms of Datix Cloud IQ which provides five toolkits (Capture, Evaluate, Strategy, Implement, and Assess) that take collaborating DHB organisations through a continuous improvement process. There is also a comprehensive analytics feature, allowing DHBs to look at trends as they occur and even predict where instances may arise in the future.	G				The Regional Q&S Network has requested the Datix Governance Group to consider this opportunity and report back on next steps for the Network to consider.
Improving the Midland region's feedback and quality improvement initiatives in terms of the National Inpatient Experience Survey and Reporting System.	G				Cemplicity is being engaged with across the region.
Connecting the Patient Experience Survey (PES) opportunities and emergent quality improvement initiatives that result from the primary care PES and its reporting portal as designed by the HQSC. It is anticipated that this work will align with many of the DHB strategies in terms of improving equity, improving patient outcomes and integrating care delivery across care boundaries. Many of the Midland Regional Clinical Network work plans include actions to achieve patient-centred care that meets the expectations of patients/whānau.	G				The current regional chair is working with the HQSC around an integrated patient experience survey tool through Primary Care Portals.

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National Priorities:	Reporting reference link to regional clinical network/action group work plans:	Q1	Q2	Q3	Q4
Cancer Services	Midland Cancer Network 18-19 work plan Initiative 1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment pathway	G			
Elective Services	Elective Services Network 18-19 work plan Initiative 1: Vascular services <i>Refer to notes in 18-19 work plan initiative 2 Breast Reconstruction and initiative 3: Ophthalmology re constraints.</i>	G			
Healthy Ageing	Health of Older People Action Group 18-19 work plan initiative 3: InteRAI Data Visualisation Tool Initiative 4: Advance Care Planning (ACP)				
		G			
Mental Health	Mental Health & Addiction Network 18-19 work plan Initiative 1: Midland eating disorders model of care Initiative 2: Substance abuse legislation	G			
		G			
Stroke Services	Midland Stroke Network 18-19 work plan Initiative 3: Acute services Initiative 5: Patient experience of care	G			
		G			
Major Trauma	Midland Trauma System 18-19 work plan Initiative 2: Develop, implement and maintain regional Trauma system infrastructure including information systems Initiative 4: Establish a Trauma Quality Improvement Program (TQIP) to enable evidence-based change	G			
		G			

Key:
Completed



On Track



Caution



In Trouble



Objective 4: Build the workforce – regional workforce

Representative: Ruth Ross, Regional Director of Workforce Development		Q1	Q2	Q3	Q4	Status commentary
Workforce Diversity	Work regionally and in collaboration with DHB Shared Services and the Ministry of Health to: <ul style="list-style-type: none"> identify workforce data and intelligence that is collected across services and DHB areas, understanding workforce trends to inform workforce planning. understand the workforce data and intelligence requirements that best supports regions and DHB areas in order to undertake evidence-based workforce planning. support DHBs with training placements for eligible new health professional graduates within their region's DHBs (PGY1 and PGY2, CBA nurses, allied health, scientific and technical). 					
	<ul style="list-style-type: none"> regularly accessing HWIP FTE and vacancy data to identify professional groupings whose characteristics, numbers, vacancy rates, turnover rates, or age profile within the DHB, region or nationally may pose a risk to ongoing service delivery, and advise DHBs. 					Midland application has been built using HWIP data. Will be mined in Q2. Issues with HWIP vacancy data so may need to look at another system.
	<ul style="list-style-type: none"> utilising equity data set to identify where there is high utilisation by Māori and higher inequities and prioritise Māori health workforce distribution to those areas. EAO 					One set of equity data has been built thus far.
	<ul style="list-style-type: none"> improving knowledge base of primary care workforce including undertake a primary care workforce survey and in the NGO sector where requested. 	G				Completed primary care workforce survey for two Primary Health Organisations. Results due shortly. Working with another to roll out survey tool.
	<ul style="list-style-type: none"> supporting regional Kia Ora Hauora (KOH) programme to increase DHBs knowledge about KOH candidates pathway. EAO 	G				Ongoing.
	<ul style="list-style-type: none"> supporting DHBs to collaborate about training (where required). 					Midland DHBs collaborate regarding leadership development training.
	Equity actions: <ul style="list-style-type: none"> increase Māori participation and retention in the health workforce and ensure that Māori have equitable access to training opportunities as others. EAO build cultural competence across the whole workforce. EAO increase participation of Māori and Pacific in the health workforce. EAO form alliances with educational institutes (including secondary and tertiary) and local iwi to identify and implement best practices to achieve the Māori health workforce that matches the proportion of Māori in the population. EAO 					
	<ul style="list-style-type: none"> increasing access to data for communities of interest starting with DHBs about inequities in the areas of equity of outcome, access, treatment, and opportunity. Including deprivation, health utilisation etc TBC. Includes partnering with educational facilities to identify local or regional communities of interest of equity concern. Links with clinical network work below. EAO 					<p>Data sharing is required for this action to be implemented. Activity underway with HWIP and HWNZ to increase data sharing between agencies and with other shared service agencies.</p> <p>Discussions underway with tertiary education provider in Midland to mine data, however, will require data sharing accord first.</p>
	<ul style="list-style-type: none"> identifying current training available to improve cultural competence/fluency and Māori best practice in DHBs and establish most useful way to share this information to other organisations. EAO 					Not due as yet.
	<ul style="list-style-type: none"> supporting DHBs to increase Māori and Pacific participation in the health workforce. EAO 	G				
	<ul style="list-style-type: none"> supporting Kia Ora Hauora to meet the programme objectives. EAO 	G				Ongoing.

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Representative: Ruth Ross, Regional Director of Workforce Development		Q1	Q2	Q3	Q4	Status commentary
Health Literacy	<ul style="list-style-type: none"> supporting Midland DHBs with regional activities as required to improve health literacy. EAO 	G				GMs HR will be discussing their health literacy programmes and potential regional needs at their next meeting.

National Priorities:	Activity and reporting reference link to regional clinical network/action group work plans:	Q1	Q2	Q3	Q4
Cardiac Services	<p><i>Clearly identify current demand for cardiac physiology services and the regional ability to meet these demands (subject to resourcing).</i></p> <p><i>Develop and implement a workforce plan to ensure that training, recruitment, retention and other relevant workforce issues are addressed to sufficiently support all pathways to cardiac services, including to cardiac surgery.</i></p> <ul style="list-style-type: none"> Identifying demand for cardiac physiology services in Midland DHBs Identifying accessibility of cardiac physiology services in Midland DHBs including workforce supply Undertaking gap analysis Collaborating with DHB Shared Services and Regional and National Cardiac Networks to develop a strategic workforce plan to address gap analysis findings Supporting the Midland Cardiac Clinical Network in writing a revised and updated regional service plan. <p>Midland Cardiac Clinical Network 18-19 work plan Initiative 6: Service planning and workforce</p>	G			
	Q1: Undertaking HWIP data review. Identified two DHBs which will need further investigation about how their physiologists are coded. Clarifying demand parameters for modelling.				
	<p><i>Identify the actions that the region will undertake to maximise workforce resources, and development of long-term recruitment plan for vulnerable or hard-to-recruit roles.</i></p> <ul style="list-style-type: none"> regularly accessing HWIP FTE and vacancy data to identify professional groupings whose characteristics, numbers, vacancy rates, turnover rates, or age profile within the DHB, region or nationally may pose a risk to ongoing service delivery and advise DHBs supporting collaboration across Midland DHBs to create and access material for long term recruitment strategies. 	G			
Elective Services	<p><i>Orthopaedics: complete a regional review of current orthopaedic workforce resources, factoring in subspecialty capability. Develop and implement a regional orthopaedic workforce implementation plan (based on the regional review).</i></p> <ul style="list-style-type: none"> undertaking orthopaedic workforce stocktake, gap analysis, and identify issues. This activity is dependent on additional resourcing. <p>Elective Services Network 18-19 work plan <i>Note: orthopaedic workforce is not detailed and would be subject to additional resourcing.</i></p>				
	Q1: no activity planned as yet				
Mental Health & Addiction Treatment Services	<ul style="list-style-type: none"> Work regionally and in collaboration with DHB Shared Services and the Ministry of Health to implement the actions set out in the Mental Health and Addiction Workforce Action Plan 2016-2020. This work should also ensure organisations across the region are appropriately supported with a particular focus on supporting staff development and leadership. <p>Mental Health & Addiction Network 18-19 work plan Initiative 7: Workforce capacity and capability.</p> <ul style="list-style-type: none"> Work regionally to build addiction treatment staff capability to support implementation of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (SACAT). <p>Mental Health & Addiction Network 18-19 work plan Initiative 2: Substance abuse legislation</p>	G			

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National Priorities:	Activity and reporting reference link to regional clinical network/action group work plans:	Q1	Q2	Q3	Q4
<p>Q1:</p> <p>Support development of Equally Well Service Self-Assessment Audit tool.</p> <p>Supporting Parents Healthy Children (SPHC) by developing Whānau Practice Hubs in each DHB area.</p> <p>Undertaking regional training programme (Single Session Family Consultation).</p> <p>SACAT on all leadership network agendas and incorporated into all regional training.</p>					
Palliative Care	<p>Develop a robust workforce plan to ensure regions are able to deliver quality, accessible palliative care across all geographical areas and settings. These plans will outline the need for palliative care across the region and projections of future demand. They will demonstrate how the region will address current and future needs for palliative care.</p> <p>Regional workforce plan recommendations have a focus on Māori health gain and equitable timely access to palliative care services. EAO</p> <ul style="list-style-type: none"> develop regional palliative care workforce plan <p>Midland Cancer Network 18-19 work plan</p> <p>Initiative 5: Improve palliative care services</p>	G			
	<p>Q1: See Midland Cancer Network report. Have engaged contractor to undertake planning process. Terms of reference completed. Scoping modelling underway.</p>				
Stroke Services	<p>Clearly identify current demand for acute and rehabilitation stroke services in both the hospital setting and in the community, including ambulance and radiology services and the regional ability to meet these demands.</p> <p>Develop and implement a workforce plan to ensure that training, recruitment, retention and other relevant workforce issues are addressed and are ongoing.</p> <p>Seek new and innovative ways of addressing service delivery in environments where health professionals work primarily in isolation or where the workforce is limited in its ability to meet recommended service delivery.</p> <ul style="list-style-type: none"> strengthening the regional allied health stroke network focusing on rehabilitation and initiating a forum discussion to establish practical ways to support service delivery in isolated areas supporting local DHBs to collaborate to recruit to hard to fill positions starting with positions that impact on retention <p>Midland Stroke Network 18-19 work plan</p> <p>Initiative 4: Clinical leadership</p>	G			
	<p>Q1: Engagement with allied health stroke leads regarding initiative and socialisation completed. Workshop arrangements being made.</p>				

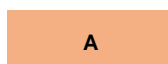
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On Track



Caution



In Trouble



Objective 5: Improve clinical information services – technology and digital services

Key feature article / Key achievements

Priority	NZHS	Guidance			Q1	Q2	Q3	Q4	Status commentary
		Approach	Description of 18-19 activity	DHBs involved					
Single Electronic Health Record	Smart system	National programme led by Ministry of Health	Development of Detailed Business Case.	All	R				Awaiting update from MoH re Status
Digital Health Strategy		National programme led by Ministry of Health	Publishing the Digital Health Strategy.	All	R				Awaiting the finalised Digital Strategy to be published by MoH
Digital Hospital		Identify gaps using EMRAM assessment and work towards closing these gaps by the timelines set by the Ministry of Health, using regionally aligned solutions where possible (NB: Links to Regional IT Foundations via use of eSPACE)	Review of PACS/RIS and development of full regional solution	All	G				Lakes go-live scheduled for Nov 2018. Taranaki DHB progressing business case and final draft has been submitted to MoH for review.
			Investigate the feasibility and develop an agreed approach to deliver electronic nursing notes	All	G				Not commenced
			eSPACE: Medications Management Discovery Workstream <ul style="list-style-type: none">Obtain Regional Detailed Business Requirements to inform an RFI.Audit Evaluation of Orion med Man and Med Chart for regional implementation.Gap Analysis between requirements and Med Man and Med Chart.Midland Medicines Management RFIDecision request on the recommended approach to implement a Midland Medicines Solution	All	G				Progressing in line with the eSPACE Programme Schedule. Regional detailed functional and non-functional requirements being finalised, scheduled to be completed by mid-November 2018. REOI released to market in late November 2018

Key:
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Priority	NZHS	Guidance			Q1	Q2	Q3	Q4	Status commentary
		Approach	Description of 18-19 activity	DHBs involved					
			eSPACE: Regional Results Workstream (EMRAM 3 & 4): <ul style="list-style-type: none"> • Install a regional Orion results repository • Stand up a Results Proof of Concept at Tairāwhiti DHB. • Integrate radiology and laboratory results from Tairāwhiti DHB. • Provide visibility to Midland Clinical Portal authorised end users to “read” Tairāwhiti Radiology and Laboratory results • Provide capability to manage/acknowledge Tairāwhiti Radiology / Laboratory results using the Orion results repository. 	All	G				Progressing in line with the eSPACE Programme Schedule. Orion Proof of Concept has been built. Functional and non-functional business requirements have been approved
Shared Clinical Information	Smart system	Working with the Midland United Regional Integration Leadership (MURIAL) group and other primary and community partners to create an integrated view of patient information.	Investigate options to enable bi lateral primary/secondary/community access to patient information to increase clinical visibility of patient data, developing a consistent method to enable integration into Midland Clinical Portal	All	G				Components of this are progressing across the Midland region and plans will continue to progress in conjunction with the eSPACE Programme
			eSPACE: Development and implementation of Community Access into Midland Clinical Portal	All	G				Progressing in line with the eSPACE Programme Schedule. Community Access Approach paper has been approved
		Midland Clinical Portal Implementation of solutions to support the regional objective of “one patient, one record” Phased implementation of regional clinical portal functionality to replace legacy systems	eSPACE: Patient Workstream: <ul style="list-style-type: none"> • Midland Clinical Portal Foundation, providing visibility of regional patient information in a read only view • MCPFP integration to NZePS. • Provide capability for Tairāwhiti DHB to send documents to the Midland Clinical Portal CDV Tree. • MCPFP Enhanced functionality PID approved. • MCPFP Enhanced functionality implemented. • MCPFP Imaging Operability PID approved. • MCPFP Imaging Operability implemented. 	All	G				MCPFP as of October 2018 <ul style="list-style-type: none"> • 4,972 registered MCP users • 77,813 registered patients • 2.8m patient documents • 4m patient events MCP integration to NZePS Project Initiation Document is currently being finalised pending approval MCP Imaging Interoperability Request for Proposal has been approved and is scheduled to be distributed in the next quarter

Key:
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Priority	NZHS	Guidance			Q1	Q2	Q3	Q4	Status commentary
		Approach	Description of 18-19 activity	DHBs involved					
			eSPACE Clinician Workstream: <ul style="list-style-type: none"> Development environment developed to prototype eForms and Pathways, including Mental Health and, eReferrals 	All	A				eReferrals project is on hold following an approved Change Request
			eSPACE Transition Workstream: <ul style="list-style-type: none"> Phased implementation of regional clinical portal functionality to replace transition off legacy systems 		G				eForm and Pathway development continues
IT Security maturity enhancement	Smart system	Collaborating with the Ministry and across wider sector to drive increased IT Security maturity	Constructively engage with the Ministry and other health sector members in the establishment of projected programme of IT Security maturity activities.	All	G				Midland Security Forum established. Security workshops are being attended by Midland CIOs and others. Security assessments are being completed across a number of Midland DHBs and HealthShare
National Screening Solution		National Screening Solution led by the Ministry.	Engagement with the Ministry in bowel screening planning and implementation. Rollout of National Bowel Screening Programme in accordance to Ministry of Health requirements and time lines. Midland Cancer Network 18-19 work plan - initiatives 2, 3 and 4. When required, engagement with the Ministry in cervical screening project planning to support HPV testing.	All	G				
Integration Services		Strategic programme led by the Ministry.	National Screening Solution to be the first tranche on the Integration Service.	All					Awaiting Ministry direction/guidance
Telehealth		Work with clinical services and specialties to build awareness and use of Telehealth across the Midland region. EAO	Continue to progress the Midland Telehealth Work Plan. <i>Note: This initiative also improves Equitable Access and Outcomes.</i>	All	G				The Midland Telehealth Advisory Group is progressing activities according to their approved work plan.

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Priority	NZHS	Guidance			Q1	Q2	Q3	Q4	Status commentary
		Approach	Description of 18-19 activity	DHBs involved					
Maternity	Smart system	Nationally led programme with local Maternity Providers and DHBs. This programme includes Newborn Hearing Screening.	2018/19 will focus on giving women access to their maternity notes, updating HISO standards for sharing clinical information, working with the privacy commissioner and updating privacy impact assessments, and continuing to work with DHBs to implement the National Maternity Record (regionally where feasible) .	All					Taranaki DHB progressing with development of business case
Newborn Hearing Screening		Ministry led programme engaging with DHBs for national implementation of the Maternity systems including the Newborn Hearing Information Management System (NHIMS)	Collaborate with the Maternity programme to progress a regional approach to implementing NHIMS along with the maternity systems, at all DHBs.	All					Awaiting initiation and direction from the Ministry
Nationally consistent Electronic Oral Health Record		National programme led by Ministry of Health in collaboration with DHBs	Work with DHBs and the current provider to address issues and risks by making improvements where possible that incrementally move towards a nationally consistent and integrated EOHR.	All					Taranaki DHB went live with upgrade to Titanium
National Digital Services		Engagement when required for national services led by the Ministry	Adoption and operation of national digital services Enhancement of national digital services.	All	G				Actively engaged in Ministry initiatives Identity & Access Management (IAMS), Interoperability and Connected Health
Medicines Management Digital Services		Engagement in national programme led by Ministry, with DHB governance and co-design	All regions to action their approved medicines management strategic plans. Achieve national consistency through the adoption of HISO standards for medicines management. Focus on appropriate prescribing, including using existing pharmaceutical data (eg, epharms, NZePS) for the betterment of the person/patient. <i>Refer also to above Digital Hospital priority, eSPACE Medications Management Discovery Workstream.</i>	All					Taranaki DHB has gone live with NZULM. Regional ePharmacy upgrade underway. Planning started for further rollout of MedChart.

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Priority	NZHS	Guidance			Q1	Q2	Q3	Q4	Status commentary
		Approach	Description of 18-19 activity	DHBs involved					
National Patient Flow (NPF)	Value and high Performance	Regional collaboration to support improved data quality	Implement regional information governance structure across the Midland region Align information standard across the Midland region for key datasets (including NPF)	All	A				Refer to Midland Cardiac Care Network 18-19 work plan - initiative 1.8
		Support the Midland Cardiac Clinical Network (MCCN) to develop and extend the collection of data	Any agreed Midland regional outpatient modules required to be implemented as part of the National Patient Flow Out Patient data collection are implemented across agreed Midland DHBs	All	G				Refer to Midland Cancer Network 18-19 work plan - initiative 1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment pathway.
Cancer Information Strategy	Smart system	Regional coordination by Midland Cancer Network (MCN) and support for the delivery of nationally consistent systems across Midland DHBs to inform quality improvements that ensure health gain for Māori and equitable and timely access to cancer services. EAO	Regional co-ordination and support for DHBs’ alignment of their digital systems to collect and report consistent, accessible and accurate cancer data. Midland Cancer Network 18-19 work plan - initiative 1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment pathway.	All / Midland Cancer Network	G				Refer to Midland Cancer Network 18-19 work plan - initiative 1.35.
Cancer Services		Working with Midland Cancer Network (MCN) to support and progress national initiatives	Implementation of a regional clinical quality audit tool and database solution to support lung and colorectal pathways of care Investigate other opportunities for the use of the regional system across other services Midland Cancer Network 18-19 work plan - initiative 1.35.	All	G				Refer to Midland Cancer Network 18-19 work plan - initiative 1.36.
			Develop a business case for Multi-Disciplinary Meeting (MDM) toolset in line with national requirements and timelines Midland Cancer Network 18-19 work plan - initiative 1.36.	All	G				

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Priority	NZHS	Guidance			Q1	Q2	Q3	Q4	Status commentary
		Approach	Description of 18-19 activity	DHBs involved					
Mental Health	Smart system	DHBs accountable for delivery	<p>All regions implement integrated systems for sharing clinical and mental health information. All regions have the ability to create electronic Mental Health Patient Care Plans that can be shared regionally.</p> <p>All regions can record Mental Health activity data according to PRIMHD standards by:</p> <ul style="list-style-type: none"> Ensuring Clinical Governance remains engaged with eSPACE The development of the mental health and addiction platform being undertaken by the eSPACE Programme is undertaken in partnership with Clinical Governance Regional Stakeholder Networks to identify data sets for analysis Ensure that analysis of data is undertaken and informs all projects undertaken in 2018-19 Further analyse of current data sets to ascertain effectiveness of information provided. <p>Mental Health & Addiction Network 18-19 work plan - initiative 4: MH&A clinical workstation.</p>	All / MH&A Network	G				<p>There is work underway to evaluate bring the MH&A work forward to support the Lakes DHB transition onto Midland Clinical Portal.</p> <p>Refer also to Mental Health & Addiction Network 18-19 work plan - initiative 4: MH&A clinical workstation.</p>
Stroke Services		Support the delivery of regionally (nationally where realistic) consistent systems across DHBs to deliver telestroke services for acute stroke service intervention in a safe and timely manner, and support participation in the thrombolysis register.	Midland Stroke Network 18-19 work plan - initiative 3: Acute stroke.	All / Midland Stroke Network					Refer to Midland Stroke Network 18-19 work plan - initiative 3: Acute stroke.

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Priority	NZHS	Guidance			Q1	Q2	Q3	Q4	Status commentary
		Approach	Description of 18-19 activity	DHBs involved					
National Major Trauma data collection	Smart system	Nationally consistent data collection and reporting supports improved service delivery for major trauma patients.	All DHBs report the elements of the National Major Trauma Minimum Dataset to the New Zealand Major Trauma Registry. Midland Trauma System 18-19 work plan Initiative 2: Develop, implement and maintain regional Trauma system infrastructure including information systems.	All / Midland Trauma System	G				Refer to Midland Trauma System 18-19 work plan Initiative 2: Develop, implement and maintain regional Trauma system infrastructure including information systems.
Pathways of Care		Support the Midland United Regional Integration Leadership (MURIAL) group to transition and implement a replacement care pathway tool	Transition to agreed interim care pathway tool across the Midland region Implement regionally agreed integrated service care pathway tool		G				Refer to Regional Pathways of Care 18-19 work plan Initiative 1: Transition of the Midland region onto the new pathways of care electronic tool - Map of Medicine to HealthPathways
Cardiac Care		Support the Midland Cardiac Care Network (MCCN) to develop and extend the collection of data	Work with the MCCN team to identify feasibility and implementation of a regional Cardiac Cath lab toolset Midland Cardiac Clinical Network 18-19 work plan - initiative 1: Ischaemic heart disease	All					Refer to Midland Cardiac Clinical Network 18-19 work plan Initiative 1: Ischaemic heart disease

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Objective 6: Efficiently allocate public health system resources

HealthShare Ltd – Third Party Provider Audit & Assurance Service

Lead: Ajit Arulambalam, Manager, Audit & Assurance, Director DAA

Third party provider audit and assurance service	Q2	Q4	Status commentary
The third party provider audit and assurance service covers the five Midland DHBs and supports the performance evaluation of contracted Non-Government Organisations (NGOs).			
Support Midland DHBs Planning & Funding by completing agreed audit work plan - report on progress against work plan completed			
Provide audit related risk assurance to funding DHBs Planning & Funding as requested - % of requests completed			

HealthShare Ltd – Regional Internal Audit Service

Lead: Ian Cowley, Regional Internal Audit Manager

Activities against DHB internal audit plans	Q1	Q2	Q3	Q4	Status commentary
Progress against the approved Internal Audit Plans for the client DHBs, expressed as the level achievement of each internal audit plan to date for the income year, is as follows:					
• Lakes DHB	A				Planning for the 2018/19 internal audit plan has begun, although a few audits from 2017/18 are still to be completed.
• Hauora Tairāwhiti	A				Several planned audits in the 2017/18 programme (and one audit remaining from 2016/17) have rolled over to 2018/19 for the newly appointed internal auditor based at the DHB to perform (with assistance from other audit personnel), in addition to the 2018/19 programme.
• Taranaki DHB	G				The 2018/19 internal audit plan is well underway, with several advisory / consultancy activities being performed alongside the audit programme.
• Waikato DHB	G				A large number of planned audits are either in draft report format, at the field work stage, or have Terms of Reference underway, including numerous audits or ad-hoc assignments requested by executives or the audit committee in addition to the approved internal audit plan. Our audit programme at this DHB is continually revised based on the changing needs and priorities of DHB management and the audit committee.

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