

2017 - 2020

Regional Services Plan Initiatives and Activities

Quarter 3 Progress Report
20 April 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.

Agreed regional initiatives detailed in the 2017-20 Midland Regional Services Plan (RSP) form the basis for this progress report. Also contained in this report are a collection of feature articles; assisting with communicating how 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.



Feature articles include:

- Vascular Services – exploring opportunities to take a regionally aligned approach to support significant benefits in terms of length of stay, district nursing contacts for patients, and DHB costs (page 21)
- Mental Health & Addictions Network - opening of 'Te Whare Oranga Ngakau' on Friday, 9 March - a new alcohol and other drug regional residential treatment building (page 25)
- Midland Trauma Service – Motorcycle related trauma in the Midland region (infographic on page 45)
- Hepatitis C Service - co-design of a community campaign to support the eradication of hepatitis C in Hauora Tairāwhiti (page 50).

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 January to 31 March 2018 has been valuable and the regional work is tracking to plan.

OVERALL SELF ASSESSMENT (FOR SI2 MINISTRY OF HEALTH)				MIDLAND'S SIX REGIONAL OBJECTIVES	
Cancer Services	G	Mental Health & Addictions	G	1. Health equity for Māori	n/a*
Cardiac Services	G	Radiology Services	G	2. Integrate across continuums of care – regional Hepatitis C service	G
Child Health	A	Stroke Services	G	3. Improve quality across all regional services	G
Elective Services	G	Trauma Services (MTS)	G	4. Build the workforce	G
Health of Older People	A			5. Improve clinical information systems	A
				6. Efficiently allocate public health system resources: • Third Party Provider Audit & Assurance Service • Regional Internal Audit Service	n/a* G

*Reporting in Q2 and Q4

Delivery of the New Zealand Health Strategy – Midland region highlights for the quarter

	People-powered	Closer to home	Value and high performance	One team	Smart system
Q1	Midland Trauma System Collaborating with WINTEC for patient and whānau experience study to understand people's needs, to help with design of services.	Regional Internal Audit Service Identify where DHBs can improve the classification of patient events as ACC funded to help ensure all necessary health care for those patients is appropriately funded by ACC. Midland Trauma System Trauma Roadshow conducted in Rotorua detailing Lakes DHB trauma information. Members of the public and community groups were invited to come and participate in a day of trauma information sharing.	Midland Radiology Action Group The operational Radiology Primary Access Criteria for each of the five Midland DHBs was mapped against the regionally agreed Minimum Clinical Access Criteria to provide a gap analysis across Midland DHBs. Discussions within the National Radiology Advisory Group (NRAG) identified that where access is wider there are model of care reasons for this. It was found that although access varied across the Midland DHBs, it was usually with more rather than less access than the minimum clinical standard.	Health of Older People Action Group Advance Care Planning (ACP) – the ACP Facilitators from each of the Midland region now meet on a regular basis to share information and resources and work as a region on areas of common interest. Two Primary Health Organisations (PHOs) are now on board and attended the recent Midland Region ACP Facilitators meeting. Other PHOs will also be invited to attend.	Regional Internal Audit Service Establish proactive monitoring and management of theatre waitlists within hospitals to ensure patient treatment is timely and fair to the highest scoring and longest waiting patients.
Q2	Midland Quality Group All Midland DHBs are actively involved in forming consumer councils and sharing best practice and processes. A discussion on a regional network to support these councils is underway.	Midland Hepatitis C Service Working with community, ie needle exchange, General Practitioners, laboratory testing, etc. Taking the service to the people – Te Puia Springs Hospital clinic was very well received (see Hep C report, page 60).	Midland Cancer Network Midland Bowel Screening Regional Centre (Midland BSRC) The Midland BSRC Contract Agreement was signed on 1 September 2017. BSRC secondary clinical lead, primary care lead, and manager have been appointed. Quality project managers will commence in January and March 2018, and the equity project manager in January 2018. This will mean full recruitment of the team.	Midland Child Health Action Group Toi Te Ora (Public Health) and partners (<i>Heart Foundation and Bay of Plenty DHB Oral Health Promotion Service, and Healthy Families</i>) have taken a collaborative approach to support schools in their region to remove sugar sweetened beverages. Work is also underway within some Midland DHBs to collaborate with their District Councils on wider implementation of policy initiatives.	Midland Trauma System Midland DHBs collect Trauma data (majors and non-majors) and enter the data into the Trauma Registry. Analysis of the data for the 2016/17 fiscal year by MTS Hub staff has provided a 'Snapshot' for each of the five Midland DHBs, covering trends since 2014 (see pages 49-51). The 'Snapshot' includes information on volumes, process indicators, costs, and 'at risk' (by incidence, gender, age and ethnicity).

	People-powered	Closer to home	Value and high performance	One team	Smart system
Q3	<p>Midland Trauma System</p> <p>Completion of the patient experience study - presentation of findings at the Midland Trauma System Operational Group meeting. Opportunities to utilise the study's findings with patient information and co-design principles being looked at.</p>	<p>Midland Hepatitis C Service</p> <p>Eradicating Hepatitis C from Hauora Tairāwhiti - all key stakeholders within the region have been meeting fortnightly since March 2018 to co-design a community campaign to support the eradication of hepatitis C.</p> <p>The approach is based on ensuring the clinical infrastructure and providers are engaged, informed and prepared before a public awareness campaign is commenced.</p> <p>In mid-June a community Fibroscan week will be held with community spirit in mind and as much pre-work being completed before the mobile service comes to town. Patient access barriers will be removed as much as possible to enable equitable access.</p>	<p>Elective Services Network</p> <p>Vascular Services - the region continues to explore opportunities where a regionally aligned approach can be of benefit to both patients and DHBs.</p> <p>A number of documents have been prepared in draft form and will include information to enhance referrals for leg pain and varicose veins, and clinical pathways for acute and elective services.</p> <p>After meeting with the vascular nurse practitioner from Waikato DHB it has been agreed to explore the inclusion of a wound care pathway for venous leg ulcers.</p> <p>The Waikato DHB pathway has shown significant benefit in terms of length of stay and district nursing contacts for the patient, and in cost to the DHB, and is endorsed by the Waikato vascular surgeons.</p>	<p>Midland Cardiac Clinical Network</p> <p>Atrial Fibrillation - Waikato DHB's Population Health has completed work on the Midland District Health Boards Atrial Fibrillation admissions and readmissions data.</p> <p>Atrial Fibrillation is the largest cause of cardiac admissions and readmissions in the Midland DHBs – averaging 1200 admissions per year.</p> <p>Data analysis shows a higher rate of admission for Māori. It also includes demographics and geographic location which will inform a report on strategic and targeted approaches across the Midland region.</p> <p>Midland Cardiac Clinical Network discussions are underway on the work required; with the identifying of opportunities for engagement with primary care to progress regional work on improving Atrial Fibrillation diagnosis and treatment.</p>	<p>Midland Child Health Action Group</p> <p>Child Health Quarterly Data Report Release – the Child Health Action Group agreed that it would like to make its extensive quarterly report widely available within the sector. Its data is all publicly available, however, it is unique in the way it is compiled and presented.</p> <p>The data report also contains a section on equity reporting by relative and absolute gap for Māori and Pacific, compared with Other. A roadshow programme has been developed covering the five Midland DHB areas in May, to be supported by the CHAG Chair and clinical representatives from each area.</p>

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

Area		Reason/Resolution
Midland Child Health Action Group (CHAG)		
<ul style="list-style-type: none"> Childhood obesity and oral health - broader implementation of the SSB policy/position statement/plan of action. 	A	CHAG has agreed that it should focus on reducing sugar-sweetened beverages in early childhood education (ECE) centres by combining the efforts of the Ministry of Education (MOE) and health organisations. The background work is underway to establish what MOE's policy level expectations are for ECEs.
<ul style="list-style-type: none"> Child/parent attachment project - review the Lakes DHB evaluation and learnings as they implement the child/parent attachment project 	R	It has not been viable for CHAG to explore options for implementation of the child/parent attachment project in other DHBs due to timing. Lakes has now split the original piece of work into two, with the Children's Centre up and running offering a range of activities for children around the 'wellness' concept; and offering multi-agency training on emotional problems and their effect on the growth and development of children.
Midland Elective Services – Vascular Services		
<ul style="list-style-type: none"> Service improvement initiative - clinical pathways are developed and localised where these are appropriate 	A	Development of clinical pathways is amber due to a timing issue - the second vascular meeting was postponed to 20 April due to one of the clinical leads and national clinical lead availability.
Midland Health of Older People Network (HOP)		
<ul style="list-style-type: none"> Strengthen the implementation of the New Zealand Dementia Framework: <ul style="list-style-type: none"> Determine any changes to the pathways to be made as an outcome of the survey. Based on the outcomes of reviewing InterRAI data on cognition, identify ways to support primary care to recognise cognitive decline in older Māori in the same way as in non-Māori and support NASCs to provide for those needs equitably. <p>These projects have impacted on the other tasks in the plan.</p> <ul style="list-style-type: none"> Ensure education and support programmes for family and whānau carers of people with dementia are standardised and accessible 	A	<ul style="list-style-type: none"> As advised in the Quarter 2 report the GP Practice Dementia Pathway survey task has started later than originally planned. The survey has now been sent out to GP Practices for completion. Responses have been requested by 31 May 2018.
	R	<ul style="list-style-type: none"> As advised in the Quarter 2 report this task started later than originally planned. Only a small amount of the work has been completed and is now constrained by resourcing. The reasons for this are due to under estimating the resources and time required to complete this work. In addition the successful review of the Dementia pathways and the launch of the Dementia pathways survey took significantly longer than expected. The Advance Care Planning (ACP) initiative was also extended due to the renewal of the contract with the National ACP Steering Group. This work has been particularly successful as a regional approach, however, along with the Dementia pathways and survey work, it has impacted on the ability to complete other tasks in the work plan.
	A	<ul style="list-style-type: none"> Review and endorse quality and equity indicators identified by DHBs for delivery across the region – this work has not yet started. HOP has not yet met this year. A different approach will be used to gather the group's input.
Identification and use of InterRAI data to support quality initiatives and service improvement in the sector – identify the means of addressing any identified equity gaps and begin implementation	R	The release of the InterRAI Visualisation tool has meant that some preliminary work has begun on reviewing the InterRAI data. As above, resourcing for this work has been impacted by the Dementia Pathways' review, the dementia survey and Advance Care Planning.
Mental Health & Addictions Network – MH&A clinical workstation		
<ul style="list-style-type: none"> Undertake a Training Needs Analysis across the region and design a workforce plan. Work with local Champions Group to ensure local processes are implemented. 	A	<ul style="list-style-type: none"> Training needs analysis for Lakes completed. Other DHBs will be completed closer to the Clinical Portal being released and will be undertaken by eSPACE. Local Champions Groups disbanded in Q1. eSPACE Clinical Lead to work alongside individual DHB identified senior clinicians to ensure the MH&A programme is fit for purpose and does not lose the work already completed. eSPACE MH&A Lead to develop a closer working relationship alongside the Midland MH&A Network.

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Area		Reason/Resolution
Midland Stroke Network <ul style="list-style-type: none"> Education, training and audit - BOPDHB will also undertake a three-month audit to ascertain reasons why Māori stroke patients delay accessing stroke services 	R	Bay of Plenty have indicated they are unable to complete this work as resources have been directed towards other tasks since the Regional Services Plan was agreed. In place of this task there are other health equity initiatives being explored with Peter Brown, Tairāwhiti DHB (who is a member of the Midland Stroke Network) as well as a national research project (REGION Cares) to identify ethnic and geographic disparities in best practice stroke care access and outcomes across New Zealand.
Midland Trauma System (MTS) <ul style="list-style-type: none"> Improve the delivery of high quality care to trauma patients - define model of post injury rehabilitation care with locally based services and network. 	A	There has been minimal progress with discussions regarding regional trauma rehabilitation systems, as recommended by the Royal Australasian College of Surgeons (RACS) regional trauma verification review. This is to be reinvigorated in early 2018.
<ul style="list-style-type: none"> Develop and maintain regional trauma infrastructure - complete mobile data collection trial (handheld). <ul style="list-style-type: none"> Review and analyse all parts of data collection process e.g. St John EPRF, data collect, audit process to ensure alignment throughout Midland/nationally Develop web based common node on Midland trauma website linked to TQual Identify and secure external sources of funding to support MTS activities with indicative target of \$500k over three years. 	A	<ul style="list-style-type: none"> Delayed due to recruitment of systems analyst who will help lead this work- currently interviewing for role; expected to be filled within next 6 weeks and work towards this commence As above Requires stage 2 of TQual to be commenced-currently at business case development stage.
Regional Information Services		
Single Electronic Health Record (eHR) Primary care dataset – complete delivery of integrated primary / secondary data to authorised DHB and primary/community users to increase clinical visibility of patient data <ul style="list-style-type: none"> Lakes – successful bi lateral clinical access to primary/secondary CIS 	A	Requirements gathering - potential scope overlap with eSPACE.
Digital Hospital: <ul style="list-style-type: none"> Lakes MedCheck – BOPDHB to work with Lakes DHB to bring Lakes community pharmacy data into shared sub-regional Éclair CDR <ul style="list-style-type: none"> Lakes - capability across the Midland region has increased against assessment criteria 	A	Community dispensing information to be delivered via eSpace May 2018
<ul style="list-style-type: none"> eLabs Orders – continue local orders project based on regional results application. Initiative to utilise and align to regional. <ul style="list-style-type: none"> Lakes – ability to initiate and view orders electronically across Lakes and BOP 	A	On hold, waiting to see what happens with the eSpace results work stream
<ul style="list-style-type: none"> Upgrade of Sub Regional PACS/RIS and implementation of view anywhere solution <ul style="list-style-type: none"> Taranaki – solution is current and enhanced functionality 	A	Decision made to align with regional PACS/RIS. Planning for project to complete business case underway.

Key:
Completed

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On Track

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Caution

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In Trouble

R

Area		Reason/Resolution
delivered.		
Health and wellness dataset: <ul style="list-style-type: none"> • Define and agree governance structure – information governance is established across the Midland region HealthShare 	A	Not started yet
Preventative health IT capability: Prepare for 2018 bowel screening rollout <ul style="list-style-type: none"> ○ Waikato and Midland Bowel Screening Regional Centre (BSRC) ○ Lakes and Midland Bowel Screening Regional Centre (BSRC) 	R A	On hold as per MoH change to rollout approach. Business case approved by Lakes, awaiting MoH approval. Commencing planning phase
<ul style="list-style-type: none"> • eSPACE Midland Regional Results – visibility of all regional Laboratory and Radiology results within the regional repository from CWS within patient context; clinician acceptance <ul style="list-style-type: none"> ○ BOP / Lakes / Tairāwhiti / Taranaki / Waikato 	A	Awaiting a decision to proceed with building an Orion prototype for the results repository in a development environment
<ul style="list-style-type: none"> • Medications management – eMeds – including electronic prescribing and reconciliation <ul style="list-style-type: none"> ○ Taranaki – ePrescribing – transition and upgrade MedChart onto Midland Regional Platform 	A	Challenges with the New Zealand Universal List of Medicines (NZULM) transition but should be delivered early 2018. Medchart successfully rolled out to Hawera hospital. Planning for rollout of Medchart to the rest of base hospital underway.
<ul style="list-style-type: none"> ○ eSPACE : BOP, Lakes, Tairāwhiti, Taranaki, Waikato – to be scoped for ePrescribe, eDispense, eReconciliation and eManagement 	A	Regional Business Requirements are currently being gathered
Other eHealth business priorities: Maternity – National Maternity Information System to commence once second adopter options released by national programme <ul style="list-style-type: none"> ○ BOP ○ Lakes ○ Taranaki ○ Waikato 	R R R R	Not progressing – delayed while national issues sorted. Project stalled due to clinical risk concerns Awaiting contact from Ministry of Health (MoH) around timeframes and way forward. Awaiting MoH around timeframes and way forward.
Nationally consistent electronic oral health record – participation in MoH led programme <ul style="list-style-type: none"> ○ BOP ○ Lakes ○ Taranaki ○ Waikato 	R R R R	National RFP completed and no suitable option to move forward. Continuing with current Titanium product – will be upgraded December 2018 / January 2019. Continuing with current Titanium product. RFP completed and no suitable option to move forward. In process of planning a Titanium upgrade. Awaiting MoH re national version and contract consolidation, and resolution of vendor issues.
Cancer Information Strategy – support national initiatives <ul style="list-style-type: none"> • Participation in MoH led programme 		

Key:
Completed

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On Track

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Caution

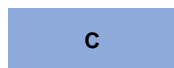
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In Trouble

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Area		Reason/Resolution
<ul style="list-style-type: none"> Waikato – work with Midland Cancer Network to develop required business case(s) – business case developed. 	A	On hold as a result of MoH deferment of Go Live
National Immunisation Register (NIR) replacement – support national initiatives and working groups where required <ul style="list-style-type: none"> BOP Lakes Taranaki Waikato 	R R R R	No update from MoH No update from MoH No update from MoH No update from MoH
Regional Internal Audit Service <ul style="list-style-type: none"> Hauora Tairāwhiti Internal Audit Plan 	A	One audit still remains from 2016/17 – discussions are underway with executive to help perform this audit as soon as possible.

Key:
Completed



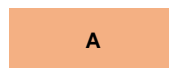
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On Track



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In Trouble



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Cancer Services – Midland Cancer Network (MCN)

Key feature article

Midland MDM Gap Analysis Project 2017-2018

- Midland MDM current state mapping, data and gap analysis of all Midland MDMs against the MDM national Future State Data Standards and MDM National Future State Business Requirements and Processes (MoH. 2016) completed. This was a significant piece of work.
- Midland MDM Action Plan 2018 developed and distributed to DHBs and MDM Chairs for implementations.
- An options analysis and identification of potential solutions was completed via a Request for Expressions of Interest (REOI) process. This was completed in March 2018.
- A final project report was sent to the Ministry of Health end of March.
- Development of a Midland MDM solution business case has commenced, aim to complete June 2018.

Midland Feasibility of Dendrite paper

- 'Feasibility of Dendrite as a Regional Software Solution for Colorectal and Lung Cancer Pathways' was developed February 2018. In March Midland DHB CE approved development of a business case, covering off a REOI process of what other products are out in the market, addressing stakeholder concerns regarding local cost, tenanted system and integration with Midland e-SPACE work programme and roadmap. Aim is to complete June 2018.

Lakes-Waikato Medical Oncology Service Improvement Project

- New model of service agreed between Lakes and Waikato, with Lakes resident medical oncology service partnering with Waikato specialist visiting and supporting service.
- Lakes specialist medical oncologist and RMO business case approved. Medical oncologist and RMO commence 16 April 2018. Clinical pathways, modelling and transition plan in development.

Key achievements

Midland Faster Cancer Treatment (FCT)

- Quarter 3 preliminary data not available at time of reporting.
- Enhancements to the three DHB CancerCare Systems implemented to capture delay codes and breach analysis as per the recently developed Midland FCT delay code reporting guidance.
- Improved regional FCT reporting to include equity based reporting for ethnicity and more detailed breach analysis.

Kia Ora E Te Iwi community based health literacy programme

- MCN facilitated one programme in Whakatane, 29 March, at Ngāti Awa Social and Health Services.

Tumour Reviews against National Standards of Service Provision

- Melanoma standards review draft report submitted to Midland DHBs for feedback - due 6th April. Report will be finalised 20th April.
- Upper GI standards review commenced. DHBs notified, data requested and self assessment tool sent for completion.

Lakes FCT Project

- Lakes FCT KPI reporting system implemented.
- Midland Clinical Portal available at Lakes from March 20th, meaning that there is improved access to patient clinical information (not data), in particular Lakes urology patients treated at BOP.
- Seemail has also been introduced which allows for Lakes to send and receive emails with confidential information securely rather than courier post documents.

Midland FCT Patient information project

- Nearing completion of regional resources for identified tumour streams
- Midland Cancer Korero out for consultation, feedback due 20th April.

Midland Bowel Screening Regional Centre (BSRC)

- Midland BSRC team recruitment completed, first BSRC in New Zealand to have all staff in place.
- Lakes DHB information (phase one information) to support the Ministry of Health Business Case for Treasury endorsed by Lakes DHB CE and Board and submitted to Ministry. Lakes readiness assessment date and go live date planned.
- National Bowel Screening Programme (NBSP) Lakes bowel screening workshop held 7 March, with great stakeholder attendance.
- Midland BSRC staff members assisting Lakes DHB to facilitate work streams such as primary care, secondary care and histopathology. The work streams will ensure key deliverables are met during the NBSP implementation such as the NBSP quality indicators and the Ministry of Health NBSP service specifications.
- MoH NBSP Implementation Team and Midland BSRC Manager facilitated initial high level NBSP establishment teleconference with key Hauora Tairāwhiti DHB bowel screening stakeholders.
- Midland BSRC assisting Midland DHBs to achieve colonoscopy wait time indicators including undertaking colonoscopy pathway process mapping and colonoscopy production planning
- Establishing the NBSP "National Māori Bowel Screening Network". The network will bring together key bowel screening stakeholders that are responsible for the implementation of the NBSP, with focus on bowel screening, equity and increasing Māori/Pacific health gain.

Midland Palliative Care

- Midland Palliative Care work group meeting 16 March with Ministry in attendance for national update.

Key: Completed	C	On Track	G	Caution	A	In Trouble	R
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- Development of regional palliative care clinical guidelines progressing with 6 out of 12 developed. Aim to complete June 2018.
- Midland implementation of Te Awa Whakapiri (last days of life) progressing well in partnership with Northern DHBs/Hospices. Aim to complete resource development by June 2018, followed by implementation.

Midland Adolescent and Young Adults (AYA) services

- Completed recommendation following Waikato review against national AYA standards - review of Waikato AYA wait times of 42 days. Majority of AYA patients were not on the 62 day pathway, those that were did meet 42 day wait time.
- Midland AYA ALL change in service model – agreed in principle. Awaiting Auckland COG/IDF information. Aim to complete June 2018.
- All other Midland DHBs have been scheduled for self-reviews. Aim to complete June 2018.

National Lung Cancer Work Group

- Work group meeting held 9 March in Wellington.
- Workshop on national Follow-up and Supportive Care guidance occurred.
- Early Detection of Lung Cancer Guidance endorsed by three of four regional cancer networks. National EDLC implementation plan endorsed and commenced. Phase 1 completed. Commencement of phase 2 work in progress.

Chair: Humphrey Pullon Manager: Jan Smith		Q1	Q2	Q3	Q4
1. Faster Cancer Treatment (FCT)					
1.1	In partnership with DHBs coordinate a regional review of national melanoma standards (tbc) of service provision and identify key activities to address issues identified as a result of the regional review				
	• Undertake a stocktake of melanoma services and gap analysis against the national melanoma standards of service provision in New Zealand	G	G	C	
	• Midland DHB self-assessments and data analysis completed by October 2017	A	A	C	
	• Establish a regional melanoma work group to review findings and develop regional report by December 2017		A	C	
1.2	In partnership with DHBs coordinate a regional review of national upper GI standards (tbc) of service provision and identify key activities to address issues identified as a result of the regional review.				
	• Undertake a stocktake of upper GI standards and gap analysis against the national colorectal standards of service provision in New Zealand			G	
	• Midland DHB self-assessments and data analysis completed by April 2018			TBC	
	• Establish a regional upper GI work group to review findings and develop regional report by June 2018			TBC	
1.3	Continue to support DHBs to implement service improvements from previous regional reviews, i.e. gynae-oncology, colorectal, lung, breast lymphoma, sarcoma, myeloma	G	G	G	
1.4	Continue the MCN-Waikato Faster Access to Cancer Services through a Staged Tumour Approach to Treatment Project 2015-2018	G	G	G	
1.5	Continue the MCN-Lakes FCT Service Improvement Project 2015-2018	G	G	G	
1.6	Continue the Midland Routes to Cancer Diagnosis and Treatment Project 2015-2018	G	G	G	
1.7	Continue the Midland Patient Information Resource Project 2016/17–2017/18	G	G	G	
1.8	Continue to implement the <i>Midland Psychological and Social Support Services Plan 2015-2018</i>	G	G	G	
1.9	Support the delivery of one Kia Ora E Te Iwi community health literacy programme per DHB	G	G	G	
1.10	Continue Lakes-Waikato medical oncology, radiation oncology and haematology model of service improvement project • Support implementation of Lakes resident medical oncology service at Waikato	G	G	G	
1.11	Support national cancer work programme i.e. phase 2 tumour work programme, national radiation oncology plan, CNCI (within available resources)	G	G	G	
1.12	Regional work to support national Cancer Health Information Strategy Plan initiatives • Continue the Midland multidisciplinary meetings (MDM) systems gap analysis project against business processes, systems requirements and data requirements (tbc) • Midland radiation oncology plan and data extracts and reasons for possible variations • National tumour standards core data and measurability work (tbc)	G	G	G	
1.13	Scope and review implications of implementing the national Adolescent and Young Adult Cancer Patient in New Zealand including Standards of Care (note resource dependent)	G	G	G	

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Chair: Humphrey Pullon Manager: Jan Smith		Q1	Q2	Q3	Q4
1.14	Identify components of the national Early Detection of Lung Cancer Guidance that can begin to be implemented (note resource dependent)			G	
2. Improve Midland palliative care services					
2.1	Update the <i>Midland Specialist Palliative Care Service Development Plan</i> following the National Adult Palliative Care Service review recommendations <ul style="list-style-type: none"> Support Midland Health of Older People work programme related to workforce development on palliative care and last days of life Support national palliative care work programme i.e. outcomes framework 	G	G	G	
2.2	Continue to support Midland to implement the <i>Midland Medical Advanced Palliative Care Trainee Model of Service 2015-2018</i>	G	G	G	
2.3	Continue to support implementation of <i>Waikato Palliative Care Strategy Plan 2016-2021</i>	G	G	G	
2.4	Support Lakes and BOP to develop local Palliative Care Strategy Plans	G	G	G	
3. Midland bowel screening regional centre					
3.1	Implement Midland bowel screening regional centre set up phase activities as directed by Ministry of Health Agreement service specifications (to be signed by 30 June 2018)	G	C		
3.2	Support Midland DHBs to plan and get ready for bowel screening roll out	G	G	G	
4. Improved access to colonoscopy/endoscopy services					
4.1	Evaluation of the regional direct access to colonoscopy eReferral is completed tbc	G	G	G	
4.2	Implement any enhancements to the colonoscopy eReferral as required.			G	
5. National lead for the lung cancer work programme					
Midland Cancer Network is working in partnership with the Ministry of Health Cancer team to finalise the national lung cancer work programme for 2017/18 – 2018/19 on initiatives such as:		G	G	G	
<ul style="list-style-type: none"> implement and evaluate the national Early Detection of Lung Cancer Guidance develop national standardised lung cancer key performance indicators develop nationally consistent information to be collated at lung cancer multidisciplinary meetings (MDM) aligning with National CHIS review and update the 2015 Standards of Service Provision for Lung Cancer Patients in New Zealand to the revised national tumour standards template develop nationally consistent Lung Cancer Standards Review methodology and template undertake a high level national benchmarking exercise to identify areas of variation to inform further enhancements to service delivery. <p>Note: 2017/18 – 2018/19 New Zealand lung cancer work programme to be determined and confirmed by Ministry of Health. Draft work plan sent to Ministry 12/12/16.</p>		G	G	G	TBC

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

- Oncology PET-CT clinical indicators - Improved standardisation across the Northern and Midland DHBs by matching the oncology PET-CT agreed clinical indications (nationally there are 34 agreed indications for access to PET-CT; Northern and Midland DHBs have agreed to 10 additional indications that no longer require approval from PET-CT variance committees)
- Midland BSRC Manager and Equity Project Manager attended the Northern regional bowel screening hui. The hui provided the opportunity to gain an understanding of the Ministry of Health's expectations of DHBs in relation to equity in the National Bowel Screening Programme. Discuss strategies which have been effective in other population health and screening programmes, and discuss the strategies/activities which will be DHB-led and those which could be coordinated and delivered at a regional level.
- Midland BSRC undertook a detailed NBSP pathway education session with staff members from Pinnacle (Waikato based PHO with a foot print across the Midland region).
- Peritonectomy plus HIPEC – National Bowel cancer Working Group requested MCN support with Peritonectomy plus HIPEC review to inform a national programme and framework. Currently Waikato is currently the national centre for HIPEC. This is work in progress.
- Midland radiology cancer pathways and protocols (MRI/CT) – Implementing the Northern DHB radiology cancer pathways and protocols (MRI/CT) in partnership with Midland Radiology Action Group (MRAG).
- Midland Cancer Network team attended the Indigenous People and Cancer Symposium in Wellington, 19-20 February. Report sent to Midland stakeholders.

Key:
Completed

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On Track

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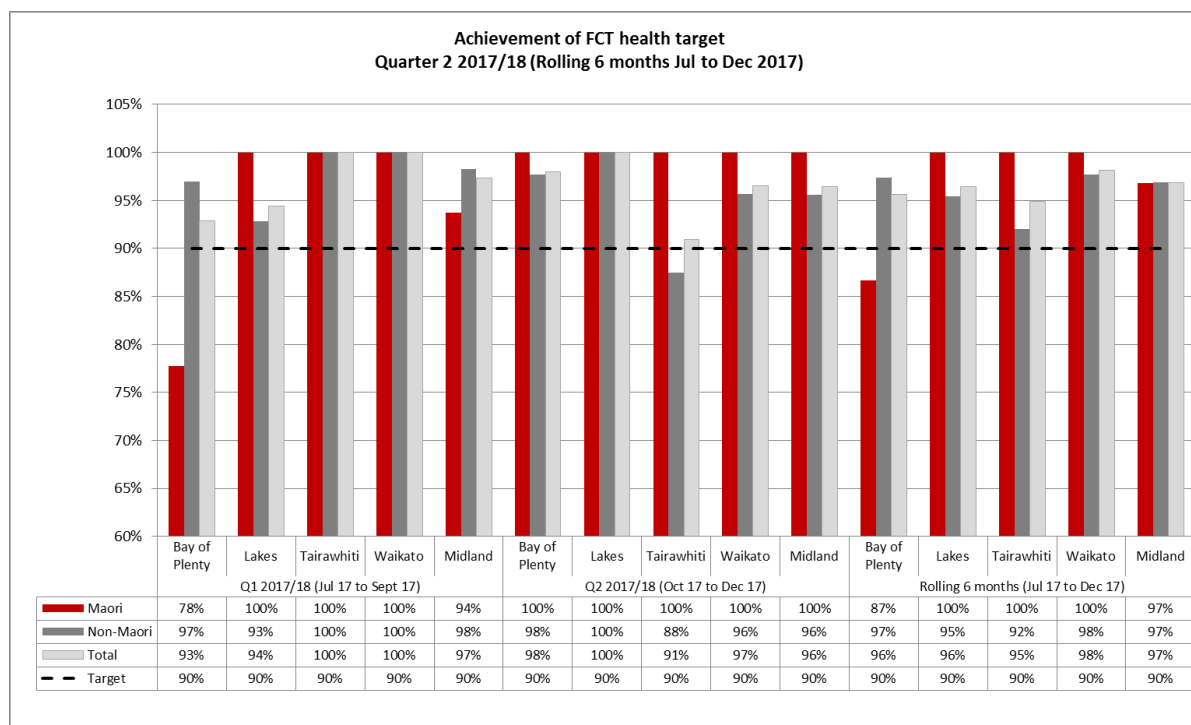
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Quantitative data

FCT Health Target



Source: Midland FCT 2017/18 Q1 Ministry return file

Note: 2017/18 Quarter 3 FCT data was not available at time of preparing this report

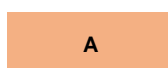
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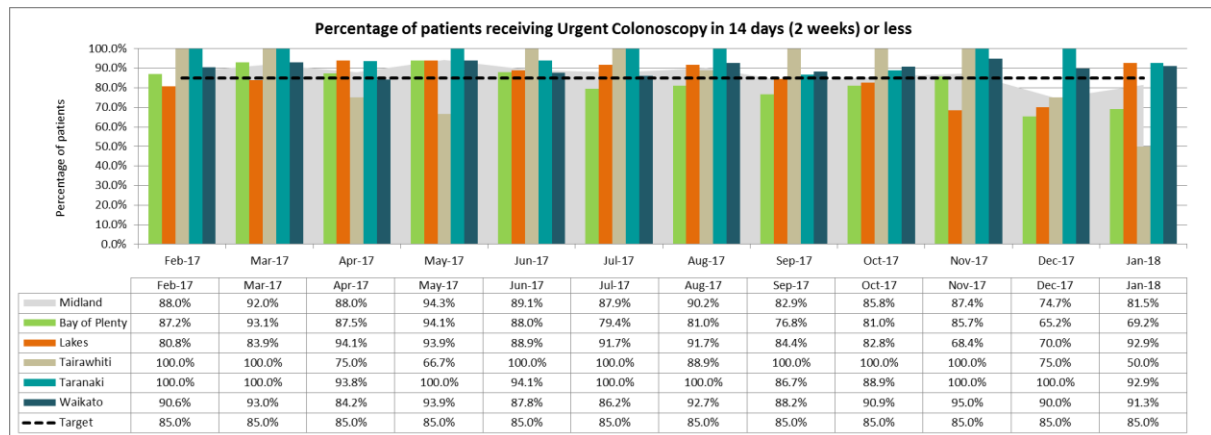
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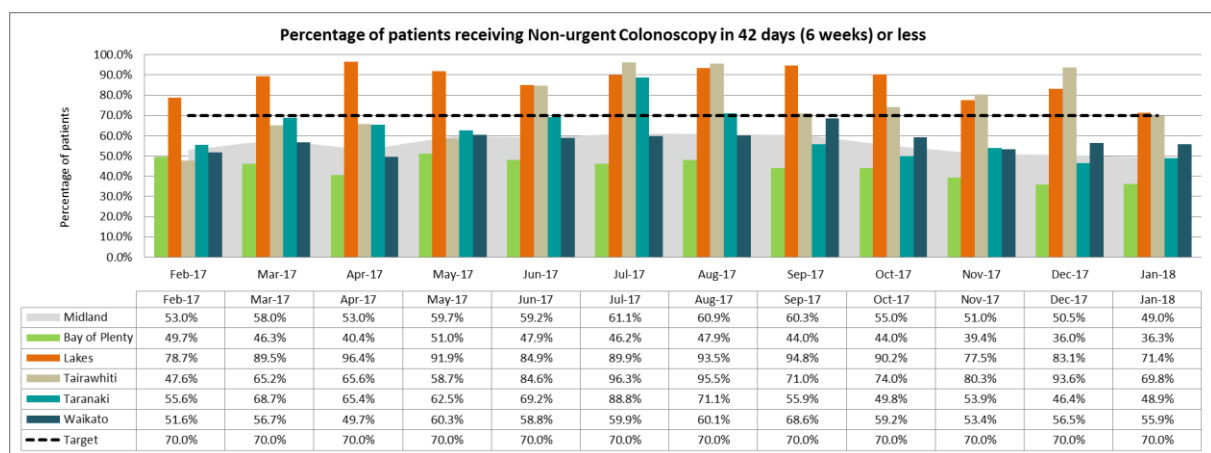
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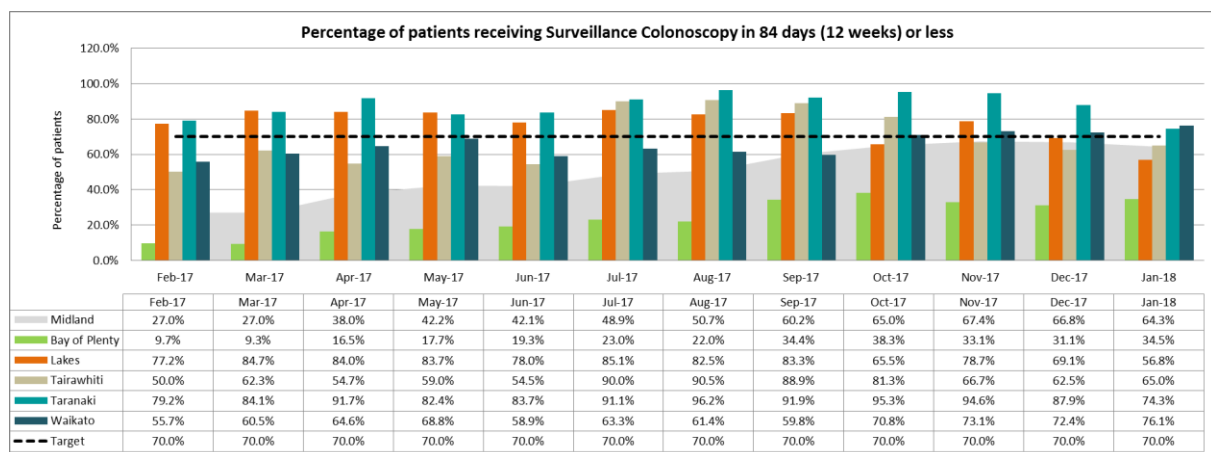
Colonoscopy Indicators



Source: MoH DHB level colonoscopy reports, as at 29/03/2018



Source: MoH DHB level colonoscopy reports, as at 29/03/2018



Source: MoH DHB level colonoscopy reports, as at 29/03/2018

Key:
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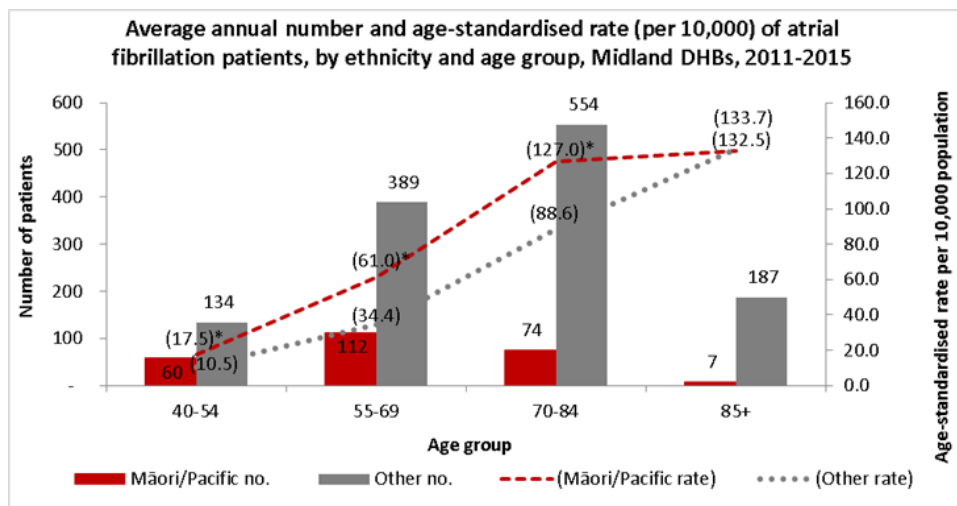
Cardiac Services - Midland Cardiac Clinical Network (MCCN)

Key feature article

Atrial Fibrillation (AF)

Waikato DHB's Population Health has completed work on the Midland District Health Boards (DHBs) AF admissions and readmissions data. AF is the largest cause of cardiac admissions and readmissions in Midland DHBs – averaging 1200 admissions per year.

Data analysis shows a higher rate of admission for Māori. It also includes demographics and geographic location which will inform a report on strategic and targeted approaches across the Midland region.



Internationally, developments in the treatment of AF are progressing with a key study underway on AF patients with a high risk CHA2DS2-VASc (Congestive heart failure, Hypertension, Age, Diabetes, prior Stroke) score. The CHA2DS2-VASc score are clinical prediction rules for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation (AF), a common and serious heart arrhythmia associated with thromboembolic stroke.

Midland Network discussions are underway on the work required. Issues include use of the CHA2DS2-VASc risk stratification tool in primary care via Health Pathways; addressing the clinical risk of those with AF not being treated; stroke patients not being monitored for AF on admission, as AF can cause stroke.

A presentation to the Cardiac Society of Australia and New Zealand (CSANZ) in Christchurch by Dr Ian Ternouth, Cardiologist, Taranaki DHB is scheduled in June. In addition, work is underway to identify opportunities for engagement with primary care to progress regional work on improving AF diagnosis and treatment.

Key achievements

- **National Expected Standards** - gap analysis is ongoing locally and nationally, however, data is not collected in DHBs on outpatient (OP) appointments nor tests performed
- **Acute Coronary Syndrome (ACS)** – achievement of the Key Performance Indicators is consistently high at Bay of Plenty (BOP) DHB, however, a reduction is evident at Waikato DHB and the DHBs that send ACS patients to their cath lab. This is due to Registered Nurse (RN) and Technician vacancies. Cardiac Surgery and the Cardiology cath lab are being reviewed by a consultant agency KEEZZ.
- The cath lab forecasting and capacity model for ACS patients has been completed across the regions three DHBs - Waikato, BOP and Taranaki. Actual patient numbers are being tracked for individual DHBs and regional variance analysis, and to inform the capacity for total acutes and electives to meet Standardised Intervention Rates (SIR)
- **Cardiac Surgery** – Cardiac Surgery outreach clinics are being planned for Hauora Tairāwhiti so that patients do not have to travel a 14 hour round trip to Waikato for their surgical appointment
- **Heart Failure (HF)** – the foci will involve engagement with Primary Health Organisations to progress enhancement of General Practitioner diagnosis and treatment of HF and are: early detection and effective management to reduce prevalence in middle aged Māori; a shift to RN prescribing resource in the patient pathway; prevention for younger Māori - alcohol, obesity, hypertension, symptom recognition; investigate HF being added to Primary Options

Key:
Completed

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On Track

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- **STEMI (ST-Elevation Myocardial Infarction)** - ECG transmission issues have been resolved and a decision made for all out of hours STEMI to go to Waikato via a STEMI coordinator role. However, Surgical Medical Officer interventionist full-time equivalent (FTE) at Waikato is not currently sufficient to support this 24/7 service
- **OP data on cardiac presentations** – the Network recommends Midland DHBs investigate the BOP-Waikato Paediatric (OP module as a mechanism to collect data on all OP clinical presentations across all specialties and sub-specialties
- National General Managers Planning and Funding are considering funding options for the cardiac national ANZACSQI data registries
- **eSPACE** – the Midland Clinical Portal (MCP) functionality is working well for clinicians. Regional visibility of the existence of Radiology and Echo Cardiology studies is under investigation.

Chair: Jonathan Tisch, Bay of Plenty DHB Manager: Philippa Edwards	Q1	Q2	Q3	Q4
1. Ischaemic Heart Disease				
• Recommendations against National Expected Standards per Midland DHB				
• Continuously improved ACS forecasting		G		
• Standard Operating Procedures (SOP) and Variance Response Management Plans (VRMs) for Cardiac Services			G	
• Documented understanding of how secondary prevention and rehabilitation will be delivered across the five Midland DHBs				
• Achieve no inequality across ethnicity or residential location in Key Performance Indicators (KPIs)				
2. Heart failure				
• 16/17 stocktake of services and analysis of data will inform recommendations to meet the National Expected Standards per Midland DHB		G		
• Document 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.				
3. Atrial fibrillation				
• Undertake a stocktake of services		G		
• Request analysis of data by population health to inform recommendations to meet the National Expected Standards per Midland DHB			G	
• Document how atrial fibrillation services will ideally be delivered across the five Midland DHBs to improve outcomes for the worst affected groups once identified.				
4. IS and IT projects				
• Explore development of an outpatient coding system across the five DHBs aligning to coding standards and similar to the Bay of Plenty DHB paediatric system that is in place. This is required to understand what conditions patients are being referred to FSA for. In the context of Cardiology – Chest Pain, Heart Failure, Arrhythmias		G		
• eSPACE Service Transformation: Cardiology; ○ eReferrals and shared service data sets				
○ Electronic transfer of data between, ANZACSQI and DHB Clinical Work Station (CWS) fields				
• Design a Regional ACS Whiteboard Live Management Tool				
• Engage with National Patient Flow Out Patient (NPF OP) aspects to ensure coding of OP appointments will differentiate Ischemic Heart Disease (IHD), Heart Failure (HF) and Arrhythmias. This information will inform future service needs analyses	G			

Key:
Completed

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On Track

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Caution

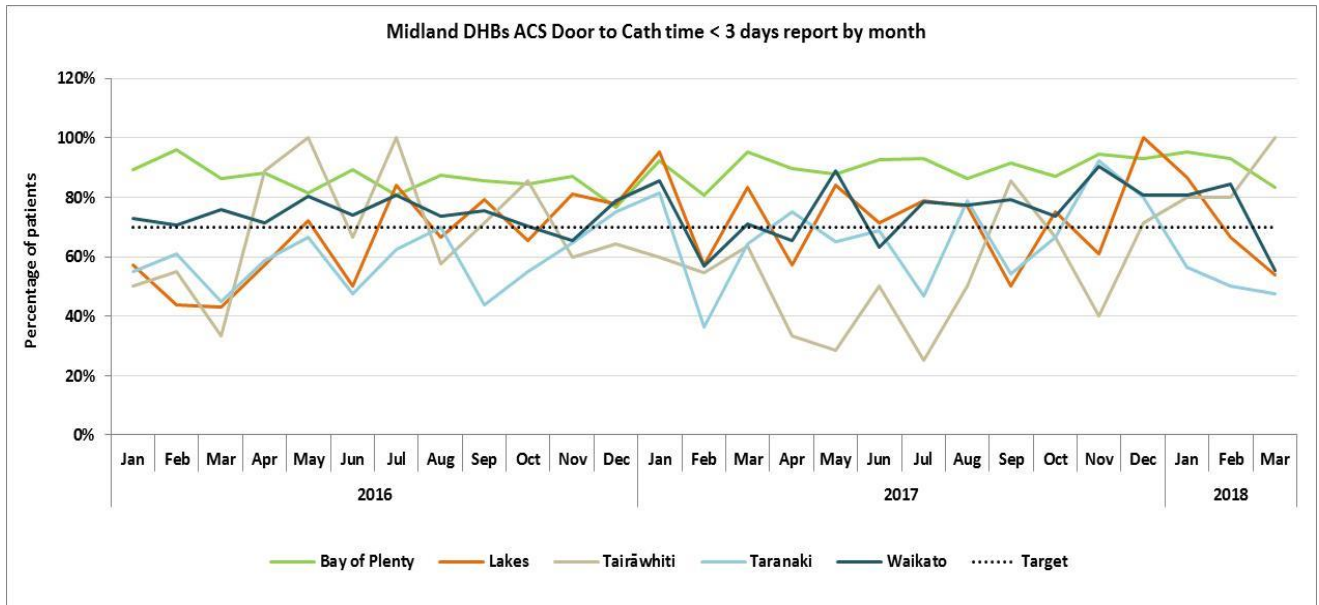
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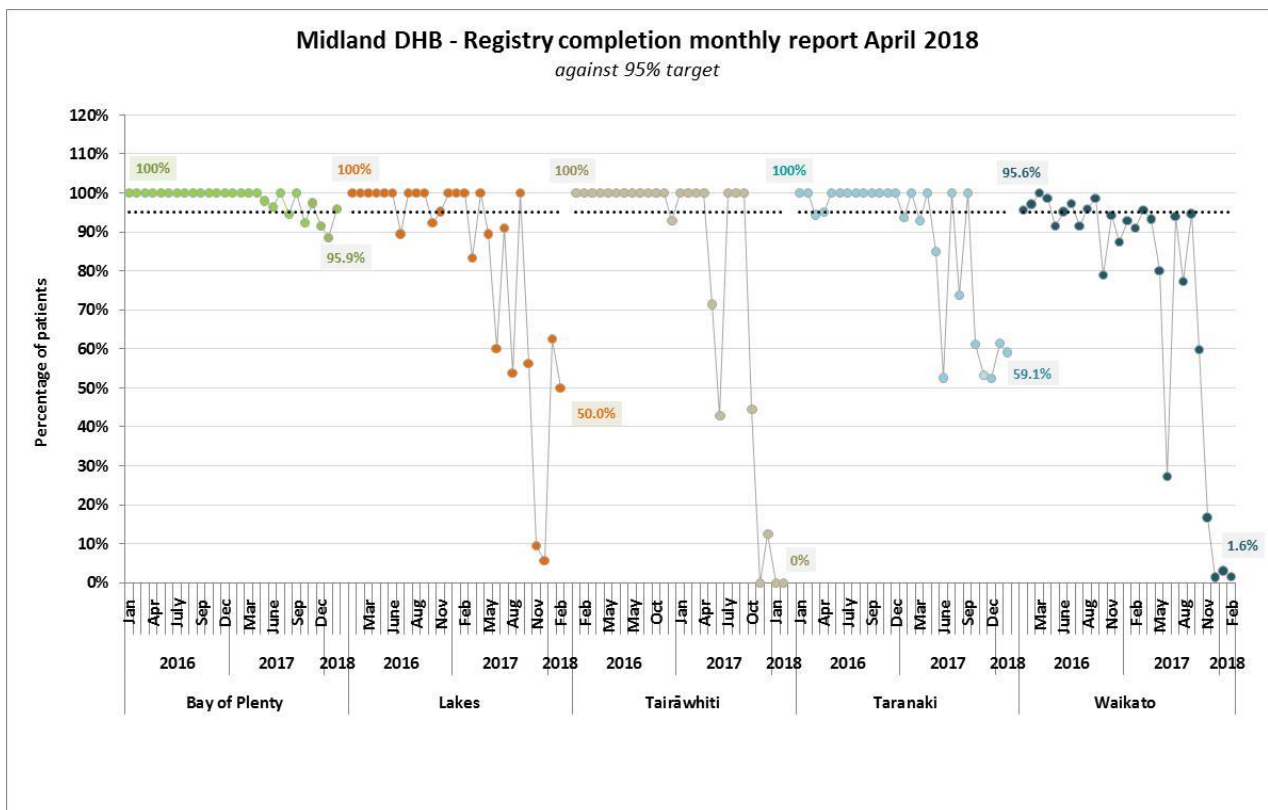
Quantitative data

MoH KPI – Acute Coronary Syndrome (ACS) Angiograms within 3 days (72 hrs)



Data source: ANZACS-QI, Ministry of Health dataset

MoH KPI – ANZACSQI Registry Completion <30 days



Data source: ANZACS-QI, Ministry of Health dataset

Key:
Completed

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On Track

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Caution

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In Trouble

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Child Health - Midland Child Health Action Group (CHAG)

Key achievements

Following an oral health planning day, CHAG has had ongoing communication with the General Managers Planning and Funding to identify opportunities to support work underway across the region. CHAG has recommended that they consider a supervised tooth-brushing programme for schools. The programme has undergone a formal evaluation which has shown that during its year of implementation, having an adult brushing teeth, alongside children on a daily basis provided a mean improvement in 11.7 surfaces compared with the control group's deterioration in 8.6 surfaces in the same timeframe. The Oral Health Related Quality of Life (OHRQoL) also improved significantly for the study group. The GMs have responded requesting further information on the programme and the next steps will be discussed.

Four of the five Midland DHBs have access to an evidence based lifestyle programme for at risk children/families. Due to funding constraints Lakes DHB is looking at alternative options for public health issues.

The bronchiolitis pathway has been published, and the acute and chronic asthma pathways have been updated. With the review of the pathways tool underway, all publishing of new pathways is on hold, however, updates will continue when required.

CHAG has agreed that it should focus on reducing sugar-sweetened beverages in early childhood education (ECE) centres by combining the efforts of the Ministry of Education (MOE) and health organisations. The background work is underway to establish what MOE's policy level expectations are for ECEs.

The Harti Hauora evaluation at Waikato DHB is continuing. Alongside this CHAG conducted a stocktake of current secondary care child health assessment tools to determine what was in use across the region with a view to developing a standardised tool such as Harti Hauora. A similar project is looking at how a tool could be introduced in primary care.

The issue around paediatric outpatient coding is challenged by differing views around the platform (SNOMED). It is expected that the Ministry will eventually require DHBs to use SNOMED, however, this option is not favoured by some DHBs. Discussions are continuing but it is unlikely that CHAG will be able to support a national platform by the end of the 2017/18 year.

With the delay in opening the Lakes DHB Children's Centre, it has not been viable for CHAG to explore options for implementing in other DHBs at this time. Lakes has now split the original piece of work into two, with the centre up and running offering a range of activities for children around the 'wellness' concept; and offering multi-agency training on emotional problems and their effect on the growth and development of children.

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

Rheumatic fever

While there has been activity to prevent initial cases of rheumatic fever in New Zealand, there has been less focus on optimising the care for the large cohort of people who have already had rheumatic fever. Health services do their best to track people to ensure they receive their follow up medication, however, many fall through the cracks. CHAG has coordinated a letter to the Minister of Health proposing a national register which would facilitate follow up and send automatic reminders to patients. The correspondence was signed by the national Child Health Network chairs; CEO of HealthShare; and CEO of Lakes DHB in his role as the CEO lead for CHAG.

Child health quarterly data report release

CHAG agreed that it would like to make its extensive quarterly report widely available within the sector. Its data is all publicly available, however, it is unique in the way it is compiled and presented. It also contains a section on equity reporting by relative and absolute gap for Māori and Pacific compared with Other. A roadshow programme has been developed covering the five DHB areas in May, to be supported by the CHAG Chair and clinical representatives from each area.

System Level Measures

Early planning is underway for the 2018/19 initiative of developing a regional approach to System Level Measures, potentially focusing on ASH rates (0-4 years) and smoke-free homes for babies.

Key:
Completed

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On Track

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Caution

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In Trouble

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Chair: David Graham, Paediatrician, Waikato DHB	Q1	Q2	Q3	Q4
Manager: Anna-Maree Harris				
1. Childhood obesity and oral health				
• NCHIP linked to oral health databases (where implemented)				
• All DHBs will have access to an evidence based lifestyle programme for at risk children/families identified in the obesity pathway				
• Childhood obesity pathway of care (PoC) will be in use across the region				
• Broader implementation of the SSB policy/position statement/plan of action.		G	A	
2. Implementation of the Harti Hauora tool				
• Formal evaluation of the secondary unit Harti Hauora tool is underway (subject to funding – likely to be a three year process)			G	
• Implementation of the Harti Hauora tool into other Midland DHBs				
• Work will be underway to integrate the current Harti Hauora tool with community based child health services and determine enhancements required of the tool				
3. Regional pathways of care (RPOC)				
• Completed reviews of asthma and bronchiolitis care pathways (Map of Medicine)				
4. Sharing of information and resources				
Paediatric outpatient coding				
• Investigate and support work on a national platform for outpatient coding through the Ministry of Health				
• Consider broader implementation of web based paediatric outpatient coding and electronic growth chart in the remaining three Midland DHBs.				
Child/parent attachment project (Lakes DHB)				
• Review the Lakes DHB evaluation and learnings as they implement the child/parent attachment project – <i>see commentary above for more detail on the opening of the children's centre.</i>		G	R	
• Consider and develop plan of action for implementation across remaining four DHBs.				

Quantitative data

PHO enrolment for children aged 0-19 years

As at January 2018, based on DHB of domicile, there were 246,339 children aged 0-19 years enrolled with a PHO. Of these children, 244,809 (99.4%) were enrolled with a PHO within the Midland region, with the balance of 1,530 (0.6%) enrolled outside the region.

The PHO enrolment split between Midland DHBs for 0-19 years closely reflects the child health 2017/18 projected population split between DHBs:

	Midland Child Health (0-19 years)	
	% PHO enrolments	% Midland population
Bay of Plenty	25%	24%
Lakes	12%	12%
Tairāwhiti	6%	6%
Taranaki	12%	13%
Waikato	44%	45%

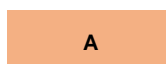
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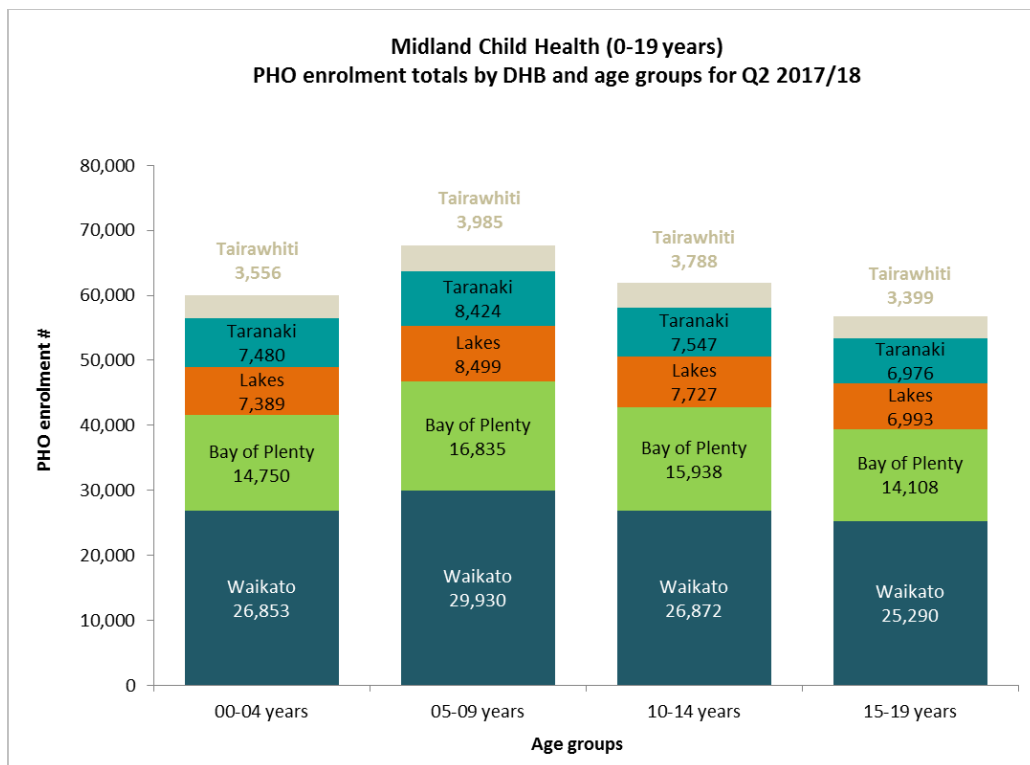
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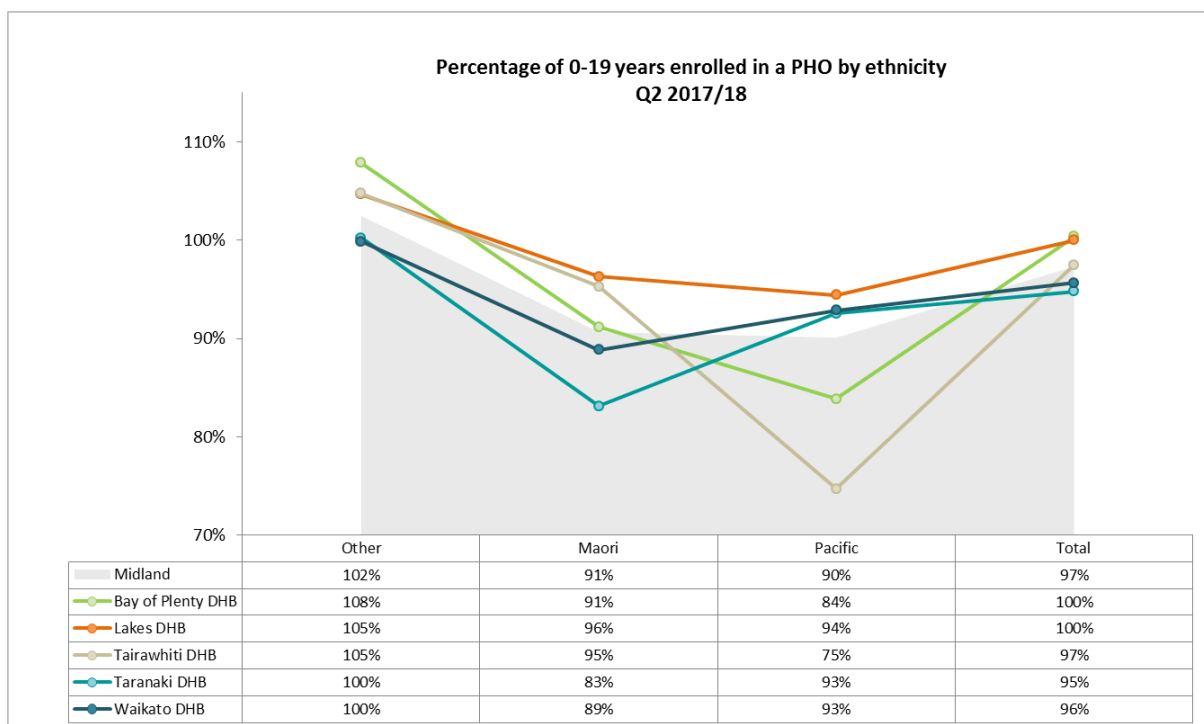
The following graph shows the numbers of enrolled children aged 0-19 years by age group and Midland DHB.



Over the last five quarters, PHO enrolments for 0-19 years in the Midland region have increased by 3,131 children (1.3%).

By ethnicity, the percentage of enrolment for 0-19 years varies from 75% to greater than 100%. The estimated percentage of those who are enrolled in a PHO may exceed 100% due to the numerator and denominator data being sourced from two different places (Ministry of Health and Statistics NZ).

The following graph shows the enrolment percentages by ethnicity for each Midland DHB and the Midland region, as at January 2018:



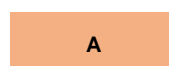
Key:
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On Track



Caution



In Trouble



Elective Services

Key achievements

Engagement in the regional vascular initiative continues to be strong in the Midland region. The face to face meeting scheduled for 20 April will be attended by the national clinical lead who will discuss the national initiative, present some of the vascular initiatives developed in the Southern region, and facilitate and guide the Midland region discussion.

In preparation for the meeting a number of documents have been prepared in draft form. These include information to enhance referrals for leg pain and varicose veins, and clinical pathways for acute and elective services. After meeting with the vascular nurse practitioner from Waikato DHB it has been agreed to explore the inclusion of a wound care pathway for venous leg ulcers. The Waikato pathway has shown significant benefit in terms of length of stay and district nursing contacts for the patient, and in cost to the DHB, and is endorsed by the Waikato vascular surgeons.

The second vascular meeting was postponed to 20 April due to one of the clinical leads and national clinical lead availability. This means that the development of clinical pathways is amber due to a timing issue.

Clinical Leads: Mr Thodur Vasudevan and Mr Mark Morgan Manager: Jocelyn Carr		Q1	Q2	Q3	Q4
1. Service improvement initiative – Vascular Services					
• Clinical leads are agreed		G			
• Specialty and electives initiative agreed and draft work programme developed		G			
• Issues and/or opportunities to enhance the Midland Vascular Services Model of Care (hospital services) are identified and plans developed where appropriate			G		
• Clinical pathways are developed and localised where these are appropriate				A	
• Vascular services initiative is implemented within agreed timeframes					
2. Ongoing development of regional information tools					
Accurate and timely Information enabling a regional view of elective services delivery by specialty and procedure supports decision making and reporting across the region. Information includes: <ul style="list-style-type: none"> ○ Volumes ○ Waiting times ○ Intervention rates ○ Demographics (age, gender and ethnicity) ○ Geographical location 					
• Work plan for tool is developed and agreed		G			
• Tool is delivering agreed enhancements as per work plan					

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

The region continues to explore opportunities where a regionally aligned approach can be of benefit to both patients and DHBs.

Quantitative data

Elective Services Performance Indicators (ESPIs) - Waiting Times Indicators

Midland DHBs are responsible for meeting waiting times requirements for first specialist assessment (FSA) and surgical procedures, however, the MoH also monitor ESPIs at a regional level.

As at 28 February there were 386 people waiting greater than four months for an FSA. The main contributor was Orthopaedics (311). Resourcing services at Tairāwhiti (274) and Lakes (31) have been particularly challenging. There were 164 people waiting greater than four months for a surgical procedure. The main contributors were Orthopaedics (62) and General Surgery (23). The region is RED for ESPI-2 and RED for ESPI-5.

Key:
Completed

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On Track

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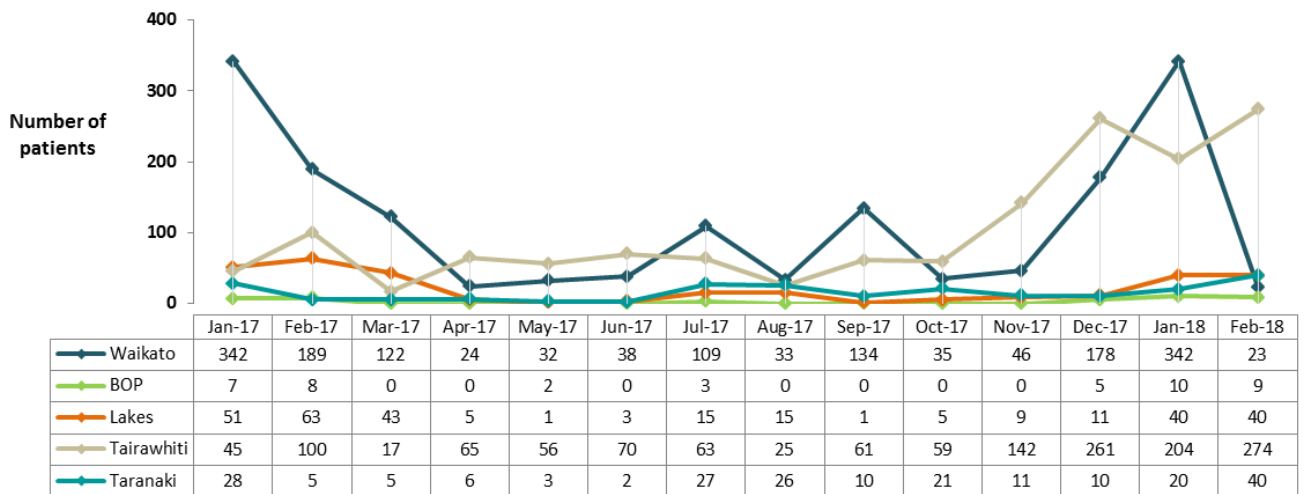
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Elective Services Performance Indicator - 2

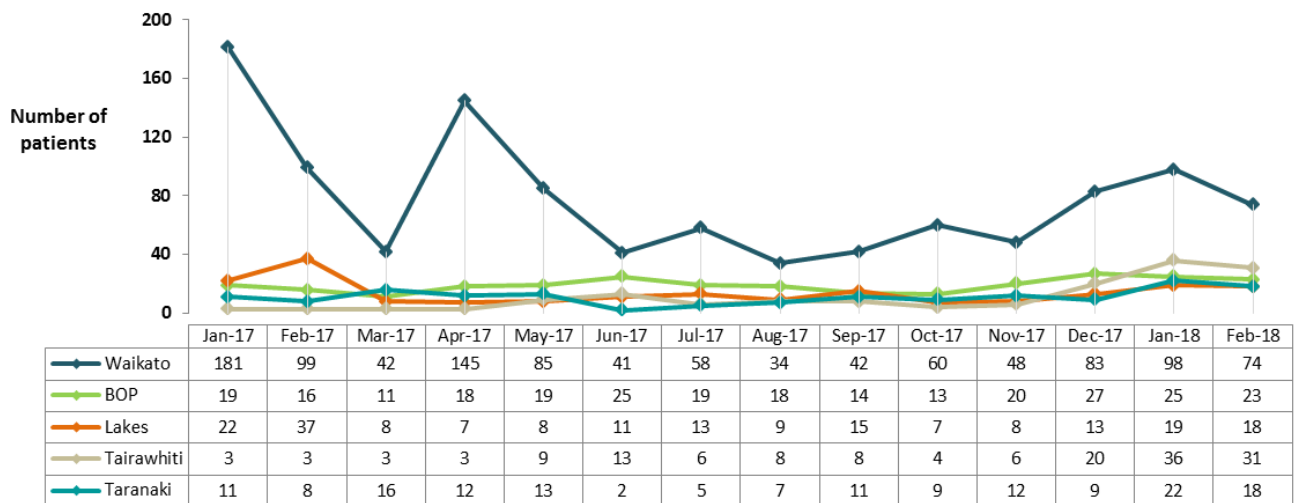
(patients waiting longer than the required timeframe for their (FSA) first specialist assessment)



Data source: MOH Electives and Diagnostics Report

Elective Services Performance Indicator - 5

(patients given a commitment to treatment but not treated within the required timeframe)



Data source: MOH Electives and Diagnostics Report

Key:
Completed

C

On Track

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In Trouble

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Health of Older People (HOP)

Key feature article

Dementia Assessment and Management Pathways Update – a significant amount of work has been undertaken to review the Dementia pathways in Quarter 1 to ensure the evidence and best practice underpinning the pathways was up to date. Updating the pathways, checking the revised versions and getting feedback has taken longer than planned, however the updated pathways were published and made available on 16 March. This was a significant achievement and reflects the work and commitment by the Midland Dementia Working Group. The survey of General Practices is now ready to be sent out. In order to achieve a higher response rate a different method of distribution has been identified which has contributed to the delay.

Key achievements

InterRAI Visualisation Tool Presentation – the Health of Older People project manager was invited to present to the clinicians at Waikato District Health Board's (DHBs) Older Persons and Rehabilitation Service. The aim of the presentation was to promote the use of the InterRAI data amongst clinicians and to demonstrate the Visualisation tool that enables easy access. The project manager is currently organising similar presentations at Bay of Plenty and Taranaki DHBs. The Infographics continue to create interest in InterRAI data and are produced for the sector on a quarterly basis.

Advance Care Planning (ACP) – support for the Midland Region Advance Care Planning Facilitators group was originally scheduled in the Regional Services Plan to finish at the end of Quarter 2. With the renewal of the National ACP Cooperative contract with DHBs, this work stream has continued. The Midland ACP Facilitators group took part in a Midland region workshop run by the National ACP Programme to feedback on the work programme for the next two years. The Midland region has also elected to have the Bay of Plenty ACP Facilitator and the HOP project manager represent the region on the National ACP Steering Group.

Chair: vacant Manager: Kirstin Pereira	Q1	Q2	Q3	Q4
1. Strengthen the implementation of the New Zealand Dementia Framework and the actions specified in <i>Improving the Lives of People with Dementia</i> (Ministry of Health 2014). Action 11a Healthy Ageing Strategy				
<i>Through the continued coordination and support of the Dementia Pathway Working Group strengthen areas of the dementia pathways being used in primary care.</i>				
• Develop e-Referrals to Alzheimer's and Dementia organisations in conjunction with the Regional Pathways of Care (RPoC) team	G	G		
• Coordinate review of the evidence base and best practice underpinning the dementia assessment and management pathways	G	G		
• Determine if Māori are being recognised as having problems with cognition at the same rate as non- Māori using InterRAI data, including the trigger rate of Dementia and Cognitive CAPs	G	A		
• Develop and deliver a survey of GP Practices to determine use of the dementia assessment and management pathways and their impact on GP and Practice Nurse confidence levels	A			
• Analyse and distribute the survey results		A		
• Determine any changes to the pathways to be made as an outcome of the survey			A	
• Implement changes identified in the review of the dementia pathways			G	
• Based on the outcomes of reviewing InterRAI data on cognition, identify ways to support primary care to recognise cognitive decline in older Māori in the same way as in non- Māori and support NASCs to provide for those needs equitably.			R	
<i>Ensure education and support programmes for family and whānau carers of people with dementia are standardised and accessible.</i>				
• Support the development of a framework for the delivery of education and support programmes for family and whānau carers		G	G	
• Review and endorse quality and equity indicators identified by DHBs for delivery across the region			A	
• Support the sector to identify ways to ensure access for family and whānau carers to the education and support programmes.				
2. Identification and use of InterRAI data to support quality initiatives and service improvement in the sector. Action 8b New Zealand Healthy Ageing Strategy				
• Continue to provide and monitor InterRAI reporting created in 2016/17	G	G		
• Determine if there is equity of assessment and access to Home and Community based support for Māori across the Midland region	G	A		
• Identify the means of addressing any identified equity gaps and begin implementation			R	
• Identify the data required by the sector for service improvement through workshops		G	G	
• Provide the identified requirements in a user friendly format			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: vacant	Q1	Q2	Q3	Q4
Manager: Kirstin Pereira				
<ul style="list-style-type: none"> Support the sector to identify quality indicators to be reported against on an agreed frequency. 				
3 Health of older people workforce				
<ul style="list-style-type: none"> Work in collaboration with the Ministry of Health, DHB Shared Services and the sector working with older people to establish the mechanism to collect whole of sector workforce data 	G	G		
<ul style="list-style-type: none"> Identify the allied health, kaiawhina and carer and support services workforces working with older people (including those requiring palliative care) and their family / whānau / informal carers – Palliative Care has been included here as this will involve exactly the same workforce as described in the Health of Older People Workforce 	G	G		
<ul style="list-style-type: none"> Develop a workforce plan to ensure that those working with older people, including older people requiring palliative care, have the training and support they require to deliver high-quality, person-centred care - Palliative Care has been included here as this will involve exactly the same workforce as described in the Health of Older People Workforce. 	G	G		
4. New Zealand Healthy Ageing Strategy - placeholder				
<ul style="list-style-type: none"> Review the Healthy Ageing Strategy implementation plan 	G			
<ul style="list-style-type: none"> Identify regional initiatives from the Ministry of Health Implementation Plan. Frailty is a potential area of focus for the Midland region 		A		
<ul style="list-style-type: none"> Agree initiative to be started in the 2017/18 year 			G	
<ul style="list-style-type: none"> Utilise the Healthy Ageing Strategy to inform the 2018/19 plan. 				
5. Advance Care Planning (ACP)				
<ul style="list-style-type: none"> In conjunction with the National ACP Regional Implementation Manager, work with DHBs to expand the current Midland Regional ACP network 	G	G		
<ul style="list-style-type: none"> Support DHBs, through the Midland Regional ACP network, to ensure processes are in place to maximise completion of Level 1 training and attendance at Level 1A and 2 training (if training is available) 	G	G		
<ul style="list-style-type: none"> Promote DHB participation in national 'Conversations that Count' Day 			G	

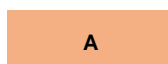
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On Track



Caution



In Trouble



Mental Health and Addiction Services (MH&A)

Key feature article

Friday, 9 March saw the opening of the new alcohol and other drug regional residential treatment building 'Te Whare Oranga Ngakau'. This is a service provided by Manaaki Ora Trust, Te Utuhina Manaakitanga Trust (TUMT).

Staff and residents welcomed the Midland recovery whānau on the morning of the opening. Many who had been previous residents of the whare and who continue in recovery. After the morning whakatau, the past and present whānau joined the staff for a waiata practice to support the afternoon events.

Manuhiri from across the Midland region and Aotearoa attended the opening. The karanga led by whaea Norma Sterling, and Hariata Paikea lead the manuhiri into the whare. Following the powhiri there were a number of speeches which included the Rotorua Mayor Steve Chadwick, Tamati Coffey (Labour MP), a humbling testimony from a previous whānau and an original recovery song written and sung from two talented whānau.

Te Whare Oranga Ngakau is the Midland regional Kaupapa Māori residential service providing clinical services within a Kaupapa Māori framework. It is multidimensional involving wairua, healing, therapy, education, values and life skills development. The Manager of Te Utuhina Manaakitanga, Donna Blair, commented that the Trust valued the relationships they had developed across the sector that support their whānau in their journey.

“Naku te rourou nau te rourou ka ora ai te iwi” With your basket and my basket the people will live

The new site is located at 11 Henderson Road, Ngongotaha, Rotorua and is embraced by Ngongotaha maunga (mountain) and overlooks Lake Rotorua. To contact Te Whare Oranga Ngakau for more information or tour of facility phone 07 348 3586 or email tewhareorangangakau@tumt.org.nz.

Chair: vacant Regional Director: Eseta Nonu-Reid	Q1	Q2	Q3	Q4	Narrative Update
1. Midland eating disorders model of care – continued regional provision of eating disorder inpatient services					<ul style="list-style-type: none"> Approval received from the MoH re the Midland EDS Model of Care A project has commenced to agree the hybrid Expert Advice process and develop service level agreements with the participating DHBs Development of the Pathway of Care for primary health has commenced leveraging off Canterbury's pathway Referral to Tupu Ora process has been developed but needs to be formalised Work has commenced on developing a regional Position Description for EDLs Discussions have commenced on data collection for EDS with Clinical Governance.
<ul style="list-style-type: none"> Implement the Midland Eating Disorders Model of Care as outlined in the MoH Change Management proposal 	G	G	G		
<ul style="list-style-type: none"> Implement the workforce recommendations 	G	G	G		
2. Substance abuse legislation – improved addiction service capacity and capability for implementation of substance abuse legislation					<ul style="list-style-type: none"> Awaiting outcome of Midland SACAT proposal. DHBs have implemented SACAT processes. One client going through the certification process. It has been reported the process is labour intensive.
<ul style="list-style-type: none"> Submit a Midland proposal to the MoH 	G	C			
<ul style="list-style-type: none"> Implement the objectives as identified in the proposal 	G	G	G		
<ul style="list-style-type: none"> Implement the workforce development requirements 	G	G	G		<ul style="list-style-type: none"> Completed at a local level as agreed with the MoH in Quarter 1 reporting.
3. Physical health care for low prevalence mental health disorders – develop a plan to improve physical health outcomes of people with low prevalence disorders					
<ul style="list-style-type: none"> Develop a regional agreement across the Midland region that identifies an agreed 	C				

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Chair: vacant Regional Director: Eseta Nonu-Reid	Q1	Q2	Q3	Q4	Narrative Update
strategy to ensure physical health needs for low prevalence disorders are identified and addressed consistently					
• Develop an integration paper in collaboration with Primary Mental Health to determine an agreed model of care focusing on whole-of-health needs.	C				

4. MH&A clinical workstation – the successful implementation of modern clinical workstations across the Midland region					<ul style="list-style-type: none"> PID approved in Q1 Training needs analysis for Lakes completed. Other DHBs will be completed closer to the Clinical Portal being released will be undertaken by eSPACE Local Champions Groups disbanded in Q1. eSPACE Clinical Lead to work alongside individual DHB identified senior clinicians to ensure the MH&A programme is fit for purpose and does not lose the work already completed. eSPACE MH&A Lead to develop a closer working relationship alongside the Midland MH&A Network.
• Ensure all approvals for PID and Business Case are obtained and there is regional agreement going forward	C				
• Undertake a Training Needs Analysis across the region and design a workforce plan	G	A	A		
• Work with local Champions Group to ensure local processes are implemented.	G	A	A		

5. Midland Infant Perinatal Clinical Network - the Midland Infant Perinatal Clinical Network will:					<ul style="list-style-type: none"> Map of Medicine work being transferred to Pathways of Care template leveraging off the Canterbury pathway work. Work has commenced on developing agreed competencies leveraging off the Northern region work. Key procedures identified by the regional Infant Perinatal Clinical Network. Work has commenced in standardising key documents. Feedback provided to Central region re the e-Learning tool.
• Complete the review of the primary care pathway (Map of Medicine) and consult with primary, maternity and mental health and addictions services	G	G	G		
• Develop regionally agreed policies, procedures and clinical best practice guidelines to ensure regional consistency	G	G	G		
• Participate in the evaluation of the e-Learning tool in partnership with the Central region.	G	G	G		

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

- Regional Clinical Network meetings in the quarter
- Regional Leadership Network meetings in the quarter
- National SACAT meeting convened by the MoH
- Quality Health & Safety Consultation workshop and teleconference with regional stakeholders
- Redesign of the Workforce Leadership Network and development of the MR Workforce Action Plan aligned to the National Workforce Action Plan
- Co-existing Problems survey results and agreeing a way forward with the regional leaderships networks
- Single Session Intervention Training in Australia as part of the Midland SACAT response
- 5 Step Method Training and Accreditation Programme as part of the Midland SACAT response.

Key:
Completed

C

On Track

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Caution

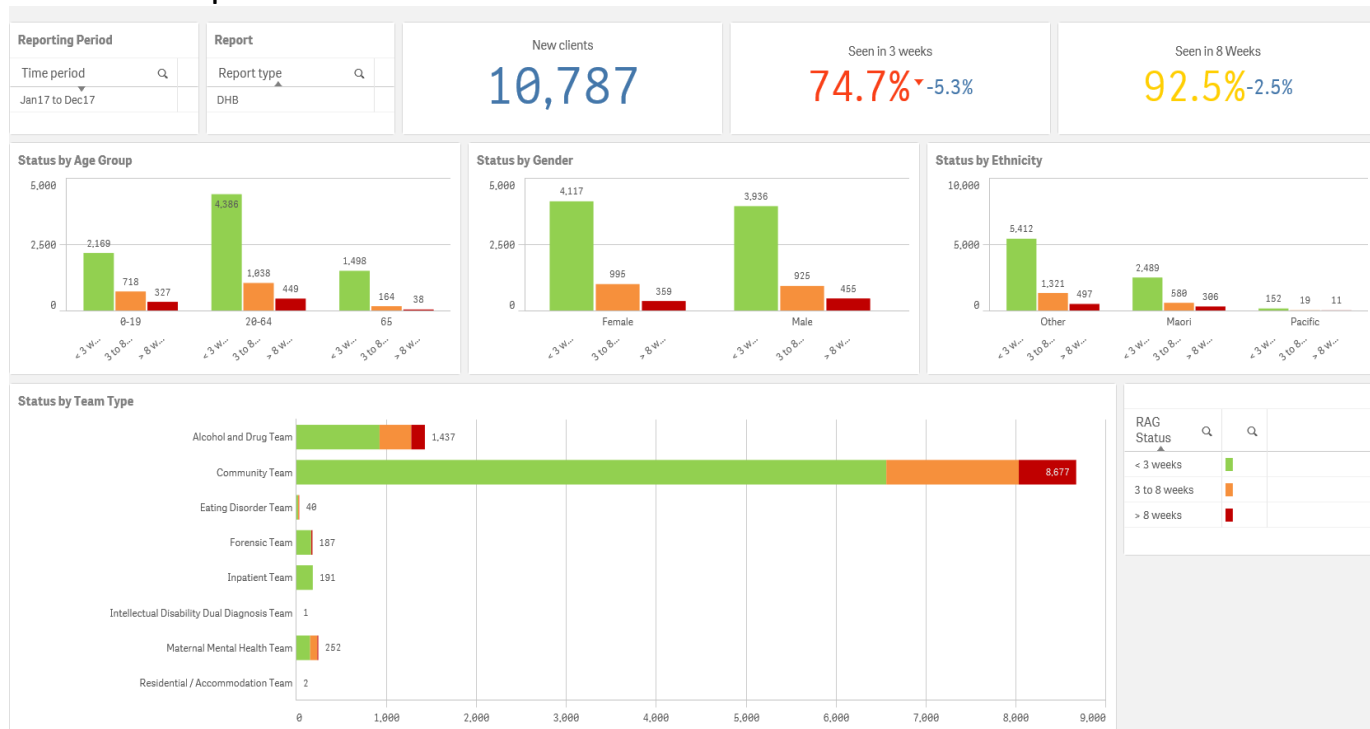
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In Trouble

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Quantitative data

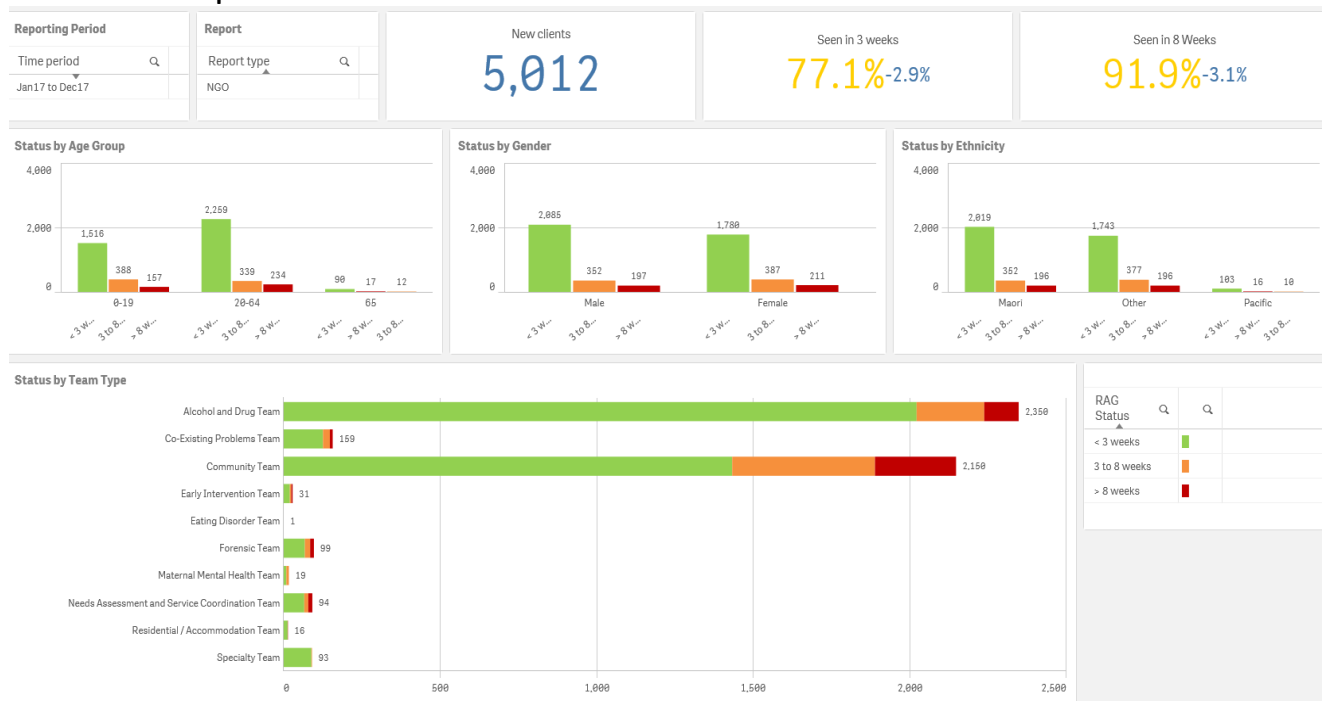
DHB Wait Time Report:



Key points:

- DHB met the targets for the 65+ age group
- DHB met the seen in three week target for Other ethnicity

NGO Wait Time Report:



Key points:

- Overall NGOs do slightly better than DHB for the seen in three week target
- NGO deal with a higher proportion of Māori than DHB

Key:
Completed

C

On Track

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Caution

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In Trouble

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Infant Perinatal Report:

DHBs	2015/16				2016/17				2017/18		Trend
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Bay of Plenty	803	787	805	861	785	719	667	687	737	692	
Lakes	243	224	215	272	248	204	247	303	371	415	
Hauora Tairāwhiti	21	31	54	68	69	84	58	68	81	38	
Taranaki	661	673	525	582	572	515	402	518	583	610	
Waikato	868	700	725	816	759	649	523	650	1,094	802	

Data Source: PRIMHD

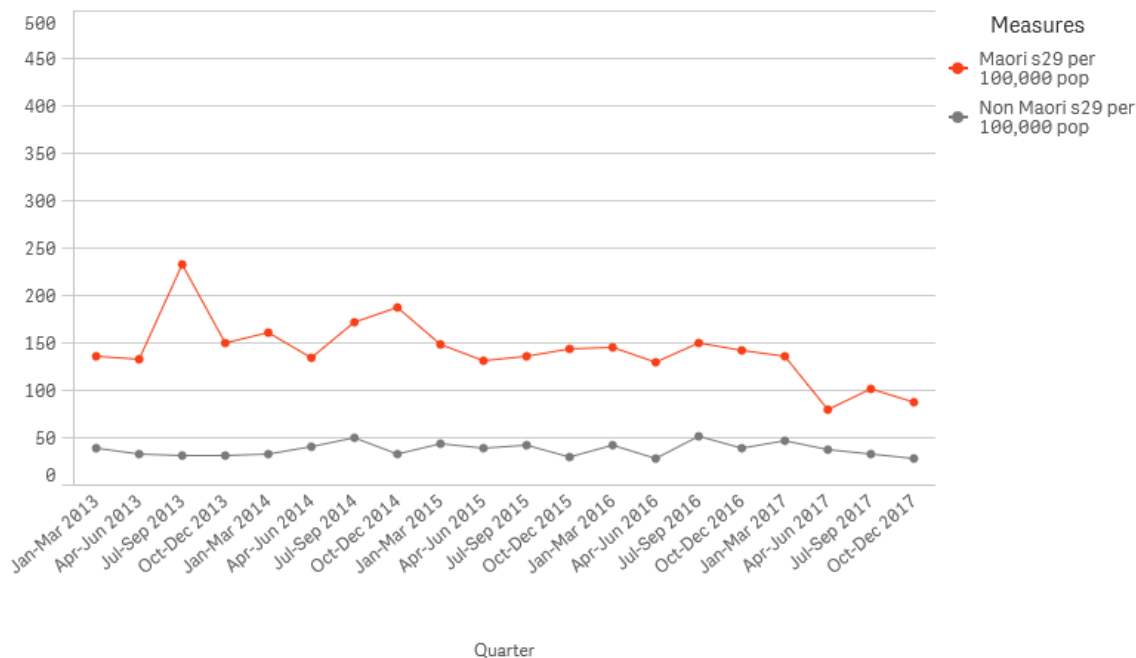
Key points:

- Both Lakes and Taranaki have experienced a marked increase in referrals
- BOP and Waikato have had a reduction in referrals during the quarter
- Tairāwhiti's contacts are down due to vacancies. The Whānau and Pepe service is yet to gain PRIMHD compliance.

Māori and Non Māori s.29¹ Orders per 100,000 Standardised Populations:

Bay of Plenty

Key s29 metrics for Bay of Plenty



Key point:

- The number of s29 relative to population for Māori has stepped down in the last three quarters from just under 150 s29 per 100,000 population to around 100, an improvement in the order of 30%

¹ Mental Health Act 1992 : section 29 Community Treatment Order

Key:
Completed

C

On Track

G

Caution

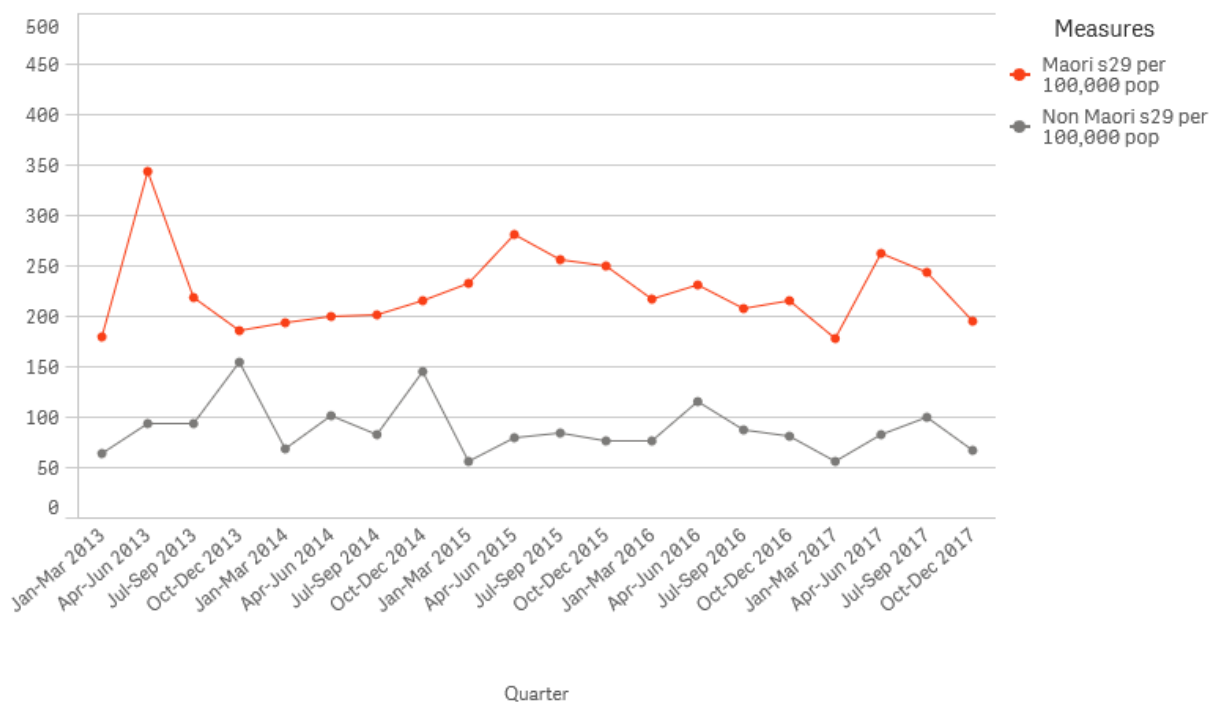
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Lakes

Key s29 metrics for Lakes

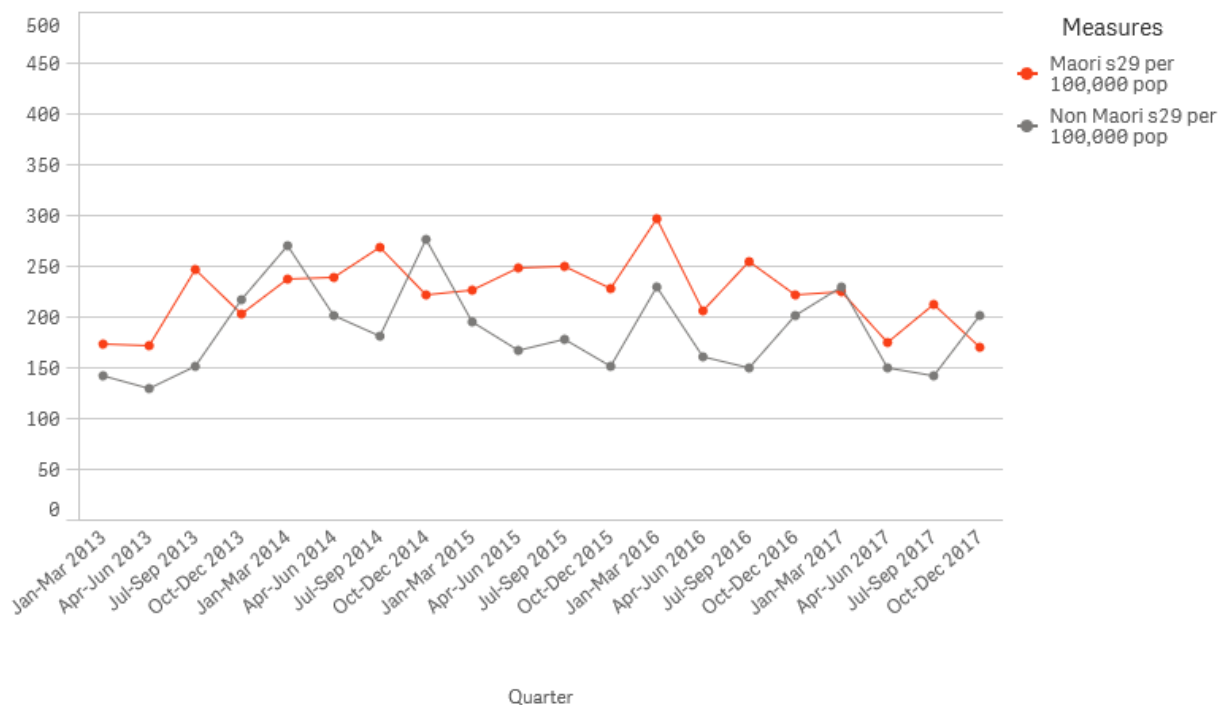


Key Point:

- No long term decrease for Māori s29 is evident in the data for Lakes

Tairāwhiti

Key s29 metrics for Tairāwhiti



Key Point:

- Tairāwhiti rates are impacted by small numbers of s29 having a large effect on rates

Key:
Completed

C

On Track

G

Caution

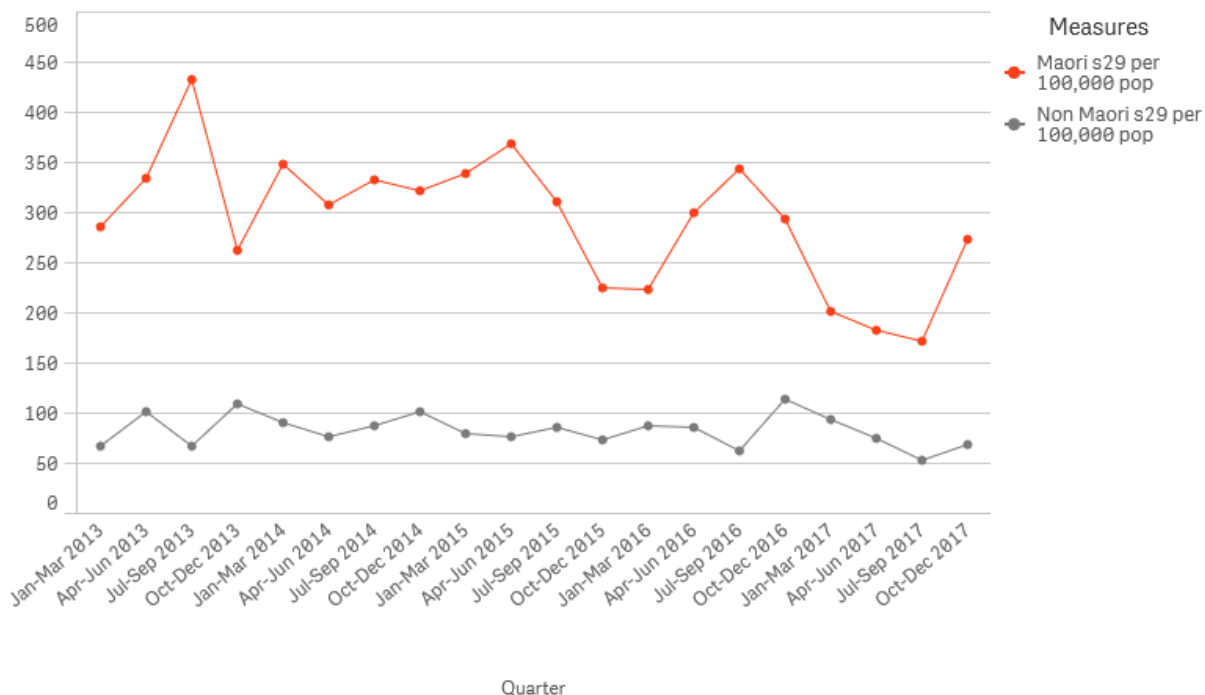
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Taranaki

Key s29 metrics for Taranaki

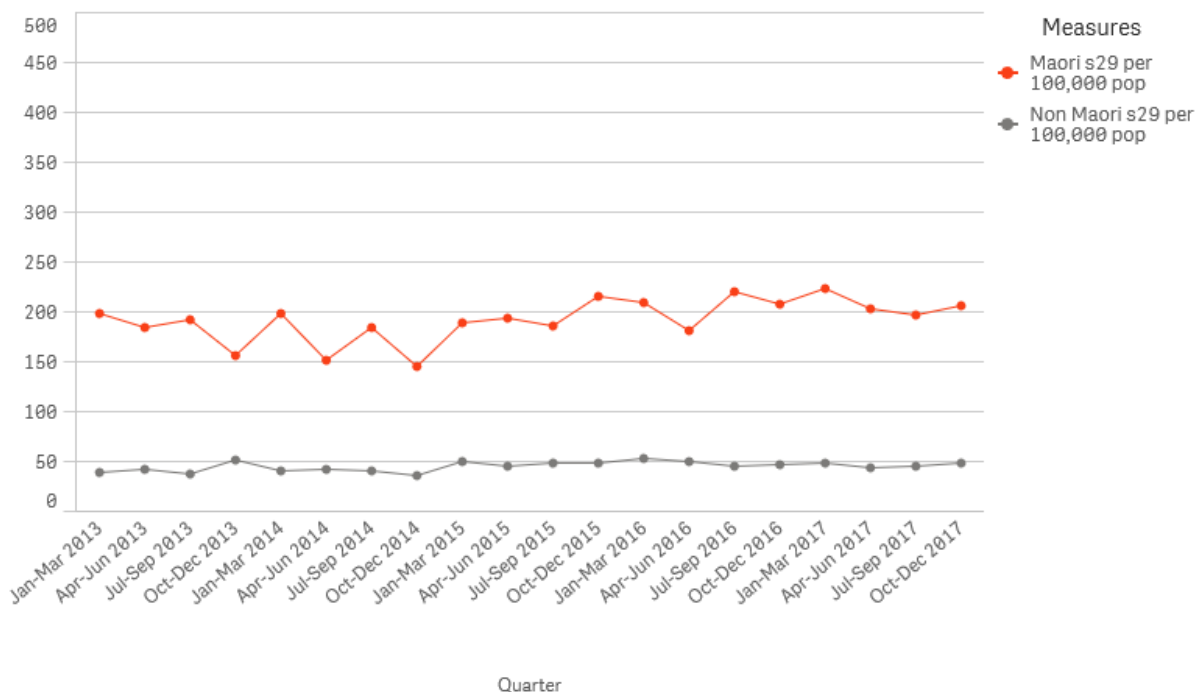


Key Point:

- Taranaki demonstrate a large variation in the rate for their Māori population over time

Waikato

Key s29 metrics for Waikato



Key Point:

- Waikato rates of s29 show some increase for Māori from October 2015 quarter as after that data more data points are above 200 s29 per 100,000 populations.

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R

Midland Radiology Action Group (MRAG)

Key feature article

Radiology work to support Faster Cancer Treatment and Bowel Screening volumes and timeframes:

- **Faster Cancer Treatment protocols** - the Northern region oncology department developed the individual imaging protocols per tumour type for CT and MR Faster Cancer Treatment Imaging for NZ. Over the past two quarters each region's cancer and radiology networks, have evaluated these clinically and provided feedback to reach national agreement on them. In the Midland region these have been programmed into each DHBs CT and MRI scanner. The Lakes DHB CT department have created a "Quick Reference Sheet" to support the imaging operator's awareness of the subtle differences in each protocol. This tool has been shared across the region and will be taken to the national network for consideration.
- **Bowel screening preparedness** - the Cancer Network updates MRAG quarterly on the progress of the Bowel Screening Programme. Each DHB's Bowel Screening Working Groups have radiology representatives. Radiology pathways have been developed for patients that will be diverted to CT Colonography due to a range of patient centred reasons. It is estimated that 10% of screening cases will come to CT scanners.
- **Baseline scanning volumes and case mix by modality** have been collected to support successful DHB planning in delivering the FCT and Bowel Screening volumes. Tracking will inform regional impact assessment and the case mix categories are defined on the basis of resources required per scan type. The radiology network has set up a database to monitor the volumes to inform planning for CT capacity, along with tracking and planning the flow on CT volumes, for confirmed cancer patients as they undergo treatment and follow-up CT scans.

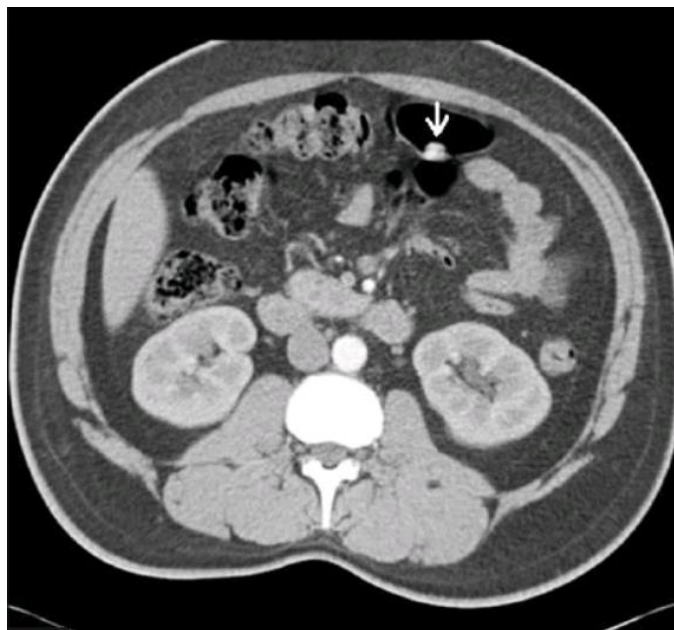


Image: A CT scan of an abdomen showing a lesion on the bowel wall. The small dense lesion is shown with an arrow and is white. CT images are cross sectional and the spine and aorta are in white at the bottom of the image and the black patches are air in the bowel.

Key achievements

- **Sonographer workforce in Midland** – Midland Radiology Departments are using a shared public-private training model for Sonographers as initially developed by Waikato DHB. This model maximises training opportunities, shares costs and provides increased retention across both sectors. The Midland sonography survey data from December 2015 is the only collection of Sonographer data in New Zealand that includes the details of the workforce across the private and public sector radiology practices. The data is anonymised and MOH modelling provided to show the impact of aging workforce and aging population.
- **Radiology Primary Access Criteria** - gap analysis per Midland DHB completed for discussions with Planning and Funding.
- **Dementia** lead Colin Patrick met with MRAG on imaging access for primary care and criteria were agreed. CT head volumes will be tracked to see the impact. It is estimated that demand will reduce for smaller DHBs and increase for larger DHBs.
- **Modality case mix modelling** - Lakes and Taranaki DHBs have difficulty providing the data due to differing examination descriptions per RIS system. This will be easier once the five DHBs are on a regional PACS RIS solution by 2019.
- **A contingency CT outage plan** for the region is being formalised.
- **Nurse Practitioners (NP)** - standards for referrals by NPs developed by Lakes have been shared for regional agreement.
- **eSPACE Midland Clinical Portal (MCP)** – engagement on eRequests Diagnostic Project Radiology Request Form fields, timeline views, required linkages, etc. The current Orion solutions in Christchurch, Taranaki and Auckland are being sourced for consideration.

Key: Completed	C	On Track	G	Caution	A	In Trouble	R
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- **Regional PACS RIS** - Lakes and Taranaki DHBs will join the regional PACS RIS solution over the next 12 months to early 2019. MRAG agreed to bring together the current examination definitions across the three systems and work on a regional set of descriptors. A shared RIS will provide significant access benefits for clinicians and will also provide the ability for the DHBs to extract standardised Excel data reports across the region, for benchmarking and future capacity planning.
- **Pathways of Care (PoC)** – the Pathways of Care team provide MRAG with the schedule of the upcoming pathways work for MRAG to identify which require radiology input.
- **National Radiology Advisory Group (NRAG) update to the regions:**
 - ✓ Andrew Simpson, Medical Director, MoH - link Radiology into formative stages of new services to identify the best imaging pathways and the ultimate impact on radiology
 - ✓ PET CT - the Northern Cancer Network is leading work on National Indications
 - ✓ NRAG supported the Australasian College of ED Radiology Guidelines for NZ ED departments
 - ✓ SMO workforce concerns taken to the Workforce Group via NRAG representatives
 - ✓ Supported Dementia CT via red flags
 - ✓ SNOWMED Clinical terminology – three representatives for Radiology nationally identified for the working group
 - ✓ New Stroke Guidelines - the clot retrieval window has moved out to 24 hrs. NRAG will identify the service changes required per DHB that would be required to implement this.

Chair: Roy Buchanan, Bay of Plenty DHB Manager: Philippa Edwards	Q1	Q2	Q3	Q4
1. Demand – capacity modelling Ultrasound (US) - the volumes, case mix and machine time for US will be modelled across the Midland DHBs to inform resource preparation required to respond to national and local demands and priorities				
• Collect US data counting per scan	G			
• US modelling to provide regional clarity on demand trends per referrer type and per US examination along with the resources used to achieve current delivery. This data will be useful to inform DHB and regional decisions on how to most effectively support achievement of volumes required in meeting national priorities and/or changes in service delivery models.			G	
• Ratios of US caseload outputs at Midland DHBs				
• DNA rates analysis for US by multiple factors including ethnicity, deprivation, location to services, availability by phone for appointment text, transport option, wait time.				
2. Ultrasonography workforce sustainability Conduct the second bi-annual survey of sonographers across the Midland regions public and private providers as a part of on-going work to predict and track the Sonographer workforce trends and requirements for training within the Midland region. In collaboration with the Ministry of Health and DHB shared services MRAG will:				
• Include Echo technicians in this survey round		G		
• Analyse the gap between forecast workforce status and actual workforce status across Midland region			G	
• Evaluate the number of trainee positions required across the region to home grow the future Sonographer workforce				
• Evaluate the turnover of Midland Sonographers against the national trends to see if the home-grown approach via the 50:50 public private training model is effective.				
3. Involvement in cancer streams/pathways at a regional level to reduce delays in patient flows Improve the value proposition and performance delivered by working closely with the Midland Cancer Network and other services criteria, timeliness required.				
• Access cancer pathway data where possible to inform where radiology needs to improve its timeliness of service delivery		G		
• Be actively involved in the local implementation of the cancer stream work and related national radiology cancer pathways and guidance and Regional Pathways of Care (RPOC).	G	G	G	
4. National and local initiatives Improve the value proposition and performance delivered by working with:				
• National Radiology Advisory Group (NRAG) and key national groups such as Pharmac, Cancer Stream Pathways, Health Workforce New Zealand (HWFNZ) to offer formal advice on the impacts of new treatments and ensure the implication of national guidelines on imaging services and clinical efficacy are well understood.	G	G	G	

Key:
Completed

C

On Track

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Caution

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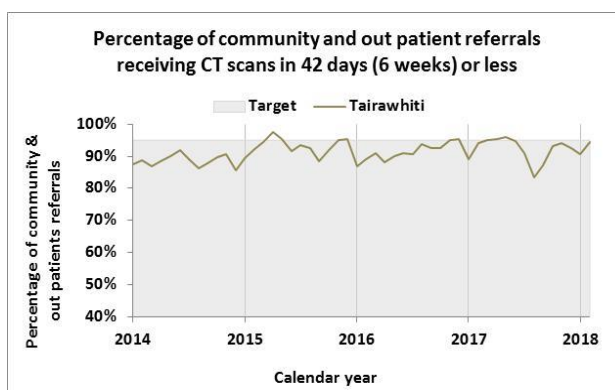
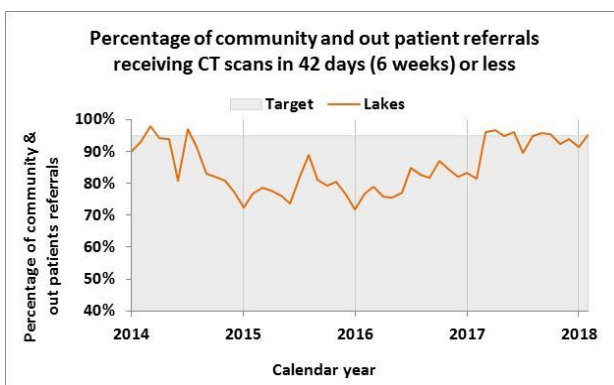
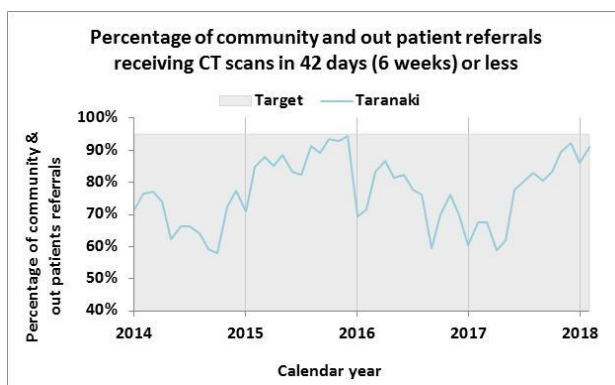
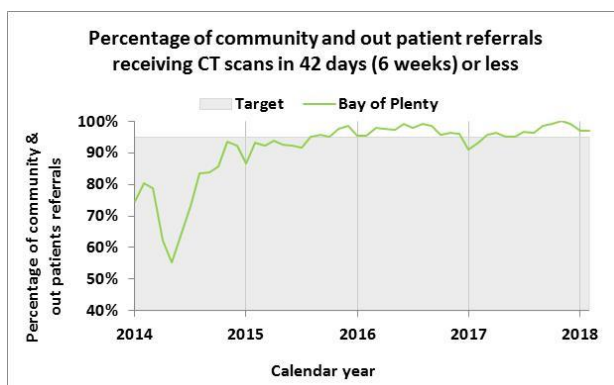
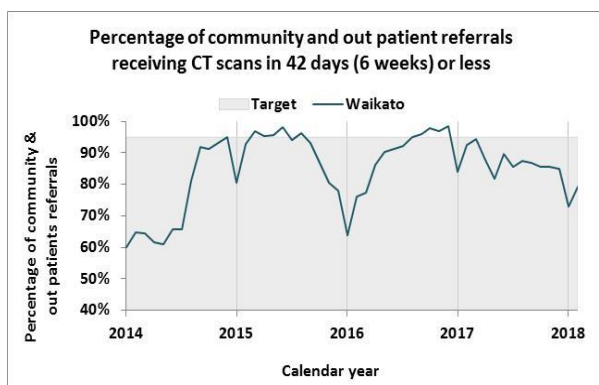
In Trouble

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Chair: Roy Buchanan, Bay of Plenty DHB	Q1	Q2	Q3	Q4
Manager: Philippa Edwards				
<ul style="list-style-type: none"> Midland Regional IS and eSPACE teams to ensure effective functionality of the eSPACE Midland Clinical Portal (MCP), eReferrals and regional PACS systems with regional integration for information access and patient flow are patients centric 	G	G	G	
<ul style="list-style-type: none"> Regional Pathways of Care (PoC) on local pathways within and across DHBs, with cognisance of the Choosing Wisely methodology where appropriate 	G	G	G	
<ul style="list-style-type: none"> Work with Midland Workforce to understand the ratio of Māori to non Māori Radiology workforce across the five Midland DHBs. 	G	G	G	

Quantitative data

MOH KPI – 95% of CT referrals from Primary and Out Patients to be performed within 42 days



Data source: Quickr, Ministry of Health dataset

Key:
Completed

C

On Track

G

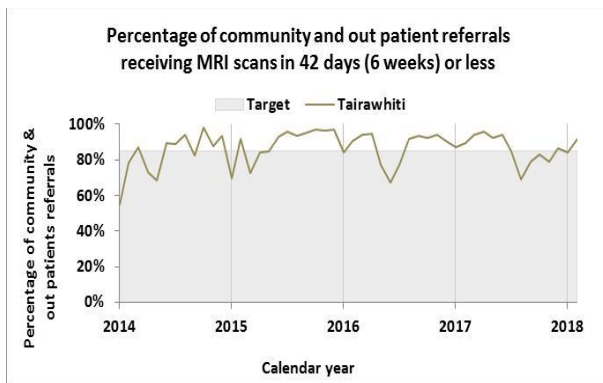
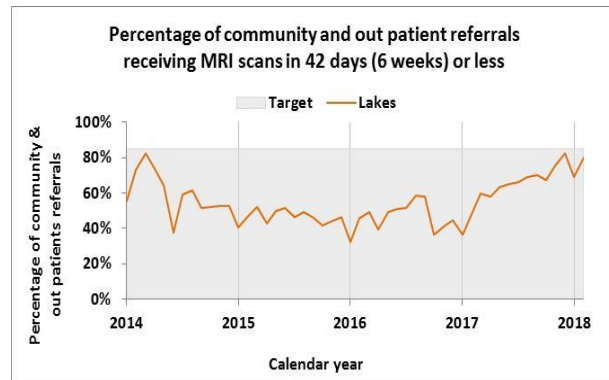
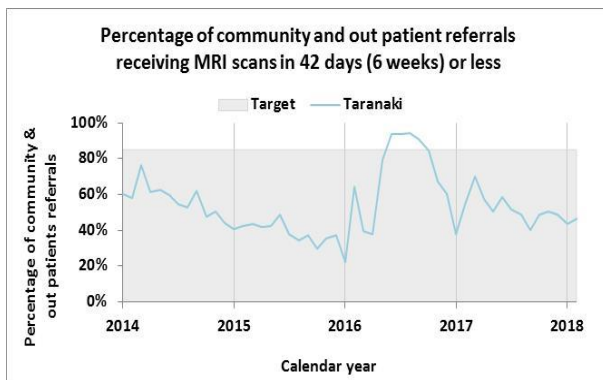
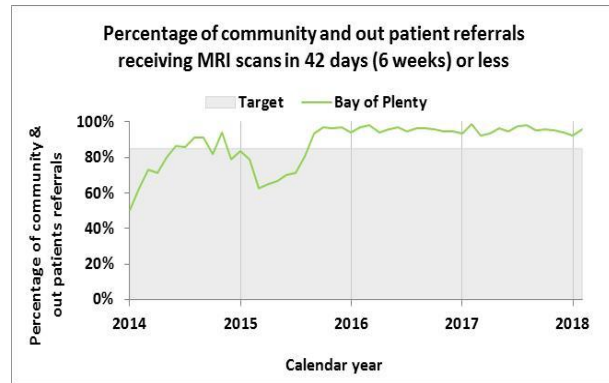
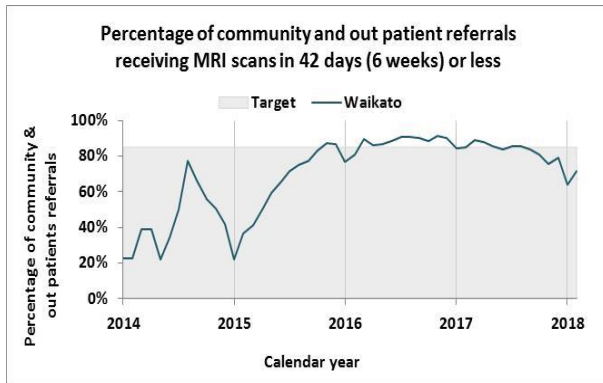
Caution

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In Trouble

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MOH KPI – 85% of (Magnetic Resonance Imaging) MRI referrals from Primary and Out Patients to be performed within 42 days



Data source: Quickr, Ministry of Health dataset

Key:
Completed

C

On Track

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Caution

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In Trouble

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Stroke Services (Midland Stroke Network)

Key feature article

Rehabilitation – the Midland Stroke Network has committed to increasing its focus on rehabilitation in addition to the current work on acute services. In conjunction with Ginny Abernethy from the Stroke Foundation, the Midland Region Allied Health Stroke Group is now holding regular quarterly (virtual) meetings and is looking to increase Allied Health representation on the Midland Stroke Network.

The group has agreed to approach the Australasian Rehabilitation Outcomes Centre (AROC) as a region to determine if combined Functional Independence Measure (FIM) training is possible as opposed to travelling to the South Island, or having to pay for training as individual DHBs. Work is underway, to varying degrees in each DHB, to identify how to collect the data for the Ministry of Health's new 'rehabilitation in the community' indicator which is effective as at 1 July 2018. Some DHBs with similar systems are sharing information about how to collect the required data.

Key achievements

Thrombectomy – the Midland Stroke Network has initiated discussions with the National Stroke Clinical Lead and the Midland Radiology Action Group to review the imaging requirements for thrombectomy.

Visit to Tairāwhiti and Taranaki Stroke Services – the Midland Stroke Network Project Manager travelled to Gisborne and New Plymouth to meet with the Stroke Acute and Rehabilitation teams. The purpose of the trips was to gain a better understanding of the Stroke service in these DHBs and to learn what works well and what the challenges are they face. The visits enabled the Project Manager to provide assistance on collecting data for quarterly reporting, to continue discussions regarding the draft Regional Services Plan for 2018/19 and take part in discussions on health equity issues for stroke patients.

Chair: Peter Wright, Waikato DHB Manager: Kirstin Pereira	Q1	Q2	Q3	Q4
1. Organisation of stroke services including thrombolysis and rehabilitation				
Thrombolysis				
<ul style="list-style-type: none"> Support and facilitate the implementation of a pathway of care for accessing thrombectomy services through Auckland DHB (ADHB) 				
<ul style="list-style-type: none"> Support and facilitate the development of a pathway of care for accessing thrombectomy services through Waikato DHB (WDHB) (five-year timeframe) 				
<ul style="list-style-type: none"> Support the implementation and evaluation of the Telestroke pilot in Hamilton/Thames/Rotorua hospitals. If demonstrated positive patient outcomes consider providing this service regionally as part of long term planning. 		G		
2. Education, training and audit				
<ul style="list-style-type: none"> Undertake a prospective audit to identify disparities between Māori and non-Māori accessing acute and rehabilitation stroke services. This will include: <ul style="list-style-type: none"> the number of Māori vs non-Māori accessing inpatient rehabilitation the number of Māori vs non-Māori accessing thrombolysis treatment the number of Māori vs non-Māori accessing the acute stroke unit the number of Māori vs non-Māori accessing community rehabilitation services then develop plan of action to improve these disparities. 				
<ul style="list-style-type: none"> BOPDHB will also undertake a three-month audit to ascertain reasons why Māori stroke patients delay accessing stroke services 			R	
<ul style="list-style-type: none"> The Midland Stroke Network will support the delivery of all local, regional and national acute stroke and rehabilitation study sessions/days; have representation at all study days and provide feedback to the wider group 	G	G	G	
<ul style="list-style-type: none"> Ensure all stroke and rehabilitation study days are available to the primary/community sector 	G	G	G	
<ul style="list-style-type: none"> Set up and support regular email/online sharing of relevant research and information amongst the group 	G	G	G	
<ul style="list-style-type: none"> Consider setting up a Facebook group for Midland Stroke Network to better enable sharing of key stroke information. 	G	G	G	

Key:
Completed

C

On Track

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Caution

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In Trouble

R

Chair: Peter Wright, Waikato DHB Manager: Kirstin Pereira	Q1	Q2	Q3	Q4
3. Workforce				
<ul style="list-style-type: none"> Provide collegial support for new incumbent lead stroke clinicians through the meeting structure and peer support groups e.g. regional CNS group. 	G	G	G	
4. Information Technology				
<ul style="list-style-type: none"> Establish virtual regional analyst group to streamline and troubleshoot data collection and identified issues for quarterly and ad hoc reporting. 	G			

Key risks

Telestroke – as noted in the Quarter 2 update the Midland Region Telestroke Service Business Case was submitted to the Chief Operating Officers (COOs) on 7 December 2017. The response was favourable with some questions regarding the 0.5FTE Neurologist role. Unfortunately since the tabling of the business case Waikato DHB has lost 1.0 FTE Neurologist and an additional 1.0 FTE Neurologist left at the end of March. A memo was sent out to the COO at each of the Midland DHBs advising them of the current situation. The Neurologists at Waikato DHB agreed to continue the telestroke service with Lakes DHB if funding was confirmed by the end of March 2018. Subsequently the telestroke service to Lakes DHB was withdrawn due to the contract and funding not having been confirmed by the agreed date. The contract is currently being worked through with the aim of finalising it as soon as possible.

In the interim the Midland business case has been put on hold. The Midland Stroke Network discussed the implications of this development and raised concerns regarding the risk to stroke patients presenting afterhours in Taranaki and Bay of Plenty DHBs until this issue is resolved.

Alternative means of delivering an after hours' telestroke service were discussed. They included:

- 1) Setting up a regional roster involving the Stroke physicians at Bay of Plenty, Taranaki and Lakes DHBs. To ensure a sustainable roster the Waikato DHB Neurologists would need to be involved in the roster. Peter Wright is currently discussing this with his colleagues at Waikato as the first step in exploring this option.
- 2) Approaching Wellington Neurology Service to see if they are interested in providing an after hours' telestroke service for the Midland region.
- 3) Explore the potential for a national telestroke service.

The Midland Stroke Network will continue working to develop a solution for an after hours' telestroke service in the Midland region.

Quantitative data

Stroke Audit Results for Q2 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%		
Maori	77%	77%	74%	82%	73%	73%	85%	89%	77%	83%		
Total	76%	77%	76%	81%	78%	80%	80%	83%	80%	79%		

**These results have been updated from the previous quarterly report*

Key:
Completed

C

On Track

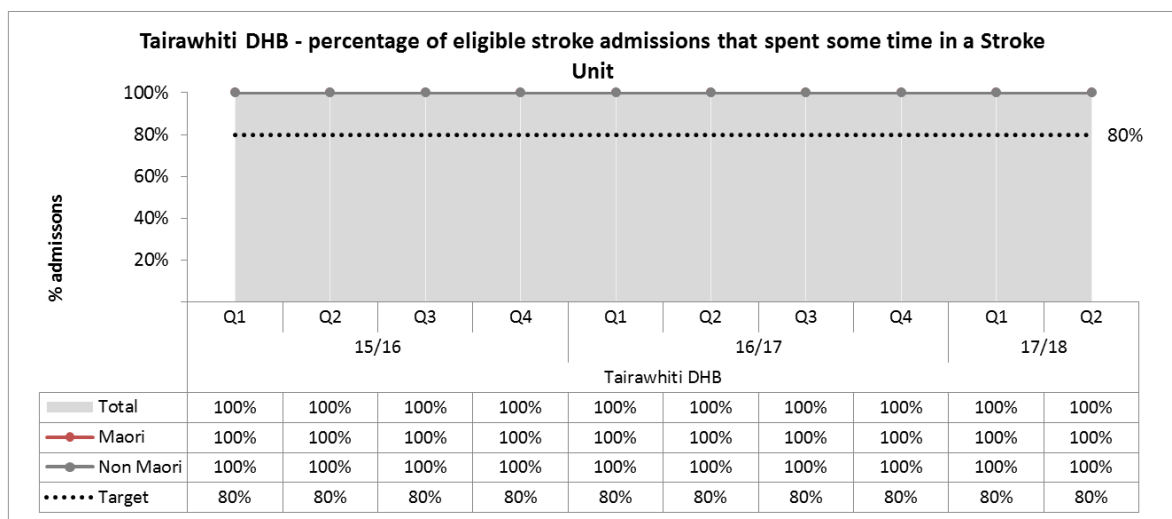
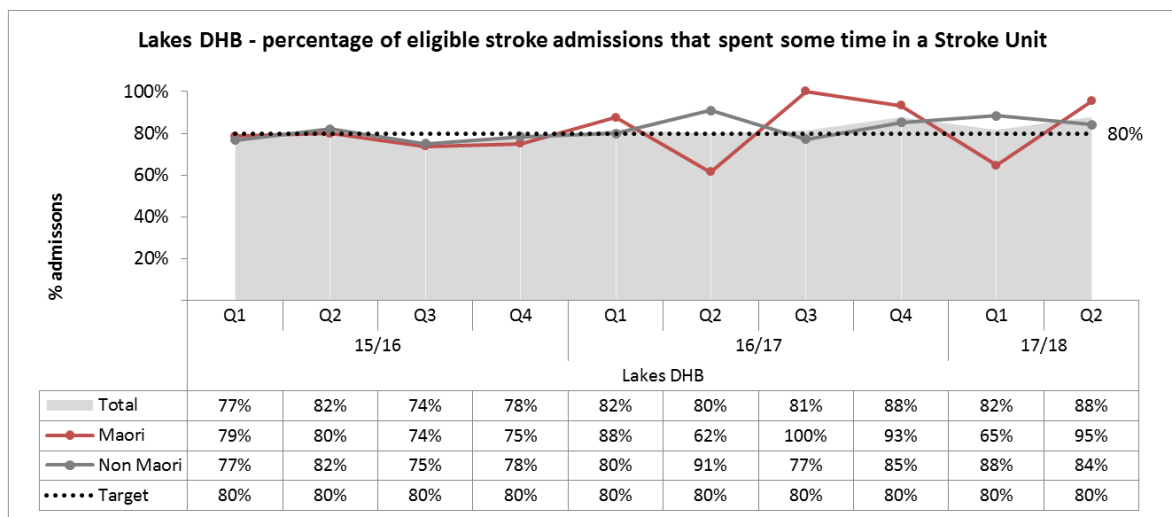
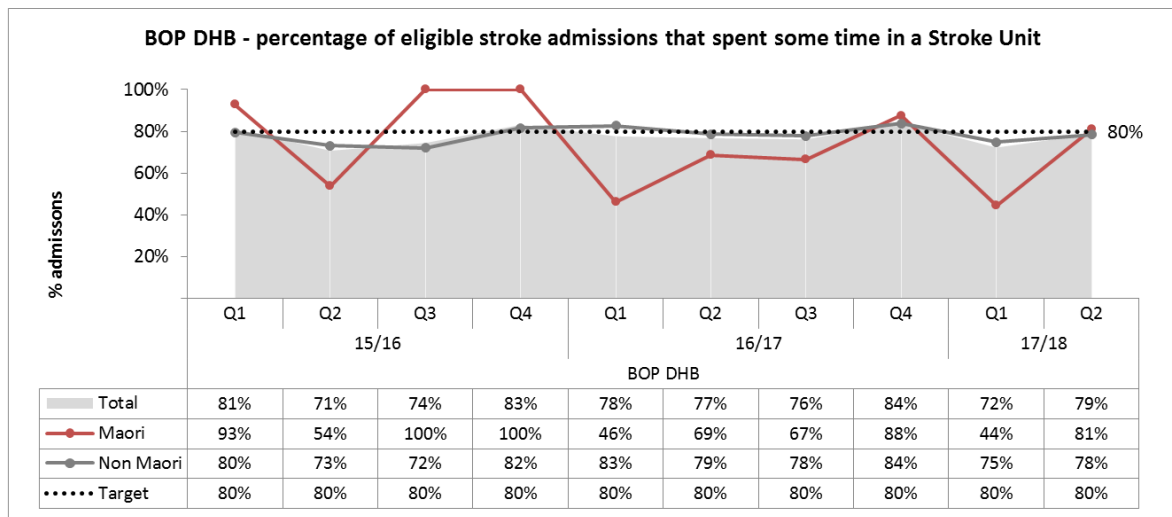
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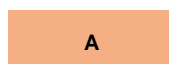
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On Track

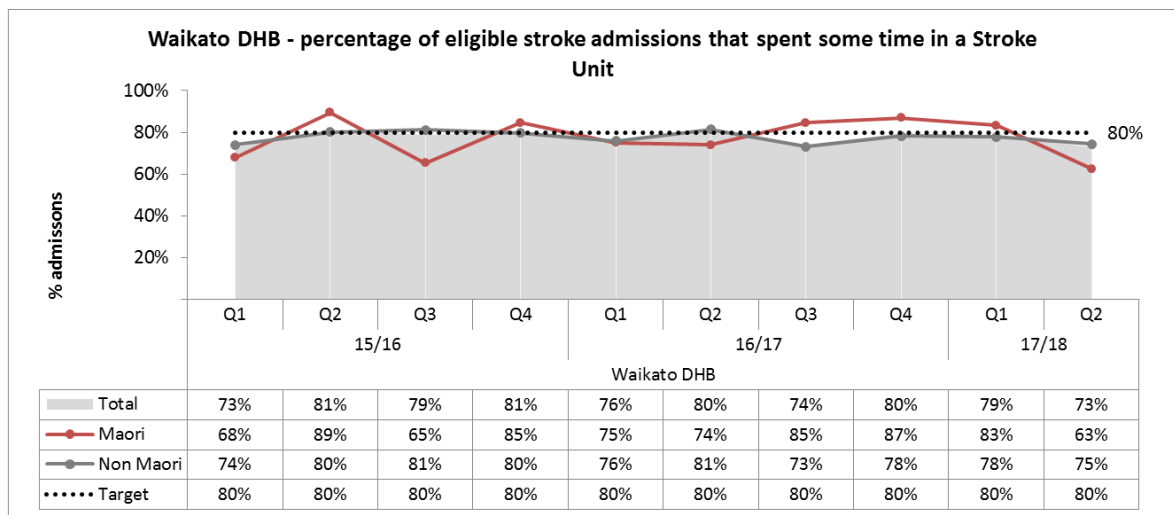
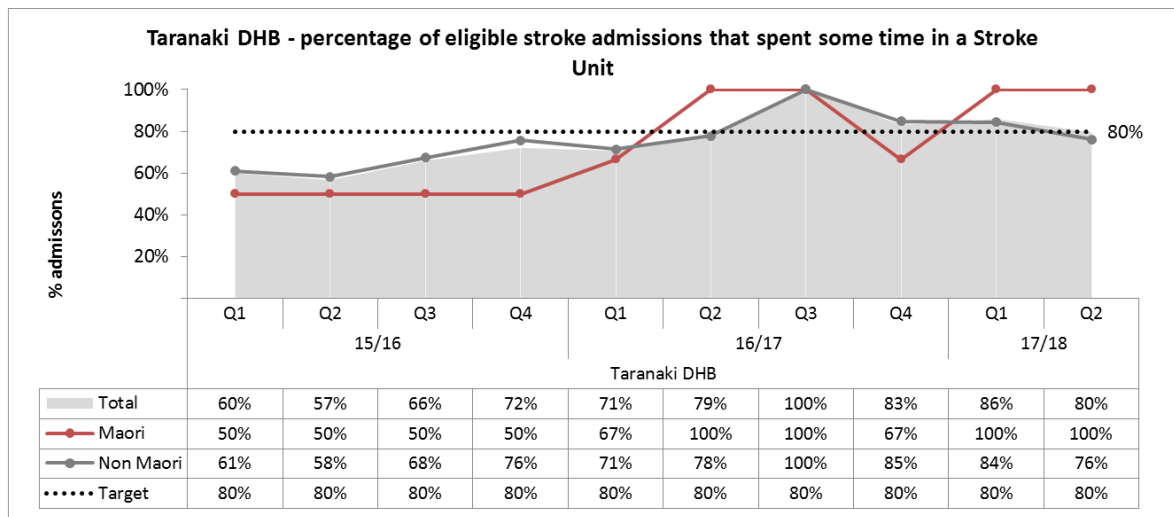


Caution



In Trouble





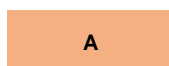
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Caution



In Trouble



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		
		# eligible	103	93	86	82	81	70	90	80	99	111		
	Maori	# admissions	13	7	8	7	6	11	10	7	4	17		
		# eligible	14	13	8	7	13	16	15	8	9	21		
	Total	# admissions	95	75	70	74	73	66	80	74	78	104		
		# eligible	117	106	94	89	94	86	105	88	108	132		
Lakes DHB	Non Maori	# admissions	23	23	21	29	20	20	27	29	38	37		
		# eligible	30	28	28	37	25	22	35	34	43	44		
	Maori	# admissions	11	8	14	6	7	8	8	14	11	21		
		# eligible	14	10	19	8	8	13	8	15	17	22		
	Total	# admissions	34	31	35	35	27	28	35	43	49	58		
		# eligible	44	38	47	45	33	35	43	49	60	66		
Tairāwhiti DHB	Non Maori	# admissions	13	8	10	10	15	17	9	10	12	6		
		# eligible	13	8	10	10	15	17	9	10	12	6		
	Maori	# admissions	7	8	3	4	8	5	8	9	10	8		
		# eligible	7	8	3	4	8	5	8	9	10	8		
	Total	# admissions	20	16	13	14	23	22	17	19	22	14		
		# eligible	20	16	13	14	23	22	17	19	22	14		
Taranaki DHB	Non Maori	# admissions	25	14	27	28	25	35	50	45	43	32		
		# eligible	41	24	40	37	35	45	50	53	51	42		
	Maori	# admissions	2	3	2	3	4	3	3	4	6	7		
		# eligible	4	6	4	6	6	3	3	6	6	7		
	Total	# admissions	27	17	29	31	29	38	53	49	49	39		
		# eligible	45	30	44	43	41	48	53	59	57	49		
Waikato DHB	Non Maori	# admissions	97	113	100	102	117	114	103	93	116	117		
		# eligible	131	141	123	128	154	140	141	119	149	157		
	Maori	# admissions	21	17	15	22	18	20	11	20	20	15		
		# eligible	31	19	23	26	24	27	13	23	24	24		
	Total	# admissions	118	130	115	124	135	134	114	113	136	132		
		# eligible	162	160	146	154	178	167	154	142	173	181		

			15/16				16/17				17/18			
DHB	Ethnicity	Numerator Denominator or	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Midland Region*	Non Maori	# admissions	240	226	220	236	244	241	259	244	283	279		
		# eligible	318	294	287	294	310	294	325	296	354	360		
	Maori	# admissions	54	43	42	42	43	47	40	54	51	68		
		# eligible	70	56	57	51	59	64	47	61	66	82		
	Total	# admissions	294	269	262	278	287	288	299	298	334	347		
		# eligible	388	350	344	345	369	358	372	357	420	442		

*These results have been updated from the previous quarterly report

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

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Caution

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In Trouble

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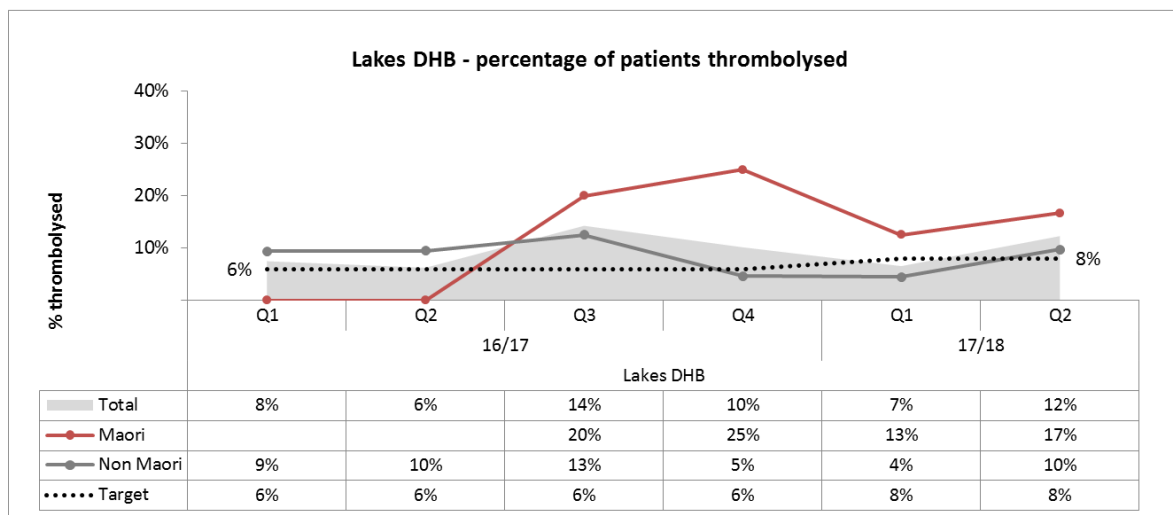
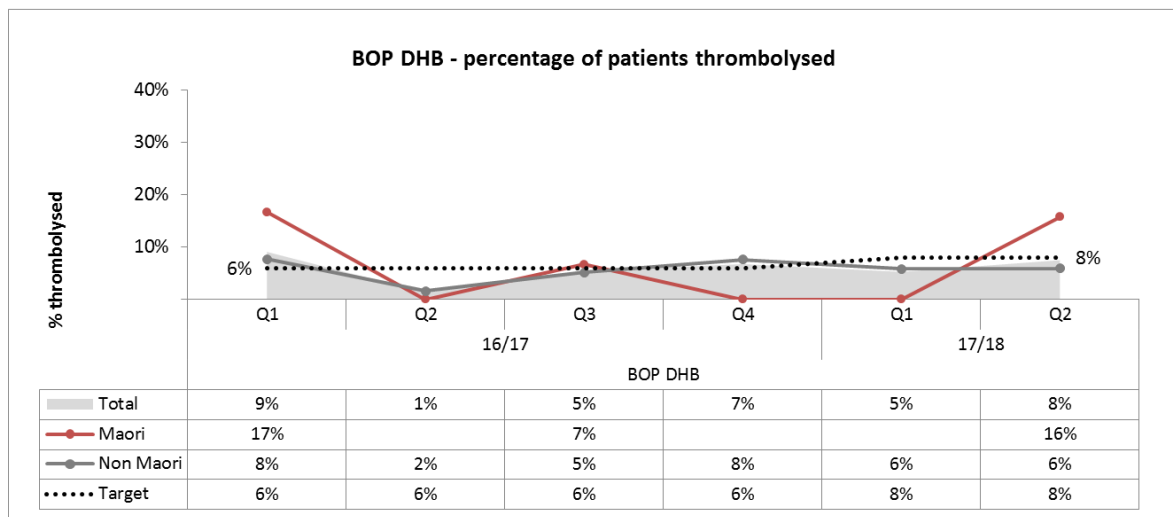
Audit 2

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%		
Maori	12%	7%	8%	16%	10%	14%		
Total	8%	6%	7%	9%	8%	9%		

*These results have been updated from the previous quarterly report



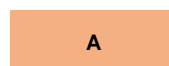
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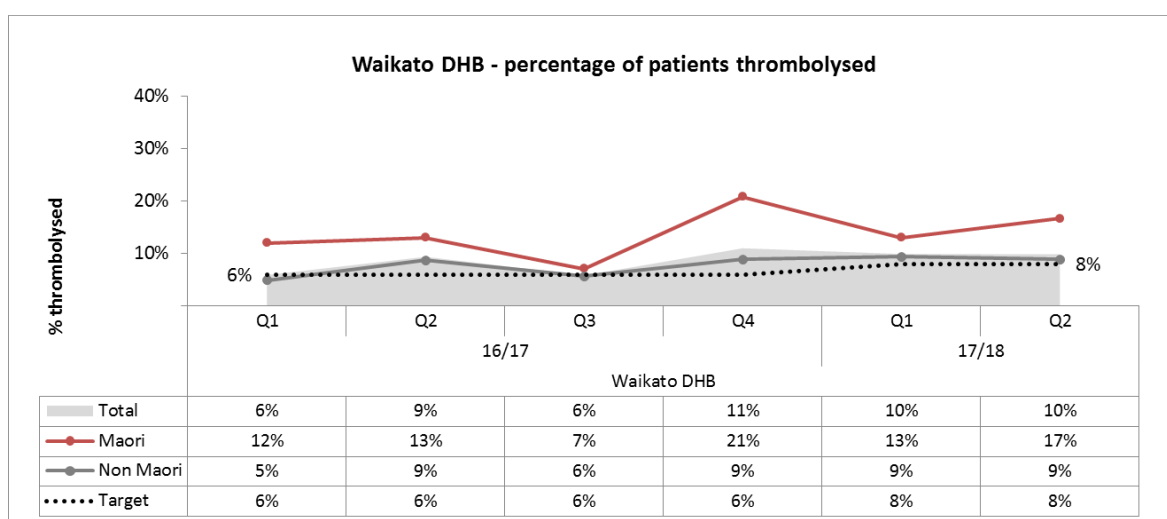
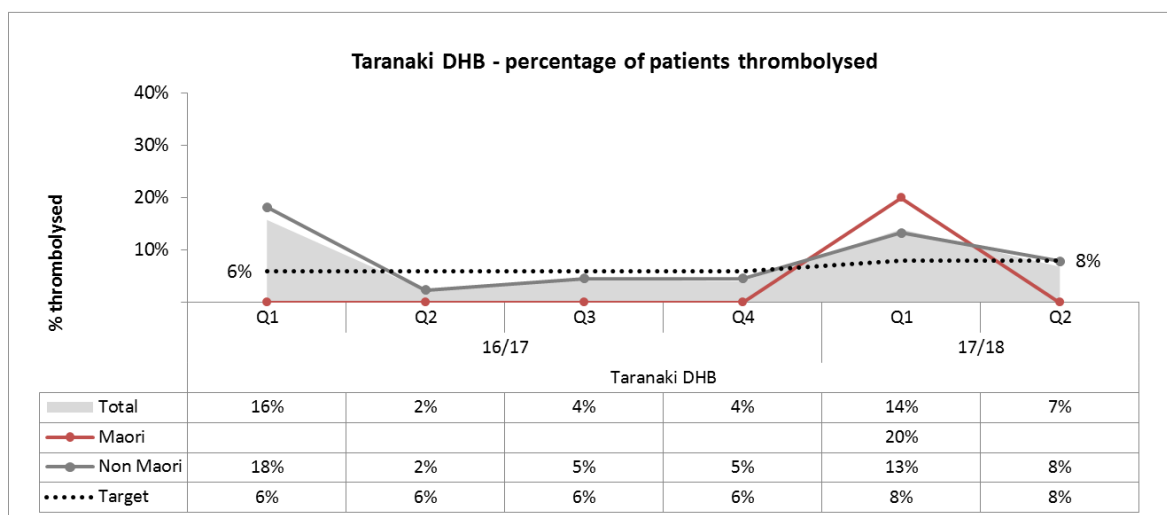
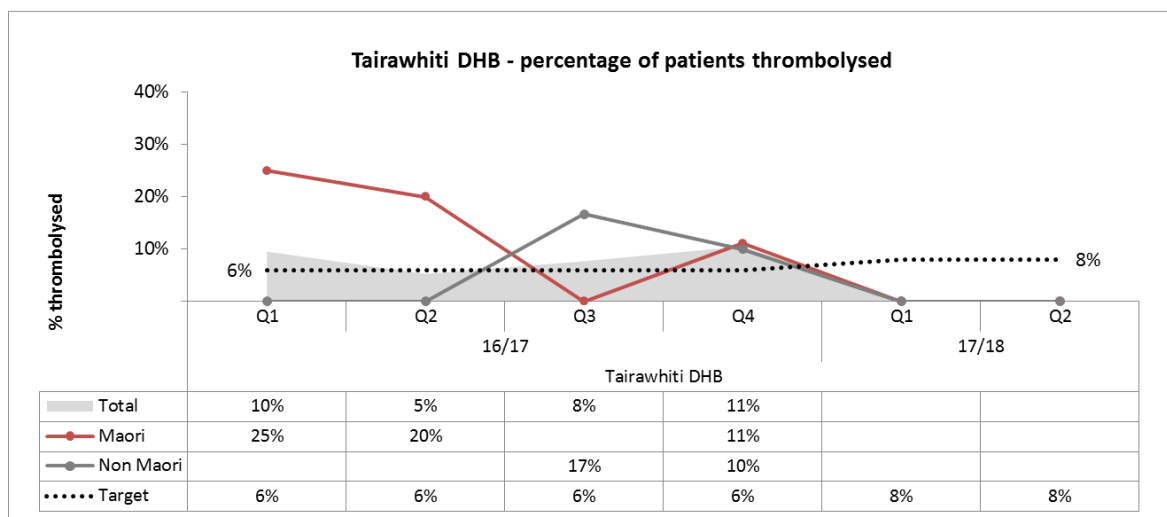


Caution



In Trouble





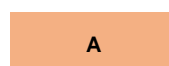
Key:
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On Track



Caution



In Trouble



Results by numerator/denominator

DHB	Ethnicity	Numerator Denominator	16/17				17/18			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
BOP DHB	Non Maori	# patients thrombolysed	5	1	4	5	5	6		
		# total ischaemic & non spec stroke patients	65	64	78	66	86	101		
	Maori	# patients thrombolysed	2	-	1	-	-	3		
		# total ischaemic & non spec stroke patients	12	13	15	8	9	19		
	Total	# patients thrombolysed	7	1	5	5	5	9		
		# total ischaemic & non spec stroke patients	77	77	93	74	95	120		
Lakes DHB	Non Maori	# patients thrombolysed	3	2	4	2	2	4		
		# total ischaemic & non spec stroke patients	32	21	32	43	45	41		
	Maori	# patients thrombolysed	-	-	2	4	2	4		
		# total ischaemic & non spec stroke patients	8	11	10	16	16	24		
	Total	# patients thrombolysed	3	2	6	6	4	8		
		# total ischaemic & non spec stroke patients	40	32	42	59	61	65		
Tairāwhiti DHB*	Non Maori	# patients thrombolysed	-	-	1	1	-	-		
		# total ischaemic & non spec stroke patients	13	14	6	10	10	5		
	Maori	# patients thrombolysed	2	1	-	1	-	-		
		# total ischaemic & non spec stroke patients	8	5	7	9	9	8		
	Total	# patients thrombolysed	2	1	1	2	-	-		
		# total ischaemic & non spec stroke patients	21	19	13	19	19	13		
Taranaki DHB	Non Maori	# patients thrombolysed	6	1	2	2	6	3		
		# total ischaemic & non spec stroke patients	33	42	44	44	45	38		
	Maori	# patients thrombolysed	-	-	-	-	1	-		
		# total ischaemic & non spec stroke patients	5	3	2	5	5	6		
	Total	# patients thrombolysed	6	1	2	2	7	3		
		# total ischaemic & non spec stroke patients	38	45	46	49	50	44		
Waikato DHB	Non Maori	# patients thrombolysed	7	11	8	10	13	14		
		# total ischaemic & non spec stroke patients	144	126	141	112	138	158		
	Maori	# patients thrombolysed	3	3	1	5	3	4		
		# total ischaemic & non spec stroke patients	25	23	14	24	23	24		
	Total	# patients thrombolysed	10	14	9	15	16	18		
		# total ischaemic & non spec stroke patients	169	149	155	136	161	182		

DHB	Ethnicity	Numerator Denominator	16/17				17/18			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Midland Region*	Non Maori	# patients thrombolysed	21	15	19	20	26	27		
		# total ischaemic & non spec stroke patients	287	267	301	275	324	343		
	Maori	# patients thrombolysed	7	4	4	10	6	11		
		# total ischaemic & non spec stroke patients	58	55	48	62	62	81		
	Total	# patients thrombolysed	28	19	23	30	32	38		
		# total ischaemic & non spec stroke patients	345	322	349	337	386	424		

*These results have been updated from the previous quarterly report

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

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On Track

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Caution

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In Trouble

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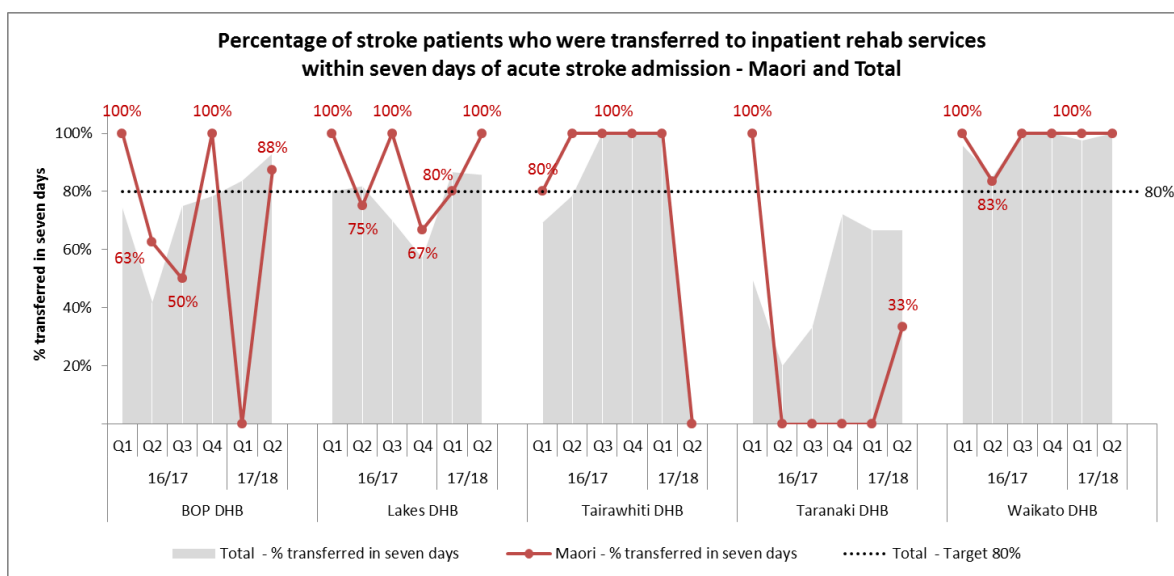
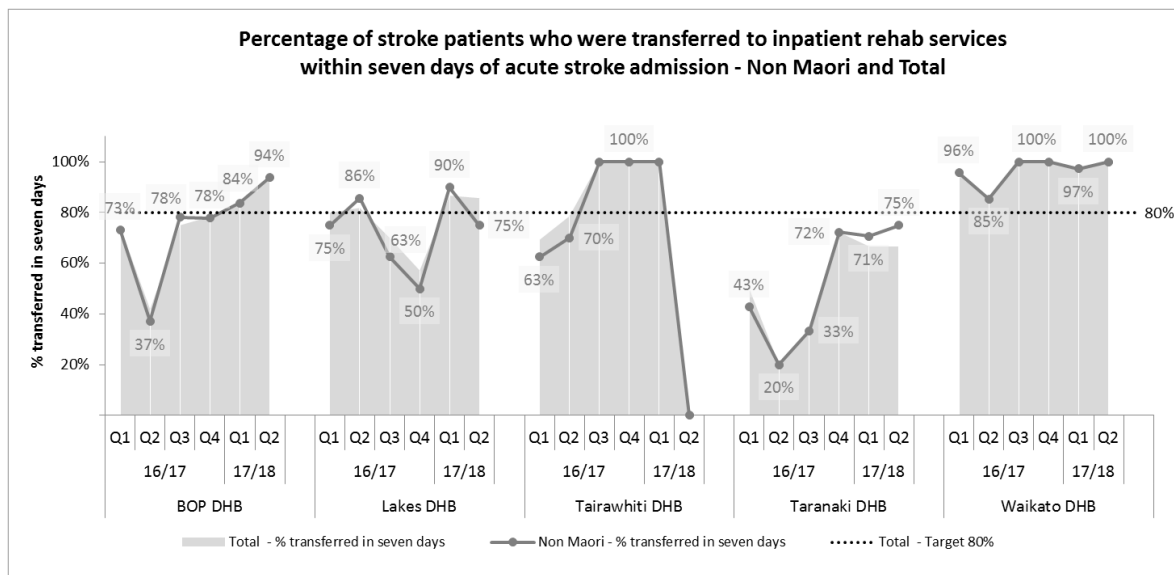
Audit 3

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%		
Maori	92%	77%	83%	92%	83%	78%		
Total	81%	65%	80%	85%	87%	90%		

*These results have been updated from the previous quarterly report



Key:
Completed

C

On Track

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Caution

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In Trouble

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Results by numerator/denominator

			16/17				17/18			
DHB	Ethnicity	Numerator Denominator	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
BOP DHB	Non Maori	# transferred within seven days	30	13	25	28	36	46		
		# transferred	41	35	32	36	43	49		
	Maori	# transferred within seven days	2	5	2	1		7		
		# transferred	2	8	4	1		8		
	Total	# transferred within seven days	32	18	27	29	36	53		
		# transferred	43	43	36	37	43	57		
Lakes DHB	Non Maori	# transferred within seven days	3	6	5	2	9	6		
		# transferred	4	7	8	4	10	8		
	Maori	# transferred within seven days	1	3	2	2	4	6		
		# transferred	1	4	2	3	5	6		
	Total	# transferred within seven days	4	9	7	4	13	12		
		# transferred	5	11	10	7	15	14		
Tairāwhiti DHB	Non Maori	# transferred within seven days	5	7	4	6	3			
		# transferred	8	10	4	6	3	1		
	Maori	# transferred within seven days	4	4	2	3	1			
		# transferred	5	4	2	3	1	2		
	Total	# transferred within seven days	9	11	6	9	4			
		# transferred	13	14	6	9	4	3		
Taranaki DHB	Non Maori	# transferred within seven days	3	1	4	13	12	9		
		# transferred	7	5	12	18	17	12		
	Maori	# transferred within seven days	1					1		
		# transferred	1				1	3		
	Total	# transferred within seven days	4	1	4	13	12	10		
		# transferred	8	5	12	18	18	15		
Waikato DHB	Non Maori	# transferred within seven days	44	29	34	32	35	42		
		# transferred	46	34	34	32	36	42		
	Maori	# transferred within seven days	3	5	4	6	5	4		
		# transferred	3	6	4	6	5	4		
	Total	# transferred within seven days	47	34	38	38	40	46		
		# transferred	49	40	38	38	41	46		

			16/17				17/18			
DHB	Ethnicity	Numerator Denominator	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Midland	Non Maori	# transferred within seven days	85	56	72	81	95	103		
		# transferred	106	91	90	96	109	112		
	Maori	# transferred within seven days	11	17	10	12	10	18		
		# transferred	12	22	12	13	12	23		
	Total	# transferred within seven days	96	73	82	93	105	121		
		# transferred	118	113	102	109	121	135		

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:
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On Track

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Caution

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In Trouble

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Trauma Services - Midland Trauma System (MTS)

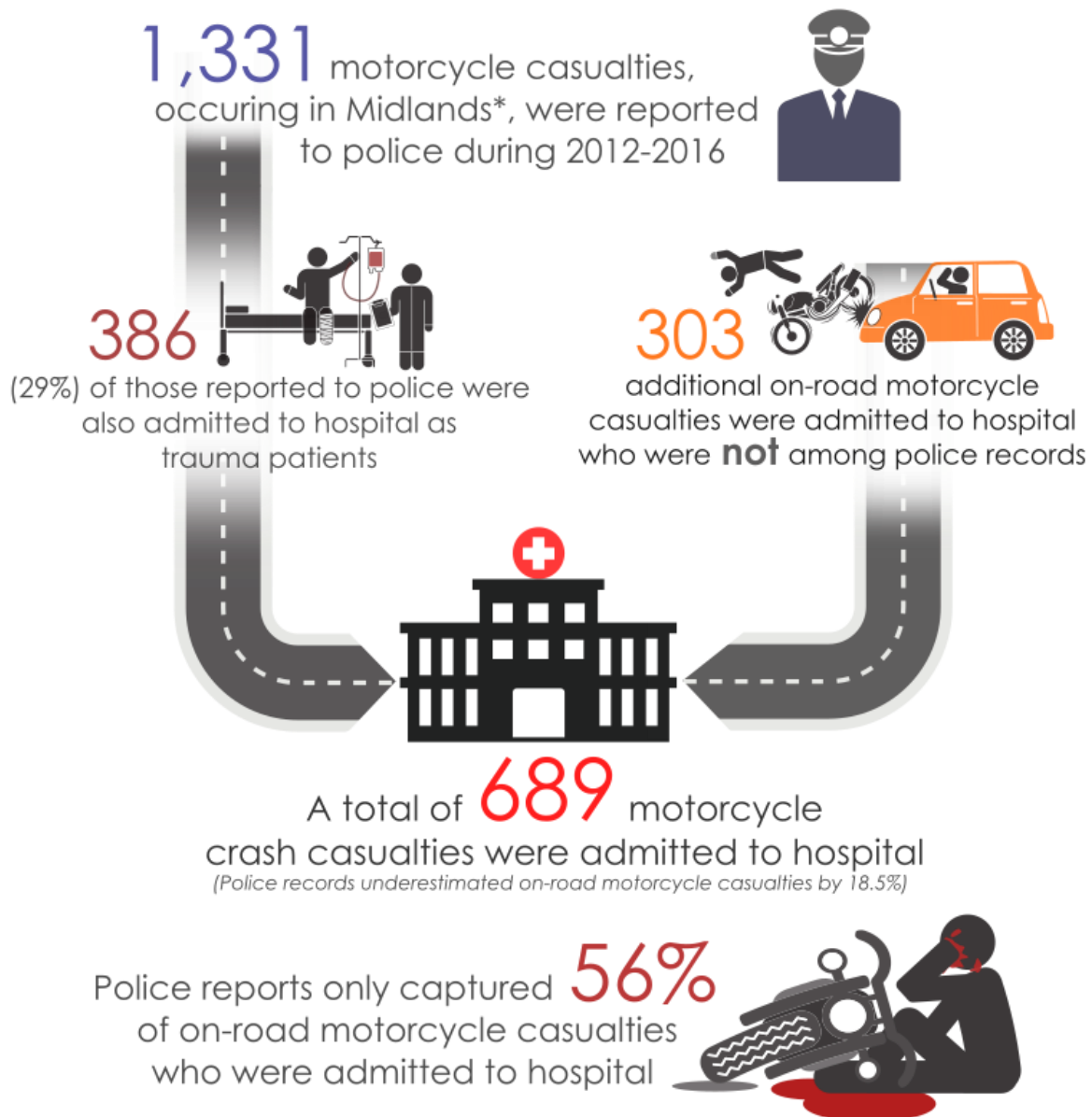
Key feature article

Motorcycle related trauma in the Midland Region.

MIDLAND
TRAUMA SYSTEM

NZ TRANSPORT
AGENCY

A novel collaborative study between the NZTA (NZ Transport Agency) and MTS (Midland Trauma System) has identified on-road motorcycle crash injuries as an area of particular interest. During 2012-2016, the NZTA 'Crash Analysis System' (CAS) recorded a total of 1,331 motorcycle casualties on roads within the Midland Region (as collected by NZ Police). During the same period, the MTS Trauma Registry recorded 689 persons admitted to hospital due to on-road motorcycle crashes within the same geographical area.



Merging police (CAS-NZTA) and MTS trauma registry data is providing new insight into the true extent and nature of motorcycle crashes resulting in hospital admission within the Midland Region. Future studies will examine crash locations, the direct in-hospital and wider social costs of motorcycle trauma, as well as contributing factors and behaviours of those admitted to hospital following a motorcycle crash.

For further information, please contact: Grant.Christey@waikatodhb.health.nz

*Excluding Tairāwhiti DHB due to incomplete dataset

Key:
Completed

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On Track

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Caution

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In Trouble

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Key achievements

- Development and implementation of DHB and regional trauma process indicator summary report
- Development of regionally consistent trauma reporting framework.

Chair: Grant Christey, Clinical Director, Waikato DHB Manager: Alaina Campbell, Waikato DHB	Q1	Q2	Q3	Q4
1. Improve the delivery of high quality care to trauma patients				
• Complete review of CNS, TOC and data management roles: define appropriate FTE for Hub and clinical services	G			
• Gain endorsement and support from regional service management and professional bodies, and work through governance levels to ensure implementation of resourcing	G			
• Ensure membership and engagement to appropriate professional bodies by MTS personnel	G			
• Identify and implement action plan based on the findings and recommendations from regional trauma verification	G			
• Develop "push" reporting system on key information to assist clinicians to highlight priorities in clinical care	G			
• Develop breach reporting process within clinical feedback loop		G		
• Define model of post injury rehabilitation care with locally based services and networks		A		
• Implement and monitor trial of prehospital and inter-hospital destination policy matrices	G	G	G	
• Develop tools within TQual to guide clinical strategies			G	
• Update guidelines and review current challenges to use. Develop implementation plan that encourages compliance			G	
• Complete qualitative research study in collaboration with WINTEC and Monash university to assess patient experience with trauma services			G	
• Implement sustainable long term patient/family feedback process				
• Coordinate and report preliminary PATCH trial findings https://www.patchtrauma.org			G	
2. Develop and maintain regional trauma infrastructure				
• Gain approval and secure funding for business case 2017-2020	G			
• Implement all elements of business case including epidemiologist to maximise information		G		
• Implement recommendations from trauma verification to improve MTS infrastructure and function	G			
• Identify and secure external sources of funding to support MTS activities with indicative target of \$500k over three years			A	
• Complete build of TQual relational database	G			
• Define and implement information for automation from internal DHB hospital systems into TQual	G			
• Review and analyse all parts of data collection process e.g. St John EPRF, data collect, audit process to ensure alignment throughout Midland/nationally		G	A	
• Maintain training and education programmes to ensure a consistent flow of complete, accurate and representative trauma data into the registry	G	G	G	
• Submission of data to the New Zealand Major Trauma Registry no more than 30 days after patient discharge	G	G	G	
• Complete mobile data collection trial (handheld)		A		
• Establish and optimise sever based Qlik Sense for data visualisation in district hospitals		G		
• Develop strategic plan for Midland Trauma Research Centre (MTRC) including marketing strategy that supports research to address the needs of the Midland community	G			
• Develop web based common node on Midland trauma website linked to TQual			A	
• Deliver annual trauma symposium and research training workshop				
3. Support injury prevention and awareness				
• Complete regional injury incidence study programme for baseline data on injury patterns and equity				
• Develop functional information pathways with key partners to translate trauma data into reduction of injury rates		G		
• Utilise trauma calendar dates of interest to promote MTS registry information to extend the uses and impact of trauma data e.g. Falls month	G			
• Extend community education and awareness programmes to schools, councils, community groups	G			

Key:
Completed

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On Track

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Caution

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In Trouble

R

Chair: Grant Christey, Clinical Director, Waikato DHB Manager: Alaina Campbell, Waikato DHB	Q1	Q2	Q3	Q4
<ul style="list-style-type: none"> Complete prevention pilots with WINTEC and University of Waikato assess collaboration outputs for ongoing and relationships. Assess feasibility of extension of programme regionally. 			G	
<ul style="list-style-type: none"> Develop and implement a programme of infographics and communication tools that can be used in DHBs and communities to support trauma prevention in target groups and creation of action plans 			G	
<ul style="list-style-type: none"> Capture individual patient and family/whānau stories to reveal the reality of the impact of trauma. To be used in various communication and education programme 			G	
<ul style="list-style-type: none"> Optimise website to address the needs of clinicians and members of the public www.midlandtrauma.nz 		G		
4. Establish a Trauma Quality Improvement Programme (TQIP) to enable evidence-based change				
<ul style="list-style-type: none"> Develop detailed TQIP structural plan with definable actions and outcomes 		G		
<ul style="list-style-type: none"> Identify external data sources that may extend the influence of TQIP to pre-hospital and post-hospital realms e.g. Met Service, LTSA, St. John's 		G	G	
<ul style="list-style-type: none"> Complete construction of the 'TQual' relational data platform to provide high quality information for TQIP and local reporting capability 	G			
<ul style="list-style-type: none"> Review and define service and process indicators and implement regular regional reporting regime 		G		
<ul style="list-style-type: none"> Develop detailed TQIP structural plan with definable actions and outcomes 		G		
<ul style="list-style-type: none"> Identify external data sources that may extend the influence of TQIP to pre-hospital and post-hospital realms e.g. Met Service, LTSA, St. John's 		G	G	
<ul style="list-style-type: none"> Complete construction of the 'TQual' relational data platform to provide high quality information for TQIP and local reporting capability 	G			
<ul style="list-style-type: none"> Review and define service and process indicators and implement regular regional reporting regime 		G		
<ul style="list-style-type: none"> Review information pathways for trauma services in each DHB with emphasis on reporting, escalation, feedback and loop closure processes 		G		
<ul style="list-style-type: none"> Develop regional clinical case discussion programme with defined templates and reporting mechanisms 		G		
<ul style="list-style-type: none"> Develop professional development pathways that expose MTS staff to new opportunities and to enable MTS personal to lead new trauma programmes regionally and nationally e.g. verification, AIS instructing, Trauma Team Training (TTT), research 		G		
<ul style="list-style-type: none"> Provide funding avenues to support staff to in trauma training and professional development 	G	G	G	
<ul style="list-style-type: none"> Promote MTS staff involvement in research centre production 	G	G	G	
<ul style="list-style-type: none"> Continue to develop programme for National Major Trauma Registry hosting and introduction of Qlik Sense tool for data visualisation in New Zealand DHBs. 	G	G	G	

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

- Development and implementation of national monitoring and reporting of MoH 30 day target
- Recent publication of key trauma articles:
 - The epidemiology of work-related injury admissions to hospitals in the Midland region of New Zealand. Kool, B.; Ameratunga, S.; Scott, N.; Lawrenson, R.; Christey, G. (2017). **Injury**, Vol. 48, p2478-2484.
 - Characteristics of older adults hospitalised following trauma in the Midland region of New Zealand. O'Leary, K.; Kool, B.; Christey, G. (2017). **New Zealand Medical Journal**, Vol. 130, No. 1463, p45-53.
 - Ten-year experience of splenic trauma in New Zealand: the rise of non-operative management. Alamri, Y.; Moon, D.; Ah Yen, D.; Wakeman, C.; Eglinton, T.; Frizelle, F. (2017). **New Zealand Medical Journal**, Vol. 130, No. 1463, p11-18.
 - Monitoring pre-hospital transport of severely injured patients in the Midland Region of New Zealand. Whitehead, J.; Roskrige, M.; Tan, C.; Smith, A.; Christey, G. (2018). **New Zealand Medical Journal**, Vol. 131 No. 1470, p71-78.

Quantitative data

See over page.

Key: Completed	C	On Track	G	Caution	A	In Trouble	R
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Output: data report for Midland region

	2016 Qtr2	2016 Qtr3	2016 Qtr4	2017 Qtr1	2017 Qtr2	2017 Qtr3	2017 Qtr4
Admission dates	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017

Trauma characteristics

Admissions	1619	1640	1928	2014	1696	1618	2020
Total acute bed days	7214	7107	7319	7845	5731	6262	7489
Total ICU Hours	5675	4255	8518	5713	3293	5212	5093
Inward transfers	213	223	253	320	252	227	295
Outward transfers	239	251	267	323	274	253	349

Case severity (ISS)

1-4	1106	1136	1324	1456	1235	1149	1418
5-12	392	378	468	432	329	321	451
13-25	90	92	108	90	94	111	132
> 25	31	34	28	36	38	37	15

Major trauma indicators

Alcohol test rate	51%	58%	55%	67%	52%	53%	45%
Trauma call ratio	50%	52%	57%	62%	47%	51%	43%
Tertiary Survey rate	30%	22%	25%	25%	28%	25%	22%
Case fatality rate	10.7%	12.7%	10.3%	6.3%	9.1%	8.8%	5.4%
Minutes to CT (GI)	125	46	60	90	68	55	49
Minutes to first facility	326	359	326	367	432	445	441
Major	278	158	155	294	262	256	262

Ethnicity mix	Admits	Percent	Incidence	Discharge disposition
European	8434	64%	711	Home 10102 76%
Maori	3891	29%	1021	Acute Care Facil 2075 16%
Other	569	4%	454	Rehabilitation 426 3%
Pacific	342	3%	678	Convalescence 137 1%
(blank)		0%		Self-discharge 107 0.8%
Midland region	12535	all ethn:	719	Other 421 3%

Acute bed days: trauma patients are always acute. This represents trauma bed utilisation by DHB. Case severity groups: 1-12 are considered to be non-major injuries. 1-4 are usually isolated injuries (though an isolated injury can have an ISS of 16). Trauma cases are considered "major" when the ISS is greater than 12.

Time to CT in this report is limited to patients with GCS < 13. CT is urgent in these cases. (Average.)

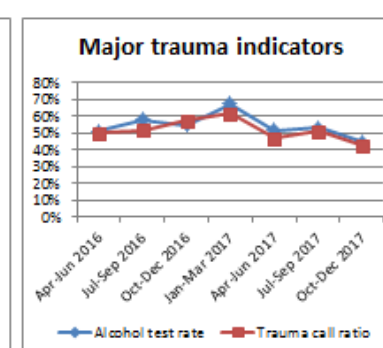
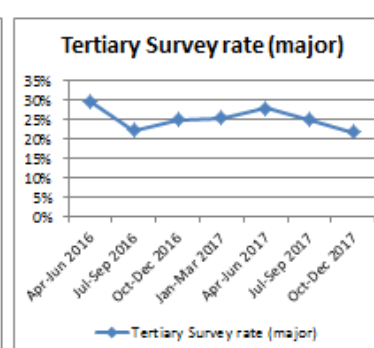
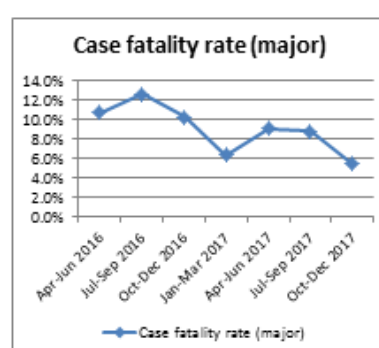
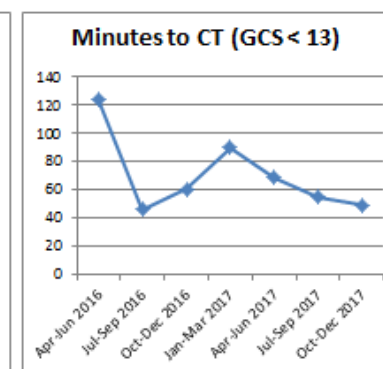
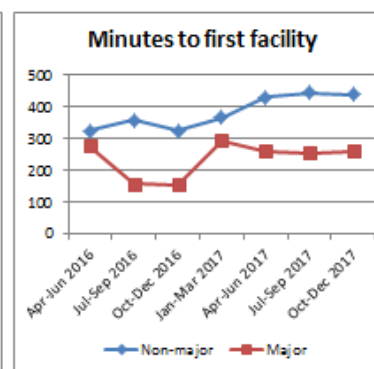
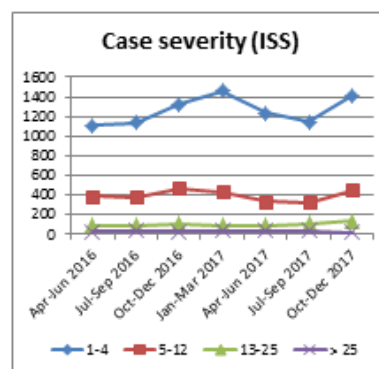
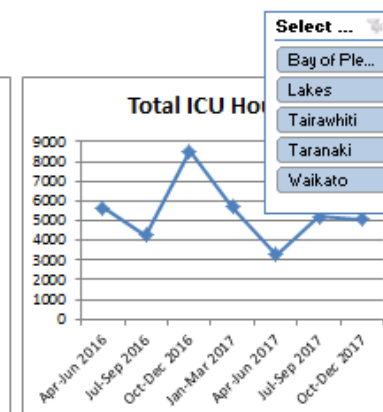
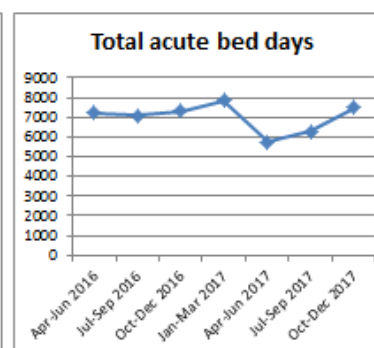
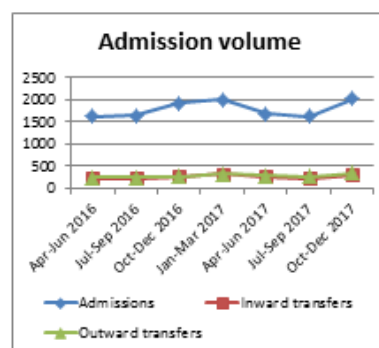
Alcohol and trauma calls: aim for 85% compliance. Trauma call ratio counts is the percentage of major trauma cases that get a trauma call.

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 ED arrival. Only first hospitalisation is counted. Note: RARE extreme errors (> 14 days) have been altered to 500 minutes.

Ethnicity mix: population is based on StatsNZ DHB spreadsheet, 2013 data. Percent is the trauma admission percent by ethnic group. Incidence: per 100K.



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 (note: full reporting provided in Q4)

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

Lead Chief Executive: Jim Green

Trendly Tool - Promoting High Performance in Health

[Source: Trendly Tool as at 09/04/18]

Midland DHBs - Dashboard Summary (Māori)								
Indicator	Date Period	Target	BOP	Lakes	Tairāwhiti	Taranaki	Waikato	Reached Target
PHO Enrolment	Jan-Mar 2018	90%	96.0%	100.0%	100.0%	86.0%	93.0%	4
ASH (0-4 yrs)	Yr to Mar 2017	-	7426	8292	7960	8154	8841	0
ASH (45-64 yrs)	Yr to Mar 2017	-	7607	84444	6092	8747	9347	0
Breastfeeding (6 wks)	Jan-Jun 2016	75%	64.0%	51.7%	59.7%	49.6%	56.3%	0
Breastfeeding (3 mths)	Jan-Jun 2016	60%	44.5%	41.4%	38.2%	41.3%	41.4%	0
Breastfeeding (6 mths)	Jan-Jun 2016	65%	53.6%	57.7%	55.4%	46.8%	49.1%	0
Breast Screening (50-69 yrs)	2018 Q1	70%	59.9%	64.2%	68.4%	61.1%	58.6%	0
Cervical Screening (25-69 yrs)	Oct-Dec 2017	80%	70.3%	72.3%	70.8%	75.8%	67.3%	0
Immunisation (8 mths)	Oct-Dec 2017	95%	83.4%	91.1%	86.8%	85.7%	86.2%	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	0

Midland DHBs - Dashboard Summary (Non-Māori)								
Indicator	Date Period	Target	BOP	Lakes	Tairāwhiti	Taranaki	Waikato	Reached Target
PHO Enrolment	Jan-Mar 2018	90%	100.0%	97.0%	98.0%	96.0%	95.0%	5
ASH (0-4 yrs)	Yr to Mar 2017	-	6650	8254	5607	6303	7181	-
ASH (45-64 yrs)	Yr to Mar 2017	-	3059	4222	3007	4492	3426	-
Breastfeeding (6 wks)	Jan-Jun 2016	75%	77.1%	66.2%	77.8%	66.7%	69.3%	2
Breastfeeding (3 mths)	Jan-Jun 2016	60%	67.4%	57.9%	57.4%	59.2%	61.5%	2
Breastfeeding (6 mths)	Jan-Jun 2016	65%	72.4%	62.5%	69.5%	68.0%	67.3%	4
Breast Screening (50-69 yrs)	2018 Q1	70%	72.0%	74.1%	73.4%	77.0%	70.9%	5
Cervical Screening (25-69 yrs)	Oct-Dec 2017	80%	83.3%	78.8%	81.6%	82.8%	78.9%	3
Immunisation (8 mths)	Oct-Dec 2017	95%	89.5%	92.9%	86.1%	91.7%	92.1%	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	2011-2015	-	-	-	-	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.

Target attained	Within 10% of target	10-20% away from target	More than 20-% away from target
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Objective 2: Integrate across continuums of care - hepatitis C services

Key feature article

Following the Midland Region Hepatitis C Service presentation to Midland region DHB Chief Executives (CEs), Primary Health Organisation CEs and District Health Board (DHB) General Managers Planning and Funding in November 2017, plus an initially unfavourable response to the recent PHARMAC letter requesting laboratory information, this all resulted in a favourable outcome.

Hauora Tairāwhiti CE has announced they are committed to “Eradicating hepatitis C from Hauora Tairāwhiti”. Following a presentation to the regional CEs, plus previously taking the hepatitis C service to the people in the region “up the coast”, clarifying the regional view on hepatitis C and the Pharmac letter, has resulted in the right people, right timing, right place, and a golden opportunity for patient outcomes.

From 1 March 2018 all key stakeholders within the region, met fortnightly to co-design a community campaign to support the eradication of hepatitis C from Hauora Tairāwhiti. This working group consists of the CE, PHOs, community providers, pharmacies, laboratory staff, mental health and addictions, communication person, HealthShare staff, etc.

The approach is based on ensuring the clinical infrastructure and providers are engaged, informed and prepared before a public awareness campaign is commenced. In mid-June a community Fibroscan week will be held with community spirit in mind and as much pre-work being completed before the mobile service comes to town. Patient access barriers will be removed as much as possible to enable equitable access.

Based on the expected 50,000 New Zealanders who have chronic hepatitis C, it is estimated that there are 688 people with hep C within the Hauora Tairāwhiti. With the planning underway and taking the learning from other projects and experts across the region, the goal is that people will feel comfortable to step forward during the campaign to get tested.

Key achievements

- Hauora Tairāwhiti committing to eradicating hepatitis C – to date no GP has prescribed Viekira Pak so this is a significant commitment
- Taranaki DHB has completed a research project on hepatitis C in their region by a medical student. A current gap analysis is being undertaken by Taranaki DHB with hepatitis C. Commitment to eradicate still to be confirmed.
- Needle Exchange hep C clinic – continues fortnightly at Mount Maunganui. Rotorua Needle Exchange has committed to commence hepatitis C clinics. Planning for implementation is underway.
- Presentation to Waikato DHB Mental Health and Addiction staff with positive feedback received
- Chaired Hep C Operational meeting plus two review meetings with the current providers.

Key:
Completed

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On Track

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Caution

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Clinical Chair: Frank Weilert, Waikato DHB Project Manager: Andrea Coxhead (Waikato DHB)				
Key Actions	Q1	Q2	Q3	Q4
1. Continue to raise community and GP awareness, and education of the hepatitis C virus (HCV) and the risk factors for infection	G	G	G	
2. Providing targeted testing of individuals at risk for HCV exposure	G	G	G	
3. Continue to raise patient and GP awareness of long term consequences of HCV and the benefits of treatment, including lifestyle management and antiviral therapy	G	G	G	
4. Providing community based access to HCV testing and care that will include Liver Elastography Scans ² services to the Midland region as a means for assessment of disease severity and as a triage tool for referral to secondary care and prioritisation for antiviral therapy	G	G	G	
5. Establishing systems to report on the delivery of Liver Elastography Scans in primary and secondary care settings	G	G	G	
6. Providing community based ongoing education and support (including referral to needle exchange services, community alcohol and drug services, GP primary care services or social service agencies)	G	G	G	
7. Providing long term monitoring (life-long in people with cirrhosis and until cured in people without cirrhosis)	G	G	G	
8. Providing good information sharing with relevant health professionals	G	G	G	
9. Working collaboratively with primary and secondary care to improve access to treatment.	G	G	G	

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

- Current service under review
- Booked to co-present at Addiction symposium in Christchurch with Compass health

Quantitative Data

Reported in Q4.

² Liver Elastography Scans include mobile and fixed Fibroscan machines and Shear Wave machines being used in radiology departments.

Key:
Completed

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Objective 3: Improve quality across all regional services

Key achievement

Both Taranaki and Waikato DHBs are seeing success with their co-design projects.

Representative: Mo Neville (Waikato DHB) - on behalf of Midland DHB Quality Managers Key Priorities:	Q1	Q2	Q3	Q4	Status commentary
Governance					
<ul style="list-style-type: none"> A proposed structure for a wider membership for the regional quality network to be agreed by the Midland CEOs including refreshed terms of reference and reporting to support the draft strategy 	G	G	G		<p>An away day is scheduled for 4 May to take this work forward regionally.</p> <p>Staff successfully recruited to the regional quality improvement advisor spaces at Ko Awatea, with the course commencing in April.</p> <p>Existing quality improvement advisors at Waikato DHB have formed a learning set and lead the DHB safety projects – end of life, deteriorating patient / sepsis six, etc. The infection control facilitator is involved in the HQSC staph bundle programme. There is ongoing discussion about how to support the mental health QI staff and the quality improvement programme regionally.</p>
<ul style="list-style-type: none"> Regional groups exist for deteriorating patients, infection control and falls that report to the current Q&R group. 	G	G	G		Groups in place. Chair of the regional falls group has left and a replacement will need to be found to reduce the number of falls.
To reduce the number of falls					
<ul style="list-style-type: none"> Complete an update on falls reduction activity across the Midland DHBs. 	G	C			Complete
To improve hand hygiene					
<ul style="list-style-type: none"> Increase publicity and awareness campaign across all DHBs. 	G	G	G		Waikato launching new campaign in April.
Safe surgery					
<ul style="list-style-type: none"> Ensure that data is being collected prior to the 'go live' of the new QSM in July 	G	C			All DHBs collecting data but struggle with sufficient numbers in 'sign out'.
Surgical site infection					

Key:
Completed

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Representative: Mo Neville (Waikato DHB) - on behalf of Midland DHB Quality Managers	Q1	Q2	Q3	Q4	Status commentary
Key Priorities:					
<ul style="list-style-type: none"> Present quarterly SSI report to Midland quality meetings Action to be taken where results are below target. 	A	A	G		<p>Midland DHBs are working on the SSI as individual DHBs, with the SSI rate improving.</p> <p>Waikato is the only DHB doing the Cardiac Surgery SSI and is sitting on the median rate nationally.</p>
Medication safety					
<ul style="list-style-type: none"> Continue discussions on feasibility of achievement of medicines reconciliation by proposed HQSC date of 2016/17. 		A			
To promote consumer engagement					
<ul style="list-style-type: none"> Develop / refine the consumer engagement framework for the region. 		G			
Patient safety					
<ul style="list-style-type: none"> Support and implement the deteriorating patient work stream in line with the objectives and timescales of the national program Regional working group to be in place by end of June 2017 An agreed regional plan to be in place by end of December 2-17 Shared learning from pilot in Tairāwhiti for EWS to be discussed and regional adoption planned. 	G	A			

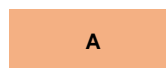
Key:
Completed



On Track



Caution



In Trouble



Objective 4: Build the workforce

Representative: Ruth Ross, Regional Director of Workforce Development		Q1	Q2	Q3	Q4	Status commentary
Enhancing capacity	<ul style="list-style-type: none"> Review current workforce data available and access – review completed. 	G	G	G		
	<ul style="list-style-type: none"> Identify gaps (clinical networks, DHBs, DHB Shared Services, Ministry of Health) – gap analysis completed. 	G	G	G		
	<ul style="list-style-type: none"> Develop sustainable plan to access data required plus enhance modelling capability – plan developed. 	G	G	G		Preparatory work is underway to develop a vulnerable and priority DHB workforce dashboard.
	<ul style="list-style-type: none"> Utilise work of national occupational taskforces to inform regional workforce development planning. 	G				
	<ul style="list-style-type: none"> Build a regional analyst network to share knowledge and skills and increase utilisation and access to workforce information – network established. 	G	G	G		
	<ul style="list-style-type: none"> Produce regular workforce intelligence reports for DHBs and sector groups with analysis of workforce trends including workforces with lower numbers. 	G		G		Preparatory work is underway to develop a vulnerable and priority DHB workforce dashboard.
	<ul style="list-style-type: none"> Identify potential for a sector interest group to increase understanding of workforce needs across the sector, current workforce development, and to share information, ideas, and so that a broader perspective of the needs of those utilising health care workers can be taken during planning – identify potential stakeholders; identify how to market concept. 					
	<ul style="list-style-type: none"> Develop communication approach including regular information sources, mechanism – complete communications plan; identify resource requirements for implementation. 					
	<ul style="list-style-type: none"> Review the medical pipeline in the Midland region, identify issues and propose process to correct if required – review the Ministry of Health (MoH) pipeline, establish regional implications. 					
	<ul style="list-style-type: none"> Support DHB led initiative to share low fidelity simulation scenarios and establish competency assessment simulation packages – identify support requirements and implement. 			G		Bay of Plenty DHB lead has left the DHB. This piece of work is on hold.
	<ul style="list-style-type: none"> Support older or retired employees to continue to use their workplace skills (if necessary) – support medical taskforce ageing workforce initiative; identify outcomes that could be applied within DHBs. 	G				This piece of work relies on outcome from the medical workforce task force.

Key:
Completed

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Representative: Ruth Ross, Regional Director of Workforce Development		Q1	Q2	Q3	Q4	Status commentary
	<ul style="list-style-type: none"> Explore areas of need to improve utilisation, capability, or capacity of the nursing and midwifery workforces. Identify opportunities to work regionally. Identify if the pipeline needs to be improved - identify stakeholder group and engage; identify measures and access workforce data; determine planning methodology and engage with stakeholders; scope drafted for approval. 	G	G			This piece of work relies on national direction which should be available from HWNZ shortly.
	<ul style="list-style-type: none"> Mental Health & Addictions (Midland Mental Health & Addictions Network) – workforce capacity and capability - work regionally to implement the actions set in the Mental Health and Addictions Workforce Action Plan 2017-2021: <ul style="list-style-type: none"> Review alignment with Midland Region Workforce Strategic Plan 2013-2016 and update Midland plan. 	G	G			
	<ul style="list-style-type: none"> Priorities agreed. 	G	G			
	<ul style="list-style-type: none"> Scoping documents for top priorities drafted and approved. 			G		Requires resourcing over and above allocated resourcing for the Midland Mental Health & Addictions workforce lead.
Enhancing diversity	<ul style="list-style-type: none"> Identify opportunities for DHBs to enhance numbers of Māori health workforce via policy, systems or processes (see Māori Health equity template) - analysis of legislation and policy; identify potential to amend systems and processes. 	G				
	<ul style="list-style-type: none"> Identify opportunities to support Kia Ora Hauora graduates to transition to work - develop a strategy across Midland DHBs for Māori workforce increase in priority areas. 	G				
	<ul style="list-style-type: none"> Identify opportunities to enhance access to cultural competence training – complete stocktake and provide DHBs with results. 					
Enhancing succession planning	<ul style="list-style-type: none"> Support DHBs to implement the State Service Commission leadership and talent management framework, and the NGO and Volunteer sector (if required) - identify where shared service can add value. 			G		Midland DHBs have decided not to take a regional approach, however, Midland resource is available if more than one DHB would like to collaborate.
Building workforce flexibility	<ul style="list-style-type: none"> Collaborate with the Industry Training Organisation, and community health care providers to increase the numbers of workforce with L3 qualifications – scoping document completed. 	G		G		Working with Midland DHBs' Oral Health Services Managers to implement L3 training for the Dental Assistants.
	<ul style="list-style-type: none"> Identify opportunities to increase numbers of the assistant workforce with the L3 qualification – scoping document completed. 			G		Initial scoping completed, however, this is not straight forward because of the legislative model.

Key:
Completed

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Objective 5: Improve clinical information services

Regional priorities

Digital Health 2020		
Initiative/project overview	Status overall	Status commentary
Single Electronic Health Record (eHR) <ul style="list-style-type: none"> Single national eHR - involvement in Sector Advisory Committee; business case approved <ul style="list-style-type: none"> Taranaki 	G	Continue to work with MoH as required
<ul style="list-style-type: none"> Primary care dataset – complete delivery of integrated primary / secondary data to authorised DHB and primary/community users to increase clinical visibility of patient data <ul style="list-style-type: none"> BOP – successful bi lateral clinical access to primary/secondary CIS Lakes – successful bi lateral clinical access to primary/secondary CIS Tairāwhiti – successful bi lateral clinical access to primary/secondary CIS Taranaki – successful bi lateral clinical access to primary/secondary CIS Waikato – integration with Primary and Community Partners (PHO, LMC, Pharmacy, St John, etc) 	G A G G	All primary care data is available to all our primary and community users. That means that every authorised user (community, primary, secondary) has access to filtered primary care data, community pharmacy data and DHB secondary care data. This work now focussing on provision of a new flag for immunisation and better data integrity. Requirements gathering - potential scope overlap with eSPACE No update at this point Project Connect underway to provide Bi-directional summary data between Primary and secondary care. Proof of Concept complete and successful. Planning on Q2 delivery of ICT enabled bidirectional clinical data nearing completion. One-click or Web portal integration in place for primary care, palliative, and community care (1053 users). High usages (600 users using it at least once per month, and 700 patient data accesses per day). Current rollout phase includes; Community Pharmacy, St John, and LMCs. St John eRF integration remains on hold pending St John. PACS View Anywhere (Web Portal) planned to Go Live June-18 and which point access to required GP and private Radiology clinics will be provided.
Digital Hospital <ul style="list-style-type: none"> Lakes MedCheck – BOPDHB to work with Lakes DHB to bring Lakes community pharmacy data into shared sub-regional Éclair CDR <ul style="list-style-type: none"> Lakes - capability across the Midland region has increased against assessment criteria eLabs Orders – continue local orders project based on regional results application. Initiative to utilise and align to regional. <ul style="list-style-type: none"> BOP – implementation of electronic orders in secondary care – pilot to be followed by phased roll out Lakes – ability to initiate and view orders electronically across Lakes and 	 A G A	Community dispensing information to be delivered via eSPACE May 2018 Extension of pilot to Tauranga cancelled. Local project proceeding to full business case. Maintaining a close watch on impact of the eSPACE programme in the area of eResults management and eOrders. On hold, waiting to see what happens with the eSPACE results work stream.
Key: Completed C On Track G Caution A In Trouble R		

Digital Health 2020		
Initiative/project overview	Status overall	Status commentary
BOP <ul style="list-style-type: none"> Waikato – eOrders (Laboratory and Radiology) 	G	In delivery. Targeting May-18 Go Live. It tactical to meet immediate requirements with commitment to transition to regional solution once available.
<ul style="list-style-type: none"> Local integration of Independent Midwives information system <ul style="list-style-type: none"> Tairāwhiti – successful clinical access to primary maternity information and results management Waikato – successful clinical access to primary maternity information and results management 	G	No update at this point. LMC access to CWS in delivery phase. Awaiting MoH to progress national maternity solution.
<ul style="list-style-type: none"> Upgrade of Sub Regional PACS/RIS and implementation of view anywhere solution <ul style="list-style-type: none"> BOP – solution is current and enhanced functionality delivered Tairāwhiti – solution is current and enhanced functionality delivered Taranaki – solution is current and enhanced functionality delivered Waikato - solution is current and enhanced functionality delivered 	G G A G	System upgrades and extensions completed. Planning for future upgrades underway. System upgrades and extensions completed. Planning for future upgrades underway. Decision made to align with regional PACS/RIS. Planning for project to complete business case underway. 2018 upgrades for Waikato, BoP, and Tairāwhiti scheduled (voice recognition, View Anywhere portal, SMS Appointment Reminders, Win10 compatible version). March through to Oct Go lives.
<ul style="list-style-type: none"> PACs and RIS and review of regional solutions as an option 		Not scheduled to start yet.
Health and wellness dataset <ul style="list-style-type: none"> Define and agree governance structure – information governance is established across the Midland region <ul style="list-style-type: none"> HealthShare Align information standards across the Midland region for key datasets – key datasets can be accessed across the Midland region enabling better information analysis <ul style="list-style-type: none"> HealthShare 	A G	Not started yet. Progressing through various projects.
Preventative health IT capability <ul style="list-style-type: none"> Prepare for 2018 bowel screening rollout <ul style="list-style-type: none"> Waikato and Midland Bowel Screening Regional Centre (BSRC) Lakes and Midland Bowel Screening Regional Centre (BSRC) 	R A	On hold as per MoH change to rollout approach. Business case approved by Lakes, awaiting MoH approval. Commencing planning phase.
Regional IT foundations - Midland Clinical Portal (eSPACE Programme) <ul style="list-style-type: none"> eSPACE Midland Clinical Portal Foundation Project (MCPFP) – MCPFP live; clinician acceptance <ul style="list-style-type: none"> BOP Lakes Tairāwhiti Taranaki 	G	Access to MCPFP has now been enabled at all Midland DHBS. Benefits are already been realised by Clinicians within the Midland region.

Key:
Completed

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Digital Health 2020		
Initiative/project overview	Status overall	Status commentary
<ul style="list-style-type: none"> Waikato 		
<ul style="list-style-type: none"> eSPACE Midland Regional Results – visibility of all regional Laboratory and Radiology results within the regional repository from CWS within patient context; clinician acceptance <ul style="list-style-type: none"> BOP Lakes Tairāwhiti Taranaki Waikato 	A	Awaiting a decision to proceed with building an Orion prototype for the results repository in a development environment.
<ul style="list-style-type: none"> Medications management – eMeds – including electronic prescribing and reconciliation <ul style="list-style-type: none"> Taranaki – ePrescribing – transition and upgrade MedChart onto Midland Regional Platform eSPACE : BOP, Lakes, Tairāwhiti, Taranaki, Waikato – to be scoped for ePrescribe, eDispense, eReconciliation and eManagement 	A A	Challenges with the New Zealand Universal List of Medicines (NZULM) transition but should be delivered early 2018. Medchart successfully rolled out to Hawera hospital. Planning for rollout of Medchart to the rest of base hospital underway. Regional Business Requirements are currently being gathered.
Regional IT foundations - other		
<ul style="list-style-type: none"> Telehealth <ul style="list-style-type: none"> Lakes telehealth foundation project – telehealth services can be utilised in clinical practice Waikato – actively progressing the rollout of Telehealth solution, inclusive of fixed Telehealth VC units and soft clients (Jabber); participation in the Stroke Thrombolysis Telehealth trial – migration from Lync to Jabber aligned with regional direction 	C G	Telehealth services are being used for clinical practice. Jabber reschedule reset for a June to July-18 phased Go Live.
<ul style="list-style-type: none"> IaaS – transition to AoG IaaS solution <ul style="list-style-type: none"> Waikato – IAAS live BOP – IAAS transition Lakes – IAAS transition 	G G G	Progressing in accordance with plan. 5 Waves completed with no major issues. Wave 5 largest to date with 51 servers and 43Tb of storage moved. On track for completion end of June 2018. All production servers and 80% of production data migrated. Test servers and data being actively migrated also. Technical delays with service establishment, now expected April.

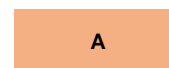
Key:
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On Track



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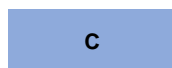


In Trouble



Other eHealth business priorities		
Initiative/project overview	Status overall	Status commentary
Maternity – National Maternity Information System to commence once second adopter options released by national programme <ul style="list-style-type: none"> Implementation to commence following review and approval of business case; plan for implementation (subject to other priority projects) <ul style="list-style-type: none"> BOP Lakes Taranaki Waikato 	R R R R	Not progressing – delayed while national issues sorted. Project stalled due to clinical risk concerns. Awaiting contact from Ministry of Health (MoH) around timeframes and way forward. Awaiting MoH around timeframes and way forward.
Nationally consistent electronic oral health record <ul style="list-style-type: none"> Participation in MoH led programme <ul style="list-style-type: none"> BOP Lakes Taranaki Waikato 	R R R R	National RFP completed and no suitable option to move forward. Continuing with current Titanium product – will be upgraded December 2018 / January 2019. Continuing with current Titanium product. RFP completed and no suitable option to move forward. In process of planning a Titanium upgrade. Awaiting MoH re national version and contract consolidation, and resolution of vendor issues.
<ul style="list-style-type: none"> Implement Titanium across hospital Dental Service (implemented for community oral health) <ul style="list-style-type: none"> Waikato - Titanium utilised by hospital dental service Waikato - CIO representation on EOHR Programme 	C n/a	Titanium implemented.
Cancer Information Strategy – support national initiatives <ul style="list-style-type: none"> Participation in MoH led programme <ul style="list-style-type: none"> Waikato – work with Midland Cancer Network to develop required business case(s) – business case developed. 	A	On hold as a result of MoH deferment of Go Live.
National Immunisation Register (NIR) replacement – support national initiatives; – involvement in national initiatives and working groups where required – business case developed <ul style="list-style-type: none"> BOP Lakes Taranaki Waikato 	R R R R	No update from MoH No update from MoH No update from MoH No update from MoH

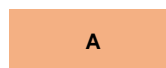
Key:
Completed



On Track



Caution



In Trouble



Additional key initiatives		
Initiative/project overview	Status overall	Status commentary
<ul style="list-style-type: none"> Chronic conditions (diabetes and gastro) solution (Waikato) 	G	Solution (Hicom) implementation progressing. Will be utilised across Rheumatology, Diabetes (Child and Adult) and Gastro. Additional services looking at being added. Targeting Nov-18 Go Live.
<ul style="list-style-type: none"> Patient Flow toolsets (eCWB) (Waikato) 	A	In early stages of detailed configuration, working closely with Change Team and vendor.
<ul style="list-style-type: none"> Disaster Recovery Solution (Waikato) 	G	Plan to submit BC to MoH for approval in May-18.
<ul style="list-style-type: none"> Windows 10 (Waikato) 	G	Approved and commenced. In planning stage. 18 month migration.
<ul style="list-style-type: none"> Nutrition and food management system (Waikato) 	G	Approved and commenced. In planning stage.

eSPACE Functionality Roadmap (draft)

See over page for A3 version.

Key:
Completed

C

On Track

G

Caution

A

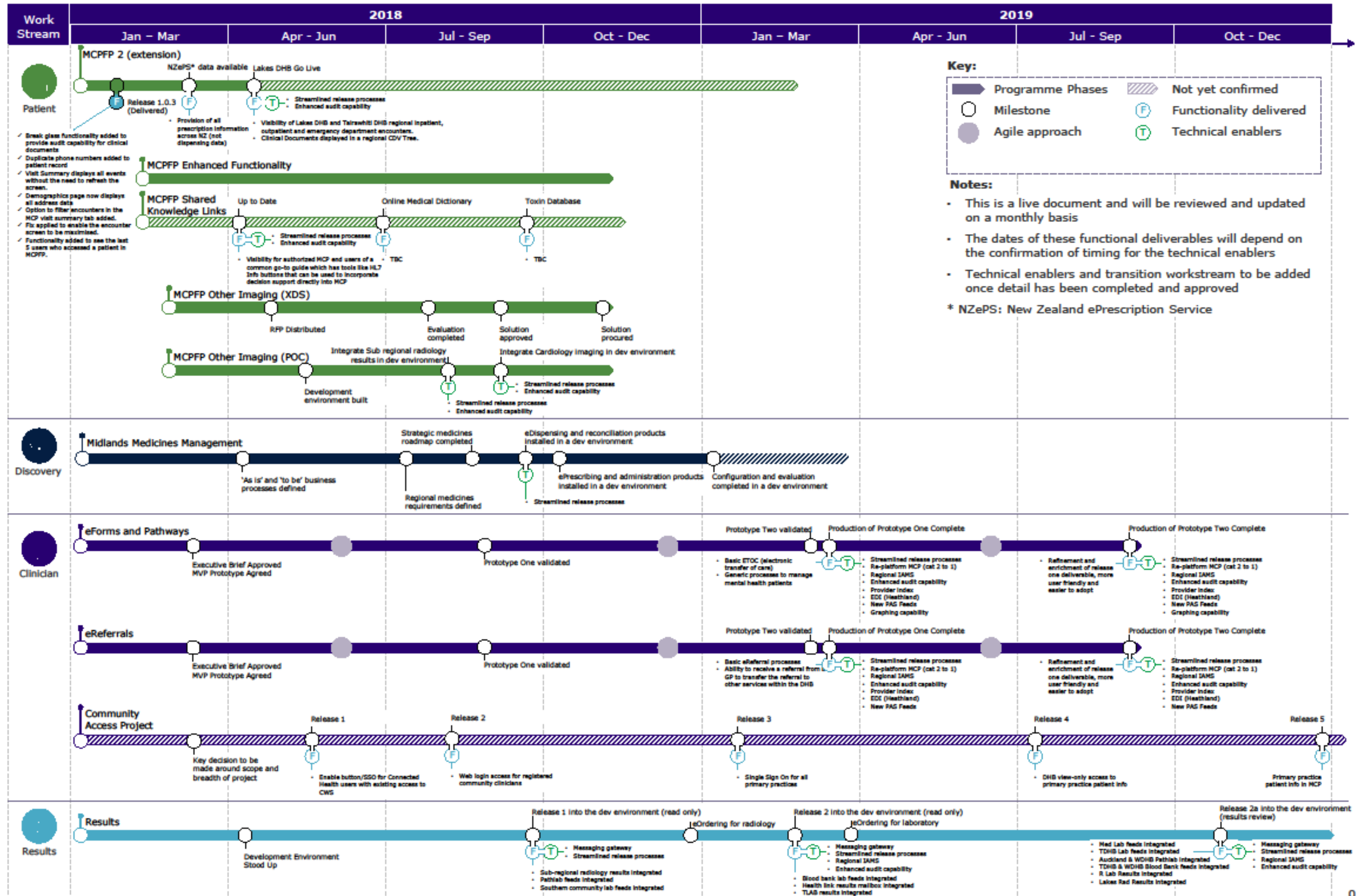
In Trouble

R

eSPACE Functionality Roadmap

Draft

eSPACE



Objective 6: Efficiently allocate public health system resources

HealthShare Limited – Third Party Provider Audit & Assurance Service (note: reporting in Q2 and Q4)

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

HealthShare Limited – 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 a percentage of each internal audit plan achieved to date for the income year, is as follows:					
• Lakes DHB	G	A	G		Achievement of the 2017/18 programme continues to progress well. It is still likely that one or two planned audits may not occur by year-end due to a lack of progress at the DHB, or nationally with initiatives related to the audit topics.
• Hauora Tairāwhiti	G	G	A		There is gradual completion of the year's plan; although the majority of audits are set to occur in the later part of this financial year to align with DHB management's preference and readiness for the audits. One audit still remains from 2016/17, which is dependent on management's readiness for the assignment.
• Taranaki DHB	A	G	G		The vast majority of the annual internal audit plan has been completed, with the few remaining audits easily achievable during the remainder of the year.
• Waikato DHB	G	G	G		A significant number of audit reports have been finalised and submitted so far this financial year, and numerous other audits are either underway or in the preparation stage. Our audit programme at this DHB continues to be revised based on the changing needs and priorities of DHB management and the audit committee.

Key:
Completed

C

On Track

G

Caution

A

In Trouble

R