

SUMMARY REPORT OF 2018/19 ANNUAL PLAN AND NON FINANCIAL PERFORMANCE MEASURES (QUARTER 1, 2018/19)

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Part 1: Delivering on Planning Priorities

Planning Priority: Primary Health Care

1. ACCESS																																						
<p>Objectives: Improve access to general practice and locality based community health teams Extend zero fee access to general practice, after hours and prescriptions for the eligible under 14 year old population</p>																																						
<p>Milestones: From 01 July 2018, all IFHCs/GPTs invited to participate in the "health care home" (HCH) programme with a focus on teams, technology and performance Offer alternative GPT access options for patients via patient portal, email, telephone and video conference Revise current under 13s contract with general practices to include additional PSAPP negotiated funding and extend contract to include under 14s from 01 December 2018. Implement requirements to meet reduced fees for community service card holders, per PSAPP agreement, from 01 December 2018</p>																																						
<p>Measures: Increase enrolment of Māori with PHOs to ≥90% (PP33) Incidence rate ratio of ED presentations compared with non Health Care Home practices (baseline year 2018/19) ≥75% GPTs/IFHCs offering access to e-portal ≥95% coverage rate of General Practices offering zero fees for under 14 year old children, within 60 minutes travel time</p>																																						
Results:				Quarter 1																																		
				Status: Progress Update																																		
<p>Percentage of Estimated MidCentral DHB Maori and non-Maori Population Enrolled with a PHO</p> <table border="1"> <caption>Estimated Data from Chart</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>Māori (%)</th> <th>Non Māori (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">17/18</td> <td>Qtr1</td> <td>~85.5%</td> <td>~94.5%</td> </tr> <tr> <td>Qtr2</td> <td>~86.0%</td> <td>~94.5%</td> </tr> <tr> <td>Qtr3</td> <td>~86.5%</td> <td>~94.5%</td> </tr> <tr> <td>Qtr4</td> <td>~86.5%</td> <td>~94.5%</td> </tr> <tr> <td rowspan="2">18/19</td> <td>Qtr1</td> <td>~86.5%</td> <td>~94.5%</td> </tr> <tr> <td>Qtr2</td> <td>~86.5%</td> <td>~94.5%</td> </tr> <tr> <td rowspan="2">18/19</td> <td>Qtr3</td> <td>~86.5%</td> <td>~94.5%</td> </tr> <tr> <td>Qtr4</td> <td>~86.5%</td> <td>~94.5%</td> </tr> </tbody> </table>				Year	Quarter	Māori (%)	Non Māori (%)	17/18	Qtr1	~85.5%	~94.5%	Qtr2	~86.0%	~94.5%	Qtr3	~86.5%	~94.5%	Qtr4	~86.5%	~94.5%	18/19	Qtr1	~86.5%	~94.5%	Qtr2	~86.5%	~94.5%	18/19	Qtr3	~86.5%	~94.5%	Qtr4	~86.5%	~94.5%	<p>July 2018: Of the total estimated domicile population (178,240), 165,438 (92.8%) were enrolled with a PHO; 30,829 (86.4%) of 35,700 Māori. This represents an increase of 962 (3.2%) Māori compared to July 2017.</p>			
Year	Quarter	Māori (%)	Non Māori (%)																																			
17/18	Qtr1	~85.5%	~94.5%																																			
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<p>Quarter 4, 2017/18: Rate ratio of HCH practice population attending the ED relative to non HCH practice population = 0.66 (HCH – 46 per 1,000 enrolled population) (Non HCH – 70 per 1,000 enrolled population)</p>				<p>Central PHO started their Health Care Home (HCH) programme with a focus on IFHCs. Between October 2017 and January 2018, all IFHCs in the CPHO region commenced implementation of HCH, with 3 out of the 4 being successfully credentialed in the model of care. CPHO is now engaging mid-sized practices about enrolling in the HCH programme, also looking at those practices interested in implementing the Indici PMS due to the affiliation of this PMS with HCH. This approach has been taken to look at getting the largest proportion of our high needs population enrolled in an HCH practice as quickly as possible. CPHO continues to actively work with Practices to invite them to the patient portal platform. Several practices have indicated they would like to be set up by the end of the year. VIP PMS practices, who are unable to utilise the Manage My Health platform, offer the ability to order repeat scripts using their websites.</p>																																		
MoH Assessment:				Qtr 1:	Qtr 2:	Qtr 3:	Qtr 4:																															

2. INTEGRATION

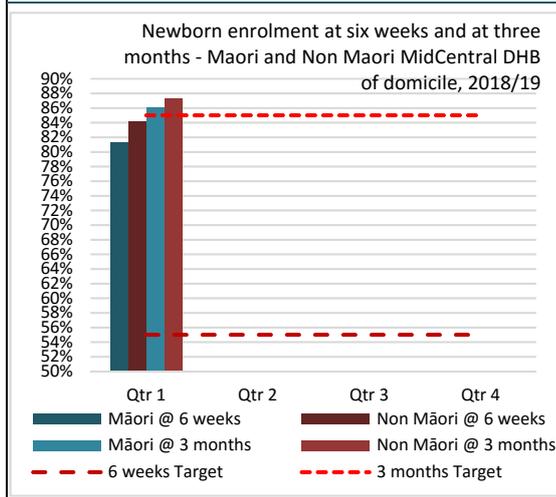
Objective: Increase enrolment with Central PHO (including newborns)
Strengthen utilisation of other workforce in primary health care settings

Milestones: Enrolment strategy quarterly updates
By 31 December, increase capacity supporting community clinical pharmacists working with IFHCs/GPTs

Measures: Percentage of newborns enrolled in General Practice by 6 weeks of age and by 3 months of age (SI18)

Results:

Quarter 1	
Status:	Progress Update



DHB of domicile. Local data sourced from the National Immunisation Register and Newborn Enrolment Programme

Targets for both milestone ages being achieved.

A DHB/Central PHO partnership enrolment strategy has been developed which focuses on ensuring our Māori population are enrolled. Within this strategy there are multiple activities to encourage enrolment across multiple touch points within the system (in both health and non-health sectors). This includes ensuring that the non-enrolled population accessing ED are flagged and followed up by a centralised enrolment co-ordinator (currently being recruited).

The new National Enrolment System is scheduled to go live in February 2019.

Also refer SI18

Community clinical pharmacists: Milestone met.

Capacity of Primary Care Support Pharmacists has been increased from 2 FTE to 4 FTE - these commence early December 2018. Additionally, in order to support these roles a team leader role (the Population Health Pharmacist) has been established. The Population Health Pharmacist (PHP) will lead the team in the analysis and improvement of prescribing practices across primary care where issues have been identified as contributing to inequities, inappropriate prescribing and sub-optimal health outcomes. This will guide the patient level interventions completed by the Primary Care Support Pharmacists located in the IFHCs.

MoH Assessment: Qtr 1: Qtr 2: Qtr 3: Qtr 4:

3. SYSTEM LEVEL MEASURES

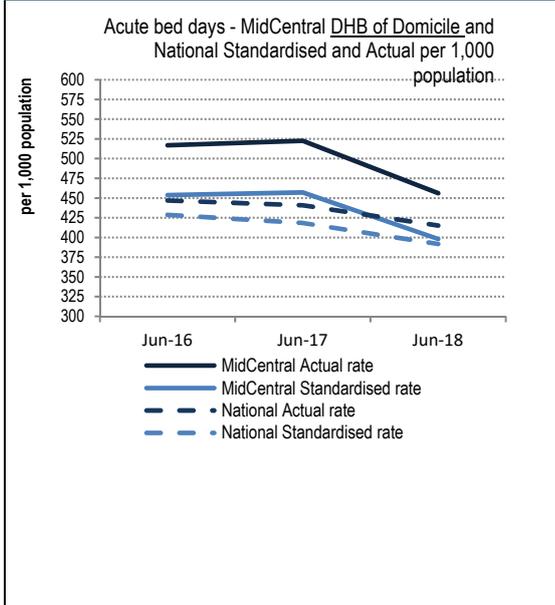
Objective: Improve equity in health outcomes for identified populations

Milestones: Progress report each quarter

Measures: Reduction in ambulatory sensitive hospitalisation rate – 0 to 4 year old (SI1)
Acute hospital bed day rate (SI7)
Youth access to utilisation of youth appropriate health services (SI12)
Amenable mortality rate (SI9)
Improved patient experience of care (SI8)
Increased number of babies living in smokefree households (SI13)

Results:

Quarter 1	
Status:	Progress Update

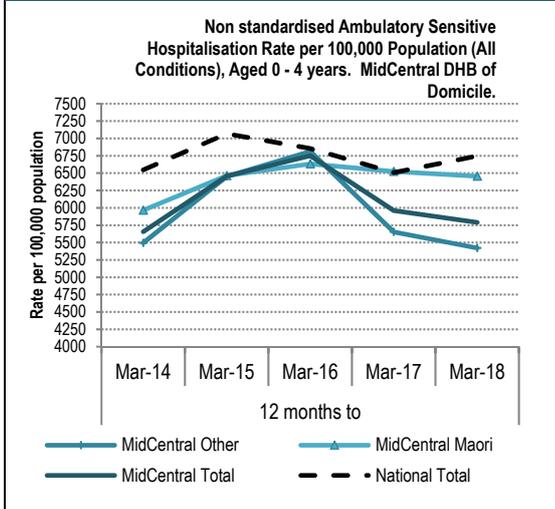


Reduction in actual acute beddays per capita over the year to June 2018 – down to 456.1 per 1,000 population from 522.6 over the 12 months to end June 2017. MidCentral’s standardised rate at 398.1 per 1,000 population was closer to the national rate (391.7).

The 2017/18 bedday rate equates to 80,007 beddays for 27,234 acute stays, for an estimated population of 175,410 people. The acute bedday rate for Māori was lower than non Māori at 332 per 1,000 population (359 Pacific and 492 for Other ethnicity groups).

Bedday reductions occurred across all 5-year age bands compared to the previous year.

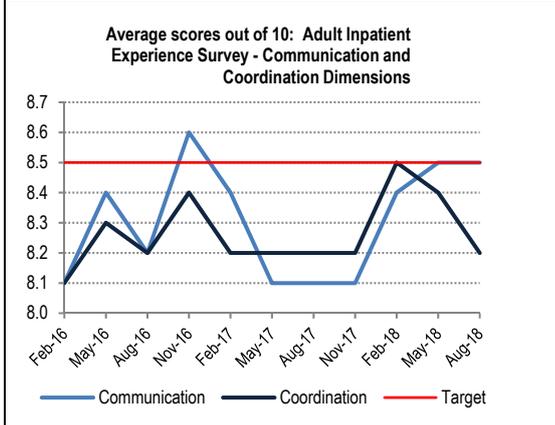
As a DHB of Service, MidCentral’s rate was 441.9 per 1,000 – also a reduction relative to the previous 12 months (464.5 per 1,000), equating to 77,513 beddays for 22,068 acute stays over the 12 months to June 2018. The patient flow work, including the focus on delayed discharge patients, that was undertaken over the year in Medical services has had a positive effect on reducing the acute bed days utilised at PNH.



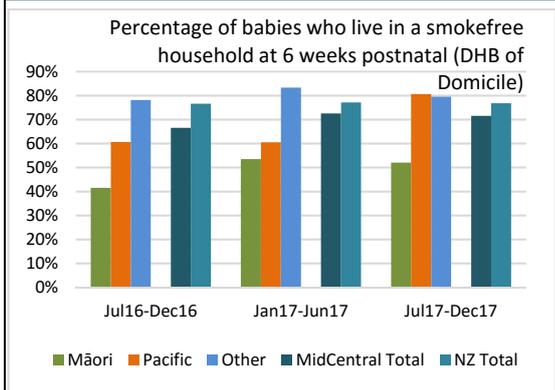
Ambulatory sensitive hospitalisation rate of 5,790 per 100,000 total population for the 12 months ending March 2018 (6,456 for Māori and 5,421 for Other ethnicity groups)

Relatively low ASH rates compared to the all New Zealand rates for this age group. However, the ASH rates for Māori children over the last two years have been higher, and, have not reduced to the same extent as they have for non Māori children. Persistent, contributing conditions to ASH events and rates for Māori children are dental caries, upper respiratory infection, asthma, pneumonia and cellulitis (skin infections/inflammation).

These inequities give us more reason to target health and social determinant causes to attempt to reduce Maori rates to those of others.



August survey results (for a 40% survey response rate, n.144) show the target mean score retained at 8.5 (out of 10) for the ‘communication’ domain, while there was a further drop to a mean score of 8.2 for the ‘coordination’ (of care) domain. 59 percent of respondents felt they received enough information on how to manage their condition after discharge from hospital, and, 66% felt they were given conflicting information by different staff members.



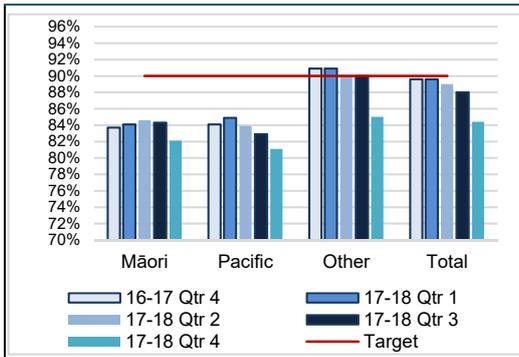
Data source: MoH, Well Child Tamariki Ora dataset, at June 2018). Relatively consistent rates reported over these three periods; 71.5 percent of the 921 babies enrolled with WCTO providers over the latest period were living in smokefree households; lower than the total rate for NZ, which has been around 77 percent.

The rate for Māori babies living in smokefree households was significantly lower than the other ethnicity groups (52.0%) and was similar to the NZ rate for Māori (52.8%).

<p>Actual intentional self harm hospitalisation rate per 10,000 population aged 10 - 24 years - MidCentral DHB and New Zealand Maori and Total</p> <table border="1"> <caption>Actual intentional self-harm hospitalisation rate per 10,000 population aged 10 - 24 years</caption> <thead> <tr> <th>Category</th> <th>Year to Jun 2016</th> <th>Year to Jun 2017</th> <th>Year to Jun 2018</th> </tr> </thead> <tbody> <tr> <td>MidCentral Maori</td> <td>48</td> <td>45</td> <td>55</td> </tr> <tr> <td>MidCentral Non Maori</td> <td>55</td> <td>52</td> <td>45</td> </tr> <tr> <td>National Maori</td> <td>45</td> <td>52</td> <td>55</td> </tr> <tr> <td>National Non Māori</td> <td>38</td> <td>42</td> <td>42</td> </tr> </tbody> </table>	Category	Year to Jun 2016	Year to Jun 2017	Year to Jun 2018	MidCentral Maori	48	45	55	MidCentral Non Maori	55	52	45	National Maori	45	52	55	National Non Māori	38	42	42	<p>The age-standardised rate of intentional self-harm hospitalisations by the total 10-24 year old young people with MidCentral as DHB of domicile was 47.9 per 10,000 for the 12 months ending June 2018 – a reduction on the previous two years, but remains higher than the all NZ rate (45.7 per 10,000). The absolute number over the year reduced by 4 events to a total of 180 relative to the 2016/17 year..</p> <p>Intentional self-harm hospitalisations by younger Māori in MidCentral's district are somewhat higher when compared to New Zealand's Māori, and have been steadily increasing, with a notable increase in the 2017/18 year (an increase of 15 hospitalisations to 61; a rate of 57.6 per 10,000 Māori aged 10 – 24 years). Most of the intentional self-harm hospitalisations occur in the 15-19 year old age group across all ethnicities.</p>
Category	Year to Jun 2016	Year to Jun 2017	Year to Jun 2018																		
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Qtr 1:	n/a	Qtr 2:		Qtr 3:		Qtr 4:															

4. PHARMACY ACTION PLAN									
Objective: Increase access to community clinical pharmacists in health care delivery team									
Milestones: Integrated Pharmacist Services in the Community Agreement (IPSCA) actioned from 01 October 2018 Agreed strategy and plan by 31 March 2019 (phase 1 by 30 September 2018)									
Measures: Percentage of current CPSA contract holders taking up new contract									
Results:	Quarter 1								
100% of CPSA contract holders have taken up new contract.	Status:	Progress Update							
	Local strategy development progressing well with good participation from clinical pharmacists group. Phase 1 completed on time, phase 2 on track. (also see "Integration" above)								
MoH Assessment:	<table border="1"> <tr> <td>Qtr 1:</td> <td>n/a</td> <td>Qtr 2:</td> <td></td> <td>Qtr 3:</td> <td></td> <td>Qtr 4:</td> <td></td> </tr> </table>	Qtr 1:	n/a	Qtr 2:		Qtr 3:		Qtr 4:	
Qtr 1:	n/a	Qtr 2:		Qtr 3:		Qtr 4:			

5. CARDIOVASCULAR DISEASE AND DIABETES RISK ASSESSMENT							
Objective: Improve early detection and management of risks for cardiovascular disease. Improve delivery of equitable, quality services for people at high risk of or living with diabetes and reduce variation in practice.							
Milestones: Rapid access clinic for people with diabetes complications requiring prompt access to specialist advice planned by 31 December 2018 and implemented by 30 June 2019 Increased diabetes specialist capacity with additional SMO, CNS and Dietician positions in place by 31 December 2018 (Standard 13b – self-assessment) CVDRA improvements – quarterly updates Two interdisciplinary professional education sessions by 30 April 2019							
Measures: ≥90% of all eligible PHO enrolled patients (including Māori men aged 35 – 44 years) have had their cardiovascular risk assessed in the last 5 years (PP20) Number of first contacts (including virtual) referred for specialist advice (Qtr 3 & 4) Number and proportion of inpatients with a coded secondary diagnosis of diabetes who are reviewed by the Diabetes service prior to discharge Proportion of enrolled people aged 15 – 74 years in the PHO with diabetes and the most recent HbA1c during the last 12 months of ≤64mmol/mol, ≤80mmol/mol, ≤100mmol/mol and >100mmol/mol							
Results:	Quarter 1						
	Status:	Progress Update					



CVD risk assessments – Māori male aged 35-44 years, 2017/18

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CVDRA	879	933	977	981
Eligible	1362	1356	1397	1390
Percent	64.5%	68.8%	69.9%	70.6%

Cardiovascular disease risk assessment rate as a proportion of the eligible enrolled population continues to drop each quarter. At the end of September 2018, 42,096 of 51,047 (82.5%) people were recorded as having had their cardiovascular risk assessed within the last five years – 80.5% (n. 6,803) of 8,450 Māori.

The focus on younger Māori men over 2017/18 has helped to boost the total rate for Māori, supported by Te Tihi incorporating CVDRA as part of health initiatives via the Tane Ora Alliance programme and the Kaianga Whanau Ora project.

Central PHO continues to deploy a number of strategies to support GPTs/IFHCs increase their rates.

A revised improvement plan has been developed. This includes: senior leaders visiting GPTs to discuss activity toward targets, provision of point of care lipid testing meters for opportunistic CVRA and outreach clinics, provision of missing patient lists to practices and weekly update of movement to target, and incentivization as part of SLM measures.

The IT decision support tool (BPAC), used in this region for calculating CVDRA is yet to be updated with the Ministry's latest cardiovascular risk recommendations. This situation is common to other vendors across the country and is expected to be rectified in early 2019.

MoH Assessment: Qtr 1: Qtr 2: Qtr 3: Qtr 4:

6. SUPPORT TO QUIT SMOKING

Objective: Increase provision of advice and referral to support quit smoking attempts by enrolled population who currently smoke

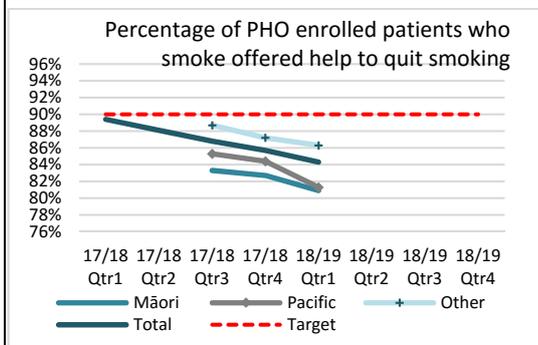
Milestones: Revised approach implemented by 01 October 2018
 Increase in number of patients provided with SBA and referrals to smoking cessation service at end of each quarter
 Monthly reviews with CPHO, Practice Liaison and TOAM

Measures: ≥90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
 Increased proportion of patients recorded as having accepted smoking cessation support (≥30%)

Results:

Quarter 1

Status: **Progress Update**



Of the 20,828 enrolled population identified as current smokers, 17,568 (84.3% were recorded as having been given brief advice to quit smoking. This is a 1.4 percentage point reduction in the result reported last quarter, and is below the national average (87.7%).
 The CPHO are re-examining the array of strategies deployed to promote and initiate quit smoking attempts, facilitated by cross-sector working group (including best practice, data collections, training, information sharing, on-site clinics at GPTs, multi-party referral management, prompts and reminder tools).

Proportion of total current smokers recorded as accepting cessation support services

The recorded rate of accepted cessation support for this period increased slightly to 28.4% (n.5,924), but this remains well below the national average (33.5%).

17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
20.8%	20.0%	23.8%	28.2%	28.4%

MoH Assessment: Qtr 1: Qtr 2: Qtr 3: Qtr 4:

Planning Priority: Mental Health

7. MENTAL HEALTH AND ADDICTIONS																																					
<p>Objectives: Improve the quality and safety of mental health services, including minimising restrictive care Improve transition of care arrangements for people who are discharged from specialist community mental health and addiction services</p>																																					
<p>Milestones: De-escalation and communication skills training for all unit staff completed De-escalation space available by 31 May 2019</p>																																					
<p>Measures: Percentage reduction in seclusion hours (by ethnicity) per annum ≥95% of clients discharged from mental health and addiction services (including inpatient) have a quality transition plan (PP7)</p>																																					
<p>Results:</p>	<p>Quarter 1</p> <p>Status: Progress Update</p>																																				
<p>Percentage of clients discharged with a transition (discharge) plan</p> <table border="1"> <caption>Percentage of clients discharged with a transition plan</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>Māori (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>17/18</td> <td>Q1</td> <td>~65</td> <td>~75</td> </tr> <tr> <td>17/18</td> <td>Q2</td> <td>~65</td> <td>~75</td> </tr> <tr> <td>17/18</td> <td>Q3</td> <td>~75</td> <td>~85</td> </tr> <tr> <td>17/18</td> <td>Q4</td> <td>~85</td> <td>~90</td> </tr> <tr> <td>18/19</td> <td>Q1</td> <td>~45</td> <td>~75</td> </tr> <tr> <td>18/19</td> <td>Q2</td> <td>-</td> <td>-</td> </tr> <tr> <td>18/19</td> <td>Q3</td> <td>-</td> <td>-</td> </tr> <tr> <td>18/19</td> <td>Q4</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Year	Quarter	Māori (%)	Total (%)	17/18	Q1	~65	~75	17/18	Q2	~65	~75	17/18	Q3	~75	~85	17/18	Q4	~85	~90	18/19	Q1	~45	~75	18/19	Q2	-	-	18/19	Q3	-	-	18/19	Q4	-	-	<p>Data for 12 months to June 2018. Of the 2,055 clients discharged, 1,521 (74%) were recorded as having a discharge (transition) plan; a reduction over the last two quarters – most notably for Māori clients this last quarter. This is more likely related to a data collection / transfer issue, which is being further investigated (the denominator (number discharged) more than doubled while the number with plans increased by 56 over the quarter). Further work on addressing transition planning for Māori is required. (Note: from quarter 2, will include inpatients discharged)</p>
Year	Quarter	Māori (%)	Total (%)																																		
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<p>Inpatient seclusion hours: Total hours per quarter</p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> <th>Percent change year end</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pacific</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Percent change year end	Maori						Pacific						Other						Total						<p>During quarter 1, 31 seclusion incidents occurred for 20 clients – much the same as over the previous quarter (30 incidents by 20 clients), with monthly variations. Data by ethnicity and time (total hours) yet to be reported.</p>						
2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Percent change year end																																
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PLANNING PRIORITY: CHILD HEALTH

8. CHILD WELLBEING	
<p>Objectives: Improve breastfeeding rates with a particular focus on supporting Māori and Pacific women and those living in high deprivation areas Strengthen continuity of care and integrity of handover information Contribute to the reduction of harm to children and their family / whanau</p>	
<p>Milestones: Breast feeding strategy established by 31 December 2018; progress updates on implementation of action plan in quarters 3 and 4 Quarterly updates on progress with LMC-WCTO handover at 4 – 6 weeks post-natal period DHB contributions to development of programme of action (family harm)</p>	
<p>Measures: ≥70% babies (all ethnicities) are exclusively or fully breastfed at 3 months (PP37) Proportion of MDHB babies seen by WCTO providers at Core 1 Contact that have a clinical referral from LMC</p>	

Results:	Quarter 1																																		
	Status: 	Progress Update																																	
<p>Percentage of babies exclusively or fully breast fed at 3 months</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Māori</th> <th>High Dep</th> <th>Pacific</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Jan-Jun 2017</td> <td>~48%</td> <td>~48%</td> <td>~48%</td> <td>~48%</td> </tr> <tr> <td>Jul-Dec 2017</td> <td>~45%</td> <td>~55%</td> <td>~80%</td> <td>~55%</td> </tr> <tr> <td>Jan-Jun 2018</td> <td>~45%</td> <td>~48%</td> <td>~48%</td> <td>~48%</td> </tr> <tr> <td>Jul-Dec 2018</td> <td>~48%</td> <td>~48%</td> <td>~48%</td> <td>~48%</td> </tr> <tr> <td>Jan-Jun 2019</td> <td>~48%</td> <td>~48%</td> <td>~48%</td> <td>~48%</td> </tr> </tbody> </table>	Period	Māori	High Dep	Pacific	Total	Jan-Jun 2017	~48%	~48%	~48%	~48%	Jul-Dec 2017	~45%	~55%	~80%	~55%	Jan-Jun 2018	~45%	~48%	~48%	~48%	Jul-Dec 2018	~48%	~48%	~48%	~48%	Jan-Jun 2019	~48%	~48%	~48%	~48%	<p>Data for six month period ending June 2018. Of the 967 eligible babies seen by the Well Child Tamariki Ora providers during this period, 519 (54%) were being exclusively or full breast fed at 3 months of age. This was slightly lower than the national average (59%). These rates have been relatively consistent. Lower rates for Māori continue – 123 of 283 (44%) were exclusively or fully breastfeeding their babies at three months of age.</p> <p>The Midwifery Advisor is leading the development of a district-wide breastfeeding strategy aimed at increasing breastfeeding rates – on track for milestone date. As part of this strategy development, a review of existing contracts that affect breastfeeding support will be undertaken to ensure they are addressing the needs of Maori and Pasifika women specifically.</p>				
Period	Māori	High Dep	Pacific	Total																															
Jan-Jun 2017	~48%	~48%	~48%	~48%																															
Jul-Dec 2017	~45%	~55%	~80%	~55%																															
Jan-Jun 2018	~45%	~48%	~48%	~48%																															
Jul-Dec 2018	~48%	~48%	~48%	~48%																															
Jan-Jun 2019	~48%	~48%	~48%	~48%																															
MoH Assessment:	Qtr 1: 	Qtr 2: 	Qtr 3: 	Qtr 4: 	Qtr 4: 	Qtr 4: 																													

9. RESPONDING TO CHILDHOOD OBESITY

Objective:	Increase rate of referrals to relevant intervention services that support a reduction in childhood obesity
Milestones:	Information brochure published and distributed by 31 December 2018 Agreed planned approach resulting from research into declined referrals by 31 March 2019
Measures:	≥95% of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions Reduced rate of declined referrals by Maori and non Maori families at the B4SC assessment at end of June 2019

Results:	Quarter 1																															
	Status: 	Progress Update																														
<p>Percentage of children identified as obese in the B4SC programme offered a referral</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Total</th> <th>Māori</th> </tr> </thead> <tbody> <tr> <td>17/18 Qtr 1</td> <td>~95%</td> <td>~95%</td> </tr> <tr> <td>17/18 Qtr 2</td> <td>~95%</td> <td>~95%</td> </tr> <tr> <td>17/18 Qtr 3</td> <td>~95%</td> <td>~95%</td> </tr> <tr> <td>17/18 Qtr 4</td> <td>~95%</td> <td>~95%</td> </tr> <tr> <td>18/19 Qtr 1</td> <td>~95%</td> <td>~95%</td> </tr> <tr> <td>18/19 Qtr 2</td> <td>~95%</td> <td>~95%</td> </tr> <tr> <td>18/19 Qtr 3</td> <td>~95%</td> <td>~95%</td> </tr> <tr> <td>18/19 Qtr 4</td> <td>~95%</td> <td>~95%</td> </tr> </tbody> </table>	Quarter	Total	Māori	17/18 Qtr 1	~95%	~95%	17/18 Qtr 2	~95%	~95%	17/18 Qtr 3	~95%	~95%	17/18 Qtr 4	~95%	~95%	18/19 Qtr 1	~95%	~95%	18/19 Qtr 2	~95%	~95%	18/19 Qtr 3	~95%	~95%	18/19 Qtr 4	~95%	~95%	<p>Data for six month period ending August 2018. Returned to achieving target, but the rate of declined referrals remains high (46% of the total 92 children seen and identified as obese; 56% Māori).</p> <p>Redesigned brochure published – being distributed via Boost Team networks.</p> <p>Currently awaiting the research from Massey University around the families that decline the Boost team referral – this will inform our next steps at trying to reduce decliners.</p>				
Quarter	Total	Māori																														
17/18 Qtr 1	~95%	~95%																														
17/18 Qtr 2	~95%	~95%																														
17/18 Qtr 3	~95%	~95%																														
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18/19 Qtr 4	~95%	~95%																														
<p>Declined referrals: Six month period to 31 August 2018</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Number</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Māori</td> <td>22</td> <td>56.4%</td> </tr> <tr> <td>Other</td> <td>20</td> <td>37.7%</td> </tr> <tr> <td>Total</td> <td>42</td> <td>45.7%</td> </tr> </tbody> </table>	Ethnicity	Number	Rate	Māori	22	56.4%	Other	20	37.7%	Total	42	45.7%																				
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MoH Assessment:	Qtr 1: 	Qtr 2: 	Qtr 3: 	Qtr 4: 	Qtr 4: 	Qtr 4: 																										

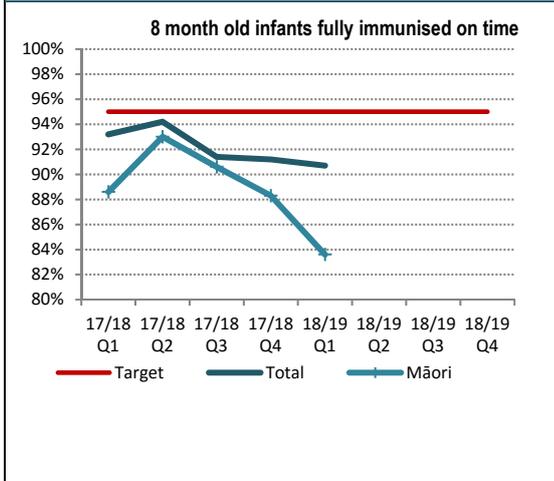
10. IMMUNISATION

Objective: Improve immunisation coverage rates across priority age groups, per Immunisation Schedule

Milestones: Increased vaccination uptake for seasonal influenza by 30 September 2019
Increased HPV coverage by 30 June 2019
Increased coverage rates by milestone ages for Māori infants and children

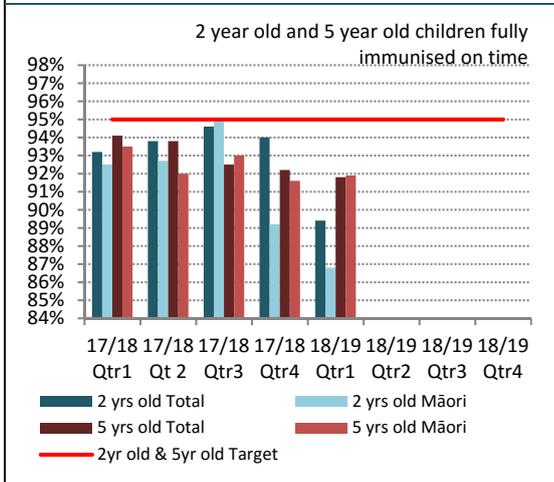
Measures: ≥75% of total and Māori population aged 65+ years have received influenza immunisation (PP21)
≥75% of girls (all ethnicity groups) are fully immunised (two-dose schedule) with HPV (PP21)
≥95% of 8 month old infants, 2 year old and 5 year old children across all ethnicity groups are fully immunised on time (PP21)

Results: **Quarter 1**
Status: ████████ **Progress Update**



479 of 528 (90.7%) eligible eight month old infants were fully immunised on time during this quarter. The reduction in on time immunisation rates for Māori infants continued with the most significant drop occurring in this last quarter – 138 of 165 (83.6%) Māori infants were fully immunised on time. The decline rate rose to 5.1% over this quarter. It is thought that this was influenced by specific anti-immunisation messages being spread amongst a local communities. The Immunisation Team, including the Outreach Service, continues to produce and monitor weekly overdue lists and tracking of deferrals. Consideration is being given to providing weekend/out of hours clinics. The Immunisation Coordinators are also completing GP Team visits of all practices to check whether each has completed the latest Medtech upgrade; this may be affecting reported results.

MoH Assessment: **Qtr 1:** ████████ **Qtr 2:** ████████ **Qtr 3:** ████████ **Qtr 4:** ████████



Further reduction in immunisation coverage rate for two year old children this quarter – 524 of 586 (89.4%) children were immunised on time. Notable reduction for Māori children as well – 178 of 205 (86.8%) children compared to a 92 percent coverage rate for Asian and NZ European children. Five year old immunisation coverage rates remained static at around 92 percent for both total and Māori children. This quarter, 527 of the total 574 (91.8%) five year olds were immunised by their milestone age; 148 of 161 (91.9%) Māori children. Nonetheless these rates are still better than the national average. MidCentral continues to focus on addressing the decline rates. The Ministry notes that in the last 18 months there has been a significant decrease in immunisation coverage across the country affecting all milestones.

MoH Assessment: **Qtr 1:** ████████ **Qtr 2:** ████████ **Qtr 3:** ████████ **Qtr 4:** ████████

PLANNING PRIORITY: SYSTEM SETTINGS

11. ACCESS TO ELECTIVE SERVICES

Objective: Improve equitable access to planned surgery to better meet the needs of our population and reduce variation in practice

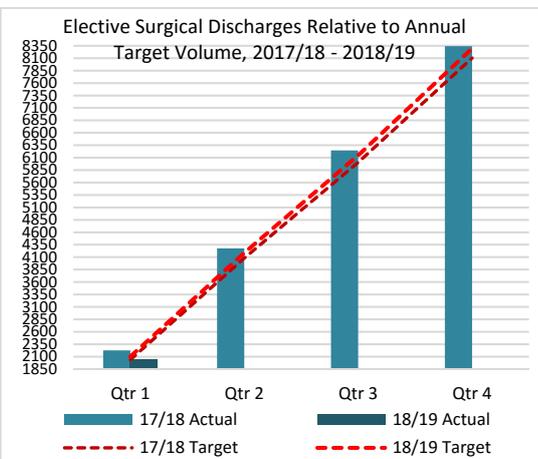
Milestones: New 'theatre grid' operational from 01 October 2018
 Clinic-based gynaecological procedures commenced from 01 October 2018
 STEMI Coordinator position established by 01 October 2018
 Monthly monitoring in use of the national Clinical Prioritisation Access Criteria (CPAC) tools to improve referral quality and ensure equitable access

Measures: ≥95% elective and arranged theatre sessions utilised
 Standardised Elective ALOS ≤1.50 days by end June 2019 (OS3)
 Standardised intervention rates per 10,000 population (SI4): major joints (21.0), cataracts (27.0), angiography (34.7), revascularisation (12.5), cardiac surgery (6.5)
 Achieve increase in elective and arranged surgical discharges (annual 8,295) (PP45)
 Compliance with all ESPIs within thresholds at end of each quarter
 <5% below planned volume of CWD delivered at end of each quarter (EI)
 <20% below planned volume of FSAs delivered at end of each quarter (AI)

Results:

Quarter 1

Status: ████████ **Progress Update**

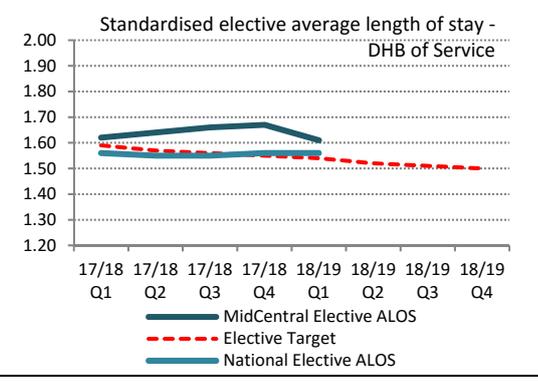


Year to date delivery of elective discharges was behind plan by 42 discharges – 2,060 (98.0%) of the planned 2,102 discharged were delivered over quarter one.

The new 'theatre grid' (operating theatre schedule) was implemented from November. This optimises the use of our available theatre capacity. It has been implemented together with the outsourcing and outplacing of surgery at our private hospital. Our outsourced ENT procedures started in late October and outplaced lists for Ophthalmology, General Surgery, Gynaecology, Dental and Urology (Paediatrics) commenced in November. It is expected that this will see an improvement in surgical discharges. (NB: November results show MDHB at 100%, ie green status.)

MoH Assessment:

Qtr 1: ████████ **Qtr 2:** ████████ **Qtr 3:** ████████ **Qtr 4:** ████████

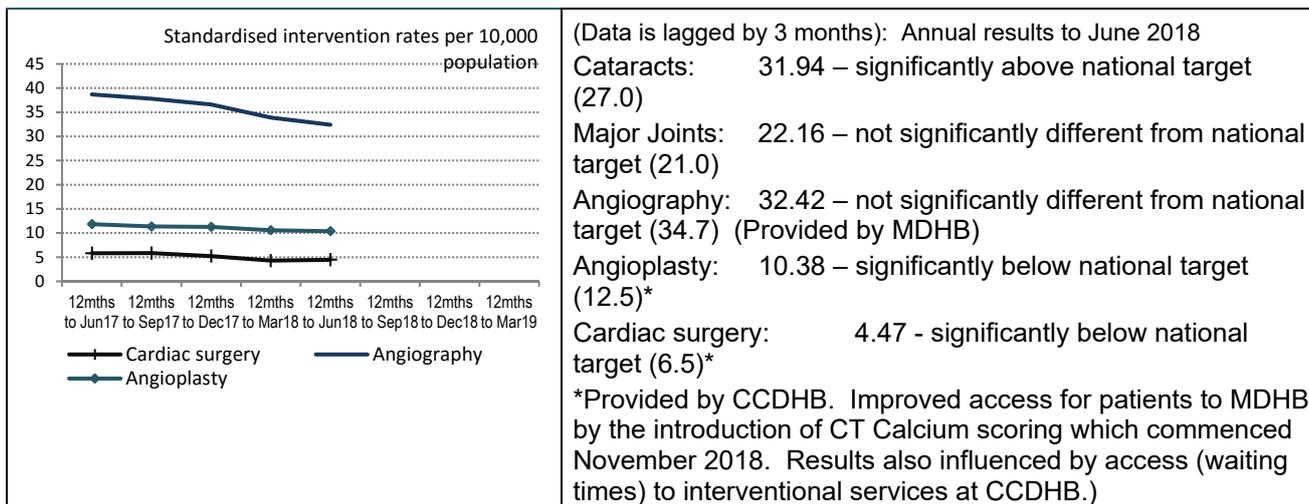


For 12 month period ending June 2018, the standardised elective ALOS was 1.61 days compared to 1.56 nationally. This equates to 8,217 bedday equivalents for 5,306 elective patient stays as a DHB of Service – a reduction relative to the previous 12 month period ending March 2018.

As part of the overall improving patient flow programme, there is a particular focus on work to reduce delayed discharges and removing barriers to on time discharges.

MoH Assessment:

Qtr 1: ████████ **Qtr 2:** ████████ **Qtr 3:** ████████ **Qtr 4:** ████████



MoH Assessment:	Qtr 1: 	Qtr 2: 	Qtr 3: 	Qtr 4:
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ESPI	As at end September 2018	
1	23	100%
2	104	7.1%
3	15	0.2%
5	962	42.8%
6	239	63.6%
8	82	85.4%

Report run date 05 November 2018

As at data extract date of 5 November 2018, the ESPI results reported by MoH from the NBRS for end of September show non-compliance in four of the six ESPIs. Data issues continue to be addressed. At that time, patients waiting longer than four months for an FSA were predominantly in Orthopaedics (58), Respiratory (18), Endocrinology (9) and Cardiology (7). The number of patients recorded in the system as waiting greater than four months for surgery (962) is known to be inaccurate; the DHB reports 56 patients who have been given a commitment to surgery waiting outside the timeframe – predominantly in Orthopaedics, General Surgery and ENT. The DHB has implemented a number of strategies to address waiting times including outsourcing and outplacing surgery, implementing the new theatre grid, additional clinics for FSAs, locums filling vacant positions, and the appointment of a Clinical Coordinator to provide clinical oversight and work alongside booking coordinators. Extended dispensation for non-compliance of ESPI2 and ESPI5 has been sought with the MoH until the end of December, while the new strategies were being implemented over October/November.

MoH Assessment:	Qtr 1: N/a	Qtr 2: 	Qtr 3: 	Qtr 4:
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12. SHORTER STAYS IN EMERGENCY DEPARTMENTS

Objective: Increase the number and proportion of people who have a shorter stay in the Emergency Department

Milestones: Implemented new triage process, by 31 December 2018
 Workforce development plan for ED medical and nursing staff by 31 March 2019
 All wards have updated VRM indicators to national standards by 31 December 2018 VRM response / action plans include multidisciplinary responses by 30 March 2019
 Introduction of digital whiteboards in all wards by 31 December 2018
 Data analysis and prediction reporting from the digital HOC data by 31 March 2019

Measures: Incremental increase each quarter from 85% of patients being admitted, transferred or discharged from ED within 6 hours of presentation at end of December 2018 to 95% by 30 June 2019.

Results:	Quarter 1	
	Status: 	Progress Update

<p>Percentage of patients admitted, transferred or discharged within six hours</p> <table border="1"> <caption>Percentage of patients admitted, transferred or discharged within six hours</caption> <thead> <tr> <th>Year/Quarter</th> <th>Total (%)</th> <th>Māori (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>17/18 Q1</td> <td>86</td> <td>87</td> <td>95</td> </tr> <tr> <td>17/18 Q2</td> <td>89</td> <td>88</td> <td>95</td> </tr> <tr> <td>17/18 Q3</td> <td>83</td> <td>84</td> <td>95</td> </tr> <tr> <td>17/18 Q4</td> <td>85</td> <td>86</td> <td>95</td> </tr> <tr> <td>18/19 Q1</td> <td>81</td> <td>82</td> <td>95</td> </tr> <tr> <td>18/19 Q2</td> <td>83</td> <td>84</td> <td>95</td> </tr> <tr> <td>18/19 Q3</td> <td>84</td> <td>85</td> <td>95</td> </tr> <tr> <td>18/19 Q4</td> <td>82</td> <td>83</td> <td>95</td> </tr> </tbody> </table>	Year/Quarter	Total (%)	Māori (%)	Target (%)	17/18 Q1	86	87	95	17/18 Q2	89	88	95	17/18 Q3	83	84	95	17/18 Q4	85	86	95	18/19 Q1	81	82	95	18/19 Q2	83	84	95	18/19 Q3	84	85	95	18/19 Q4	82	83	95	<p>This quarter, 9,645 (80.5%) of the 11,984 people presenting to the Emergency Department were admitted, transferred or discharged within six hours – a further decline on the previous quarter’s results. There was an extraordinary volume of presentations to the department over the month of August in particular (4,253).</p> <p>The renovation work being undertaken in the department has had an impact on patient flow and accessibility to MAPU and inpatient wards. Difficulty with RMO recruitment also influenced these results. (NB: As at November, ED fully recruited re RMOs.) Nonetheless, improvement work is progressing, e.g. new patient pathways, changing triage nursing model, increasing inputs from Mental Health and the programme of work with General Medicine team and work is underway with General Surgery.</p>
Year/Quarter	Total (%)	Māori (%)	Target (%)																																		
17/18 Q1	86	87	95																																		
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<p style="text-align: right;">MoH Assessment:</p>	<p>Qtr 1: Qtr 2: Qtr 3: Qtr 4: </p>																																				

13. CANCER SERVICES

<p>Objective: Improve access, timeliness and quality of cancer treatment and support services</p>																																													
<p>Milestones: Evaluation of FCT breach data and development of action plan by 31 December 2018 Prostate cancer decision support tool - education programme delivered by 31 December 2018 Supportive Care Framework - Improvement action plan by 31 December 2018 and first evaluation by 30 June 2019</p> <p>Measures: ≥90% of patients to receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks ≥85% of patients receive their first cancer treatment (or other management) within 31 days from the date of the decision to treat Reduced number of treatment delays for Māori over six months to 30 June 2019 Proportion of first referrals for treatment of prostate cancer over six months to 30 June 2019, that show evidence of decision support tool use All standards met by 30 June 2019</p>																																													
<p>Results:</p> <table border="1" data-bbox="156 1368 703 1715"> <thead> <tr> <th rowspan="2">2018/19 First cancer treatment</th> <th colspan="4">For six month period ending:</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Within 62 days</td> <td>65</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Delayed – clinical</td> <td>18</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Delayed – personal</td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Delayed - capacity</td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Delayed - other</td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total patients</td> <td>86</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Percentage</td> <td>97%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018/19 First cancer treatment	For six month period ending:				Q1	Q2	Q3	Q4	Within 62 days	65				Delayed – clinical	18				Delayed – personal	1				Delayed - capacity	1				Delayed - other	1				Total patients	86				Percentage	97%				<p>Quarter 1</p> <p>Status: Progress Update</p> <p>Faster cancer treatment initiatives continue with a Cancer Navigation Group regularly overseeing and monitoring processes for current patients in the system.</p> <p>Acute Oncology pilot commenced in August – assisting medical and surgical teams to manage patient flow, reduce unnecessary testing and fast track both to diagnosis / treatment or referral to palliative care as appropriate.</p> <p>The target for the 31 day indicator continues to be met; of the 428 eligible patients over the six month period ending September 2018, 378 (88.3%) received their first treatment within the expected timeframe.</p>
2018/19 First cancer treatment		For six month period ending:																																											
	Q1	Q2	Q3	Q4																																									
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<p style="text-align: right;">MoH Assessment:</p>	<p>Qtr 1: Qtr 2: Qtr 3: Qtr 4: </p>																																												

14. HEALTHY AGEING

Objectives: Increase enrolment of older people in the community falls and fracture prevention and the in-home strength and balance programmes
 Align local and national development of Future Models of Care for Home and Community and Support Services
 Improve responsiveness of home and community support services for older Māori and their whānau
 Improve access to options for appropriate response to demand for acute services

Milestones: Quarterly review of participation rates
 Complete implementation of the refocused HCSS across the district
 Joint assessment protocols available to NASC staff by 30 April 2019
 Drivers of acute demand analytical project plan completed by 31 December 2018
 Analysis and action plan completed by 31 March 2019

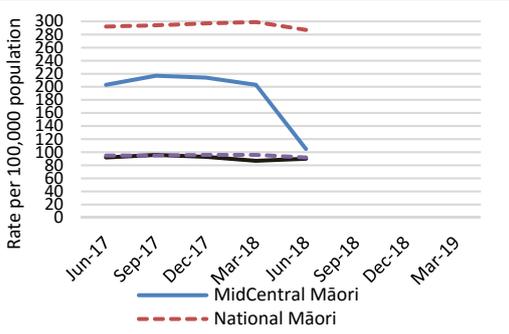
Measures: Increasing number of people aged 65+ years seen by the Fracture Liaison Service
 Increasing number of people aged 65+ years participating as new starts to the strength and balance programme
 Levels of satisfaction by clients and whanau subsequent to implementation of protocols (measured in 2019/20 year)

Results:	Quarter 1																		
	Status:		Progress Update																
<table border="1"> <tr> <td colspan="5">In-home strength and balance programme – people seen aged 65+ years</td> </tr> <tr> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Annual Target</td> </tr> <tr> <td>16</td> <td></td> <td></td> <td></td> <td>353</td> </tr> </table>					In-home strength and balance programme – people seen aged 65+ years					Q1	Q2	Q3	Q4	Annual Target	16				353
In-home strength and balance programme – people seen aged 65+ years																			
Q1	Q2	Q3	Q4	Annual Target															
16				353															
<table border="1"> <tr> <td colspan="5">Fracture Liaison Service – people seen aged 65+ years</td> </tr> <tr> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td></td> </tr> <tr> <td>44</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Fracture Liaison Service – people seen aged 65+ years					Q1	Q2	Q3	Q4		44				
Fracture Liaison Service – people seen aged 65+ years																			
Q1	Q2	Q3	Q4																
44																			
<p>Following HCSS retender, five workstreams for the ‘Excellence in Home Care’ programme are underway with multiple initiatives planned. New contracts planned to be in place by end of third quarter.</p> <p>In-home strength and balance: Progress is slow and efforts are being made to increase the numbers engaged with the project.</p> <p>Actions to improve engagement will require a deep dive to understand the contributory factors.</p> <p>Acute demand project: Initial analysis of a sample of data from the Interface Geriatrics service is complete. Work underway to commence an analysis of ED presentations for older people by locality.</p>																			
MoH Assessment:																			
Qtr 1:			Qtr 2:																
Qtr 3:				Qtr 4:															

Part 2: Other Performance Measures

Mental Health and Addiction Services

Ref	Performance Measure	Quarter 1 Result	MoH Rating
PP8	<p><i>Shorter waits for non-urgent mental health and addiction services: 0 – 19 year olds</i></p> <p>Mental Health and Addiction Services Waiting Times for Non Urgent Referrals seen within 3 weeks and 8 weeks, aged 0 - 19 years</p>	<p>Achieving target for Mental Health services. Reduction in Alcohol and Drug Services (NGOs) for both proportion seen within 3 weeks and within 8 weeks. Although few in number – a total of 64 new clients recorded in PRIMHD over this 12 month period – five were recorded with waiting times beyond eight weeks across three NGO providers as at data extract date.</p> <p>The larger provider has examined the detailed wait times report. While there were some discrepancies and occasional data entry omissions, a large proportion of those with longer wait times were in fact seen by a clinical staff member while waiting for a clinical psychologist (i.e. they are engaged with the service but not with the service type that can be accounted for in PRIMHD), or, they are young people who have missed booked appointments, which frequently occurs.</p> <p>For another provider, holiday periods, as well as tracking referrals to an attendance (or contact) for sometimes transient clients is a factor for them with their waiting times.</p>	●
PP26 i)	<p><i>Rising to the Challenge: Primary mental health</i></p> <p>Primary mental health clients aged 12 – 19 years seen, 2018/19</p>	<p>Increasing numbers of clients seen by primary mental health services, including adults – notably Maori and Pasifika – boosted by the “PolyPaddles” programme held in Levin and PN and two other youth programmes during the quarter in conjunction with the Highbury Whanau Centre and the Tararua Community Youth services. The programmes were seen as having a number of collateral benefits as self-reported and evaluated by young people and as observed by clinicians and families.</p>	●
ii)	<p><i>Crisis response services</i></p> <p>Referrals to Acute Care Team from Police</p>	<p>Increase in referral numbers over this quarter – particularly the last two months, which contributed to a reduction in the response times. Ongoing liaison with the Police by the DAMHS; the clinical Manager will also be following up with discussions regarding the apparent drivers for the increase in referrals – particularly related to those under section 109 of the Act.</p>	●

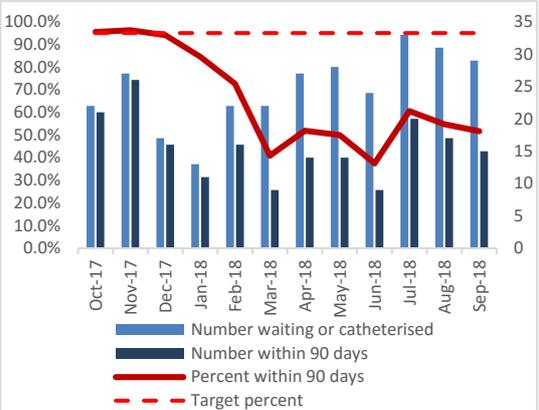
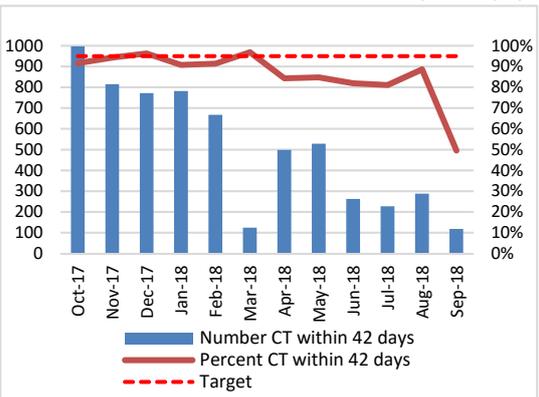
iii)	<p><i>Suicide prevention and postvention</i></p>	<p>Wide variety of activities undertaken to address suicide prevention and postvention. These ranged from specific training and education to health and education professionals as well as a range of community groups, establishing local response teams, supporting community initiatives, promoting mental health and wellbeing and providing suicide prevention resources and support for all suspected suicide notifications. The Suicide Prevention and Postvention Plan for 2018/19 was completed and is posted on MidCentral's website.</p>	●																											
PP36	<p><i>Reducing the rate of Maori on Mental Health Act Community Treatment Orders (s29) relative to other ethnicities</i></p>  <table border="1" data-bbox="247 638 756 972"> <caption>Estimated data for Mental Health Act Community Treatment Orders (s29) rate per 100,000 population</caption> <thead> <tr> <th>Quarter</th> <th>MidCentral Māori</th> <th>National Māori</th> </tr> </thead> <tbody> <tr> <td>Jun-17</td> <td>200</td> <td>280</td> </tr> <tr> <td>Sep-17</td> <td>220</td> <td>280</td> </tr> <tr> <td>Dec-17</td> <td>210</td> <td>280</td> </tr> <tr> <td>Mar-18</td> <td>200</td> <td>280</td> </tr> <tr> <td>Jun-18</td> <td>100</td> <td>280</td> </tr> <tr> <td>Sep-18</td> <td>100</td> <td>280</td> </tr> <tr> <td>Dec-18</td> <td>100</td> <td>280</td> </tr> <tr> <td>Mar-19</td> <td>100</td> <td>280</td> </tr> </tbody> </table>	Quarter	MidCentral Māori	National Māori	Jun-17	200	280	Sep-17	220	280	Dec-17	210	280	Mar-18	200	280	Jun-18	100	280	Sep-18	100	280	Dec-18	100	280	Mar-19	100	280	<p>Rates for MidCentral Maori continue to be lower than the national rates. Data discrepancy apparent between records in PRIMHD and own system; missing records in PRIMHD data – the number of Maori receiving treatment under a CTO were much the same this quarter as in previous quarters (n.70) not the 38 recorded in PRIMHD. Ongoing issues with PRIMHD data submissions under remedial action plan.</p>	●
Quarter	MidCentral Māori	National Māori																												
Jun-17	200	280																												
Sep-17	220	280																												
Dec-17	210	280																												
Mar-18	200	280																												
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Dec-18	100	280																												
Mar-19	100	280																												
OP1	<p><i>Output delivery against plan - Mental Health and Addiction services</i></p> <table border="1" data-bbox="247 1048 756 1176"> <thead> <tr> <th>Purchase unit</th> <th>Q1 Plan</th> <th>Q1 Actual</th> <th>% Delivery</th> </tr> </thead> <tbody> <tr> <td>Available bed days</td> <td>2,189</td> <td>2,131</td> <td>97.4%</td> </tr> <tr> <td>FTEs</td> <td>154</td> <td>154</td> <td>100%</td> </tr> </tbody> </table>	Purchase unit	Q1 Plan	Q1 Actual	% Delivery	Available bed days	2,189	2,131	97.4%	FTEs	154	154	100%	<p>No significant variances from output delivery plan for purchased services</p>	●															
Purchase unit	Q1 Plan	Q1 Actual	% Delivery																											
Available bed days	2,189	2,131	97.4%																											
FTEs	154	154	100%																											

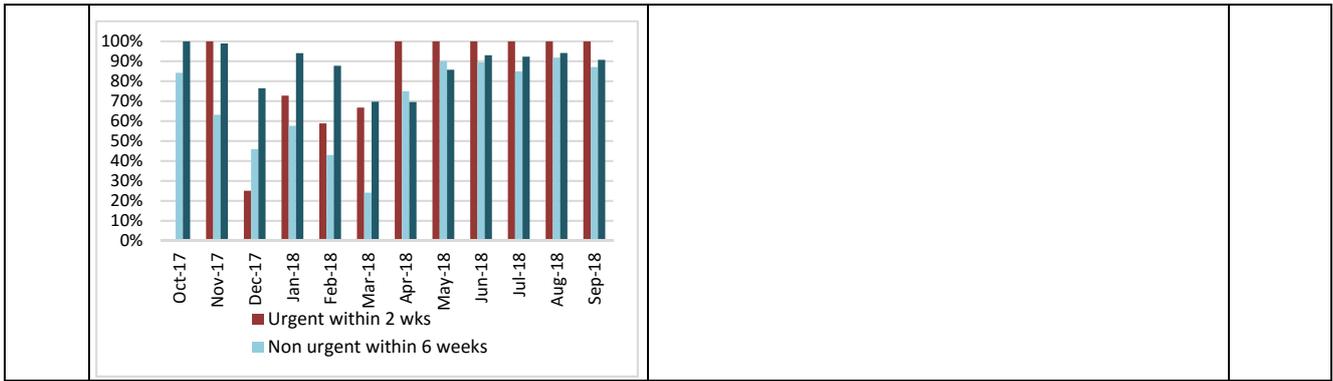
Hospital Acute Services

Ref	Performance Measure	Quarter 1 Result	MoH Rating																				
OS3	<p><i>Standardised acute length of stay</i></p>	<p>Reduction in standardised acute ALOS over the last two quarters, reversing the previous significant increase, but not to target for the quarter. Standardised ALOS of 2.63 days for 12 month period ending June 2018, for 22,052 acute admission episodes. ALOS ratio of 1.04 against the national rate.</p> <p>Ongoing programmes of work to improve patient flow across the hospital – predominantly focused in medical services, ED and now commencing in elder health services.</p>	●																				
PP20 (FA5)	<p><i>≥10 percent of potentially eligible stroke patients thrombolysed 24/7 (data is lagged by three months)</i></p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>20.0%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non Maori</td> <td>12.5%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>13.0%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Maori	20.0%				Non Maori	12.5%				Total	13.0%				On track. Small volume of Maori patients (5) – 7.2 percent of the total volume admitted with a stroke	●
	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4																		
	Maori	20.0%																					
	Non Maori	12.5%																					
Total	13.0%																						
<p><i>≥80 percent of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway</i></p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>100%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non Maori</td> <td>84.0%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>85.0%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Maori	100%				Non Maori	84.0%				Total	85.0%				Target sustained.	●	
2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4																			
Maori	100%																						
Non Maori	84.0%																						
Total	85.0%																						
<p><i>≥80 percent of patient admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within seven days of acute admission</i></p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>100%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non Maori</td> <td>100%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>100%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Maori	100%				Non Maori	100%				Total	100%				All 21 patients transferred to inpatient rehabilitation service were transferred within 7 days of their acute admission	●	
2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4																			
Maori	100%																						
Non Maori	100%																						
Total	100%																						
<p><i>60% of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge</i></p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>nil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non Maori</td> <td>28.6%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>28.6%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Maori	nil				Non Maori	28.6%				Total	28.6%				A further review of data capture and processing is required to ensure more accurate reporting for this indicator. There is a strong focus for 2018/19 on increasing access to community rehabilitation. Allied Health staffing resources are being reviewed to better support this endeavour. There have been a number of staffing vacancies in physiotherapy and occupational therapy which continue to impact. Recruitment to vacancies is being progressed.	●	
2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4																			
Maori	nil																						
Non Maori	28.6%																						
Total	28.6%																						
PP20 (FA4)	<p><i>≥70 percent of high risk patients will receive an angiogram within 3 days of admission</i></p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>50.0%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non Maori</td> <td>76.1%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>73.3%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Maori	50.0%				Non Maori	76.1%				Total	73.3%				Achieving target. Of the 75 eligible patients this quarter, 55 had their angiogram within three days of their admission. For Maori, half of the eligible 8 patients did so; clinical considerations contributed to delays. Three coronary angiogram sessions per week are held in the shared diagnostic cath lab. Other high risk patients are transferred to Wellington Hospital for angiogram +/- PCI.	●
2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4																			
Maori	50.0%																						
Non Maori	76.1%																						
Total	73.3%																						

PP20 (FA4)	<p><i>>95 percent of patients presenting with acute coronary syndrome (ACS) who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days</i></p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non Maori</td> <td>-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>100%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Maori	-				Non Maori	-				Total	100%				<p>All of the eligible 85 patients this quarter had their ANZACS-QI registry data collection requirements met within the 30 day timeframe. (The breakdown by ethnicity groups was not made available by the provider this quarter – will be reinstated in following quarter).</p>	●
2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4																			
Maori	-																						
Non Maori	-																						
Total	100%																						
	<p><i>≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF</i></p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>70.0%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non Maori</td> <td>75.0%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>74.4%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Data is lagged by one month</p>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Maori	70.0%				Non Maori	75.0%				Total	74.4%				<p>New indicator for the 2018/19 year. Although not to target, of the eligible 86 patients, 64 had an assessment of their left ventricular ejection fraction (LVEF) pre-discharge.</p> <p>Those patients who are transferred to a tertiary centre for further treatment ie PCI or surgery are prioritised as requiring an echocardiography prior to transfer from MidCentral DHB. The remaining patients will receive their study as an urgent outpatient. The results are influenced by ACS patient volumes admitted to the inpatient cardiology service as well as resourcing to undertake the scans. The establishment of an echocardiography training position is currently under consideration.</p>	●
2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4																			
Maori	70.0%																						
Non Maori	75.0%																						
Total	74.4%																						
	<p><i>>85% ACS patients who undergo coronary angiogram should be prescribed, at discharge, aspirin, a second anti-platelet agent, statin and an ACEI/ARB (4-classes), and those with LVEF <40% should also be on a beta-blocker (5-classes).</i></p> <table border="1"> <thead> <tr> <th>2018/19</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>60.0%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non Maori</td> <td>68.2%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>67.3%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Data is lagged by one month</p>	2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Maori	60.0%				Non Maori	68.2%				Total	67.3%				<p>New composite measure for the 2018/19 year. Of the 49 eligible patients, 33 (67.3%) were prescribed the indicated medicines on discharge.</p> <p>The cardiac registrars and clinical nurse specialists are working alongside the cardiologists to improve performance to meet these requirements. Many patients have contraindications to these medications, however this is not always clearly stated on the discharge summary. There may also be some impact resulting from high staff turnover of RMOs.</p> <p>This is being followed up by the development of a guideline for medical staff to determine the eligibility of patients for these medications and also alert them to the requirement to document the decision/s made and associated rationale.</p>	●
2018/19	Qtr 1	Qtr 2	Qtr 3	Qtr 4																			
Maori	60.0%																						
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Total	67.3%																						

Diagnostic Services

Ref	Performance Measure	Quarter 1 Result	MoH Rating																																																																	
PP29	<p><i>≥95% of accepted referrals for elective coronary angiography will receive their procedure within three months (90 days)</i></p>  <table border="1"> <caption>Performance Data for Elective Coronary Angiography (Oct-17 to Sep-18)</caption> <thead> <tr> <th>Month</th> <th>Number waiting or catheterised</th> <th>Number within 90 days</th> <th>Percent within 90 days</th> <th>Target percent</th> </tr> </thead> <tbody> <tr><td>Oct-17</td><td>65</td><td>60</td><td>92%</td><td>95%</td></tr> <tr><td>Nov-17</td><td>75</td><td>70</td><td>93%</td><td>95%</td></tr> <tr><td>Dec-17</td><td>45</td><td>40</td><td>89%</td><td>95%</td></tr> <tr><td>Jan-18</td><td>35</td><td>30</td><td>86%</td><td>95%</td></tr> <tr><td>Feb-18</td><td>60</td><td>45</td><td>75%</td><td>95%</td></tr> <tr><td>Mar-18</td><td>65</td><td>25</td><td>38%</td><td>95%</td></tr> <tr><td>Apr-18</td><td>75</td><td>40</td><td>53%</td><td>95%</td></tr> <tr><td>May-18</td><td>80</td><td>40</td><td>50%</td><td>95%</td></tr> <tr><td>Jun-18</td><td>65</td><td>25</td><td>38%</td><td>95%</td></tr> <tr><td>Jul-18</td><td>95</td><td>55</td><td>58%</td><td>95%</td></tr> <tr><td>Aug-18</td><td>85</td><td>45</td><td>53%</td><td>95%</td></tr> <tr><td>Sep-18</td><td>80</td><td>40</td><td>50%</td><td>95%</td></tr> </tbody> </table>	Month	Number waiting or catheterised	Number within 90 days	Percent within 90 days	Target percent	Oct-17	65	60	92%	95%	Nov-17	75	70	93%	95%	Dec-17	45	40	89%	95%	Jan-18	35	30	86%	95%	Feb-18	60	45	75%	95%	Mar-18	65	25	38%	95%	Apr-18	75	40	53%	95%	May-18	80	40	50%	95%	Jun-18	65	25	38%	95%	Jul-18	95	55	58%	95%	Aug-18	85	45	53%	95%	Sep-18	80	40	50%	95%	<p>The reported result via NBRS continues to reflect the data issues with the transition to the regional WebPAS and links to NBRS. The cardiology team confirms that there has been no drop off in actual performance in terms of meeting waiting times; they report that a patient can virtually select their own procedure date within the next 2 to 4 weeks (well within the 90 days). As the data collection and processing improves with the remediation process underway, it is expected that the performance results will return to showing pre-WebPAS transition results (consistently achieving or exceeding target up until November 2017).</p>	●
Month	Number waiting or catheterised	Number within 90 days	Percent within 90 days	Target percent																																																																
Oct-17	65	60	92%	95%																																																																
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Sep-18	80	40	50%	95%																																																																
PP29	<p><i>≥95% of accepted referrals for CT scans and ≥90% of accepted referrals for MRI scans will receive their scan within six weeks (42 days)</i></p>  <table border="1"> <caption>Performance Data for CT Scans (Oct-17 to Sep-18)</caption> <thead> <tr> <th>Month</th> <th>Number CT within 42 days</th> <th>Percent CT within 42 days</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-17</td><td>950</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-17</td><td>800</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-17</td><td>750</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-18</td><td>750</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-18</td><td>650</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-18</td><td>150</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-18</td><td>500</td><td>95%</td><td>95%</td></tr> <tr><td>May-18</td><td>550</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-18</td><td>250</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-18</td><td>200</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-18</td><td>300</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-18</td><td>150</td><td>50%</td><td>95%</td></tr> </tbody> </table>	Month	Number CT within 42 days	Percent CT within 42 days	Target	Oct-17	950	95%	95%	Nov-17	800	95%	95%	Dec-17	750	95%	95%	Jan-18	750	95%	95%	Feb-18	650	95%	95%	Mar-18	150	95%	95%	Apr-18	500	95%	95%	May-18	550	95%	95%	Jun-18	250	95%	95%	Jul-18	200	95%	95%	Aug-18	300	95%	95%	Sep-18	150	50%	95%	<p>While all (100%) patients with an accepted referral for a MRI receive their scan within 42 days the reported results for CT scans continue to deteriorate. Given the significant drop in the reported volume since November 2017, there continues to be issues with missing records for waiting times in the RRIS. Also, there was a reduction in Radiologist availability for reporting in September; a reduction in performance was expected but not as significant as the final figure reported. Also during September the service was implementing off site reporting to an external provider, however there were a couple of weeks' transition where this wasn't available. During that period there were very few routine bookings with the service only able to meet acute demand. Offsite reporting is now available and it is expected that the October and November results will show improvement.</p>	●													
Month	Number CT within 42 days	Percent CT within 42 days	Target																																																																	
Oct-17	950	95%	95%																																																																	
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PP29	<p><i>Percentage of people with an accepted referral receiving their procedure within expected timeframes</i></p> <p><i>90% urgent diagnostic colonoscopy within two weeks</i></p> <p><i>70% non urgent diagnostic colonoscopy within six weeks</i></p> <p><i>70% surveillance colonoscopy waiting no longer than 12 weeks beyond the planned date</i></p>	<p>Achieving all targets for colonoscopy waiting times across all three categories</p>	●																																																																	



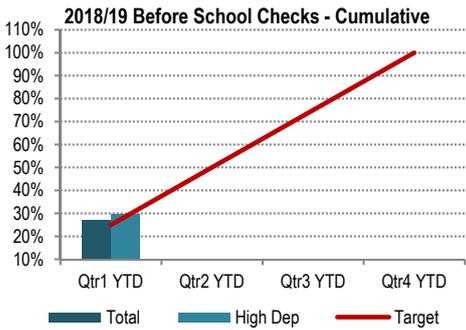
Data Collections

Ref	Performance Measure	Quarter 1 Result	MoH Rating																																				
OS10	<p>(i) <i>New NHI registration in error (causing duplication)</i> <i>Recording of non-specific ethnicity in new NHI registration</i> <i>Update of specific ethnicity value in existing NHI record with a non-specific value</i></p> <p>(ii) <i>NBRS collection has accurate dates and links to NNPAC and NMDS</i> <i>National Collections file load success (PRIMHD, NMDS, NNPAC, NBRS)</i> <i>Assessment of data reported to the National Minimum Data Set (NMDS)</i> <i>Timeliness of National Non Admitted Patient data (NNPAC)</i></p> <p>(iii) <i>PRIMHD data quality audits and corrective actions</i></p> <table border="1"> <thead> <tr> <th colspan="4">Q1</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>NHI duplicates in error</td> <td>11.9%</td> <td>NA</td> </tr> <tr> <td>#</td> <td>NHI non-specific ethnicity</td> <td>0.39%</td> <td>O</td> </tr> <tr> <td></td> <td>Ethnicity updates</td> <td>0.19%</td> <td>O</td> </tr> <tr> <td>ii</td> <td>NBRS matches</td> <td>98.3%</td> <td>A</td> </tr> <tr> <td></td> <td>NCS file load success</td> <td></td> <td>NA</td> </tr> <tr> <td></td> <td>Coding data to NMDS</td> <td>83.4%</td> <td>A</td> </tr> <tr> <td></td> <td>NNPAC timeliness</td> <td>63.2%</td> <td>NA</td> </tr> <tr> <td>iii</td> <td>PRIMHD data quality audit</td> <td>N/a</td> <td></td> </tr> </tbody> </table> <p>NA = Not achieved A= Achieved PA = Partially achieved O = Outstanding N/a = Not applicable</p> <p># These national identity measures are currently reported as a regional result under the name of CentralTAS (for the three DHBs who have moved to the regional WebPAS – Wairarapa, Whanganui and MidCentral DHBs)</p>	Q1				I	NHI duplicates in error	11.9%	NA	#	NHI non-specific ethnicity	0.39%	O		Ethnicity updates	0.19%	O	ii	NBRS matches	98.3%	A		NCS file load success		NA		Coding data to NMDS	83.4%	A		NNPAC timeliness	63.2%	NA	iii	PRIMHD data quality audit	N/a		<p>No batches of NMDS records could be submitted for some weeks in August and September. An extract created by Wairarapa DHB inadvertently impacted MidCentral's instance of WebPAS. This has since been corrected. When the first batch resumed there was a large number of errors that needed to be worked on.</p> <p>NNPAC data submission files over this period contained new data from dates back to January 2018, which might have affected the result. There were also NNPAC extract Feeder/PUC related issues and a MoH file processing issue that resulted in late submission processing. Expected to improve henceforward with more settled system and processes enabling earlier data submissions.</p> <p>No data submitted to MoH for PRIMHD since January 2018. The regional Service Delivery Provider (SDP) advises that PRIMHD requires an additional 'fix' in order to achieve compliance. Target release into Production following testing phase with the 3 DHBs is late November.</p> <p>WebPAS issues continue to be addressed through a remedial action plan.</p>	<p>i. ●</p> <p>ii. ●</p> <p>iii. ●</p>
Q1																																							
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iii	PRIMHD data quality audit	N/a																																					

NZ Health Strategy

Ref	Performance Measure	Quarter 1 Result	MoH Rating
HS	<p><i>Support delivery of the New Zealand Health Strategy</i></p> <p><i>Identify at least one activity undertaken during the quarter that contributes to each of the five strategic themes</i></p> <ul style="list-style-type: none"> • People powered • Closer to home • Value & high performance • One team • Smart system 	<p>Examples provided:</p> <p>“Choosing Wisely” programme</p> <p>Primary Care Support Pharmacists and population Health Pharmacists</p> <p>Reduction in acute medical average length of stay</p> <p>‘Enabling Good Lives’ prototype – Mana Whaikaha</p> <p>Digital Health Strategy</p>	●

Crown Funding Agreement Reporting

Ref	Performance Measure	Quarter 1 Result	MoH Rating																				
CFA	<p><i>≥90% of eligible children have a completed Before School (health) Check before the age of five</i></p> <p><i>(Target: 1,990 by end of June 2019)</i></p> 	<p>Achieving targets for high deprivation and total eligible children.</p>	●																				
CFA	<p><i>Data for enrolments and contacts delivered by Well Child Tamariki Ora service providers</i></p> <table border="1"> <thead> <tr> <th></th> <th>2017/18</th> <th>2018/19</th> <th>Core contacts during quarter</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>1,575</td> <td>1,709</td> <td>504</td> </tr> <tr> <td>Q2</td> <td>1,600</td> <td></td> <td></td> </tr> <tr> <td>Q3</td> <td>1,641</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td>1,717</td> <td></td> <td></td> </tr> </tbody> </table>		2017/18	2018/19	Core contacts during quarter	Q1	1,575	1,709	504	Q2	1,600			Q3	1,641			Q4	1,717			<p>Well Child Tamariki Ora Number of babies enrolled at end of each quarter (excluding Plunket)</p>	●
	2017/18	2018/19	Core contacts during quarter																				
Q1	1,575	1,709	504																				
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GLOSSARY - ABBREVIATIONS

ABC-D	Ask, Brief advice/intervention, Cessation support, Document
ACC	Accident Compensation Corporation
ACS	Acute Coronary Syndrome
ALOS	Average Length of Stay
ANZACS-QI	All New Zealand Acute Coronary Syndrome Quality Improvement (registry)
ASH	Ambulatory Sensitive Hospitalisations
B4SC	Before School (health) Check
BIP	Business Improvement Programme
CAFS	Child, Adolescent and Family (Mental Health) Service
Cath/PCI	Catheterisation and Percutaneous Coronary Intervention
CCP	Collaborative Clinical Pathway
CDS	Child Development Service
Central TAS	Central Technical Advisory Service (Limited)
CFA	Crown Funding Agreement
CNS	Clinical Nurse Specialist
CPAC	Clinical Priority Access Criteria
CT	Computed Tomography
CVD	Cardiovascular Disease
CVDRA	Cardiovascular Disease Risk Assessment
CWDs	Case Weighted Discharges
DAMHS	Director of Area Mental Health Services
DHB(s)	District Health Board(s)
DMFT	Decayed, Missing and Filled Teeth
DLG	Diabetes Leadership Group
DRGs	Diagnostic Related Groups
ECP	Emergency Contraceptive Pill
ED	Emergency Department
ELT	Executive Leadership Team
ENT	Ear, Nose and Throat
ESPIs	Elective Services Patient Flow Indicators
FCT	Faster Cancer Treatment
FSA	First Specialist Assessment
FTE	Full Time Equivalent
GP	General Practitioner
GPT(s)	General Practice Team(s)
HCSS	Home and Community Support Services
HOC	Hospital Operations Centre
HPV	Human Papillomavirus Vaccine
HSC	High Suspicion of Cancer
HT	Health Target
IBT	In Between Travel
IFHC(s)	Integrated Family Health Centre(s)
interRAI	International Resident Assessment Instrument
IT	Information Technology
LMCs	Lead Maternity Carers
LVEF	Left Ventricular Ejection fraction

MAPU	Medical Assessment and Planning Unit
MDHB	MidCentral District Health Board
MHS	Mental Health Service
MoE	Ministry of Education
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
MSD	Ministry of Social Development
NAPs	Non Admitted Procedures
NBRIS	National Booking and Reporting System
NES	National Enrolment Scheme
NGO	Non Government Organisation
NHI	National Health Index
NIR	National Immunisation Register
NMDS	National Minimum Data Set
NNPAC	National Non Admitted Patient Collection
NRT	Nicotine Replacement Therapy
PES	Patient Experience Survey
PHC	Primary Health Care
PHO(s)	Primary Health Organisation(s)
PMS	Patient Management System
POAC	Primary Options for Acute Care
PP	Policy Priority
PRIMHD	Programme for the Integration of Mental Health Data
RFP	Request For Proposal
RHIP	Regional Health Informatics Programme
RRIS	Regional Radiology Information System
RSP	Regional Services Plan
SBA	Smoking Brief Advice
SBHS	School Based Health Service
SI	System Integration
SIR	Standardised Intervention Rate
SLM(s)	System Level Measure(s)
SMO	Specialist Medical Officer
SSIED	Shorter Stays in Emergency Departments
TOAM	Te Ohu Auahi Mutunga
UCOL	Universal College Of Learning
WCTO	Well Child Tamariki Ora
WebPAS	Web-based Patient Administration System