

**Health Targets Update – Frequently Asked Questions**  
**16 November 2009**

**What are the 2009/10 health targets?**

<b>Targets</b>	<b>Indicators</b>
<b>Shorter stays in Emergency Departments</b>	95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.
<b>Improved access to elective surgery</b>	the volume of elective surgery will be increased by an average 4000 discharges per year (compared with the previous average increase of 1400 per year).
<b>Shorter waits for cancer treatment</b>	everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.
<b>Increased immunisation</b>	85 percent of two year olds will be fully immunised by July 2010; 90 percent by July 2011; and 95 percent by July 2012.
<b>Better help for smokers to quit</b>	80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. Similar target for primary care will be introduced from July 2010 or earlier, through the PHO Performance Programme.
<b>Better diabetes and cardiovascular services</b>	(a) increased percent of the eligible adult population will have had their cardiovascular disease (CVD) risk assessed in the last five years (b) increased percent of people with diabetes will attend free annual checks (c) increased percent of people with diabetes will have satisfactory or better diabetes management.

**Why these health targets?**

Each of the 2009/10 health targets reflects a priority health area for the government. The targets focus on improving the health sector's performance, and ensure our health and disability system is contributing to maintaining and improving health outcomes in these important areas.

**Who is responsible for the health targets?**

The Ministry of Health and the District Health Boards (DHBs) are collectively responsible for the health targets.

DHBs have negotiated local targets taking into consideration the health needs of their communities. Collectively these targets contribute to a national improvement in each area.

In addition, the Ministry of Health has appointed 'Target Champions' who work with and provide support to the health sector.

### **What support will the Ministry of Health give to DHBs?**

Health Target Champions have been appointed to work with and provide support to the health and disability sector, and to be an identifiable point of contact.

### **Who are the Target Champions?**

- Shorter stays in Emergency Departments  
Professor Mike Ardagh, National Clinical Director of Emergency Department Services
- Improved access to elective surgery  
Kieran McCann, Manager, Elective Services
- Shorter waits for cancer treatment  
Dr John Childs, National Clinical Director, Cancer Programme
- Increased immunisation  
Dr Pat Tuohy, Chief Advisor, Child and Youth Health
- Better help for smokers to quit  
Dr Ashley Bloomfield, National Director, Tobacco Control  
Professor Bruce Arroll, General Practitioner
- Better diabetes and cardiovascular services  
Dr Sandy Dawson, Chief Advisor, Clinical Service Development

### **How will health targets be reported on?**

Progress on health targets will be reported on as at the 30 September 2009, 31 December 2009, 31 March 2010 and 30 June 2010. In turn, the Ministry of Health will report the findings to the Minister.

Reports will be reviewed to determine current performance trends, gaps that may be emerging and factors related to success.

For the first time ranking of DHBs performance will be introduced and the results made publicly available in newspapers.

## How will DHBs be ranked on their performance?

DHBs will be ranked against each target area as shown below.

Health target	Ranking
Shorter stays in Emergency Departments	Ranking from 1 to 21 is based on the percentage of patients presenting to each ED admitted, discharged or transferred within six hours.  The goal of 95 percent is highlighted.
Improved access to elective surgery	Ranking from 1 to 21 is based on the percentage of volumes delivered, relative to phased targets agreed with DHBs.  The goal of 100 percent is highlighted.
Shorter waits for cancer treatment	Ranking from 1 to 21 is based on the percentage of patients who started radiotherapy treatment within 6 weeks of their first specialist assessment, displayed by DHB of domicile rather than by Cancer Centre.  The goal of 100 percent is highlighted.
Increased immunisation	Ranking from 1 to 21 is based on the percentage of children who turned two years old in the quarter who were fully immunised before they turned two years old.  The goal of 85 percent is highlighted.
Better help for smokers to quit	Ranking from 1 to 21 is based on the percentage of hospitalised smokers that have been given advice to quit smoking. For quarter one only, results are based on data coded in September 2009.  The goal of 80 percent is highlighted.
Better diabetes and cardiovascular services	Ranking from 1 to 21 is based on an average of the progress made by DHBs towards the three target indicators of CVD risk assessment, diabetes checks and diabetes management.

## How do you find out more information about your DHB's ranking?

The Ministry will provide graphical representations of targets results on the Ministry website, displaying DHBs ranked in two ways, both relative to the local target agreed via the District Annual Plan, and relative to the overall sector goal.

In addition the Ministry will provide each DHB with a graphical representation of their individual results for publication.

DHBs will determine local contextual information they may wish to provide around their own results.

### **What results will be made publicly available?**

The Ministry will publish the health targets quarter one results in four of the major metropolitan newspapers in November (NZ Herald, Dominion Post, Christchurch Press, and Otago Daily Times).

The Ministry website will provide detailed information on the quarter one results.

There is a strong expectation from the Ministry and the Minister that all DHBs publish their individual results in their local paper and ensure that the health targets are displayed prominently on their websites.

### **Why public reporting?**

The Ministry believes that public accountability through clearly promoting the targets in the public domain, through the media, will help make the targets real for the community.

These are vitally important targets and progress towards them is a matter of significant public interest.

### **Are there any data quality issues about the quarter one results?**

The DHBs supply, and provide comment on, locally sourced data for most of the target measures: these are the data that is used in published results. Where data is sourced by the Ministry from national information collection systems (electives, immunisation and CVD), DHBs have an opportunity to review and comment on the data and their local results before it is published.

DHB results are analysed and reviewed by Target Champions who are clinical and/or sector experts in each of the target areas. There are recognised data quality and data capture issues for some target measures, especially where information is being collected for the first time this quarter. However, the data used provides the best available picture of progress at this time. Data quality is expected to improve in subsequent quarters, in part because DHBs will want to ensure that their performance is accurately reported.

### **Are there data quality issues in new target areas being reported for the first time?**

#### ***Shorter stays in Emergency Departments***

The Emergency Department (ED) target is 95 percent of patients will be admitted, discharged, or transferred from an ED within six hours. It is expected that many DHBs will take up to two years to achieve this target with good sustainable improvements.

At the end of the first quarter most DHBs are still implementing changes to achieve this target. The impact of quality improvements will take time before an improvement is seen in the percentage reported. As this is a new target, some data collection and reporting issues were anticipated. A small number

of DHBs have reported concerns about the quality of their data, these DHBs are working to resolve these issues during this financial year.

***Better help for smokers to quit***

This target is that 80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. Quarter one data, which relates to events coded in September only, shows that progress is being made. The data represents the number of identified smokers who have been offered advice and help to quit. It was anticipated that quarter one results would be low, as this is a new target that requires new data collection and a change in clinical and coding practice. However, it is clear that some DHBs have made progress by ensuring that systems are in place to support clinical staff to make the practice changes needed, as well as code and capture the data.

Over the next quarter, DHBs have more work to do to improve these processes around identifying smokers, offering them advice and help to quit, and accurately recording and coding this activity. Ministry teams will work with DHBs to achieve this. The Ministry expects to see significant improvements in the number of hospitalised smokers being offered advice and help to quit in quarter two.