

Health Targets Update – Frequently Asked Questions 23 February 2010

How are health targets reported?

The Ministry of Health reports on quarterly progress towards achieving agreed annual health targets with each DHB.

Quarter two is 1 October 2009 - 31 December 2009. The health targets information presented on quarter two is based on the quarterly performance reports required of the DHBs during this period.

What was the level of progress in quarter two?

Progress and performance against targets is monitored on a quarterly basis to ensure DHBs are on track to deliver against the annual health target.

Overall progress was made against five of the six national health targets for this quarter:

- Shorter stays in Emergency Departments improved by 3%
- Improved access to elective surgery increased by 4.5%
- Increased immunisation rates rose from 81% to 83%
- Better help for smokers to quit was up by 8%
- Better diabetes and cardiovascular disease (CVD) services improved by 2%

Why were the cancer health target results not quite as good in quarter two as in quarter one? What action is being taken to address this?

Performance against the cancer radiation waiting times health target has slightly decreased. In quarter two, 50 patients waited more than six weeks between first specialist assessment and the start of radiation treatment for capacity related reasons, compared to 35 patients in quarter one.

This was due to pressures at Auckland and Canterbury DHB Cancer Centres from a surge in urgent and complex treatment referrals and some equipment maintenance issues during December.

The Ministry of Health is addressing these issues in several ways.

- It is receiving weekly updates from Auckland and Canterbury Cancer Centre DHBs so it can continually monitor the situation.
- Ministry of Health visits to the Cancer Centre DHBs are planned over the next few months to provide guidance and assistance.
- Both DHBs are taking action to manage their waiting time pressures including staff working additional shifts, reconfiguring models of care and offering treatment options in other centres.

Why are there are only six DHB Cancer Centres yet all DHBs have to provide shorter waits for cancer treatment reporting and be ranked on performance?

As funders of health services, DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their populations, even when services are delivered by other DHBs, or other providers.

In this regard, all DHBs must actively engage with the Cancer Centres to resolve performance issues impacting on their populations.

Why is the Emergency Department health target based on 'shorter stays' in Emergency Departments rather than 'waiting times'?

The 'Shorter Stays in Emergency Departments' health target is concerned with the time taken from when a patient presents to an Emergency Department (ED) to when they are admitted, discharged or transferred. In other words, from when a patient arrives at an ED to when they leave.

Traditionally the term 'waiting time' in EDs has referred to the time a patient waits to see a doctor. In fact there can be many 'waiting times' in EDs - waiting for a doctor, waiting for test results, waiting for x-rays, and so on.

The goal of this health target is to minimise all of these waiting times so that patients can have their ED phase of care completed with minimal delay.

The health target "Improved access to elective services" shows that almost 50 percent of DHBs achieved a lower percentage of the target in quarter two than in the first quarter. Why is this?

Under the 'Improved access to elective surgery' health target, DHBs agree a target number of elective surgical discharges that will be delivered to people living within their region each year.

Quarterly results measure each DHB's year to date progress towards this annual target. Due to differences in the way DHBs have planned to phase the delivery of these volumes throughout the year and constraints that can arise at particular points in time, performance to plan can vary from month to month.

DHBs that are behind plan are supported to take corrective actions to return to planned performance levels by year end.

The “Better help for smokers’ health target lags considerably behind the other health targets with a national average of almost 25% and an annual target of 80%. Why is this?

This is a new health target that started at almost 0%. Introducing this health target is complex because it involves clinical behaviour change across the whole of hospital services. The target requires hospital staff changing their practices by routinely, both asking patients if they smoke, and offering brief advice, but also importantly making sure that conversation with the patient is recorded so it can be coded and translate into the results seen in the graph.

Although there has been considerable progress with a national increase of 8% since quarter one and some DHBs have made significant improvements, there is still a lot of work to be done to reach the target.

DHBs are all working hard to achieve this target. The Ministry is supporting the DHBs with advice from expert Health Target Champions, promoting higher performing DHBs to share learnings with other DHBs and continuing with the support for coding, training and promotion of the ABC Approach.

How do we arrive at one composite indicator when are three indicators for the Cardiovascular Disease (CVD) / Diabetes national health target?

The three indicators for the CVD / Diabetes national health target are:

1. A CVD indicator that measures the percentage of the eligible adult population who have had their CVD risk assessed in the last five years;
2. A Diabetes indicator that measures the percentage of people with diabetes who attend free annual checks; and
3. A Diabetes indicator that measures the percentage of people with diabetes that have satisfactory or better diabetes management.

CVD and Diabetes share many of the same complications and risk factors. Both conditions need early detection and good quality follow-up.

The composite indicator is an average of the three indicators that effectively measure early detection and good quality follow-up.

To be considered high performing, DHBs must be doing well across all three indicators. DHBs are then ranked based on the composite indicator.

Who is responsible for the overall results?

The Ministry of Health and each DHB are jointly responsible for the health target results.

The Health Target Champions have reviewed each DHBs performance and, where applicable, are developing strategies that will assist DHBs in improving their performance. Such initiatives include:

- Sharing information, learnings and advice across the health target area
- Individual DHB meetings with respective Health Target Champions
- Encouraging regional activity.