

Using System Level Measures to drive System Integration

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What is SLM framework?

A framework to improve health outcomes for people by supporting the system to deliver **integrated care** using **continuous quality improvement**

System Level Measures (SLMs) are:

- outcomes focussed
- set nationally
- require all parts of the health system to work together
- focus on children, youth, Māori and vulnerable populations
- connected to local clinically led quality improvement activities and contributory measures.

Contributory measures:

- chosen locally based on local needs, demographics and service configurations
- used to measure local progress against quality improvement activities.

All measures held in an online Measures Library (www.hqmnz.org.nz)

Current System Level Measures

1. Ambulatory sensitive hospitalisations (ASH) rates for zero-to-four year olds – ie, Keeping children out of hospital
 2. Acute hospital bed days per capita – ie, Using health services effectively and managing acute demand
 3. Patient experience of care – ie, Person-centred care
 4. Amenable mortality rates – ie, Early detection and prevention
 5. Youth access to and utilisation of youth appropriate health services – ie, Youth are healthy, safe and supported
 6. Babies living in smoke-free homes – ie, A healthy start
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Implementation

- **District alliances are responsible for implementing SLMs in their districts**
 - **District alliances are responsible for:**
 - harnessing perspectives from all relevant parts of health system to identify shared vision and key objectives for their districts
 - applying alliancing principles (way of working)
 - using SLMs to drive system integration in their districts
 - leading the development of the SLM improvement plan
 - allocating resources required for the development, implementation, monitoring and reporting of the SLMs.
 - **DHB is responsible for submitting the SLM improvement plan and the reports on behalf of their district alliance**
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Improvement Plan

The improvement plan requires:

- **improvement milestone** for each of the six SLMs, which is a number that improves performance from baseline for either total population, Māori or other vulnerable population group
- **brief description of activities** to be undertaken by alliance partners to achieve the milestone
- a list of **contributory measures** which show clear line of sight for each SLM that will be used to track local progress
- **signatures** of all alliance partners to demonstrate partnership approach.


The milestones, activities and contributory measures are determined by the district alliance relevant to their local population and approved by the Ministry.

Some improvement plans and alliance approaches are available on [Nationwide Service Framework Library](#)

Learning so far...

Levels of integration

Understanding the different levels of integration

- Clinical integration – coordination of person-focussed care in a single process across time, place and discipline
 - Professional integration – inter-professional partnerships both within and between organisations to deliver a comprehensive continuum of care to a defined population
 - **System integration – inter-organisation integration to deliver comprehensive services to a defined population (aim of SLMs)**
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Old power

New Power (SLMs)

- Performance management
- Accountability
- Targets
- Sanctions
- Leader-driven
- About economic resources (\$\$, materials, technology which diminish over time)
- Important part of the system but is it the whole part?

| | |
|-------------|--------------|
| Currency | Current |
| Held by few | Made by many |
| Pushed down | Pulled in |
| Commanded | Shared |
| Closed | Open |
| Transaction | Relationship |

- Uses intrinsic motivation (values)
- Participation and peer-coordination
- Do it yourself
- Informal networks (alliancing, collaboration, community)
- Building capacity and capability
- About social resources that grow with use
- Co-producing and sharing
- Transparent

“Becoming Bilingual”

- Acknowledging and embracing old and new powers
 - Recognising the shift to new power
 - Developing capacity and capability for both powers in the Ministry and within the sector
 - Using new power to balance how Ministry assesses health sector performance
 - Developing a health system integration framework that uses both powers
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Dimensions of system integration framework



References:

- Ministry of Health Experience with implementation of System Level Measures
- World Health Organisation; Framework on integrated, people-centred health services; 15 April 2016.
- Evans JM et al; 2016; Organisational Context and Capabilities for Integrating Care: A Framework for Improvement; International Journal of Integrated Care, 16(3); 15, pp 1-14.
- The King's Fund; Making the case for quality improvement: lessons for NHS boards and leaders; October 2017

Dimensions in detail

Alliancing

- All parts of the health system work together through collaboration to deliver care that is whole of system focussed, clinically-led, integrated and meets the needs of the local population

Strategic commissioning

- DHBs use alliancing to assess and forecast needs of their population, link investment to agreed outcomes, consider and plan the nature, range and quality of future services and work in partnership to implement.

Patient experience and safety

- Patients are empowered to actively engage in their own health. Communities are enabled to actively engage in the design and delivery of health services. Organisations are transparent and proactive in managing adverse health events with the patient at the centre.

Health equity

- District alliances work with health and social partners to understand the health equity for Māori and other vulnerable populations in their district and address factors driving inequitable service utilisation and health outcomes.

Organisational accountability

- All parts of the health system provide equitable, high-quality, financially sustainable and responsive care that meets the needs of their population.

Clinical engagement and leadership

- Clinicians are involved in planning, leading and supporting new initiatives, steering change and influencing their colleagues and peers.

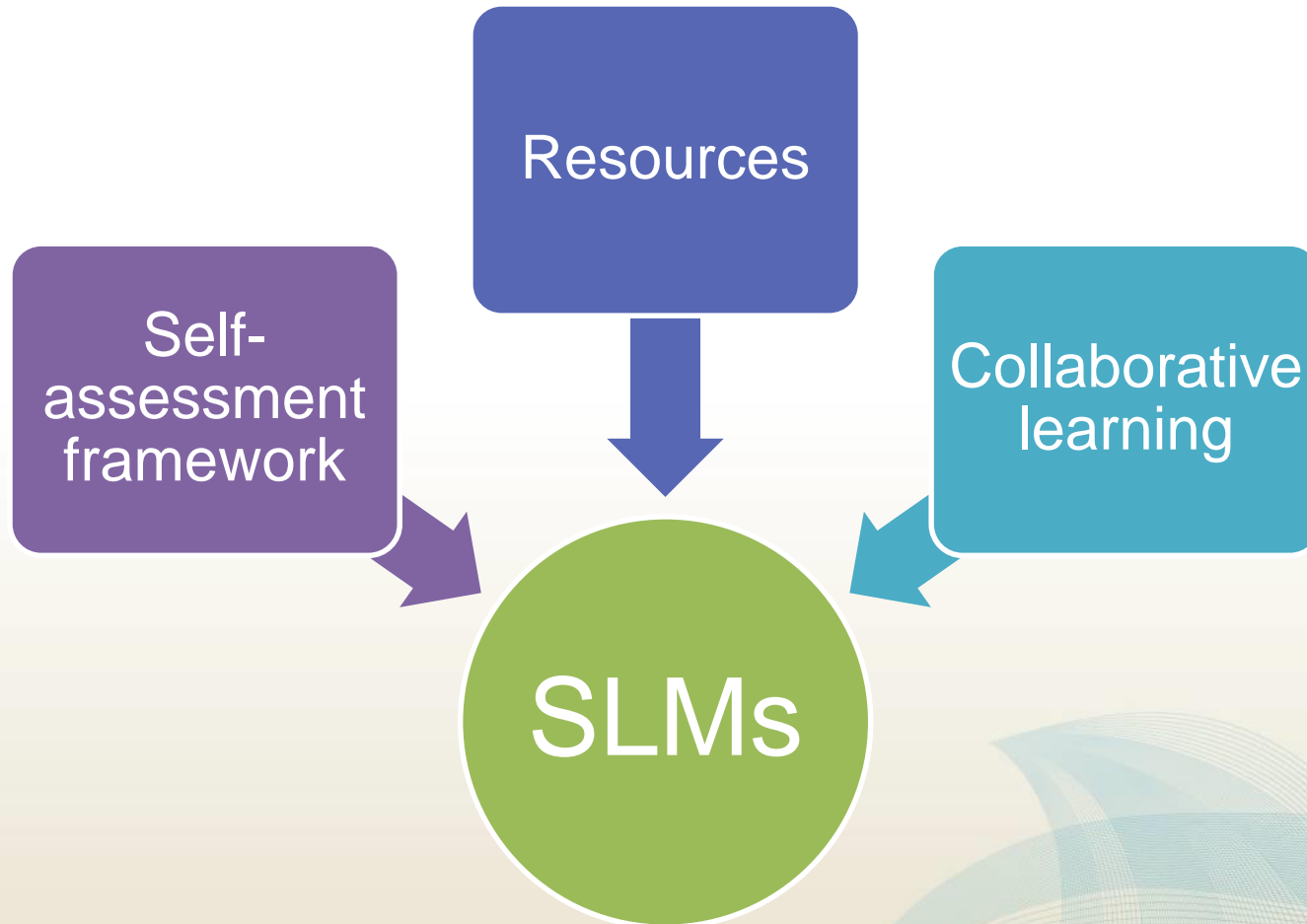
Continuous quality improvement

- District alliance and senior leaders create and support the environment for quality improvement and use methods and tools to continuously improve quality of care and patient outcomes.

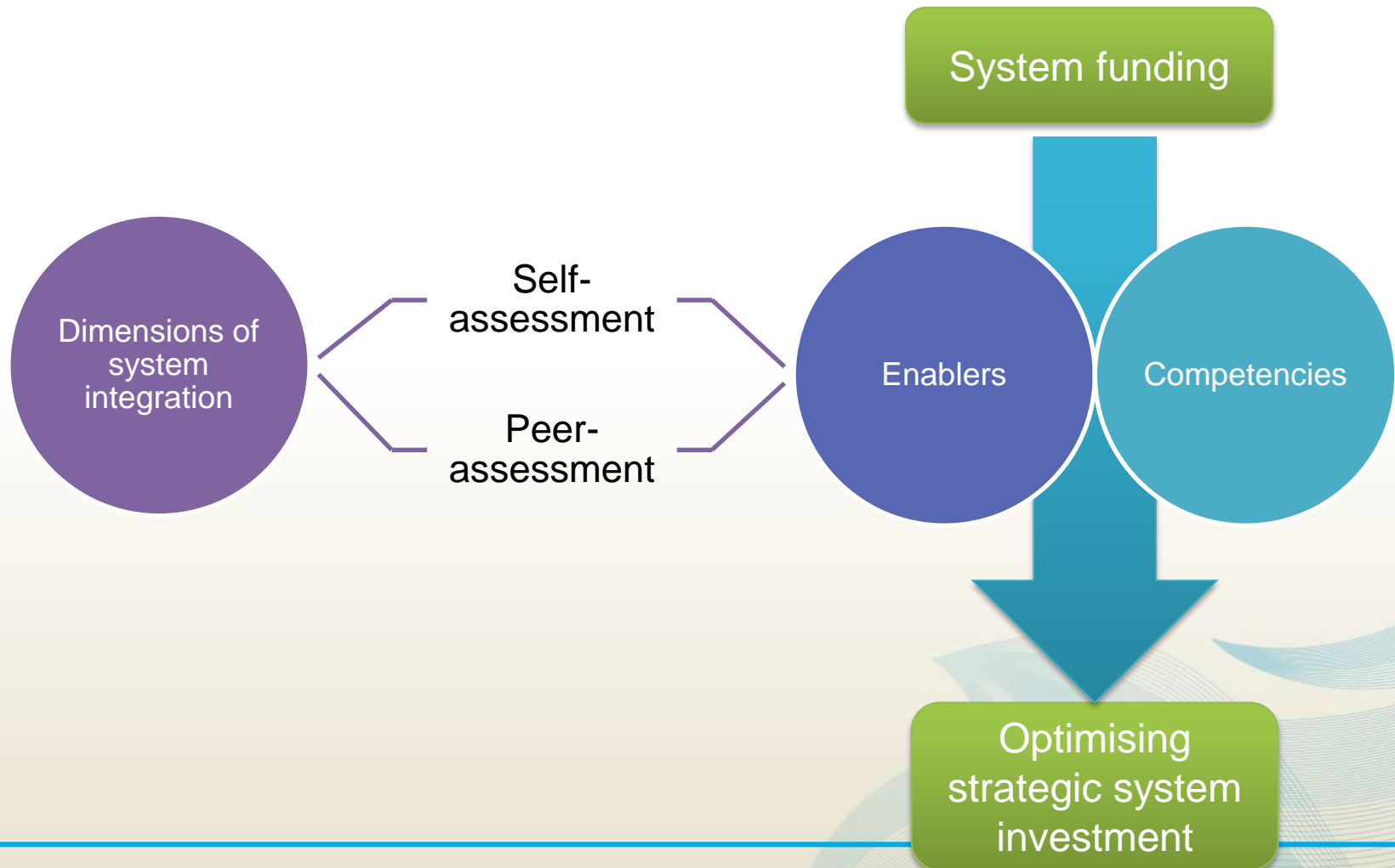
Workforce

- Staff are treated with dignity and respect, have the tools, skills and environment that enables them to meet their professional scope and that gives joy and meaning in their work.

Enabling system integration

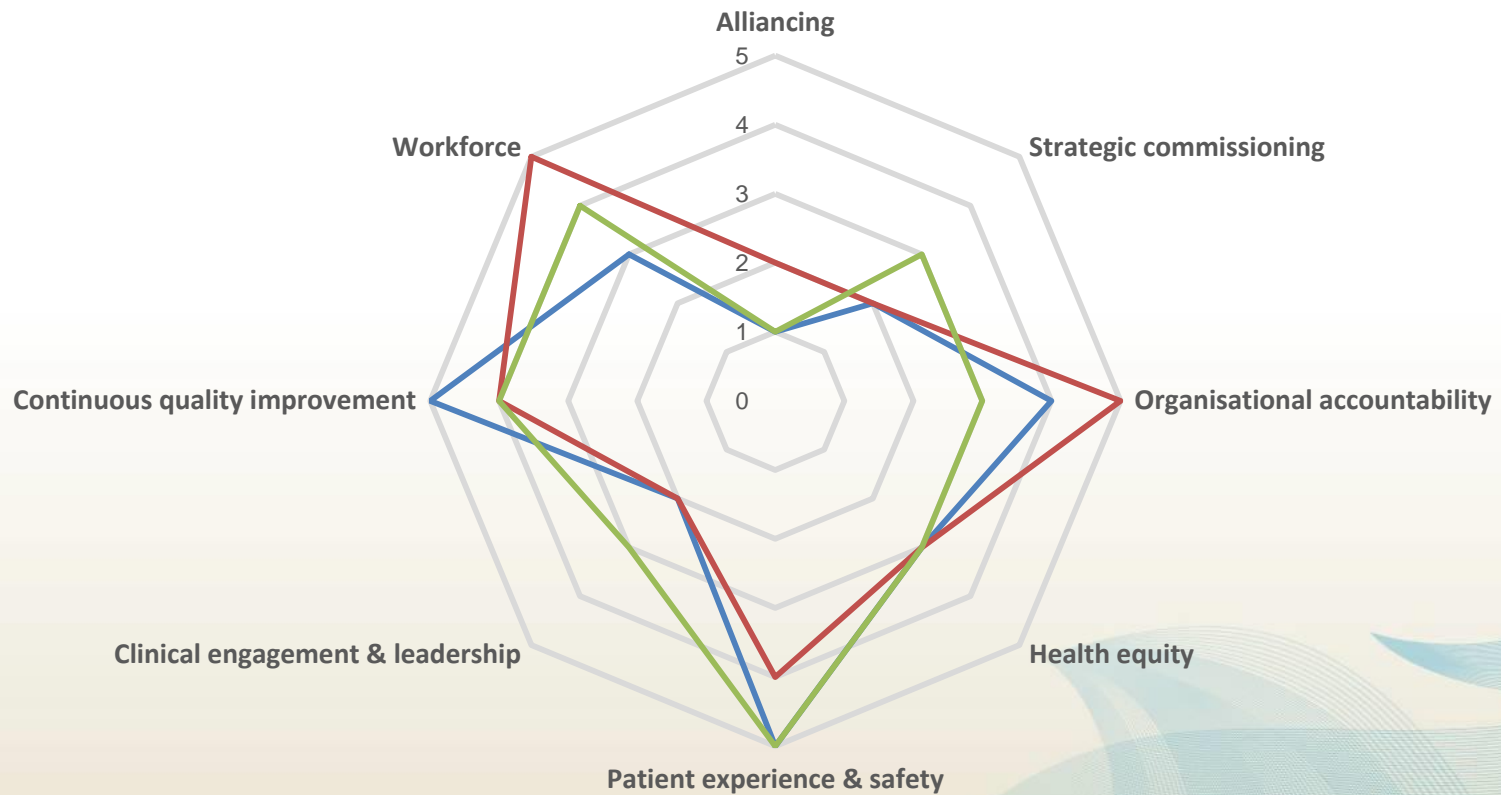


How does it work?



Self-assessment against eight dimensions (mock up)

— Self-assessment — Peer assessment — Ministry assessment



Next steps

Working with sector leaders to:

- **Confirm the eight dimensions and descriptions**
 - **Develop self-assessment framework for district alliances to use to assess their maturity against each of the eight dimensions and develop an action plan to improve system integration**
 - **Shift SLM reporting from focus on achieving milestones to:**
 - developing quality improvement capability using the self assessment tool to improve system integration
 - self, peer and Ministry assessments against eight dimensions
 - **Link to DHB performance framework being developed by Ministry**
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