Te Whatu Ora
Health New Zealand

Summary

The team at PNH were gracious and supportive of the author's recent visit and candid feedback from stakeholders was appreciated. Whilst there is an existing innovation and improvement plan, there are some short-, medium- and long-term strategies that could be considered in refining the current plan to the top 3-5 bang for buck strategies.

The suggested focus areas for organisational improvement are within the ED (streaming, improved facility), hospital wide ownership of overcrowding and the perceived lack of beds, strategies for the IOC as relate to systems and processes, improved organisational wide communication, breakdown of SMO silos, refinement of current innovation and improvement plan (including current use and analysis of data), securing local innovation and improvement resources, establishing plans for regional patient flow and escalation, and developing/implementing a clinical services delivery plan.

The areas of focus for outside of the organisation are an integrated review of community services with external parties who can influence and support solutions in this area.

A big thank you to the entire team for hosting this visit.

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)
DRAFT

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

MidCentral District Health Target Plan

Hospital & Specialist Services

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Health Targets, performance expectations, and Y1 internal stretch targets

Description	2030 Health Targets	National minimum performance expectations			Internal Year 1 (2024/25) stretch targets	MidCentral Year 1 (2024/25) performance expectations*
		2024/25	2025/26	2026/27		
Shorter stays in emergency departments	95% of patients to be admitted, discharged or transferred from an emergency department within six hours.	74%	77%	80%	• All 'small' EDs (<500 presentations per week) achieve 95% SSED (all patients) by the end of Year 1. • All Districts (except MidCentral and Capital & Coast) achieve 90% SSED for non-admitted patients by the end of Year 1.	55%
Out of Scope						

*Insert from reference document: *District-level minimum performance expectations for Year 1 (2024/25).*

Out of Scope

Key areas of focus

Health Target	Key areas of focus
Shorter stays in emergency departments	• Instituting IOC measures for managing flow and system escalation. • Implementing acute flow standards. • Embedding various discharge pathways (eg criteria-led, medically cleared, complex, 7-day).
Out of Scope	[redacted]

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Shorter stays in Emergency Departments

Focus area	Activities	Rationale	Milestones	Timeframes	Responsibilities
Acute Flow – improving patient movement through the hospital	My Next Patient	At least one patient will be pulled from ED to a ward before 1000hrs each day, if a ward hasn't pulled a patient, then a patient will be sent to the ward by 1000hrs each day. This is to make sure ED has space for incoming patients.	Implement in Unplanned Care Socialise to applicable wards in Health Women and Children / Healthy Aging and Rehabilitation Implement in Planned care Implement in Health Women and Children / Healthy Aging and Rehabilitation Embed as BAU	Implementation from May 2024 BAU from October 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Two before Ten – improving time of day discharging	Two Patients discharged before 1000hrs by each ward, enabling My Next Patient to be implemented, and patient flow from ED to wards.	Implement in Unplanned Care Socialise to applicable wards in Health Women and Children / Healthy Aging and Rehabilitation Implement in Planned care Implement in Health Women and Children / Healthy Aging and Rehabilitation Embed as BAU	Implementation from May 2024 BAU from October 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Holding Orders	To enable the safe transition of eligible patients from ED to Inpatient beds in advance of/until formal admission is completed by the speciality to enable flow from ED and stop patients from spending longer than required in ED	Refresh of holding orders Reminder and reintroduction of holding orders in ED Embed as BAU	Refresh June 2024 Implementation from August 2024 BAU from September 2024	Support : Chief Medical Officer
	Criteria Led Discharging (CLD)	Due to a shortage of doctors available on weekends, CLD allows nurses to discharge patients based on specific criteria without requiring a doctor's review on the same day. This ensures that patient discharges become 7-day a week, not just focussing on weekday discharging.	Education push Pilot on wards Monitoring of usage Education Implementation Embed as BAU	Education push from April 2024 Pilot and monitoring from June 2024 Implementation from August 2024 BAU from December 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Shorter stays in Emergency Departments

Focus area	Activities	Rationale	Milestones	Timeframes	Responsibilities
Acute Flow – improving patient movement through the hospital	Streaming options for patients in the ED	Provision of redirection and pathway options for appropriate assessment and cares in a timely manner.	Re-education of POAC / Virtual Health options to ED staff. Implementation of use of Practice Plus vouchers – three vouchers per day Utilise pathway options i.e. DVT, COPD and cellulitis Embed as BAU	Re-education of staff from May 2024 Practice Plus Vouchers from May 2024 Embed as BAU July 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Get Up Get Dressed Get Moving campaign	Encouraging patients to dress themselves, get out of bed, and move around as much as possible during their stay to facilitate an earlier discharge when appropriate. This approach helps improve patient flow, prevents the progression of delirium, and reduces the average length of stay, ultimately contributing to better overall hospital patient flow.	Project initiation discussion how to reestablish the campaign Production of patient and staff brochures Refresher training for staff Implementation Embed as BAU	Project initiation April 2024 Campaign materials produced from July 2024 Education session for staff from August 2024 Implementation from September 2024 Embed as BAU December 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Onboarding / Over census	Expedite the safe transfer of specialty patients who are for admission to an appropriate inpatient bed when the number of admissions outweighs resourced bed numbers and/or the Emergency Department (ED) is holding specialty patients waiting for beds	Refresh of Standard Operating procedures Endorsement sought at System Flow Governance Group and Clinical Advisory Board Re-education and implementation Embed as a BAU procedure when require.	Refresh of SOP's from July 2024 Endorsement sought from August 2024 Re-education from September 2024 Embed from October 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Out of Scope

Shorter stays in Emergency Departments

Focus area	Activities	Rationale	Milestones	Timeframes	Responsibilities
	Waiting for What?	Utilizing an MDT to determine what the patient is waiting for to improve the chances of an earlier discharge. This approach also keeps staff updated on patient progress, necessary requirements, and identifies whom they need to follow up with to facilitate discharge by the EDD when applicable	A list of home ward specific EDDs ward to utilise for patients Implementation of use of EDDs Refresh and implement using waiting for what column in MIYA	List of EDD's given to wards from HRT data. Implementation of more accurate EDDs	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Updating of holding orders to include paediatrics patients where applicable	To enable the safe transition of eligible paediatric patients from ED to bed in the children's ward in advance of/until formal admission is completed by the speciality to enable flow from ED and stop paediatric patients from spending longer than required in ED	Holding orders refreshed Holding orders shared with staff Embed as BAU	Holding orders refreshed July 2024 Holding Orders shared from August 2024 Embed as BAU from September 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	HCA based in waiting room	To assist with system flow coordination and patient cares	On hold		System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Out of Scope

Shorter stays in Emergency Departments

Focus area	Activities	Rationale	Milestones	Timeframes	Responsibilities
Acute Flow – improving patient movement through the hospital	Greater than 24 hour stays in ED/EDOA reporting	Review patients who have been in the ED or EDOA for more than 24 hours to identify the cause of the delay and determine how it can be addressed in the future	Reports to be created to pull patients with a stay of over 24hours Discussion on who will own reporting Implementation and BAU	Report creation from July 2024 Discussions commencing from July 2024 Implementation and BAU from July 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Use of fracture clinic at times of ED surge/access block	During times of overflow and after hours, the ED can utilize the fracture clinic space, depending on staff availability, to assess and treat low-acuity patients more efficiently and with ample room	Discussion with fracture clinic Agreement to utilise the space Evaluation and ensuring the space is equipped with the required emergency precautions and alerts to use safely. Implementation and BAU when staff availability allows	Discussions from June 2024 Agreement from June 2024 Upgrading of emergency alerts requested June 2024 Implementation from July 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Space utilisation within the ED	Prioritising use of patient spaces within the ED to align with current presentation numbers and acuity of patients. This could allow more assessment and treatment to be completed in a more patient centric way.	Not yet started		System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Children's Assessment Unit Guideline refresh	Update guidelines around criteria for children in the ED to be sent or pulled to CAU for assessment when appropriate.	Guidelines refreshed New guidelines shared with staff and General Practices Embed as BAU	Guidelines refreshed July 2024 Guidelines shared from August 2024 Embed as BAU from September	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Shorter stays in Emergency Departments

Focus area	Activities	Rationale	Milestones	Timeframes	Responsibilities
Acute Flow – improving patient movement through the hospital	Meihana Project – Did Not Stay	Improving follow-up for Māori and Pacific whānau in the emergency department of Palmerston North Hospital	Not yet started		System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Improving Estimated Discharge time accuracy	To improve the accuracy of estimated discharge times, allowing for better planning of bed availability and enabling families to more effectively prepare for the patient's return home.	Under development		System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Refresh of Red 2 Green / Ready to go delays	Optimizing resource allocation and improve patient flow by clearly identifying and managing critical versus non-critical days. This is supported by existing Waiting for What initiative.	Under development		System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Out of Scope

Shorter stays in Emergency Departments

Focus area	Activities	Rationale	Milestones	Timeframes	Responsibilities
Acute Flow – improving patient movement through the hospital	Reduce time from triage to seen by clinician times	To enable a faster and more efficient ED experience for patients	Improve data capture of reliability of information in a timely manner. TBC	September 2024	System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Meihana Project – Tautokotoko: Enhancing patient discharge process for Māori and Pacific peoples		Under Development		System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation
	Once the national IOC Escalation framework is released, tasks and measures for managing flow and system escalation will be added to our Acute Flow Improvement plan and the district health targets to align with it.		Not yet started		System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Shorter stays in Emergency Departments

Focus area	Activities	Rationale	Milestones	Timeframes	Responsibilities
Acute Flow – improving patient movement through the hospital	Implementing acute flow standards. When released, we will review the existing acute flow improvement plan to include any new initiatives that may be missing.		Not yet started		System Flow Governance Group oversees Lead: Operations Executives Executive Professional Leads Support :Operations Leads Unplanned Care Planned Care Healthy Women and Children Healthy Aging and Rehabilitation

Out of Scope

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Out of Scope

[redacted]

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Out of Scope

Specific supports required by MidCentral District

Business unit	Specific support required	Rationale
[Hospital & Specialist Services – national] Delivery Unit	Ongoing improvement support National person allocated to work around ALOS National person allocated to support around high rates of SAB Chief Nurse to allocate person to work with MidCentral re pressure injuries Develop and fund model for early supported discharge Expansion of ED into fracture clinic including staffing required Understanding that improvement will likely take 2 years given long standing issues Support from nationally allocated leads re acute care review National approach and agreement with unions on initiatives such as onboarding Support to complete the Appropriateness Evaluation Protocol	Acute Care reviews 2023 x3 IST review 2024 HRT and HQSC data Kevin Snee reports 2024 Minister of Health 90-day Plan
[People & Communications]- National OD team	Work to support Enabling Improved Culture at MidCentral National communications plan and support to improve MidCentral image and communications to the public	Culture report 2023 Pulse survey 2022/2024
[Commissioning]	Urgent support to develop enhanced urgent care across the community due to only one community practice providing this Monday to Sunday 8am – 8pm when their staffing capacity allows Work to enhance GP provision across the community	
[Service Improvement and Innovation]	Access to timely data analytics Standardised national reporting metrics Project, improvement, innovation and change management supports	
[Data & Digital]	Standardised national data reporting platforms Progress of e-referrals project Roll out of e-medicine project Continued implementation of cortex	
[Infrastructure & Investment]	Support to progress Hospital Redevelopment at pace including Master Site Planning and finalisation of points of care Urgent need for new ICU Redevelopment of w21 (mental health ward following their move to new building) Project to expand the ED due to ED being designed for 17,000 presentations now at 45,000 (approx.) Develop discharge lounge to increase ability to discharge	Capital plan Redevelopment programme information to date
[Finance]		

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

ORGANISATIONAL LEADERSHIP TEAM

Te Whatu Ora Health New Zealand Te Pae Hauora o Ruahine o Tararua | MidCentral	For: X Decision Endorsement Noting
To	Organisational Leadership Team
Author	Dr Jeff Brown, District Director
Endorsed by	Russell Simpson, Central Region Director, Hospital and Specialist Services
Date	23 November 2023
Subject	**System flow reviews and action plan**

RECOMMENDATION

It is recommended that the Organisational Leadership Team:

- **note** the report on external System Flow reviews that have been carried out at MidCentral, including recommendations and action plan
- **endorse** disseminating the action plan to relevant teams.

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

1. PURPOSE

To update the Organisational Leadership Team (OLT) on the recommendations from external system reviews and the action plan that has been developed.

2. BACKGROUND

Te Pae Hauora o Ruahine o Tararua | MidCentral has a small system flow team who strive to provide solutions that can reduce the burden on our hospital services. As part of the national health system restructure, this team now report to the Service Improvement and Innovation Team.

Three separate external reviews have been conducted at MidCentral over the last year – to assess system flow and provide recommendations on how processes could be improved. The reviews were carried out by:

- Claudia Mercer – February 2023
- Jeremy Dryden and Debbie Hailstone – 7-8 September 2023
- Kate Brockman – 5-6 October 2023.

The findings and recommendations from the three reports have been grouped into four main categories which the system flow team are already working with:

- Infrastructure
- Processes
- Culture/Stakeholders
- Workforce.

The action plan is included as Appendix One. Please note the timeframes are subject to change, depending on the circumstances and needs of each initiative/recommendation and as actions are agreed and discussed further with our kaimahi. The action plan will be updated regularly to reflect the ongoing progress.

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

1. System flow team

Te Pae Hauora o Ruahine o Tararua | MidCentral has a small system flow team who strive to provide solutions that can reduce the burden on our hospital. By collectively working with our kaimahi, patients and whānau to identify and address the challenges the hospital is facing; delivering innovative and sustainable outcomes that can improve the system flow. While the system flow team is currently small, they have established strong working relationships with kaimahi, senior leadership and services as well as an established work programme.

The team comprises of:

- Medical Lead (0.5 fte)
- Operations Lead IOC/ED/System Flow (1 fte)
- Improvement and Innovation / Change Lead (0.5 fte)
- Project Manager / Change Manager (0.7 fte)

Members of this team now report to Te Whatu Ora Improve as part of the national restructure. Achieving the action points below is dependent on these members being able to focus their efforts and not be diverted to other regional and national work. Once this support is assured KPIs can be developed for each action.

In addition there will need to be dedicated support from II&G for facilities, and from P&C for incentivised payments for critical vacancies, and from ER/OD to maintain local expertise and relationships necessary for ongoing improvement in culture.

2. Reports and Action Plan

During the last year Te Pae Hauora o Ruahine o Tararua | MidCentral has received three visits to assess their system flow and give recommendations on how or where they can improve processes. The Organisational Leadership team (OLT) and staff supported all three visits and strongly welcomed any suggestions that could help with system flow in the hospital.

The findings and recommendations from the three system flow reports that MidCentral received have been grouped into the four main categories that the system flow team are already working with:

- Infrastructure
- Processes
- Culture / Stakeholders
- Workforce.

Alongside the recommendations the System Flow team has created actions with rough quarterly timeframes. Timeframes are subject to change depending on the circumstances and needs of each initiative / recommendation and as actions are agreed and socialised further across our kaimahi.

An Excel working document is being created with a Gantt chart to complement, which will comprise of the new recommendations and existing work. Both the Excel document and Gantt chart will be updated regularly to reflect the ongoing and emerging progress and plans of the initiatives / recommendations.

The following table summarises the three reports' recommendations and findings from:

- Claudia Mercer (CM) | February 2023
- Jeremy Dryden and Debbie Hailstone (J/D) | 7/8 September 2023
- Kate Brockman (KB) | 5/6 October 2023

Recommendation	By	Action No.	Action	Owner	Timeframe
Infrastructure					
Improve Emergency Department (ED) environment – accelerate work with Infrastructure and Investment Group to establish, with urgency, a better facility for ED and acute care.	KB	1	Continue to advance the Acute Services Block business case.	Jill Mathews	Dependent on IIG and H&SS Tranche 2 timeframe
Processes					
Review the hospital wide escalation response to periods of overcrowding in the ED, including actions and the role of the executive, and supporting priority investigations for the ED during these times of surge (radiology and pathology).	KB	2	Review current Whole of Hospital and Emergency Department surge and escalation plans, to ensure fit for current state.	Te Whatu Ora Improve	CY Q1/24
		3	Convene a heads of department wānanga to ratify and socialise documents.	Te Whatu Ora Improve / System Flow Clinical Lead	CY Q2/24
		4	Develop and implement a live dashboard to indicate current Emergency Department and inpatient occupancy to enable services to respond when needed, as per escalation and surge documentation.	Te Whatu Ora Improve	CY Q1/23

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Undertake detailed data analytics with a manual diagnostic approach: a. ED timeline study b. Ward audit c. IOC and bed mapping	KB	5	Identify more detail on this recommendation then undertake audits as suggested.	Te Whatu Ora Improve	CY Q4/24
Review current improvement initiatives against the Diagnostic outcomes, reconcile against current work, and develop an implementation and change plan to support improved performance (access and flow), identify the top 3-5 initiatives for focus. Refine current plan and implement.	KB	6	Following detailed data analysis as per action number 5; develop work, implementation and change plans with identified and realistic time frames.	Te Whatu Ora Improve	CY Q2/24
Support a site visit to the Northern Region for the improvement team for lessons learned from their Acute Flow Program and viewing different models of care.	KB	7	Site visit occurred 1st and 2nd November 2023.	System Flow Clinical Lead	CY Q4/23
		8	Share learnings from site visit and incorporate where appropriate in this action plan and workplan as per action seven.	System Flow Clinical Lead	CY Q4/23
		9	Te Whatu Ora Improve local team to connect with Te Toko Tumai, Te Tai Tokerau and Waitemata teams on their progress following their System Flow review.	System Flow Team	CY Q4/23
Undertake a manual snapshot study of IT beds available versus physical beds available. Bed modelling. Sharing of methodology used in other regions to predict future demand and the capacity required to meet it. This will also help to inform regional planning discussions and load balancing across sites.	KB CM	13	Review the hospital wide bed modelling undertaken as part of the clinical services plan development to understand available vs physical, and bed spaces designed with extra functionalities.	Te Whatu Ora Improve	CY Q2/24
			Undertake a time in motion study of physical beds available vs those identified in MIYA	Te Whatu Ora Improve	CY Q2/24
Develop clear local (PNH) and regional escalation pathways with feedback loops, actions and defined roles and responsibilities for local and regional barriers to patient flow, including the executive and management teams.	KB	11	Establish a regional system flow collaborative of kaimahi leading and working on system flow initiatives.		CY Q1/24
		12	Establish a regional communication and feedback process. ***Regional Teams Channel required**	Te Whatu Ora Improve	CY Q1/24

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

		13	Develop regional escalation pathways for identified regional and local barriers to patient flow.	System Flow Team	CY Q3/24
Develop a specific hospital wide strategy to address LOS with a particular focus on general medicine. Include timeframes, actions with owners, escalation for regional issues as required – define local v regional ownership.	KB	14	Initiate study on Estimated Discharge Dates vs actual Length of Stay and benchmark across the motu. Refer then to 'waiting for what' action recommendations. Link this with Health Round Table RSI data and the work being undertaken by SI&I who are leading a national collaborative of Health Round Table Data.	Te Whatu Ora Improve / Medical teams	CY Q2/24
Continue work on a proof of value implementation of CORTEX in General Medicine	KB J/D CM	15	Progress proof of value work to inform a full business case request for CORTEX and expedite implementation if applicable.	Clinical Digital Programme Lead / Central Region Digital and Data Lead	CY Q2/24
Undertake the manual "why am I still here?" study to ascertain the number of patients waiting for investigations.	KB	16	Revisit existing 'waiting for what' audits, apply the 'why am I still here' methodology and share findings with the newly established Te Pae Hauora o Ruahine o Tararua | MidCentral System Flow Governance Group (see action 27) to apply solutions.	System Flow Team	CY Q2/24
Undertake more detailed data analytics regards community services and identify root causes, agree solutions and escalate outside of organisation as required.	KB	17	Identify more detail on this recommendation then undertake more detailed data analytics as suggested.	Te Whatu Ora Improve	CY Q4/24
Continue to support and expand: a. Practice Plus b. Pharmacy interventions for minor conditions c. Expand as feasible POAC (Primary Options for Acute Care) and HiTH (Hospital in the Home)	KB	18	Implementation of Practice Plus kiosks in the Emergency Department, to help with triage 4 and '5s.	Te Whatu Ora Improve	CY Q1/24
		19	Pharmacy interventions for minor conditions was a Te Whatu Ora initiative which has been discontinued. It was requested that it be extended in the Te Pae Hauora o Ruahine o Tararua | MidCentral rohe as the initiative was well received by pharmacies and public, this request was declined by Te Whatu Ora.	Te Whatu Ora National Commissioning Team	N/A
		20	Implementation of a Facilitated Discharge Nurse to assist with identifying patients in the wards who will be suitable for Primary Options for Acute Care.	System Flow Team	CY Q1/24

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

E-pharmacy. There are well developed plans to introduce e-Prescribing, and this could be in place prior to winter. This would help with releasing clinician time and improving patient safety. However there has been a national directive from Data and Digital to not progress further.	CM	21	Progress implementation of E-pharmacy including e-prescribing.	Pharmacy	CY Q2/24
Culture / Stakeholders					
Along with already identified actions to improve SMO culture, address specific admission criteria with certain specialties through a facilitated workshop/meeting, identify a Senior Responsible Officer for this, implement and ensure consistent use.	KB	22	Provide visibility of the Senior Medical Officer Culture survey action plan, in order to confirm and socialise actions to progress at speed. This will enable consolidation of actions from duplicated actions across associated reports.	Chief Medical Officer/Group Director of Operations	CY Q4/24
			Identify a Senior Responsible Officer to lead a process to establish agreed admission criteria and pathways.	Chief Medical Officer	CY Q4/24
			Schedule a facilitated workshop to establish and agree professional standards and specific admission/discharge criteria and processes. This action also aligns with Senior Medical Officer Culture survey action plan.	Chief Medical Officer	CY Q4/24
			Audit use of agreed admission criteria/pathways	Chief Medical Officer	CY Q1/25
Deliver an acute flow training program to key stakeholders, including the executive team	KB	23	Schedule and deliver a road show presentation for kaimahi aimed at current state and actions to address	System Flow Team	CY Q2/24
Develop a communication and engagement strategy aimed to dissolve siloes between the inpatient and ED SMO group.	KB	24	**Refer action number 22**		
Hold an SMO workshop to agree on admissions to each speciality and ward at an organisational level. Document, ratify and implement.	KB	25	Gather admission processes and work with specialities and wards to understand processes and update where required, then implement	Chief Medical Officer / Group Director of Operations	CY Q2/24
Use opportunities with Te Whatu Ora restructuring to consider the current organisational structure of clinical and operational leads.	KB	26	Once new Group Director of Operations is appointed, review this action point in line with known Hospital Specialist Service restructure plans at the time.	Group Director of Operations	N/A

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Develop a whole of hospital communication and engagement strategy for reform initiatives and operational issues/strategies.	KB	27	Establish a Te Pae Hauora o Ruahine o Tararua | MidCentral System Flow Governance Group to oversee and take accountability for all system flow initiatives, until current leadership structure can be reviewed and stabilised following high-level vacancies.	Te Whatu Ora Improve / Organisational Development Specialist	CY Q1/24
Te Whatu Ora to consider sponsoring an Emergency Department network meeting to allow some collegial discussion of how to support each other across regional and national networks. While there are informal ED CD and ED Senior nursing networks, having Te Whatu Ora HSS as part of the stakeholder group will solidify its purpose.	J/D	28	Te Whatu Ora to consider sponsoring an across region and national network; Emergency department network meeting to allow collegial discussion of how to better enable supporting each other.	Hospital and Specialist Services - ?TBC	CY Q1/24
Some acknowledgment to the clinical teams who are in a position where taking clinical risk is unavoidable	J/D	29	Organisational Leadership Team to acknowledge. Te Whatu Ora Hospital and Specialist Services senior leadership to acknowledge.	Organisational Leadership Team / Hospital and Specialist Services senior leadership	CY Q1/24
An external flying squad to advise on system flow/change methodology is not recommended. The system flow program is supporting internal improvements that need time to embed and leadership development needs time to blossom. There is a risk that external help will be misconstrued, potentially disrupting the work already undertaken	J/D	30	Manatū Hauora and Te Whatu Ora allow Te Pae Hauora o Ruahine o Tararua | MidCentral to continue with their existing system flow programme, which has been enhanced with the additional recommendations. Confirm that support is resourced to the Organisational Leadership and System Flow teams when required, to complete recommendations, such as FTE, guidance or funding, to ensure successful delivery of the new recommendations and the existing programme.	Manatū Hauora and Te Whatu Ora	CY Q1/24
Workforce					
Review ED medical and nursing staffing rosters to align with peaks of demand (workforce permitting).	KB	31	Revisit workforce staffing/rostering reviews previously undertaken and ensure they still reflect current state. Adjust as needed, as 'MECAs will allow.	Integrated Operations Centre / Professional Leads	CY Q1/24

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

		32	Align staffing/rostering with action four. The development of live dashboards.	Organisational Leadership Team / Integrated Operations Centre	CY Q2/24
Maintain appointment of local improvement lead (s) and project officer within the organisation reporting to the Executive Leadership Team.	KB	33	Utilise Te Whatu Ora Improve pipeline process to ensure priority support to System Flow work programme locally by local Te Whatu Ora Improve kaimahi.	Organisational Leadership Team Lead	CY Q1/24
Escalate the shortage of General Practitioners (GPs) to appropriate organisational bodies	KB	34	This has been escalated across multiple platforms. Regional GPs have expressed concern to Te Whatu Ora Health New Zealand that the ageing General Practitioner workforce will be decimated in five to 10 years, placing further strain on primary health care. A report from the Royal New Zealand College of General Practitioners predicts by 2030 the number of General Practitioners per 100,000 people will fall from 74 in 2021 to 70 in 2031. Based on a 230-day full time year, the report says there is a shortage of at least 188 General Practitioners. ***To be addressed at a strategic National level**	Te Whatu Ora People and Communication, Commissioning	N/A
		35	General Practice appointment availability and workforce are workstreams as part of the Urgent Care Programme collaboration between THINK Hauora (our Primary Health Organisation) and Te Whatu Ora Te Pae Hauora o Ruahine o Tararua.	Te Whatu Ora People and Communication, Commissioning	ONGOING
Provide external support from a trusted team that can build relationships and create the environment for sustainable implementation. Short term assistance will not benefit this organisation.	KB	36	Identify more detail on this recommendation then undertake as suggested.	Te Whatu Ora Improve / System Flow Clinical Lead	CY Q4/24
Stabilise the ED and General Medicine workforce: there are a number of strategies over and above usual recruitment strategies that could be applied including:	J/D				

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Fly in Fly out locums: these can be a double-edged sword; however, they will often stabilise a tired workforce and draw in a percentage of people who will convert to permanent FTE. Short term enhancements to match Australia will be required for a defined period followed by normalising of rates and conditions.	J/D	37	Current rate card for extra duties and both internal and external locums is preventing us attracting locums compared with other New Zealand districts. Implement enhanced rate card as temporary solution.	Te Whatu Ora P&C and H&SS	CY Q2/24
Review how Te Whatu Ora can support locum work while employees are on leave from a substantive Te Whatu Ora role. Strict application of no Te Whatu Ora work while on leave policy, will drive New Zealand medical staff employed by Te Whatu Ora to Australia for locum work.	J/D	38	Current rate card for extra duties and both internal and external locums is preventing us attracting locums compared with other New Zealand districts. Implement enhanced rate card as temporary solution.	Te Whatu Ora P&C and H&SS	CY Q2/24
Consider short term contractual enhancements for regional/rural work, especially those under threat. At a minimum review parity of SMO remuneration across the region to prevent escalating offers undercutting each other	J/D	39	Current relocation and retention payments are not matching those of other districts. Te Whatu Ora should implement enhanced remuneration packages for areas at greatest risk such as ED and General Medicine in Palmerston North.	Te Whatu Ora P&C and H&SS	CY Q2/24
If further loss of ED or General Medicine staff is anticipated, then with some urgency a regional approach will be needed to maintain services at Palmerston North Hospital. While not explored in any detail, patient load sharing with close regional EDs, redeployment of staff across sites or consolidation of services to Palmerston North Hospital should all be considered.	J/D	40	Explore in detail, patient load sharing with close regional Emergency Departments, redeployment of staff across sites or consolidation of services to Palmerston North Hospital.	Regional Director / System Flow Clinical Lead / ED / Organisational Leadership Team	CY Q2/24

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Document 5

Te Whatu Ora
Health New Zealand
Te Pae Hauora o Ruahine o Tararua
MidCentral

MidCentral Acute Flow Action Plan

Te Pae Hauora o Ruahine o Tararua | MidCentral

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

MIDCENTRAL ACUTE FLOW ACTION PLAN

The System Flow Team has initiated the following action plan based on the recommendations from the three external reviews and their reports, conducted last year. The right-hand column shows the progress made so far.

The column labelled "By" is the report author, abbreviations are as follows:

KB – Kate Brockman
J/D – Jeremy Dryden and Debbie Hailstone
CM – Claudia Mercer

NOTE* - The action plan will be updated as the above-mentioned reports are socialised with our clinical teams, refining actions and delivery dates and adding actions that will support the system flow work as they arise.

SHORT TERM ACTIONS (Under 6 months to deliver and evaluate)

Recommendation	By	Action No.	Action	Owner	Timeframe	Update
Processes						
Review the hospital wide escalation response to periods of overcrowding in the ED, including actions and the role of the executive, and supporting priority investigations for the ED during these times of surge (radiology and pathology).	KB	1	Review current Whole of Hospital and Emergency Department surge and escalation plans, to ensure fit for current state.	Operations Lead IOC & ED Enterprise Project Manager Clinical Executives	30 April 2024	Review of current ED blue/black metrics used for ED and related escalation
		2	Convene a heads of department wānanga to ratify and socialise surge and escalation plan documents.	Operations Lead IOC & ED Enterprise Project Manager Clinical Executives	02 April 2024	On track
		3	Develop and implement a live dashboard to indicate current Emergency Department and inpatient occupancy to enable services to respond when needed, as per escalation and surge documentation	Improvement and Innovation Manager	29 February 2024	In progress, testing current version with key stakeholders and have engaged with local Data & Digital team around ongoing hosting of live dashboard. On track for completion March 2024

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Undertake detailed data analytics with a manual diagnostic approach: a. ED timeline study b. Ward audit c. IOC and bed mapping	KB	4	(Identify more detail on this recommendation then undertake audits as suggested.) ED - TBD	Enterprise Project Manager	03 May 2024	Meeting scheduled within the next reporting period with KB
	KB	5	Ward - TBD			Meeting scheduled within the next reporting period with KB
	KB	6	IOC/Bed mapping - TBD			Meeting scheduled within the next reporting period with KB
Support a site visit to the Northern Region for the improvement team for lessons learned from their Acute Flow Program and viewing different models of care.	KB	7	Site visit occurred 1st and 2nd November 2023.	Medical Lead System Flow	30 November 2023	COMPLETE
		8	Share learnings from site visit and incorporate where appropriate in this action plan and workplan as per action seven.	Medical Lead System Flow	15 December 2023	COMPLETE

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

		9	Te Whatu Ora Improve local team to connect with Te Toko Tumai, Te Tai Tokerau and Waitemata teams on their progress following their System Flow review.	Improvement and Innovation Manager Enterprise Project Manager	30 November 2023	COMPLETE – key initiatives and resources received and shared with key staff at MidCentral
Undertake a manual snapshot study of IT beds available versus physical beds available. Bed modelling. Sharing of methodology used in other regions to predict future demand and the capacity required to meet it. This will also help to inform regional planning discussions and load balancing across sites.	KB CM	10	Review the hospital wide bed modelling undertaken as part of the clinical services plan development to understand available vs physical, and bed spaces designed with extra functionalities.	Clinical Executive – Te Uru Mātai Matengau Medical Lead System Flow	12 July 2024 TBD	External Contractor has completed study, however there is also a national bed modelling program being implemented.
		11	Undertake a time in motion study of physical beds available vs those identified in MIYA	System Flow Nurse Lead	12 July 2024	Principles for after-hours flow started – sent to Unplanned Care Ops Leads for feedback
Develop clear local (PNH) and regional escalation pathways with feedback loops, actions and defined roles and responsibilities for local and regional barriers to patient flow, including the executive and management teams.	KB	12	Establish a regional system flow collaborative of kaimahi leading and working on system flow initiatives in each hospital across the Central region.	Improvement and Innovation Manager	30 January 2024	COMPLETE – regional system flow collaborative meets bi-monthly with representation from MidCentral, 2DHB, Hawkes Bay, Whanganui and Wairarapa
		13	Establish a regional communication and feedback process.	Improvement and Innovation Manager	28 March 2024	Initial discussions with Communications team to identify options currently available across all sites for collaboration
		14	Develop regional escalation pathways for identified regional and local barriers to patient flow.	Medical Lead System Flow	27 June 2024	

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

				Improvement and Innovation Manager Enterprise Project Manager		
Develop a specific hospital wide strategy to address LOS with a particular focus on general medicine. Include timeframes, actions with owners, escalation for regional issues as required – define local v regional ownership.	KB	15	Initiate study on Estimated Discharge Dates vs actual Length of Stay and benchmark across the motu. Refer then to 'waiting for what' action recommendations. Link this with Health Round Table RSI data and the work being undertaken by SI&I who are leading a national collaborative of Health Round Table Data.	Medical Lead System Flow Improvement and Innovation Manager Director Quality and Innovation Health RoundTable Working Group	26 April 2024	
Continue work on a proof of value implementation of CORTEX in General Medicine	KB J/D CM	16	Progress proof of value work to inform a full business case request for CORTEX and expedite implementation if applicable.	Clinical Digital Programme Lead / Central Region Digital and Data Lead	12 July 2024	Project team are progressing with mapping streams, and preparing for trial on ward
Undertake the manual "why am I still here?" study to ascertain the number of patients waiting for investigations.	KB	17	Revisit existing 'waiting for what' audits, apply the 'why am I still here' methodology and share findings with the newly established Te Pae Hauora o Ruahine o Tararua | MidCentral System Flow Governance Group (see action 27) to apply solutions.	Medical Lead System Flow Enterprise Project Manager	12 July 2024	• Use of WFW on Miya • Communication • Training in use
Progress initiatives from safe and calm hospital work programme		18	Criteria Led Discharge	Improvement and Innovation Manager Enterprise Project Manager	12 July 2024	• First successful CLD from medical wards 17/4/24 • Raised awareness, desire, knowledge and ability of medical teams to utilise CLD

		19	Develop roles and responsibilities matrix so staff are clear on expectations to support patient flow	Improvement and Innovation Manager Enterprise Project Manager	12 July 2024	Early planning stage. • Establish governance of CLD • Ongoing education for medical teams re use of CLD • Grow the ability of senior nursing to support CLD
Culture / Stakeholders						
Along with already identified actions to improve SMO culture, address specific admission criteria with certain specialties through a facilitated workshop/meeting, identify a Senior Responsible Officer for this, implement and ensure consistent use.	KB	20	Provide visibility of the Senior Medical Officer Culture survey action plan, in order to confirm and socialise actions to progress at speed. This will enable consolidation of actions from duplicated actions across associated reports.	Chief Medical Officer Group Director of Operations	12 July 2024	COMPLETE - Have met with SMO's
			Identify a Senior Responsible Officer to lead a process to establish agreed admission criteria and pathways.	Chief Medical Officer	12 July 2024	
			Schedule a facilitated workshop to establish and agree professional standards and specific admission/discharge criteria and processes. This action also aligns with Senior Medical Officer Culture survey action plan.	Chief Medical Officer	12 July 2024	

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

			Audit use of agreed admission criteria/pathways	Chief Medical Officer	07 March 2025	
Develop a communication and engagement strategy aimed to dissolve siloes between the inpatient and ED SMO group.	KB	21	Schedule and deliver a road show presentation for kaimahi aimed at current state and actions to address	Chief Medical Officer Clinical Executives *Organisational Development Specialist - TBC	13 June 2024	On track – GDO has had one in person session and online session inviting all staff. More sessions planning underway for monthly face to face with all staff.
Hold an SMO workshop to agree on admissions to each speciality and ward at an organisational level. Document, ratify and implement.	KB	22	Gather admission processes and work with specialities and wards to understand processes and update where required, then implement	Chief Medical Officer Group Director of Operations	27 June 2024	
Develop a whole of hospital communication and engagement strategy for reform initiatives and operational issues/strategies.	KB	23	Establish a Te Pae Hauora o Ruahine o Tararua | MidCentral System Flow Governance Group to oversee and take accountability for all system flow initiatives, until current leadership structure can be reviewed and stabilised following high-level vacancies.	Improvement and Innovation Manager Enterprise Project Manager	07 March 2024	Complete – System Flow governance group meets six weekly and is forming working groups to address hospital system flow
Te Whatu Ora to consider sponsoring an Emergency Department network meeting to allow some collegial discussion of how to support each other across regional and national networks. While there are informal ED CD and ED Senior nursing networks, having Te Whatu Ora HSS as part of the stakeholder group will solidify its purpose.	J/D	24	Te Whatu Ora to consider sponsoring an across region and national network; Emergency department network meeting to allow collegial discussion of how to better enable supporting each other.	Hospital and Specialist Services - ?TBC	CY Q1/24	
Some acknowledgment to the clinical teams who are in a position where taking clinical risk is unavoidable	J/D	25	Organisational Leadership Team to acknowledge.	Organisational Leadership Team / Hospital and	CY Q1/24	Meeting planned quarter one 2024

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

			Te Whatu Ora Hospital and Specialist Services senior leadership to acknowledge.	Specialist Services senior leadership		
Workforce						
Review ED medical and nursing staffing rosters to align with peaks of demand (workforce permitting).	KB	26	Revisit workforce staffing/rostering reviews previously undertaken and ensure they still reflect current state. Adjust as needed, as 'MECAs will allow.	Operations Lead IOC & ED Clinical Lead Emergency Charge Nurse Emergency Professional Leads	30 April 2024	Discussions have started around reviewing roster requirements
		27	Align staffing/rostering with the development of live dashboards.	Organisational Leadership Team Operations Lead IOC & ED Clinical Lead Emergency Charge Nurse Emergency	12 July 2024	In progress as per action four.
Maintain appointment of local improvement lead (s) and project officer within the organisation reporting to the Executive Leadership Team.	KB	28	Utilise Te Whatu Ora Improve pipeline process to ensure priority support to System Flow work programme locally by local Te Whatu Ora Improve kaimahi.	Interim District Director Regional Director, Hospital & Specialist Services – Central Region Improvement and Innovation Manager	10 January 2024	COMPLETE – Te Whatu Ora Improve resource confirmed
Consider short term contractual enhancements for regional/rural work, especially those under threat. At a minimum review parity of SMO remuneration across the region to prevent escalating offers undercutting each other	J/D	29	Current relocation and retention payments are not matching those of other districts. Te Whatu Ora should implement enhanced remuneration packages for areas at greatest risk such as	Te Whatu Ora P&C and H&SS	CY Q2/24	In Progress

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

			ED and General Medicine in Palmerston North.			

MEDIUM TERM ACTIONS (Up to 12 months to deliver and evaluate)

Recommendation	By	Action No.	Action	Owner	Timeframe	Update
Processes						
Review current improvement initiatives against diagnostic outcomes, reconcile against current work, and develop an implementation and change plan to support improved performance (access and flow), identify the top 3-5 initiatives for focus. Refine current plan and implement.	KB	30	Following detailed data analysis as per action number 5; develop work, implementation and change plans with identified and realistic time frames.	Medical Lead System Flow Improvement and Innovation Manager	29 November 2024	
		31	Review all current reporting metrics, ensure data capture is clear, relevant and aligned to national capture methods	Operations Lead IOC & ED Improvement and Innovation Manager	29 November 2024	In development with Improve Data Analytics to create a reporting template
		32	Develop dashboards for reporting that allow organisational visibility of patient flow	Operations Lead IOC & ED Improvement and Innovation Manager	29 November 2024	In development

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Progress initiatives from safe and calm hospital work programme		33	My Next Patient	Enterprise Project Manager	20 August 2024	Manual study to commence to understand effectiveness on wards
		34	Review and refresh the use of • Estimated discharge dates. • Clinical criteria for discharge • Red to green • Two before ten • Review and update of Discharge Policy and Procedures.	Clinical Executives Improvement and Innovation Manager	24 October 2024	Developed & confirmed and starting to see 2x DC before 10am across all unplanned care wards W/c 18/03/24 Streamline DC process with processes documented to support (focused in MEDS) for wider rollout in due course
Develop a specific hospital wide strategy to address LOS with a particular focus on general medicine. Include timeframes, actions with owners, escalation for regional issues as required – define local v regional ownership.	KB	35	Initiate study on Estimated Discharge Dates vs actual Length of Stay and benchmark across the motu. Refer then to 'waiting for what' action recommendations. Link this with Health Round Table RSI data and the work being undertaken by SI&I who are leading a national collaborative of Health Round Table Data.	Medical Lead System Flow Improvement and Innovation Manager Director Quality and Innovation Health RoundTable Working Group	22 November	
Undertake more detailed data analytics regards community services and identify root causes, agree solutions and escalate outside of organisation as required.	KB	36	Identify more detail on this recommendation then undertake more detailed data analytics as suggested.	Medical Lead System Flow Group Manager System Integration – Central Region	13 December 2024	Meeting scheduled within the next reporting period with KB

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Continue to support and expand: a. Practice Plus b. Pharmacy interventions for minor conditions c. Expand as feasible POAC (Primary Options for Acute Care) and HiTH (Hospital in the Home)	KB	37	Implementation of Practice Plus kiosks in the Emergency Department, to help with triage 4 and '5s.	Operations Lead IOC & ED Enterprise Project Manager	12 April 2024	Developing an action plan for practice plus reintroduction, meeting scheduled Monday 15th with ED CN/Educator/NP
		38	Pharmacy interventions for minor conditions was a Te Whatu Ora initiative which has been discontinued. It was requested that it be extended in the Te Pae Hauora o Ruahine o Tararua | MidCentral rohe as the initiative was well received by pharmacies and public, this request was declined by Te Whatu Ora.	Te Whatu Ora National Commissioning Team	N/A	Pharmacy interventions still discontinued even though was widely accepted and used in the rohe. w/c 18/03/24 Strategy for expanding HiTH
		39	Implementation of a Facilitated Discharge Nurse to assist with identifying patients in the wards who will be suitable for Primary Options for Acute Care.	Medical Lead System Flow Improvement and Innovation Manager Acting Operations Lead – Unplanned Care	10 January 2024	Christchurch visit completed and w/c 25/03/24 to begin on the wards

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

E-pharmacy. There are well developed plans to introduce e-Prescribing, and this could be in place prior to winter. This would help with releasing clinician time and improving patient safety. However there has been a national directive from Data and Digital to not progress further.	CM	40	Progress implementation of E-pharmacy including e-prescribing.	Chief Pharmacist	CY Q2/24	On track
Culture / Stakeholders						
Use opportunities with Te Whatu Ora restructuring to consider the current organisational structure of clinical and operational leads.	KB	41	Once new Group Director of Operations is appointed, review this action point in line with known Hospital Specialist Service restructure plans at the time.	Group Director of Operations	N/A	Completed – plan reviewed regularly and being transferred into quantifiable improvement plan.
Workforce						
Review how Te Whatu Ora can support locum work while employees are on leave from a substantive Te Whatu Ora role. Strict application of no Te Whatu Ora work while on leave policy, will drive New Zealand medical staff employed by Te Whatu Ora to Australia for locum work.	J/D	42	Current rate card for extra duties and both internal and external locums is preventing us attracting locums compared with other New Zealand districts. Implement enhanced rate card as temporary solution.	Te Whatu Ora P&C and H&SS	CY Q2/24	In Progress

Consider short term contractual enhancements for regional/rural work, especially those under threat. At a minimum review parity of SMO remuneration across the region to prevent escalating offers undercutting each other	J/D	43	Current relocation and retention payments are not matching those of other districts. Te Whatu Ora should implement enhanced remuneration packages for areas at greatest risk such as ED and General Medicine in Palmerston North.	Te Whatu Ora P&C and H&SS	CY Q2/24	In Progress
If further loss of ED or General Medicine staff is anticipated, then with some urgency a regional approach will be needed to maintain services at Palmerston North Hospital. While not explored in any detail, patient load sharing with close regional EDs, redeployment of staff across sites or consolidation of services to Palmerston North Hospital should all be considered.	J/D	44	Explore in detail, patient load sharing with close regional Emergency Departments, redeployment of staff across sites or consolidation of services to Palmerston North Hospital.	Regional Director, Hospital & Specialist Services – Central Region Group Director of Operations Medical Lead System Flow Clinical Lead Emergency Organisational Leadership Team	CY Q2/24	

LONG TERM ACTIONS (More than 12 months to deliver and evaluate)

Recommendation	By	Action No.	Action	Owner	Timeframe	Update
Infrastructure						
Improve Emergency Department (ED) environment – accelerate work with Infrastructure and Investment Group to establish, with urgency, a better facility for ED and acute care.	KB	45	Continue to advance the Acute Services Block business case.	Clinical Executive – Te Uru Mātai Matengau	Dependent on IIG and H&SS Tranche 2 timeframe	Work progressing with IIG, looking for additional bed options to support ED and acute care options.

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Workforce						
Escalate the shortage of General Practitioners (GPs) to appropriate organisational bodies	KB	46	This has been escalated across multiple platforms. Regional GPs have expressed concern to Te Whatu Ora Health New Zealand that the ageing General Practitioner workforce will be decimated in five to 10 years, placing further strain on primary health care. A report from the Royal New Zealand College of General Practitioners predicts by 2030 the number of General Practitioners per 100,000 people will fall from 74 in 2021 to 70 in 2031. Based on a 230-day full time year, the report says there is a shortage of at least 188 General Practitioners. ***To be addressed at a strategic National level**	Te Whatu Ora People and Communication, Commissioning	N/A	COMPLETE – GP shortage escalated to all appropriate organisational bodies
		47	General Practice appointment availability and workforce are workstreams as part of the Urgent Care Programme collaboration between THINK Hauora (our Primary Health Organisation) and Te Whatu Ora Te Pae Hauora o Ruahine o Tararua.	Te Whatu Ora People and Communication, Commissioning	ONGOING	This remains an ongoing workstream in the Urgent Care Programme. Practice Plus uptake is increasing to ease urgent care need

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

						across the rohe. This includes an initiative with Practice Plus supported by THINK Hauora that children under 14 are free, instead of a $55 charge.
Provide external support from a trusted team that can build relationships and create the environment for sustainable implementation. Short term assistance will not benefit this organisation.	KB	48	Identify more detail on this recommendation then undertake as suggested.	Medical Lead System Flow Improvement and Innovation Manager Enterprise Project Manager	17 December 2024	
Stabilise the ED and General Medicine workforce: there are a number of strategies over and above usual recruitment strategies that could be applied including: Fly in Fly out locums: these can be a double-edged sword; however, they will often stabilise a tired workforce and draw in a percentage of people who will convert to permanent FTE. Short term enhancements to match Australia will be required for a defined period followed by normalising of rates and conditions.	J/D	49 50	Current rate card for extra duties and both internal and external locums is preventing us attracting locums compared with other New Zealand districts. Implement enhanced rate card as temporary solution. Te Whatu Ora P&C and H&SS CY Q2/24			In Progress

Not yet started	In progress	Delayed	Complete

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

5. NEXT STEPS

All actions will be progressed in line with the action plan with key focus on the next quarter on

- Senior Medical Officer engagement
- Progress on the Emergency Department shorter stays target
- Review of internal processes to ensure clearly defined guidelines and expectations (ED referrals, transition from referral to bed allocation and out of the ED, time allowed for nursing handover, transfers between wards, MAPU beds vs chairs, etc)
- Criteria led discharge
- Installation of Practice Plus kiosks in the Emergency Department
- Organisation wide bed modelling to assess demand/need as we don't have the luxury of having underutilised beds (for both current and near-term demand).

Document 6

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Health New Zealand **Te Whatu Ora** Te Pae Hauora o Ruahine o Tararua MidCentral	**For:** Decision X Endorsement X Noting
To	Organisational Leadership Team, Te Pae Hauora o Ruahine o Tararua | MidCentral.
Author	Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve Nicky Falleni, Project Manager, Te Whatu Ora Improve
Endorsed by	Sarah Fenwick Group Director Operations,
Date	14 March 2024
Subject	Acute Flow Te Pae Hauora o Ruahine o Tararua | MidCentral

RECOMMENDATION

It is recommended that the Organisational Leadership Team:

- Note the current progress against the acute flow action plan
- Endorse the change to move to an improvement plan approach
- Endorse the acute flow improvement plan

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

1. PURPOSE

This purpose of this report is to update the Organisational Leadership Team (OLT) on progress on the acute flow action plan endorsed in February 2024.

2. BACKGROUND

Waiting times in the Emergency Department at Te Pae Hauora o Ruahine o Tararua | MidCentral (MidCentral) are longer than national averages and above the Government target of six hours, with the average wait time in 2023 of 8.5 hours impacted significantly by workforce constraints and bed flow across the hospital. Three separate external reviews were completed in 2023 to assess system flow and provide recommendations on how or where processes could be improved. The reviews were carried out by:

- Claudia Mercer – February 2023
- Jeremy Dryden and Debbie Hailstone – 7-8 September 2023
- Kate Brockman – 5-6 October 2023.

The main findings of the reports acknowledge:

- Significant vacancies in the medical workforce (Senior Medical Officer and Resident Medical Officer) in Emergency Medicine and General Medicine despite best efforts to recruit.
- An increasing aging population is increasing length of stay and impacting on flow and causing bed block.
- Infrastructure impacting patient flow.

An action plan was created to address the findings and recommendations from the three reports, which was endorsed by the OLT on 12 February 2024.

3. PROGRESS

Progress against the developed action plan can be viewed in appendix A.

Areas of progress to highlight are:

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

- The system flow governance group has held its first meeting, agreed Terms of Reference and endorsed the Acute Flow Improvement Plan (see appendix B.
- Daily huddles for flow have commenced.
- Collaborative work investigating and resolving admissions vs transfers to Emergency Department Observation Area (EDOA) and what this means for length of stay calculations for SSIED and ALOS is underway, and it has been confirmed that EDOA patients are continuing to be counted in ED target as they are being transferred rather than admitted to EDOA. Remedial work to address this work is being scoped.
- Criteria Led Discharging process has been tested on ward and will progressively roll out across inpatient areas over the coming weeks.
- Orientation for newly appointed Facilitated Discharge Nurse with a focus on patients being able to discharge earlier with connection to community cares inclusive of POAC packages of care through General Practice Teams.
- The Group Director of Operations has undertaken several meetings with groups of SMO staff to progress actions against the SMO Culture Survey action plan and held two all of staff hui and multiple staff group meetings to improve communication across the organisation.

The Te Whatu Ora Performance Team is now meeting with the Group Director of Operations weekly to discuss acute flow performance and recommended that the developed action plan is transitioned into an improvement plan. The proposed improvement plan (appendix B) has been endorsed by the system flow governance group. If endorsed by the OLT further reporting will be against this plan, with all actions from the current action plan transitioned across.

Performance data is showing some initial minimal improvement, however there is not enough data at this stage to confirm if this is due to reduced volumes or because of commenced initiatives.

4. RECOMMENDATION

It is recommended that the OLT:

- **Note** the current progress against the acute flow action plan.
- **Endorse** the change to move to an improvement plan approach.
- **Endorse** the acute flow improvement plan.

5. REFERENCES

- Appendix A- Acute Flow Action Plan 2024_02_08
- Appendix B- Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital Acute Flow Improvement Programme V2

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow Improvement Plan

Te Pae Hauora o Ruahine O Tararua
Palmerston North Regional Hospital

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

District	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital	Date:	12/03/24	Overall Status	

Diagnostic Report Recommendation Tracking (top five or six)

Work Stream	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues

To be confirmed at System Flow Governance Group meeting

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – Name to be confirmed (Front door process)	Executive Lead:		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Increased patient usage of practice plus vouchers in ED	Rachael Timutimu	12/02/202	30/05/2024	# of vouchers utilised per month (previous reporting period)		Socialisation has begun and staff are aware of the vouchers		• Developing an action plan for practice plus reintroduction, meeting scheduled Monday 15th with ED CN/Educator/NP	• Trust in Practice plus • Understanding of what Practice plus can do • Area to use practice plus • Patients understanding
MAPU wait room utilisation for discharge lounge	Rachel Webster	12/02/2024	30/05/2024	# of patients seen per month				• Socialisation with staff • Confirm FTE requirement	
Allied Health assessing in Emergency Department	Gabrielle Scott			# of patients seen per month	Not yet started				• Availability of Allied staff
Triage to seen by clinician times	David Prisk Rachael Timutimu	12/02/2024	30/06/2024	167 minutes Target Baseline	167 minutes				

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – cont. Name to be confirmed (Front door process)	Executive Lead		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Waiting for what (W4W) in ED / flow block – identification and escalation	Rachael Timutimu Temp cover CN	12/02/2024		From time of referral to bed allocation				• Communication • Training in use	• A new action so staff remembering to utilise.
Emergency Department Surge plan	Rachael Timutimu Nicky Falleni Clinical Executives	12/02/2024	30/04/2024	% of shifts plan was enacted					
Ambulance Ramping		12/02/2024	30/10/2024	# of ramping incidents per week	0 for past 6 months				
ED Fast Track	Rachael Timutimu			# of patients discharged through fast track from the ED					
My Next Patient	Nicky Falleni	12/02/2024	28/08/2024				• Socialisation	• Measuring	

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	**Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital** **Acute and Medical Models of Care – cont.** Name to be confirmed (Front door process)	**Executive Lead**		**Date:**	**12/03/24**
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
HCA based in waiting room	Rachael Timutimu	12/02/2024	30/04/2024						
SAPU in place	Chris Simpson		30/06/2024	N/A new unit			• Socialisation to staff	• Open up SAPU	
Home warding	Rachel Webster Amanda Driffill Hagay Weinberg	12/02/202	30/05/2024	% of patients as outliers				• Socialisation to medical and nursing staff • Establish criteria to support model of care	
Onboarding / Over census	Maria Armstrong	18/03/2024	28/08/2024	# of patients				• Socialisation • Training	
Meihana Project – Did Not Stay: Improving follow-up for Māori and Pacific whānau in the emergency department of Palmerston North Hospital	Daniel Kawana	01/07/2024	30/06/2026	TBD					

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Inpatient Process and Management – Name to be confirmed (inpatient process)	Executive Lead		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Estimated Discharge times	Nicky Falleni	12/02/2024	30/05/2024	% of EDD's changed more than twice			• Distributed	• Review EDD's to Actual	• Not being used
Clinical Criteria for Discharge		12/02/2024		% of patients that have a defined CCD					
Red 2 Green / Ready to go add delays		12/02/2024		% of patients in Red at end of day			• Attended MDT	• Ward	
Improving time of day discharge	Maria Armstrong	12/02/2024		Average time of day inpatients discharged	1700 hours			• Socialisation	
Winter Plan	Rachael Timutimu	12/02/2024	30/04/2024						
Refine bed allocation process	Sarah Donnelley	12/02/2024	30/06/2024					• Manual study to start w/c 25/03/24	
Daily ward rapid rounds	Maria Armstrong	12/02/2024		# wards completing daily rapid round each day					

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project/ Workstream has commenced with no issues impacting deliverables or timelines	Project/ Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet/ Workstream is off track and deliverables will not be achieved and/or timelines not met	Project/ Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Inpatient Process and Management – cont. Name to be confirmed (inpatient process)	Executive Lead		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Up dressed and moving	Gabrielle Scott	12/02/2024					• Initiation	• Re-socialisation	
Delirium and frailty project	Gabrielle Scott	12/02/2024						• Initiation	
Admission criteria	Kelvin Billinghurst	12/02/2024							
Roles and responsibilities	Kelvin Billinghurst	12/02/2024	12/07/2024						
Daily CN/ACN led PM board round	Maria Armstrong								
Medical Teams to review patients for discharge first when rounding	Hagay Weinberg								

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	**Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital** **Discharge processes and transition to community and primary care** **– Name to be confirmed**	**Executive Lead**		**Date:**	**12/03/24**
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Criteria Led Discharge	Lee Welch Nicky Falleni	12/02/2024	12/07/2024				• Paperwork socialised	• Wards implementing • Noting on MIYA	• Discharge summary production
Facilitated Discharge (incl POAC)	Emma Watson Maria Armstrong	12/02/2024	30/06/2024			Implementation of facilitated discharge role	• Visit to ChCh • Documentation	• Implementation on wards	• Primary Care capactity
Hospital in the Home (HitH) expansion	Maria Armstrong Rachel Webster	12/02/2024						• Strategy for expanding HiTH w/c 18/02/24	
Transit Lounge / space		12/02/2024							
Waiting for what (W4W)	Rachel Webster	12/02/2024	30/04/2024				• Socialisation	• Ready to go delay daily report (what we want and how to capture landed)	
Standardised Discharge Process	Maria Armstrong	12/02/2024						• Streamline DC process with processes documented to support (focused in MEDS) for wider rollout in due course	

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	**Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital** **Discharge processes and transition to community and primary care** **– Name to be confirmed**	**Executive Lead**		**Date:**	**12/03/24**
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Two before 10 / 2B410	Maria Armstrong	14/03/2024	Ongoing	% of DC before 1000hrs				• developed & confirmed and starting to see 2x DC before 10am across all unplanned care wards	
Introduce Practice Plus supports for discharge	Maria Armstrong								
Meihana Project - Tautokotoko: Enhancing patient discharge process for Māori and Pacific peoples	Daniel Kawana	01/07/2024	01/07/2024						

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Primary and Community Cares – Name to be confirmed	Executive Lead		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
POAC Community	Lee Welch Nicky Falleni	12/02/2024		1856 POAC packages of Care invoiced between Jan – Jun 2023	2082 POAC packages of Care invoiced between July – Dec 2023.		• Flexible packages of care for ED prevention expanded	• Feilding commencing POC trial for Trop T	
POAC inpatient	Emma Watson Maria Armstrong	12/02/2024		# inpatient POAC referrals accepted			• Visit with Christchurch hospital to understand how POAC has been implemented. • Documentation created for POAC use at Palmerston North Regional Hospital	• Implementation of POAC in wards	
Practice Plus		12/02/2024		1,158 Practice Plus appointments across MidCentral District June to September 2023	1,324 Practice Plus appointments across MidCentral District October to December 2023		• Allocation of $200k by THINK Hauora for the Practice Plus Voucher Scheme in primary and community sector, distributed across primary care teams, iwi providers, pharmacy, St John etc.		

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timeliines not met	Project / Workstream has not started

Workstream	**Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital** **Primary and Community Cares – Name to be confirmed**	**Executive Lead**		**Date:**	**12/03/24**
				Overall Status	

Other initiative tracking

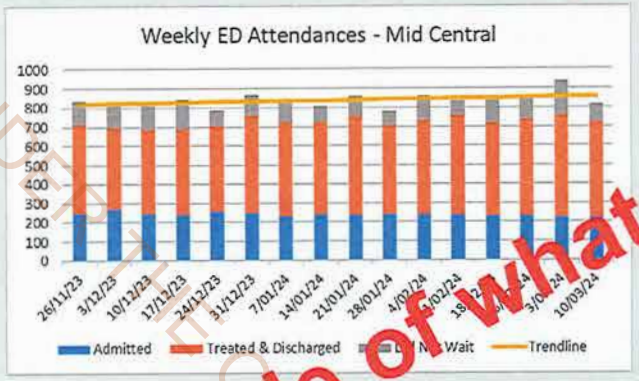
Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Increased scope of ED redirects		12/02/2024		# Respitory patients seen under POAC at Palms Medical Centre			• Pathways for ED redirect being created, including St John redirect and redirect to Urgent Care		
Commence Winter Preparedness plan		12/02/2024					• Winter planning underway with education sessions planned with GP Network to socialize practice dashboards, work underway on diversifying the workforce (eg introduction of ECP) and facilitated discharge		

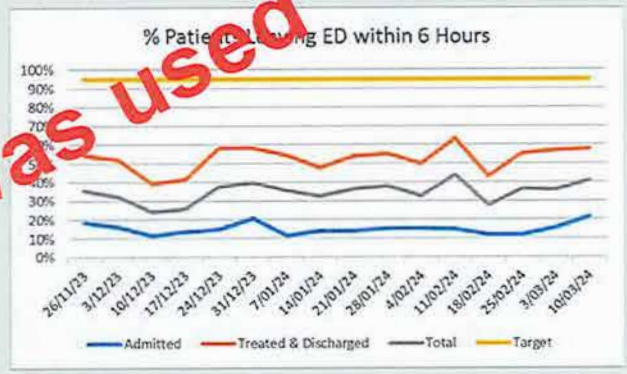
RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme – SSED Improvement Tracking

Insert Image here
SSED Admit Target





Variance Analysis

- Improving 6-hour and flow data in last 14d to 01/11/2023
- 144min median wait time to be seen in ED – improved but still too high (target 60m); uncovered shifts/unplanned & planned leave/vacancies (8-9 of 12 medics/ shift) impact flow
- Avg. daily presentation volumes reducing from peak but still >206 last 14d
- Significant reduction in access block last 14d, reduced hospital occupancy
- Transfers completed within 60m, avg. time from bed request to transfer out of AED and CDU improving last 14d

Improvement Actions Completed this Period

- Rapid referrals; L2 Working Collaboratively; Nursing eNotes now BAU
- Rostering for flow nurse roles in AED and CDU BAU
- Right to Handover agreed as BAU
- Confirmed ongoing funding for embedded Phlebotomy role, PT and Pharmacy in place
- CDU Purpose, Operating Principles and Criteria complete
- 'Pull' approach for CDU and TL working well

Improvement Actions Planned Next Period

- FoH phase II MoC under review – incl. looking at fast-track model options
- Disposition performance RV by clinician
- Refining of AED and CDU flow nurse roles
- CDU discharging, CDU transfer to ward projects in measure phase – data collection

*Data reported to 01/11/2023 from SSS200 corrected 14d avg.

Text here is an example of what was used

Acute Flow – Improvement Programme

Current Risks / Issues				
Date	**Description**	**Owner**	**Mitigation Strategy**	**Status**

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow Improvement Plan

Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

District	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital	Date:	12/03/24	Overall Status	

Diagnostic Report Recommendation Tracking (top five or six)

Work Stream	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues

To be confirmed at System Flow Governance Group meeting

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – Name to be confirmed (Front door process)	Executive Lead:		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Increased patient usage of practice plus vouchers in ED	Rachael Timutimu	12/02/202	30/05/2024	# of vouchers utilised per month (previous reporting period)		Socialisation has begun and staff are aware of the vouchers		• Developing an action plan for practice plus reintroduction, meeting scheduled Monday 15th with ED CN/Educator/NP	• Trust in Practice plus • Understanding of what Practice plus can do • Area to use practice plus • Patients understanding
MAPU wait room utilisation for discharge lounge	Rachel Webster	12/02/2024	30/05/2024	# of patients seen per month				• Socialisation with staff • Confirm FTE requirement	
Allied Health assessing in Emergency Department	Gabrielle Scott			# of patients seen per month	Not yet started				• Availability of Allied staff
Triage to seen by clinician times	David Prisk Rachael Timutimu	12/02/2024	30/06/2024	167 minutes Target Baseline	167 minutes				

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – cont. Name to be confirmed (Front door process)	Executive Lead		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Waiting for what (W4W) in ED / flow block – identification and escalation	Rachael Timutimu Temp cover CN	12/02/2024		From time of referral to bed allocation				• Communication • Training in use	• A new action so staff remembering to utilise.
Emergency Department Surge plan	Rachael Timutimu Nicky Falleni Clinical Executives	12/02/2024	30/04/2024	% of shifts plan was enacted					
Ambulance Ramping		12/02/2024	30/10/2024	# of ramping incidents per week	0 for past 6 months				
ED Fast Track	Rachael Timutimu			# of patients discharged through fast track from the ED					
My Next Patient	Nicky Falleni	12/02/2024	28/08/2024				• Socialisation	• Measuring	

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	**Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital** **Acute and Medical Models of Care – cont.** Name to be confirmed (Front door process)	**Executive Lead**		**Date:**	**12/03/24**
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
HCA based in waiting room	Rachael Timutimu	12/02/2024	30/04/2024						
SAPU in place	Chris Simpson		30/06/2024	N/A new unit			• Socialisation to staff	• Open up SAPU	
Home warding	Rachel Webster Amanda Driffill Hagay Weinberg	12/02/202	30/05/2024	% of patients as outliers				• Socialisation to medical and nursing staff • Establish criteria to support model of care	
Onboarding / Over census	Maria Armstrong	18/03/2024	28/08/2024	# of patients				• Socialisation • Training	
Meihana Project – Did Not Stay: Improving follow-up for Māori and Pacific whānau in the emergency department of Palmerston North Hospital	Daniel Kawana	01/07/2024	30/06/2026	TBD					

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	**Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital** **Inpatient Process and Management** – Name to be confirmed (inpatient process)	**Executive Lead**		**Date:**	**12/03/24**
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Estimated Discharge times	Nicky Falleni	12/02/2024	30/05/2024	% of EDD's changed more than twice			• Distributed	• Review EDD's to Actual	• Not being used
Clinical Criteria for Discharge		12/02/2024		% of patients that have a defined CCD					
Red 2 Green / Ready to go add delays		12/02/2024		% of patients in Red at end of day			• Attended MDT	• Ward	
Improving time of day discharge	Maria Armstrong	12/02/2024		Average time of day inpatients discharged	1700 hours			• Socialisation	
Winter Plan	Rachael Timutimu	12/02/2024	30/04/2024						
Refine bed allocation process	Sarah Donnelley	12/02/2024	30/06/2024					• Manual study to start w/c 25/03/24	
Daily ward rapid rounds	Maria Armstrong	12/02/2024		# wards completing daily rapid round each day					

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Inpatient Process and Management – cont. Name to be confirmed (inpatient process)	Executive Lead		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Up dressed and moving	Gabrielle Scott	12/02/2024					• Initiation	• Re-socialisation	
Delirium and frailty project	Gabrielle Scott	12/02/2024						• Initiation	
Admission criteria	Kelvin Billinghurst	12/02/2024							
Roles and responsibilities	Kelvin Billinghurst	12/02/2024	12/07/2024						
Daily CN/ACN led PM board round	Maria Armstrong								
Medical Teams to review patients for discharge first when rounding	Hagay Weinberg								

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines

Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines

Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met

Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Discharge processes and transition to community and primary care – Name to be confirmed	Executive Lead		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Criteria Led Discharge	Lee Welch Nicky Falleni	12/02/2024	12/07/2024				• Paperwork socialised	• Wards implementing • Noting on MIYA	• Discharge summary production
Facilitated Discharge (incl POAC)	Emma Watson Maria Armstrong	12/02/2024	30/06/2024			Implementation of facilitated discharge role	• Visit to ChCh • Documentation	• Implementation on wards	• Primary Care capactity
Hospital in the Home (HitH) expansion	Maria Armstrong Rachel Webster	12/02/2024						• Strategy for expanding HiTH w/c 18/02/24	
Transit Lounge / space		12/02/2024							
Waiting for what (W4W)	Rachel Webster	12/02/2024	30/04/2024				• Socialisation	• Ready to go delay daily report (what we want and how to capture landed)	
Standardised Discharge Process	Maria Armstrong	12/02/2024						• Streamline DC process with processes documented to support (focused in MEDS) for wider rollout in due course	

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	**Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital** **Discharge processes and transition to community and primary care** **– Name to be confirmed**	**Executive Lead**		**Date:**	**12/03/24**
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Two before 10 / 2B410	Maria Armstrong	14/03/2024	Ongoing	% of DC before 1000hrs				• developed & confirmed and starting to see 2x DC before 10am across all unplanned care wards	
Introduce Practice Plus supports for discharge	Maria Armstrong								
Meihana Project - Tautokotoko: Enhancing patient discharge process for Māori and Pacific peoples	Daniel Kawana	01/07/2024	01/07/2024						

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met	Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Primary and Community Cares – Name to be confirmed	Executive Lead		Date:	12/03/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
POAC Community	Lee Welch Nicky Falleni	12/02/2024		1856 POAC packages of Care invoiced between Jan – Jun 2023	2082 POAC packages of Care invoiced between July – Dec 2023.		• Flexible packages of care for ED prevention expanded	• Feilding commencing POC trial for Trop T	
POAC inpatient	Emma Watson Maria Armstrong	12/02/2024		# inpatient POAC referrals accepted			• Visit with Christchurch hospital to understand how POAC has been implemented. • Documentation created for POAC use at Palmerston North Regional Hospital	• Implementation of POAC in wards	
Practice Plus		12/02/2024		1,158 Practice Plus appointments across MidCentral District June to September 2023	1,324 Practice Plus appointments across MidCentral District October to December 2023		• Allocation of $200k by THINK Hauora for the Practice Plus Voucher Scheme in primary and community sector, distributed across primary care teams, iwi providers, pharmacy, St John etc.		

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines	Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines
Projet / Workstream is off track and deliverables will not be achieved and/or timeliines not met	Project / Workstream has not started

Workstream	**Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital** **Primary and Community Cares – Name to be confirmed**	**Executive Lead**		**Date:**	**12/03/24**
				Overall Status	

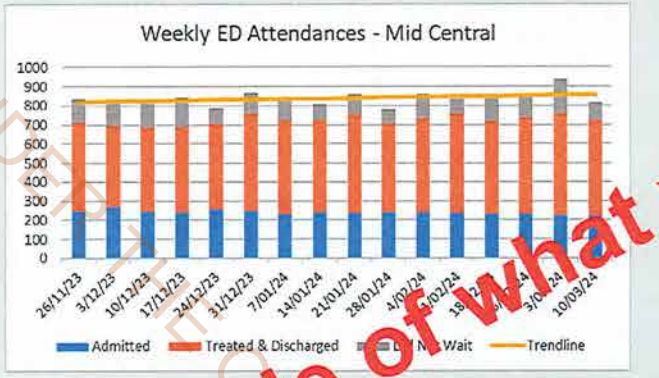
Other initiative tracking

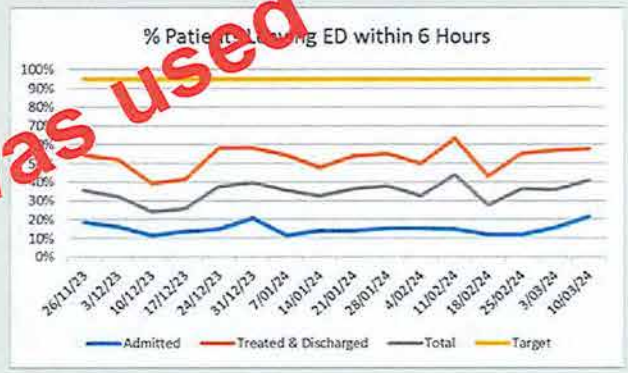
Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Increased scope of ED redirects		12/02/2024		# Respitory patients seen under POAC at Palms Medical Centre			• Pathways for ED redirect being created, including St John redirect and redirect to Urgent Care		
Commence Winter Preparedness plan		12/02/2024					• Winter planning underway with education sessions planned with GP Network to socialize practice dashboards, work underway on diversifying the workforce (eg introduction of ECP) and facilitated discharge		

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme – SSED Improvement Tracking

Insert Image here SSED Admit Target





Variance Analysis

- Improving 6-hour and flow data in last 14d to 01/11/2023
- 144min median wait time to be seen in ED – improved but still too high (target 60m); uncovered shifts/unplanned & planned leave/vacancies (8-9 of 12 medics/ shift) impact flow
- Avg. daily presentation volumes reducing from peak but still >206 last 14d
- Significant reduction in access block last 14d, reduced hospital occupancy
- Transfers completed within 60m, avg. time from bed request to transfer out of AED and CDU improving last 14d

*Data reported to 01/11/2023 from SSS200 corrected 14d avg.

Improvement Actions Completed this Period

- Rapid referrals; L2 Working Collaboratively; Nursing eNotes now BAU
- Rostering for flow nurse roles in AED and CDU BAU
- Right to Handover agreed as BAU
- Confirmed ongoing funding for embedded Phlebotomy role, PT and Pharmacy in place
- CDU Purpose, Operating Principles and Criteria complete
- 'Pull' approach for CDU and TL working well

Improvement Actions Planned Next Period

- FoH phase II MoC under review – incl. looking at fast-track model options
- Disposition performance RV by clinician
- Refining of AED and CDU flow nurse roles
- CDU discharging, CDU transfer to ward projects in measure phase – data collection

Text here is an example of what was used

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Current Risks / Issues				
Date	**Description**	**Owner**	**Mitigation Strategy**	**Status**

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

ORGANISATIONAL LEADERSHIP TEAM

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Health New Zealand **Te Whatu Ora** **Te Pae Hauora o Ruahine o Tararua | MidCentral**	**For:** [ ] Decision [ ] Endorsement [X] Noting
To	Organisational Leadership Team
Author	Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve Nicky Falleni, Project Manager, Te Whatu Ora Improve
Endorsed by	Sarah Fenwick, Group Director Operations
Date	12 April 2024
Subject	**Acute Flow Improvement Plan update**

RECOMMENDATION

It is recommended that the Organisational Leadership Team:

- **note** the current progress against the acute flow action plan

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

1. PURPOSE

To provide an update to the Organisational Leadership Team (OLT) on progress against the acute flow improvement plan endorsed in March 2024.

2. BACKGROUND

Waiting times in the Emergency Department (ED) at Te Pae Hauora o Ruahine o Tararua | MidCentral (MidCentral) are longer than national averages and above the Government target of six hours, with the average wait time in 2023 of 8.5 hours impacted significantly by workforce constraints and bed flow across the hospital. Three separate external reviews were completed in 2023 to assess system flow and provide recommendations on how or where processes could be improved.

Following support and guidance from the Hospital and Specialist Services (HSS) Operational Team, an acute flow improvement plan was created to address the findings and recommendations from the three external reports. The acute flow improvement plan approach subsequently developed, was endorsed by the OLT on 14 March 2024.

This monthly report is generated to update OLT on the significant activities carried out during the past month. Additionally, we attach the updated acute flow improvement plan to provide detail on each identified initiative for noting.

3. KEY ACTIVITIES THIS REPORTING PERIOD

- System Flow Governance meetings being undertaken monthly.
- Deep dive ED redirect processes at triage to define opportunities for improvement.
- Collaborative work investigating and resolving admissions vs transfers to Emergency Department Observation Area (EDOA) and what this means for length of stay calculations for Shorter Stays in ED (SSIED) and Average Length of Stay (ALOS) is underway, and it has been confirmed that EDOA patients are continuing to be counted in ED target as they are being transferred rather than admitted to EDOA. Remedial work to address this is in progress.
- Implemented two before 10am initiative on medical wards, extending out to entire hospital where applicable to utilise.
- Developed monitoring reports, initially for Medical Wards, on time-of-day discharges.

- System Flow Clinical Coordinator role commenced, reporting to the Interim Operations Exec Unplanned Care.
- Daily huddles with unplanned care nursing leadership with a focus on initiatives to support patient flow.
- Criteria Led Discharging process progressively being rolled out across inpatient areas in anticipation of supporting weekend discharging.

The recent data included in the table below, indicates a positive trend in the performance metrics against the SSIED targets. Despite the anticipated fluctuations, there has been an improvement in the overall SSIED performance, particularly for admitted patients.

	03MAR24	10MAR24	17MAR24	24MAR24	31MAR24	07APR24	OUTCOME
SSIED	36%	41%	44%	58%	51%	55%	↑ 19%
SSIED Admitted	16%	22%	27%	38%	28%	35%	↑ 19%
SSIED TAD	57%	57%	52%	37%	62%	64%	↑ 07%

4. RECOMMENDATION

It is recommended that the OLT:

- **Note** the current progress against the acute flow improvement plan.

5. REFERENCES

- Appendix A- Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital Acute Flow Improvement Programme V4

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow Improvement Plan

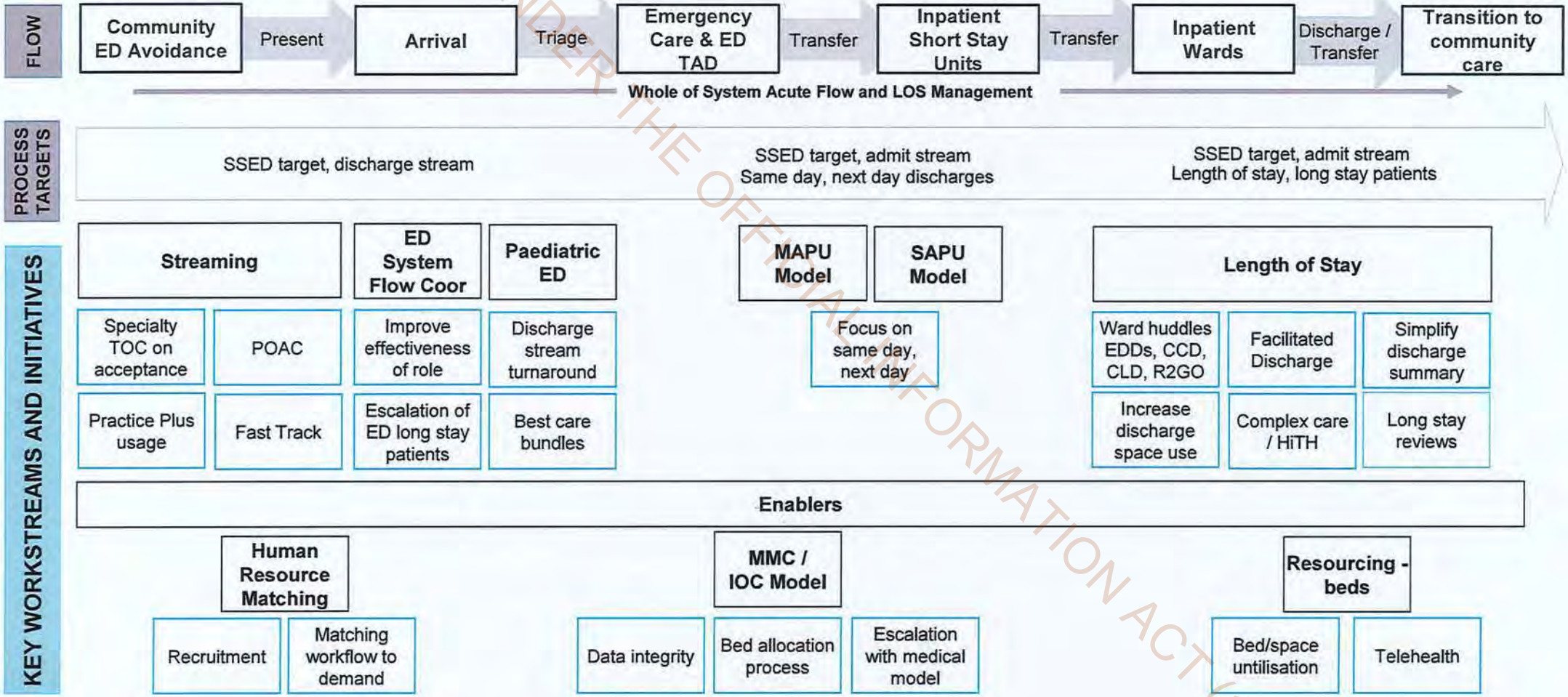
Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital

11 April 2024 | Version Four

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

Te Pae Hauora o Ruahine o Tararua | MidCentral System Flow Roadmap 2024



RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines

Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines

Projet / Workstream is off track and deliverables will not be achieved and/or timeiines not met

Project / Workstream has not started

District	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital	Date:	11/04/24	Overall Status	

Diagnostic Report Recommendation Tracking (top three)

Work Stream	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Two before 10 / 2B410 - two patients identified shift prior to be discharged before 10am next morning	Maria Armstrong	18/03/2024	Ongoing	% of DC before 1000hrs			Implemented on medical wards week starting 18/03/24	• Developed, confirmed and starting to see two DC before 10am across all unplanned care wards, to place of residence or transfer to discharge space	
Onboarding / Over census	Maria Armstrong	18/03/2024	28/08/2024	# of patients			Initial meetings with key stakeholders	• Socialisation • Training	
Improving time of day discharge by 40% before noon	Maria Armstrong	14/03/2024	Ongoing	Average time of day discharg ed	1700 hours		Reporting systems established and will begin daily reporting to wards from 28/03/24	• Socialisation	

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines

Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines

Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met

Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – Name to be confirmed (Front door process)	Executive Lead:	Maria Armstrong	Date:	11/04/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Increased patient usage of practice plus vouchers in ED	Rachael Timutimu	12/02/2024	30/05/2024	# of vouchers utilised per month (previous reporting period)		Socialisation has begun and staff are aware of the vouchers	• System Flow coordinator has been working with ED to help guide and implement Practice Plus redirect.	• System Flow Coordinator meeting with Practice Plus and ED senior Associate CN team to try to improve nursing understanding of what can go to practice plus.	• Trust in Practice plus • Patients understanding
MAPU wait room utilisation for discharge lounge	Rachel Webster		30/05/2024	# of patients seen per month	Not yet started			• Socialisation with staff • Confirm FTE requirement	
Expand the PEDAL team with dedicated Allied Health.	Gabrielle Scott			% of patients seen by PEDAL discharge d from ED	Not yet started				• Recruit additional Allied Health staff • If prioritised from other areas will leave service gaps and more unmet need

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines

Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines

Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met

Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – Name to be confirmed (Front door process)	Executive Lead:	Maria Armstrong	Date:	11/04/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Reduce time from triage to seen by clinician times	David Prisk Rachael Timutimu		30/06/2024	167 minutes Target Baseline	167 minutes			• Develop automated reporting with agreed time stamping	• Data quality across systems
Waiting for what (W4W) in ED / flow block – identification and escalation to identify areas for further improvement	Rachael Timutimu Temp cover CN	01/04/2024		From time of referral to bed allocation				• Communication • Training in use	• A new action so staff remembering to utilise.
Emergency Department Surge plan – Phase 1 review of existing plan	Rachael Timutimu Nicky Falleni Clinical Executives	18/03/2024	30/04/2024				• Reviewed existing plan and discussion with ED Clinical Director	• Engage with specialty services to review their actions	

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines

Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines

Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met

Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – Name to be confirmed (Front door process)	Executive Lead:	Maria Armstrong	Date:	11/04/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Emergency Department Surge plan – Phase 2 socialisation	Rachael Timutimu Nicky Falleni Clinical Executives	18/03/2024	30/04/2024	% of shifts plan was enacted					
Monitor through winter Ambulance Ramping usage	Rachael Timutimu / IOC	1/04/2024	30/10/2024	# of ramping incidents per week	0 for past 6 months				
ED Fast Track	Rachael Timutimu			# of patients discharge d through fast track from the ED	Not yet started				
My Next Patient	Nicky Falleni	01/12/2023	Ongoing	% of pts admitted using process			• Socialisation continues with ward leadership	• Automation of measurement	

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines

Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines

Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met

Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – Name to be confirmed (Front door process)	Executive Lead:	Maria Armstrong	Date:	11/04/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
HCA based in waiting room to assist with system flow coordination	Rachael Timutimu	02/04/2024	Ongoing		Not yet started				
SAPU in place	Chris Simpson	04/03/2024	30/06/2024	N/A new unit	Under development		• SAPU opened	• KPI definitionOpen up SAPU	
Home warding	Rachel Webster Amanda Driffill Hagay Weinberg	12/02/202	30/05/2024	% of patients on a home ward	Under development			• Socialisation to medical and nursing staff • Establish criteria to support model of care	
Onboarding / over census	Maria Armstrong	18/03/2024	28/08/2024	# of patients			• Socialisation • Training	Initial meetings with key stakeholders	
Meihana Project – Did Not Stay: Improving follow-up for Māori and Pacific whānau in the emergency department of Palmerston North Hospital	Daniel Kawana	01/07/2024	30/06/2026	% of Māori and Pacific patients who DNW followed up	Not yet started				

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow – Improvement Programme

Project / Workstream has commenced with no issues impacting deliverables or timelines

Project / Workstream is underway with some identified risks / issues that could potentially impact deliverables or timelines

Projet / Workstream is off track and deliverables will not be achieved and/or timelines not met

Project / Workstream has not started

Workstream	Te Pae Hauora o Ruahine O Tararua | Palmerston North Regional Hospital Acute and Medical Models of Care – Name to be confirmed (Front door process)	Executive Lead:	Maria Armstrong	Date:	11/04/24
				Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for Status	Actions completed last Period	Actions Planned for next Period	Barriers / Risks / Issues
Develop and implement a live dashboard to indicate current Emergency Department and inpatient occupancy to enable services to respond when needed, as per escalation and surge documentation	Lee Welch	30/10/2023	29/02/2024		100%	Complete			
Review ED medical and nursing staffing rosters to align with peaks of demand (workforce permitting).	Rachael Timutimu David Prisk Kellie Stickney Professional Leads	30/10/23	15/03/2024		100%	Complete			
Maintain appointment of local improvement lead (s) and project officer within the organisation reporting to the Executive Leadership Team.	Jeff Brown Russell Simpson Lee Welch	30/10/23	30/01/24		100%	Complete			