

# Acute Flow – Improvement Programme

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<b>Workstream</b>	Te Pae Hauora o Ruahine O Taranui   Palmerston North Regional Hospital <b>Inpatient Process and Management</b> – Name to be confirmed (inpatient process)	<b>Executive Lead:</b>	TBC	<b>Date:</b>	11/04/24
				<b>Overall Status</b>	

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
Improving Estimated Discharge time accuracy	Nicky Falleni	12/02/2024	30/05/2024	% of EDD's changed more than twice	Under development		Distributed HRT informed ALOS to medical wards	<ul style="list-style-type: none"> <li>Review EDD's to Actual</li> <li>Refresh data with updated HRT data when available.</li> </ul>	<ul style="list-style-type: none"> <li>Not being used</li> </ul>
Clinical Criteria for Discharge	Rachael Webster / Amanda Driffl	01/04/2024	Ongoing	% of patients that have a defined CCD					
Red 2 Green / Ready to go add delays	Maria Armstrong	12/02/2024	Ongoing	% of patients in Red at end of day	Under development		Manual audit tool established for use on wards	<ul style="list-style-type: none"> <li>Ward audits undertaken</li> <li>Develop automated process for capturing constraints</li> </ul>	
Improving time of day discharge	Maria Armstrong	14/03/2024	Ongoing	Average time of day inpatients discharged	1700 hours		Reporting systems established and will begin daily reporting to wards from 28/03/24	<ul style="list-style-type: none"> <li>Socialisation</li> </ul>	

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Winter Plan	Rachael Timutimu	12/02/2024	30/04/2024				Draft plan circulated for final feedback from services		
Refine bed allocation process	Sarah Donnelly	12/02/2024	30/06/2024				<ul style="list-style-type: none"> <li>Principles for after-hours flow started – sent to Unplanned Care Ops Leads for feedback</li> </ul>	<ul style="list-style-type: none"> <li>Manual study to start w/c 25/03/24</li> </ul>	
Daily ward rapid rounds	Maria Armstrong	12/02/2024		# wards completing daily rapid round each day					
Up dressed and moving	Gabrielle Scott	Not yet started					<ul style="list-style-type: none"> <li>Initiation</li> </ul>	<ul style="list-style-type: none"> <li>Re-socialisation</li> </ul>	
Delirium and frailty project	Gabrielle Scott	Not yet started						<ul style="list-style-type: none"> <li>Initiation</li> </ul>	
Admission criteria	Kelvin Billinghurst	12/02/2024							

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Establish agreed roles and responsibilities for Medical Staff	Kelvin Billingham	12/02/2024	12/07/2024						
Daily CN/ACN led PM board round	Maria Armstrong	11/03/2024	Ongoing				<ul style="list-style-type: none"> <li>Commenced on MEDS ward</li> </ul>		
Medical Teams to review patients for discharge first when rounding	Hagay Weinberg								
Establish a de-escalation protocol for Medical Services when whole of hospital is at capacity	Maria Armstrong	20/04/2024							
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.	Jason Prior	30/11/23	15/12/2023			Site visit complete learnings shared			

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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.	Lee Welch	15/11/2023	30/11/2023			Complete – Key initiatives and resources received and shared			
Establish a regional system flow collaborative of kaimahi leading and working on system flow initiatives in each hospital across the Central region.	Lee Welch	15/11/2023	10/01/2024			Complete – regional system flow collaborative meets bimonthly with representation from Mid Central, Hawkes Bay, Whanganui, and Wairarapa			

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<b>Workstream</b>	<b>Te Pae Hauora o Ruahine O Taranui   Palmerston North Regional Hospital</b>		<b>Executive Lead:</b>	<b>Gabrielle Scott</b>	<b>Date:</b>	<b>11/04/24</b>
	<b>Discharge processes and transition to community and primary care</b> <small>– Name to be confirmed</small>				<b>Overall Status</b>	

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Criteria Led Discharge	Lee Welch Nicky Falleni	12/02/2024	12/07/2024				<ul style="list-style-type: none"> <li>Paperwork socialised</li> </ul>	<ul style="list-style-type: none"> <li>Wards implementing</li> <li>Noting on MIYA</li> </ul>	<ul style="list-style-type: none"> <li>Discharge summary production</li> </ul>
Facilitated Discharge (incl POAC)	Emma Watson Maria Armstrong	12/02/2024	30/06/2024	# patients discharged under POAC			<ul style="list-style-type: none"> <li>Person in place in role</li> <li>Visit to ChCh</li> <li>Documentation created</li> </ul>	<ul style="list-style-type: none"> <li>Implementation on wards week commencing 25/03/2024</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care capacity</li> </ul>
Hospital in the Home (HiH) expansion	Maria Armstrong Rachel Webster	11/03/2024	TBD				<ul style="list-style-type: none"> <li>Draft strategy developed</li> </ul>	<ul style="list-style-type: none"> <li>Further refine strategy and apply business case</li> </ul>	
Transit Lounge / space utilisation on wards				# of pts per day utilising ward discharge space					
Waiting for what (W4W) report established with escalation pathway for wards	Rachel Webster	12/02/2024	30/04/2024				<ul style="list-style-type: none"> <li>Socialisation</li> </ul>	<ul style="list-style-type: none"> <li>Ready to go delay daily report (what we want and how to capture landed)</li> </ul>	

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Standardised Discharge Process	Maria Armstrong				Not yet started			<ul style="list-style-type: none"> <li>Streamline DC process with processes documented to support (focused in MEDS) for wider rollout in due course</li> </ul>	
Introduce Practice Plus supports for discharge	Maria Armstrong				Not yet started				
Meihana Project - Tautokotoko: Enhancing patient discharge process for Māori and Pacific peoples	Daniel Kawana	01/07/2024	01/07/2024		Not yet started				

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POAC packages of care in the community to reduce ED admission	Ashleigh Blackburn	01/06/2023	Ongoing	# POAC packages of Care invoiced % of patients presenting to ED within 3 days of POAC package	2082 POAC packages of Care invoiced between July – Dec 2023. 19% Māori – 2.8% Pacifika		<ul style="list-style-type: none"> <li>Flexible packages of care for ED prevention expanded</li> </ul>	<ul style="list-style-type: none"> <li>Feilding commencing POAC trial for Trop T</li> </ul>	
POAC inpatient	Emma Watson Maria Armstrong	12/02/2024	Ongoing	# inpatient POAC referrals accepted	Under development		<ul style="list-style-type: none"> <li>Visit with Christchurch hospital to understand how POAC has been implemented.</li> <li>Documentation created for POAC use at Palmerston North Regional Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of POAC in wards</li> </ul>	
Increase promotion of primary care usage of Practice Plus for winter period	Ashleigh Blackburn	01/06/2023	Ongoing	1,158 Practice Plus appointments across MidCentral District June to September 2023	1,324 Practice Plus appointments across MidCentral District October to December 2023. 38.2% Maori – 2.3% Pacifika		<ul style="list-style-type: none"> <li>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.</li> </ul>		

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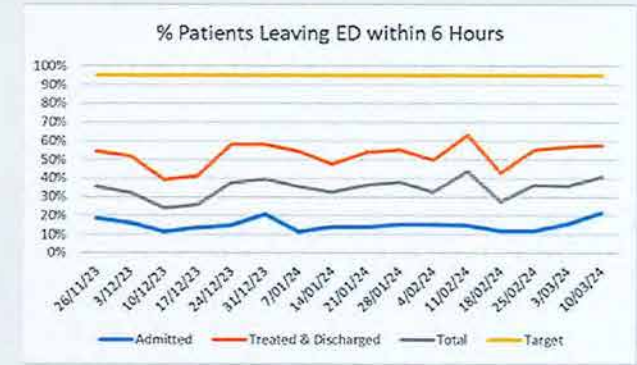
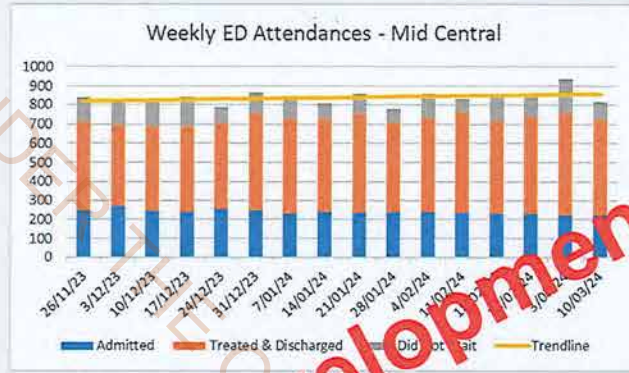
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Increased scope of ED redirects	Ashleigh Blackburn	12/02/2024		# Respiratory patients seen under POAC at Palms Medical Centre			<ul style="list-style-type: none"> <li>Pathways for ED redirect being created, including St John redirect and redirect to Urgent Care</li> </ul>		
Investigate development of redirect for patient with Mental Health needs to café run by Mana o te tangata		Not yet started							
Commence Primary Care Winter Preparedness plan	Ashleigh Blackburn	12/02/2024					<ul style="list-style-type: none"> <li>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</li> </ul>		
Escalate GP Shortage	Te Whatu Ora Commissioning	15/11/2024	15/11/2024		100%	Complete	GP shortage escalated to all appropriate organisational bodies		



# 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/acancies (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.

## Acute Flow – Improvement Programme

Current Risks / Issues				
Date	Description	Owner	Mitigation Strategy	Status

**Under development**

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HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

<p><b>Health New Zealand</b> Te Whatu Ora</p> <p>Te Pae Hauora o Ruahine o Tararua   MidCentral</p>	<p>For:</p> <table border="1" data-bbox="1079 272 1742 448"> <tr> <td></td> <td>Decision</td> </tr> <tr> <td></td> <td>Endorsement</td> </tr> <tr> <td>X</td> <td>Noting</td> </tr> </table>		Decision		Endorsement	X	Noting
	Decision						
	Endorsement						
X	Noting						
<p>To</p>	<p>Hospital and Specialist Services (HSS) MidCentral District Leadership Team</p>						
<p>Author</p>	<p>Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve Nicky Falleni, Project Manager, Te Whatu Ora Improve</p>						
<p>Endorsed by</p>	<p>Sarah Fenwick, Group Director Operations</p>						
<p>Date</p>	<p>10 May 2024</p>						
<p>Subject</p>	<p><b>Acute Flow Improvement Plan update</b></p>						
<p><b>RECOMMENDATION</b></p> <p>It is recommended that the HSS MidCentral District Leadership Team:</p> <ul style="list-style-type: none"> <li>note the current progress against the acute flow action plan.</li> </ul>							

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## 1. PURPOSE

To provide an update to the District Leadership Team (DLT) 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, attached is the updated acute flow improvement plan to provide detail on each identified initiative for noting.

## 3. KEY ACTIVITIES THIS REPORTING PERIOD

- Site visit from Hospital and Specialist Services (HSS) Intensive Support Team (IST), who are part of the delivery arm under the operational team. Feedback from the IST is awaited and will be shared when available.
- System Flow Governance met again in the last reporting period, with an expanded membership to include consumer representation, Clinical representation from our Primary Health Organisation, Commissioning and Whaikaha, the disability sector.
- Efforts to refine and ensure accurate coding and counting of EDOA patients in ED has resulted in some data anomalies that have now been corrected in process and remediation of 10 days data is underway. This meant a week when we reported performance of 85 percent was actually a result of 74 percent, which was still an improvement on the week prior.

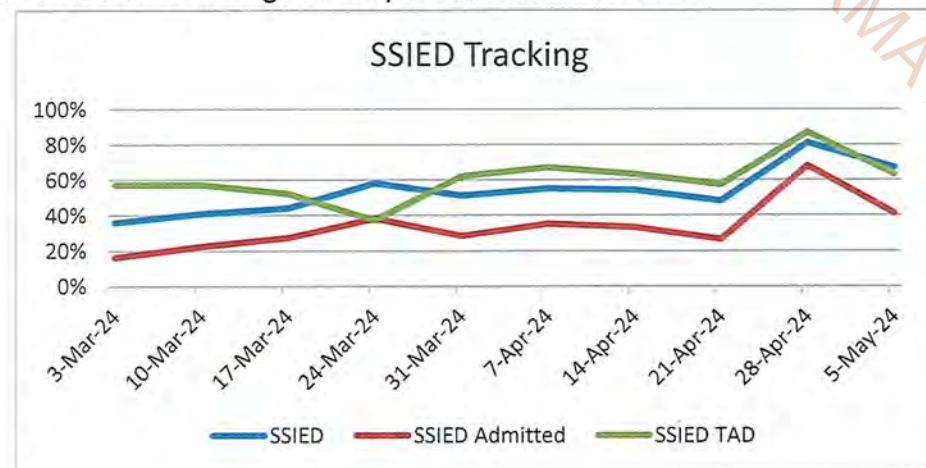
- Prioritising of patients identified for discharge first unless there are patients who are medically unstable/need timely intervention to prevent deterioration.
- Actively promoting the “two before 10” initiative across the wards, with daily progress reports sent to teams/wards to track discharge rates. Please refer to performance metrics below in section five to show current whole of hospital time of day discharge average now at 2pm, and improvement on 3pm reported last month.
- Continued roll out of Criteria Led Discharging (CLD) is currently advancing across inpatient wards. The first successful discharge using CLD from medical wards occurred on April 17, 2024. Subsequently, 15 patients have been discharged utilising CLD.

#### 4. KEY ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD

- Continue to spread and embed the use of Criteria Led Discharging. This will also be a key tool utilised to increase discharging on weekends and stat holidays.
- A focus on patient cohort of those being seen, treated, and discharged from the emergency department to identify further opportunities for improvement.
- Collaboration with Commissioning team and THINK Hauora on initiatives identified in the Winter Preparedness plan that is due in the coming weeks.

#### 5. SHORTER STAYS IN THE EMERGENCY DEPARTMENT (SSIED) PERFORMANCE MEASURES

Since the commencement of a focus on acute flow performance in March, notable improvements have been achieved across all areas with expected fluctuations due to changes and presentation numbers:

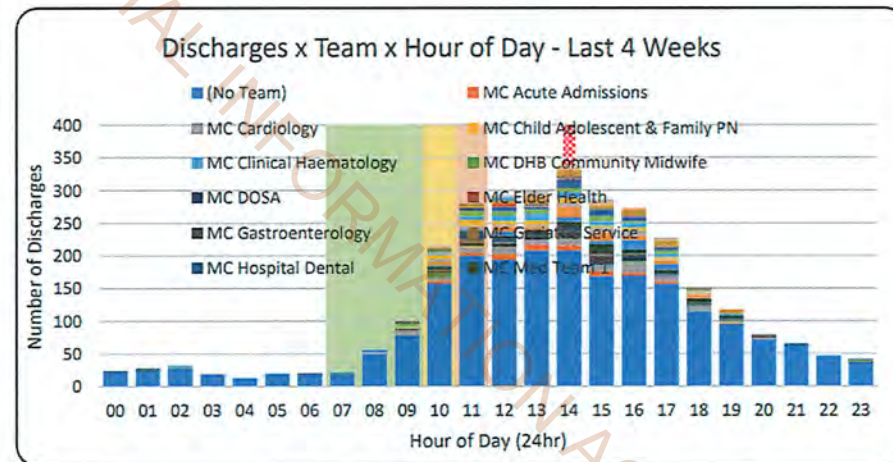
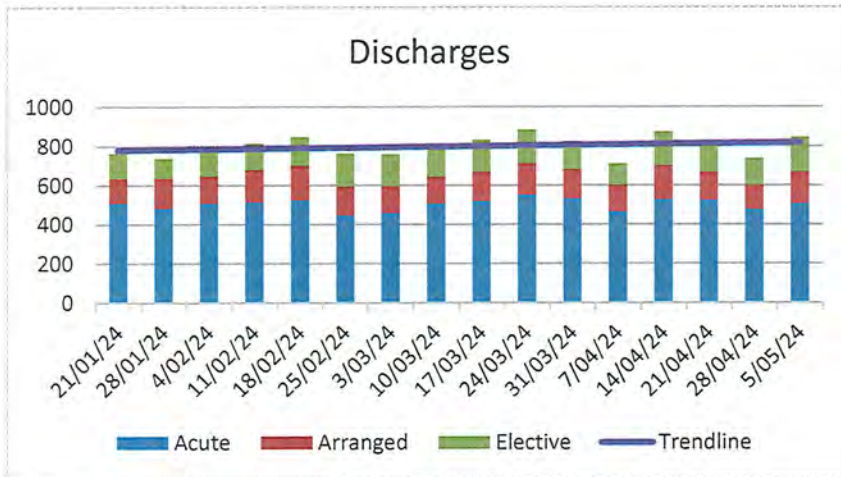


The latest data presented in the graph above indicates an overall improvement since reporting began, with Shorter Stays in the Emergency Department (SSIED) overall increasing 20 percent and SSIED for admitted patients rising by 25 percent. SSIED for patients Treated and Discharged (SSIED TAD) from the emergency room is sitting at a constant 6 percent and has not increased as substantially as the rise in SSIED admitted and SSIED overall. This identifies a key focus area for the next reporting period.

The table provided below provides a weekly breakdown of performance, offering some context for the fluctuations observed.

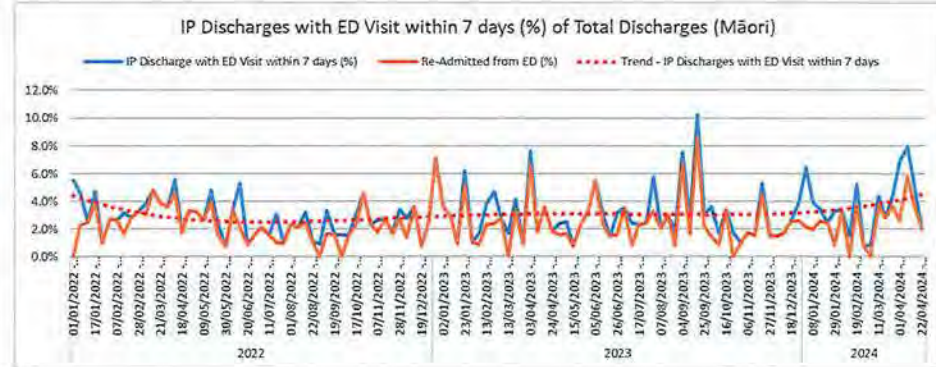
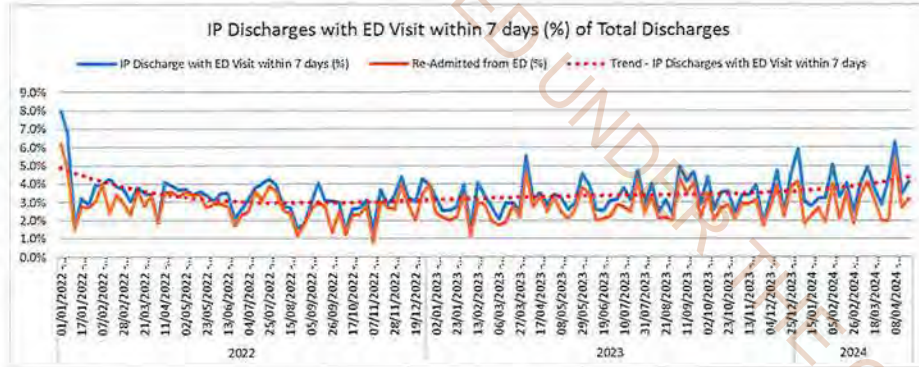
	07APR24	14APR24	21APR24	28APR24	05MAY24	OUTCOME
SSIED overall	55%	54%	48%	74%	67%	↑13%
SSIED Admitted	35%	33%	26%	68%	41%	↑6%
SSIED TAD	64%	63%	57%	87%	63%	↓1%

Discharging across all hospital inpatient areas is trending upwards with a continued focus on improving time of day discharging across the hospital.

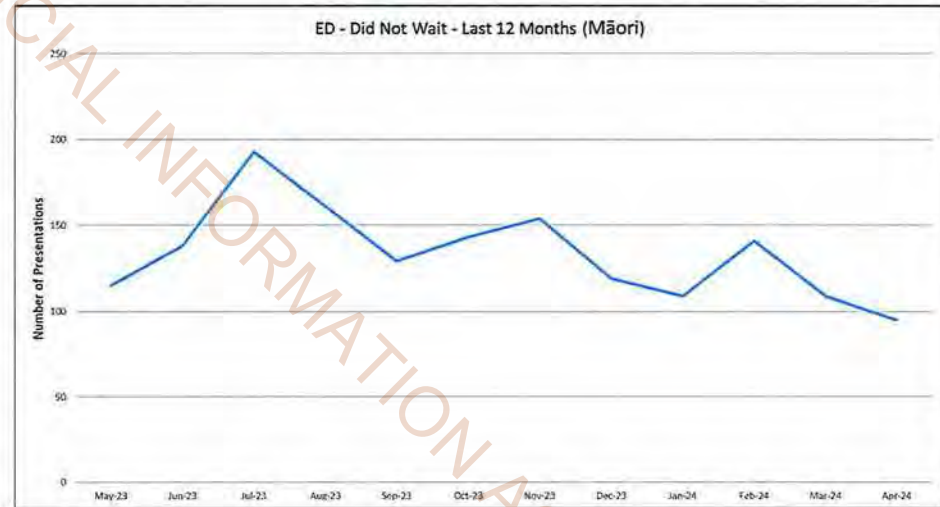
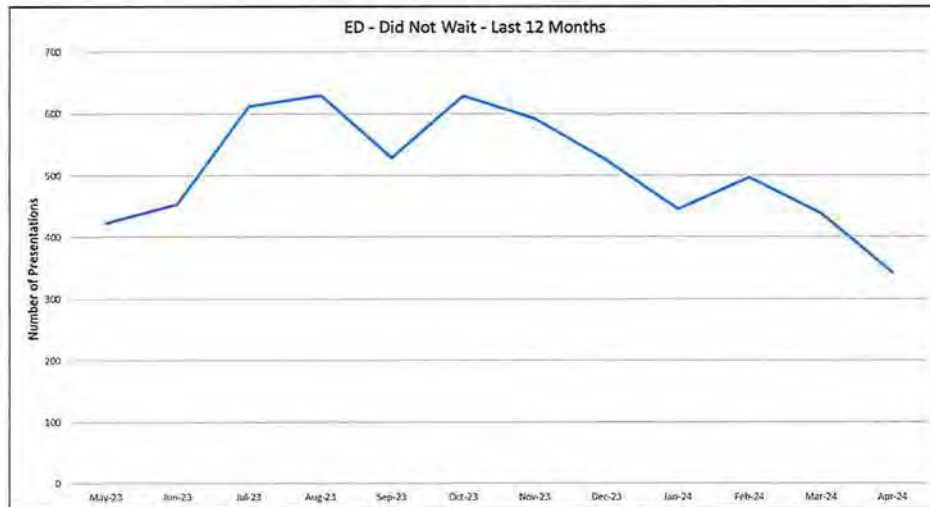


To provide some balance to our measures we have focussed on;

- 7-day acute readmission rate, which shows a current rate of 4.7 percent.



- The measure of patients who leave our ED before completion of their care episode, which shows a declining trend.



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As noted in the last reporting period, any patient staying longer than 24 hours in ED would be required to incident reported with monitoring and reporting being raised monthly to the System Flow Governance Group meeting. This commenced on 14 April with initial data reporting on numbers only, whilst the practicalities of how these incidents are inputted, assigned and reviewed within the existing system. While this process is still to be fully outlined, the number of instances with patient NHI are being recorded and reported as instructed.

In the last reporting period 30 instances have occurred, 28 awaiting medical services, one awaiting surgical services and one awaiting the Acute Mental Health Team.

## 6. RECOMMENDATION

It is recommended that the DLT:

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

## 7. REFERENCES

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

## HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

## Health New Zealand Te Whatu Ora

Te Pae Hauora o Ruahine o Tararua | MidCentral

For:

<input type="checkbox"/>	Decision
<input type="checkbox"/>	Endorsement
<input checked="" type="checkbox"/>	Noting

<b>To</b>	HSS MidCentral District Leadership Team
<b>Author</b>	Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve Nicky Falleni, Project Manager, Te Whatu Ora Improve
<b>Endorsed by</b>	Sarah Fenwick, Group Director Operations
<b>Date</b>	6 June 2024
<b>Subject</b>	<b>Acute Flow Improvement Plan update</b>

### RECOMMENDATION

It is recommended that the HSS MidCentral District Leadership Team:

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

## 1. PURPOSE

To provide an update to the MidCentral District Leadership Team (MDLT) 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 MDLT on 14 March 2024.

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

## 3. KEY ACTIVITIES THIS REPORTING PERIOD

- Confirmation received from Commissioning for bulk funding of Practice Plus vouchers available for use in the ED through until June 2025. During the recent two-day strike period 11 Practice Plus vouchers and 45 POAC ED redirects were utilised.
- In the final week of this reporting period a trial utilising a nurse practitioner in the ED wait room was undertaken over two days. The department saw greater than predicted presentations over this period making the proposed process difficult to deliver. This process will continue to be refined and trialled over the coming month.
- One house officer from each medical team is being released three days per week to support the early discharging of identified patients on the wards. As this process embeds, the review of the data will show if this supports further the shift to earlier time of day discharging.

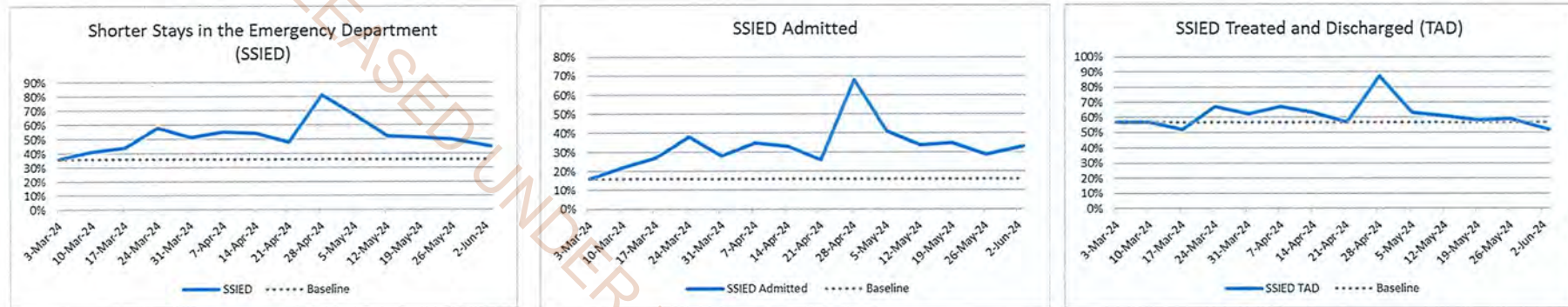
- Embedding of initiatives such as two before ten, Criteria Led Discharging and communication tools such as Estimated Date of Discharge which has supported the continued improvement of our SSIED admitted performance.

#### **4. KEY ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD**

- Senior leaders have agreed a focus on two key areas for this coming reporting period. Continue to focus on improving time of day discharge across all inpatient wards and establish an agreed process for escalation of long stay patients to support the removal of any discharge barriers where identified.
- A meeting with senior leaders is scheduled to discuss further actions required in each of the four workstreams identified. Agreement on an executive leader for each workstream is to be agreed and workshopping on two key activities of focus each month to be planned.
- Continue the initiatives of use of House Officers to enable early discharging and development of the use of Nurse Practitioner in the ED wait room.
- Continue to spread and embed the use of Criteria Led Discharging, with a focus on usage to increase discharging on weekends and to support any future strike periods.
- Continue to wait for the anticipated Winter Preparedness plan due imminently. When released MidCentral HSS will collaborate with Commissioning and THINK Hauora on initiatives identified.
- Awaiting any feedback from the Intensive Support Team visit that occurred at the end of April. Any feedback will be reported here and incorporated into the Acute Flow Improvement plan as appropriate.
- Collaboration across all districts within our Central Region to establish a regional acute flow programme. Initial discussions have been undertaken with Capital and Coast as well as Hawke's Bay Districts. This would support regional opportunities to improve patient flow, development of standardised resources and share learnings from what is working well currently in each district.

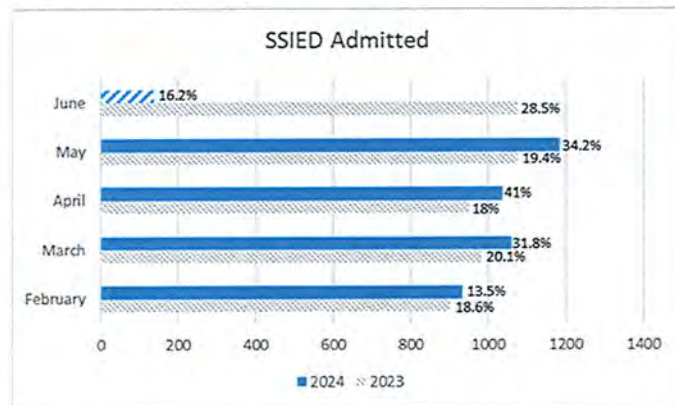
#### **5. SHORTER STAYS IN THE EMERGENCY DEPARTMENT (SSIED) PERFORMANCE MEASURES**

Since the commencement of a focus on acute flow performance in February, improvement has been achieved with expected fluctuations due to occupancy, acuity of presentations and presentation numbers. Most notably is the increase in performance for the SSIED admitted patient cohort, which is where a concerted focus on timely treat and discharge has occurred.



This month we report a decline in SSIED overall numbers. During this reporting period there has been multiple strike action, larger than predicted presentation numbers, including an increase in patients with a Triage code of 2 – Emergency needs to be seen within 10 minutes, and a large increase in COVID, RSV and Influenza across our rohe.

The graph below compares monthly SSIED Admitted figures to those of 2023, showing a consistent increase in both numbers of patients requiring admission as well as improvement in performance against the SSIED percentage target.

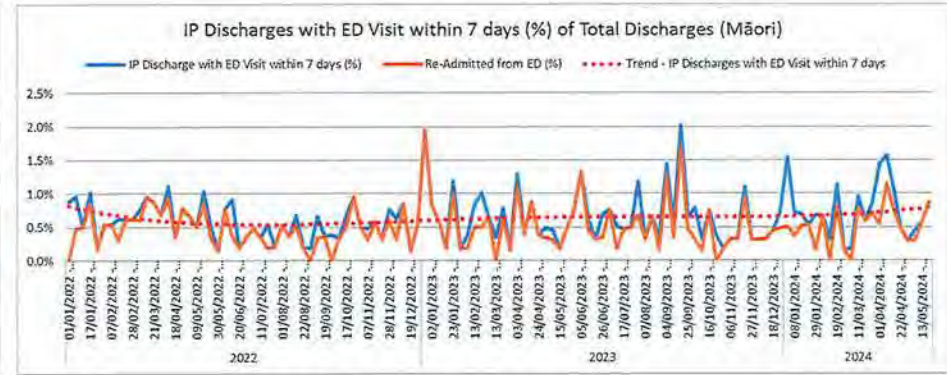
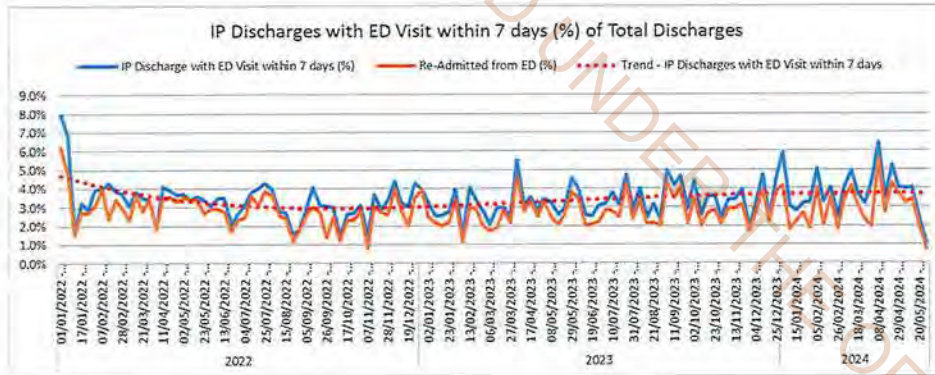


The SSIED (Treated and Discharged) rate from the emergency room remains steady at 60 percent. Efforts to support the mahi for this patient cohort include, trialling the presence of a Nurse Practitioner in the ED wait room, a small increase in Practice Plus voucher use and an increase in POAC ED redirections.

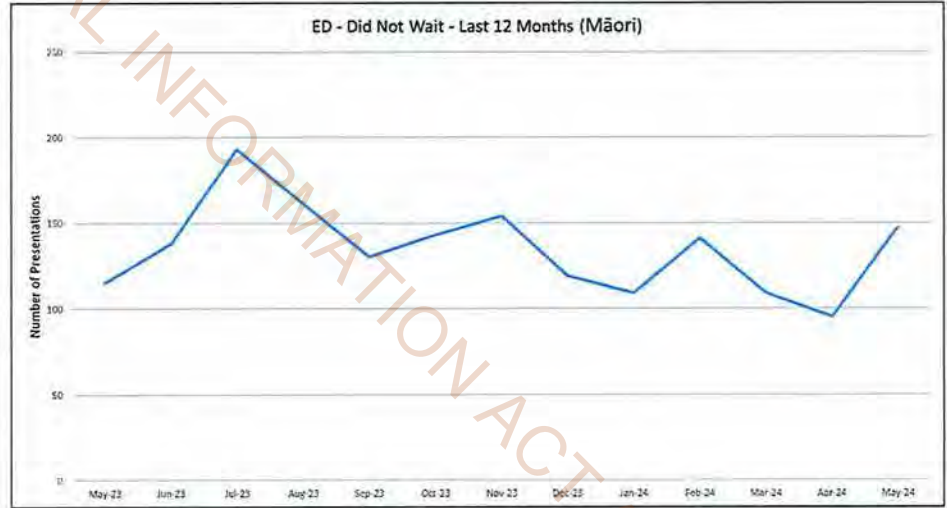
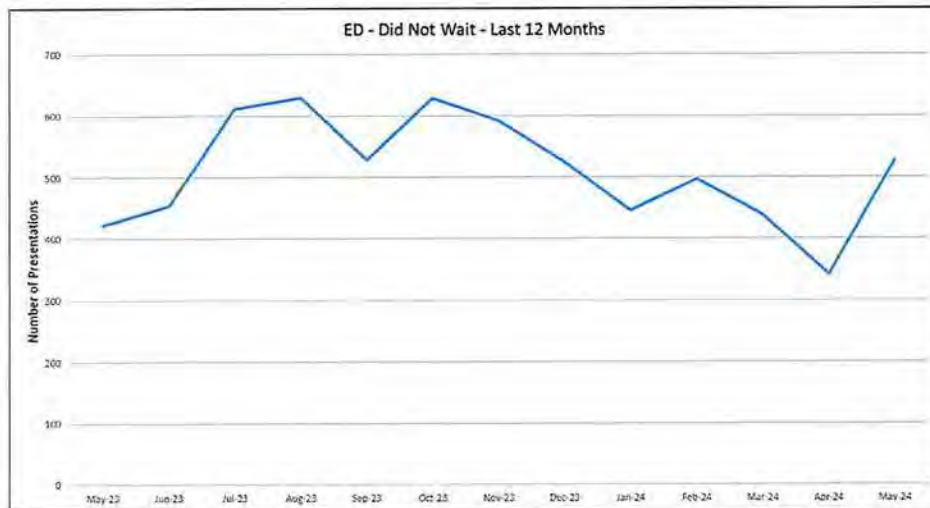


To provide some balance to our measures we have focussed on;

- 7-day acute readmission rate, which shows a current rate of 4 percent.



- The percentage of patients departing our Emergency Department before completing their care episode has been trending down, however this month with factors already mentioned has shown an increase.



(1982)

## 6. RECOMMENDATION

It is recommended that the MDLT:

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

## 7. REFERENCES

- Appendix A – Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital Acute Flow Improvement Programme V5.

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HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

<p><b>Health New Zealand</b>  <b>Te Whatu Ora</b></p> <p>Te Pae Hauora o Ruahine o Tararua   MidCentral</p>	<p>For:</p> <table border="1" data-bbox="1079 276 1742 451"> <tr> <td></td> <td>Decision</td> </tr> <tr> <td>X</td> <td>Endorsement</td> </tr> <tr> <td>X</td> <td>Noting</td> </tr> </table>		Decision	X	Endorsement	X	Noting
	Decision						
X	Endorsement						
X	Noting						
<p>To</p>	<p>HSS MidCentral District Leadership Team</p>						
<p>Author</p>	<p>Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve              Nicky Falleni, Project Manager, Te Whatu Ora Improve</p>						
<p>Endorsed by</p>	<p>Sarah Fenwick, Group Director Operations</p>						
<p>Date</p>	<p>5 July 2024</p>						
<p>Subject</p>	<p><b>Acute Flow Improvement Plan update</b></p>						
<p><b>RECOMMENDATION</b></p> <p>It is recommended that the HSS MidCentral District Leadership Team:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the current progress against the acute flow action plan.</li> <li>• <b>note</b> the System Preparedness Plan.</li> <li>• <b>note</b> the 90-day Improvement Plan prepared for the Minister of Health.</li> </ul>							

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## 1. PURPOSE

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

Note the 90-day improvement created in response to request from the Minister of Health.

Inform the MDLT of the System Pressures plan recently released.

## 2. BACKGROUND

Waiting times in the Emergency Department (ED) at Te Pae Hauora o Ruahine o Tararua | 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 MDLT on 14 March 2024.

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

## 3. KEY ACTIVITIES THIS REPORTING PERIOD

- The use of senior clinical decision makers in the ED wait room to stream appropriate patients. The use of both Nurse Practitioners and SMOs in the wait room has been utilised increasingly during this reporting period, and the use of RMOs seeing patients in triage rooms also supports the ability to see, treat and discharge appropriate patients expeditiously.
- Actively working with specialties on DVT, COPD and cellulitis pathways to enable faster decision making and discharging from the ED treat and discharge space. The ED Quality Coordinator has commenced education sessions around the use of these pathways.

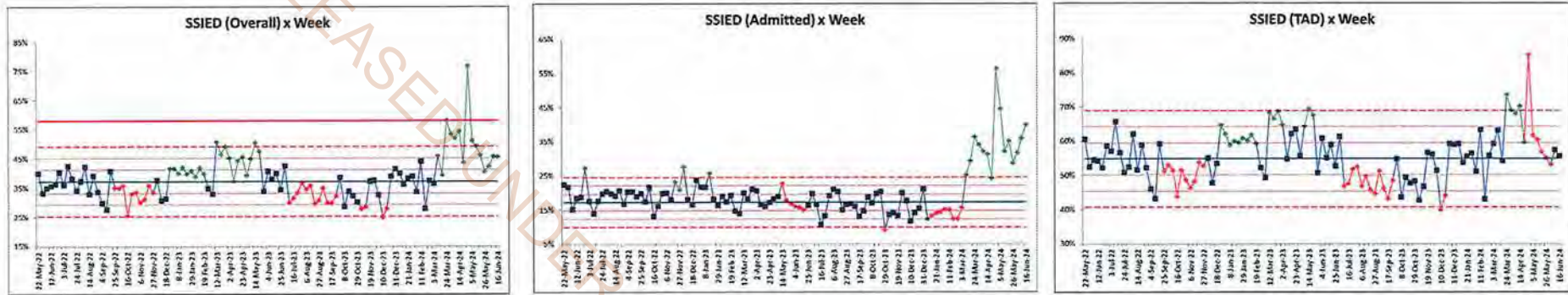
- Embedding of initiatives such as two before ten, Criteria Led Discharging and communication tools such as Estimated Date of Discharge which has supported the continued improvement of the SSIED admitted performance in unplanned care.
- Escalation of patients staying longer than 12 hours in ED continues.
- Reporting for any individual who stays in the ED 24hrs or longer with reasons included continues.
- The “My Next Patient” initiative across unplanned care the clear identification of patients from the ED to move. By the end of the reporting period wards were actively pulling patients negating the need to push these patients by 10am.

#### **4. KEY ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD**

- Implementation of the 90-day Improvement Plan “programme of initiatives”.
- Continued focus on improving time of day discharge across all inpatient wards.
- Continue use of senior clinician decision makers in the ED wait room.
- Continue to spread of Criteria Led Discharging, with a continued focus on usage to increase discharging on weekends.
- Collaboration with Commissioning and THINK Hauora on initiatives that can be identified from the System Pressures Plan.
- Await any feedback from the Intensive Support Team visit that occurred at the end of April. Any feedback will be reported here and incorporated into the Acute Flow Improvement plan as appropriate.
- Collaboration across all districts within the Central Region to establish a regional acute flow programme. Initial discussions have been undertaken with Capital and Coast as well as Hawke’s Bay Districts. This would support regional opportunities to improve patient flow, development of standardised resources and share learnings from what is working well currently in each district.

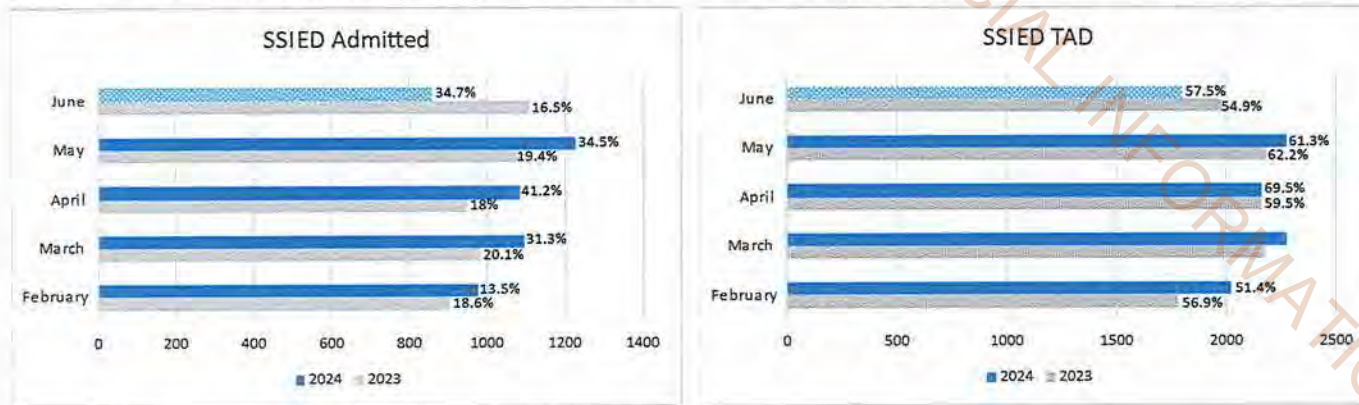
#### **5. SHORTER STAYS IN THE EMERGENCY DEPARTMENT (SSIED) PERFORMANCE MEASURES**

This month has seen the SSIED overall performance drop to levels first seen a concerted focus on acute flow commenced in February of this year. Performance for the SSIED admitted patient cohort however continues to improve.

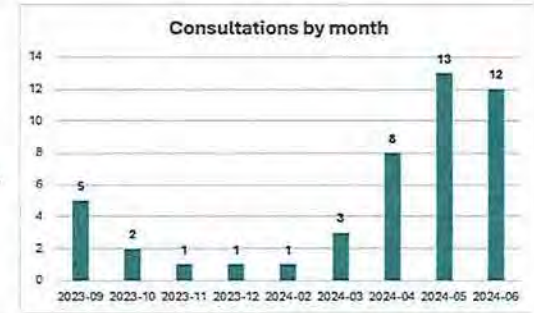
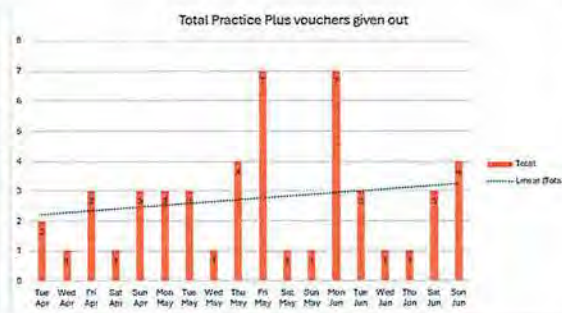


During this reporting period there larger than predicted presentation numbers, including an increase in patients with a Triage code of 2 – Emergency needs to be seen within 10 minutes.

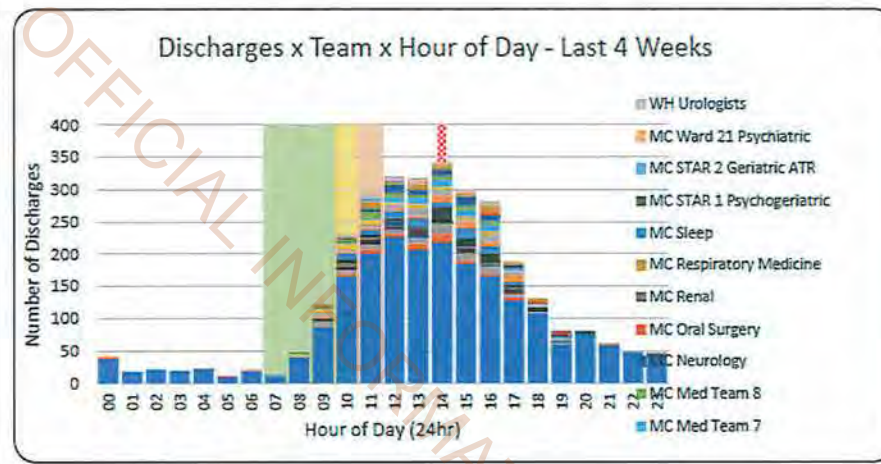
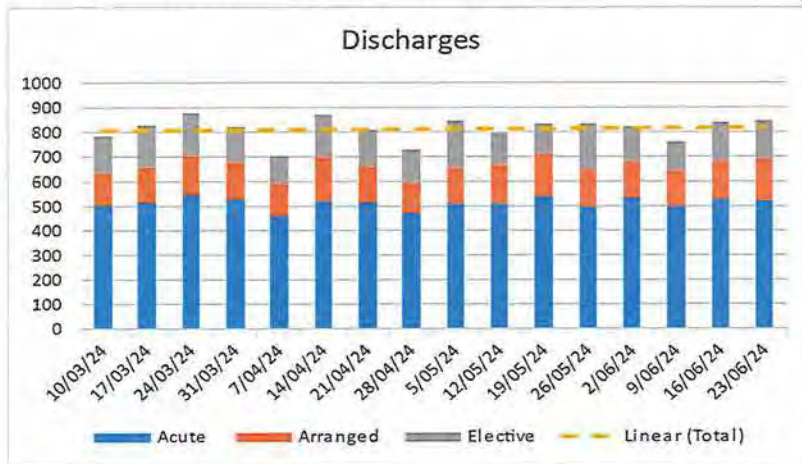
The graph below compares monthly SSIED Admitted figures to those of 2023, showing a consistent increase in both numbers of patients requiring admission as well as improvement in performance against the SSIED percentage target.



The SSIED (Treated and Discharged) rate from the emergency room has continued to decline. Presentation numbers and acuity of patients remains high. Efforts to support the mahi for this patient cohort include, increasing presence of senior clinical decision makers in the wait room to fast track appropriate patients, and continued use where appropriate on redirection options.



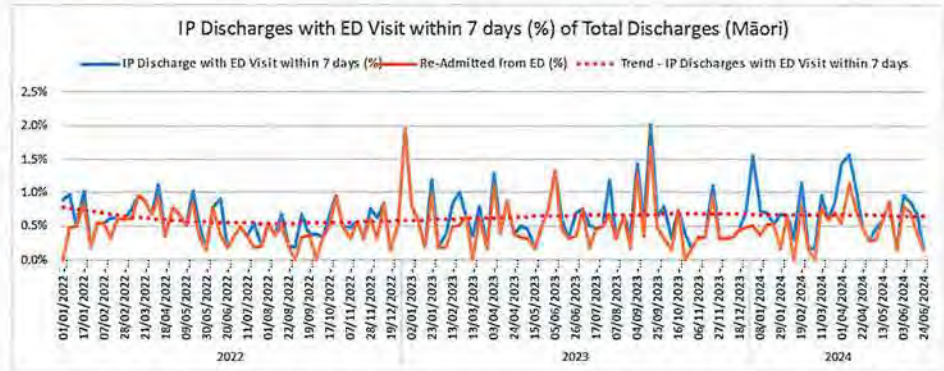
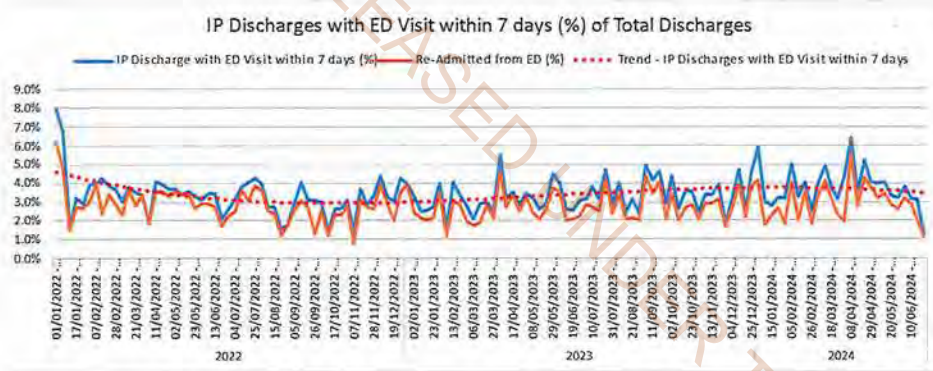
Discharging numbers across all of hospital inpatient areas has remained stable and the average time of discharge has remained at 2.00pm across all inpatient areas.



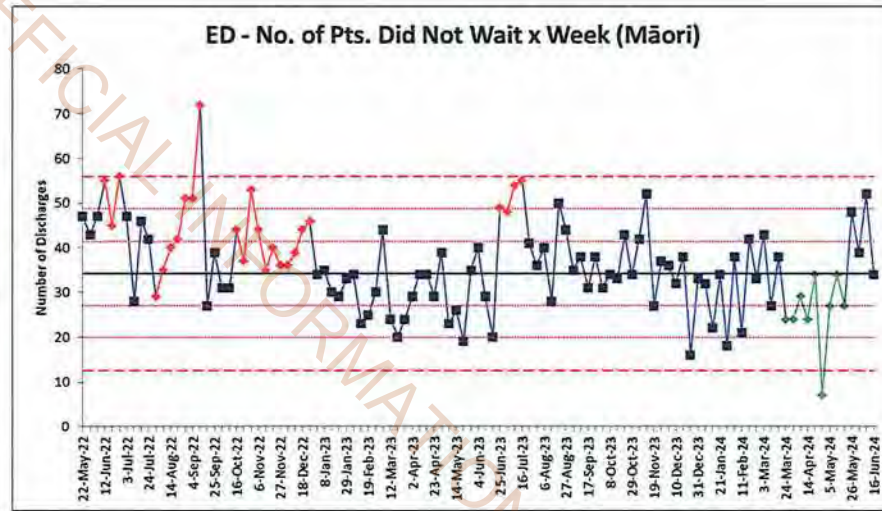
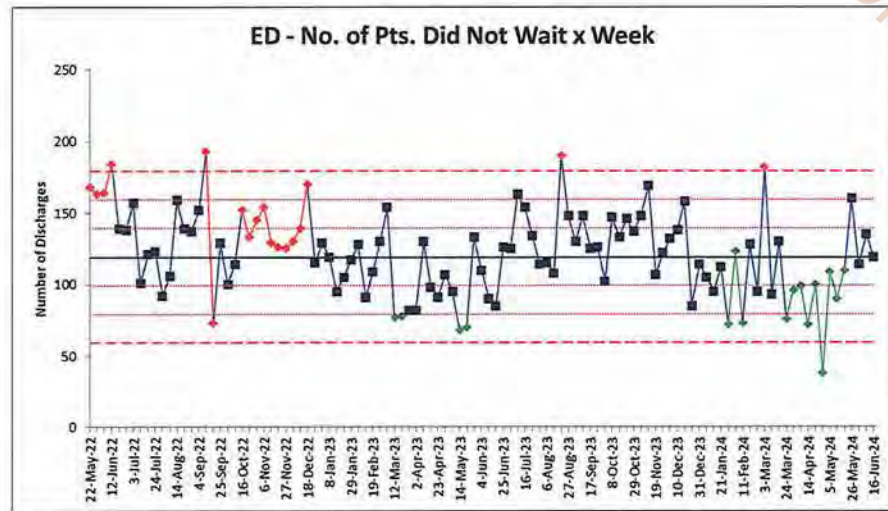
To provide some balance to the measures we have focussed on;

- 7-day acute readmission rate, which shows a current rate of 3.8 percent.

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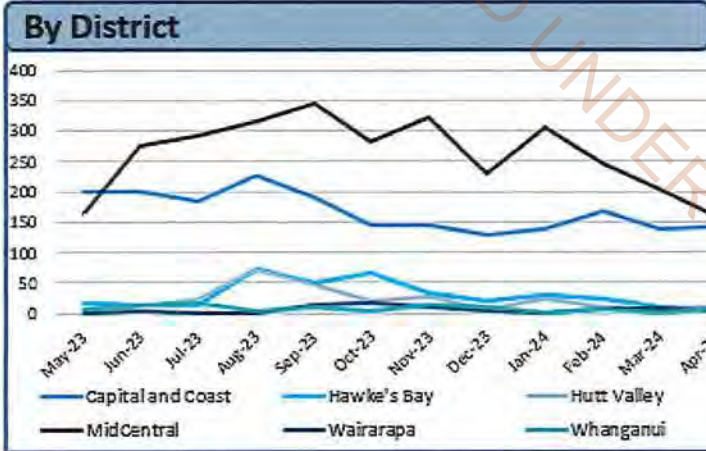


- The percentage of patients departing the ED before completing their care episode had been trending down, however this month with factors already mentioned has shown an increase.



- Recent regional reporting has shown patients exceeding 24 hours in the ED trending down to the month of April.

**ED > 24 hours** May 2023 to Apr 2024



	Mar-24 Total	Apr-24 Total	Change
Capital and Coast	139	142	↑ 3
Hawkes Bay	10	5	↓ -5
Hutt Valley	6	11	↑ 5
MidCentral	205	159	↓ -46
Wairarapa	6	3	↓ -3
Whanganui	1	6	↑ 5
<b>Total</b>	<b>367</b>	<b>326</b>	<b>↓ -39</b>

**Observations**

- Capital & Coast and MidCentral continue to report national high numbers for >24 ED patients.
- Mid Central reporting a large decrease between March and April
- Other districts in the region performing well with small numbers.

**6. NINETY DAY IMPROVEMENT PLAN**

On 18 June 2024, the office of the Minister of Health requested that MidCentral provide a 90-day plan to improve the performance of MidCentral's Hospital and Specialist Services (H&SS). The aim is to transition the hospital from a frequent escalation status of red, to an orange status, referencing the National Escalation Framework (NEF).

The NEF provides a nationally consistent, colour-based classification system for identifying the escalation status of a hospital at a point in time. In this context, escalation status refers to the extent to which hospitals require support from their district (e.g. ambulance diversions to other hospitals), region (e.g. deployment of staff from other districts), or a national response (e.g. inter-regional transfer of patients requiring tertiary or quaternary services) to manage their clinical and operational risk.

The four colours used under the NEF to represent a hospital's escalation status are:

- a) Green: signifying no reduced care capacity,

- b) Yellow: signifying moderately reduced care capacity,
- c) Amber: signifying significantly reduced care capacity, and
- d) Red: signifying critically reduced care capacity.

MidCentral has developed a 90-day action plan for Quarter 1 2024/25 to continue its improvement in acute care performance, which reflects key aspects of the three existing improvement plans. The 90-day action plan is provided as Appendix C for noting.

## 7. SYSTEM PRESSURES PLAN

The System Pressures Plan was released to GDO's on 14 June 2024, replacing the Winter Preparedness strategies aimed at easing hospital strain in colder months. Recognising that healthcare pressures now extend beyond winter; this report shifts to a year-round approach to support hospitals and primary care services.

The plan focuses on three main elements:

- **Prevention** – Promoting early adoption of preventive measures such as vaccinations, staying home during illness, and adopting healthy behaviours. This includes enhancing COVID-19 and the Flu immunisation efforts, with a specific emphasis on vaccinating ARC residents and staff; continued promotion of childhood vaccinations, and Boostrix. It also involves responding swiftly to disease outbreaks through local and global surveillance.
- **Community care** – Offering individuals alternative healthcare choices (both urgent and non-urgent) and supporting their living arrangements through ka ora virtual consultations, after-hours urgent care in rural areas. Expanding POAC (Primary Options for Acute Care) options. Improving ARC utilisation by increasing visibility of bed availability and ensuring timely discharge of complex cases to either ARC or community settings.
- **Emergency Departments (ED) and Hospital** – Emphasising enhancing the patient journey through discharge planning upon admission, establishing a local pathway for complex discharge escalation, integrating 7-day discharge planning, and prioritising the well-being of staff.

Emergency Departments and Hospitals are also being asked to prioritise implementing consistent national IOC standardised escalation pathways, with a special emphasis on reducing average length of stay, particularly for complex discharges that are increasingly common. Furthermore, efforts include identifying system-wide surge capacity for peak demand periods and managing staff resources and well-being. Ensuring that planned care remains protected during periods of high acute demand is also a key objective. The plan is attached as Appendix B for noting.



## 8. RECOMMENDATION

It is recommended that the MDLT:

- **note** the current progress against the acute flow action plan.
- **note** the National System Pressures Plan 2024.
- **note** the 90-day plan prepared for the Minister of Health.

## 9. REFERENCES

- Appendix A – Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital Acute Flow Improvement Programme V6
- Appendix B – UPDATED Systems Pressures Plan\_2024\_7 May v1.0\_final
- Appendix C – HNZ00052865 – MidCentral 90-day Plan

HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

**Health New Zealand**  
Te Whatu Ora

Te Pae Hauora o Ruahine o Tararua | MidCentral

For:

<input type="checkbox"/>	Decision
<input type="checkbox"/>	Endorsement
<input checked="" type="checkbox"/>	Noting

<b>To</b>	HSS MidCentral District Leadership Team
<b>Author</b>	Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve Nicky Falleni, Project Manager, Te Whatu Ora Improve
<b>Endorsed by</b>	Sarah Fenwick, Group Director Operations
<b>Date</b>	9 August 2024
<b>Subject</b>	<b>Acute Flow Improvement Plan update</b>
<p><b>RECOMMENDATION</b></p> <p>It is recommended that the HSS MidCentral District Leadership Team:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the current progress against the acute flow action plan.</li> </ul>	

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**HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM****1. PURPOSE**

To provide an update to the MidCentral District Leadership Team (MDLT) 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 are longer than national averages and above the Government target of six 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 MDLT on 14 March 2024.

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

**3. KEY ACTIVITIES THIS REPORTING PERIOD**

- The 90-day Improvement Plan has been established and socialised, and first the progress update reported to the Minister of Health. Holding orders are established with two patients being admitted last month, primarily due to their COVID status therefore beds were available for the orders to be used. The onsite national clinical support for a focus on Average Length of Stay is still to be confirmed. Two before Ten initiative continues to be a focus and supports the time of day discharging for which is reported below. Criteria Led Discharging continues and is supporting some patients to be discharged on the weekend. ED redirections increased again this month, utilising both POAC ED redirection and the Practice Plus voucher system. Variations of senior clinical decision makers in the ED wait room have been utilised over the past month, this has been dependent on the right mix of staffing and space to undertake the associated assessment and treatment required. At times patients have been assessed and admitted to an inpatient bed directly from the wait room.
- A workshop was held on the 24 July 2024 with a focus of Treat and Discharge workstream patients. Key areas being progressed were holding orders for the Children's Assessment Unit and development of a fast-track model that could support the Children's area within the ED, refitting the current triage rooms to better support as assessment spaces and the addition of a second secondary triage nurse.

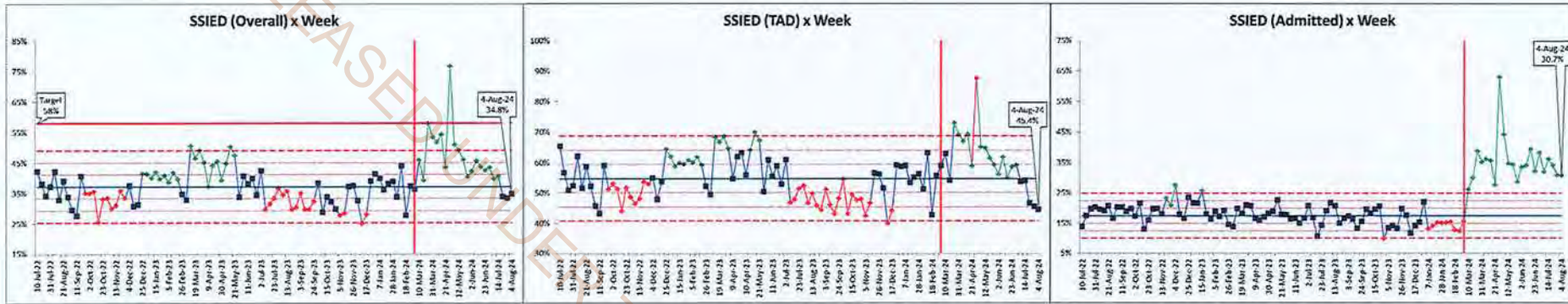
- Reporting for any individual who stays in the ED longer than 24 hours continues and is being reported at System Flow Governance Group monthly. Data capture for these has now been automated however incident reviewing remains a manual process and is impeded by MidCentral's existing incident reporting system.
- Discussions around the formalisation of an over census procedure to move patients into non-resourced spaces and the development of an onboarding procedure that will be distributed for discussion, for the movement of patients into additional spaces such as corridors in the inpatient wards.

#### **4. KEY ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD**

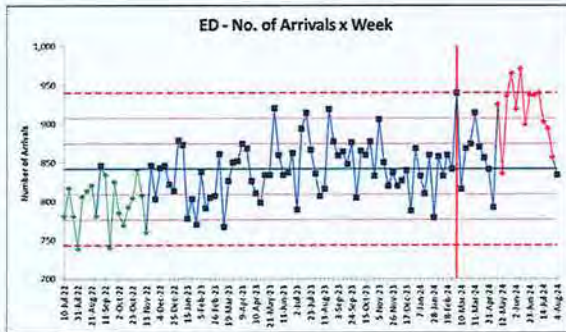
- Focus on consultation and implementation of an onboarding procedure.
- Continued focus on improving time of day discharge across all inpatient wards.
- Continue use of senior clinician decision makers in the ED wait room.
- Continue to spread Criteria Led Discharging, with a continued focus on usage to increase discharging on weekends.
- Await any feedback from the Intensive Support Team visit that occurred at the end of April. Any feedback will be reported here and incorporated into the Acute Flow Improvement plan as appropriate.
- Collaboration across all districts within the Central Region to establish a regional acute flow programme. This would support regional opportunities to improve patient flow, development of standardised resources and share learnings from what is working well currently in each district.

#### **5. SHORTER STAYS IN THE EMERGENCY DEPARTMENT (SSIED) PERFORMANCE MEASURES**

The overall SSIED performance this month has declined as has performance for Treated and Discharged patient cohort. Contributing to this has been an increase in presentation numbers, acuity of patients and some staffing issues resulting in roster gaps. While presentation numbers have increased as per chart below, the percentage of patients being admitted has remained in the thirtieth percentile. Performance for the SSIED admitted patient cohort has decreased this month but remains higher compared to the same period last year. This decline mirrors the issues noted in the overall performance.



The charts below capture presentation numbers over time and patients by triage category compared to the previous year.

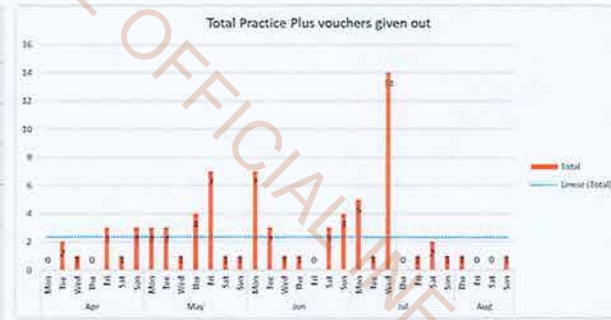
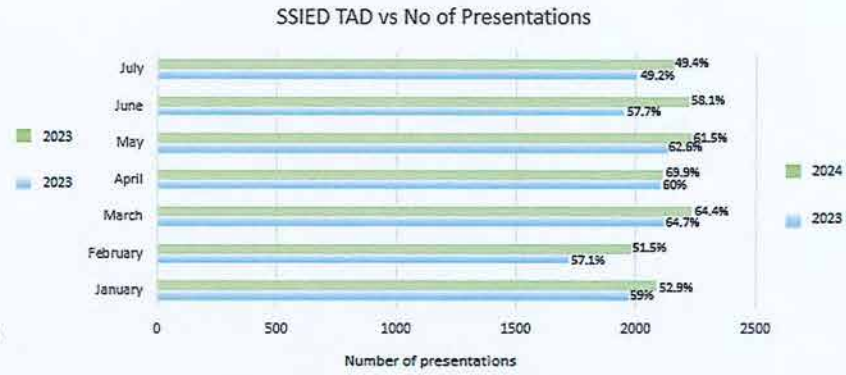
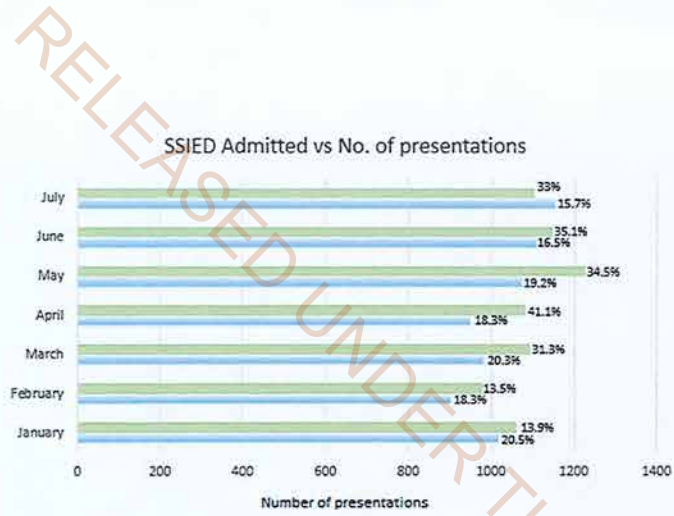


	Time to assessment	2023	2024	Difference # and %	
Triage 1	Immediate attention	166	190	24	12.6%
Triage 2	10-15 minutes	4928	5645	717	12.7%
Triage 3	60 Minutes	14050	13952	-98	-0.7%
Triage 4	2 Hours	5392	6006	614	10.2%
Triage 5	4 hours	780	967	187	19.3%

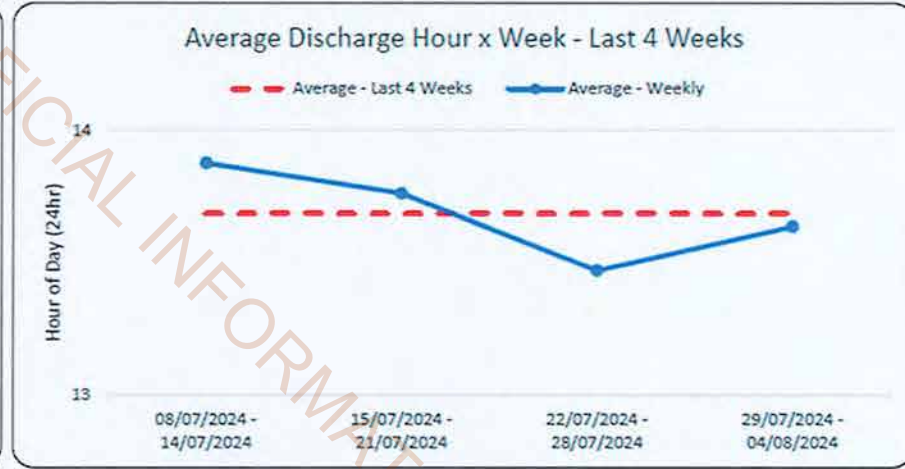
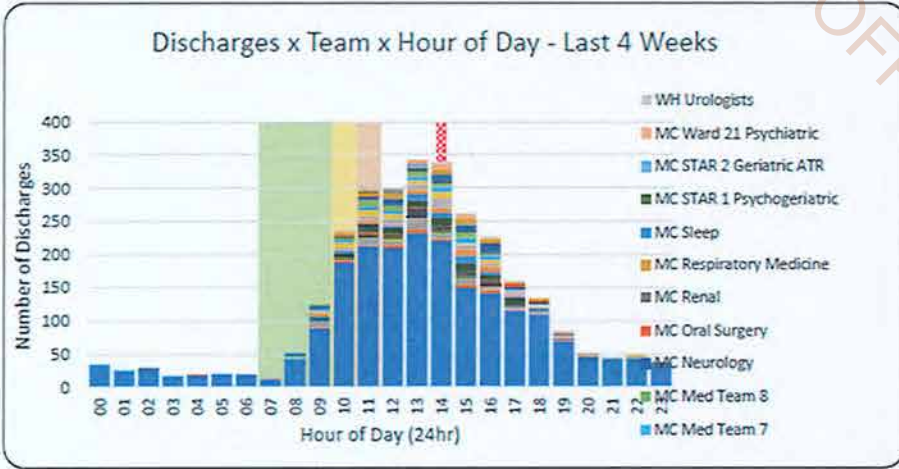
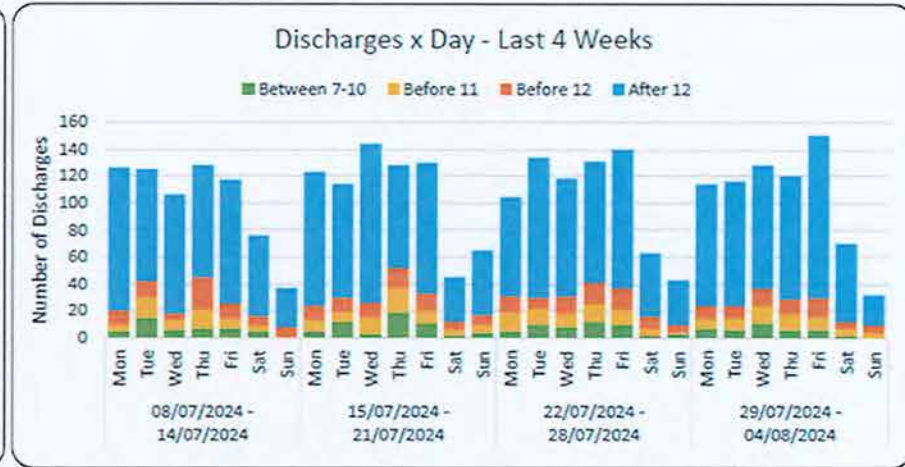
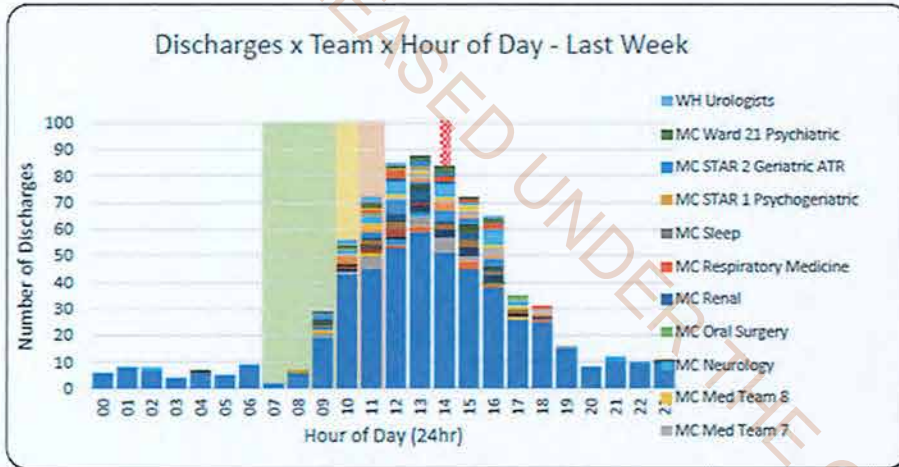
Information up to 31 July 2024

The graphs below compare this year's monthly SSIED Admitted/TAD figures to those of 2023, highlighting an increase in the number of patients needing treatment and/or admission.

The ED redirections have decreased in the month of July this is due to the availability of the Urgent Care to accept and treat extra patients, and the acuity of patients presenting to ED.

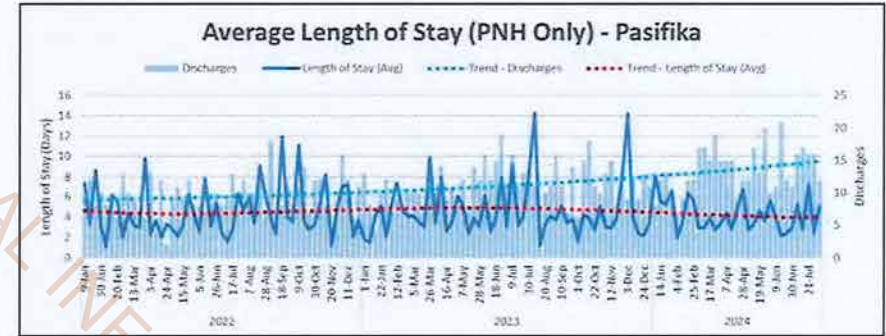
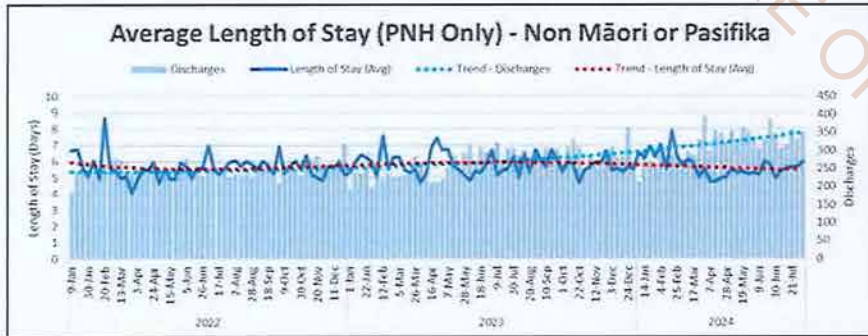
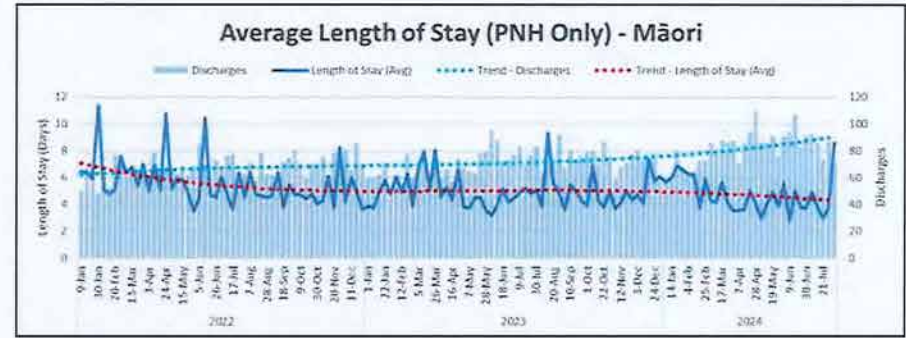
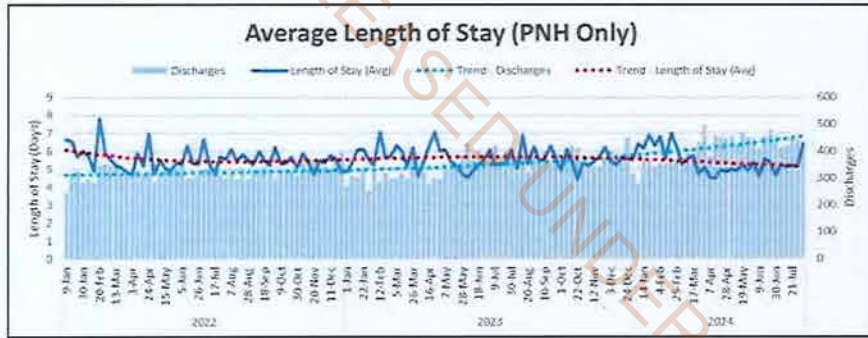


Efforts continue to concentrate on achieving discharges before 12:00 pm. Whole of hospital performance continues to show average time of day discharging at 2.00pm.



Average length of stay across the whole of hospital has been trending downwards since January this year, to now showing as five days. This has been supported by the associated upward trend in discharging.

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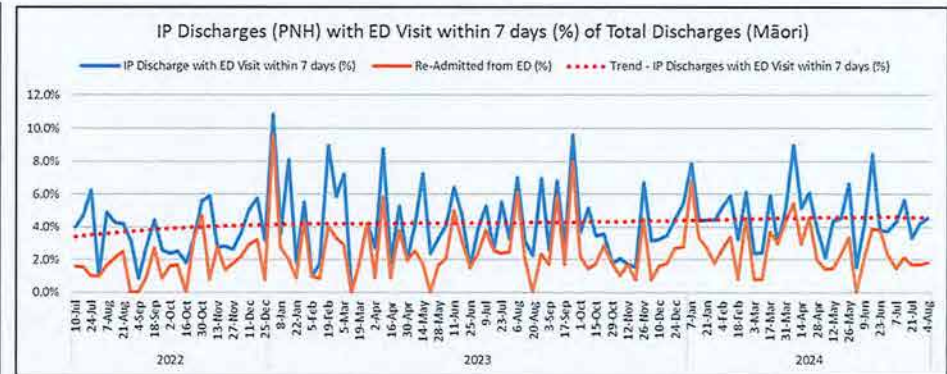
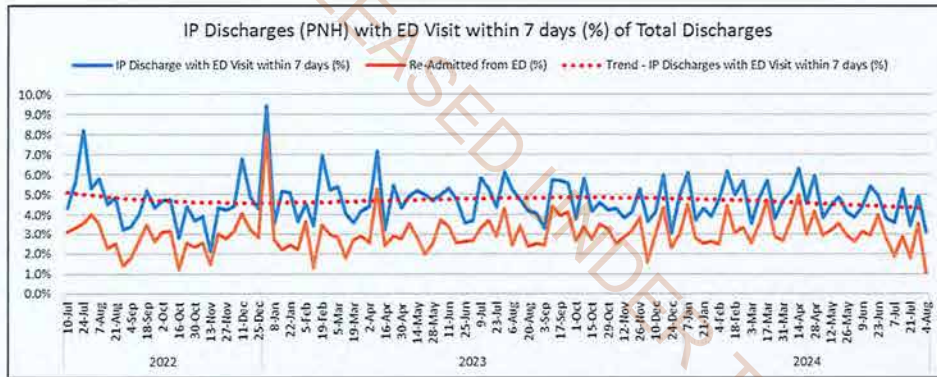


To provide some balance to the measures the focus has been on;

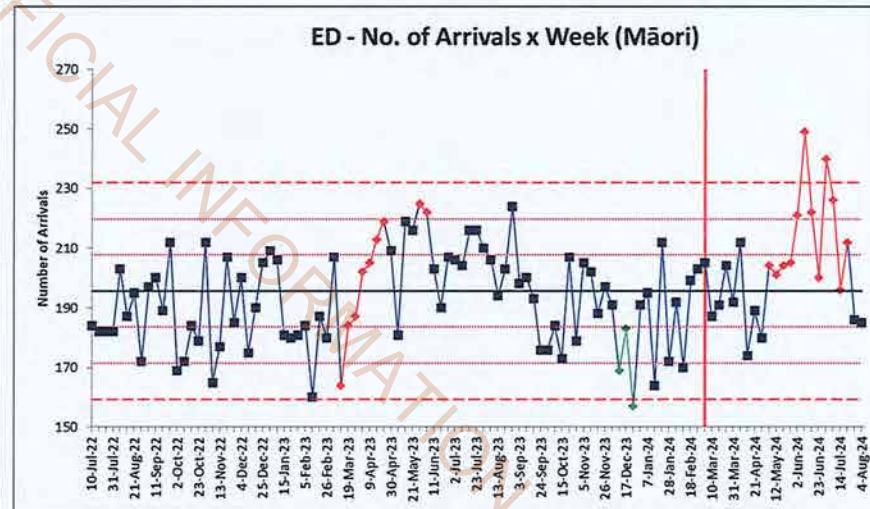
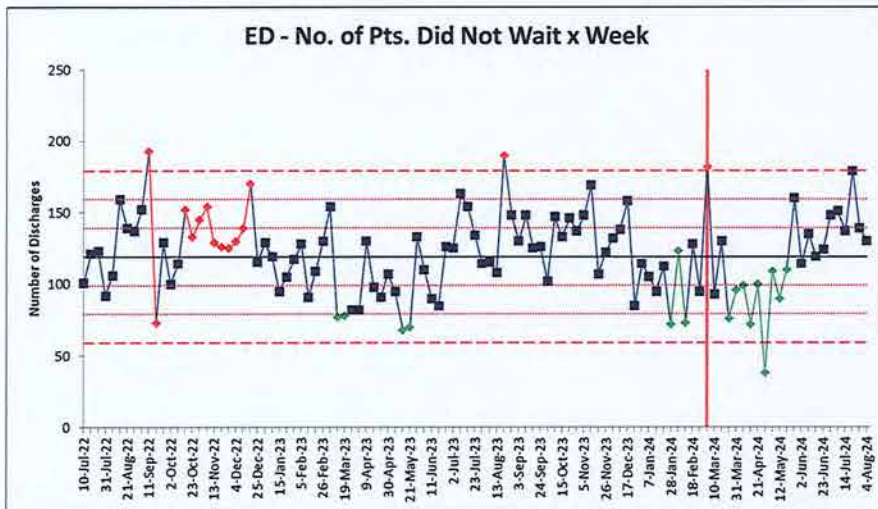
- 7-day acute readmission rate, which shows a current rate of 4.2 percent.

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The percentage of patients leaving the ED before completing their care had been decreasing, but there was a noticeable peak in mid-July. This uptick was attributed to a rise in patient presentations and longer treatment times, which were exacerbated by staff sickness and delays in patient transfers from the ED to the main hospital.



In July, the number of patients staying over 24 hours in the ED increased to 265 compared to 88 in the month of June.

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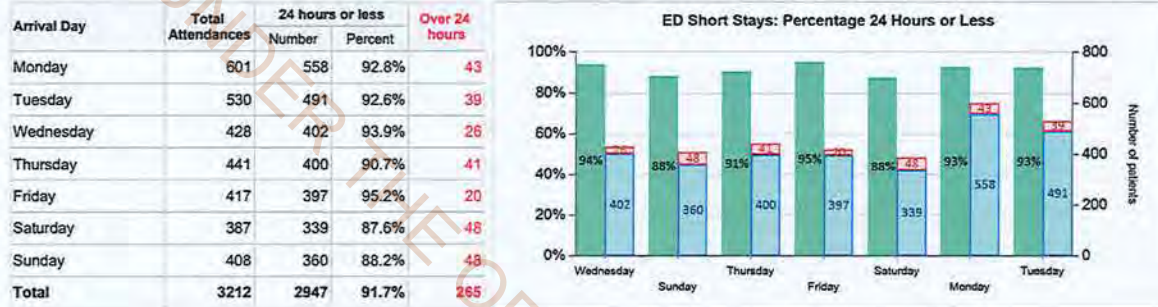
**ED 24 Hour Stays by Day per Specialty**

Mon 01/07/2024 12:00 AM to Wed 31/07/2024 12:00 AM (30 days)

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

**Specialties:** Cardiology, Dental, Ear Nose Throat, Emergency Medicine, Endocrinology, Gastroenterology, General Medicine, General Surgery MC, Gynaecology, Haematology, MH Acute Adult IP, MH Psychogeriatric, MH Treatment, Neurology, Oncology - Medical, Ophthalmology, Orthopaedics, Paediatric Medicine, Radiation Therapy, Renal Medicine, Respiratory, Rheumatology, Urology MC

**ED Discharge Status:** All Excluding 'Did Not Wait' and 'Not Discharged'



**6. RECOMMENDATION**

It is recommended that the MDLT:

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

**7. REFERENCES**

- Appendix A – Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital Acute Flow Improvement Programme V7.

HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

**Health New Zealand**  
Te Whatu Ora

Te Pae Hauora o Ruahine o Tararua | MidCentral

For:

<input type="checkbox"/>	Decision
<input type="checkbox"/>	Endorsement
<input checked="" type="checkbox"/>	Noting

<b>To</b>	HSS MidCentral District Leadership Team
<b>Author</b>	Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve Nicky Falleni, Project Manager, Te Whatu Ora Improve
<b>Endorsed by</b>	Sarah Fenwick, Group Director Operations
<b>Date</b>	6 September 2024
<b>Subject</b>	<b>Acute Flow Improvement Plan update</b>

**RECOMMENDATION**

It is recommended that the HSS MidCentral District Leadership Team:

- **note** the current progress against the acute flow action plan.
- **note** the 90-day action plan with RAG status incorporated.

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

## HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

### 1. PURPOSE

To provide an update to the MidCentral District Leadership Team (MDLT) 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 are longer than national averages and above the Government target of six 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 MDLT on 14 March 2024.

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

### 3. KEY ACTIVITIES THIS REPORTING PERIOD

- The second and third progress updates on the 90-day Improvement Plan were submitted to the Minister of Health. Additionally, a RAG status has been incorporated into the original report, which has been updated and attached for DLT noting.
- A Patient Discharge Plan has been submitted to the Clinical Advisory Board and approved for trial. Initial meeting to begin the trial in MAPU has taken place. This patient focussed plan gives clear information for the patient and their whānau on what to do upon discharge in language they can understand. The aim of the use is to support earlier time of day discharging and compliments the Discharge Summary which is then sent out after discharge.
- The "Get Up, Get Dressed, Get Moving" campaign was launched during the week of August 19, 2024. Information was shared during the Medical Grand Rounds on August 21, 2024, and each ward had a 15-minute in-service session during the two weeks of the campaign running, where the wards received relevant resources for staff and patients. There were extra internal and external education sessions scheduled over the two weeks and a stand at the front door for patient, whānau, and kaimahi education. Communications were carried out on Viva Engage, Facebook and Instagram, achieving a fantastic level of visibility from staff and the community.

- Reporting on any individual who remains in the ED for more than 24 hours is ongoing and is presented at the monthly System Flow Governance Group meetings. In August, we observed the lowest number of patients staying beyond 24 hours since January 2023, also marking the lowest figure this year.
- Discussions around the formalisation of an over census procedure to move patients into non-resourced spaces and the development of an onboarding procedure will be distributed for discussion, for the movement of patients into additional spaces such as corridors in the inpatient wards.

#### 4. KEY ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD

- Focus on staff engagement/feedback and implementation of an onboarding procedure.
- Embedding into BAU of the Get Up, Get Dressed, Get moving campaign.
- Continued assessment and reporting of patients with an ALOS greater than 7 days.
- Lucille Wilkinson will be on-site during the week of September 16 2024 to discuss strategies and give assistance in reducing our average length of stay.
- Continued focus on improving time of day discharge across all inpatient wards.
- Continue to ensure that there are three registered nurses assigned to the ED waiting room including 1x Triage and 2x Triage to assist every shift.
- Continue to spread Criteria Led Discharging, with a continued focus on usage to increase discharging on weekends.
- Collaboration across all districts within the Central Region to establish a regional acute flow programme. This would support regional opportunities to improve patient flow, development of standardised resources and share learnings from what is working well currently in each district.

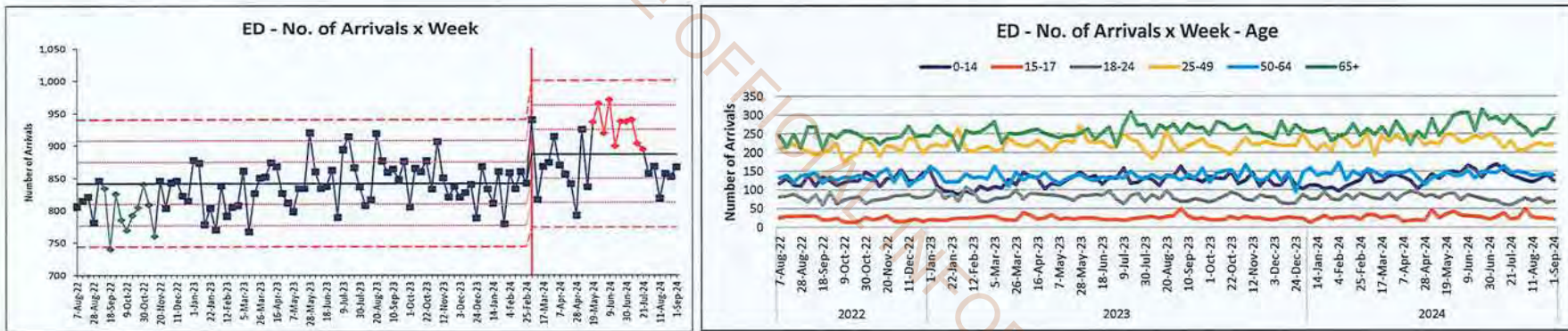
#### 5. SHORTER STAYS IN THE EMERGENCY DEPARTMENT (SSIED) PERFORMANCE MEASURES

Last month, the SSIED saw significant improvement, spending most of the time in the high 50 percent range. This achievement was attributed to lower attendance in the ED compared to July. Despite this, overall attendance was still higher than in August of the previous year. Additionally, the hospital successfully discharged more patients, which helped create a smooth flow from the ED to admissions. This improvement allowed for quicker treatment and discharge, with adequate facilities and space.

# HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM



The charts below capture presentation numbers over time, age and patients by triage category compared to the previous year.



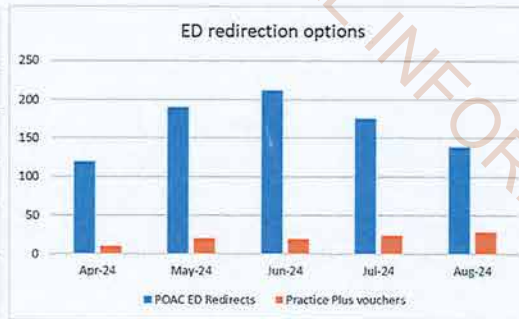
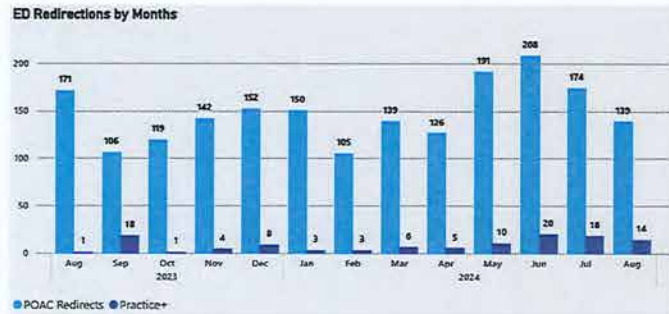
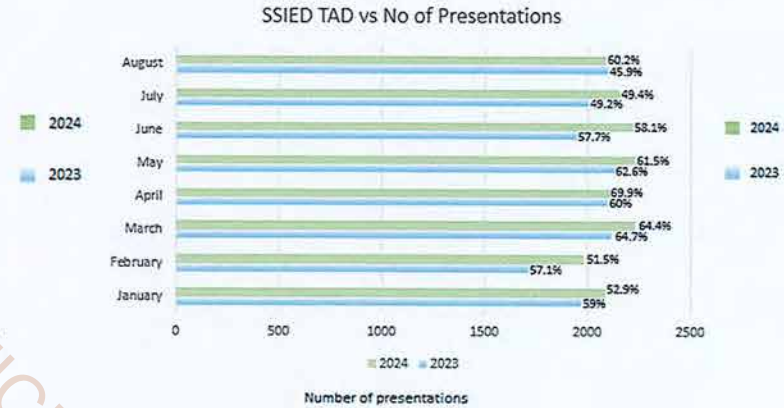
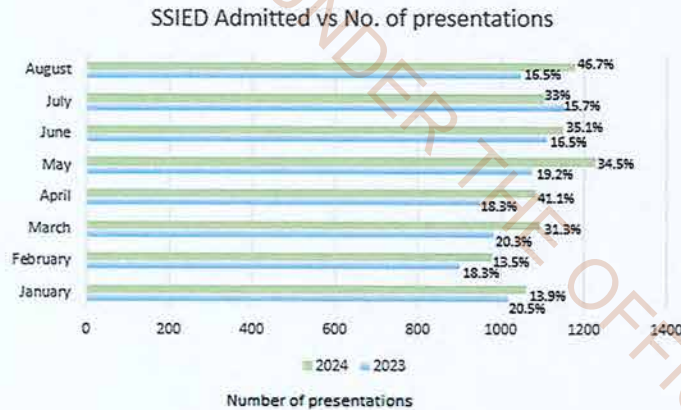
ED Triage Categories vs Patient Presentations

	2023 YTD	2024 YTD	Difference	% difference	2023 Annual	2024 YTD	Difference
Triage 1	187	219	32	14.6%	T1 289	219	70
Triage 2	5,739	6,520	781	12.0%	T2 8,843	6,520	2,323
Triage 3	16,096	16,025	-71	-0.4%	T3 24,159	16,025	8,134
Triage 4	6,201	6,719	518	7.7%	T4 9,208	6,719	2,489
Triage 5	916	1,038	122	11.8%	T5 1,365	1,038	327

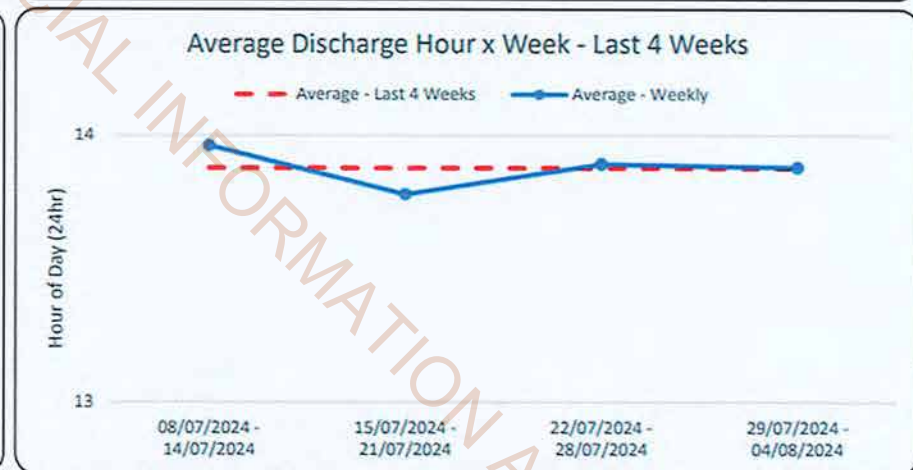
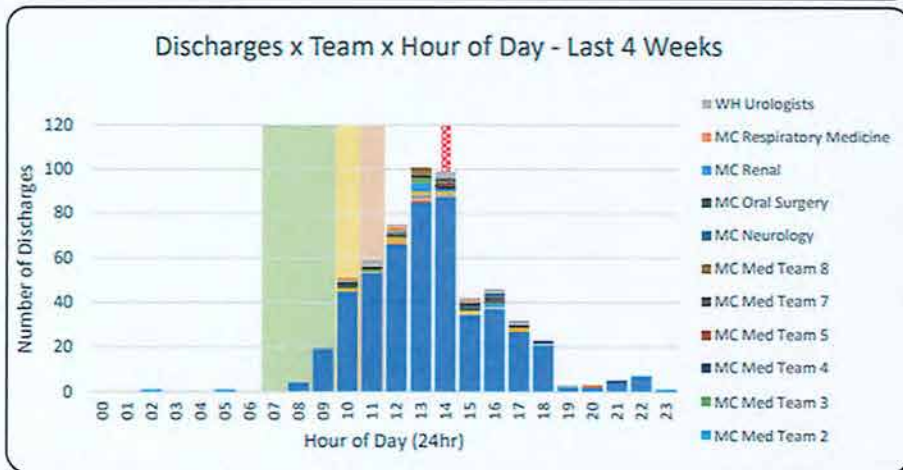
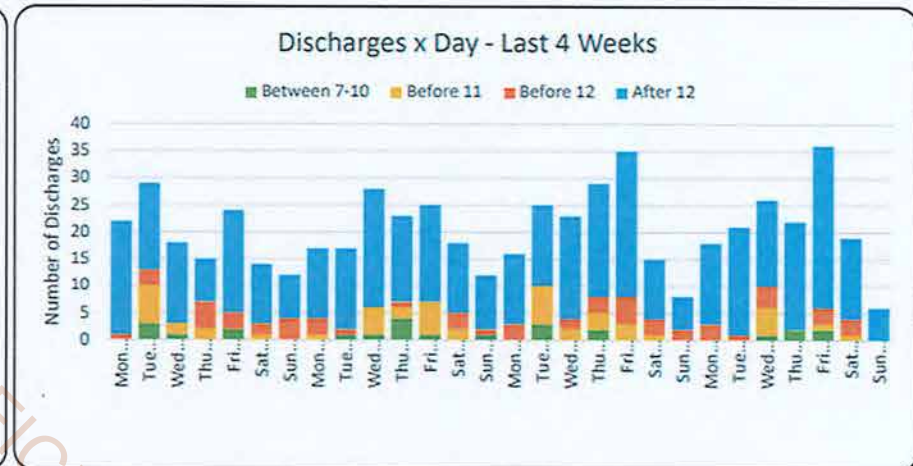
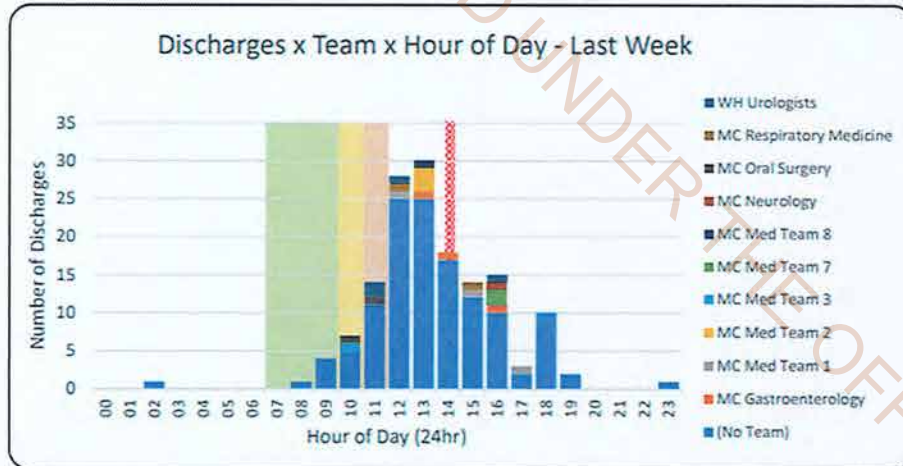
Australasian Triage Scale				
Triage 1	Triage 2	Triage 3	Triage 4	Triage 5
Immediate	10-15 minutes	30 minutes	60 minutes	120 minutes

The graphs below compare this year's monthly SSIED Admitted/TAD figures to those of 2023, highlighting an increase in the number of patients needing treatment and/or admission.

ED redirections have decreased in the month of August this is due to the availability of the Urgent Care to accept and treat extra patients, and the acuity of patients presenting to ED.



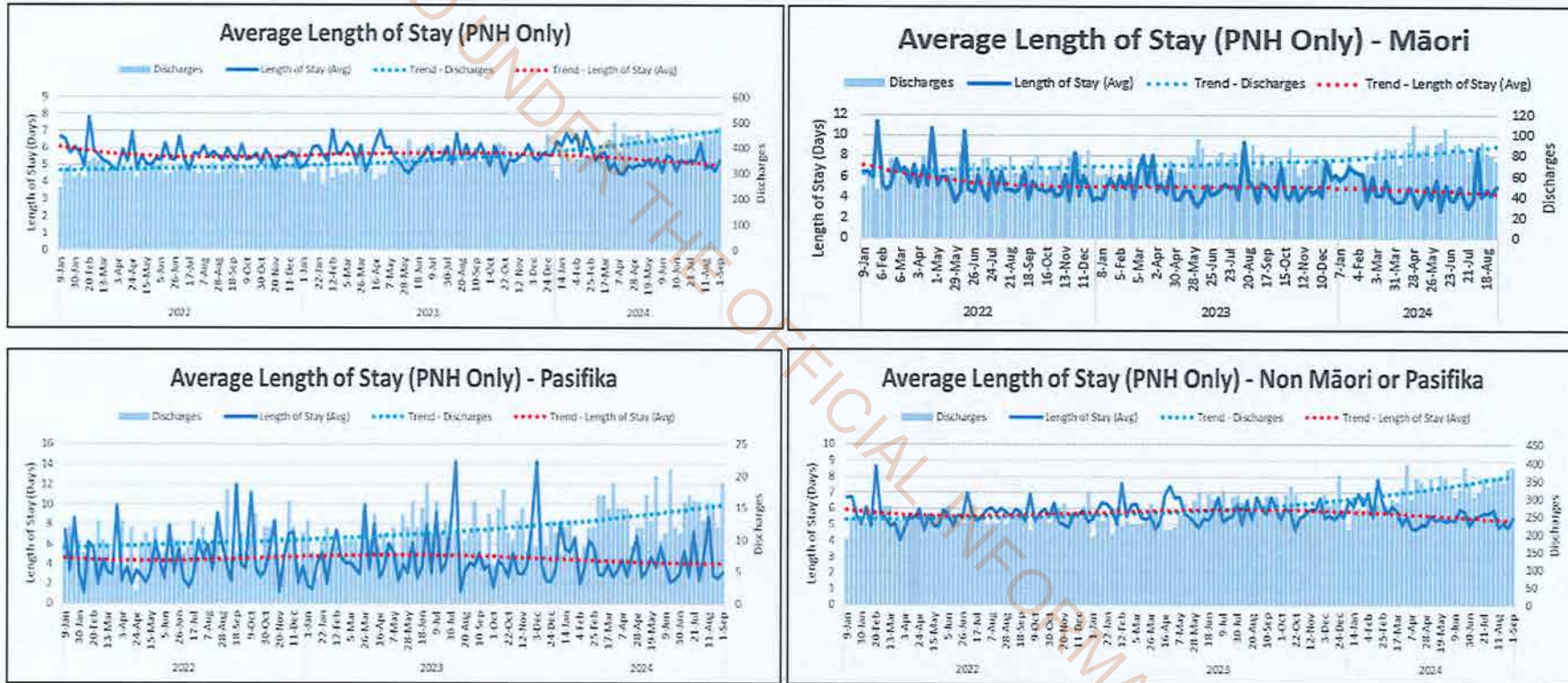
Efforts continue to concentrate on achieving discharges before 12:00pm. Whole of hospital performance continues to show average time of day discharging at 2.00pm. However planned care has moved to 1.00pm.



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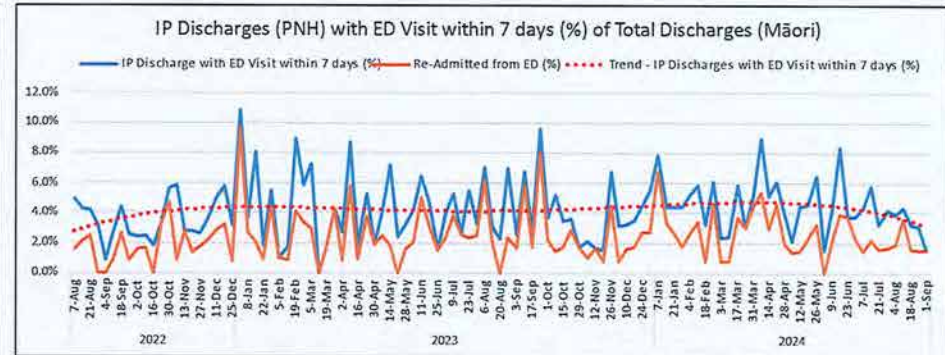
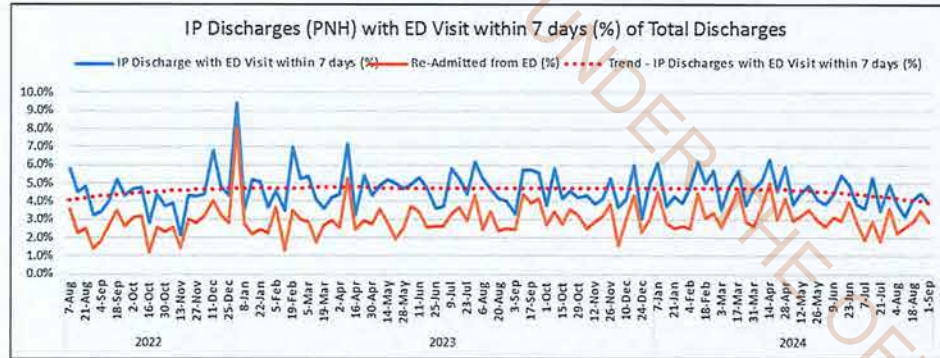
The average length of stay for the entire hospital remains at five days. This figure has been supported by the accompanying upward trend in discharge rates.



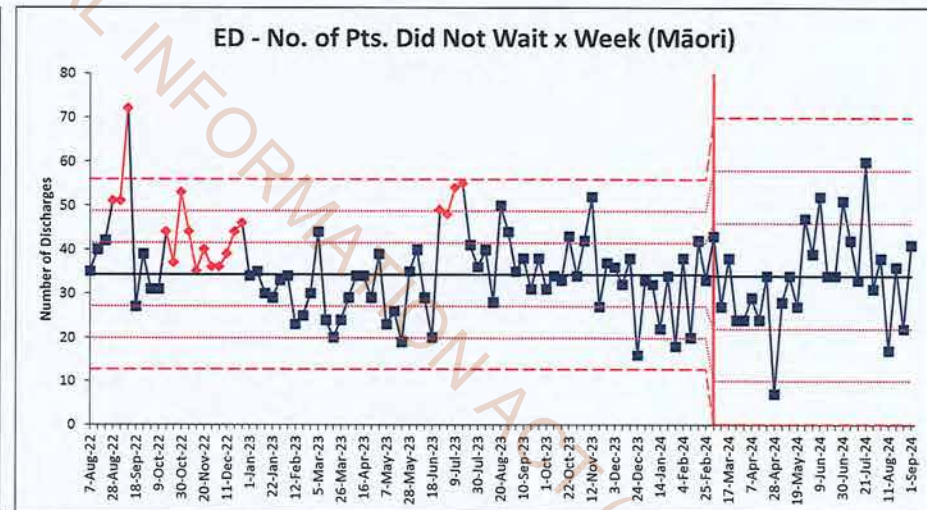
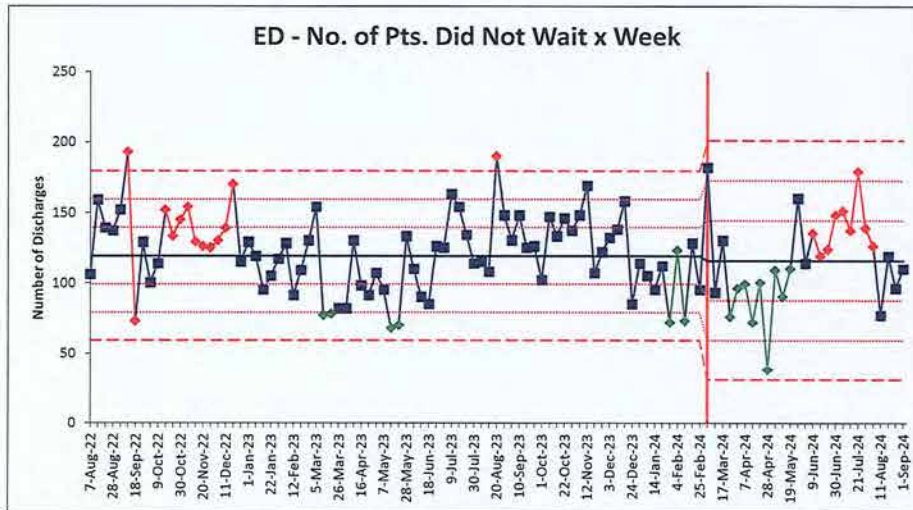
OFFICIAL INFORMATION ACT (1982)

To provide some balance to the measures the focus has been on:

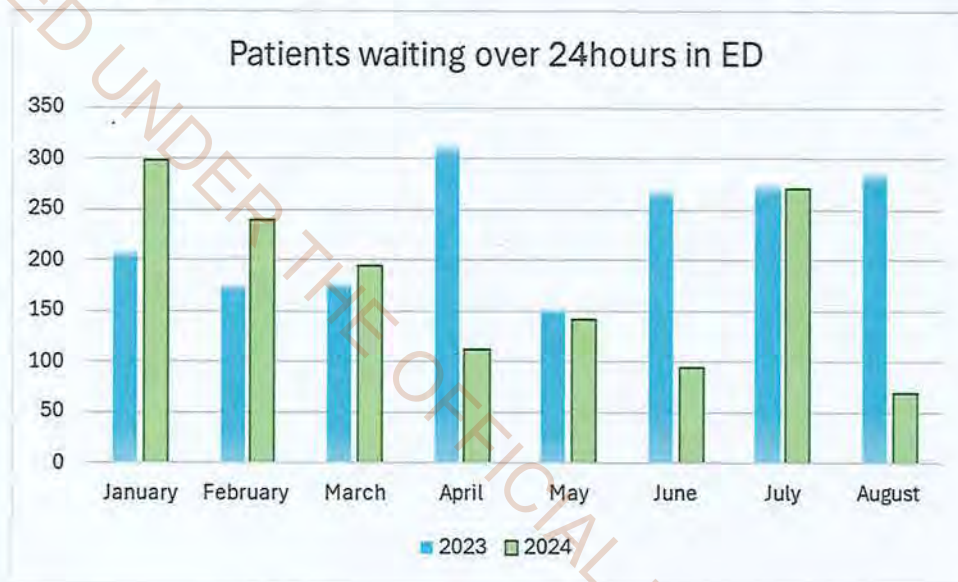
- The 7-day acute readmission rate; currently stable at 4.2 percent. The Māori 7-day acute readmission rate has decreased to under two percent, down from over three percent in July.



The percentage of patients leaving the ED before completing their care had been steadily decreasing, there was a noticeable peak in mid-July. However, this rate has dropped again due to shorter wait times in the ED throughout August.



In August, the number of patients staying over 24 hours in the ED dropped to 70. The graph below illustrates the comparison of data from 2023 to 2024 year-to-date. Since March, the ED has consistently kept patient stays below 2023 levels. August's count of 70 is the lowest recorded in 2024 and the lowest compared to 2023 numbers.



## 6. RECOMMENDATION

It is recommended that the MDLT:

- **note** the current progress against the acute flow action plan.
- **note** the addition of the RAG status to the MidCentral 90-day action plan

## 7. REFERENCES

- Appendix A – Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital Acute Flow Improvement Programme V8
- Appendix B – MidCentral 90-day action plan – with RAG

HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

**Health New Zealand**  
**Te Whatu Ora**

Te Pae Hauora o Ruahine o Tararua | MidCentral

For:

<input type="checkbox"/>	Decision
<input type="checkbox"/>	Endorsement
<input checked="" type="checkbox"/>	Noting

<b>To</b>	HSS MidCentral District Leadership Team
<b>Author</b>	Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve Nicky Falleni, Project Manager, Te Whatu Ora Improve
<b>Endorsed by</b>	Sarah Fenwick, Group Director Operations
<b>Date</b>	8 October 2024
<b>Subject</b>	<b>Acute Flow Improvement Plan update</b>

**RECOMMENDATION**

It is recommended that the HSS MidCentral District Leadership Team:

- **note** the current progress against the acute flow action plan.
- **note** the quarter two 90-day action plan which is incorporated.

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

**HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM****1. PURPOSE**

To provide an update to the MidCentral District Leadership Team (MDLT) 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 are longer than national averages and above the Government target of six 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 MDLT on 14 March 2024.

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

**3. KEY ACTIVITIES THIS REPORTING PERIOD**

- Progress reports on the initial 90-day Improvement Plan are now submitted to the Minister of Health bi-weekly. Additionally, a new 90-day Improvement Plan has been established, which will also be reported bi-weekly, incorporating updated goals.
- To support greater visibility of patient flow through the hospital the front-page dashboard has been updated to include Planned Care. Daily reporting will now feature the combined number of both planned and unplanned surgeries for the previous day.
- During the week commencing September 16, Doctor Lucille Wilkinson observed daily operations and engaged with key kaimahi to understand MidCentral's successes and challenges. Lucille has since shared her insights with hospital senior leaders and the MidCentral Oversight Group.
- Ongoing reports on individuals remaining in the ED for over 24 hours are presented at the monthly System Flow Governance Group meetings. Enhanced operational oversight has significantly reduced the number of patients exceeding this duration, with September recording a low of 28 patients.
- The onboarding discussion document for Supporting Patient Flow was distributed to Charge Nurses on September 27, 2024, with initial feedback due by October 21, 2024. The implementation process will be finalised and initiated during the week of October 28, with onboarding starting the week of November 4, 2024, for all identified wards.

- Children’s Holding Orders for the ED have been established and are currently being printed for dissemination and use.
- A Children Area Governance Group (CAG) has been established between Te Uru Pa Harakeke and the ED to enhance collaboration in preparation for the opening of the Children’s are of the ED.
- The OPAL over census bed has been reverted to a discharge space and is actively used daily to facilitate patient flow.

**4. KEY ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD**

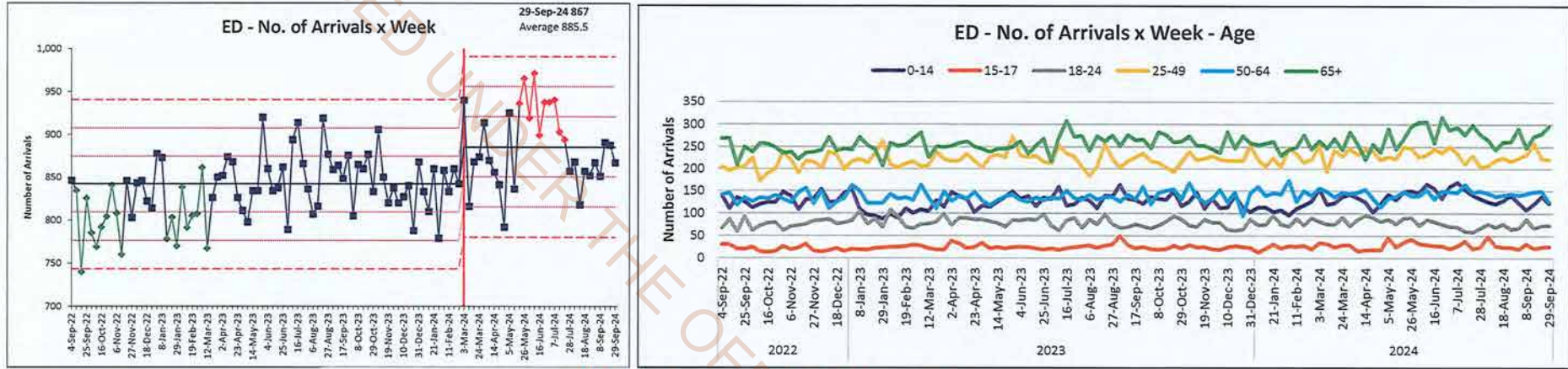
Health New Zealand has released the Acute Flow Standards, and MidCentral is using the self-assessment tool to identify key focus areas. Efforts are underway to draft improvement plans for Planned Care and Faster Cancer Treatment. There is an increased focus on evaluating mental health and addiction patients with ED stays longer than six hours. Staff engagement and feedback are prioritised, along with the implementation of an onboarding procedure. The “Get Up, Get Dressed, Get Moving” campaign is being embedded into business as usual (BAU). Continuous assessment and reporting of patients with an average length of stay (ALOS) greater than seven days are ongoing. The “two before ten” process is being monitored in all inpatient wards, excluding Mental Health and Addictions settings. Efforts to improve discharge times across all inpatient wards continue. The ED waiting room will consistently have three registered nurses assigned per shift, including one Triage and two Triage Assist kaimahi. Criteria Led Discharging is being expanded, with a focus on increasing weekend discharges. Collaboration across the Central Region aims to establish a regional acute flow programme, supporting patient flow improvements, resource standardisation, and sharing of best practices.

**SHORTER STAYS IN THE EMERGENCY DEPARTMENT (SSIED) PERFORMANCE MEASURES**

Despite a decrease in patient attendance to the ED in September, the SSIED remained low, with only two weeks exceeding 53 percent.



The charts below capture presentation numbers over time, age and patients by triage category compared to the previous year.



ED Triage Categories vs Patient Presentations

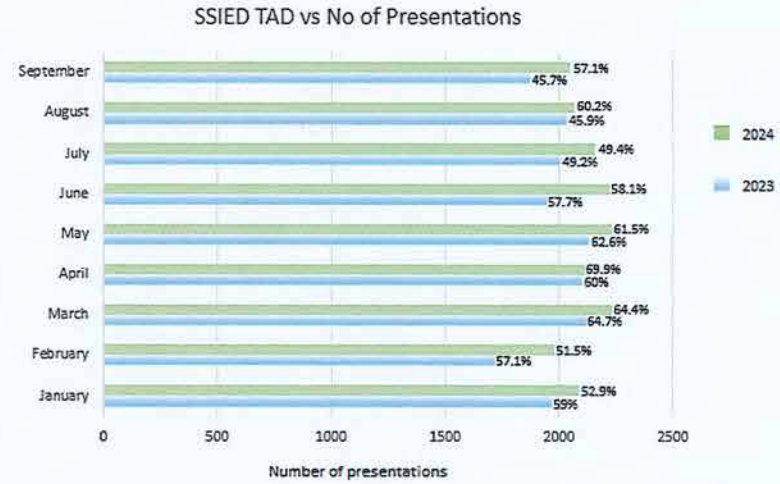
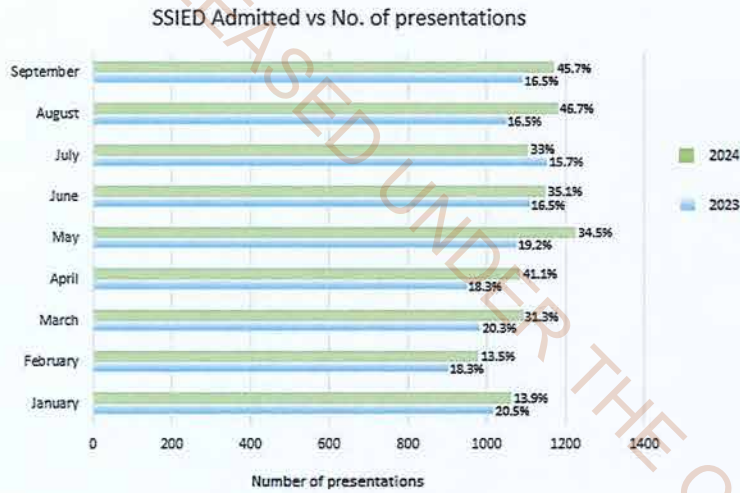
	2023 YTD	2024 YTD	Difference	% difference		2023 Annual	2024 YTD	Difference
<b>Triage 1</b>	216	224	8	3.6%	<b>T1</b>	289	224	65
<b>Triage 2</b>	6,539	7,063	524	7.4%	<b>T2</b>	8,843	6,520	2,323
<b>Triage 3</b>	18,073	17,236	-837	-4.9%	<b>T3</b>	24,159	17,236	6,923
<b>Triage 4</b>	6,905	7,166	261	3.6%	<b>T4</b>	9,208	7,166	2,042
<b>Triage 5</b>	1,011	1,090	79	7.2%	<b>T5</b>	1,365	1,090	275

Australasian Triage Scale				
Triage 1	Triage 2	Triage 3	Triage 4	Triage 5
Immediate	10-15 minutes	30 minutes	60 minutes	120 minutes

The following charts compare this year's monthly SSIED Admitted/TAD figures to those of 2023, highlighting an increase in the number of patients needing treatment and/or admission.

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The ED redirections are still occurring at a high rate, with over 190 redirects recorded in September. Of these, 39 were directed to Practice Plus, marking the highest number MidCentral has seen for that service. This indicates the community's openness to exploring online healthcare options.

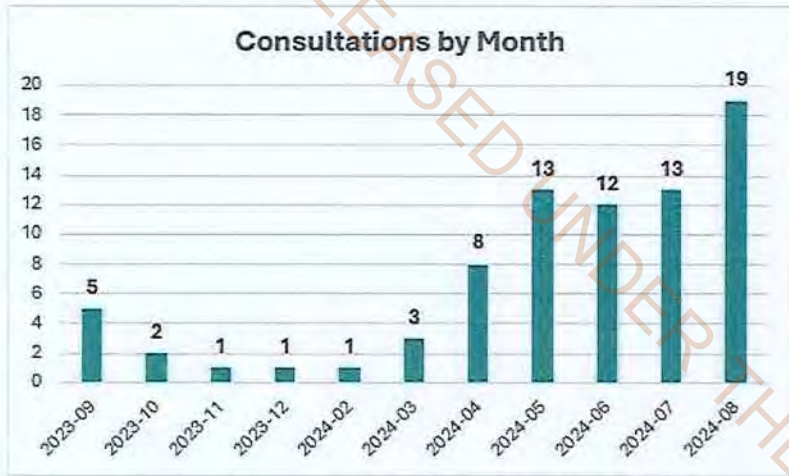
ED Redirections by Months



% Population vs Redirections by Ethnicity Breakdown

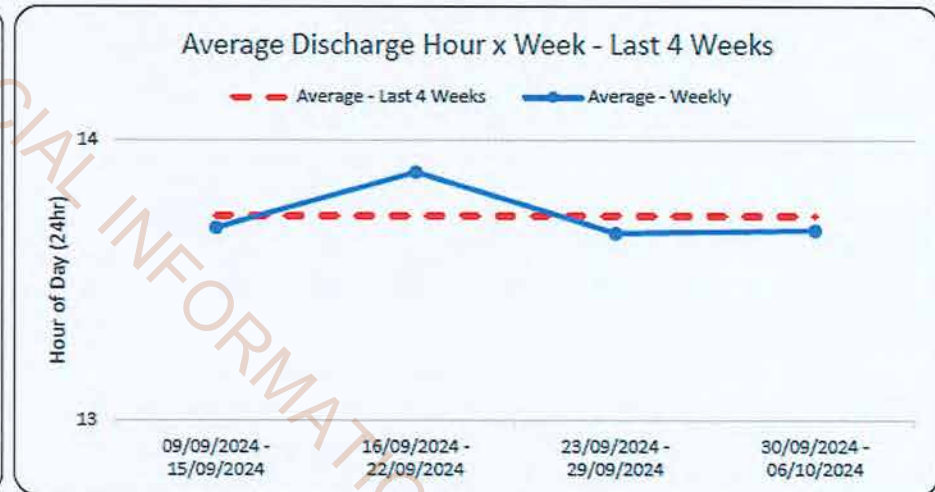
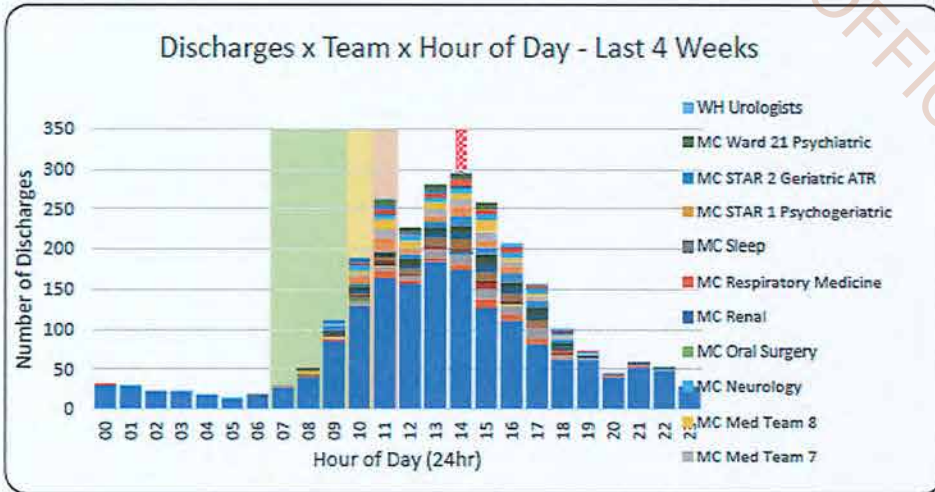
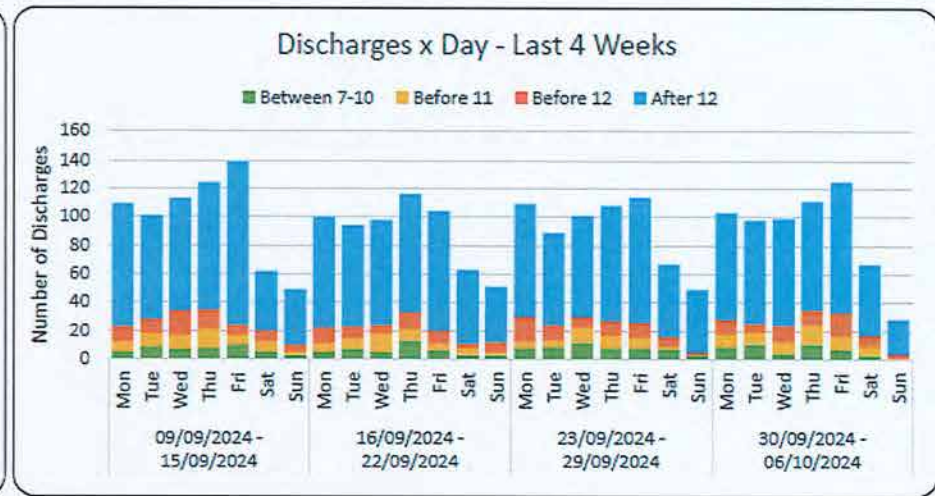
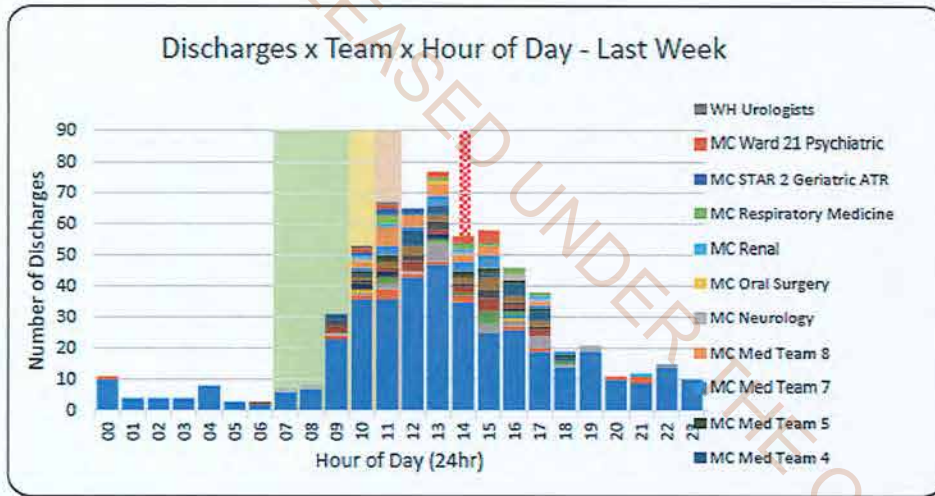




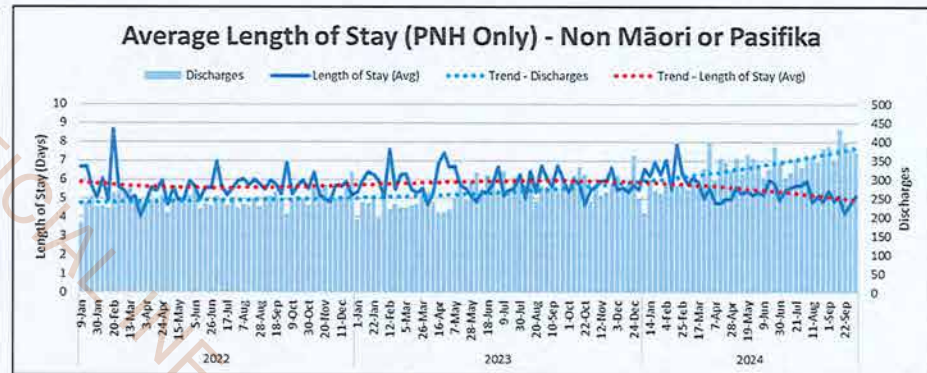
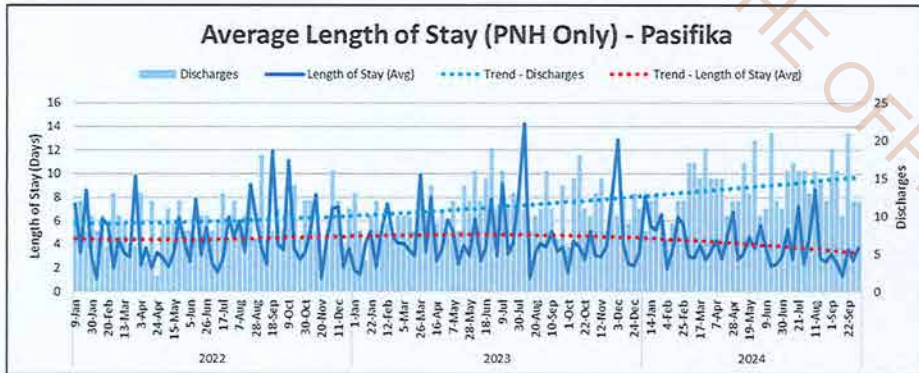
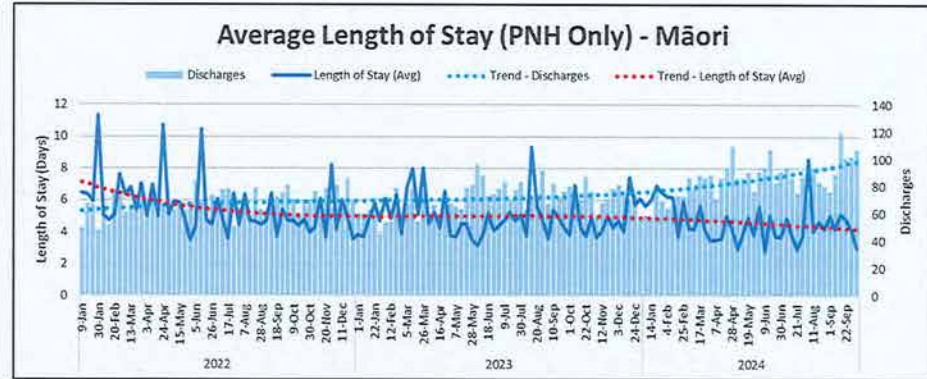
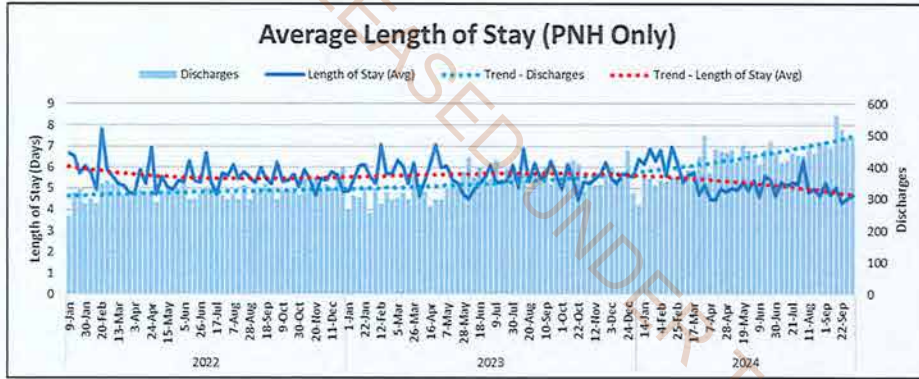


Efforts continue to concentrate on achieving discharges before 12:00 pm. Whole of hospital performance shows average time of day discharging at 1.40pm.

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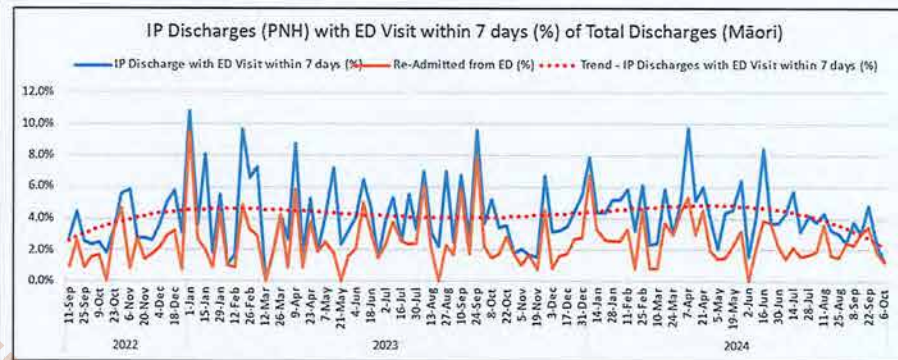
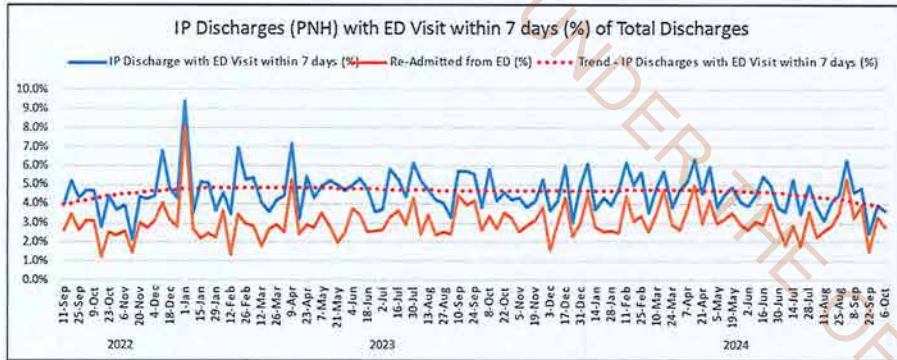
The average length of stay for the entire hospital has dropped to 4.17 days. This improvement is a result of our concentrated efforts on patients with longer stays and the implementation of escalation reporting for those remaining in care beyond 7 days.



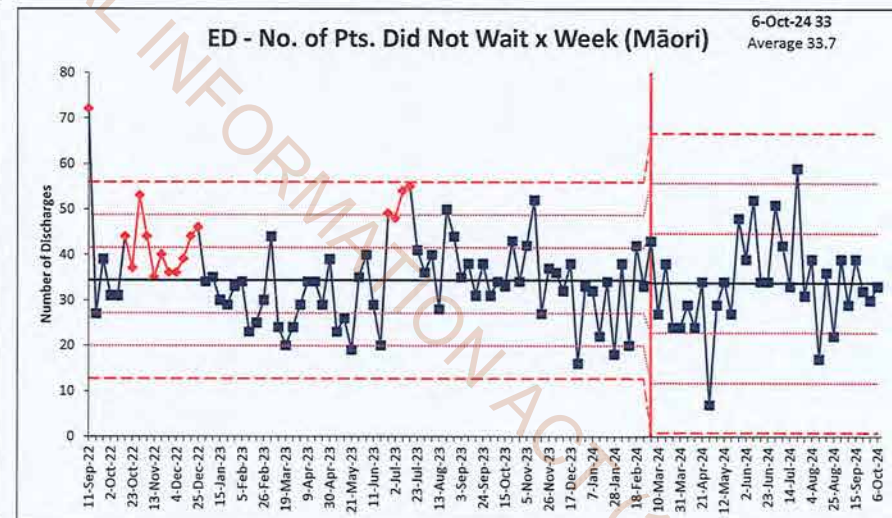
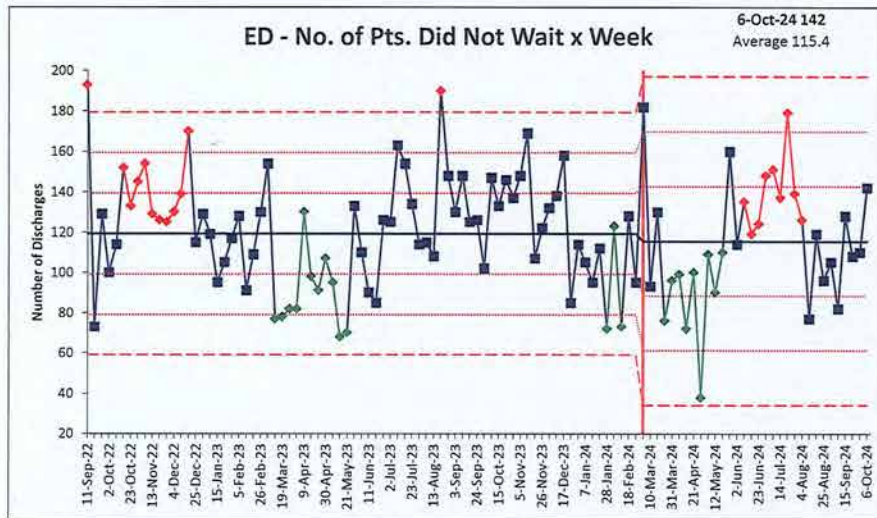
OFFICIAL INFORMATION ACT (1982)

To provide some balance to the measures MidCentral focussed on:

- The 7-day acute readmission rate; currently stable at 4.2 percent. The Māori 7-day acute readmission rate is currently stable at around two percent.

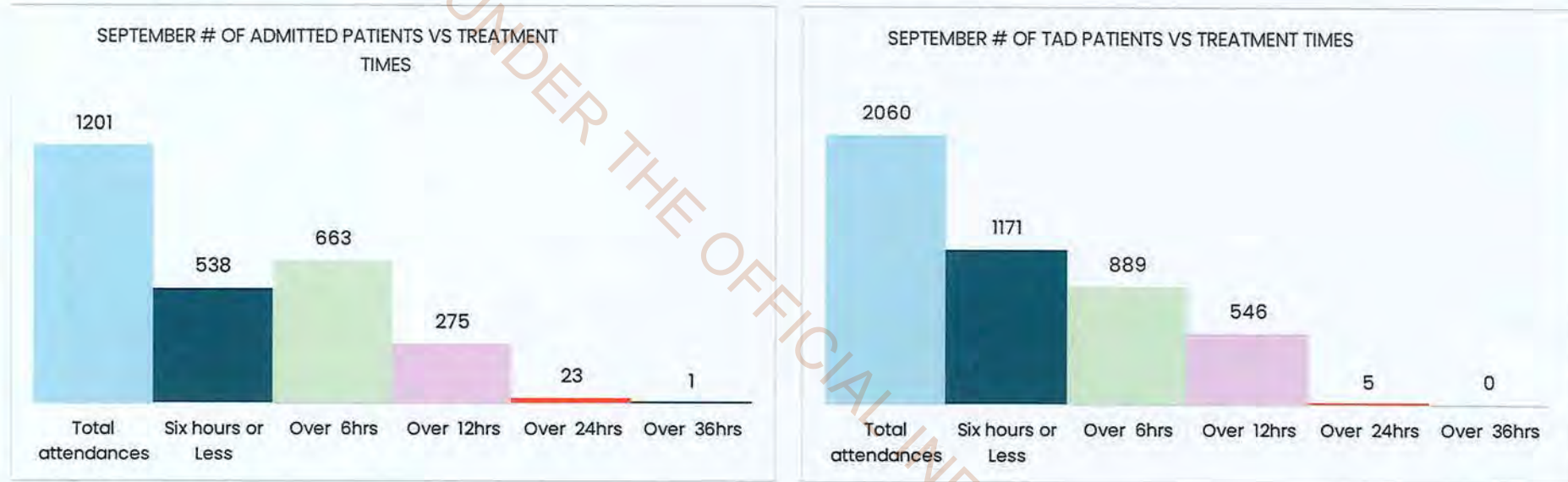


The percentage of patients leaving the ED before completing their care had been steadily decreasing, there was a noticeable peak in mid-July. However, this rate has steadily dropped and maintained throughout September.



In September, there were 28 patients who stayed in the ED for more than 24 hours, including one patient who remained for over 36 hours. This marks the lowest incidence of patients staying over 24 hours in the past two years.

The graphs below illustrate the number of patients treated and either discharged or admitted in each time period within the ED.



## 5. RECOMMENDATION

It is recommended that the MDLT:

- **note** the current acute flow action plan.
- **note** the quarter two 90-day action plan which is incorporated.

## 6. REFERENCES

- Appendix A – Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital Acute Flow Improvement Programme V9
- Appendix B – MidCentral Q2 90-day action plan

## HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

<b>Health New Zealand</b> <b>Te Whatu Ora</b>  Te Pae Hauora o Ruahine o Tararua   MidCentral		For: <table border="1" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Decision</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Endorsement</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Noting</td> </tr> </table>	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>	Noting
<input type="checkbox"/>	Decision							
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<input checked="" type="checkbox"/>	Noting							
<b>To</b>	HSS MidCentral District Leadership Team							
<b>Author</b>	Lee Welch, Improvement and Innovation Manager, Te Whatu Ora Improve Nicky Falleni, Programme Manager, Te Whatu Ora Improve							
<b>Endorsed by</b>	Sarah Fenwick, Group Director Operations							
<b>Date</b>	22 November 2024							
<b>Subject</b>	<b>Acute Flow Improvement Plan update</b>							
<b>RECOMMENDATION</b> It is recommended that the HSS MidCentral District Leadership Team: <ul style="list-style-type: none"> <li>• <b>note</b> the current progress against the acute flow action plan.</li> </ul>								

## HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

### 1. PURPOSE

To provide an update to the MidCentral District Leadership Team (MDLT) 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 are longer than national averages and above the Government target of six 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 MDLT on 14 March 2024.

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

### 3. KEY ACTIVITIES THIS REPORTING PERIOD

#### • Acute Flow Operational Standards and Reporting

The Acute Flow Operational Standards self-assessment audit has been successfully completed and submitted to the national delivery team for collation. This information is now being prepared for the Minister of Health, providing a comprehensive overview of current performance and progress in acute flow management.

#### • 90-Day Improvement Plan

A new Quarter Two 90-day Improvement Plan has been established, with bi-weekly updates provided to the Minister of Health. This plan incorporates the Minister's interventions announced during his site visit on 8 October 2024, and an action plan has been developed to support the ongoing narrative of progress and ensure the targeted improvements are achieved.

#### • Multi-Disciplinary Team (MDT) Rapid Rounds

To enhance patient flow and care, MDT Rapid Rounds have been successfully introduced across medical wards, with a focus on improving coordination and efficiency in patient management. This initiative is being delivered in alignment with the SAFER bundle of care, aimed at reducing unnecessary delays and improving patient outcomes.

**HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM**

- **Mental Health Services SSIED Target Improvement**  
Progress is underway within Mental Health Services, specifically towards meeting the Mental Health 6-hour target. A dedicated project group is leading this work, which includes ensuring the Mental Health Liaison Service (MHLS) has access to MIYA, streamlining systems integration, and setting an internal target of seeing patients in the Emergency Department within 10 minutes of presentation notification.
- **Discharge Lounge Development**  
The Discharge Lounge, located in the former SAPU space, was officially blessed and opened on 11 November 2024. A draft checklist and procedure document have been created and are currently being refined as the service is fully operationalized. Occupancy and length of stay data will be included in future reports to track service utilization and performance.
- **Site Visits and Best Practice Exploration**  
Site visits were conducted to Whangarei, Counties-Manukau, and Auckland Hospitals to explore their approaches to acute flow management and their implementation of effective ED processes. These visits are aimed at identifying best practices that can be adapted to improve MidCentral's acute flow management and enhance overall patient care pathways.
- **Orientation for New Clinical Leadership**  
The new acting Clinical Executive for Unplanned Care and Chief Medical Officer have commenced their orientation to the target programme management, ensuring they are well-equipped to lead initiatives focused on improving patient flow and care management in the coming months.

**4. KEY ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD**

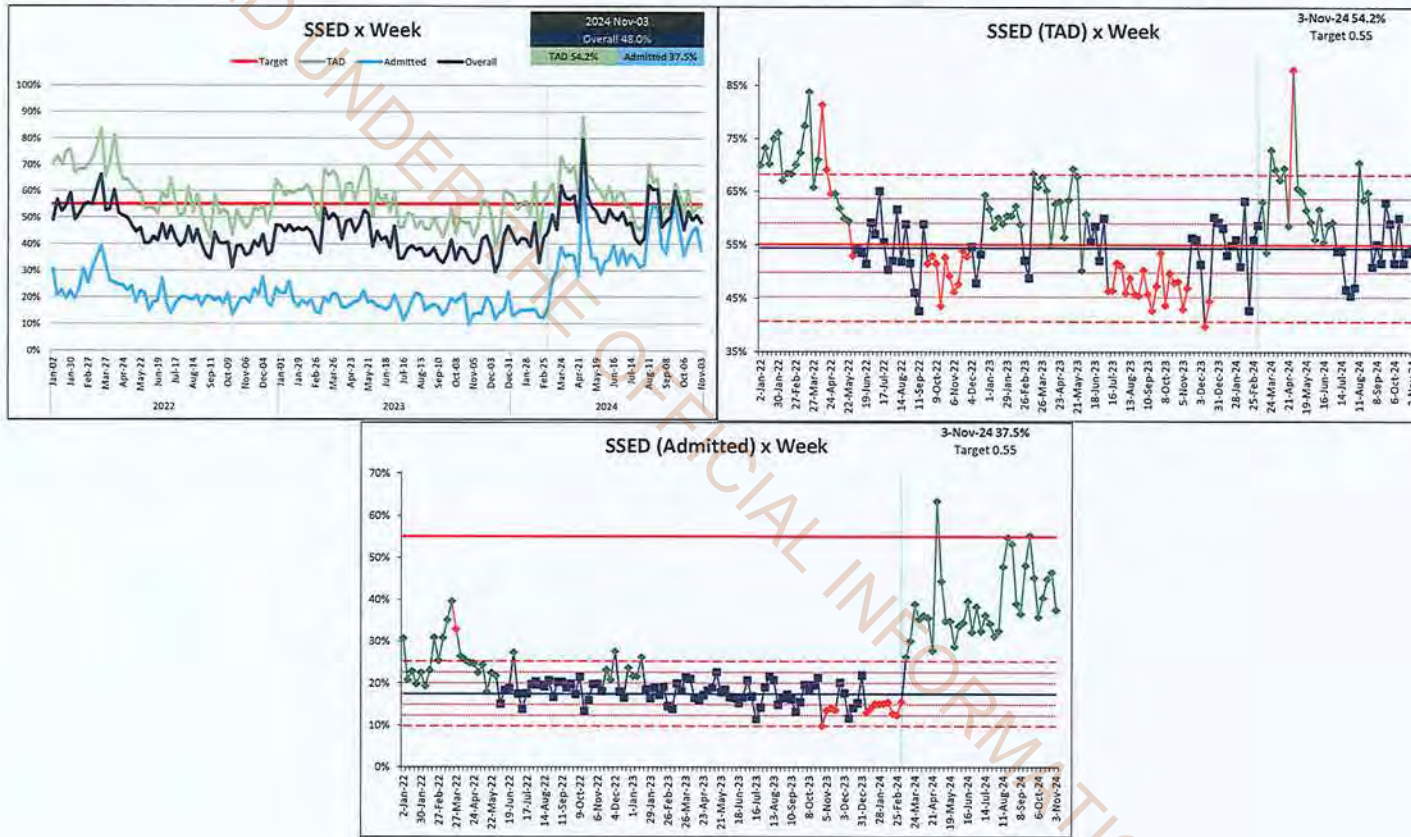
- **Children's Area in the ED**  
The children's area within the ED is scheduled to become operational with a blessing ceremony at the end of November 2024, followed by the official opening in December 2024. This dedicated space will enhance the care environment for paediatric patients and improve patient flow within the ED, ensuring age-appropriate care and a more streamlined service delivery for children presenting to the department.
- **Acute Flow Operational Standards Workshop**  
An Acute Flow Operational Standards Workshop will take place on 22 November 2024, bringing together key stakeholders from across the organisation to review current practices and explore opportunities to optimise acute flow management. This workshop will focus on aligning strategies, identifying potential gaps, and ensuring that all parties involved are equipped with the necessary tools to improve patient flow, reduce delays, and enhance overall system performance in the acute care setting.



# HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

## SHORTER STAYS IN THE EMERGENCY DEPARTMENT (SSIED) PERFORMANCE MEASURES

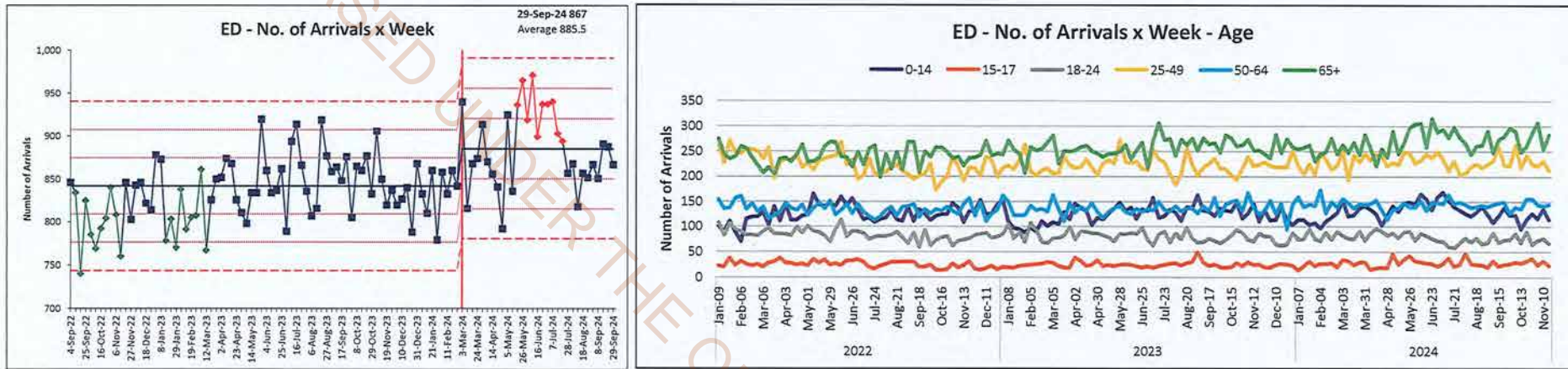
An increase in patient attendance to the ED in October, was reflected in a lower SSIED compared to the previous two months.



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The charts below capture presentation numbers over time, age and patients by triage category compared to the previous year.



The table below also demonstrates that, year to date (YTD), our performance in all triage categories is higher compared to the previous year, particularly in triage categories one and two.

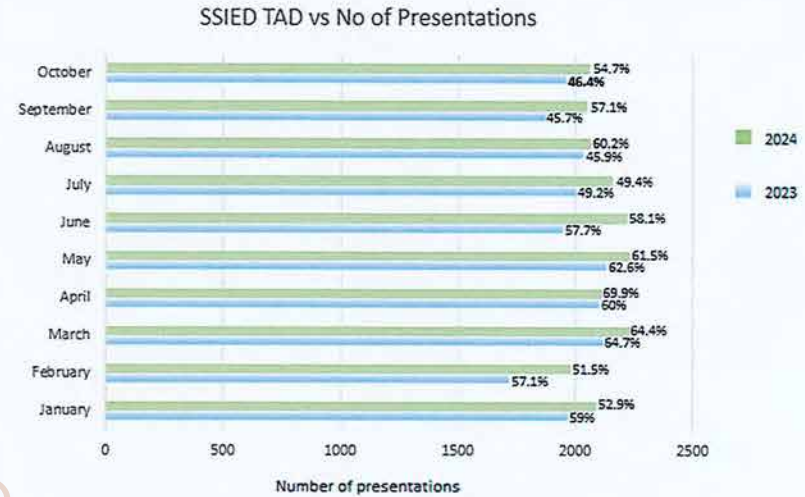
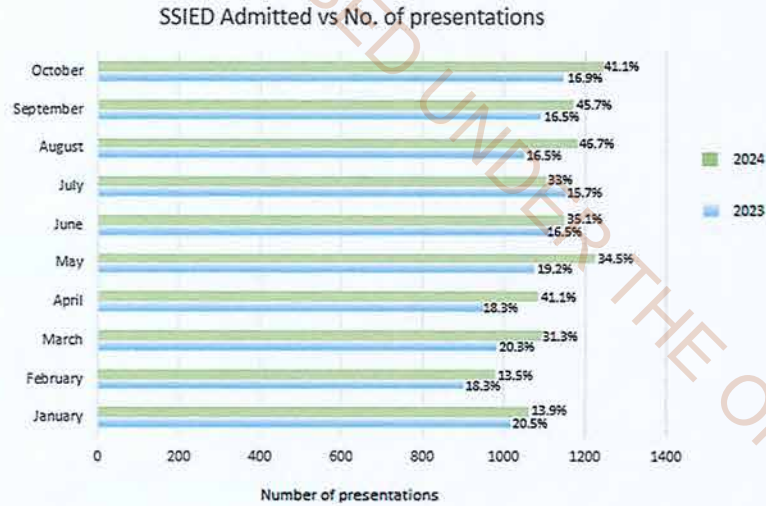
**ED Triage Categories vs Patient Presentations**

	2023 YTD	2024 YTD	Difference	% difference		2023 Annual	2024 YTD	Difference
<b>Triage 1</b>	216	263	47	17.9%	<b>T1</b>	289	263	26
<b>Triage 2</b>	6,539	8,423	1,884	22.4%	<b>T2</b>	8,843	6,520	2,323
<b>Triage 3</b>	18,073	20,142	2,069	10.3%	<b>T3</b>	24,159	20,142	4,017
<b>Triage 4</b>	6,905	8,119	1,214	15.0%	<b>T4</b>	9,208	8,119	1,089
<b>Triage 5</b>	1,011	1,201	190	15.8%	<b>T5</b>	1,365	1,201	164

<b>Australasian Triage Scale</b>				
<b>Triage 1</b>	<b>Triage 2</b>	<b>Triage 3</b>	<b>Triage 4</b>	<b>Triage 5</b>
<b>Immediate</b>	<b>10-15 minutes</b>	<b>30 minutes</b>	<b>60 minutes</b>	<b>120 minutes</b>

## HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

The following charts compare this year's monthly SSIED Admitted/TAD figures to those of 2023, highlighting an increase in the number of patients needing treatment and/or admission.

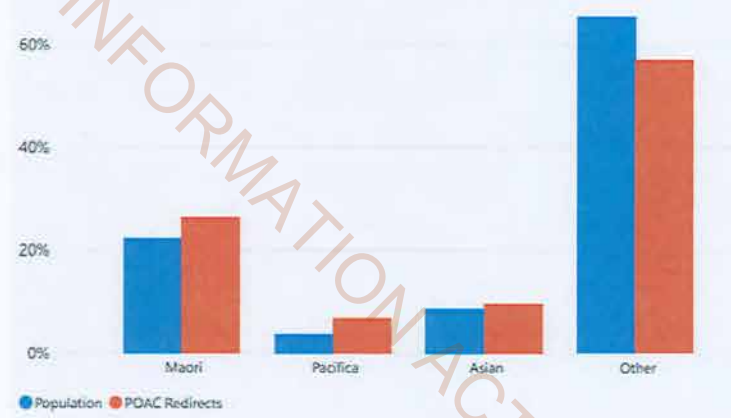


ED redirections are still occurring at a high rate, with over 190 redirects recorded in October.

**ED Redirections by Months**

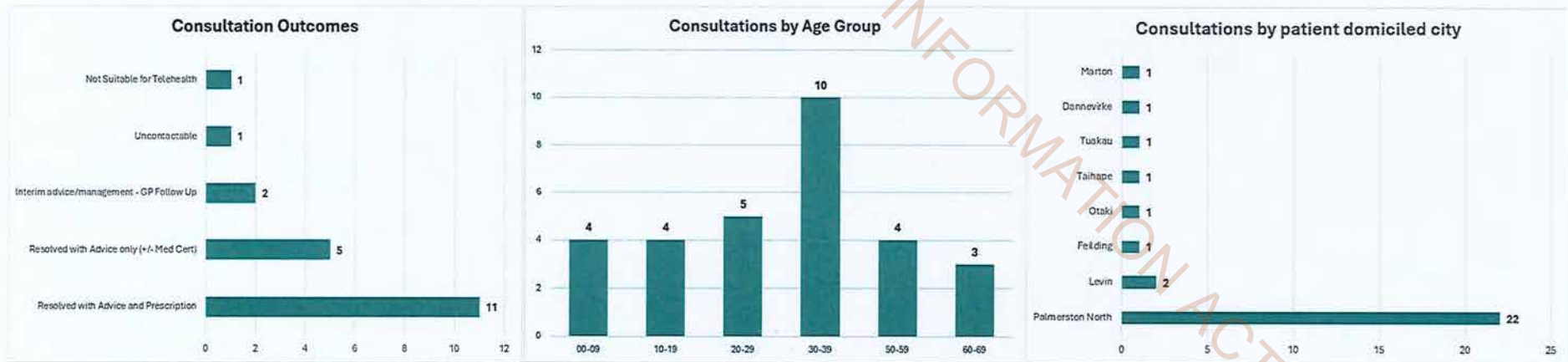


**% Population vs Redirections by Ethnicity Breakdown**



### HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

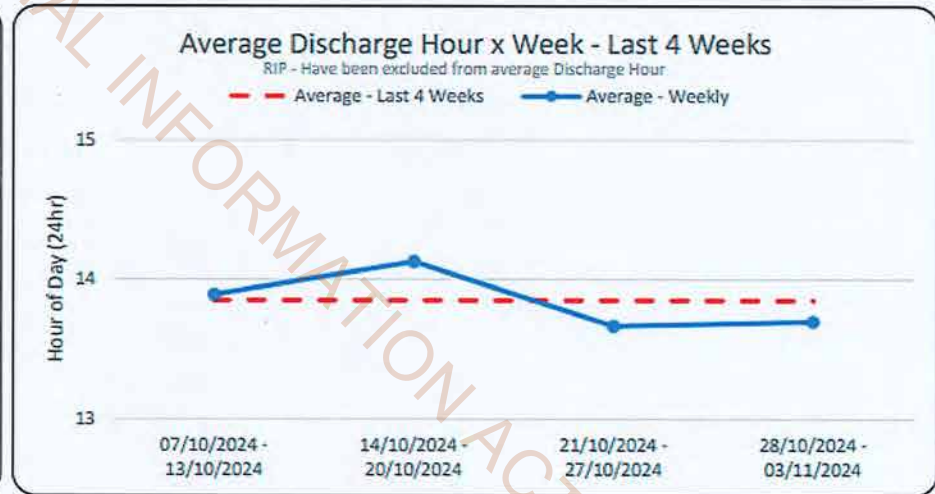
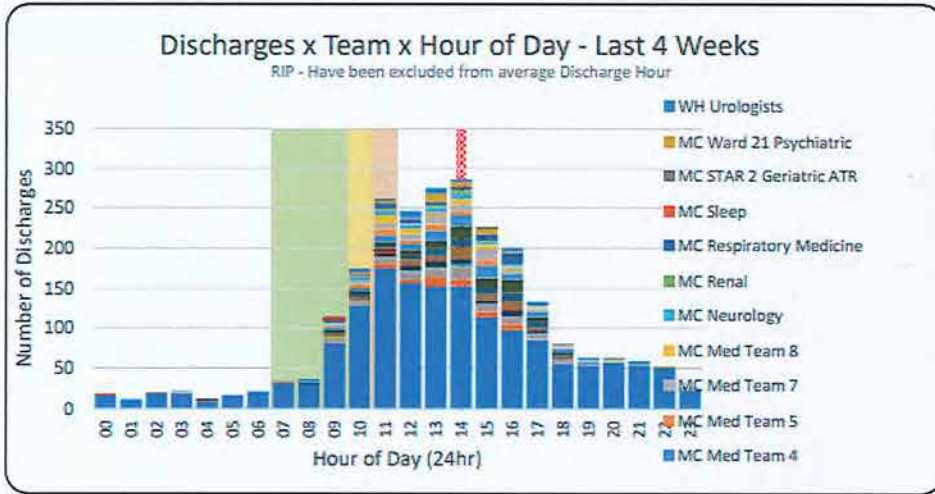
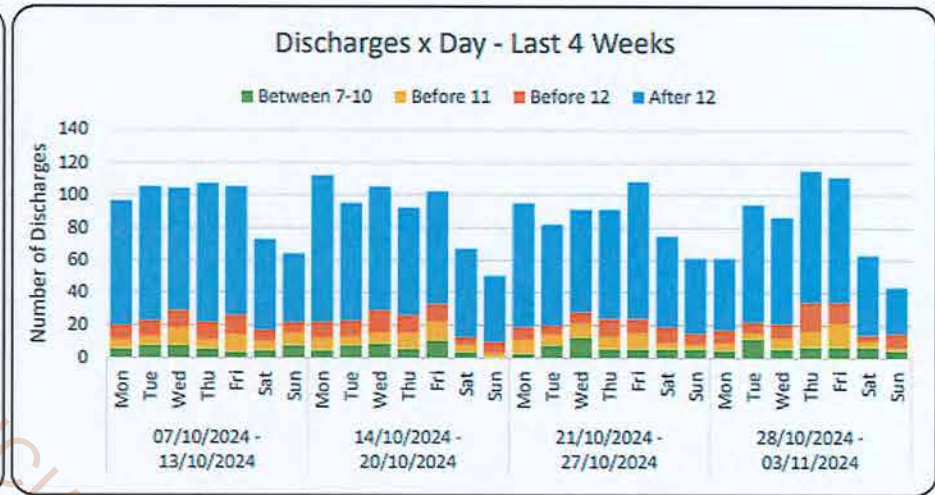
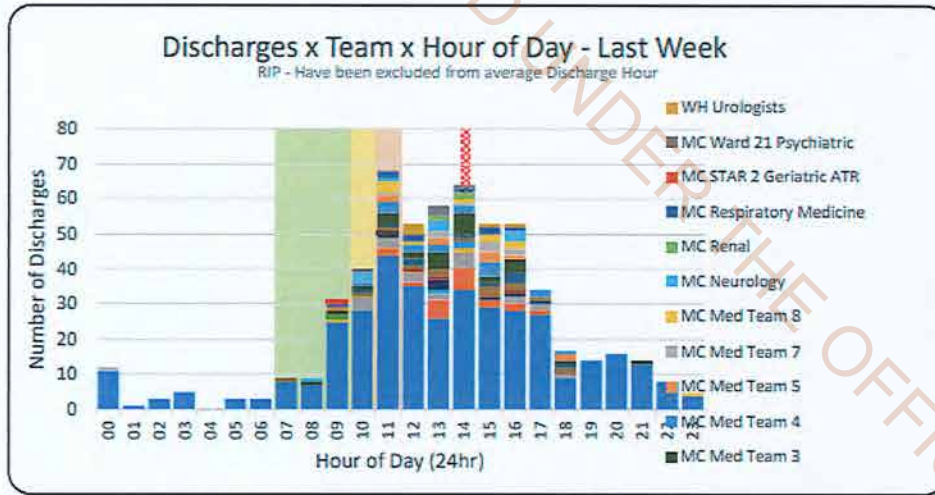
Redirects to Practice Plus are still having an impact on ED numbers with 30 Practice Plus Vouchers used in the month of October, this marks the highest number we've seen for that service. This indicates the community's openness to exploring online healthcare options.



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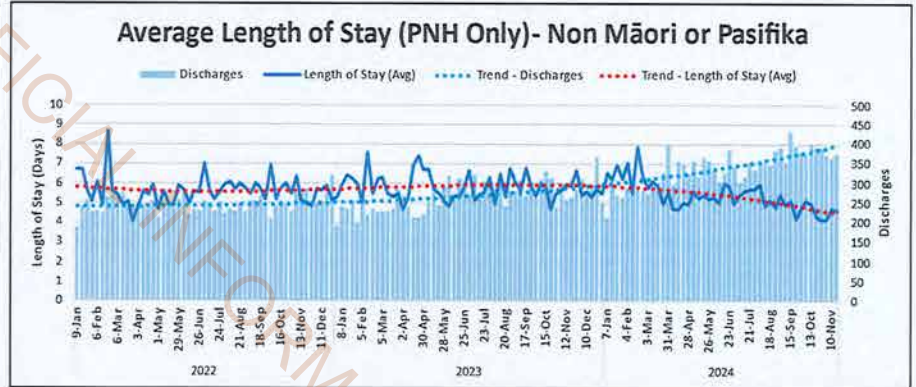
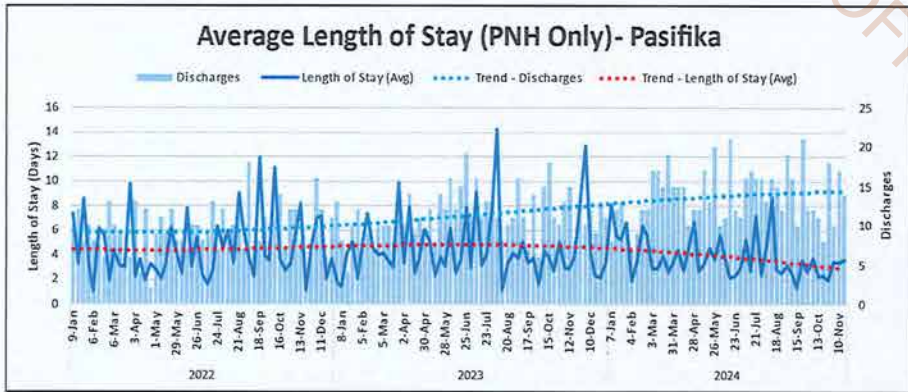
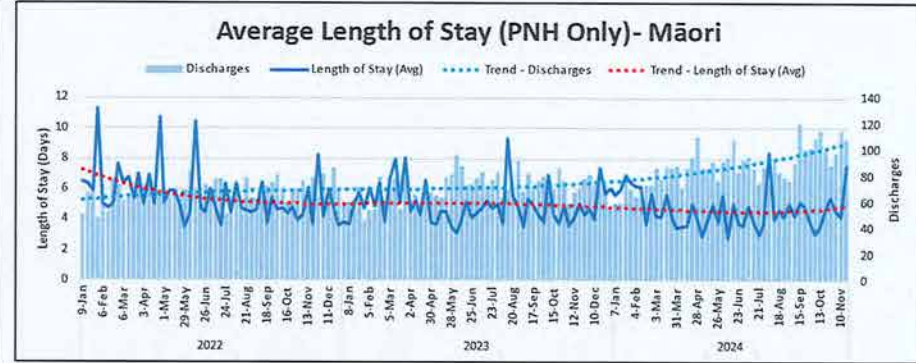
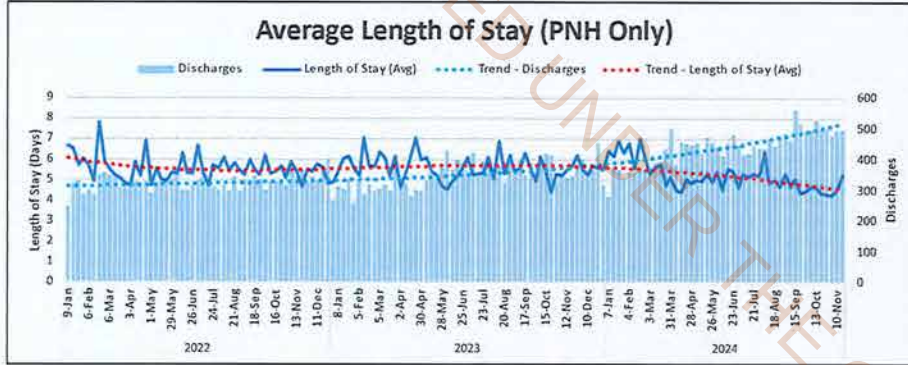
Efforts continue to concentrate on achieving discharges before 12:00pm. Whole of hospital performance shows average time of day discharging at 1.40pm.



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The average length of stay for the entire hospital has dropped to 4.17 days. This improvement is a result of our concentrated efforts on patients with longer stays and the implementation of escalation reporting for those remaining in care beyond seven days.

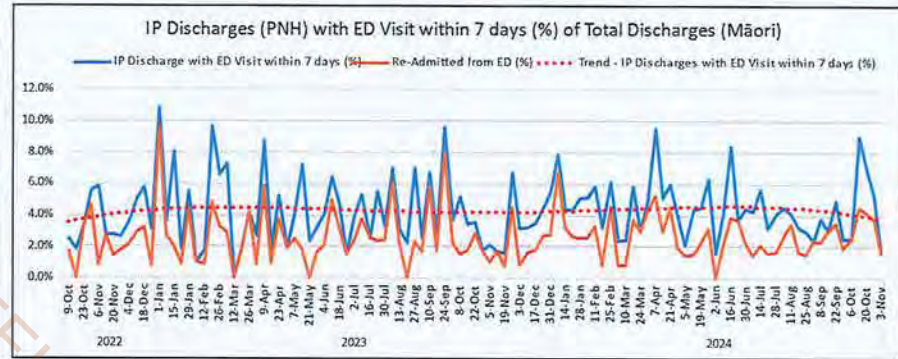
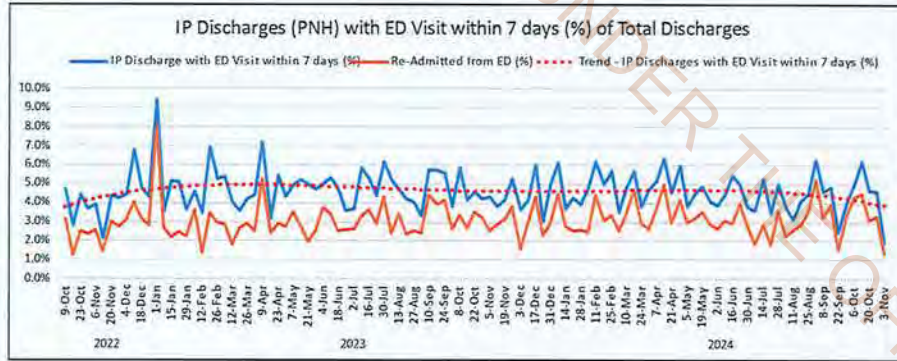


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### HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

To provide some balance to the measures the focus has been on:

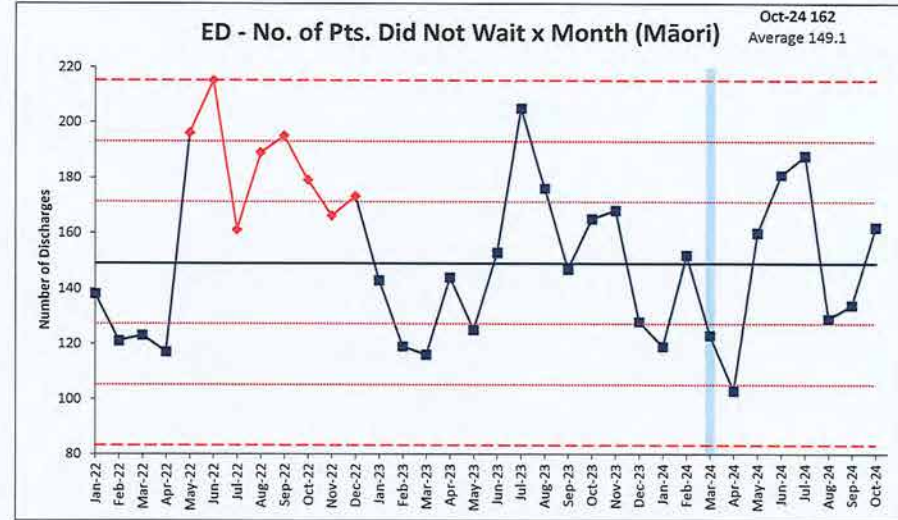
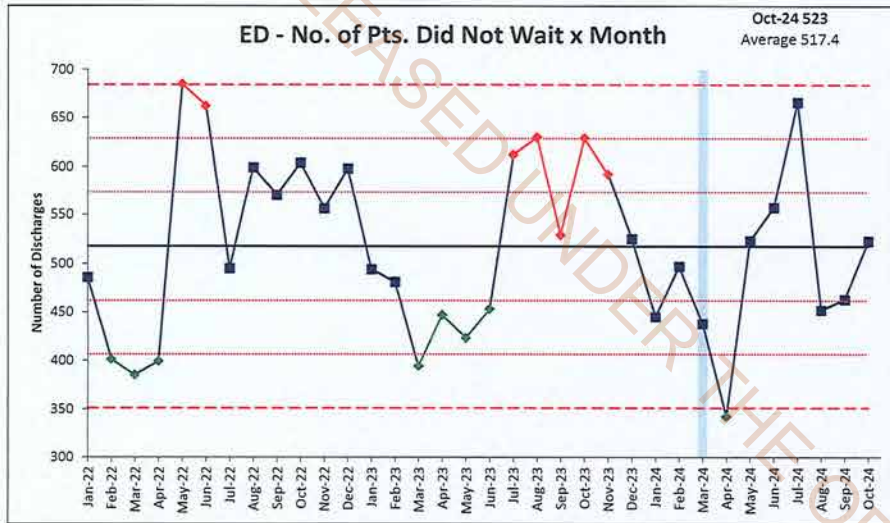
- The overall 7-day acute readmission rate dropped to four percent, with the Māori rate rising to four percent in October, up from just two percent the previous month.



The percentage of patients leaving the ED before completing their care had been steadily decreasing since the peak in mid-July, with an increase observed in October. This rise may be attributed to higher ED volumes seen in October and longer wait times.

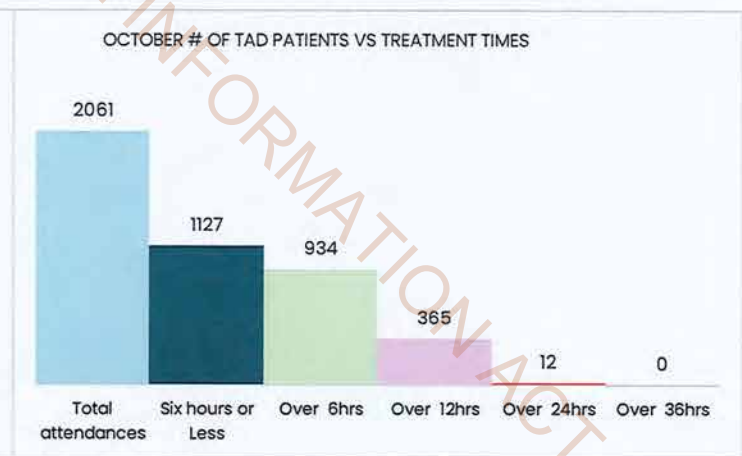
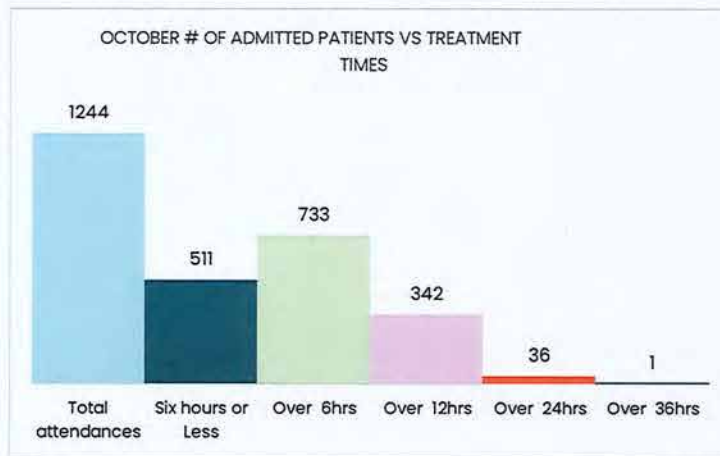
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In October, there were 48 patients who stayed in the ED for more than 24 hours, including one patient who remained for over 36 hours.

The graphs below illustrate the number of patients treated and either discharged or admitted in each time period within the ED.





## 5. RECOMMENDATION

It is recommended that the MDLT:

- **note** the current acute flow action plan.

## 6. REFERENCES

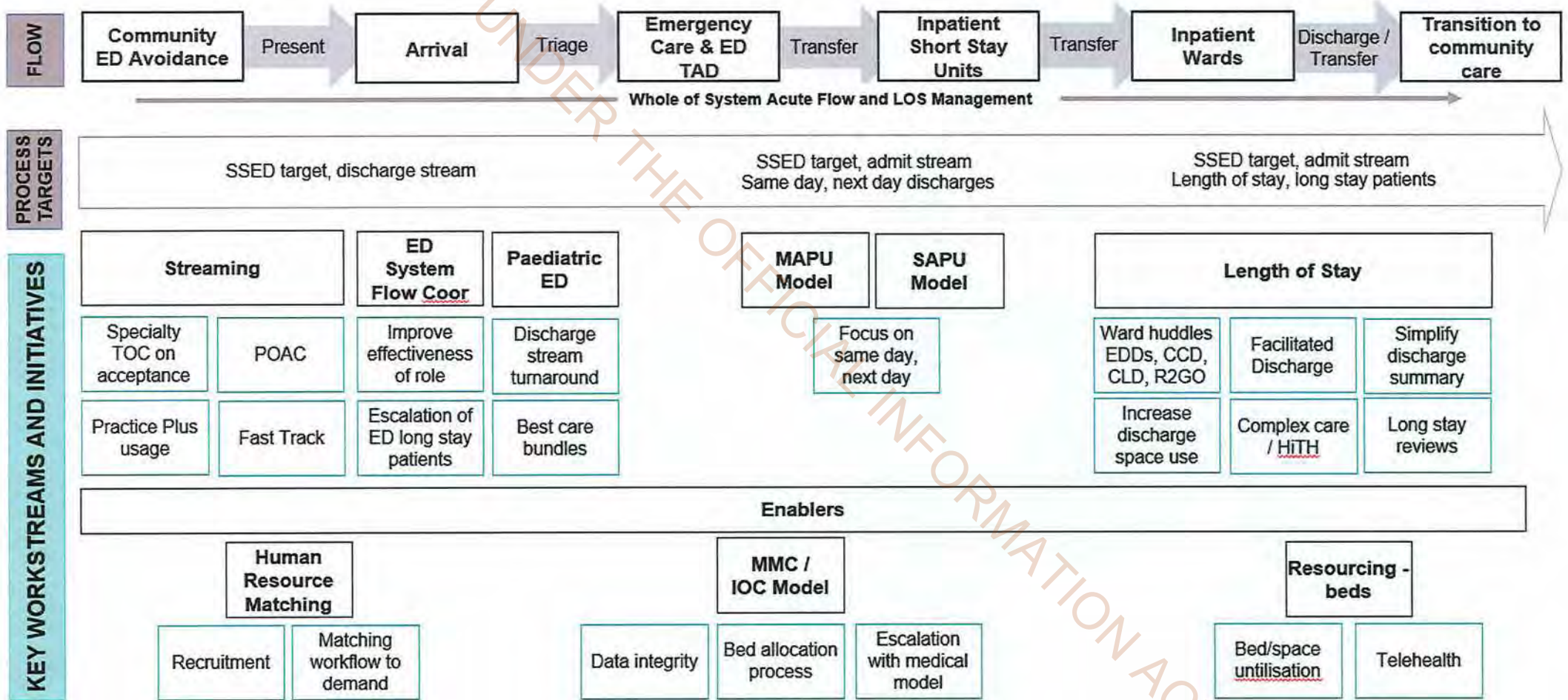
- Appendix A – Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital Acute Flow Improvement Programme V9
- Appendix B – MidCentral Q2 90-day Plan 12112024 - with RAG.
- Appendix C - Action Plan and Progress Update Q2 90-day plan 13 Nov 2024

# Acute Flow Improvement Plan

Te Pae Hauora o Ruahine o Tararua  
Palmerston North Regional Hospital

04 October 2024 | Version Nine

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# Acute Flow Improvement Programme V8

<b>District</b>	<b>Te Pae Hauora o Ruahine O Tararua   Palmerston North Regional Hospital</b>	<b>Date</b>	<b>04 October 2024</b>	<b>Overall Status</b>	
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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	Whole of Hospital	18/03/2024	ONGOING	One Discharge before 10.00am / two discharges before 12.00am	70%		Implemented in unplanned care	<ul style="list-style-type: none"> <li>Minimum of two discharges before 10.00am</li> <li>Socialisation</li> </ul>		
Unplanned Care	Maria Armstrong WD26 MEDS OPAL MAPU				23/08/2024	87%		Actively promoting the "two before 10" initiative across the wards, with daily progress reports sent to teams / wards to track discharge rates.	Prioritising of patients identified for discharge first unless there are patients who are medically unstable / need timely intervention to prevent deterioration	
Planned Care	Chris Simpson ORTHO SAPU WD29 WD27					72%		This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period		
Healthy Women and Children	Robyn Williamson WASU							This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period		
Healthy Aging and Rehabilitation	Gabrielle Scott OPAL Star 2					82%		This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period	Continued focus on early discharging. Complex discharge meeting restarted twice per week rounding	

	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
	Project / Workstream is off track and deliverables will not be achieved and/or timelines not met		Project / Workstream has not started

# Acute Flow Improvement Programme V8

<b>District</b>	<b>Te Pae Hauora o Ruahine O Tararua   Palmerston North Regional Hospital</b>	<b>Date</b>	<b>04 October 2024</b>	<b>Overall Status</b>	
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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
Improving time of day discharge by 40% before noon	Whole of Hospital	14/03/2024	ONGOING	Average time of day discharged	1400hrs		<ul style="list-style-type: none"> <li>Implemented in unplanned care</li> </ul>	<ul style="list-style-type: none"> <li>Socialisation</li> <li>Implementation in rest of hospital wards</li> </ul>	
Unplanned Care	Maria Armstrong WD26 MEDS OPAL MAPU			1700hrs	1330hrs		<ul style="list-style-type: none"> <li>Reporting systems established and daily reporting to wards and teams with time-of-day discharging.</li> </ul>	<ul style="list-style-type: none"> <li>Daily reporting to wards now live TOD discharge</li> </ul>	
Planned Care	Chris Simpson ORTHO SAPU WD29 WD27			1300hrs			<ul style="list-style-type: none"> <li>This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period</li> </ul>	<ul style="list-style-type: none"> <li>Daily reporting to wards now live TOD discharge</li> </ul>	
Healthy Women and Children	Robyn Williamson WASU						<ul style="list-style-type: none"> <li>This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period</li> </ul>	<ul style="list-style-type: none"> <li>Socialisation</li> </ul>	
Healthy Aging and Rehabilitation	Gabrielle Scott OPAL Star 2			1330hrs			<ul style="list-style-type: none"> <li>This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period</li> </ul>	<ul style="list-style-type: none"> <li>Daily reporting to wards now live TOD discharge</li> </ul>	

	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
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