

Acute Flow Improvement Programme V8

District	Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital	Date	04 October 2024	Overall Status	
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Diagnostic Report Recommendation Tracking (top three)

Action /	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for status	Actions completed last period	Actions planned for next period	Barriers / Risks / Issues
Criteria Led Discharge	Whole of Hospital	14/03/2024	ONGOING	# patients discharged under CLD	July 2024 17 Patients		<ul style="list-style-type: none"> Implemented in unplanned care 	<ul style="list-style-type: none"> Socialisation Implementation in rest of hospital wards 	
Unplanned Care	Maria Armstrong WD26 MEDS OPAL MAPU			22/4/24-5/5/24 (2 weeks) = 15 patients	July 2024 9 Patients		<ul style="list-style-type: none"> CLD slowly moving into BAU for medical teams CLD education delivered to nurse educator team and several clinical areas 	<ul style="list-style-type: none"> 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				July 2024 1 Patient (SAPU)		<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Prioritising of patients identified for discharge first unless there are patients who are medically unstable / need timely intervention to prevent deterioration 	
Healthy Women and Children	Robyn Williamson WASU						<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Socialisation 	
Healthy Aging and Rehabilitation	Gabrielle Scott OPAL Star 2					July 2024 7 Patients (OPAL)		<ul style="list-style-type: none"> CLD slowly moving into BAU for medical teams CLD Education delivered to nurse educator team and several clinical areas 	<ul style="list-style-type: none"> Socialisation 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
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Acute and Medical Models of Care

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow Improvement Programme V8

Workstream	Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital	Executive Lead:	Maria Armstrong	Date:	04 October 2024
	Acute and Medical Models of Care – Front door process (Name to be confirmed)			Overall Status	

Other initiative tracking

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Increased patient usage of practice plus vouchers in ED	Rachael Timutimu	12/02/2024	30/05/2025	Approx 4 vouchers issued per day from ED.	18 issued for month of May		<ul style="list-style-type: none"> Bulk funding secured through to June 2025 	<ul style="list-style-type: none"> Ongoing education with ED staff Continue to promote and role model usage where appropriate 	<ul style="list-style-type: none"> Trust in Practice plus Patients understanding
MAPU wait room utilisation for discharge lounge	Rachel Webster			# of patients seen per month	Not yet started		<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Socialisation with staff Confirm FTE requirement 	<ul style="list-style-type: none"> Unclear number of patients this physical space would actually benefit – i.e no beds, no wheelchairs
Expand the PEDAL team with dedicated Allied Health.	Gabrielle Scott			% of patients seen by PEDAL discharged from ED	Not yet started		<ul style="list-style-type: none"> Discussed future opportunities with PEDAL team re rapid response. Will require resourcing 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Recruit additional Allied Health staff If prioritised from other areas will leave service gaps and more unmet need
Reduce time from triage to seen by clinician times	David Prisk Rachael Timutimu		30/06/2024	167 minutes Target Baseline	167 minutes		<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Develop automated reporting with agreed time stamping 	<ul style="list-style-type: none"> Data quality across systems
Waiting for what (W4W) in ED / flow block – identification and escalation to identify areas for further improvement	Rachael Timutimu Nicky Falleni Clinical Executives	01/04/2024	01/09/2024	From time of referral to bed allocation			<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Use of WFW on Miya Communication Training in use 	<ul style="list-style-type: none"> A new action so staff remembering to utilise.
Emergency Department Surge plan – Phase 1 review of existing plan	Rachael Timutimu Nicky Falleni Clinical Executives	18/03/2024	30/04/2024				<ul style="list-style-type: none"> Reviewed existing plan and discussion with ED Clinical Director 	<ul style="list-style-type: none"> Engage with specialty services to review their actions 	<ul style="list-style-type: none">
Emergency Department Surge plan – Phase 2 socialisation	Rachael Timutimu Nicky Falleni Clinical Executives	18/03/2024	30/04/2024	% of shifts plan was enacted			<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

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Acute Flow Improvement Programme V8

Workstream	Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital	Executive Lead:	Maria Armstrong	Date:	04 October 2024
	Acute and Medical Models of Care – Front door process (Name to be confirmed)			Overall Status	

Other initiative tracking

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Monitor through winter Ambulance Ramping usage	Rachael Timutimu IOC	1/04/2024	30/10/2024	# of ramping incidents per week	0 for past 6 months		•	•	•
Senior Clinical decision maker in the wait room	Rachael Timutimu	03/06/2024		# of patients discharged from the wait room	To be confirmed		• Trailing Nurse Practitioner situated in wait room to help with TAD	•	•
HCA based in waiting room to assist with system flow coordination	Rachael Timutimu	02/04/2024	Ongoing	HCA rostered to wait room each shift			• Recruitment underway	• Recruitment ongoing	• Recruitment under current financial pressures
Home warding	Rachel Webster Amanda Driffell Hagay Weinberg	12/02/2024	30/05/2024	% of patients on a home ward	Under development		•	• Socialisation to medical and nursing staff • Establish criteria to support model of care	•
Meihana Project – Did Not Stay: Improving follow-up for Māori and Pacific whānau in the emergency department of Palmerston North Hospital	Daniel Kawana	01/07/2024	30/06/2026	% of Māori and Pacific patients who DNW followed up	Not yet started		•	•	•

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Other initiative tracking

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My Next Patient	Whole of Hospital	01/12/2023	ONGOING	One patient admitted from ED to a ward before 1000am (excluding MH / Paediatrics)	July 2024 23 patients		<ul style="list-style-type: none"> Implemented in unplanned care 	<ul style="list-style-type: none"> Socialisation Implementation to other hospital areas 	•	
Unplanned Care	Maria Armstrong WD26 MEDS OPAL MAPU				July 2024 11 patients		<ul style="list-style-type: none"> Socialisation continues with ward leadership. 0815 "my next patient" meeting with medical and ED CNs and ops lead to identify first patient movement of the day 	<ul style="list-style-type: none"> Automation of measurement. Consistent roll out over whole of organisation. Implementation of one admit before 1000hrs then on admit before 1200 	• Electronic capture tool and monitoring	
Planned Care	Chris Simpson ORTHO SAPU WD29 WD27							<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Socialisation 	•
Healthy Women and Children	Robyn Williamson WASU							<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Socialisation 	•
Healthy Aging and Rehabilitation	Gabrielle Scott OPAL Star 2							July 2024 12 patients	<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Socialisation Continued focus on early discharging. Complex discharge meeting restarted twice per week rounding

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Onboarding and over census procedures	Whole of Hospital	18/03/2024	ONGOING			NOT STARTED	<ul style="list-style-type: none"> Socialisation to union, ongoing discussion required 	<ul style="list-style-type: none"> Onboarding SOPs will be socialised, and staff will be engaged to provide input into the process. Once feedback is gathered, onboarding will be implemented hospital-wide. 	<ul style="list-style-type: none"> 	
Unplanned Care	Maria Armstrong WD26 MEDS OPAL MAPU			# of patients				<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Planned Care	Chris Simpson ORTHO SAPU WD29 WD27			# of patients				<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Healthy Women and Children	Robyn Williamson WASU			# of patients				<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Healthy Aging and Rehabilitation	Gabrielle Scott OPAL Star 2			# of patients				<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

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Inpatient Process and Management

RELEASED UNDER THE OFFICIAL INFORMATION ACT (1982)

Acute Flow Improvement Programme V8

Workstream	Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital	Executive Lead: Chris Simpson	Date: 04 October 2024
	Inpatient Process and Management – Name to be confirmed		Overall Status

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for status	Actions completed last period	Actions planned for next period	Barriers / Risks / Issues
Clinical Criteria for Discharge	Rachael Webster Amanda Drifhill	01/05/2024	ONGOING	% of patients that have a defined CCD	23%		<ul style="list-style-type: none"> Meeting weekly with RMOs to review and tighten processes 	<ul style="list-style-type: none"> Interest from sub-specialties to develop specific clinical criteria for discharge pathways. E.g. post angio, post PPM 	
Red 2 Green / Ready to go add delays	Maria Armstrong	12/02/2024	ONGOING	% of patients in Red at end of day	Under development		<ul style="list-style-type: none"> Manual audit tool established for use on wards 	<ul style="list-style-type: none"> Ward audits undertaken Develop automated process for capturing constraints 	
Winter Plan	Rachael Timutimu	12/02/2024	30/04/2024				<ul style="list-style-type: none"> 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"> Principles for after-hours flow started – sent to Unplanned Care Ops Leads for feedback 	<ul style="list-style-type: none"> Awaiting feedback. 	<ul style="list-style-type: none"> Feedback not being received in a timely manner.
Daily ward rapid rounds	Maria Armstrong	12/02/2024		# wards completing daily rapid round each day					
Delirium and Frailty documentation updated	Gabrielle Scott	28/03/2024		% of patients identified with frailty who have a completed 4AT assessment			<ul style="list-style-type: none"> Staff survey re pre-establishment of HHP Audits of current use of 4AT underway 	<ul style="list-style-type: none"> Audit of patient medication charts for those identified with delirium 	
Environment and nutrition	Gabrielle Scott	17/04/2024	TBD	TBD			<ul style="list-style-type: none"> Commenced working group to establish key deliverables 	<ul style="list-style-type: none"> Currently auditing the red tray use 	
Kaimahi Training for Delirium and Frailty	Gabrielle Scott	08/04/2024	30/06/2024				<ul style="list-style-type: none"> Working group established Regular meetings undertaken 	<ul style="list-style-type: none"> Review Ko Awatea LEARN modules Revise presentation slides for medical staff 	
Patient and whānau support with Delirium and Frailty	Gabrielle Scott	08/04/2024	01/09/2024				<ul style="list-style-type: none"> Review of existing collateral 	<ul style="list-style-type: none"> Create toolkit for patients and whānau Sharepoint site established for kaimahi access to resources 	
Establish agreed roles and responsibilities for Medical Staff	Kelvin Billingham	12/02/2024							

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	Inpatient Process and Management – Name to be confirmed			Overall Status	

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Daily CN/ACN led PM board round	Maria Armstrong	11/03/2024	Ongoing				<ul style="list-style-type: none"> Commenced on MEDS ward 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Medical Teams to review patients for discharge first when rounding	Hagay Weinberg						<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Establish a de-escalation protocol for Medical Services when whole of hospital is at capacity	Maria Armstrong	20/04/2024					<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Admission criteria for ICU/HDU/CCU	Kelvin Billinghurst	12/02/2024	ONGOING				<ul style="list-style-type: none"> Revised ICU documentation submitted to Clinical Board for endorsement 	<ul style="list-style-type: none"> Facilitating Improved Acute Care by external team progressing 	<ul style="list-style-type: none">
Establish agreed roles and responsibilities for Medical Staff	Kelvin Billinghurst	12/02/2024	12/07/2024				<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

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Acute Flow Improvement Programme V8

Workstream	Te Pae Hauora o Ruahine O Taranaki Palmerston North Regional Hospital	Executive Lead:	Chris Simpson	Date:	04 October 2024
	Inpatient Process and Management – Name to be confirmed			Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for status	Actions completed last period	Actions planned for next period	Barriers / Risks / Issues
Improving Estimated Discharge time accuracy	Whole of Hospital	12/02/2024	ONGOING	% of EDD's changed more than twice	Under development		<ul style="list-style-type: none"> Review EDD's to Actual Refresh data with updated HRT data when available. 	<ul style="list-style-type: none"> Collating data and hand out to wards Reviewing EDDs from last year and now 	<ul style="list-style-type: none"> Not being used Importance of EDDs not understood.
Unplanned Care	Maria Armstrong WD26 MEDS OPAL MAPU			% of EDD's changed more than twice			<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Socialisation 	<ul style="list-style-type: none">
Planned Care	Chris Simpson ORTHO SAPU WD29 WD27			% of EDD's changed more than twice			<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Healthy Women and Children	Robyn Williamson WASU			% of EDD's changed more than twice			<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Healthy Aging and Rehabilitation	Gabrielle Scott OPAL Star 2			% of EDD's changed more than twice			<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

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**Discharge processes
and transition to
community and
primary care**

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Acute Flow Improvement Programme V8

Workstream	Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital	Executive Lead:	Gabrielle Scott	Date:	04 October 2024
	Discharge process and transition to community and primary care			Overall Status	
	Name to be confirmed				

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
Facilitated Discharge (incl POAC)	Emma Watson Maria Armstrong	12/02/2024	ONGOING	# patients discharged under POAC			<ul style="list-style-type: none"> Review primary care capacity and model of care 		<ul style="list-style-type: none"> Primary Care capacity Pending funding decision
Hospital in the Home (HiH) expansion	Maria Armstrong Rachel Webster	11/03/2024					<ul style="list-style-type: none"> Draft strategy developed 	<ul style="list-style-type: none"> Further refine strategy and apply business case All nurses in discharge focussed roles to upskill in issuing loan equipment to reduce d/c barriers HiH Miya Flow board being created. 	
Transit Lounge / space utilisation on wards				# of pts per day utilising ward discharge space			<ul style="list-style-type: none"> Proposal submitted to National Team for funding to progress discharge lounge. 		
Introduce Practice Plus supports for discharge	Maria Armstrong				Not yet started				<ul style="list-style-type: none"> Practice Plus funding ? Ringfenced for ED only
Melhana Project – Tautokotoko: Enhancing patient discharge process for Māori and Pacific peoples	Daniel Kawana	01/07/2024	01/07/2026		Not yet started				
POAC inpatient	Emma Watson Maria Armstrong	12/02/2024	ONGOING	# inpatient POAC referrals accepted	Under development		<ul style="list-style-type: none"> Implementation of POAC in wards where applicable 		<ul style="list-style-type: none"> Putting extra pressure on the General Practices Availability of GPs



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Project / Workstream has not started

Acute Flow Improvement Programme V8

Workstream	Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital	Executive Lead: Gabrielle Scott	Date: 04 October 2024
	Discharge process and transition to community and primary care Name to be confirmed		Overall status

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for status	Actions completed last period	Actions planned for next period	Barriers / Risks / Issues
Standardise Discharge Process	Whole of Hospital	12/02/2024	ONGOING	# of patients discharged under CLD			<ul style="list-style-type: none"> Socialisation 	<ul style="list-style-type: none"> Streamline DC process with processes documented to support (focused in MEDS) for wider rollout in due course 	
Unplanned Care	Maria Armstrong WD26 MEDS OPAL MAPU			22/4/24-5/5/24 (2 weeks) = 15 patients			<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Socialisation 	
Planned Care	Chris Simpson ORTHO SAPU WD29 WD27						<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Socialisation 	
Healthy Women and Children	Robyn Williamson WASU						<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Socialisation 	
Healthy Aging and Rehabilitation	Gabrielle Scott OPAL Star 2						<ul style="list-style-type: none"> This has been newly spilt out, and has not been officially reporting, this will be updated for next reporting period 	<ul style="list-style-type: none"> Socialisation 	

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Primary and community care

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Workstream	Te Pae Hauora o Ruahine O Tararua Palmerston North Regional Hospital	Executive Lead:	THINK Hauora	Date:	04 October 2024
	Primary and Community Care Name to be confirmed			Overall Status	

Other initiative tracking

Action	Owner	Start Date (dd/mm/yy)	Estimated End Date (dd/mm/yy)	KPI & Base-line	KPI Current	Status / Reason for status	Actions completed last period	Actions planned for next period	Barriers / Risks / Issues
POAC 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	545 POAC flexible packages of care claims between Jan – Mar 2024. 15.8% Māori – 4.4% Pacific Peoples		<ul style="list-style-type: none"> Flexible packages of care for ED prevention expanded Feilding POAC trial for Trop T contract signed 	<ul style="list-style-type: none"> Operationalise pilot Winter WOF pending TWO winter funding Increased radiology access pending TWO winter funding 	
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% Māori – 2.3% Pacific Peoples		<ul style="list-style-type: none"> Allocation of \$190k 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 	<ul style="list-style-type: none"> Exploring other options for initiatives is kiosks, virtual corridors 	
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"> Pathways for ED redirect being created, including St John redirect and redirect to Urgent Care 		
Commence Primary Care Winter Preparedness plan	Ashleigh Blackburn	12/02/2024					<ul style="list-style-type: none"> Winter planning underway with education sessions planned with GP Network to socialize 		



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Acute Flow Improvement Programme V8

Health New Zealand
Te Whatu Ora

							practice dashboards, work underway on diversifying the workforce (eg introduction of ECP) and facilitated discharge		
Investigate development of redirect for patient with Mental Health needs to café run by Mana o te tangata		NOT YET STARTED							

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Acute Flow Improvement Programme – SSIED improvement tracking V8

Variance Analysis

Since the commencement of the report (3 March 2024), notable improvements have been achieved across all areas:

- Shorter Stays in the Emergency Department (SSIED) – 20%
- Shorter Stays in the Emergency Department Admitted – 25%
- Shorter Stays in the Emergency Department Treated and Discharged (SSIED TAD) – 6%

The data presented in the table below shows fluctuations across all areas, which is expected given the ongoing changes. Both SSIED and SSIED admitted cases have shown a steady increase. SSIED TAD, on the other hand, has exhibited consistent performance with some fluctuations but no expected rises, unlike SSIED admitted. Our strategic focus is to strengthen collaboration with the ED team to pinpoint and resolve any obstacles in the upcoming reporting period

Improvement Actions Completed this Period

- With increase in presentation numbers SSIED Treat and Discharge figures continue to remain stable at 60%
- Escalation of patients staying longer than 12 hours in ED continues
- Incident reporting for any individual who stays in the ED 24hrs or longer with reasons included continues
- The "My Next Patient" has been implemented on the unplanned care inpatient wards having a positive effect on ED patient flow before 10am.
- Paediatric support - actively pulling children from the waiting room where applicable to attend the CAU clinic.
- House Officer per team released Mon, Tues, Thurs mornings to focus on patients identified for DC first unless there are patients on the team who are medically unstable / need timely intervention to prevent deterioration
- Unplanned care wards continue with two DC's before 10am and aiming for 40% of patients DC before 12pm
- Assessments have begun for patients whose average length of stay exceeds 7 days, resulting in the successful discharge of 29 patients through the collaborative efforts of the MDT

Improvement Actions Planned Next Period

- Continued focus on treat and discharge rates
- "My Next Patient" to roll out to wider organisation
- Renal chairs transitioned out of inpatient space to facilitate an additional four inpatient beds
- Continue to trial a Nurse Practitioner in the ED wait room to stream appropriate patients
- Continuous imbedding of COPD, DVT and cellulitis pathway refresh for ED to POAC redirect
- Review of patient pathways to other services, to better enable streamlining from ED.
- Develop simple flow sheet with options for redirect; to place in triage rooms to better enable steaming of patients from ED
- Establish workshop with SMO's on improvement plan ideation and initiatives
- Continued assessment and reporting of patients with a ALOS greater than 7 days.
- Two before ten roll out across all inpatient wards / areas excluding those in Mental Health and Addictions settings



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Average Daily Ambulance Ramping Hours Target

Insert Graph here

Variance Analysis

- Improving picture, average daily ambulance ramping hours decreasing (SSS200 14d avg)

Improvement Actions Completed this Period

- Analysis of diagnostic data: opportunity to ramp up nursing at triage in response to surges for Te Toka Tumai
- Around 50% of total ambulance arrival to leave time occurs after handover – noting small sample – to repeat follow up studies and get more regional consistency in data quality
- Workshop this week to focus on triage, placement issues identified in diagnostic

Improvement Actions Planned Next Period

- Develop escalation response for queue forming in triage
- Te Toka Tumai AWA process revised and to be ratified regionally
- Promotion of bed "off load" concept to occur in ED and comms
- Plan for repeat ramping diagnostic

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WORKING WITH HATO HONE TO OPEN DATA
UNDER DEVELOPMENT

HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

Health New Zealand
Te Whatu Ora

Te Pae Hauora o Ruahine o Tararua | MidCentral

For:

	Decision
X	Endorsement
X	Noting

To	Hospital and Specialist Services (HSS) MidCentral District Leadership Team
Author	Maria Armstrong, Operations Executive Unplanned Care
Endorsed by	Sarah Fenwick, Group Director Operations
Date	02 08 2024
Subject	Clinical Performance – SSIED quarterly update

RECOMMENDATION

It is recommended that the HSS MidCentral District Leadership Team:

- **Note** the current SSIED performance
- **Endorse** the need for ongoing leadership, commitment and drive to advance with urgency further improvement in SSIED from each cluster

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1. PURPOSE

To provide an update to the MidCentral District Leadership Team (MDLT) on Shorter Stays in Emergency Department (SSIED): Patients admitted, discharge or transferred from an ED within 6 hours target including initiatives to date and performance progress broken down by cluster.

2. BACKGROUND

- MidCentral is responsible for 191,100 people
- Population growth rate over the next 10 years is 5.5%
- MidCentral's population is older than the New Zealand average. By 2033 almost one in four people in Te Pae Hauora o Ruahine o Tararua will be over the age of 65
- MidCentral has a higher proportion of Māori when compared to the national average
- Māori and Pacific populations have a younger age structure (29) compared to European or Other (45)

Emergency Department (ED) attendance trajectory continues to climb with ED experiencing record daily attendance volumes in July with multiple days seeing 150 presentations in 24 hours. Despite initial improvements performance has remained static for several weeks. July saw an overall reduction in performance of SSIED to levels seen in February when a concerted focus on acute flow commenced although, improvement has been sustained when compared to the same time last year. Hospital pressures including ED and inpatient occupancy, sustained demand, workforce constraints and reduction in access to proactive primary care interventions are contributing factors currently limiting performance improvement. MidCentral is classed as a major hospital (more than 500 ED presentations per week) and one of ten hospitals consistently above 90% occupancy. This is above the average of around 6 – 8 Hospitals consistently at 90% occupancy.

3. ACUTE FLOW INITIATIVES UPDATE

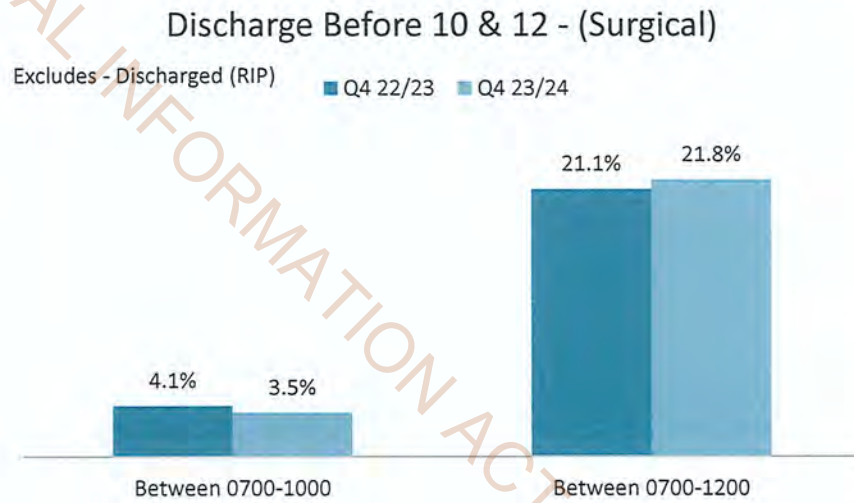
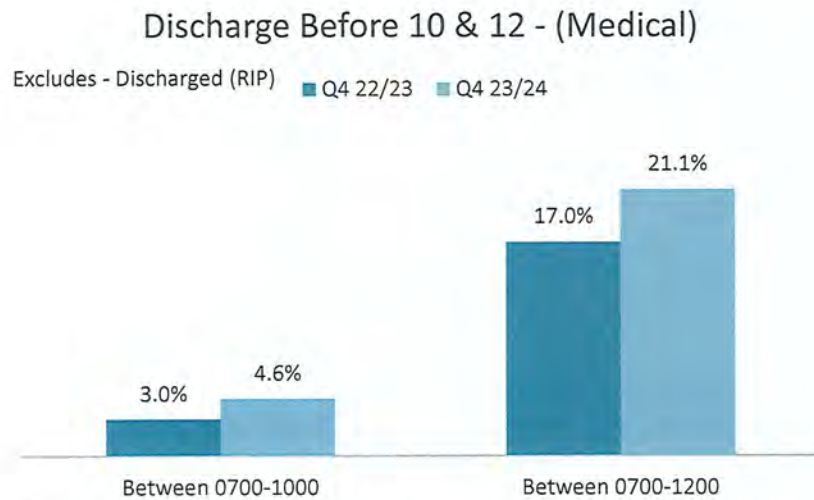
3.1. Improved Time of Day Discharge

- Two before 1000hrs
- 40% of discharges exited by 1200hrs
- My next patient

The purpose of these initiatives is to enable flow earlier in the day to facilitate ED and inpatient bed capacity to improve access to care, wait times, patient and staff satisfaction. The initiative recognises bed availability is a problem which can be improved through optimised efficient patient flow pathways to maximise current resource in the absence of additional physical beds.

Two discharges before 1000hrs is aimed at improving flow earlier in the morning to facilitate bed capacity in ED / MAPU / SAPU to mitigate bottle necks. Whilst progress has been made, further work is necessary to ensure consistency in this area.

The aim of discharging 40% of patients before 1200hrs has direct impact on acute flow resulting in increased bed availability. Late discharging creates bottlenecks in the ED, leading to increase length of stay. Delay in bed access compromises patient safety which is the key driver in taking steps to achieve this target. The below graphs outline improvements in time of day discharge achieved by Unplanned Care however, further work is required across the organisation to support further improvements. Achievements in this area will have a direct impact on improving % of patients admitted within six hours.



Note: OPAL is included in medical, not captured includes Rehab, RCTS, HWYC, MH

The purpose of "My Next Patient" is to decompress the ED and onboard in wards for a temporary period prior to patients discharging. This has been established in Unplanned Care however, has slightly lost its purpose. The initiative is occurring however, MAPU and CCU appear to be completing the first moves delaying transfer from ED. A focus on resetting is currently in process of getting back on track. HAR are early adopters of this initiative however, further work required across the hospital to embed and make business as usual across the organisation.

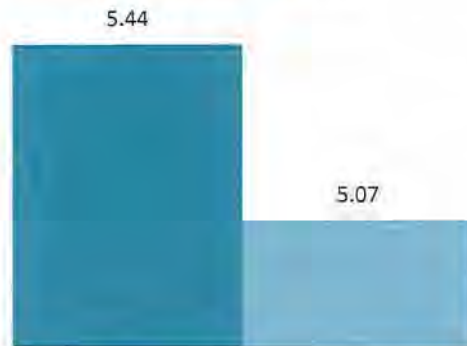
3.2. Improving Average Length of Stay

Initiatives aimed at reducing ALOS include:

- Day 6 escalation pathway (Appendix A)
- Implementation of weekly reporting to the Regional Director

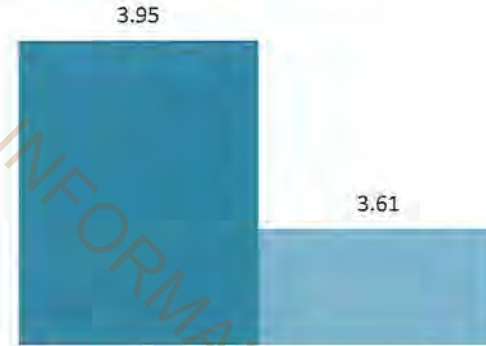
Average Length of Stay (Days) - (Medical)

Excludes - Discharged (RIP) ■ Q4 22/23 ■ Q4 23/24



Average Length of Stay (Days) - (Surgical)

Excludes - Discharged (RIP) ■ Q4 22/23 ■ Q4 23/24



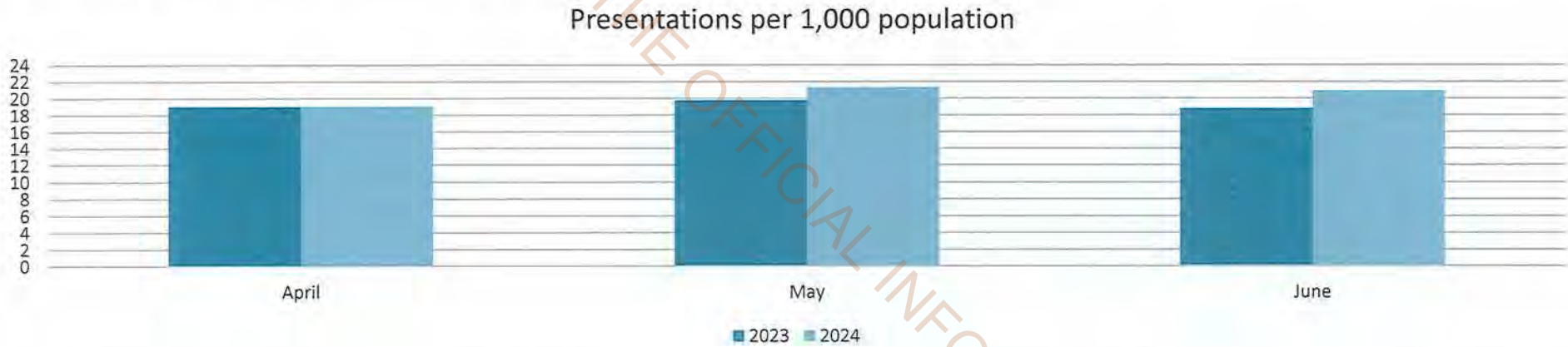
Note: OPAL is included in medical, not captured includes Rehab, RCTS, HWYC, MH

3.3. Increased Inpatient Bed Capacity

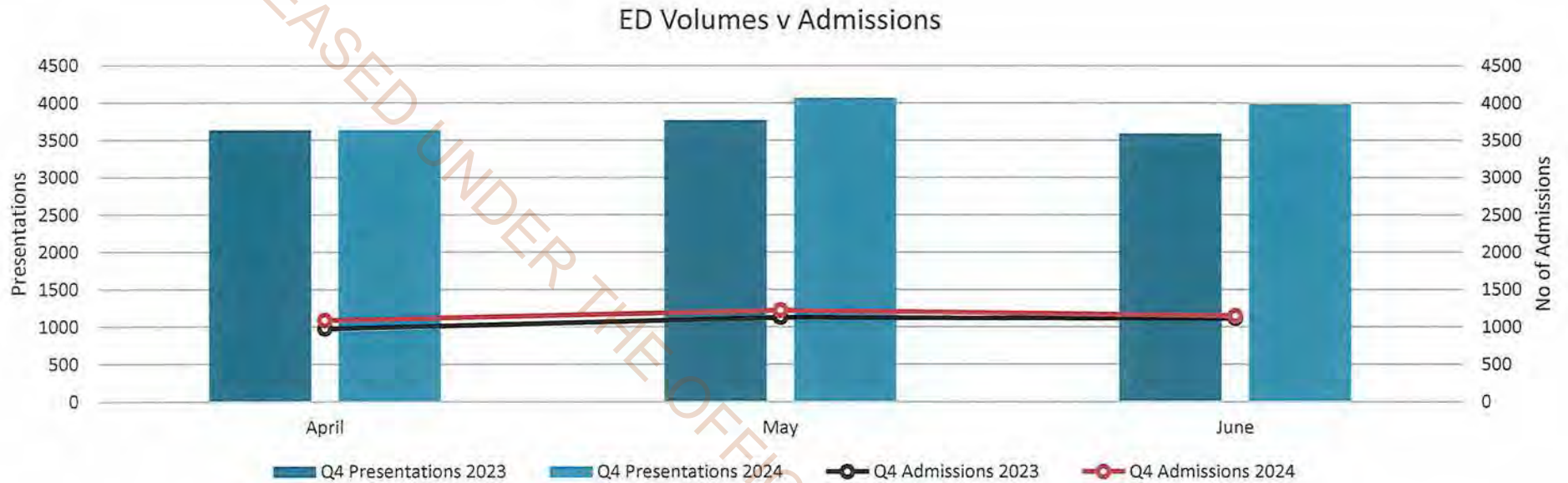
Medical Speciality Ward increased from 27 beds in April 2024 to 32 beds May 2024. A further four inpatient beds made available in Ward 23 July 2024.

4. SHORTER STAYS IN THE EMERGENCY DEPARTMENT

Between April 2024 and June 2024 (Q4) there were 11,684 presentations to ED. This was a very similar level of ED activity to that seen in April 2023 and June 2023 with 10,992 presentations.



The graph below compares monthly ED volumes vs admissions to those of 2023, showing that stable admission rates despite increase in attendances.



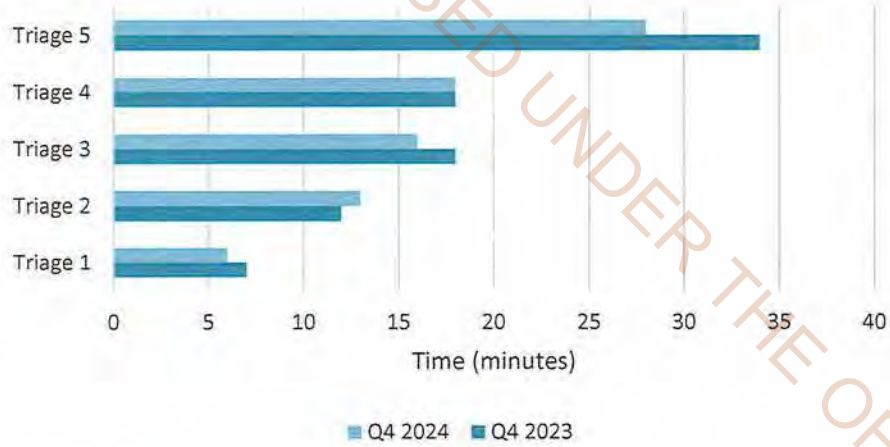
In comparison to the same period in 2023, the time taken to triage an individual once presented appears to have declined however, individuals are waiting on average 14 minutes longer for first Medical or Nurse Practitioner assessment in Quarter 4 of 2024.

The SSIED (Treated and Discharge) rate from the ED has continued to decline and subsequently this contributed toward the request from the office of the Minister of Health that MidCentral provide a 90-day plan to improve the performance of MidCentral's Hospital and Specialist Services.

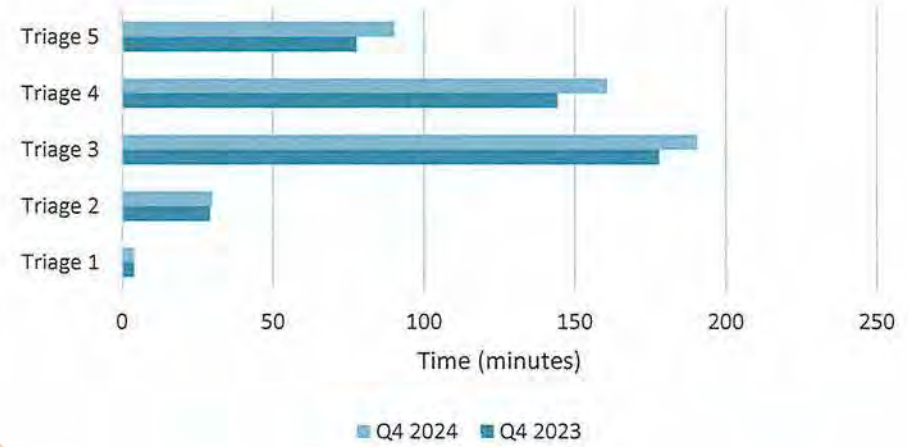
The bottom two graphs demonstrate attendance and admission rates are relatively stable noting that MidCentral appears to be an outlier nationally in the number of individuals identified as Triage Category 3.

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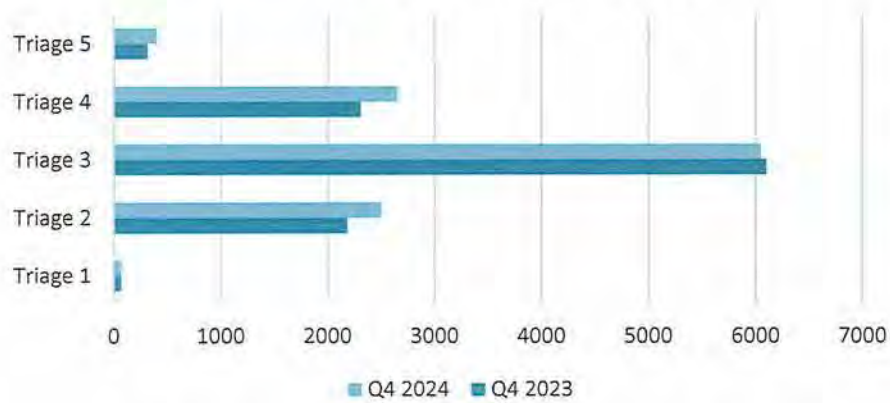
Time to Nurse Triage



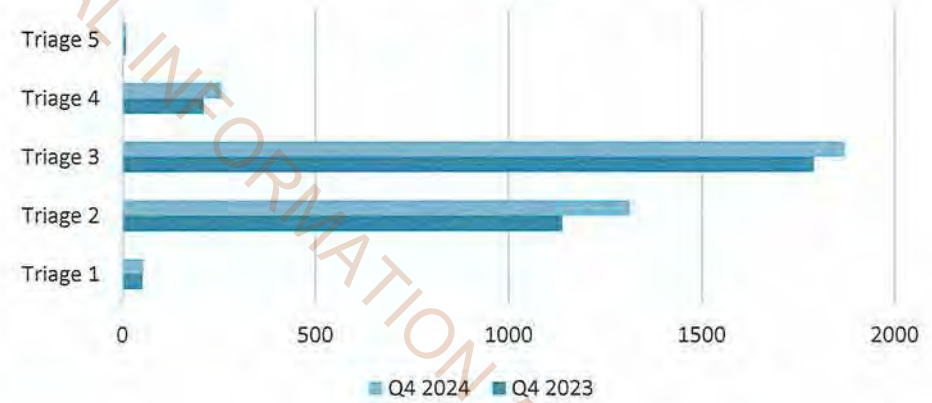
Time from Nurse Triage for First Assessment

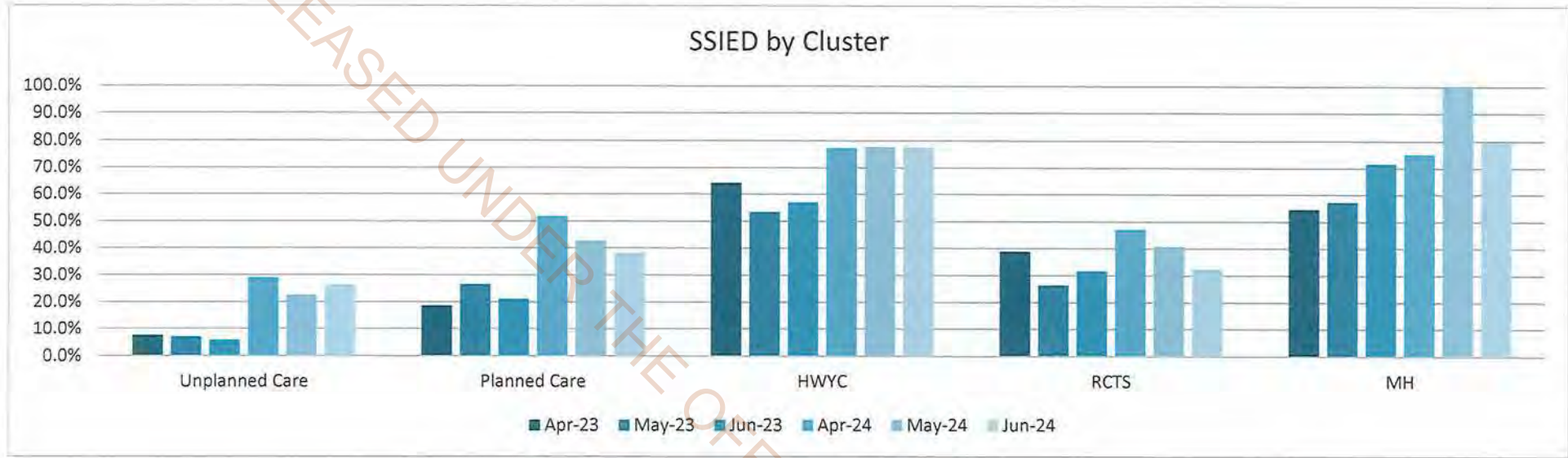


Attendance by Triage Category



Admission by Triage Category





	April 2023	May 2023	June 2023	April 2024	May 2024	June 2024
Unplanned Care	8%	7%	6%	29%	23%	26%
Planned Care	19%	27%	21%	52%	43%	38%
HWYC	64%	53%	57%	77%	78%	78%
RCTS	40%	26%	32%	47%	41%	32%
MH	54%	57%	71%	75%	100%	80%

Note: Figures in table rounded to nearest decimal place

The above graph and table are broken down by Cluster and identifies for patients requiring admission are staying for shorter periods of time in the ED with an increase of ED visits requiring admission completed within 6 hours when compared to Quarter 4 2023. Although notable improvement, further optimisation is required from Unplanned Care, Planned Care and RCTS to enable forward momentum in weekly performance monitoring.

4.1. Onboarding

The organisation has met with NZNO and will be taking measures to implement onboarding in the coming weeks. A document is currently being prepared. This decision does not trigger a formal consultation requirement with unions or employees however, does look to engage collaboratively and will have invited responses on:

- Feedback on intentions
- Specific areas of perceived areas of impact
- Considerations related to implementation of change

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HSS MIDCENTRAL DISTRICT LEADERSHIP TEAM

Health New Zealand Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral		For: <table border="1"> <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
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X	Endorsement							
X	Noting							
To	Hospital and Specialist Services (HSS) MidCentral District Leadership Team							
Author	Maria Armstrong, Operations Executive Unplanned Care							
Endorsed by	Sarah Fenwick, Group Director Operations							
Date	25 11 2024							
Subject	Clinical Performance – SSIED quarterly update							
RECOMMENDATION It is recommended that the HSS MidCentral District Leadership Team: <ul style="list-style-type: none"> • Note the current SSIED performance • Endorse the need for ongoing leadership, commitment and drive to advance with urgency further improvement in SSIED from each cluster 								

1. PURPOSE

To provide an update to the MidCentral District Leadership Team (MDLT) on Shorter Stays in Emergency Department (SSIED): Patients admitted, discharge or transferred from an Emergency Department (ED) within 6 hours target including initiatives to date and performance progress broken down by cluster.

2. BACKGROUND

- MidCentral is responsible for 191,100 people
- Population growth rate over the next 10 years is 5.5 percent
- MidCentral's population is older than the New Zealand average. By 2033 almost one in four people in Te Pae Hauora o Ruahine o Tararua | MidCentral will be over the age of 65
- MidCentral has a higher proportion of Māori when compared to the national average
- Māori and Pacific populations have a younger age structure (29) compared to European or Other (45)

July saw an overall reduction in performance of SSIED to levels seen in February when a concerted focus on acute flow commenced although, improvement has been sustained when compared to the same time last year. This has been followed by a period of recovery however, hospital pressures including ED and inpatient occupancy, sustained demand, workforce constraints are contributing factors that may currently be limiting performance improvement.

The ED attendance volumes have reduced over September, October and November with ED experiencing lower daily attendance rates however, towards the end of October multiple days of 150 presentations in 24 hours was experienced. Despite initial improvements, performance remains variable. One further sustained leap would see the organisation meet the SSIED stretch goal of 55 percent. September and October's monthly result was 53 and 50 percent respectively. At the time of writing the organisations current SSIED result is 54 percent. A further improvement sprint with a specific focus on TAD, in addition to collective sustained results over the coming months is required to achieve this by end of quarter four 2025.

3. ACUTE FLOW INITIATIVES UPDATE

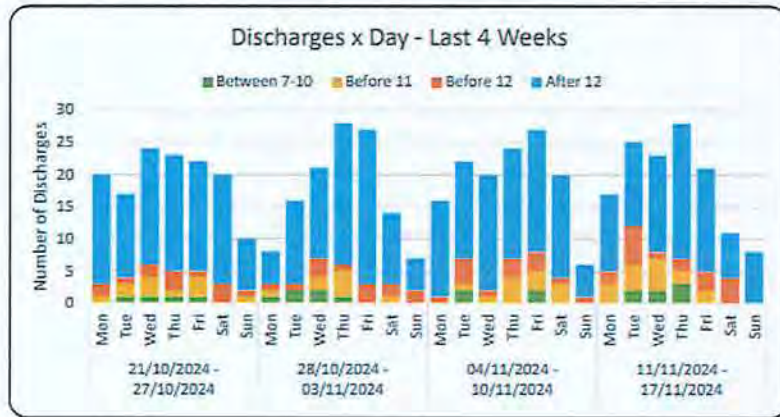
Improved Time of Day Discharge

- Two before 1000hrs
- 40 percent of discharges exited by 1200hrs
- My next patient

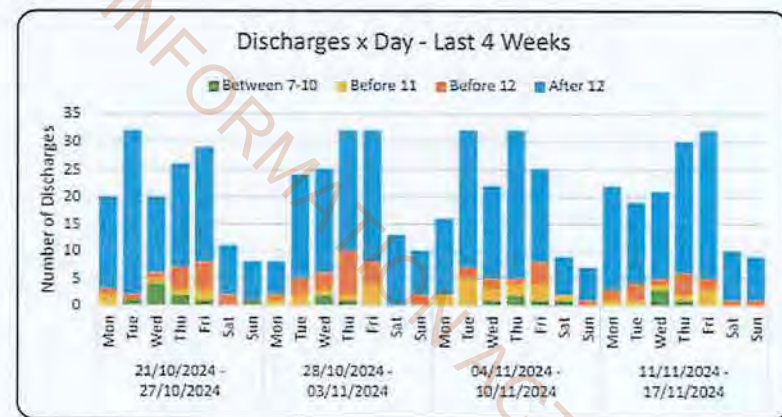
The purpose of these initiatives is to enable flow earlier in the day to facilitate ED and inpatient bed capacity to improve access to care, wait times, patient and staff satisfaction. The initiative recognises bed availability is a problem which can be improved through optimised efficient patient flow pathways to maximise current resource in the absence of additional physical beds.

Two discharges before 1000hrs are aimed at improving flow earlier in the morning to facilitate bed capacity in ED/MAPU/SAPU to mitigate bottle necks. Whilst progress has been made, further work is necessary to ensure consistency in this area.

The aim of discharging 40 percent of patients before 1200hrs has direct impact on acute flow resulting in increased bed availability. Late discharging creates bottlenecks in the ED, leading to increase length of stay. Delay in bed access compromises patient safety which is the key driver in taking steps to achieve this target. The below graphs outline improvements in time-of-day discharge achieved by Planned and Unplanned Care. Great progress has been made and there are still opportunities for further improvement. Achievements in this area will have a direct impact on improving percentage of patients admitted within six hours.



Planned Care



Unplanned Care

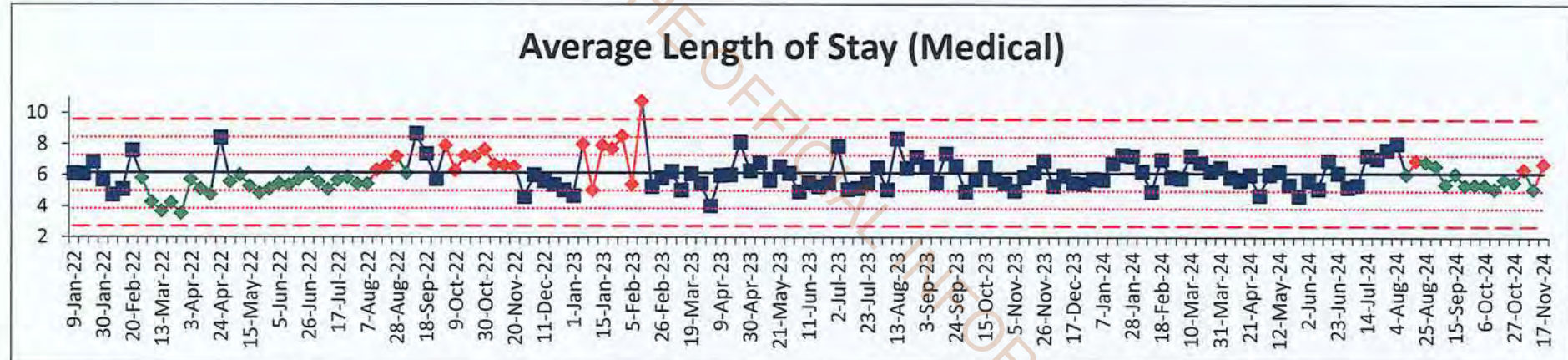
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The purpose of "My Next Patient" is to decompress the ED and onboard in wards for a temporary period prior to patients discharging. This has been established in Unplanned Care, however, has slightly lost its purpose. Further establishment is required across Planned Care and acknowledge the initiative is occurring sporadically. ED is being intentional and will be refocusing and initiating automatic transfer at 1000hrs to get things back on track. Further work is required to embed and make business as usual across the organisation.

Improving Average Length of Stay

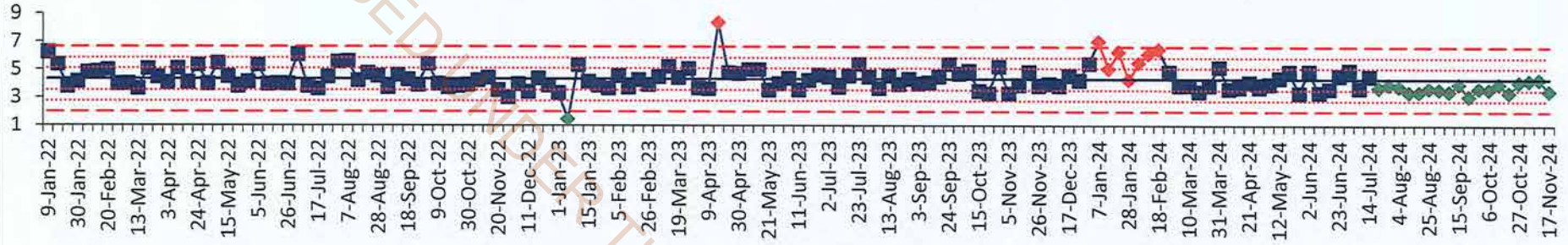
Initiatives aimed at reducing ALOS include:

- Day 6 escalation pathway
- Weekly reporting to the DCE

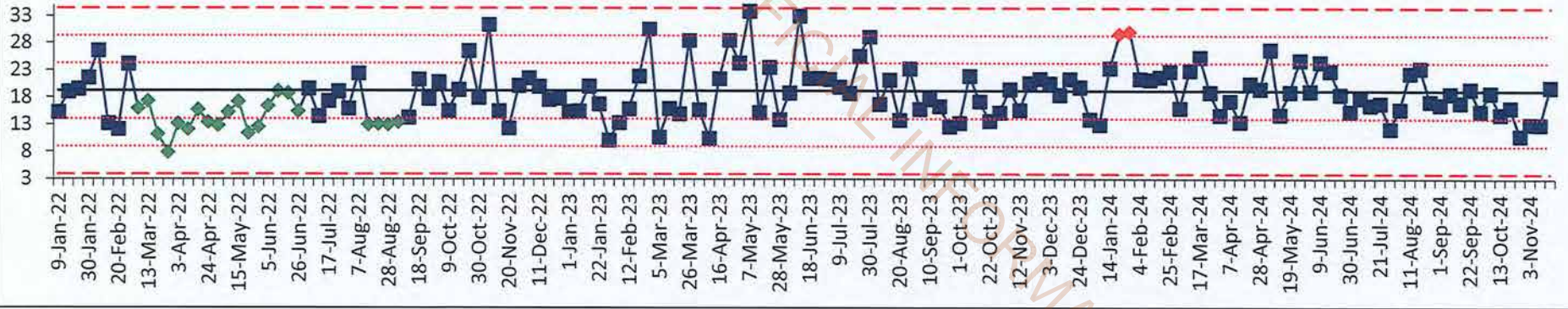


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Average Length of Stay (Surgical)

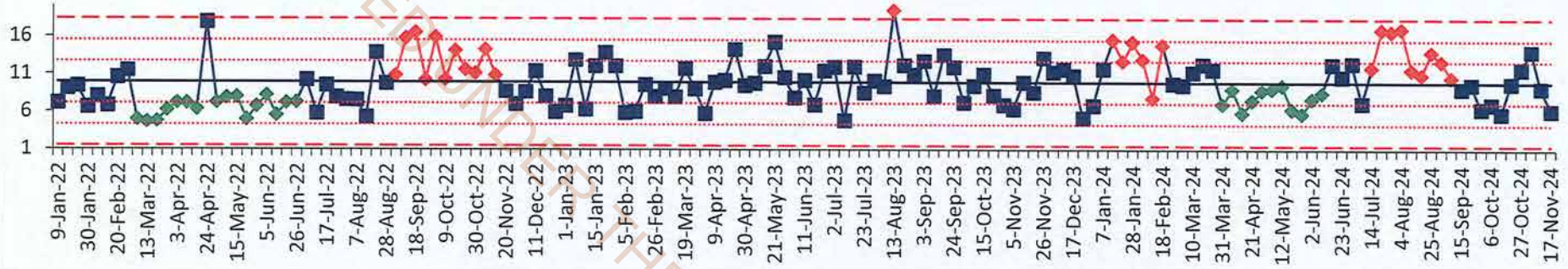


Average Length of Stay (STAR2)

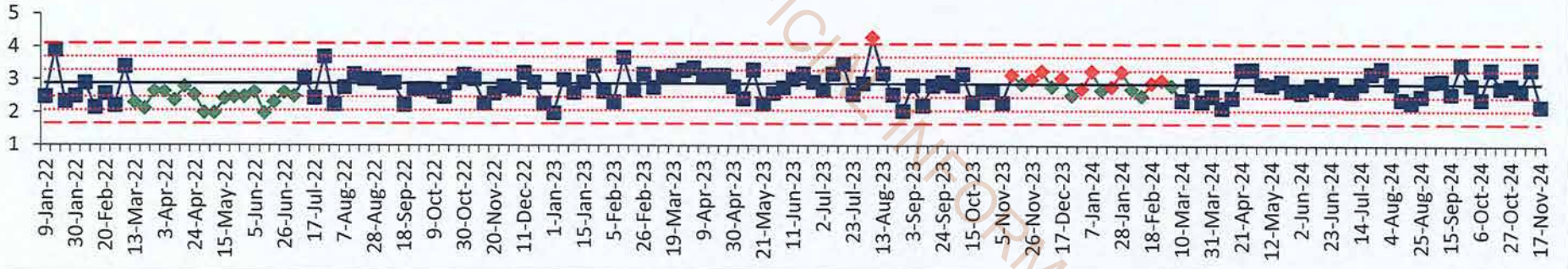


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Average Length of Stay (OPAL)

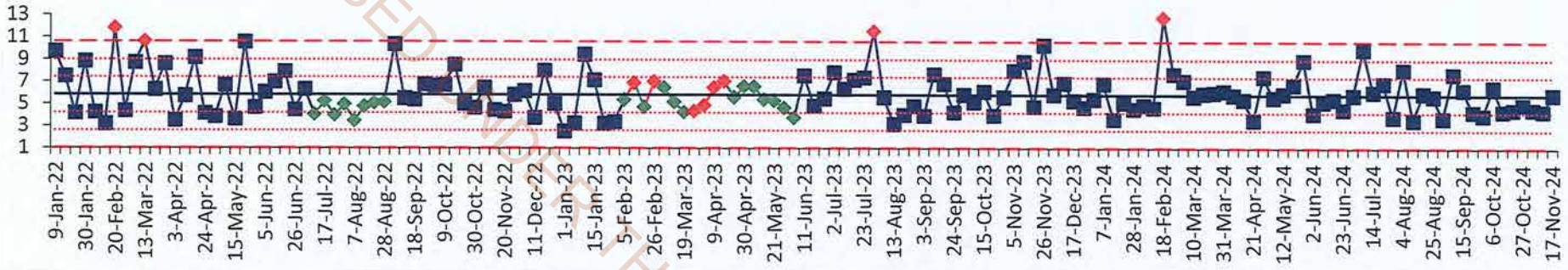


Average Length of Stay (Women and Children)

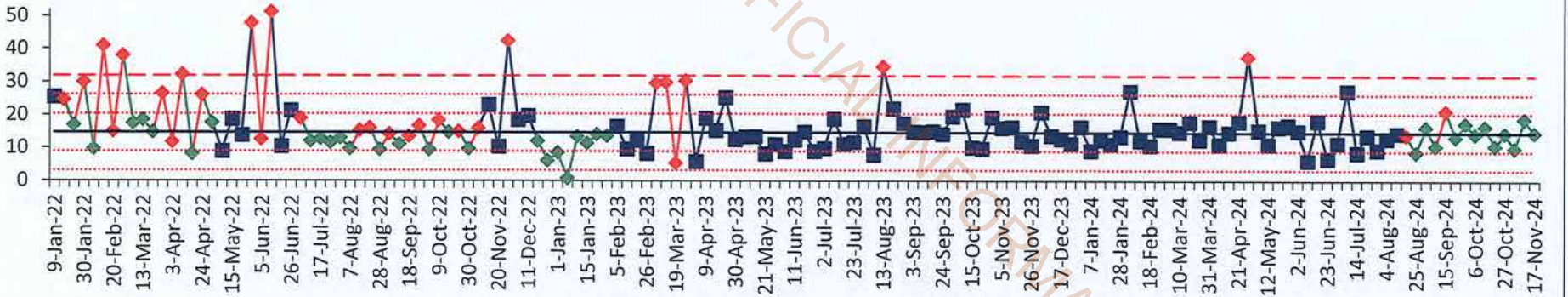


RELEASED

Average Length of Stay (WARD 23)



Average Length of Stay (WARD 21)



INFORMATION ACT (1982)

Increased Inpatient Bed Capacity

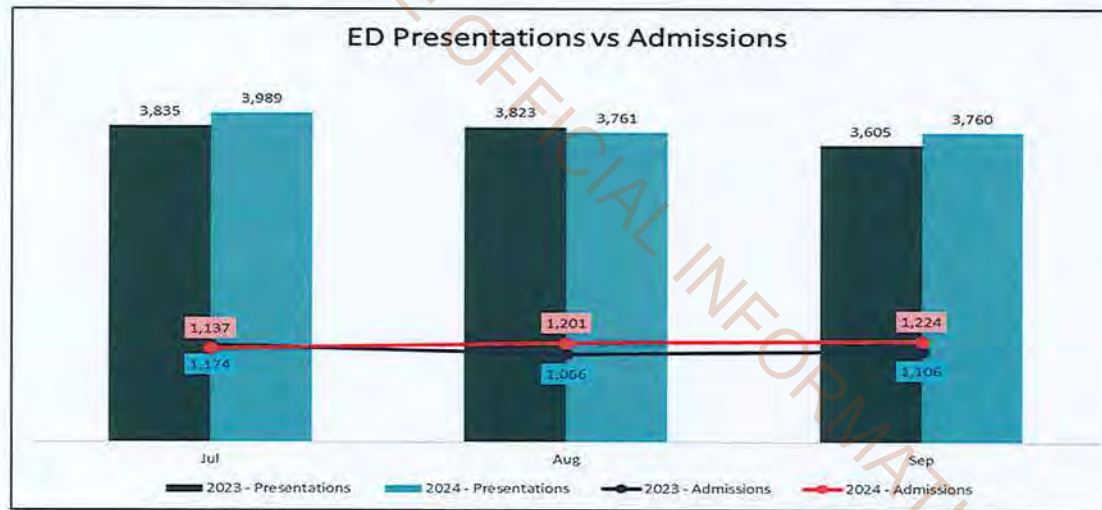
Medical Speciality Ward increased from 27 beds in April 2024 to 32 beds May 2024. A further four inpatient beds made available in Ward 23 July 2024.

Surgical Assessment Planning Unit (SAPU)

In November SAPU moved to into Surgical Short Stay to accommodate a temporary trial of a Discharge Lounge in the previous area it occupied. As a result, SAPU has reduced to 8 beds. SAPU has been effective in improving admission within six hours outcomes along with ED avoidance.

4. SHORTER STAYS IN THE EMERGENCY DEPARTMENT

The graph below compares monthly ED volumes vs admissions to those of 2023, showing stable admission rates despite increase in attendances.



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The SSEID (Treated and Discharge) rate from the ED has continued to be of concern although, improvement has been made when compared against previous year results. The Minister of Health requested a second 90-day plan to improve the performance of MidCentral's Hospital Specialist Services however, this plan does not focus on treated and discharged (TAD) and it is acknowledged that rapid and urgent improvement is required.

	Overall %	TAD %	Admitted %
- 2024	50.9%	55.9%	42.0%
+ Sep	52.9%	57.2%	45.8%
+ Aug	55.5%	60.7%	46.5%
+ Jul	44.2%	49.7%	33.8%
- 2023	37.0%	48.1%	16.8%
+ Sep	36.1%	47.0%	16.6%
+ Aug	36.8%	46.7%	17.3%
+ Jul	38.1%	50.5%	16.5%
Totals	44.0%	52.0%	29.4%



The above graph is broken down by Cluster and identifies for patients requiring admission are staying for shorter periods of time in the ED with an increase of ED visits requiring admission completed within 6 hours when compared to the previous 2023 time period. Although notable improvement, further optimisation is required.

Onboarding

A significant volume of feedback has been received during the On Boarding discussion period. Feedback is currently being reviewed with themes identified. A further document will be produced and circulated for further discussion in the next couple of weeks.

5. FIVE INTERVENTIONS TO IMPROVE ACUTE CARE PERFORMANCE

Following endorsement from the Operational Performance Committee and Te Whatu Ora Executive Leadership the Minister of Health approved operational funding for five interventions to improve acute care performance and safety at MidCentral over the 24/25 and 25/26 financial year.

These include:

- Establishing a Discharge Lounge
- Using the fracture clinic after hours to treat and discharge patients from the ED
- Staffing the children's area of the ED
- Establishing an early supported discharge service to reduce length of stay and readmission rates
- Establish a Systems Flow Clinical Coordinator

This month the Discharge Lounge became operational. Recruitment is currently underway with interviews scheduled for the first week in December. To date 48 patients have utilised this space. With the Discharge Lounge operational the measure we are working towards achieving by the end of February 2025 is to have reduced the overall discharge time to 1200hrs.

Planning is underway to commence utilisation of the fracture clinic however, this is dependent on staffing. Registered Nurse (RN) full time equivalent (FTE) has been allocated to nurse entry to practice programme (NETP's) joining mid-Jan 2025 and advertising for Registered Medical Officer (RMO) FTE is in progress. To date no applications have been received. Once operational the measure we are working towards is improving SSIED 'after hours' of non-admitted patients to 80 percent by November 2025. Currently performance is 53.1 percent in this area.


The Children's area of the ED will become operational from December. The measure we are working toward is 85 percent of children being seen, treated, discharged or transferred within six hours by March 2025. Currently performance is 74.4 percent in this area.

Establishing an Early Supported Discharge Service is currently in the recruitment phase. It is planned that this team will be partially operational from mid Jan. The aim of this initiative is to reduce average length of stay (ALOS) by 2 days by May 2025.

Finally, once a Systems Flow Clinical Coordinator is in position it is expected that we will no longer have any patient waiting more than 24 hours post March 2025.

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ORGANISATIONAL LEADERSHIP TEAM

 <p>Te Pae Hauora o Ruahine o Tararua MidCentral</p>	<p>For:</p> <table border="1" data-bbox="1086 295 1724 466"> <tr> <td></td> <td>Decision</td> </tr> <tr> <td>X</td> <td>Endorsement</td> </tr> <tr> <td></td> <td>Noting</td> </tr> </table>		Decision	X	Endorsement		Noting
	Decision						
X	Endorsement						
	Noting						
<p>To</p>	<p>Organisational Leadership Team</p>						
<p>Author</p>	<p>Dr Jeff Brown, District Director</p>						
<p>Endorsed by</p>	<p>Russell Simpson, Central Region Director, Hospital and Specialist Services</p>						
<p>Date</p>	<p>23 November 2023</p>						
<p>Subject</p>	<p>System flow reviews and action plan</p>						
<p>RECOMMENDATION</p> <p>It is recommended that the Organisational Leadership Team:</p> <ul style="list-style-type: none"> • note the report on external System Flow reviews that have been carried out at MidCentral, including recommendations and action plan • endorse disseminating the action plan to relevant teams. 							

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ORGANISATIONAL LEADERSHIP TEAM

1. PURPOSE

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

2. BACKGROUND

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

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

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

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

- Infrastructure
- Processes
- Culture/Stakeholders
- Workforce.

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

1. System flow team

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

The team comprises of:

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

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

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

2. Reports and Action Plan

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

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

- Infrastructure
- Processes
- Culture / Stakeholders
- Workforce.

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

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

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

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

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

<p>Undertake detailed data analytics with a manual diagnostic approach:</p> <ol style="list-style-type: none"> ED timeline study Ward audit IOC and bed mapping 	KB	5	Identify more detail on this recommendation then undertake audits as suggested.	Te Whatu Ora Improve	CY Q4/24
<p>Review current improvement initiatives against the Diagnostic outcomes, reconcile against current work, and develop an implementation and change plan to support improved performance (access and flow), identify the top 3-5 initiatives for focus. Refine current plan and implement.</p>	KB	6	Following detailed data analysis as per action number 5; develop work, implementation and change plans with identified and realistic time frames.	Te Whatu Ora Improve	CY Q2/24
<p>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.</p>	KB	7	Site visit occurred 1st and 2nd November 2023.	System Flow Clinical Lead	CY Q4/23
		8	Share learnings from site visit and incorporate where appropriate in this action plan and workplan as per action seven.	System Flow Clinical Lead	CY Q4/23
		9	Te Whatu Ora Improve local team to connect with Te Toko Tumai, Te Tai Tokerau and Waitemata teams on their progress following their System Flow review.	System Flow Team	CY Q4/23
<p>Undertake a manual snapshot study of IT beds available versus physical beds available.</p> <p>Bed modelling. Sharing of methodology used in other regions to predict future demand and the capacity required to meet it. This will also help to inform regional planning discussions and load balancing across sites.</p>	KB CM	13	Review the hospital wide bed modelling undertaken as part of the clinical services plan development to understand available vs physical, and bed spaces designed with extra functionalities.	Te Whatu Ora Improve	CY Q2/24
			Undertake a time in motion study of physical beds available vs those identified in MIYA	Te Whatu Ora Improve	CY Q2/24
<p>Develop clear local (PNH) and regional escalation pathways with feedback loops, actions and defined roles and responsibilities for local and regional barriers to patient flow, including the executive and management teams.</p>	KB	11	Establish a regional system flow collaborative of kaimahi leading and working on system flow initiatives.		CY Q1/24
		12	Establish a regional communication and feedback process. *Regional Teams Channel required	Te Whatu Ora Improve	CY Q1/24

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

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

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

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

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

MidCentral Acute Flow Action Plan

Te Pae Hauora o Ruahine o Tararua | MidCentral

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MIDCENTRAL ACUTE FLOW ACTION PLAN

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

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

KB – Kate Brockman

J/D – Jeremy Dryden and Debbie Hailstone

CM – Claudia Mercer

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

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

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

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

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

				Improvement and Innovation Manager Enterprise Project Manager		
Develop a specific hospital wide strategy to address LOS with a particular focus on general medicine. Include timeframes, actions with owners, escalation for regional issues as required – define local v regional ownership.	KB	15	Initiate study on Estimated Discharge Dates vs actual Length of Stay and benchmark across the motu. Refer then to 'waiting for what' action recommendations. Link this with Health Round Table RSI data and the work being undertaken by SI&I who are leading a national collaborative of Health Round Table Data.	Medical Lead System Flow Improvement and Innovation Manager Director Quality and Innovation Health RoundTable Working Group	26 April 2024	
Continue work on a proof of value implementation of CORTEX in General Medicine	KB J/D CM	16	Progress proof of value work to inform a full business case request for CORTEX and expedite implementation if applicable.	Clinical Digital Programme Lead / Central Region Digital and Data Lead	12 July 2024	Project team are progressing with mapping streams, and preparing for trial on ward
Undertake the manual "why am I still here?" study to ascertain the number of patients waiting for investigations.	KB	17	Revisit existing 'waiting for what' audits, apply the 'why am I still here' methodology and share findings with the newly established Te Pae Hauora o Ruahine o Tararua MidCentral System Flow Governance Group (see action 27) to apply solutions.	Medical Lead System Flow Enterprise Project Manager	12 July 2024	<ul style="list-style-type: none"> • Use of WFW on Miya • Communication • Training in use
Progress initiatives from safe and calm hospital work programme		18	Criteria Led Discharge	Improvement and Innovation Manager Enterprise Project Manager	12 July 2024	<ul style="list-style-type: none"> • First successful CLD from medical wards 17/4/24 • Raised awareness, desire, knowledge and ability of medical teams to utilise CLD

		19	Develop roles and responsibilities matrix so staff are clear on expectations to support patient flow	Improvement and Innovation Manager Enterprise Project Manager	12 July 2024	<p>Early planning stage.</p> <ul style="list-style-type: none"> Establish governance of CLD Ongoing education for medical teams re use of CLD Grow the ability of senior nursing to support CLD
Culture / Stakeholders						
Along with already identified actions to improve SMO culture, address specific admission criteria with certain specialties through a facilitated workshop/meeting, identify a Senior Responsible Officer for this, implement and ensure consistent use.	KB	20	Provide visibility of the Senior Medical Officer Culture survey action plan, in order to confirm and socialise actions to progress at speed. This will enable consolidation of actions from duplicated actions across associated reports.	Chief Medical Officer Group Director of Operations	12 July 2024	COMPLETE - Have met with SMO's
			Identify a Senior Responsible Officer to lead a process to establish agreed admission criteria and pathways.	Chief Medical Officer	12 July 2024	
			Schedule a facilitated workshop to establish and agree professional standards and specific admission/discharge criteria and processes.	Chief Medical Officer	12 July 2024	
			This action also aligns with Senior Medical Officer Culture survey action plan.			

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

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

			ED and General Medicine in Palmerston North.			
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MEDIUM TERM ACTIONS (Up to 12 months to deliver and evaluate)

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

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Progress initiatives from safe and calm hospital work programme		33	My Next Patient	Enterprise Project Manager	20 August 2024	Manual study to commence to understand effectiveness on wards
		34	Review and refresh the use of <ul style="list-style-type: none"> • Estimated discharge dates. • Clinical criteria for discharge • Red to green • Two before ten • Review and update of Discharge Policy and Procedures. 	Clinical Executives Improvement and Innovation Manager	24 October 2024	Developed & confirmed and starting to see 2x DC before 10am across all unplanned care wards W/c 18/03/24 Streamline DC process with processes documented to support (focused in MEDS) for wider rollout in due course
Develop a specific hospital wide strategy to address LOS with a particular focus on general medicine. Include timeframes, actions with owners, escalation for regional issues as required – define local v regional ownership.	KB	35	Initiate study on Estimated Discharge Dates vs actual Length of Stay and benchmark across the motu. Refer then to 'waiting for what' action recommendations. Link this with Health Round Table RSI data and the work being undertaken by SI&I who are leading a national collaborative of Health Round Table Data.	Medical Lead System Flow Improvement and Innovation Manager Director Quality and Innovation Health RoundTable Working Group	22 November	
Undertake more detailed data analytics regards community services and identify root causes, agree solutions and escalate outside of organisation as required.	KB	36	Identify more detail on this recommendation then undertake more detailed data analytics as suggested.	Medical Lead System Flow Group Manager System Integration – Central Region	13 December 2024	Meeting scheduled within the next reporting period with KB

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

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

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

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

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

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

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

Not yet started | In progress | Delayed | Complete

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5. NEXT STEPS

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

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

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