Urgent Care Service Level Alliance Work Plan 2020-22

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. Improve patient flow through the system	Proactively plan for coordinated system responses for periods of exceptional demand, particularly during winter or infectious disease outbreaks. (SLM*).	Q1-Q4 ▪ Number of times acute demand reaches capacity – target is zero. ▪ Number of times ED reaches capacity based on ED surge scores.	▪ Shorter stays in Emergency Department ▪ Decreased hospital acute care
	Monitor Acute Bed Days data including by ethnicity to identify and respond to areas of opportunities to decrease acute bed days. (SLM)	Q1-Q4: Improvement opportunities identified and progressed to decrease acute bed days.	
	Identify opportunities which could assist in decreasing the number of frail elderly patients (over 75 years of age) presenting to ED. (EOA)	Q1-Q4: Decreased number of frail elderly patients presenting to the emergency department and being admitted.	
	Provide support to the redesign of re-contact pathways to decrease representation and admissions to hospital.	Q1-Q4: Improvement opportunities identified and progressed to decrease representation.	
	To remain connected to winter planning groups and plans across the system, and support their coordination	Q1-Q4: Coordinated system wide winter planning response.	
	Develop a coordinated plan for a pandemic response across urgent care services that is aligned to the system wide pandemic responses. Review any learnings from the Covid-19 response and identify ways to enhance efficiencies.	Q1-Q2: Coordinated system wide pandemic response.	
	As above - Monitor readmission data including ethnicity as per previous year.	Year 2021/22 TBC	
2. Improving patients access to timely care and in the right place	Strengthen community providers care of patients with chronic health conditions with an initial focus on patients presenting with mild exacerbations of COPD.	Q1-Q4: Areas of focus to improve access to timely care and response progressed.	▪ Increased planned care rates. ▪ Access to care improved. ▪ Decreased acute care rates.
	Explore opportunities for avoidable admissions in key areas by utilising virtual ward concept. Key areas to explore: ▪ Paediatrics ▪ ARC/Older Persons Health ▪ Step down from hospital-COPD/Heart failure focus	Q1-Q2: Reduce potential admissions, readmissions, bed days and ED attendance by having virtual process in place.	
	Undertake a deep dive into data (Including available ACC data) to identify areas for improved care starting with people presenting with injuries requiring acute orthopaedic care.	Year 2021/22 Q3-Q4 Deep Dive completed by Q3. (The findings from the deep dive analysis will determine what projects need to occurs in the 2020/22 period).	
	Identify any areas for improvement in access to appropriate and timely	Year 2021/22	

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	care. Initial areas of focus to include: ▪ Low back pain ▪ Concussion		
3. Sustainability of Acute Demand Service	Monitor progress with implementing actions from the acute demand project to standardise services including: ▪ Radiology use ▪ Transport- cost savings ▪ Standardisation of claiming rates ▪ Appropriate use of ADMS	Q1 ▪ New guidance released. ▪ Maintain and improve ED/Acute medical admission rates.	Resources matched to need.
4. Improving patient access to care	Continue to engage with St John, ED and the Urgent Care Clinics to safely manage appropriate patients in the community by monitoring: ▪ Ambulance Referral Pathways- including call and diversion volumes. ▪ Acute Demand services.	Q1-Q4 ▪ Total number of calls to St John in Canterbury. ▪ Number of patients St John divert away from ED quarterly, by condition, if available. (baseline 400 patients per annum). ▪ Percentage of these calls in relation to total call volumes to ED/Hospital admissions, referrals to GP's/Urgent Care Clinics reported quarterly (Baseline for admissions from ED to hospital wards 10,500).	
5. Improve patient centred promotion of community based urgent care health services	Review the current promotion of community based services, including: ▪ What messaging currently exists. ▪ Patient's knowledge of existing community based services.	Q1-Q4: Improved understanding of current messaging and services that exist.	
	Based on the findings of above the work group will promote: ▪ What community based services are available 7 days a week ▪ What urgent care facilities can provide. ▪ How services can be accessed. Information provided to all relevant services (including pharmacies across Christchurch).	Q3-Q4: Improved promotion and consistency of information about community based services.	
Actions towards monitoring progress			
6. Improving patient access to care	Continue to invest in Acute Demand Management Services that provide primary care with options to support people to access appropriate urgent care in the community rather than in hospital.	Q1-Q4: Maintain between 30,000 to 35,000 packages of care in the community by ethnicity.	▪ Decreased hospital acute care ▪ Decreased acute care rates ▪ Access to care improved
7. Monitor patient's access and response to telephone triage and impact on system	Continue to support the "#CareAroundtheClock" advertising campaign, which promotes calling general practice 24/7.	Q1-Q4: Call volumes to be monitored and reported quarterly.	
	Monitor call volumes through Homecare Medical and any impacts on general practice and the Urgent Care Clinics	Q1-Q4: Homecare medical call volumes data Monitored and reported quarterly.	

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	Provide visibility and monitor people who present at ED or an Urgent Care Clinic following a tele triage.	Q1-Q4: Once data is available monitor the percentage of people who present at ED or an urgent care facility following a telephone triage.	
8. Promote appropriate and where possible shorter stays in the Emergency Department	Work with key areas and specialities within the hospital to ensure flow through the ED to enable the national target to be met ED attendance wait time data provided by ethnicity.	Q1-Q4: 95% of ED attendances waiting less than 6 hours to be treated, admitted, discharged or transferred.	

Key metrics to indicate progress delivering work plan actions, impact on health outcomes and/or monitor performance	
Description of metric	Data Source
1. Number of times ED reaches capacity	Decision support
2. Acute bed days data	Decision support
3. ED wait times (ensure national target is being met)	Decision support
4. Non-medical admissions	Decision support
5. Number of time ADMS reaches capacity	AMDS
6. ADMS Packages of Care	ADMS
7. Number of patients diverted away from ED	St John
8. Total number of calls to St John each quarter	St John
9. Care around the clock call volumes	Decision support
10. Percentage of people who present at ED or urgent care facility following tele-triage	HML/Decision support

The 2020-21/22 CCN Work Plan for all alliance groups can be viewed on the CCN website here.