

Urgent Care Service Level Alliance Work Plan 2021-22

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 a coordinated system response to periods of exceptional demand, particularly during winter or infectious disease outbreaks. (SLM*)	Q1-Q4: Number of times acute demand reaches capacity – target is zero.	<ul style="list-style-type: none"> Shorter stays in Emergency Department Decreased hospital acute care
	Explore key metrics of patient flow through urgent and emergency care providers to identify and progress opportunities to maintain timely access to care. Urgent Care providers include: <ul style="list-style-type: none"> ED Urgent care clinics (Moorhouse Medical, Riccarton Clinic, 24 Hour Surgery) St John Whakarongorau (formerly Homecare Medical) Key metrics will include: <ul style="list-style-type: none"> ED presentations Acute Bed Days Re-admission And will explore ethnic variation. (SLM)	Q1-Q4: Improvement opportunities identified and progressed to decrease ED attendances and /or acute bed days rate. Note: The Canterbury Health System's System Level Measures agreed milestone for June 2022 is to reduce the Acute Bed Days rate for the Total population to 297 per 1,000 or less.	
	Identify opportunities to decrease the number of frail elderly patients (over 75 years of age) presenting to ED. This includes connecting with the Health of Older Persons Workstream to ensure alignment with their work plan priorities.	Q1-Q4: Decreased number of frail elderly patients presenting to the emergency department and being admitted.	
	Remain connected and support the coordination of system activity to improve patient flow including winter planning and other activity such as making Waipapa flow.	Q1-Q4: Coordinated system wide winter planning response.	
2. Improving patients access to timely care and in the right 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. Identify areas where data matching may be able to occur. <ul style="list-style-type: none"> Identify any areas for improvement in access to appropriate and timely care with an initial focus on: <ul style="list-style-type: none"> Concussion Access to diagnostics: High Tech imaging Orthopedics 	Deep Dive completed by Q3.	<ul style="list-style-type: none"> Increased planned care rates Access to care improved Decreased acute care rates
	Review and reset measures around accessing urgent care in collaboration with the CDHB and	Q3-Q4: Improved understanding, promotion, and consistency of information about urgent care/after-hours services.	

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	CCN communications teams. <ul style="list-style-type: none"> ▪ Areas of focus will include: <ul style="list-style-type: none"> - Working with the CDHB and CCN communications teams on any changes required to messaging about urgent care centres. - What urgent care facilities can provide. 		
Actions towards monitoring progress			
3. 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.	<ul style="list-style-type: none"> ▪ Decreased hospital acute care ▪ Decreased acute care rates ▪ Access to care improved ▪ Increased planned care rates
4. Monitor patient's access and response to telephone triage and impact on system	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 tele triage.	
5. Promote appropriate and where possible shorter stays in the Emergency Department	<ul style="list-style-type: none"> ▪ 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.	
6. Improving patients access to timely care and in the right place	Support and align activity with the Integrated Respiratory Service Development Group e.g., reducing the admission and readmission of patients with COPD.	Q1-Q4: Areas of focus to improve access to timely care and response identified and progressed.	
7. Sustainability of Acute Demand Service	Monitor progress with implementing actions from the acute demand project to standardise services including: <ul style="list-style-type: none"> ▪ Radiology use ▪ Transport- cost savings ▪ Standardisation of claiming rates ▪ Appropriate use of ADMS 	Q1 <ul style="list-style-type: none"> ▪ New guidance released. ▪ Maintain and improve ED/Acute medical admission rates. 	
8. Improving patient access to care	Monitor the work undertaken by the CDHB to understand how ED is operating when Maori present to them, identifying any gaps in data capture and equity actions that will better meet the needs for Māori. The work will include: <ul style="list-style-type: none"> ▪ Completing a data analysis ▪ Reviewing and communicating key findings within ED, connect with the Maori health worker (based in ED) ▪ Partaking and supporting a collaborative workshop to identify actions which will be priorities for implementation. 		

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9. Improve patient flow through the system	Monitor outcomes data from Home Care Medical to identify and respond to areas of opportunity to align their messaging, pathways, and processes with other parts of the system.	Q1-Q4: Coordinated system response to those calling home care medical and presenting to urgent care centres.	
10. Coordinated pandemic response	Monitor pandemic response across urgent care services and where required ensure they align to the system wide pandemic responses.	Q1-Q2: Coordinated system wide pandemic response.	
11. Improve patient flow through the system	Continue to engage with St John, ED and the Urgent Care Clinics to safely manage appropriate patients in the community by monitoring: <ul style="list-style-type: none"> Ambulance Referral Pathways- including call and diversion volumes. 	<ul style="list-style-type: none"> 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). 	

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 current CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).