

Data-driven decision making



CONTEXT

The Urgent Care Service Level Alliance (SLA) includes leaders and decision-makers from across Canterbury's health system. Members use data to inform decisions, predict pressure points and bring together small working groups to delve into issues and recommend adjustments to the system that improve people's access to urgent and emergency care.

The purpose of the Urgent Care SLA is to develop processes, services and relationships across the health system to support the organisation and use of resources, and to ensure people get the right service at the right time. People are supported to stay well in their own homes, where clinically appropriate, reducing the rate of ED attendances and hospital admissions.

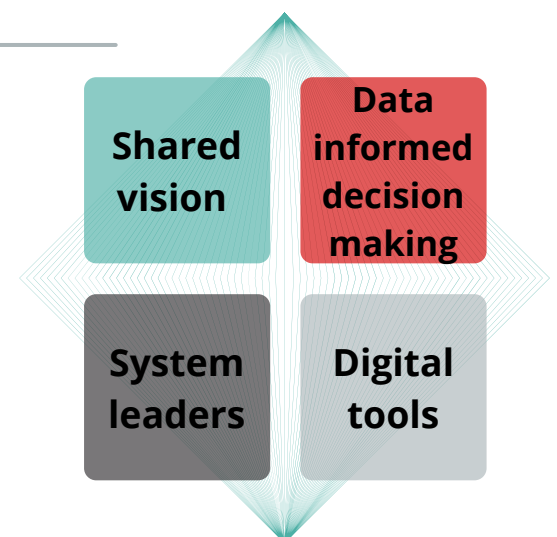
The group:

- provides leadership to improve equity of access to urgent care services;
- supports urgent care service providers to implement service models and deliver on expectations; and
- defines models to meet the needs of the population and recommend the prioritisation of resources across the system as the needs for services change.

PRINCIPLES

The principles which have allowed the Urgent Care SLA to succeed are:

- A **diverse mix of people** who have the **ability to make changes** and adapt quickly.
- Making time to **interrogate the data**.
- **Small, time-limited working groups** - bringing the right people together quickly for a specific service improvement.
- A **common, clear purpose**.



APPLYING THE PRINCIPLES

Clinical and system leadership working within an enabling neutral mechanism

- Group members include clinicians from ED and the three urgent care clinics, general practice, pharmacy, St John, ACC, community providers (Nurse Maude), mana whenua, planners and funders, and consumers. This provides a range of knowledge, experience and influence required from all parts of the system that contribute to people accessing urgent care.
- The work of the group is enabled by other important roles:
 - a data analyst from planning and funding who can bring the data to life;
 - a strong Chair to ensure people think system-wide; and
 - a Facilitator to connect with the other relevant groups and ensure the small working groups get together and progress work in a timely manner.

Data-driven decision-making

- At each meeting members explore data on current and predicted trends and look for any variations as a two part process:
 - bringing their experience of what is happening in the system and whether it is reflected in the data;
 - looking for opportunities where a change in how care is currently provided could improve a patient's access to services, reduce wait times or better use resources.

Valuing time

- When an issue is identified in the meetings, a small time-limited working group is created to dive deeper into the issue.
- The small group has a responsibility to progress work, connect with other relevant groups and report back to the next SLA.

Commitment to a shared vision

- The group has a common and clear purpose.
- Members regularly review the outcomes and purpose of the group, alongside its workplan, to reflect the changing environment.

LESSONS

- The people in the room have the ability to make changes and adapt their parts of the system to improve the overall outcome.
- Time and stable leadership - the length of time people have been working together has enabled trusted relationship to form which supports the effectiveness of the SLA. Also adding time limits to smaller pieces of work keeps things moving at pace.
- This trust allows frank and honest conversations, which helps keep the common, clear purpose in sight.

ACHIEVEMENTS AND OUTCOMES

The SLA is a forum which uses real time data to identify areas of opportunities which could contribute to reduced ED attendances and/or acute beds days, and the outcomes achieved include:

- People in Canterbury are 25% less likely than the average New Zealander to end up in ED (National Non-Admitted Patient Collection: 2017/18)



- Our integrated services mean our population is 20% less likely to be acutely admitted for a medical condition (National Minimum Data Set: 2017/18)

- Work has begun to connect with ACC to identify areas for improved care such as people presenting with injuries requiring acute orthopaedic care



- The SLA played a role in facilitating regular meetings between urgent care clinics and St John to assist them in reviewing and monitoring their urgent care pathways, which are followed by paramedics