

Aide-Mémoire

Minister Verrall's visit to Palmerston North Regional Hospital ED

To:	Hon Dr Ayesha Verrall, Minister of Health	Reference:	HNZ00011598
From:	Dr Jeff Brown, District Director	Due date:	22 February 2023
Copy to:	Kieran Houser, Group Manager, Hospital and Specialist Services	Security level:	In Confidence

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Dr Jeff Brown	District Director	9(2)(a)	X
Kieran Houser	Group Manager, Hospital and Specialist Services	9(2)(a)	
Claudia Mercer	Programme Manager, Acute Demand, Hospital and Health Services	9(2)(a)	

Meeting details

Date and time	Friday 24 February – from 2.00 to 3.00pm	
Location	Palmerston North Regional Hospital Hospital Administration Building Entry via Gate 2, Heretaunga Street, Palmerston North (Directions attached)	
Programme	2.00pm	Mihi
	2.10pm	Emergency Department
	2.40pm	Medical Assessment and Planning Unit/ Emergency Department Observation Area (MAPU/EDOA)
	2.50pm	Ventilation system upgrade clinical services (Covid-19 response – theatres)

Attendees

- Dr Jeff Brown, District Director
- Lyn Horgan, Operations Executive, Te Uru Arotau (Acute and Elective Specialist Services)
- Dr Hagay Weinberg, Clinical Executive, Unplanned Care, General Medicine Physician
- Dr David Prisk, Emergency Physician and Medical Lead, ED
- Carrie Naylor-Williams, Operations Lead, ED and Integrated Operations Centre
- Kellie Stickney, Associate Director of Nursing, Te Uru Arotau
- Dr Jason Prior, Medical Lead, System Flow, General Medicine Physician
- Debbie Perry, Charge Nurse, Medical Assessment and Planning Unit (MAPU)

Media

Media are not expected. A member of the MidCentral communications team will take photos during the tour.

The following departments/agencies have been consulted:

Acute Demand, Hospital and Health Services

Communities, Localities and Commissioning Directorate

THINK Hauora (primary health organisation)

Attachments

Appendix One 'Safe and Calm Hospital 2022/23' Plan

Appendix Two Directions to Hospital Administration Building

Dr Jeff Brown

District Director

Te Pae Hauora o Ruahine o Tararua | MidCentral

Te Whatu Ora - Health New Zealand

Minister Verrall's visit to Palmerston North Regional Hospital ED

Purpose

1. Minister Verrall requested the opportunity to visit and discuss how things are tracking in Palmerston North Regional Hospital's Emergency Department, including a run down of progress since the last Covid-19 surge, and the ability to meet with the leadership and frontline kaimahi.

Recommendations

2. Te Whatu Ora recommends that you:
 - a) **Note** the work completed, underway and planned to improve system flow across the hospital. Noted
 - b) **Note** the medium and longer term strategies completed and underway to improve capacity, and the development of a Clinical Services Plan. Noted
 - c) **Note** the approaches being taken to support staff, including health and wellness activities, recruitment and targeted new roles. Noted

Executive Summary

3. Palmerston North Regional Hospital's Emergency Department (ED) continues to experience high levels of demand, and the complexity and acuity of these presentations is increasing. Over recent times (post Covid-19) the department is also seeing a rise in the rate of trauma presentations. Staff are fatigued and high levels of nursing sick leave across the hospital are being experienced.
4. Treatment and clinical management of ED admissions is exacerbated by both hospital systems flow issues and the small size and configuration of the physical facility (ED and the hospital).
5. Under the leadership of a Systems Flow Medical Lead, initiatives continue to be implemented to improve the flow of patients through the hospital and back into the community. This work, and proposed new initiatives, were discussed with the national system flow team when it visited Palmerston North Regional Hospital on 17 February 2023. The key issue is the system outflow back into the community. Challenges in this area are impacting on all areas of the hospital.
6. A medium-term coping strategy in terms of physical capacity was completed in January 2023 and was officially opened by the MP for Palmerston North on 17 February 2023. This is a facility for the Medical Assessment and Planning Unit (MAPU) and the Emergency Department Observation Area (EDOA). MAPU has relocated from an acute inpatient ward in the hospital to the new facility, and now has increased bed numbers.

Background / context

7. MidCentral provides a range of secondary and tertiary services to the central region, including Wairarapa, Whanganui and Hawke's Bay. It also provides cancer services for Taranaki. The Palmerston North Regional Hospital is a teaching hospital with 365 beds.
8. The local population is 191,000 and this is expected to increase to 219,000 over the next 15 years (source: Infometrics, Feb 22). The wider area served (central region north of Kāpiti) has a population of 501,000 (forecast to be 570,000 by 2037), of which 31% are Māori.
9. Over the past 15 years, MidCentral has invested heavily in primary care, establishing integrated family health centres across the district. These include key enablers such as specialist primary care nursing and collaborative clinical pathways. The integrated health centre approach plays a significant role in improving equity and the delivery of services closer to home.
10. MidCentral has also invested heavily in community mental health services, community child health services, older persons services and cancer services. The cancer screening, treatment and support service has an outreach model.
11. Investment in acute mental health services has completed the design phase and is now undertaking construction enabling works on site with the foundation work to commence in April 2023. This will be a 28-bed unit with two de-escalation beds and potential for future expansion (eight beds). The unit is based on a contemporary model of care and is inspired by the concepts of Tiaho Mai. It is also part of a wider strategy which includes community-based step-down services to support discharge of patients from acute care.
12. People presenting to hospital have higher levels of acuity and complexity than was the case historically. This is resulting in longer inpatient stays, and challenges with discharge. General practice is busy and currently only four of the 30 practices under THINK Hauora have open books. There are 14 iwi/Māori providers within the district.
13. The current main hospital building was established in 1970 and significantly constrains the level and range of care which can be provided. Clinical care capacity falls well short of what is required. It is severely stretched and facilities have been augmented over time to accommodate more beds and services – often at the expense of clinical support space. Facilities are now significantly undersized, evidence by national benchmarking via the National Asset Management Programme (NAMP). MidCentral rates in the bottom four nationally for ED, ICU and inpatient wards floor area per bed. In short, the facilities cannot safely accommodate further capacity.

Discussion

14. Further improvements in both the hospital's system flow and facilities are critical to enable ED and other services to cope with growing demand and complexity.
15. Workforce fatigue, staff shortage and sickness present significant challenges and a broad approach is being taken to address these, including health and wellness strategies, recruitment and new roles to support system flow.
16. A clinical services plan is under development to support planning for a new acute care facility and the re-living of the current clinical service block.

System Flow

17. The hospital's Integrated Operations Centre manages system flow across the hospital, utilising MIYA information systems. MIYA patient flow boards are throughout the hospital to support this process and enable a hospital-wide systems approach.
18. A general medicine senior medical officer, Dr Jason Prior, has been appointed Medical Lead, System Flow to advance work in improving systems flow.
19. A 'Safe and Calm Hospital 2022/23' plan has been developed and this focuses on the hospital's:
 - ways of working
 - hospital flow
 - home warding (reducing medical outliers in surgical beds)
 - high demand response
 - workforce
 - collaboration.

A pictorial view of this plan is attached.
20. Significant work has been done in the 'ways of working' area, including the establishment of telehealth in Horowhenua and Dannevirke community health centres to support outpatient consultations, funded by the Planned Care Funding initiative, as was a community infusion service. The infusion service operates from three major community health centres – Kauri HealthCare, The Palms and Tararua Health Group (Dannevirke). Discussions are underway with community health centres in Feilding and Horowhenua to commence the service at those localities.
21. An Older People's Assessment and Liaison Community Service (OPAL CS) commenced in 2022. This service focuses on reducing avoidable displacement of older people from their home. It shifts more care from the hospital setting closer to people's homes, incorporating Kaupapa Māori approaches. A specialist multidisciplinary team of allied health and nursing with medical support works with general practice teams and other community-based and Iwi providers to proactively manage frailty, supporting kaumatua to live well for longer in their communities. OPAL CS also interfaces with ED and inpatient wards, including our OPAL Unit (acute ward for older people with frailty) to facilitate supported transfers of care back out into the community. The service operates from three locations – Horowhenua, Manawatū and Palmerston North, with a planned extension into Tararua mid-year.
22. The possibility of piloting an extended Hospital in the Home Service is being explored.
23. We are exploring initiatives to address issues with 'system flow' and 'surge response' with support from the national system flow team.

Capacity

24. The ED is too small as noted above. It was built in early 2000 based on 17,000 presentations per year with moderate growth. In 2023 we are forecasting presentations to be around 55,000. The department does not meet standards, e.g., resuscitation room areas, whānau/family and privacy requirements, central workstation and computers.

25. Temporary changes have been made – both physical and in terms of work practices – to manage within the area, particularly the management of airborne disease, such as Covid-19. These changes now need to be permanent. These includes air management systems and negative pressure rooms.
26. A 30 bed MAPU and EDOA facility opened this year, located alongside ED. Previously, MAPU was accommodated within part of an acute inpatient in the hospital tower block. Relocating next to ED, and increasing from 13 to 20 beds, will enable it to take more patients direct from ED. It is planned that MAPU will accept direct referrals from general practice.
27. The current EDOA is a six-bedded area within the ED. It will move out into the new EDOA facility in April which will provide a further four beds. With the use of Trust funds, a paediatric area will be developed within ED utilising the space previously occupied by EDOA.
28. The hospital's clinical treatment areas were severely challenged by Covid-19 as they did not have the air management systems required. Further, high pressure oxygen was lacking. Solutions have been, and continue to be, put in place. Progress is restricted by the availability of skilled contractors. A Covid treatment ward was established, and work is underway to bring a further ward up to this standard, with ventilation and oxygen systems being addressed. While this work is underway, we have temporarily closed a 32-bed acute medical inpatient ward and the new EDOA area is being used for inpatient care.
29. The Critical Care funding initiative supported the establishment of an additional two critical care beds and these will be operational in late 2023.
30. A further interim solution, yet to be implemented, is the expansion of ICU capacity. Alternative office space has been found for the anaesthetic department which will enable the ICU area to be reconfigured. A concept design is under development, focused on addressing key issues, increasing the number of beds from six to eight, improving lines of sight for clinical staff, and improving storage areas. The beds will be flexible, able to be used as ICU and HDU as required. Requirements for managing airborne disease, such as Covid-19, will also be taken into account.

Workforce

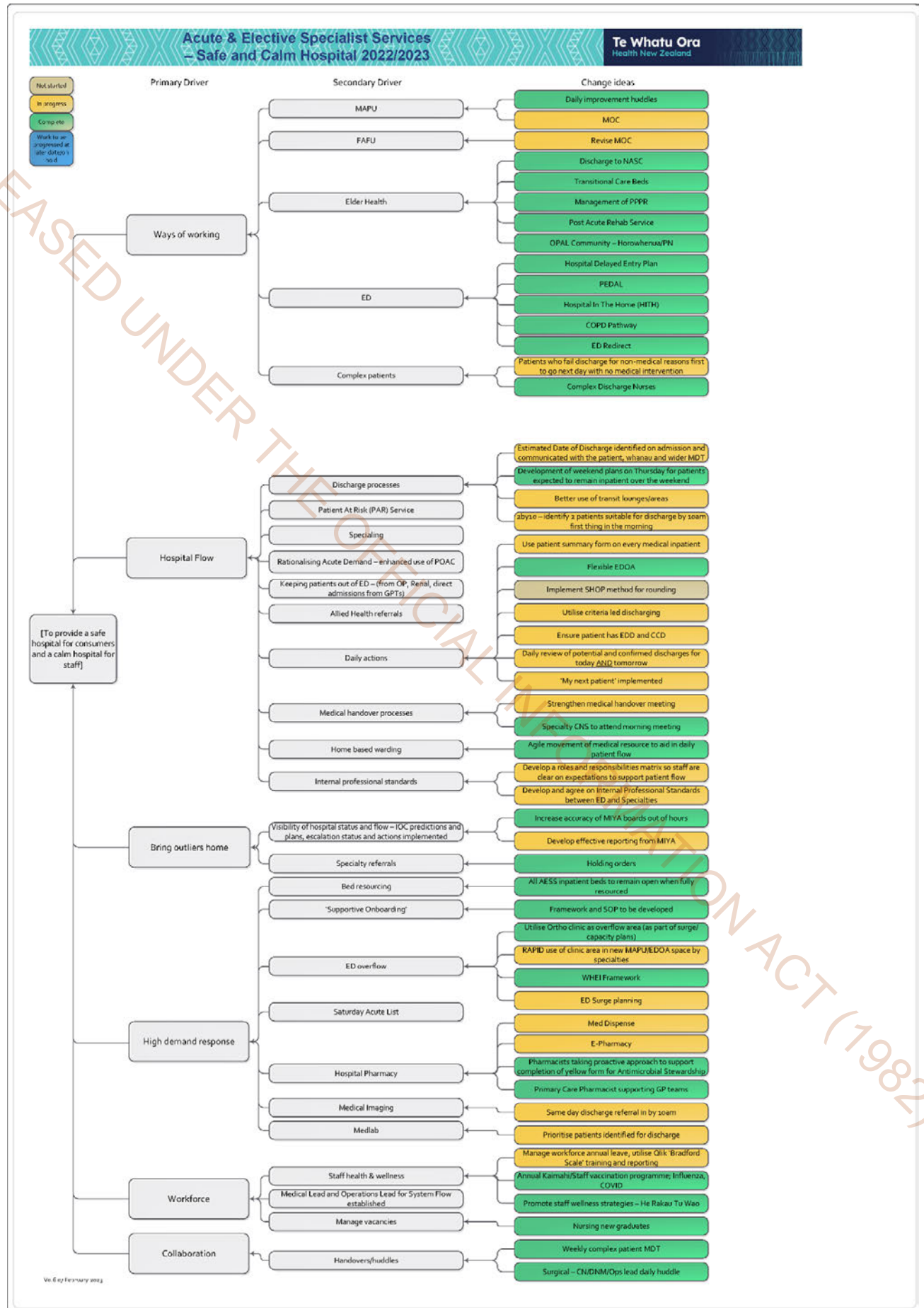
31. Like other hospitals, Palmerston North Regional Hospital is experiencing staff shortages, staff fatigue and illness.
32. High sick leave is currently being experienced within the nursing workforce. We are implementing the Bradford scoring tool, health and wellness conversations, and health and wellness strategies to support staff.
33. Recruitment efforts continue. A cohort of enrolled nurses is due to graduate this year. We also plan to develop the non-clinical workforce so that these staff members can take on duties such as phlebotomy, ECGs, basic plasters, particularly within ED.
34. The establishment of a Clinical Nurse Specialist – Equity for ED is being progressed given high Māori 'did not wait' rates.

35. To support the timely discharge of acute adult inpatients, two Complex Discharge Nurse roles are in place.
36. Using the Critical Care funding, a Patients-At-Risk nursing service has been established, to operate 24/7 365 days of the year. The service will be further augmented following current recruitment efforts.

Next steps

37. Implementation of the 'Safe and Calm Hospital 2022/23' will continue. A very useful discussion was held with the national systems flow team on 17 February and the opportunity of support for new initiatives and pilots will be progressed.
38. Alongside this, work will continue to support staff, including health and wellness strategies, as well as the establishment of positions to support improvements in the system flow, thus reducing pressure on all teams.

Appendix One – Safe and Calm Hospital 2022/23



Appendix Two – Directions to Hospital Admin Building

Come through Gate 2 on Heretaunga Street (entrance almost opposite the Hospital Store).

Go through the ticketing machine.

The Administration Building is directly in front of you (red brick building with the pillars in front). There are some visitor carparks in front of the building. If they are full, there are more visitor carparks just inside Gate 2 (on the left as you drive in).

Entry to the Administration Building is via swipe card access. On arrival, phone or text Margaret Bell (EA to District Director) who will let you in. Parking exit cards will be provided.

