

Capital & Coast District Health Board

Kenepuru Accident and Medical Clinic

Information Memorandum

10 October 2007

The purpose of this information memorandum is to assist interested parties to prepare a proposal for the provision of an Interim Management Service for the Clinic.

CAPITAL & COAST DISTRICT HEALTH BOARD

Private Bag 7902

Riddiford Street

Wellington

1. Location

The Kenepuru Accident and Medical Clinic is located within the Capital and Coast DHB's Kenepuru Community Hospital

2. Demographics of the catchment for the Clinic

The immediate catchment of the Clinic is an area of relatively high deprivation and ethnic diversity. The Clinic also provides services to the people of northern Wellington city and Kapiti which are areas characterised by lower levels of deprivation.

3. Hours of Operation

The Clinic is open 24 hours per day 365 days per year.

4. Services provided

The Clinic provides a primary care accident and medical service, with close alignment to C&C DHB's secondary and tertiary services.

5. Ancillary service provision – radiology and laboratory, orthopedic

- The Clinic generally accesses the CCDHB radiology service that is located within the Kenepuru Community Hospital.
- Lab testing is provided by CCDHB
- Orthopaedic Service – There is one afternoon per week Orthopaedic Clinic provided by an external contractor and delivered through the A&M Clinic. The A&M Clinic manages the scheduling service.
- A retail after hours pharmacy is located within the hospital and is open in the weekend and evenings (but not overnight).

6. ACC status

The A&M Clinic has achieved ACC requirements for accreditation against the New Zealand Standard for Accident and Medical Clinics (NZS 8151:2004).

7. Service volumes: year ending 30 June 2007

Visit Type	Ethnicity	After-hours	Normal-hours	Grand Total
Accident	Asian	132	91	223
	Maori	889	655	1,544
	Other	3,158	1,929	5,087
	Pacific	959	566	1,525

Accident Total	5,138	3,241	8,379
----------------	-------	-------	-------

Medical	Asian	817	209	1,026
	Maori	3,084	1,086	4,170
	Other	9,619	2,925	12,544
	Pacific	4,673	1,280	5,953
Medical Total		18,193	5,500	23,693
Grand Total		23,331	8,741	32,072

8. Fee schedule

Having regard to the demographics of the local community, C&C DHB provides substantial funding to the Clinic to enable the following co payment regime:

	Enrolled in C&C DHB		Enrolled outside C&C DHB
	Access practice	Other practices	
Under 6	\$ 10.00	\$ 15.00	\$ 15.00
6 to 24	\$ 25.00	\$ 35.00	\$ 45.00
adult 24 to 44	\$ 25.00	\$ 60.00	\$ 65.00
Adult with CSC (24 to 44)	\$ 25.00	\$ 35.00	\$ 55.00
Over 45 years	\$ 25.00	\$ 35.00	\$ 45.00
ACC child under 6	\$ 10.00	\$ 15.00	\$ 15.00
ACC 5-24 ACC	\$ 25.00	\$ 35.00	\$ 45.00
ACC adult (24 to 44)	\$ 25.00	\$ 49.00	\$ 49.00
ACC adult with CSC (24 to 44)	\$ 25.00	\$ 35.00	\$ 49.00
ACC Adult over 45 years	\$ 25.00	\$ 35.00	\$ 45.00

Please note that these co payment levels are currently below the fees charged by some local GPs, and this matter is under discussion with GPs.

9. Hardship assistance and debtors policy

The hardship assistance policy operating at the Clinic is set out in attachment to this Information Memorandum that is titled 'A&M Principles 2004_5'.

10. Revenues

\$NZ GST Exclusive	06/07 Actual	07/08 Budget
ACC	412,265	540,004
Co payments	593,531	609,998
GMS	313,615	299,999
Internal Revenue	2,443,711	2,579,998
TOTAL	\$3,762,872	\$4,029,999

11. Association with Secondary/Tertiary services

- **Medical Assessment Unit.**

The MAU provides an acute medical assessment service for patients referred by GPs direct from the community or from the A&M Clinic. The MAU operates 24/7, patients stay is limited to 16 hours maximum. The unit is staffed by A&M nurses with Internal Medicine Medical Registrars responsible for patient assessment and treatment plans. There are 5 resourced beds.

CCDHB will continue to provide this secondary care medical assessment model service, which therefore remains outside the scope of the ISC. However the provision of nursing care in the MAU and the day to day administration of the MAU will fall within the ISC.

Examples of the administrative functions required to be provided to the MAU are;

- making up clinical files
 - when the patient is discharged, sending file to clinical record and sending discharge summary to the GP
 - rostering A&M nurses to provide nursing care in MAU
 - entering in patient management system the status of patient in MAU (admission, discharge and transfer)
- **Regional Emergency Department**
Clinic patients who require secondary or tertiary emergency services are transferred by Ambulance to C&C DHB's Emergency Department located at the regional hospital in Newtown, a distance of approximately 20 km.

12. Staffing levels

The current staffing arrangements at the Clinic are set out below:

	Intended FTEs	Current FTEs	Head Count
Administration	2.0	2.0	2
Reception	7.6	7.6	8 + 5 casual
Nursing	9.5	6.1	30 total (12 GP practice nurses)
- casual	3.1		5
Medical – daytime excl local GPs	2.3	1.3 from end Dec	2 plus 2 casual
Medical – local GP and independent contractor(s)	3.2 + 2.0		4 + 2 casual

13. Staffing arrangement during the Interim Management Service Contract

- **Employment arrangements for existing Clinic staff who are C&C DHB employees.**

All staff employed by C&C DHB at the date of commencement of the ISC will continue to be employed by C&C DHB throughout the term of the Contract. They will however report to the Interim Service Management Provider.

- **Terms and conditions of employment of existing staff.**

It is not envisaged that there will be any change to the terms and conditions of employment of C&C DHB staff who work at the clinic during the proposed term of the ISC. If however the Provider wishes to alter the operation of the clinic in a manner that would impact on existing terms and conditions C&C DHB will manage the necessary change process in conjunction with the Provider.

- **New staff**

The appropriate employer of any new staff employed during the term of the ISC will be discussed with C&C DHB prior to the commencement of the Contract.

14. Unions

CC DHB employees at the Clinic are variously represented as follows;

- **Admin covered by PSA Collective;**
- **Nurses covered by NZNO; and**
- **Doctors covered by ASMS.**

15. GP contract

Local GPs are contracted to provide 120 hours per GP per annum at the clinic, on the basis that this is provided during week day evenings and weekends. Local GPs are not required to work at the Clinic on daytime Monday to Friday or overnight at any time.

C&C DHB is currently in discussion with local GPs who have signaled their desire to scale back their commitment to the contractual level of 120 hours per GPs per year.

16. Joint Management Committee

Local GPs and practice nurses participate with C&C DHB in a joint management committee. The purpose of this committee is to assist the smooth running of the Clinic and its interface with primary care provider in the community. The joint management committee will continue to function during the term of the interim service management contract.

17. Interface with Kenepuru Community Hospital

KAMC provides and administrative function for admission and discharge after hours to inpatient units within Kenepuru Campus. The After Hours Duty Manager for KCH also assists with the management of the MAU after hours.

SERVICE PLAN

KENEPURU ACCIDENT & MEDICAL CLINIC 2007/08

What's our job?

Service Description

The Accident and Medical Clinic (A&M Clinic) at Kenepuru Community Hospital (KCH) is a 24/7, primary care service co-located with an adult acute assessment unit. The service is a joint initiative between primary care providers (Porirua After-hours Medical Centre) and C&C DHB and provides intermittent, one-off services with referral back to general practitioners for continuity of care.

The A&M Clinic:

- provides urgent accident and medical primary medical and nursing services. Services include as necessary:
 - stabilisation and resuscitation
 - assessment, diagnosis and treatment
 - referral to primary or secondary care as appropriate
- provides access to:
 - medical and paediatric acute assessment services
 - diagnostic services such as radiology, laboratory
 - an after-hours pharmacy located on site
- supports primary medical services in the local area for patients who cannot get an appointment to see their own GP. The service is open 24 hours a day seven days a week.

The A&M Clinic is not an emergency department. Patients requiring emergency department care are stabilised, treated to A&M Clinic standards and then transferred as appropriate.

Accident and medical care is defined as primary care services that are episodic, with no appointment system and covered by the AMPA¹ training programme.

The Kenepuru A&M Clinic goals are:

- local access to quality care

¹ Accident and Medical Practitioners' Association refer www.ampa.co.nz

- 24/7 availability
- to reduce inappropriate or avoidable presentations to other services through providing a quality timely service.

The A&M Clinic has achieved ACC requirements for accreditation against the New Zealand Standard for Accident and Medical Clinics (NZS 8151:2004).

The A&M Clinic service delivery is based on the following principles. Services:

- are evidence- and best practice-based
- improve, maintain and restore health and
- ensure access to care
- are co-ordinated with other health care services and
- will reduce health inequalities.

Medical Assessment Unit (MAU)

The MAU provides an acute medical assessment service for patients referred by GPs direct from the community or from the A&M Clinic. The MAU operates 24/7, patients stay is limited to 16 hours maximum. The unit is staffed by A&M nurses with Internal Medicine Medical Registrars responsible for patient assessment and treatment plans. There are 5 resourced beds.

Services Provided

All patients who present at the A&M clinic are triaged. Further assessment and primary care treatment is provided, or the person referred to either the MAU or the appropriate secondary service. People are encouraged and, where appropriate, referred back to primary care for their initial and/or ongoing treatment and any follow up that is required.

Key linkages

Internal:

- Kenepuru Kapiti Group Service
- Radiology
- Internal Medicine
- Maori and Pacific Services
- Emergency Department
- Child Health Service
- Outpatient services (eg orthopaedics)
- Mental Health Services (CATT)
- Patient Services Coordination Unit

External:

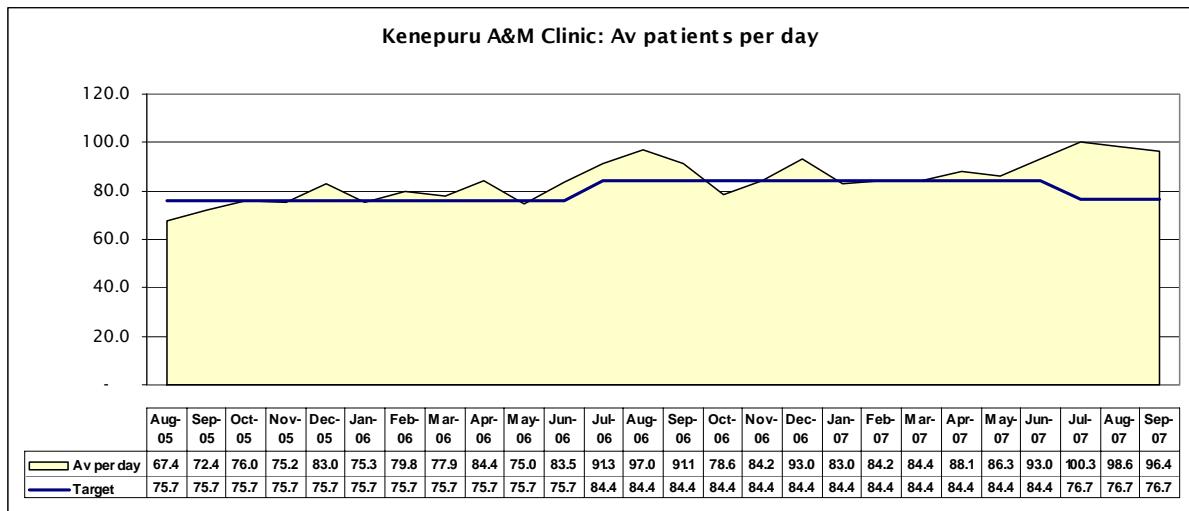
- Porirua After-hours Medical Centre
- PHOs in Porirua and Kapiti
- Local GP practices (Kapiti, Porirua, northern Wellington)
- Hutt Hospital, eg for plastic surgery referrals
- ACC
- Wellington Free Ambulance
- Healthline
- HealthLinks (Porirua and Kapiti)
- Police
- Primary care providers including Tumai Health Service, Porirua Union Health, Ora Toa
- Private orthopaedic clinic
- Community stakeholders.

Client Community

The Kenepuru A&M Clinic provides services to residents of Porirua City, Kapiti Coast District and northern suburbs of Wellington City. Other service users include people from other DHBs and overseas residents.

The following tables are derived from data on patient presentations to 2007.

Time of presentation	%	Residence	%	Ethnicity grouped	%	Age group	%
0800-1700	50.6%	Kapiti	6.7%	European/ Pakeha NZ	44.2%	0-5 years	24.2%
1700-2300	36.9%	Other	4.0%	Maori - NZ	15.9%	6-17 years	18.5%
2300-0800	12.5%	Porirua	65.1%	Not identified	1.3%	18-24 years	10.7%
Total	100.0%	Wellington	23.8%	Not stated	10.4%	25-44 years	22.7%
		Overseas	0.4%	Other	9.1%	45-64 years	14.5%
		Total	100.0%	Pacific Island	19.1%	65-84 years	7.5%
				Total	100%	85+ years	1.5%
						Not stated	0.4%
						Total	100.0%



Revenue

- The A&M Clinic receives revenue from the DHB via the price volume schedule and GMS, maternity and immunisation claims submitted to HealthPAC and ACC.

Achievements in 2006/07

- Volumes are slightly higher than the expected level; with ACC volumes also higher than initially modelled. Referrals for Radiology are also higher than initially expected
- Press Ganey Patient Satisfaction Survey has been completed. This has enabled benchmarking to occur with other like A&M services across Australasia, and the development of an action plan focusing on the top ten priorities for the service.
- Accreditation required by ACC and which will lead to additional revenue available to the service has been achieved.
- ACC funded acute outpatient follow up orthopaedic assessments initiative (May 2006), has resulted in improved access to follow up services for patients in the Porirua region.

Staffing

- Secondment of a part-time clinical nurse educator has enabled an education plan and training programme to be established which meets the needs of the staff at this time and will also enable ongoing professional development to occur within the clinic.
- PAHMC Nurses came onto DHB payroll and management September 2006 which is contributing to the development of an integrated nursing team
- The appointment of a Nurse Clinician in December 2006 will enable stronger Nursing clinical leadership. This position replaces the Team Leader role. This is within existing FTE and sponsored by the Director of Nursing, Primary Care.

- The arrival of a second Medical Officer (employed daytime Mon-Fri) and extension of night shift to 10 hours has eased wait times at end shifts.

Workforce Development

Baseline medical, nursing and administration education has been achieved for the majority of staff, challenges relating to maintaining education are detailed in section 3.

Medical staff have participated in regular education on resuscitation, management of fractures and minor injuries and X-ray interpretation.

Key Issues

- Sustainability and recruitment of all workforce groups. Various options are being investigated to review the feasibility of alternative service models for the A&M Clinic. This may include some options such as joint ventures. One that is being explored is with White Cross, a private provider of Accident & medical Clinics. Another is to assess the possibility of a second level Emergency Department.
- Implementation of patient journey quality improvement initiatives with focus on improving management of wait times and flow.
- Administration inefficiencies – address outstanding patient information system issues- progress is dependent on timely HIQ support-the A&M struggles to compete with other HIQ projects for priority eg MedTech 32 is over due for update and EHR/Concerto implementation issues resulting in data quality problems
- Management of MAU throughput and acceptance and assessment processes require development. Review of MAU resource, location and alignment in progress.
- To continue to strengthen community, Maori, Pacific and other key provider relationships.

Service delivery

- Patient complexity and administration inefficiencies (as above) lead to longer than predicted length of time in the service
- Fluctuations in volume of patients presenting at A&M requiring joint approach with Planning and Funding to address. Fluctuations are due to:
 - GP shortages in region
 - Restricted patient access to GP services
 - Volume of patients not enrolled with a PHO

Staffing

- Recruitment, retention and team development issues – the A&M is predominantly a secondary employer of nursing and medical workforce, and the majority of staff work part time. Continuity, education and communication with staff are key challenges.

Rostering

- Number of separate rosters creates issues and is time consuming. Integration of nursing roster is in progress.

Future Direction

Service improvement strategies planned within the A&M Clinic include the following:

- Service consolidation will be a key focus
- Improving communication with key stakeholders and primary care providers to ensure responsiveness and a partnership model is bedded down in A&M service development
- Developing the Nurse Clinician (Nurse Practitioner Candidate role), which was appointed to in the second quarter of 2006/07.
- Continuing with Improving the Patient Journey Project work to improve quality and flow, increase consumer satisfaction with the service and reduce inefficiencies.

Service Goals & Objectives

A&M Clinic Quality Framework

- The Clinical Leader is responsible for clinical quality issues and the Service Leader for business quality issues. Other roles with key quality responsibilities are the Nurse Clinician, Office Coordinator and Clinical Nurse Educator. Every staff member is responsible for the quality of service delivery and patient care.
- The A&M Quality Group meets monthly - quality, health and safety, reportable events, consumer feedback, audit and other quality issues are agenda items. Terms of reference are reviewed annually.
- Other regular service meetings include quality issues as relevant
- Meeting terms of reference and action oriented minutes are accessible within the service.

Service Improvement initiatives

Organisation objective	HHS Change programme
Initiatives	Initiative: After-Hours Project What: Participate in DHB redevelopment of future service delivery options for after hours across the region. Who: Service Leader/Clinical Leader How: Participate in assessment of various alternative options for future service delivery within the A&M Clinic and within the wider Wellington After-hours project scope. When: As per DHB timeframe for implementation Q1-4: “

Organisation objective	HHS Change programme
	<p>Initiative: Strengthening relationships with Community Providers</p> <p>What: Formal and informal liaison</p> <p>Who: Service Leader/Clinical Leader</p> <p>How: Take all appropriate opportunities to engage and network with various community providers and seek input into service delivery</p> <p>When:</p> <p>Q1: Regular meetings set up for year with key stakeholders and services in area. Encourage staff involvement in community initiatives. Develop communication strategy.</p> <p>Q2-4: Feedback to service about service improvement initiatives and community provider information / community issues. Implement communication strategy.</p> <p>Q4: Evaluate success of strategy and implement any improvements identified</p>
	<p>Initiative: PHO enrolment/GP availability</p> <p>What: Work with Planning and Funding to support improved enrolment and access to GPs in the community</p> <p>Who: Service Leader/Clinical Leader</p> <p>How: Participate in P&F initiatives to increase enrolments. Identify non enrolled patients and facilitate enrolment.</p> <p>When:</p> <p>Q1-4: Determined by P&F timetable</p>
	<p>Initiative: Revenue</p> <p>What: Review fees structure</p> <p>Who: Service Leader/Clinical Leader</p> <p>How: In consultation with P&F/Board review existing fee structure and processes and implement any changes agreed.</p> <p>When:</p> <p>Q1: Initiate review</p> <p>Q2-3: Implement any changes. Media campaign. Signage & information update</p>

Organisation objective	WORKFORCE
Initiatives	<p>Initiative: Workforce / Team Development</p> <p>What: Improve recruitment and retention. Strengthen and improve team focus and relationships</p> <p>Who: Clinical Leader & Service Leader</p> <p>How: In liaison with HR and other local Kenepuru services promote employment opportunities and options. Review</p>

Organisation objective	WORKFORCE
	<p>communication and education strategies to increase accessibility, uptake and improve team culture.</p> <p>When:</p> <p>Q1-2: Trial alternative staff communication strategy – meetings, using other media and reconsider education strategy. Prioritise education with focus on communication skills, challenging incidents management, core competencies</p> <p>Q3: Review staff communication strategy success and implement changes identified – staff satisfaction survey</p> <p>Q3-4: Monitor participation in education planned v actual</p>

Organisation objective	INFORMATION SYSTEMS DEVELOPMENT
Initiative	<p>Initiative: Improve information systems</p> <p>What: Improve data capture and process quality. Update systems.</p> <p>Who: Clinical Leader & Service Leader</p> <p>How: In liaison with HIQ complete system upgrades to meet business requirements.</p> <p>When:</p> <p>Q1: Confirmation of timeframe for project completion with HIQ and implementation</p> <p>Q2: Complete implementation</p> <p>Q3-4: Monitor data quality and evaluate systems. Implement changes necessary</p>

Organisation objective	QUALITY IMPROVEMENT
Initiative	<p>Initiative: Improve Patient Journey/Flow across Continuum of Care</p> <p>What: Implement work streams identified during patient journey evaluation phase and other projects identified as a result of PSS and resulting from focus on Maori and Pacific access issues</p> <p>Who: Service Leader/Clinical Leader</p> <p>How: Prioritise work streams/projects, allocate responsibility and implement. Monitor progress</p> <p>When:</p> <p>Q1: Prioritise and allocate responsibility</p> <p>Q2-3: Monitor progress</p> <p>Q4: Evaluate progress, implement any changes identified</p>

Business as usual KPIs

Description	Q1	Q2	Q3	Q4
Triage times – compliance with targets				
Triage 1 no wait	100%	100%	100%	100%
Triage 2 up to 10 minutes	80%	80%	80%	80%
Triage 3 up to 30 minutes	75%	75%	75%	75%
Triage 4 up to 60 minutes	70%	70%	70%	70%
Triage 5 up to 120 minutes	70%	70%	70%	70%
Every staff member will have an appraisal within 1 month of due date	100%	100%	100%	100%
Every staff member will have current PDP and (new staff within first 3 months of joining service)	100%	100%	100%	100%
Clinical indicators reviewed 6 monthly		100%		100%
Complaints timeframes and targets met	100%	100%	100%	100%
Audit schedule on target	100%	100%	100%	100%
Outstanding invoice payments >6 months overdue	<15%	<15%	<15%	<15%
MAU LOS # patients >16hrs stay	5%	5%	5%	5%
Average patients/day contract volumes met	100%	100%	100%	100%
Average patients/day contract volumes met	100%	100%	100%	100%
Unplanned return visits within 72 hours of initial presentation	< 1%	< 1%	< 1%	< 1%
Yellow Sticker X-ray audit	100%	100%	100%	100%
Missed Fractures	< 1%	< 1%	< 1%	< 1%
Follow up of abnormal results	100%	100%	100%	100%
Staff turnover as at 31/12 and 30/06				

19. Attachments to this Information Memorandum

1 Hardship policy



A&M principles
2004_5.pdf

2 ACC contract



ACC AM Clinic
Treatment Servi.pdf

3 Media release – 8 October 2007



Kenepuru AM 8 10
07 v8 final draft (2).c

4 FAQs – staff



FAQs for the DHB
DHB seeking external