



Thank you to those of you who gave up your time late last year to be part of the creation of FLOW.

FLOW is a Hawke's Bay District Health Board programme that's all about improving patient journeys to make sure our patients receive **timely care and aren't having to spend any longer in hospital than needed.**

Over the coming weeks you will start to see information about FLOW posted around Hawke's Bay Hospital. The messages articulate what success looks like from both patient and staff perspectives.

Reducing delays in a patient's journey not only improves the patient experience, but also the experience of those close to them. It also contributes toward a safer hospital with reduced harm.

International literature identifies an increase in mortality rates associated with delays to appropriate care. **"No acute conditions improve with delays to appropriate treatment"**

By providing timely care, we will reduce:

- Deterioration associated with delayed assessment and treatment
- The consequences of hospitalisation such as deconditioning, delirium, falls, sleep deprivation and treatment injury
- Anxiety for patients and their families

The national target for shorter stays in the Emergency Department (the "6-hour target") is **not** a measure of how well our Emergency Department (ED) is performing, but rather an important indicator of how well we are managing flow throughout our entire hospital.

Two key factors cause delays for our patients:

- "Clunky" systems and processes
- Insufficient capacity at times that results in patients "queuing" for care.

The FLOW programme will work with staff across the hospital to improve patient journeys. Work so far has identified four key focus areas:

1. Ensuring that our **Emergency Department** is a high performing and supported department.
2. Refining our **Acute Assessment Unit(s)** by extending senior doctor cover, introducing ambulatory models of care, enhancing direct GP referrals and exploring the merits of a surgical assessment unit.
3. Improving our systems and process to discharge patients from our **inpatient wards** by focussing on increased earlier in the day discharges and how we manage patients who have longer stays.
4. Ensuring our processes are effective in managing **patients with frailty** from presentation in ED, through their patient journey on to discharge.

These work streams are underpinned by Internal Professional Standards (IPS), which are measures we have developed to assess how our improvements are tracking. We will update you on these measures in future updates.

We have engaged consultants Francis Health to support this important piece of work. They recently worked with us on the Operation Productivity programme and take a collaborative approach in supporting us to implement the improvements we identify and prioritise. If you would like to be involved or share your ideas, please don't hesitate to contact Dr Colin Hutchison (leader of the FLOW programme), Jacqui Summers email: jacqui.summers@francishealth.co.nz or us.

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