



# *West Coast District Health Board*

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## *Te Poari Hauora a Rohe o Tai Poutini*

### **PATIENT JOURNEY STEERING GROUP TERMS OF REFERENCE**

#### **Membership**

Patient Journey Improvement Co-ordinator  
Director of Nursing and Midwifery  
Quality Risk Manager  
General Manager Primary Care and Mental Health Services  
Chief Medical Advisor  
GP Liaison  
Manager, IT  
Management Accountant  
Nurse Manager Community Services  
Manager, Buller Health  
Clinical Nurse Manager Theatre/CSD  
Nurse Manager Clinical Services

#### **Meeting Frequency**

Monthly or as required.

#### **Quorum**

50% plus one.

#### **Mission**

To improve the standard of health care provided to the West Coast community through streamlining of the patient journey and integration between primary, community, secondary, and tertiary providers.

#### **Purpose**

Plan and oversee the development and implementation of quality initiatives in relation to patient journey improvement.

#### **Objectives**

- Develop and implement a prioritised work plan to review pathways of care and related processes.
- Oversee the review of established pathways and processes.
- Consider proposed changes resulting from patient journey improvement initiatives to ensure the safety and efficiency of care provided, with consideration to existing policy.
- Monitor implementation of changes to reviewed pathways and processes.
- Document the review process and oversee maintenance of audit plans.
- Make recommendation to relevant working groups and management teams within WCDHB on amendment to existing policy to improve the quality of service provided by WCDHB.
- Support and co-ordinate quality initiatives relating to patient journey improvement with particular attention to the interface between services and any existing quality improvement activities.
- Act as a repository of resources and tools to provide WCDHB staff with the knowledge and support to successfully undertake review of patient pathways on an ongoing basis.

#### **Reporting**

Reporting to the Clinical Quality Improvement Team on the completion of each project with recommendations on clinical and operational changes if required.